



WHO Somalia - EHA Situation of IDPs in Mogadishu and Afgooye Corridor – Inter-agency joint assessment

7 September 2009



(approximately 3000 people in total)

The mission visited three camps (Burhan, Goba 1 and Goba 2) and the Banadir and El Medina hospitals.

Assessment of the camps/settlements

The three camps/settlements are supported by the TFG health authorities. Goba 1 and 2 host a total of 333 families, while the Burhan camp hosts an estimated 120 families.

Major challenges with different levels of severity in the three IDP camps/settlements include:

- Overcrowding around temporary settlements and water sources
- No fire extinguishers or fire-fighting equipment
- Lack of camp safety
- Insufficient water supply
- No routine sampling of water quality
- Insufficient sanitation facilities and no toilets for people with physical disabilities
- No designated areas for bathing washing, food preparation, food storage and waste disposal (including medical waste)
- Preparation of food occurring in front of tents, often less than a metre from adjacent shelters
- Lack of primary health services (health services are provided by either El Medina or Banadir hospitals)
- Poor environmental and personal hygiene
- No vector control measures in place
- No child protection and no mental health support programme



- No gender-based violence mitigation measures in place
- Only means of communication for activities is by car or telephone
- No community education programme



Assessment of hospitals

Banadir Hospital is located in a complex of buildings, easily accessible by the community. It is equipped with 400 beds of which 200 are functional. The monthly outpatient caseload for IDP patients has increased from 1,270 in 2008 to 1,400 in 2009 as a result of new displacement in the area.

The hospital is facing the following major constraints:

- Insufficient medical equipment and supplies (including incubators; oxygen supply, vaccines, fuel supply for 220kv generator)
- The operating theatre lacks even the most basic equipment for providing 10-20 caesarean sections per month and around 10 deliveries per week
- Insufficient safe blood services (blood transfusion facility available, but non-functional blood bank)
- Limited funding for hospital management, salaries and replacement of consumables
- Under-staffing within medical workforce (low doctor-patient ratio)
- Lack of services such as physiotherapy
- Inappropriate solid waste management.

El Medina Hospital is located in a complex of buildings, easily reached by the community. With the support of ICRC, the facility is in good functioning condition. The most common cause of admission is injury (i.e. trauma wounds). The number of cases varies according to the security situation with an average of 70 cases per month.



Recommendations for further assistance

For the IDP camps/settlements

- Public health engineer to undertake assessment of the camps' infrastructure and water supply and to implement mitigation measures. Recommendations will be shared in camp cluster and health and WASH cluster coordination mechanisms at all levels
- Most public health risks within the camps are linked to hygiene. Hence, efforts must focus on social mobilization activities in order to improve and implement hygiene promotion programmes (including strengthening of community education and awareness)

- Training for trainers to be conducted for health workers addressing mental health and psychological support through mobile mental health teams
- Reproductive health officer to emphasize child protection and to advocate for gender-based violence mitigation measures
- WHO to support advocacy with local authority and stakeholders in developing primary health care service inside camps and settlements
- Training to be conducted for camp management team and community volunteers with respect to fire prevention and fighting
- Health records to be developed and distributed to patients attending camp health facilities and to be linked to drug prescription to avoid duplication
- Water sampling and chlorination to be conducted
- New and additional latrines to be established
- Continuous monitoring and information-sharing to be enhanced by all stakeholders and cluster leads.

For Banadir Hospital

- Training on aseptic and hygiene measures to be conducted for all health workers in the hospital (i.e. outpatient department, operating theatre, wards, emergency room) and for health care providers in the mother and child health facilities (MCHs), including midwives
- Training on basic and advanced trauma life support and on-the-job training on basic surgical handcraft and techniques to be conducted for health workers working in the operating theatre
- Laboratory service to be strengthened through supply of basic equipment and supplies, and capacity-building
- Pharmacists to be trained through refresher courses on pharmacy management
- Ambulance service to be upgraded
- Standard operating procedures (SOP) to be adapted
- Anesthesiologist to be recruited
- Advocacy for the support of Banadir Hospital to be enhanced
- Emergency health kit to be immediately provided to the hospital by WHO which to cover PHC and basic surgical services
- UNFPA kit to be supplied to the hospital

Urgent financial requirements for Banadir Hospital

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| Supplies and equipment | \$1 000 000 |
| Incentives for health workers | \$200 000 |
| Capacity-building | \$100 000 |
| Renovation | \$700 000 |