



MEDECINS SANS FRONTIERES SOMALIA



2008

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.

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MSF in Somalia on www.somalia.msf.org

In May 2007 MSF launched its own Somali language site 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.

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MSF IN BRIEF

MEDICAL CARE

Médecins Sans Frontières (MSF) is an international, independent, medical humanitarian organisation that delivers emergency aid to people affected by armed conflict, epidemics, health-care exclusion and natural or man-made disasters in more than 60 countries worldwide. Internationally, more than two thirds of MSF's staff in the field are surgeons, anaesthetists, nurses, midwives, psychiatrists, psychologists, epidemiologists, doctors, pharmacists or laboratory technicians. In the midst of wars, epidemics and famines, they work with local teams to operate on the injured; care for the sick; run vaccination campaigns; set up medical feeding programmes; and offer psychological support to the traumatised. They also help to reinstate and reequip existing health services and to train medical personnel.

SPEAKING OUT

MSF unites emergency medical care with a commitment to speaking out about the suffering witnessed and the obstacles encountered in providing effective assistance. When MSF is witness to massive acts of violence or neglect against individuals or groups, we may speak out publicly based on eyewitness accounts, medical data and our experience.

A MOVEMENT

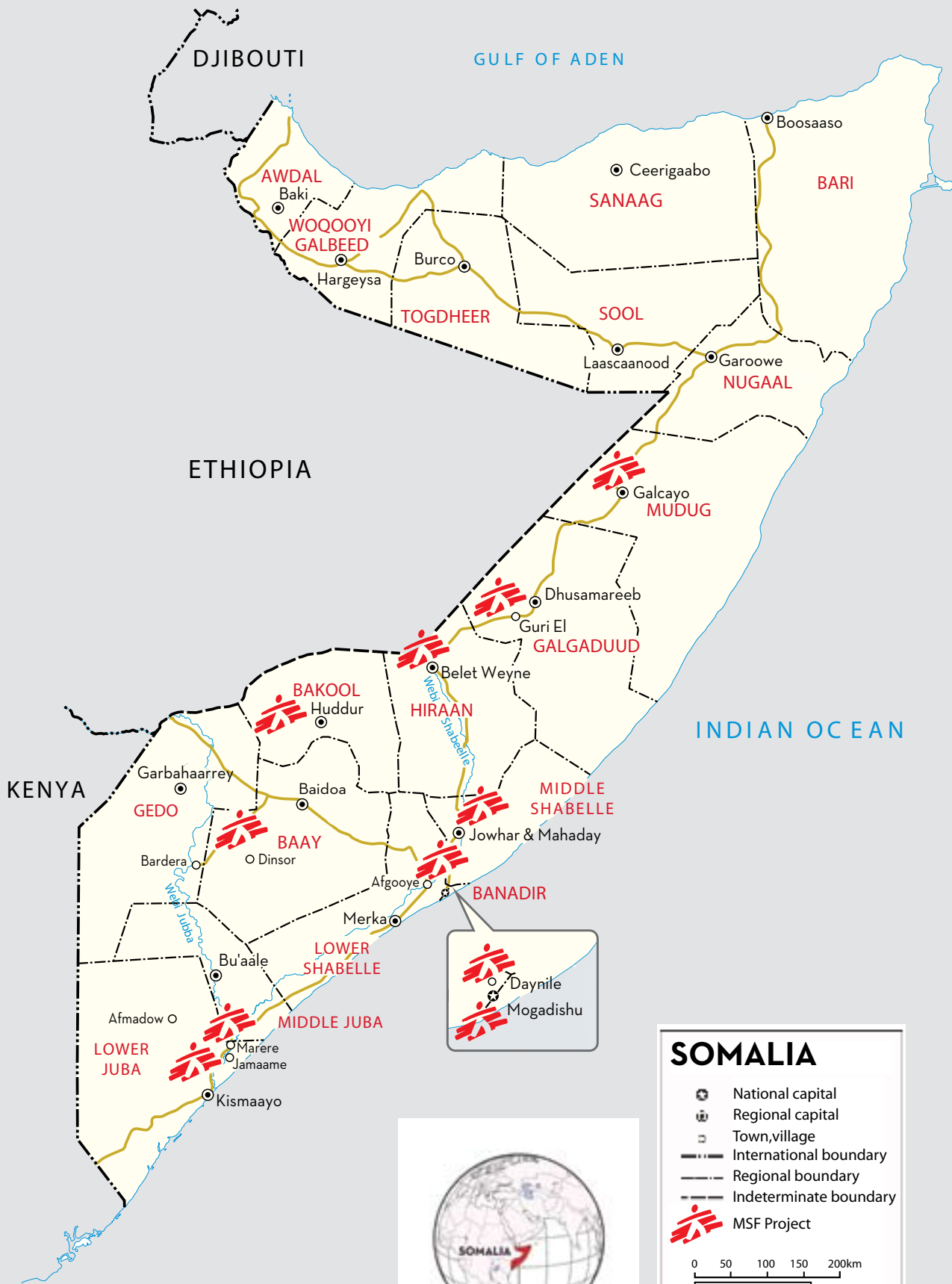
Médecins Sans Frontières is a not-for-profit organization founded by doctors and journalists in 1971. Today MSF is a worldwide movement composed of 19 national offices. Five of these offices are operational centres (in Amsterdam, Barcelona, Brussels, Geneva and Paris) which manage MSF's programmes in their country or abroad. The remaining sections, apart from participating in the work of the five operational centres, are devoted to recruiting international staff, raising funds and running public awareness campaigns. Each section is an association under the responsibility of a General Assembly and a Board, which is elected by its members.

NEUTRALITY & IMPARTIALITY

MSF's actions are guided by medical ethics and the principles of neutrality and impartiality. This means that MSF offers assistance to people based only on need and irrespective of race, religion, gender or political affiliation. MSF strives to ensure that it has the power to freely evaluate medical needs, to access populations without restriction and to directly control the aid it provides, giving priority to those in most grave danger. MSF does not take sides in armed conflict and demands unhindered access to patients and the required space to carry out its emergency medical interventions.

INDEPENDENCE

MSF refuses to serve or be used as an instrument of foreign policy by any government and, is independent of all political, religious, military and economic powers. The organisation's autonomy in decision-making and action derives principally from its financial independence. The majority of operating funds come from donations made by the general public. In 2007 over 90% of MSF's income came from private sources. In the same year 81% of the organisation's expenditure was allocated to its medical humanitarian relief and advocacy work, 6% was spent on management and administration costs and 13% on fund-raising.



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INTRODUCTION

For many years Somalis have endured violence, displacement, malnutrition and a severe lack of access to adequate health care. Sadly 2008 was no different.

In fact a range of factors including ongoing and indiscriminate violence; the collapse of the local economy and the ability to transport and deliver food aid; drought; inflation and high international food prices and a drastic reduction in humanitarian aid exacerbated people's already appalling living conditions.

Over the course of the year, the gap between critical needs in Somalia, particularly in and around Mogadishu, and the level of humanitarian response grew even larger, mainly due to aid agencies' extremely limited capacity to independently deliver assistance in this highly insecure and volatile environment.

MSF experienced the impact of this insecurity first hand. We lost four colleagues in 2008 and had to close three projects in Kismayo, Mogadishu and Bosasso. In April 2008, intense fighting across the country and specific threats against foreign aid workers forced MSF to evacuate all of its international staff from Somalia. The media attention from this evacuation has led to an assumption by some that MSF's operations have ceased. Nothing could be further from the truth. In fact, in sheer numbers medical activities increased in 2008.

As of February 2009 MSF's projects continue to be run by dedicated Somali staff, supported by international staff based in Nairobi who visit whenever security allows. The commitment, hard work and bravery of these Somali staff meant that MSF was able to continue providing health care to hundreds of thousands of Somalis throughout 2008.

MSF remains the main provider of free medical services in all of central and southern Somalia with 1,452 Somali staff, supported by 104 staff in Nairobi, providing primary health care, malnutrition treatment, support to displaced people, surgery, water and relief supply distributions in nine regions of the country. In 2009 all funds for MSF's work in Somalia come from private donors.

In 2008 MSF teams provided 727,428 outpatient consultations, including 267,168 for children under five. Over 55,000 women received ante-natal care consultations and more than 24,000 people were admitted as inpatients to MSF supported hospitals and health clinics. 3,878 surgeries were performed, 1,249 of which were for injuries caused by violence. Medical teams treated 1,036 people suffering from the deadly neglected disease kala azar, more than 4,000 people for malaria and started 1,556 people on tuberculosis (TB) treatment. Nearly 35,000 people suffering from malnutrition were provided with food and medical care and 82,174 vaccinations were given.

This booklet provides a closer look at MSF's efforts to alleviate the desperate medical situation in Somalia. It provides a comprehensive overview of MSF's activities in the Bakool, Banadir, Bay, Galgaduud, Hiraan, Lower Juba, Middle Shabelle, Lower Shabelle and Mudug regions of Somalia in 2008.

Yet the assistance that MSF is able to provide does not, and cannot, meet the ever increasing needs that our teams are seeing on the ground. As 2008 drew to an end and the political and military situation in Somalia looked to change once again, it was clear that most Somalis face an uncertain future. One thing they can count on, though, is MSF's commitment to provide them with free, quality medical care.



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BAKOOL REGION

Nine years of quality medical care

Present since 2000

Poverty, intermittent 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 health centre was set up in 2000 and has since expanded to provide 293-beds. It serves a population of approximately 250,000, as well as other people who come from as far as Ethiopia and the neighbouring Somali region. The outpatient services include adult and paediatric consultations and treatment, antenatal care, vaccination and laboratory services. The inpatient ward provides adult and paediatric care, a maternity and delivery room and treatment for kala azar and tuberculosis (TB).

In 2008, MSF admitted 3,662 patients to the health centre. Almost 1,000 of these were treated for kala azar and 113 were treated for tuberculosis. More than 350 babies were delivered and 570 children were treated for severe malnutrition.

MSF has also established four health posts, reaching out to local communities and providing better medical care in the region. The health posts, situated in El Garas, El Berde, Labatan Jerow (situated in the adjacent Bay region) and Rabdurreh, provide primary health care, treat severely malnourished children who are not suffering from complications and can refer patients to the health centre in Huddur.

52,000 outpatient consultations were done in the health centre and the four health posts over the course of the year and thousands of children were vaccinated for preventable diseases.



Huddur (2000) Project Objective:

To provide basic health care in Bakool region, with an emphasis on quality treatment for neglected diseases like tuberculosis 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 component (TFC) for inpatients.

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, has been the epicentre of the current conflict, with the civilian population living in constant fear of often daily and indiscriminate violence. 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 often very expensive. Access to health care is extremely difficult for the already impoverished population, which includes hundreds of thousands of internally displaced people. MSF runs four outpatient clinics and an inpatient clinic for children in Mogadishu, 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 northern Mogadishu MSF has run one of the few public health facilities in the city's Yaqshid area since 1994. In 2007, MSF opened three more outpatient clinics for children in the Karan, Abdul Aziz (Lido) and Balcad areas as well as a 50 bed inpatient clinic for children in Abdul Aziz capacity. Throughout 2008, the four outpatient clinics provided 180,314 outpatient and 9,489 pregnancy care consultations. Early in the year MSF teams started a nutritional programme for severely malnourished children with 1,800 patients admitted and treated during the year. Teams also began providing dressing care for war-wounded patients who had undergone surgery. A total of 1,416 patients who had been operated on for war related injuries were provided with dressings.

In September 2007, MSF opened a project in Daynile hospital, located nine kilometres north of the city, providing life-saving emergency surgery and care for those wounded in combat, regardless of clan affiliation. Following extensive rehabilitation, the facility now comprises 59 beds, and is equipped with two operating theatres, an emergency room and triage area and an intensive care unit. MSF also supports the general functioning of the hospital financially and through the supply of medical provisions.

In 2008, staff treated a total of 5,250 patients in the emergency room, including 3,093 people wounded in the conflict. More than 50% of patients treated were women and children under the age of 14 years. In the emergency room, 1,348 patients were admitted to the surgical department and 611 required emergency surgery.

In addition to supporting the hospital, MSF is supplying clean drinking water to an estimated 30,000 displaced people living in four makeshift camps around Daynile hospital. More than 300,000 litres of water per day were distributed throughout the year as well as non-food items such as jerricans and blankets.

In August 2008 MSF was forced to close its primary health care clinic in the Hodan area of Mogadishu. Increased fighting in the near vicinity had led to unacceptable security risks for patients and staff. Between January and August, a total of 43,740 children under the age of 12 were treated in the outpatient department, including 400 who received treatment for malaria. More than 1,000 children were admitted for inpatient care and 5,650 women received antenatal care.



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Yaqshid Area (1994) Project Objective:

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

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 in Abdul Aziz, including nutritional services (2007).

Daynile Area (2007) Project Objective:

To provide life-saving emergency surgery and care for those wounded in combat. To provide clean water and some non-food items to four IDP camps in the area.

Activities:

59 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 non-food items.

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. The population have had to live through invasion, shifting alliances and armed conflict among militia groups, all of which has 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 people. The town is a marketplace for the region. It is also the site of the MSF hospital, providing Dinsor and its surroundings with free medical care.

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 4,900 consultations a month, a total of 59,801 in 2008.

The 65-bed inpatient department (IPD) serves the population of the entire district, approximately 110,000 people. In 2008, MSF admitted 1,856 people in the IPD. The health facilities also treat patients from as far away as Bardera, Buale and Baidoa.

In a country where one woman in seven dies while giving birth, obstetric care was the main focus for medical teams in Dinsor in 2008. 2,312 ante-natal care consultations were provided throughout the year and 509 deliveries were assisted with.

MSF has been also providing tuberculosis (TB) treatment in Dinsor health centre since September 2004. In 2008, 415 patients were started on treatment.

MSF's therapeutic feeding programme (TFP) in Dinsor, which combines both inpatient and ambulatory treatment, saw increasing numbers of malnourished children over the course of the year. By the end of December, 446 cases had been hospitalised and 559 had been cared for on an ambulatory basis.



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Dinsor (2002) Project Objective:

To provide adequate obstetric care along with primary and secondary level health care in Dinsor district and the Bay region.
To react to any medical 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 300,000¹ 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 acute medical care and life-saving surgery free of charge.

In Guri El's 80-bed Istarlin hospital, MSF provides outpatient services for adults and children and inpatient services, including a paediatric ward; gynaecology ward; maternity ward and delivery room; operation theatre and surgical ward; laboratory and x-ray facilities. Preventive services, such as ante-natal care and vaccination, are also offered. MSF also runs two health posts in Galgaduud: one in Dhusa Mareb, the regional capital, and one in Hinder, which opened in January of 2008.

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 2008, 63,425 people received consultations and free medication in the different outpatient departments of the hospital and health posts. Almost 4,000 patients were admitted to the hospital, of which 843 were deliveries and 622 were admitted for major and minor surgery.

Over the course of the year 700 children were treated for severe malnutrition. There are concerns that even more children will suffer from malnutrition in 2009 as the Galgaduud region is prone to drought, disease, conflict and insecurity. In addition there are very few health centres offering free care in the area, diarrhoea is prevalent and many mothers do not breast feed their children for more than a few months. MSF teams will closely monitor the nutritional situation and intervene if necessary.

¹ WHO populations figures from polio eradication campaign, 2006



Guri El (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, Ambulatory Therapeutic Feeding 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 aim is to offer permanent, free hospital care to 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.

Surgery is the main focus of MSF's work in Belet Weyne. In 2008 over 1,000 emergency and elective surgeries were performed. 358 of these surgeries were to operate on victims of violence. Obstetric care is a key element of the medical team's work. 20% of the 247 deliveries performed by MSF teams were complicated ones and 93 caesarean sections were performed in 2008.

The hospital's inpatient wards have a total capacity of 120 beds. In 2008, 2,132 people were admitted. Persistent food shortages in the region prompted MSF to set up a therapeutic feeding programme, combining both inpatient and ambulatory care, in April 2007. In 2008, 747 children were treated for severe acute malnutrition.

In April 2008, approximately 300 cholera cases were treated during an epidemic. There were also 405 cases of malaria treated throughout the year.



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Belet Weyne (2007) Project Objective:

To provide secondary level health care facilities, with a particular focus on obstetric care, 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 Care in the South

Present since 2003

The Lower Juba region of Somalia is vulnerable to seasonal outbreaks of cholera, food insecurity, flooding and malnutrition, as well as occasional surges in violence. Access to health care has been severely affected by the collapse of primary health services and the total absence of secondary health services. MSF began working in Lower Juba in 2003 and today continues to deliver medical assistance to people in the region.

On 28 January 2008, three MSF staff was killed in a targeted attack in Kismayo. As a result, MSF was forced to suspend its activities and in April 2008 the programme was closed permanently. MSF started working in Kismayo in September 2007, partnering with Kismayo hospital to provide emergency trauma and obstetric care. In the eight months that MSF worked in Kismayo, staff treated 1,423 patients in the hospital's emergency room. Over 204 major surgeries were performed, including 45 caesarean sections. 60% of all surgeries were violence related.

MSF teams continue to provide care in other areas of the Lower Juba region. In Marere MSF works from a base in the village and runs a supplementary feeding programme in Jilib town. In Marere hospital, MSF teams provide outpatient, inpatient, antenatal and nutritional care, as well as vaccinations. The activities in the hospital are complemented by outreach activities. In May 2007, MSF also began providing tuberculosis (TB) treatment in Marere.

In 2008, the MSF team in Marere provided 31,055 outpatient consultations including treatment for approximately 2,400 cases of Schistosomiasis (Bilharzia) and 600 cases of Malaria. The year also saw 1,548 inpatient admissions, 1,637 admissions in the nutritional programme and more than 2,700 in the supplementary feeding programme in Marere and the nearby village of Jilib. Over 100 babies were delivered and 17,803 children and pregnant women were vaccinated against tetanus.

In March 2007 MSF set up a small 35 bed inpatient department (IPD) for the treatment of medical, obstetric and severe malnutrition cases requiring hospitalisation in Jamaame. In 2008, 1,079 patients were admitted for treatment, 55% of which were under five years of age. A further 19,250 people were treated in the outpatient department (OPD), with the number of consultations doubling in the second half of the year as patients increasingly arriving at the hospital from other regions in order to receive free health care. A total of 774 children under five years of age were also treated in the nutritional programme over the course of the year.



Marere (2003) 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:

Outpatient curative and preventative services, inpatient care for paediatric, medical and maternity cases; delivery including emergency obstetric care; therapeutic and supplementary feeding; surgery (mainly obstetric); TB treatment; ongoing surveillance for outbreaks and nutritional crisis.

Jamaame (2007) Project Objective:

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

Caring for Mothers and Treating Malnutrition

Present since 1992

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 includes paediatric primary health care; a nutrition programme for malnourished children; mother and child health services including obstetric services for normal and complicated deliveries; and an extended immunisation programme, which is run through both mobile and fixed clinics.

In 2008 MSF staff provided 194,625 outpatient consultations and 35,262 ante- and post-natal consultations. The most common complaints seen at the outpatient centres were respiratory tract infections and urinary tract infections. Medical teams also treated people for diarrhoea, malaria, intestinal parasites, sexually transmitted diseases and skin diseases.

More than 3,200 malnourished children were admitted to the therapeutic feeding centres to be treated for malnutrition and any related medical complications. The highest peak of admissions was in June and July 2008. A total of 1,520 babies were delivered in MSF's maternity facilities in Jowhar. 20% of these deliveries suffered from complications. Around 50 caesarean sections were performed.

A referral service is also in place for emergency cases from isolated areas of the district, like Biyo Cade and Burene, to MSF facilities in Middle Shabelle.



Jowhar (1992) Project Objective:

To provide quality comprehensive primary health care, nutrition support 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. A maternity ward provides services for natural and complicated deliveries; caesarean sections; family planning and care for victims of sexual violence. Nutrition programme, including a stabilisation centre and ambulatory care

Emergency Response

During a cholera outbreak in Gololey area in September-October 2008, 235 patients received treatment from MSF.

LOWER SHABELLE REGION

Emergency Care for the 300,000 Displaced

Present since 2007

Intense fighting in Mogadishu throughout 2008 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 300,000 displaced people.

After assessments in the area, MSF decided to open two projects in Lower Shabelle in 2007. 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 more than 20 years.

In 2007 MSF set up an outpatient department and a nutritional programme, and later expanded activities to include a cholera treatment centre, isolation unit and paediatric inpatient department (IPD) that admitted 1,258 patients in 2008. By the end of the year, MSF had provided 78,599 outpatient consultations, including 49,570 for children under five years old.

Over the course of the year MSF staff saw a huge rise in the number of children needing nutritional care in the intensive and ambulatory feeding centres in Hawa Abdi and Afgooye. In total MSF treated 15,587 malnourished children under the age of five. More than two thousand of them were admitted to intensive care, while the majority were cared for as outpatients.

Dr Hawa Abdi continues to provide obstetric care, surgery and inpatient care for adults in her private clinic with the support of MSF materials and logistics.

The needs of the people in this area are acute and MSF continued to provide safe water to many of the displaced people living in camps along the road, providing 400,000 litres of clean water every day. In 2008, MSF carried out distributions of plastic sheeting and non-food items, such as mosquito nets, to approximately 7,000 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 in keeping it running. MSF supports the hospital by employing a Somali medical doctor, providing the necessary drugs and materials, and participating in the hospital administration. The hospital provides in- and outpatient care, nutritional care, maternity and emergency services free of charge. With the support of MSF the Somali staff in the hospital performed 34,431 outpatient consultations, admitted 616 patients and performed 499 deliveries in 2008.



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Hawa Abdi and Afgooye (2007) Project Objective:

To respond to the emergency needs of the population affected by the conflict and nutritional crisis in Hawa Abdi and Afgooye.

Activities:

Hawa Abdi: OPD, Paediatric IPD, CTC, nutrition, water trucking and distribution of non-food items.

Afgooye: MSF supports the local hospital in the provision of OPD, IPD and nutritional services.

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. For many years, rivalry between clans has divided the town and an invisible “green line”, dangerous to cross, separates North Galcayo from South Galcayo. MSF works on both sides of the green line, providing health services to people throughout the area.

In North Galcayo Hospital MSF runs a tuberculosis programme, providing comprehensive care and treatment for more than 680 patients every year. MSF also runs nutritional activities, providing ambulatory and day care feeding for malnourished children.

During 2008, there were times when the numbers of malnourished children in the feeding programme increased significantly, in correspondence with the worsening nutritional situation in the area and newly displaced people arriving from Mogadishu. In total, MSF treated 3,200 children for severe and moderate malnutrition throughout the year. In 2009 MSF hopes to expand these nutritional activities to include 24-hour care for severely malnourished children.

In South Galcayo Hospital, MSF provides hospital services to a population that had been largely cut off from accessing health services due to the North/South divide. Here, MSF offers in- and outpatient services, paediatric, maternal and surgical care. South Galcayo hospital is one of the few centres in central/south Somalia that offers surgical care – a life saving action for emergency obstetric cases and for the many people wounded by violence.

During 2008 MSF staff treated 470 victims of violent trauma, along with providing 43,781 medical consultations, treating over 3,000 severely malnourished children, delivering 936 babies and vaccinating 17,650 people. In addition, 269 patients were started on treatment for tuberculosis (TB). The team also has the capacity to respond to outbreaks such as cholera, measles, meningitis, nutritional crises and clashes.



Galcayo (1997) Project Objective:

To provide basic health care and nutritional services in south and north 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 and emergency preparedness.

CONCLUSION

Committed Despite the Constraints

Somalis experienced some of the worst violence in over a decade in 2008, with people in the central and southern parts of the country living under increasingly deteriorating humanitarian conditions. While the escapades of pirates operating along the country's coastline captures the attention of the international media, the suffering and deaths of hundreds of thousands of Somalis goes unreported. The acute humanitarian crisis in Somalia, where over a million people are thought to have been displaced and malnutrition rates are far above emergency levels, continues to be one of the worst in the world.

Many Somalis that are able to escape the country do so, crossing the border in their thousands to seek refuge in Kenya, or risking their lives to make the perilous journey across the Gulf of Aden to Yemen. Yet when they reach their destinations they often receive little assistance. In 2008 and early 2009, around 85,000 Somalis crossed the Kenyan border, which is officially closed, to seek shelter in refugee camps near Dadaab in Kenya's North Eastern Province. Dadaab is now home to over 267,000 refugees, making it the world's largest refugee settlement. Faced with this huge increase in people and very little additional aid being provided, MSF started working in Dadaab at the beginning of 2009. In Dagahaley camp MSF provides primary healthcare for 25,000 newly arrived refugees and plans to be responsible for all medical activities, including hospital care, in the camp by July 2009.

Others make their way north and risk their lives boarding smugglers' boats to try and reach Yemen. According to UN figures, more than 43,500 people – mostly Somalis, but also Ethiopians – attempted the journey in 2008. Passengers say that more than 100 people are routinely packed into the 30- to 40-person vessels. Reports of beatings by the smugglers are frequent and most people are deprived of food and water during the long and dangerous journey. Deaths are common, many suffocate in the cramped hulls, while others drown as they try to swim to the shore. Those that do make it are exhausted, ill and emotionally shattered. In September 2007 MSF set up a project on the southern shores of Yemen to provide medical, psychological and humanitarian assistance to new arrivals. Since the beginning of 2008, MSF teams in southern Yemen have treated more than 8,000 people who have arrived by boat.

In Somalia itself MSF continued providing life-saving medical care in nine regions of the country throughout 2008. As the challenges to providing aid increased so too did the needs. MSF is the largest provider of free healthcare in Somalia. In 2008 more than 725,000 outpatient consultations were provided and 3,979 surgeries were performed, 1,249 of which were for injuries caused by violence. 24,000 people were admitted to MSF supported hospitals and health clinics and nearly 35,000 people suffering from malnutrition were provided with food and medical care.

Much more assistance is needed if there is to be any reduction in the hundreds of preventable deaths from malaria, respiratory tract infections, diarrhoea and malnutrition, that happen every single day. Yet MSF is unable to increase its activities in Somalia due to the sharp escalation in violence and insecurity that occurred throughout the country in 2007 and 2008. MSF has been forced to adapt its projects, which are now run without international staff permanently on the ground. At the time of going to print it seemed that the huge challenges to delivering and administering aid experienced in 2008 would continue into 2009. In April two of MSF's international staff were abducted and held for ten days before being released. In such an insecure and volatile environment the support of local communities is vital. MSF acknowledges this support and remains firmly committed to assisting the Somali people, but we strongly condemn all attacks on our staff or health facilities as they severely compromise our ability to deliver medical assistance.



