

WHO's support to hospital care for conflict-affected communities in Somalia in 2010

December 2009

Context: Somalia has suffered from ongoing civil strife since early 1990s which continues up to the present day. 2009 has brought about new and pressing needs in Somalia particularly in South Central Somalia where conflict and displacement have increased the number of trauma cases, disrupted health services, displacing communities and restricting access to the already limited health services.

Health situation: The situation of child and maternal health is one of the worst in the world: infant mortality rate is 88 per thousand and under-five mortality rate is 142 per thousand. Maternal mortality in Somalia is extremely high, estimated to be around 1,400 per 100 000 live births. Women in Somalia have a 1 in 10 life-time risk of dying due to pregnancy and childbirth-related causes. (UNICEF MICS 2006) 1 in 5 Somali children under the age of five years is acutely malnourished. (Source FAO/FSNAU 2009).



Photo: WHO

The deteriorating conflict and humanitarian situation in 2009 has put a further burden on the scarce hospital services in Somalia

Health services: The availability of health services in Somalia is severely limited and rely almost exclusively on NGOs for delivery. Service delivery is hampered by a low number of health personnel often with limited capacity and skills, as well as poor infrastructure and an insufficient number of health facilities. Since May and June 2009, conflict has intensified in Mogadishu and other areas of South Central Somalia, dramatically increasing the burden on under-developed hospital services especially trauma care. For example from October to November 2009, over 700 cases of trauma and 200 deaths were reported by health partners in Lower and Middle Jubba following the recent onset of hostilities. Furthermore throughout 2009, humanitarian needs and demand for health services have intensified with 3.64 million people currently in humanitarian need across Somalia which include 1.55 million internally displaced people.



Photo: WHO

At a glance

Infant mortality: 88 per 1000 live births
Child mortality: 142 per 1000 live births
Maternal mortality: 1044-1400 per 100 000 live births

Health indicators in Somalia, are some of the worst in the Eastern Mediterranean Region

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Situation of hospital care in Somalia



The situation of hospitals in Somalia requires an urgent and comprehensive approach to address the weak infrastructure and lack of essential supplies and equipment, and scarce human resources for service delivery. The deteriorating humanitarian situation over 2009 makes hospital care ever more important. Pictured here, Baidoa Hospital before and after rehabilitation by WHO and UNOPS

Photos: WHO

WHO's strong presence in Somalia has allowed the organization to continually assess the situation of hospital infrastructure, supporting service delivery through provision of essential medicines and targeted rehabilitation. In general, hospitals across Somalia suffer from similar constraints with a limited capacity of health authorities in health service delivery

These include:

- Lack of incentives for essential health workers resulting in high turnover and weak morale
- Lack of adequate medicines, supplies and equipment
- Lack of referral system for recommending higher levels of care, which results in late presentation of patients and increased death and disability.
- Lack of essential support services

including blood banking, laboratory services, pharmacy, cold chain equipment

- Lack of amenities required for health service delivery including piped water and sanitation systems, regular electricity supply, and means for the safe disposal of health care waste
- Dilapidated infrastructure resulting in, amongst other concerns, poor infection control

WHO's support to hospital care in Somalia in 2008-2009

The challenges facing the delivery of hospital services are deep and wide-ranging requiring comprehensive and sustained support.

Key achievements in 2008-2009

- Extension of secondary and surgical services to conflict-affected communities in Lower Jubba through a joint field hospital
- Provision of essential medicines, supplies and equipment to key hospitals
- Continuous hospital assessment and monitoring to identify key needs in terms of staffing, supplies and infrastructure
- Training of over 300 staff in hospital

care

- Operational support through provision of essential medicines, supplies and fuel to key hospitals across Somalia
- Completion of phase 1 of the rehabilitation of key hospitals in South Central Somalia including Wajid and Baidoa hospitals

In late 2009, WHO and partners installed a field hospital in Lower and Middle Juba. The hospital extended surgical services to conflict-affected communities for the first time in over 30 years with 25 people undergoing surgical procedures. Over 35 health workers received on-the-job training in providing emergency health services and trauma management.



Photo: WHO

Hospital care for conflict-affected communities in Somalia in 2010: WHO's support for hospital care in 2010

In 2010, WHO will build on these completed activities through the scaling-up its support for hospital care in Somalia. It will draw upon existing successful partnerships.

Through substantial and sustained support received from donors, WHO will be providing a comprehensive package of support to key hospitals across the 3 zones of Somalia to sustain services including for IDPs and conflict-affected population as well as establish the building blocks for later development of the health system.

Specific objectives of the project include:

- Extending and strengthening hospital services especially for IDPs and other conflict-affected communities
- Developing the referral system for prompt referral of cases to higher levels of care including through strengthening emergency medical services
- Strengthening the capacity of health workers in hospital-based services
- Improving hospital infrastructure through rehabilitation, reconstruction and installation of water systems, sanitation and electricity
- Strengthening laboratory, pharmacy, ambulance services and other essential support services



Photo: WHO

Considering the low capacity of health authorities to deliver health services, WHO through the support of donors will ensure that services are free to communities through the waiving of user fees.

The health facilities targeted for support will include Baidoa Hospital in Bay, Xudur and Wajid hospitals in Bakool, Buale MCH in Lower Jubba, Merka Hospital in Lower Shabelle and Banadir Hospital in Mogadishu. Criteria for support include population size within the catchment area, types of beneficiaries i.e. IDPs and conflict-affected, whether the facility is situated close to routes of frequent displacement and level of access for both beneficiaries and humanitarian agencies.

In 2010, a major activity within WHO's support for the humanitarian health response will be to provide hospitals serving conflict-affected communities with essential medicines and supplies

Project activities for 2010-2011

Hospital care is complex process requiring a wide range of inputs for the successful delivery of services. Key activities will include:

Needs assessment of hospitals: Undertaking of continuous detailed assessment of all aspects of targeted health facilities

Support for service delivery: Identifying and contracting of partners: including incentives for hospital staff, provision of essential medicines, supplies and equipment, and operational and logistical support

Deployment of trained staff: On-the-job training to ensure that staff are trained in their location of work and contribute to direct service delivery. Topics to be covered will include trauma surgery, trauma management EmOC, CEmOC and infection control

Strengthening of support services: Supporting essential laboratory services, blood banks and pharmacy services

Strengthening of emergency medical services: Conducting specific capacity-building and provision of emergency patient transport

Strengthening of health management information system: Equipping supported hospital with essential ICT equipment and capacity-building of health workers

Functional rehabilitation, reconstruction and equipping of targeted health facilities to build up referral network: Undertaking targeted rehabilitation, re/



Photo: WHO

During the project delivering free life-saving health interventions for conflict-affected communities



Photo: WHO

To ensure immediate provision of life-saving health care, WHO will deliver services through implementing partners, provide essential medicines and supplies, on-the-job training of hospital workers amongst others

Project activities for 2010 (continued)

construction and health facilities in underserved areas. A key area for improvement will be trauma management including the surgical, obstetric and paediatric wards of major hospitals serving conflict-affected communities.

To strengthen referral from primary to secondary care, a range of activities are required including training of PHC staff, support to service delivery in hospitals and improving financial and physical access to services



WHO through its implementing partners has completed the first phase of the rehabilitation of Baidoa Hospital in South Central Somalia. Pictured here: Outpatients department of Baidoa Hospital before and after rehabilitation

Monitoring: WHO will use its strong country presence in Somalia to monitor, assess and report on project progress. WHO will monitor and report upon the performance of its subcontractors in service delivery and rehabilitation of targeted hospitals. Throughout the project, WHO will provide continuous technical assistance and supervision to supported hospitals. As a scheduled activity, regular coordination meetings will take place which also serve to monitor progress and share lessons learnt between supported hospitals and beyond.

Budget for 2010-2011

Activity (Based on supporting 6 hospitals for 2 years)	Budget
Mapping of health facilities and referral network including infrastructure, staffing and health care processes	\$160,000
Essential medicines, supplies and medical equipment, and support for other operational costs	\$1,600,000
Physical rehabilitation of targeted hospitals including construction, upgrading, installation of water, sanitation and electricity, procurement of equipment and waste product management	\$1,000,000
Strengthening of laboratory capacity, blood banks and pharmacies	\$2,000,000
Strengthening of referral system	\$400,000
Capacity-building of health workers through on-the-job training	\$200,000
Strengthening of emergency medical services including provision of emergency patient transport	\$250,000
Strengthening of health management information system	\$100,000
Technical assistance for trauma management, surgical and medical specialties, monitoring of quality of services and hospital management	\$1,171,000
WHO operational costs	\$500,000
Programme Support Costs (7%)	\$516,670
Total	\$7,897,670