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 very weak public health system, infrastructure and an insufficient number of health facilities and lack of skilled health workers. In addition, regular health care services are more imbalanced due to frequent incidences of armed fighting. Recent events of fighting and intensified violence have overburdened the existing weak emergency health system in Somalia, being stretched to breaking. In this challenging environment, health actors must work to ensure that all aspects of the emergency response is adequately considered.

Health situation: Since January 2010, at least 5000 people have been wounded (20% being children) and 100 more killed in Mogadishu alone, according to reports from two hospitals. However, WHO estimates that over 500 people have been killed since the beginning of 2010, although deaths on site are not reported. Across Somalia, 2 million people need humanitarian assistance1, and 1.46 million people have been displaced by conflict and live in temporary settlements2.

<table>
<thead>
<tr>
<th>STATISTICS AT A GLANCE (January 2010 - October 2010)</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Since January 2010, almost 6000 people have been wounded (20% being children) and 100 more killed in Mogadishu alone, according to reports from three hospitals.</td>
</tr>
<tr>
<td>• WHO estimates that over 500 people have been killed since the beginning of 2010, although deaths on site are not reported.</td>
</tr>
</tbody>
</table>

---


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

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 makes hospital care ever more important. Pictured here, Baidoa Hospital before and after rehabilitation by WHO and UNOPS.
WHO’s support to hospital care in Somalia in 2009-2010

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

Key achievements in 2009-2010

- 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, and 7 MCHs in Lower Shabelle.

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.
Hospital care for conflict-affected communities in Somalia in 2011

In 2011, 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 three 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

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 2011, 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.
Planned project activities for 2011

Hospital care is a 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, reconstruction 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.

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

© WHO Somalia

**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**

© WHO Somalia
Project activities for 2011 (continued)

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 2011-2012

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

### Contact

**WHO Somalia Liaison Office**

P.O. Box 63565-00619  
Warwick Centre  
Gigiri  
Nairobi  
Kenya.  
Tel: +254 20 7623197/ 8  
Fax: +254 20 7623725

[www.emro.who.int/somalia](http://www.emro.who.int/somalia)

**Contact:** Dr Marthe Everard  
WHO Representative for Somalia  
everardm@nbo.emro.who.int  
Tel: +254 73881 6400