Funding proposal: Extension of emergency health care and life-saving services across Somalia

Context
Since the early 1990s, Somalia has suffered from ongoing civil strife and conflict, which continues up to today. Escalating violence, new displacement, shrinking humanitarian space and limited capacity of the service provider network are posing specific risks to the health of the Somali population. Where conflict and displacement have increased, new and pressing needs have been identified, including increased number of trauma cases, disrupted health services, displacing communities and restricting access to the already limited health services. Mogadishu as capital has been especially targeted, resulting in having the highest number of casualties.

Health situation in Somalia
Twenty years of civil war has devastated Somalia, hampering its health services and increasing health risks. Since January 2010, more than 5000 people have been wounded in Mogadishu alone, including 20% being children under 5 years of age. 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 assistance, including 1.46 million who have been displaced by conflict and live in temporary settlements.

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.

Due to increased violence in Somalia, more than 5000 people have been wounded in Mogadishu alone starting from January 2010.

Emergency surgical services in Somalia

The availability of emergency surgical services across Somalia is severely limited. Service delivery is hampered by a low number of health personnel often with limited capacity and skills in trauma management, lack of medical supplies to carry out surgical operations, as well as poor infrastructure. The ongoing conflict is putting a further burden on the already weak health system and with escalating levels of weapons-related injuries, services have been stretched to the limit. It reaches the point where some medical aid agencies are scaling down their activities, and in some cases completely withdraw from certain areas. This leaves major gaps in service provision.

Wherever health facilities are operating, they mainly lack very basic and essential medicines, supplies and equipment, as well as operational and logistical support.

STATISTICS AT A GLANCE (January 2010 - October 2010)

- Since January 2010, at least 5000 people have been wounded (20% being children) and 100 more killed in Mogadishu alone, according to reports from three hospitals. WHO estimates that over 500 people have been killed since the beginning of 2010, although deaths on site are not reported.

- At the end of March 2010 two cholera outbreaks were confirmed in Merka, Lower Shabelle region and Mogadishu, Banadir region. Merka Hospital cholera treatment center reported 725 cholera admissions, including 491 children younger than 5 and 8 deaths. Banadir Hospital (Mogadishu) reported 3001 admissions including 2474 children younger than 5 and 79 deaths.
What has been done so far during 2010?

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 close collaboration with partners, WHO helps hospitals across Somalia in scaling up their limited capacity of delivering life-saving health services to the Somali population.

With the kind support of the Norwegian Development Agency of Development Cooperation (NORAD), WHO Somalia has been able to do the following key activities:

- **Training of health professionals and newly graduated medical students**
  WHO Somalia conducted on-the-job trauma management and emergency obstetric care training. About 50 graduate doctors and 30 medical students from Mogadishu’s Banadir University participated. Health professionals from other hospitals across Somalia were invited to attend this training. During November 2010, another training will be held for health professionals of Boroma and Burao Hospital.

- **Provision of emergency trauma and surgical kits and other basic equipment and supplies for emergency care**
  One operating theatre in Gaalkacyo hospital (currently ongoing) and Banadir hospital have been fully equipped with supplies for emergency care.

- **Monitoring and supervision of emergency medical services**
To continue the activities that have been set up during 2010, WHO Somalia is seeking for additional support to maintain and further expand its actions on the ground in 2011.

With this proposal, assistance is requested to provide to 7 hospitals across Somalia. Having a well equipped hospital is vital to continue providing life-saving services to the Somali people.

Key needs and activities for the seven hospitals will include:

1. Increased access for vulnerable and conflict-affected communities to emergency health care, including surgical and trauma care:
   - Provision of emergency trauma, and operating theatre equipments, surgical kits and other basic equipment and supplies for emergency care.
   - Monitoring and supervision of emergency medical services

2. Decreased death and disability in emergency situations by extending delivery of emergency surgical interventions:
   - Establishment of emergency referral system, including emergency medical service.
   - Training on basic and advanced emergency surgical trauma management to provide emergency surgical interventions to emergency room, emergency medical service and operating theater health workers in functioning health facilities.

3. Ensuring availability of trained health workers for providing emergency health care including surgical techniques and trauma management:
   - On-the-job training on emergency care including surgical techniques, basic infection control, basic and advanced trauma life support (BTLS / ATLS).
   - Training of community workers in the IDP camps on fire fighting and first aid including burns
Funding requirements

<table>
<thead>
<tr>
<th>Hospital / health facility *</th>
<th>Training</th>
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<tbody>
<tr>
<td>Banadir hospital</td>
<td>5 doctors and 12 nurses</td>
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<tr>
<td>Baidoa hospital</td>
<td>2 doctors and 10 nurses</td>
</tr>
<tr>
<td>Boroma hospital</td>
<td>3 doctors and 10 nurses</td>
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<tr>
<td>Bourao hospital</td>
<td>3 doctors and 10 nurses</td>
</tr>
<tr>
<td>Merka hospital</td>
<td>1 doctor and 12 nurses</td>
</tr>
<tr>
<td>Brava hospital</td>
<td>1 doctor and 5 nurses</td>
</tr>
<tr>
<td>Galckyao hospital</td>
<td>5 doctors and 20 nurses</td>
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<tr>
<td>All over Somalia</td>
<td>50 newly graduated doctors</td>
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<table>
<thead>
<tr>
<th>Budget line</th>
<th>Amount</th>
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<tbody>
<tr>
<td>Supplies, commodities, equipment and transport</td>
<td>200,000 USD</td>
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<tr>
<td>Personnel (staff, consultants, travel and training)</td>
<td>235,350 USD</td>
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<td>Training of counterparts</td>
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<td>Other direct costs</td>
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<tr>
<td>Indirect costs</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>938,500 USD</strong></td>
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* each of the mentioned hospitals can be found on the map on page 6

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