



# MEDECINS SANS FRONTIERES

## SOMALIA



2007/2008



MSF stands for Médecins Sans Frontières which means Doctors Without Borders. MSF was started in 1971 and has grown to become the largest medical humanitarian organisation in the world. Working in over 60 countries worldwide, MSF provides health care free of charge to populations in need, regardless of political affiliation, religion, race or gender. MSF has received the Nobel Peace Prize and the King Hussein Humanitarian Prize for its work.

MSF's decision to work in any country or crisis is based solely on an independent assessment of people's needs – not on political, economic, or religious interests. MSF is a neutral non-governmental organisation and does not take sides or intervene according to the demands of governments, UN agencies or warring parties.

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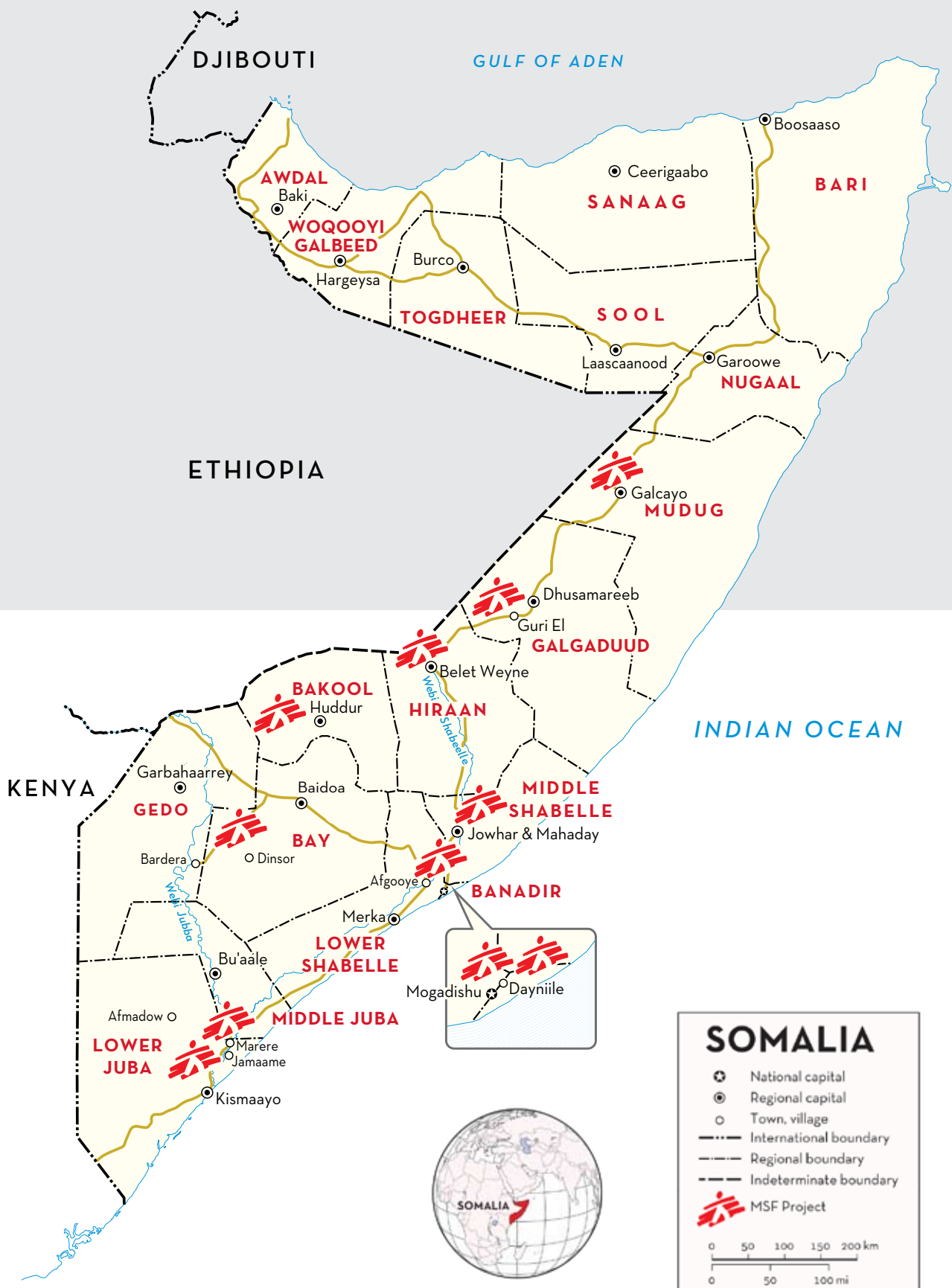
In May 2007 MSF launched its own Somali language site [www.somalia.msf.org](http://www.somalia.msf.org)

The web site features information about MSF and its projects in Somalia, all in the Somali language. The site is incorporated into MSF's international web site, which provides even more in-depth information for those who also read English.

**Cover photo credits**

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DJIBOUTI

GULF OF ADEN

**AWDAL**

Baki

**WOQOYI GALBEED**

Hargeysa

**TOGDHEER**

Burco

**SANAAG**

Ceerigaabo

**BARI**

Boosaaso

**SOOL**

Laascaanood

**NUGAAL**

Garoowe

ETHIOPIA

**MUDUG**

Galcayo

**GALGADUUD**

Dhusamareeb

Guri El

**HIRAAN**

Belet Weyne

**BAKOOL**

Huddur

INDIAN OCEAN

KENYA

**GEDO**

Garbahaarrey

Baidoa

**MIDDLE SHABELLE**

Jowhar & Mahaday

**BAY**

Dinsor

**BANADIR**

Afgooye

**LOWER SHABELLE**

Merka

Mogadishu Dayniile

**MIDDLE JUBA**

Bu'aale


**LOWER JUBA**

Marere

Jamaame

Kismaayo





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# INTRODUCTION

In 2007 and early 2008 there were great changes in MSF's work in Somalia. In 2007, despite an unparalleled escalation in the conflict, instability and insecurity throughout the country, MSF dramatically increased its life saving activities in Somalia. Over the course of the year, MSF was able to both expand and consolidate existing projects in Mudug, Bakool, Middle Shabelle, Galgaduud, Bay and Lower Juba regions. Seven new projects were opened in Banadir, Lower Juba, Lower Shabelle and Hiraa regions, as well as in Puntland. In 2007, all projects were managed and run by international staff directly present on the ground.

This expansion of activities came at a time when Somalia was receiving unprecedented international attention. In 2007 the impact of the fighting between the Ethiopian backed Transitional Federal Government (TFG), and various opposition groups placed this long forgotten country firmly on the international agenda. The African Union deployed peacekeepers to Mogadishu and the UN Security Council discussed the situation at length. Governments around the world expressed their concern and appealed for a peaceful solution to the conflict. Numerous non-governmental organisations, human rights groups and UN bodies issued reports and press releases about the human cost of the fighting and journalists rushed to report on both this and the political dimensions of the situation. Yet this attention did not, for the most part, translate into more humanitarian organisations working on the ground. The suffering of the Somali people continued unabated.

The fighting that erupted in Mogadishu in early 2007, and has since spread to other areas of south and central Somalia, has only served to significantly worsen an already catastrophic humanitarian situation in Somalia. The 17 year absence of general infrastructures, including any public health services and medical staff, has taken its toll on the health of the Somali people, resulting in massive chronic and acute needs. Curable and preventable diseases such as diarrhoea, malaria and respiratory infections cause many thousands of deaths every year. Diseases such as tuberculosis and kala azar are common and outbreaks of cholera frequent. Malnutrition is rife and in many areas it is

above the threshold that would prompt an emergency intervention in other countries.

In 2007, the exodus of over half the population of Mogadishu<sup>1</sup> further weakened an already very vulnerable population. As hundreds of thousands of people fled the indiscriminate violence of Somalia's capital, MSF's teams have provided assistance. Over the course of 2007, MSF staff performed more than 2,500 surgical operations, 520,000 outpatient consultations and admitted around 23,000 people to hospitals. A huge number, but still a drop in the ocean compared to what is needed for the population of approximately 11 million. MSF remains the main provider of free medical services in all of central and southern Somalia.

This booklet provides a closer look at MSF's effort to alleviate the desperate medical situation in Somalia. It provides a comprehensive overview of MSF's activities in Somalia in 2007 and early 2008.

However, the changes in MSF's work in Somalia have not all been positive. At the end of 2007 and early 2008, MSF experienced first hand the violence and insecurity that the Somali people are forced to endure on a daily basis. In December 2007, two of our staff were kidnapped in Bosasso, Puntland. In late January 2008, three of our colleagues were deliberately killed in a targeted attack in the south-ern city of Kismayo. In March another member of staff was killed in Balcad. These tragic events led MSF to suspend its international staff presence in the country and later to close both of these projects. At the time of going to press MSF is returning with limited international staff to selected locations where security is deemed acceptable. In 2008 the majority of MSF's projects are run by our dedicated Somali staff, who make up the backbone of MSF's work in the country.

<sup>1</sup> According to UN estimates



# BAKOOL REGION

## Eight Years of Quality Medical Care

*present since 2000*

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, Huddur.

The 293 bed MSF health centre was established in 2000 and serves a population of approximately 250,000 people. 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, diarrhoea 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. Without treatment 90 percent of people suffering from kala azar may die. In 2007 MSF treated 715 children with the disease.

Throughout the year, MSF staff provided more than 59,000 consultations in the Bakool region. The teams treated 256 severely malnourished children. Over 200 people were started on TB treatment. In the inpatient ward, 897 adults and 1,427 children received care. Some 2,876 ante-natal consultations were also provided.

MSF also runs four health posts in the Bakool region; in El Garas, El Berde, Labatan Jerow and Rabdurreh. The health posts provide primary health care, treat severely malnourished children who are not suffering from complications and can refer patients to the health centre in Huddur. When security permits, seven international and 154 Somali staff run the MSF project in Bakool region.





**Project Objective**

To provide basic health care in Bakool region, with an emphasis on quality treatment for neglected diseases like TB and kala azar.

**Activities**

*Health Centre*  
OPD; MCH component addresses issues of mother and child health before, during and after pregnancies; IPD consisting of adult and paediatric wards, a kala azar ward, TB ward and therapeutic feeding centre (TFC).

**Outreach Activities**

Health posts in El Berde (2002), El Garas (2004), Labatan Jerow (2006) and Rabdurreh (2002) providing primary health care and referral for TB and kala azar patients. Children who are severely malnourished but not suffering from complications are treated in ambulatory feeding programmes, while complicated cases are referred to Huddur health centre.

Surveillance of diseases with epidemic potential is also carried out.

# BANADIR REGION

## Medical Aid in a Bullet-Scarred Capital

*present since 1994*

Mogadishu, 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, with violence committed indiscriminately. As a result of years of fighting and insecurity 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, which includes hundreds of thousands of internally displaced people. MSF runs four outpatient clinics in Mogadishu, a paediatric in-patient clinic, as well as providing emergency surgery in one of the city's few functioning hospitals. When possible mobile teams visit internally displaced person's (IDP) camps, providing medical consultations for pregnant women, clean water and some non-food items such as blankets or plastic sheeting.

In Yaqshid MSF opened a primary healthcare clinic in 1994. It is one of the few public health facilities in northern Mogadishu and receives many patients from the neighbouring districts. As a result, the clinic often has more consultations than a single facility can reasonably absorb. In the second half of 2007, MSF opened three more outpatient clinics for children in the Karan, Abdul Aziz (Lido) and Balcad areas of the city as well as a 50 bed inpatient clinic for children in Abdul Aziz. Throughout the year, the four outpatient clinics provided 103,519 outpatient and 9,656 pregnancy care consultations. MSF teams in Yaqshid are also able to respond to emergencies. During a cholera outbreak in early 2007, medical staff treated 1,640 people over a three month period. In early 2008, MSF started a nutritional programme for severely malnourished children and began providing dressing care for war wounded patients who had undergone surgery.

In May 2007 MSF opened another primary healthcare clinic in Wardigley area, located in the south-ern part of Mogadishu. Initially the clinic focused on treating children under the age of five, however this was soon expanded to include all children under the age of 12 and antenatal consultations for pregnant women.

During the course of the year, a total of 22,148 children under the age of 12 were treated in the outpatient department and 228 children were admitted for inpatient care. A further 1,164 women received antenatal care.

In mid-November 2007, the clinic was moved to the Hodan area of south Mogadishu due to increased insecurity in and around the Wardigley area. The move enabled MSF to start mobile clinics in the most southern part of Mogadishu where many displaced people are living. However, in August 2008 MSF was forced to cease all medical activities at this clinic due to increased fighting in the near vicinity, which led to unacceptable security risks for patients and staff.

Elsewhere in Mogadishu MSF continues to provide essential healthcare. In September 2007, MSF opened a project in Daynile hospital, located 9km north of the city, providing life-saving emergency surgery and care for those wounded in combat, regardless of clan affiliation. After some time spent rehabilitating the hospital, MSF medical teams started work in a 35 bed facility, equipped with 2 operation rooms, an emergency room and an intensive care unit. MSF also supports the general functioning of the rest of the hospital financially and through the supply of medical provisions.

Between September 2007 and March 2008, staff treated 2,180 patients in the emergency room, including 1,025 people wounded in the conflict. 382 of these needed to be admitted to the hospital and 287 surgical procedures were performed.

Around 30,000 displaced people are thought to be living in four makeshift camps around Daynile hospital. MSF provides 300,000 litres of water per day to these camps and also distributes some non-food items such as blankets or plastic sheeting.

The security conditions in Mogadishu do not allow MSF's international staff to maintain a permanent presence there. Over the course of the year, international staff were withdrawn from the capital as a preventative measure on several occasions. During these times, MSF's life-saving work was able to continue thanks to the presence of our Somali staff. Further, we continue to seek new ways to deliver much needed medical aid to the people of Somalia, in spite of the rising insecurity.





*Yaqshid Area*  
**Project Objective (1994)**

To provide quality comprehensive primary health care and Paediatric secondary health services, epidemiological surveillance and response to emergencies in Mogadishu.

**Activities**

Yaqshid OPD offers preventive and curative services, including mother and child care, and vaccination. Network of paediatric OPD's in Yaqshid, Karan, Abdul-Aziz and Balcad (2007). Paediatric IPD, including nutritional services (2007).

*Wardigley/Hodan Area*  
**Project Objective (2007\*)**

To provide paediatric, outpatient, inpatient and ante-natal care in south Mogadishu.

**Activities**

OPD offering preventive and curative services, including mother and child care and vaccination. Mobile clinic with outpatient services for children under five and antenatal consultations for pregnant women in IDP camps.

\*Closed August 2008

*Daynile Area*  
**Project Objective (2007)**

To provide life-saving emergency surgery and care for those wounded in combat. To provide clean water and some NFIs to 4 IDP camps in the area.

**Activities**

35 bed IPD, equipped with 2 operation rooms, an emergency room and an intensive care unit. Support to the rest of the hospital financially and through the supply of medical provisions.

Water trucking to IDP camps, distribution NFIs

# BAY REGION

## Providing Care to Isolated Communities

*present since 2002*

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 town is in the middle of the Bay region, with an estimated population of 20,000. The town is a marketplace for the region. It is also the site of the MSF health centre, providing Dinsor and its surroundings with free medical care. When security permits, seven international and more than 130 Somali staff run the health centre.

The target population of the health centre's outpatient department (OPD) is approximately 28,000 people from Dinsor town and the surrounding 20km. The OPD performs more than 6,000 consultations a month, a total of 73,885 in 2007.

The 65-bed inpatient department (IPD) serves the population of the entire district, approximately 110,000 people. In 2007, MSF admitted 2,813 people in the IPD. The health facilities also treat patients from as far away as Bardera, Buale and Baidoa.

MSF has been providing tuberculosis (TB) treatment in Dinsor health centre since September 2004. In 2007, 432 patients were started on treatment.

MSF's therapeutic feeding programme (TFP) in Dinsor, which combines both inpatient and ambulatory treatment, usually admits ten malnourished children a month. However, throughout 2007 MSF staff saw increasing numbers of malnourished children. By the end of the year, 967 severely malnourished children had received treatment.

From 2006, MSF had been scaling up its activities in and around Dinsor in response to the drought in the area. However, security concerns forced MSF to suspend this expansion and throughout 2007 a resumption of activities was not possible, although the health centre continues to receive patients from throughout the region and beyond. Despite the difficult security situation, in 2007 MSF teams were able to respond to a malaria outbreak in January and February, treating 3,321 cases of both simple and complicated malaria, and a cholera outbreak in April, providing life-saving treatment to 431 people.

Throughout the year MSF concentrated on improving the quality of care it provides in Dinsor, reinforcing the project with an extra doctor to follow the OPD, TFP and TB activities, in addition to the doctor in charge of emergency surgery and the IPD.





**Project Objective**

To provide adequate primary and secondary level health care in Dinsor district and the Bay region, and to react to any unattended emergencies in the surrounding area.

**Activities**

OPD providing treatment of respiratory tract infections; hypertension; diabetes; skin diseases; sexually transmitted diseases; urinary tract infections; diarrhoea; and malaria.

IPD providing trauma care; life saving surgical activities including caesarean sections; treatment for TB and kala azar; therapeutic feeding for severely malnourished children.

# GALGADUUD REGION

## Hospital Care and Health Posts

*present since 2006*

The 300,000<sup>2</sup> people living in central Somalia's Galgaduud region have been in dire need of quality medical care for years. In January 2006, MSF opened a project in the region, offering 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 Galcayo, and Bossaso. Many of the trauma cases at Istarlin Hospital are related to violence, including gunshot and knife wounds and other injuries from fighting. Complications during childbirth also account for a large proportion of all surgical interventions.

In 2007, 35,862 people received consultations and free medication in the outpatient departments (OPD) of Istarlin hospital. During the same period, 2,805 seriously ill cases were admitted to the inpatient department.

A comprehensive mother and child health care (MCH) component was introduced in 2007. Over 600 deliveries were performed, 22% of which were complicated deliveries.

Of these complicated deliveries, seven percent needed emergency obstetric surgery in the form of a caesarean section.

Throughout the year a total of 591 surgical interventions were performed.

MSF also has an outpatient health centre in the regional capital, Dhusa Mareb, 65km from Guri El. In 2007, MSF medical staff gave over 10,000 OPD consultations. In January 2008, MSF opened a health post in Hinder, 70 km east of Dhusa Mareb. Within three months of opening, 2,978 patients had received treatment, primarily for diarrhoea, chest infections and skin infections.

Although it is difficult to launch emergency responses in Somalia in areas where you are not present, MSF's early warning system meant that teams could respond to a cholera outbreak in Gal Hareeri and Hinder in April/May 2007. Due to this intervention 427 people received life-saving treatment.

When security permits, a team of six international staff and 89 Somali staff run the MSF project in Galgaduud.

<sup>2</sup> WHO populations figures from polio eradication campaign, 2006



**Project Objective**

To provide quality health care in the northern Galgaduud region and improve the health status of the general population. To be prepared to respond to emergencies in the region.

**Activities**

**Istarlin Hospital (2006)**

Surgery; OPD; MCH; inpatient department (IPD); paediatric IPD; laboratory and x-ray facilities.

*Dhusa Mareb Health Post (2006)*

OPD and referral to Istarlin hospital

*Hinder Health Post (2008)*

OPD and referral to Istarlin hospital



# HIRAAN REGION

## Hospital Care in a Busy Commercial Centre

*present since 2007*

In early 2007, following an emergency intervention in response to flooding in Hiraan region, MSF opened a project within the regional hospital in Belet Weyne. The objective was to offer permanent access to secondary level health care for the 280,000 inhabitants of the region and to be well positioned to react to any further emergencies in the region. Belet Weyne is a key town on the main commercial routes linking the northern ports of Bossaso and Berbera with the rest of the county. It is a bustling commercial centre and one of the most important towns in Somalia.

After the first rehabilitation of the hospital in January, the MSF medical teams started work in February 2007. Responding to emergency health needs was a priority and MSF's first activities were to provide life-saving surgery and establish an emergency room. Between February and December 2007, the MSF team performed a total of 1,023 surgeries, including around 250 operations for war related trauma. Construction work continued in the hospital throughout the year and was completed in September.

The inpatient wards have a total capacity of 120 beds. In 2007, 1,619 people were admitted to Belet Weyne hospital to receive inpatient care. In April a therapeutic feeding programme, including inpatient and ambulatory care, was set up in response to persistent food shortages. By the end of the year, a total of 116 children had been treated.

The activities of the hospital steadily increased during the latter part of 2007, and a further increase is expected in 2008. In Belet Weyne hospital MSF employs 145 Somali staff, who are supported by a team of eight international staff when security allows.





**Project Objective**

To provide secondary level health care facilities and services in Belet Weyne catchment's area and to be prepared for emergency response in Hiraan region.

**Activities**

Emergency and elective surgery; trauma care; comprehensive obstetric care; paediatric care; treatment of severe malnutrition; emergency preparedness

# LOWER JUBA REGION

## Providing Basic Health Care in a Volatile Region

*present since 2003*

MSF has worked in Somalia's Lower Juba region since 2003. When security allows a team of sixteen international staff and more than 150 Somali staff, provide primary and secondary health care in Marere and Jamaame.

In Marere MSF works from a base in Marere village and runs a supplementary feeding programme in Jilib town. The activities of the Marere Hospital are complemented by outreach activities.

In 2007, the MSF team in Marere provided 30,665 outpatient consultations. The year also saw 2,368 inpatient admissions, 849 admissions in the nutritional therapeutic programme and more than 3,200 in the supplementary feeding programme in Marere and the nearby village of Jilib. MSF staff delivered 42 babies, 40% of which were delivered by caesarean section. In May 2007, MSF began providing tuberculosis (TB) treatment in Marere. Since then, 21 patients have been started on treatment. During an outbreak of cholera in early 2007, MSF successfully treated 690 patients, with people coming from both the Lower and Middle Juba regions to receive care.

In March 2007, MSF opened a new project based in Jamaame, a town of around 12,000 people, with a wider catchment of 50,000 people.

The people living in and around Jamaame have had little or no access to primary and secondary health care for 16 years, when the only health facility in the area was destroyed. It is a population vulnerable to seasonal outbreaks of cholera and bilharzia, food insecurity, flooding and malnutrition. As primary health services have collapsed and secondary level services are non-existent, many people have developed alternatives to formal health delivery.

As a first step MSF established a small 35 bed inpatient department (IPD), with the capacity to treat malnutrition and severe medical cases, as well as an outpatient department and mobile clinics in the areas surrounding Jamaame. In the first nine months of activities MSF treated 1,000 children for malnutrition. 1,115 patients were admitted to the IPD and over 10,000 were seen in the OPD. MSF teams treated 250 people suffering from cholera.

In September 2007, MSF also started working in Kismayo. Access to health care in this city is a major concern as there is only one hospital for an estimated 200,000 people. In order to meet the most urgent needs, MSF partnered with the Kismayo hospital to provide emergency trauma and obstetric surgery. From the end of September 2007 to the end of March 2008, MSF treated 1,423 patients in the emergency room. 204 major surgeries were performed, including 45 caesarean sections. 60% of all surgeries were violence related.

On 28 January 2008, the MSF medical team was returning from the hospital when they were violently attacked with a roadside bomb. Three MSF staff were killed in the attack. As a result of the violent and targeted nature of the incident, MSF was forced to suspend its activities in Kismayo and in April 2008 the programme was closed permanently.





**Marere Project Objective (2003)**

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; surgery (mainly obstetric); outpatient curative and preventative services; TB treatment

**Jamaame Project Objective (2007)**

To improve access to primary and secondary health care services in the city and district of Jamaame.

**Activities**

Outpatient clinic; IPD for medical and obstetric cases, including complicated deliveries, and severe malnutrition.; nutritional screening; ambulatory feeding programme; systematic surveillance for nutritional emergencies and outbreaks of epidemic diseases; emergency preparedness.

# MIDDLE SHABELLE REGION

## Providing Maternal Care and Treating Malnutrition

*present since 1992*

MSF began providing primary health care in the Jowhar and Mahaday districts of Middle Shabelle region in November 1992.

When security allows, eight international staff and around a hundred 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 health care through a network of four health centres in the rural districts of Jowhar and Mahaday. The care that MSF provides include mother and child health services and an extended immunisation programme, which is run through both mobile and fixed clinics.

In February 2007, MSF opened a maternity ward in Jowhar. Over 1,000 deliveries and 30 caesarean sections were done during the first year of operations.

In August 2007, a stabilisation centre to treat children with severe malnutrition was opened in Jowhar town. In addition MSF started providing ambulatory care for children suffering from moderate malnutrition. By the end of the year, MSF teams had treated 985 children under five years old.

Throughout 2007 MSF staff provided 98,426 outpatient consultations and 24,215 ante and post-natal consultations. The most common complaints were respiratory tract infections and urinary tract infections.





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**Project Objective**

To provide quality comprehensive primary health care and specific secondary health services, epidemiological surveillance and respond to emergencies in the districts of Jowhar and Mahaday.

**Activities**

Network of four health centres providing outpatient preventive and curative services; mother and child care; and an extended programme for immunisation through mobile and fixed clinics. Maternity ward providing natural deliveries; c-sections; family planning and care for victims of sexual violence. Nutritional programme including a stabilisation centre and ambulatory care.

**Emergency Response**

In January-February 2007, 720 patients were treated during an outbreak of acute watery diarrhoea. Assistance to displaced people including measles vaccination, distribution of non-food items, water supply and primary health care services in Al-Mahan, Jowhar and Balcad in April-June 2007.

# LOWER SHABELLE REGION

## Responding to Increased Needs

*present since 2007*

Intense fighting in Mogadishu throughout 2007 caused thousands of people to flee the capital and seek safety elsewhere. Tens of thousands of people settled on the road between Mogadishu and Afgooye, a town 30km to the south west of the capital. By the end of the year MSF estimated that this area was home to over 200,000 displaced people. In April 2007, MSF sent an emergency team to the area, initially to assist people by providing shelter and clean water and to respond to an outbreak of cholera. The MSF team set up a cholera treatment centre (CTC) in the local hospital in Afgooye, which treated over 600 people in approximately one month.

After further assessments in the area, MSF decided to open two projects in Lower Shabelle. In Hawa Abdi MSF supports a private clinic run by Dr Hawa Abdi, a Somali woman who has been assisting the resident and displaced populations in the area for over 20 years. MSF set up an outpatient department (OPD) and a nutrition programme in the summer of 2007, expanding activities to include a paediatric inpatient department (IPD), isolation unit and CTC. By the end of 2007, MSF had provided 13,498 OPD consultations and provided hospital care to 557 children in the therapeutic feeding programme.

Dr Hawa Abdi continues to provide obstetric care, surgery and inpatient care for adults in her private clinic and provides invaluable support to the MSF team in the area.

The needs of the people in this area are acute and MSF continues to truck water to many of the displaced person's camps, providing over 450,000 litres of clean water every day. Since the start of the project, MSF has carried out distributions of plastic sheeting and mosquito nets to more than 12,000 families.

Although security in the area has made it impossible for MSF to develop a project in Afgooye with international staff, the assistance provided to the local hospital is essential to keeping it running. MSF provides the necessary drugs and materials, and participates in the hospital administration. Somali staff provide OPD, IPD, nutrition and surgical services.

In 2008 MSF consolidated these activities and continued to respond to emergencies in the area. In Hawa Abdi MSF employs over 220 staff. In Afgooye over 40 Somali staff are supported. A team of five international staff provide ongoing assistance when security allows.



**Hawa Abdi and Afgooye**

**Project Objective:**

To provide free quality primary health care in Hawa Abdi and Afgooye, and to prepare for emergency interventions in the Lower Shabelle area.

**Activities**

*Hawa Abdi*

OPD, Paediatric IPD, CTC, nutrition, water trucking and NFI distribution.

*Afgooye*

MSF supports the local hospital to provide OPD, IPD and nutritional activities.



# MUDUG REGION

## Working on Both Sides of the Green Line

*present since 1997*

The town of Galcayo is in the Mudug region of central Somalia, on the border between the regions of Puntland and Mudug. Rivalry between 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 recently it appears to have become easier, particularly for women and children.

MSF started working in North Galcayo Hospital in 1997, providing care for people living in and around the town. 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 health care and staffing.

However, MSF staff continue to offer tuberculosis (TB) treatment in North Galcayo Hospital, caring for more than 600 patients every year. In 2007 MSF started nutritional activities in North Galcayo, providing ambulatory and day care feeding for severely malnourished children.

In 2003, MSF started working in South Galcayo Hospital, providing hospital services to a population that had been largely cut off from accessing services in the North due to the clan differences. In 2007 hospital services were expanded despite frequent evacuations of the international team.

MSF offers in- and outpatient services, paediatric and maternal care. South Galcayo hospital is one of the few centres in central/south Somalia that offers free surgical care—a life saving action for emergency obstetric cases and for the many people wounded by violence. The hospital treats over 500 victims of violent trauma per year on an ongoing basis.

In 2007, the MSF supported hospital in South Galcayo performed 45,023 outpatient consultations, assisted in the delivery of 921 babies, and treated 1,604 seriously malnourished children. 820 patients started TB treatment. The team also has the capacity to respond to outbreaks such as cholera, measles and meningitis.

A team of approximately 150 Somali staff work and ten international staff manage the project.



**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 and vaccination; inpatient; paediatric; maternity including emergency obstetric care; therapeutic feeding; tuberculosis treatment ; surgery for violence-related traumas; emergency preparedness.

*North Galcayo*

TB treatment; therapeutic feeding.

# BOSSASO

## Assisting Those Trying to Flee

2007-2008

Since the breakdown of the state in 1991, Somali citizens started to flee to other countries using diverse routes. One of these routes is via Bossaso, from where many Somalis try to get to the coast of Yemen by boat. The journey is very dangerous. Over the years thousands of people have died attempting it and many others remain in spontaneous internally displaced person's (IDP) camps around Bossaso. In 2007 the situation deteriorated further. Intense fighting in Mogadishu and the Ogaden region of Ethiopia prompted the arrival of thousands more migrants, IDP's and refugees.

In July 2007, an MSF team carried out an exploratory mission in Bossaso. During their assessments they found worrying signs of malnutrition, a rate of 12% of severe acute malnutrition and 32% global acute malnutrition for children under five years old. As a result of these findings, MSF opened a nutritional project in Bossaso in August. By the end of the year, MSF medical teams had treated 1,604 people.

In addition to nutritional care, MSF teams also ran mobile clinics for the non-Somali population who could not access the few facilities available in the IDP camps and provided medical treatment for victims of sexual violence.

In December 2007, two MSF staff were abducted in Bossaso. They were held captive for a week and then released unharmed. As a result of this incident and the growing insecurity in Puntland, MSF made the difficult decision to close its project in Bossaso in April 2008. Where possible, MSF transferred its activities to Bossaso General Hospital.





**Project Objective**

To provide ambulatory and inpatient treatment for malnourished children under five and pregnant women, particularly displaced people, in Bossaso, Puntland.

**Activities**

Stabilisation centre and ambulatory programme for severely malnourished children and pregnant women.

Response to emergencies:  
Monitor the health status of displaced people in the region.

# CONCLUSION

Somalia has long been a violent, difficult and complex country to work in. Yet in recent months the landscape has changed beyond recognition. Kidnappings, attacks and killings of aid workers are now commonplace and becoming more so. MSF has experienced this first hand, with two of our colleagues kidnapped in Bossaso in December 2007, three killed in Kismayo in January 2008 and another killed in Balcad in March.

These incidents have forced MSF to re-examine all of our operations in Somalia. As aid workers are increasingly being seen as legitimate targets in the conflict, MSF has suspended its international staff presence in all of its projects around the country. At the time of going to press MSF did not have any international staff permanently on the ground.

The drastically deteriorating security situation and the limits it places on our work, comes at a time when the country is facing an unparalleled crisis with escalating violence, massive displacement and acute unmet medical needs.

Hundreds of thousands of Somalis are struggling to survive and the need for independent impartial and neutral humanitarian assistance has never been more urgent. Yet the challenges of providing this assistance have never been so great.

After over 17 years of continued medical activities in Somalia, MSF now faces huge obstacles in negotiating the space necessary to provide independent, impartial and neutral humanitarian assistance. Our commitment to helping the Somali people remains, however the increased risk to our staff and medical facilities is severely compromising our ability to do so.





# THE MSF CHARTER

Médecins sans Frontières (MSF) is a private international association. The association is made up mainly of doctors and health sector workers and is also open to all other professions which might help in achieving its aims. All of its members agree to honour the following principles:

Médecins Sans Frontières provides assistance to populations in distress, to victims of natural or man-made disasters and to victims of armed conflict. They do so irrespective of race, religion, creed or political convictions.

Médecins Sans Frontières observes neutrality and impartiality in the name of universal medical ethics and the right to humanitarian assistance and claims full and unhindered freedom in the exercise of its functions.

Members undertake to respect their professional code of ethics and to maintain complete independence from all political, economic, or religious powers.

As volunteers, members understand the risks and dangers of the missions they carry out and make no claim for themselves or their assigns for any form of compensation other than that which the association might be able to afford them.





