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## Médecins Sans Frontières in the forgotten crisis of Somalia



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## Somalia on [www.msf.org](http://www.msf.org)

In August 2005, MSF's international web site devoted a week to the organisation's work in Somalia. Feature stories, press releases, photo galleries and videos are available at <http://www.msf.org/links/somalia2005/>.

## Table of contents

PRESS CONTACTS.....	2
MAP OF SOMALIA.....	4
INTRODUCTION.....	5
CROSSING THE GREEN LINE.....	7
URGENT CARE, FINALLY FREE.....	9
BASIC HEALTH AND NEGLECTED DISEASES.....	10
HEALTH NETWORK AND EPIDEMIOLOGY.....	12
MEDICAL RESPONSE TO INSTABILITY.....	13
MEDICAL AID IN A BULLET-SCARRED CAPITAL.....	15
A MARGINALISED PEOPLE IN A NEGLECTED COUNTRY.....	17
OVERCOMING THE OBSTACLES.....	18

## Map of Somalia

Somalia, at the Horn of Africa, East Africa





## Introduction

Somalia's last president, Siad Barre, was ousted in 1991. For 15 years, the Somali people have been without a functioning central government and public health services.

Médecins Sans Frontières (MSF) has been providing medical care in Somalia since 1986.

The absence of public health services, coupled with famines, droughts, floods and repeated fighting among a host of armed factions has resulted in enormous unmet basic health needs throughout the country.

Somali health standards are among the worst in the world<sup>\*</sup>. Women and children under five are particularly vulnerable. One in 16 women dies during childbirth. More than one in 10 children die at birth. Of those who survive, a quarter will perish before their fifth birthday.

What little medical aid there is, is privatised and costly – out of reach for the vast majority of Somalis.

In the two northern regions of Somaliland and Puntland, there have been efforts to implement civilian administrations. These two regions are safer than the rest of the country. Consequently, there are more humanitarian actors here than in other parts of the country. Most of the international medical aid is channelled to these regions, especially Somaliland, the more stable of the two.

MSF focuses its medical humanitarian efforts on the rest of the country, where there are few international aid actors, and where the needs of the population are extreme.

A large majority of Somalia's estimated population of over 10 million has no access to basic health services whatsoever. Somalia has one of the world's highest prevalence rates of tuberculosis (TB). The fatal and neglected tropical disease kala azar is killing thousands and there are regular outbreaks of measles and other epidemics.

Some 350,000 people are estimated to have been internally displaced and 300,000 have sought refuge abroad.

Every year, many people are injured by gunshots. Large numbers of children under five are malnourished, women's health is poor and the marginalised Bantu ethnic group is heavily discriminated against.

Natural disasters like floods in the Lower Juba and Shabelle valleys make the human catastrophe worse. They cause high rates of chronic malnutrition and preventable diseases. South and central Somalia is also prone to drought. Due to insufficient rainfall, the last two harvests of 2005 in the regions of Bay, Bokool and Gedo have largely failed.

MSF has close contact with the Somali people in the areas where the organisation works. This allows MSF's medical teams to operate in places that would otherwise be inaccessible because they are extremely unsafe.

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\* All national statistics are from UNDP Human Development Report Somalia, 2001.



MSF's presence shows that it is possible to provide basic health services in Somalia. Even so, MSF is often forced to suspend its medical activities due to violence or threats of violence against staff and patients.

MSF provides access to basic health services for the general population, treats neglected diseases, performs surgery on victims of violence, and provides healthcare to marginalised groups where it is safe enough to do so. At the same time, the organisation tries to break the international media's silence on Somalia.

In 2004/2005, 46 expatriate and 534 local staff worked for MSF in Somalia. MSF is now providing healthcare in seven out of 10 regions in central and southern Somalia, covering basic medical needs for some 1.2 million people. However, many areas are inaccessible due to insecurity.

This document provides a closer look at MSF's efforts to alleviate the desperate medical situation Somalis continue to endure; a dramatic situation that receives little attention from the international media.



## Crossing the green line



A child cries during surgery in the emergency room of MSF's hospital in north Galcayo.

©Mika Tanimoto

The town of Galcayo is in the Mudug region of central Somalia. Rivalry between two of Galcayo's clans has divided the town. An invisible 'green line' separates north Galcayo from south Galcayo. Heavily armed militia on both sides ensure that no one crosses the line. Attempting to do so is to risk one's life.

MSF started working in North Galcayo Hospital in 1997, serving thousands of people from hundreds of kilometres around the town. Today, MSF is still providing services for the rural, nomadic and urban population, including internally displaced people.

In the Mudug region, 25,000 people are direct beneficiaries, from a catchment population of 350,000.

In 2005, 3,500 patients were admitted to the hospital's inpatient department (IPD) and 1,350 malnourished children were admitted to the therapeutic feeding centre (TFC). MSF conducted 22,000 outpatient department (OPD) consultations and treated 230 TB patients.

Even though MSF quickly realised that the green line cut the population of south Galcayo off from the hospital, violence and instability prevented the organisation

### **Mudug basic healthcare North Galcayo**

#### ***Project objective***

To provide basic health and nutrition services in north Mudug while advocating on behalf of, and being near, the population.

#### ***Activities***

Mudug Regional Hospital: Inpatient paediatrics and other medical and surgical cases; under-12 outpatient care; emergency room (trauma)

Independent MSF therapeutic feeding centre: Care for severely malnourished children

Independent MSF TB centre: Provision of treatment to TB patients

MSF is also carrying out a research study into apparent resistance to common and second-line antibiotic treatments.

Measles campaign: In 2005, 7,500 children aged six months to 15 years were vaccinated against measles in north Galcayo.



from opening up a similar hospital in the south for years.

In 2003, MSF finally deemed the situation safe enough to establish South Galcayo Hospital, bringing desperately needed health services to the region's population for the first time in 12 years.

Because of MSF's strict policy of neutrality, the organisation's staff is allowed to cross the green line. One set of heavily armed guards is exchanged for another as the team's cars leave the turf of one clan to enter the territory of the other clan.

MSF is providing health services for rural, nomadic and urban populations, including internally displaced people. The target population is 16,500 direct beneficiaries, from a catchment population of 250,000.

In 2005, the South Galcayo Hospital provided 13,400 OPD consultations, and 2,400 IPD admissions. Also, 1,200 malnourished children were admitted to the TFC.

**Every year, MSF treats approximately 1,000 cases of trauma resulting from clashes in north and south Galcayo.**

#### **Basic healthcare South Galcayo**

##### ***Project objective***

To provide basic health and nutrition services in south Mudug while advocating on behalf of, and being near, the population.

##### ***Activities***

South Galcayo Hospital: Outpatient curative and preventative services including maternal care; inpatient medical, paediatric, maternity including emergency obstetric care, therapeutic feeding; tuberculosis treatment

Measles campaign: In south Galcayo, 7,400 children were vaccinated against measles. 2,600 children in surrounding villages also received vaccinations in 2005.



## Urgent care, finally free



Doctor doing his round in the paediatric ward of Istarlin Hospital.

© Espen Rasmussen

The people of central Somalia's Galgaduud region have been in dire need of quality medical care for years.

In February 2006, MSF opened a project in Galgaduud, offering acute medical care and life-saving surgery free of charge.

In Guri El town, MSF supports the 50-bed Istarlin Hospital. The hospital receives patients from the surrounding 250km.

Guri El is on the road between Mogadishu and Galcayo. Many of the trauma cases at Istarlin Hospital are victims of traffic accidents. Gunshot wounds and other injuries from fighting add to the hospital's surgical admissions.

The OPD holds consultations throughout the day. Serious cases are admitted to the IPD.

MSF also has an outpatient health centre in the regional capital, Dhusa Mareeb, 65km from Guri El. Dhusa Mareeb's hospital has not functioned since Siad Barre's government fell in 1991.

Six international and 40 national staff run the MSF project in Galgaduud.

### **Health assistance Galgaduud**

#### ***Project objective***

To provide quality healthcare in the northern Galgaduud region and improve the health status of the general population.

#### ***Activities***

Dhusa Mareeb Hospital: OPD

Istarlin Hospital, Guri El town: Surgery and support to OPD, IPD, paediatric IPD, surgery and therapeutic feeding centre

OPD main pathologies: upper respiratory tract infections, obstetric/gynaecological problems, intestinal parasites, trauma. IPD main pathologies: war wounds and other trauma

## Basic health and neglected diseases



800 women and children line up for a monthly nutritional screening in Istorte, Bakool region.

© Espen Rasmussen

Poverty, drought and the absence of public services largely define the daily life of Bakool's mostly pastoral and nomadic population.

The only 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 MSF health centre was established in an old French military compound in 2000. Since then, the organisation has set up three health posts, reaching out to local communities and providing better medical coverage in the region.

Trauma, respiratory infections, urinary tract infections and malnutrition are among the pathologies that would go untreated and claim many lives without MSF's presence in the region.

In Bakool, MSF also focuses on treating kala azar – 'black fever' – and TB, diseases that have been neglected by drug companies for decades. In 2005, MSF treated 259 children with kala azar.

In 2005, the Huddur health centre's TFC admitted 204 severely malnourished children. Also, 139 patients were enrolled

### **Primary healthcare Bakool**

#### ***Project objective***

To provide basic healthcare in Bakool region, with emphasis on quality treatment for neglected diseases like TB and kala azar.

#### ***Activities***

Health centre in Huddur town with OPD and IPD

The OPD mainly treats lower respiratory tract infections, urinary tract infections and trauma.

The IPD consists of adult and paediatric wards, a kala azar ward, TB ward and TFC.

Outreach activities: Health posts in El Berde, El Garas and Rabdurreh provide primary healthcare and refer TB and kala azar patients to the health centre in Huddur. There are nutritional screenings in Huddur, Istorte and Rabdurreh, with severe cases referred to TFC in Huddur. Surveillance of diseases with epidemic potential is carried out.



in the health centre's TB treatment programme.

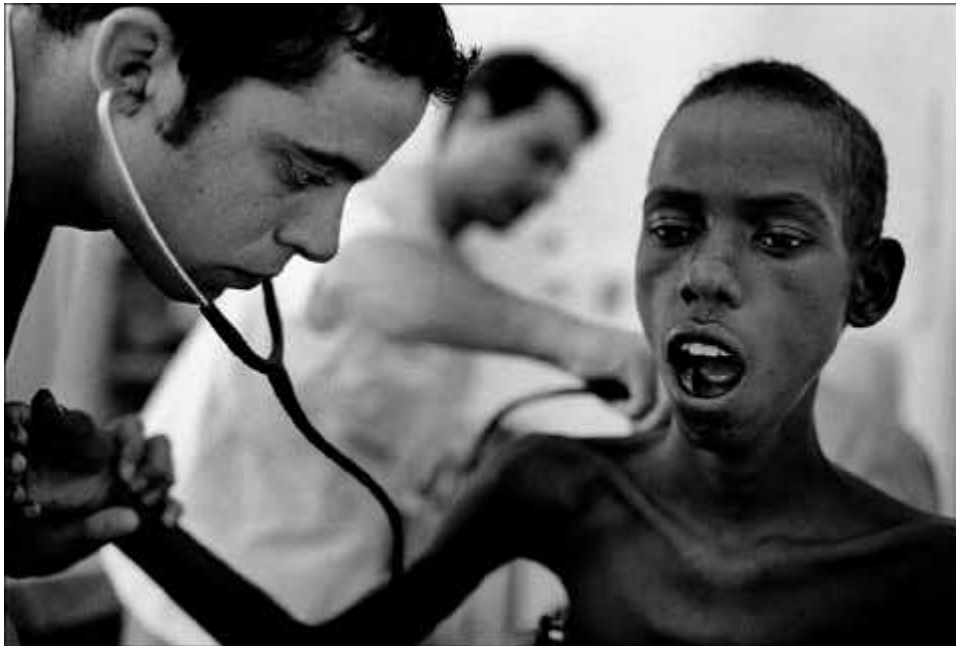
The IPD facilities treated 552 general and 1,184 paediatric patients in 2005, an increase of 62% and 87% respectively from the previous year's activities.

MSF also runs three health posts in the Bakool region; in El Garas, El Berde and Rabdurreh. The health posts provide primary healthcare and can refer patients to the health centre in Huddur. The health post in Rabdurreh also offers TB treatment.

Five expatriate and 84 local staff ran the MSF Bakool project in 2005.

The target population was the 215,000 people living Somalia's Bakool region. In total, the Huddur health centre and surrounding health posts were visited by approximately 36,000 patients in 2005. The number of consultations in the Huddur Health Centre increased by 27% over 2005.

## Health network and epidemiology



An MSF doctor examines a malnourished nomad in Jowhar.

© Pep Bonet

MSF began providing primary healthcare in the Jowhar, Mahaday and Aden Yabal districts of Middle Shabelle region in November 1992.

An increasingly unstable context forced MSF's expatriate team to leave several times. However, the programmes have continued without interruption, thanks to Somali staff members, most of whom have been with the project since it started.

The programme in Aden Yabal was closed in November 2005, after several years of insecurity and a total lack of access. All the remaining drugs and supplies were donated to the community.

Today, MSF continues to provide basic healthcare through a network of six health centres in the rural districts of Jowhar and Mahaday, including mother and child services, and epidemiological activities through three mobile teams.

There are 105,000 direct beneficiaries, from a catchment population of 175,000.

MSF provided 107,100 outpatient and 6,000 pregnancy care consultations in 2005. Most of the target population is rural, and includes members of the minority Bantu ethnic group.

### **Primary healthcare Middle Shabelle**

#### ***Project objective***

To provide basic health services, epidemiological surveillance and response to emergencies in the districts of Jowhar and Mahaday.

#### ***Activities***

Network of six health centres, providing outpatient preventive and curative services, mother and child care and epidemiology points; three mobile epidemiology teams throughout both districts

## Medical response to instability



Surgery at MSF's health centre in Dinsor

© Aleksander Glyadyelov

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. Invasion, shifting alliances and armed conflict among militia groups have led to widespread suffering for a people living without even the most basic health services.

In the middle of the Bay region lies the town of Dinsor, population 20,000. The small town is a marketplace for the region. Herds of camels are gathered in Dinsor before being marched off to be sold in Mogadishu.

It is also the site of the MSF health centre, providing Dinsor and its surroundings with free medical care. Five expatriate and 62 national staff run the Dinsor health centre.

The target population of the health centre's OPD is approximately 28,000 people from Dinsor and the surrounding 20km. The OPD performs about 4,000 consultations a month, a total of 46,800 in 2005.

The 65-bed IPD serves Dinsor district's approximately 100,000 people. In 2005 1,800 patients were admitted. The health facilities also receive patients from Bardera, Buale and Baidoa.

In September 2004, MSF also started treating TB in Dinsor. In May 2006, 200 patients were receiving treatment.

### **Dinsor health centre**

#### ***Project objective***

To provide adequate primary and secondary level healthcare in Dinsor district and the Bay region, and to react to any unattended emergencies in the surrounding area.

#### ***Activities***

Outpatient department: Treatment of respiratory tract infections, hypertension, diabetes, skin diseases, sexually transmitted diseases, urinary tract infections and some diarrhoea and malaria

Inpatient department: Trauma, respiratory tract infections, tuberculosis treatment, and treatment of malnourished children



MSF's TFC in Dinsor usually admits 10 malnourished children a month. However, since January 2006, the number of admissions has multiplied by almost 10, and more than 300 children have been admitted to a therapeutic programme.

In 2006 MSF started scaling up activities in and around Dinsor in response to the drought. A nutritional survey was done in Qansah Dheere district, 80km north of Dinsor. MSF opened a new TFC in February, and started a mobile nutrition project in the area around Dinsor.

The project has five expatriate staff and four more expatriates have been sent to Dinsor to support the drought response.



## Medical aid in a bullet-scarred capital

*"Mogadishu was a beautiful, quiet town before the war. Now everything is different."*- MSF pharmacist Anab Mohamud Mohamed



In the streets of Mogadishu the signs of conflict are striking.

© Pep Bonet

The Somali capital is fragmented into dozens of clan- and warlord-controlled areas, each with its own independent militia and checkpoints. There are flashes of fighting among the militias. The civilian population lives in constant fear and violence is committed with impunity.

The entire public infrastructure – water and sanitation, health structures, schools – was destroyed in 1991.

Although some private medical services are available, they are either very expensive or of poor quality. Access to healthcare is extremely difficult for the already impoverished population, including hundreds of thousands internally displaced people.

The MSF primary healthcare clinic in Yaqshid opened in 1994, is one the few public health facilities in northern Mogadishu. It receives many patients from the neighbouring districts and consequently, it has many consultations beyond what a single facility can reasonably be expected to handle.

The MSF clinic provided 109,000 outpatient and 7,900 pregnancy care

### **Primary healthcare North Mogadishu**

#### ***Project objective***

To provide basic health services, epidemiological surveillance and response to emergencies such as epidemics.

#### ***Activities***

##### Yaqshid outpatient department:

Preventive and curative services, including mother and child care, and vaccination

##### Forlanini cholera treatment centre:

Annual cholera outbreak response, including chlorination of wells





consultations in 2005. There are 150,000 direct beneficiaries in Yaqshid North district, from a catchment population of 250,000.

## A marginalised people in a neglected country



This Bantu woman in Marere has lost three children to malnutrition.

© Petterik Wiggers

In the Lower Juba region, MSF has provided basic healthcare since 2003. MSF works from its base in Marere town and also has four peripheral health posts.

Twice a year, Lower Juba experiences food shortages. So MSF has included a nutritional component in the project. The food shortages particularly affect the Bantu ethnic group, which makes up some 60% of the region's population.

Bantu people are culturally and ethnically different from Somalis, and this makes them outcasts in Somalia. They live mainly in southern Somalia where they were brought as slaves from east Africa in the 18th century. Many of them are also displaced.

The target population for MSF's project is the rural population. There are 50,000 direct beneficiaries, from a catchment population of 85,000.

MSF provided 35,000 outpatient consultations in Lower Juba in 2005. The year also saw 700 IPD admissions and 770 admissions to the TFC.

Over 300 children were treated in the supplementary feeding centre.

### **Basic healthcare Lower Juba**

#### ***Project objective***

To provide basic health and nutrition services in the Lower Juba region while advocating on behalf of, and being near, the population.

#### ***Activities***

Inpatient care for paediatric, medical and maternity cases; delivery including emergency obstetric care; therapeutic and supplementary feeding; outpatient curative and preventative services; provision of additional sources of safe drinking water and protection of existing drinking water sources

## Overcoming the obstacles

Somalia is a difficult country in which to work because there is no government. Local counterparts of international humanitarian actors are not representatives of state authorities or insurgent groups. They are leaders whose authority is derived from traditional or religious systems that have filled the void of government.

Dealing with these complex, clan-based structures is daunting.

Safety is always a problem. Somalia is a violent country, and clashes among rival clans are common. Since 2000 there have been two attempts at establishing a national government, the latest which is still trying to establish itself in the country.

The desperate needs of its people cannot go unanswered. Today, an estimated 72% of the population lacks access to health services\*.



© Pep Bonet

The needs are immense and unmet. For humanitarian action to be at all meaningful, it must always be directed towards those whose situation is the most precarious. There is no doubt that millions of Somalis are in this category.

For MSF, there is no other option than to keep striving to alleviate suffering and save lives in Somalia. With neutrality, caution and a solid understanding of the Somali context, it is possible to offer high quality health services in this country without a functioning government.

But MSF's commitment to the Somali people goes beyond providing medical aid. Ever since the UN's Operation Restore Hope failed to deliver what its name promised, the plight of Somalis has all but disappeared from the agendas of the international community. Therefore, MSF also remains committed to bearing witness of the suffering of Somalia's people.

Without international attention, this crisis will continue to exact its intolerable toll on Somalia's men, women and children.

If there is to be improvement, the world must open its eyes to the deplorable situation the people of Somalia endure every day.

**Médecins Sans Frontières**  
**May 2006**

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\* UNDP Human Development Report Somalia, 2001