



NEWSLETTER

ICRC SOMALIA DELEGATION

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GARGAAR

HEALTH ACTIVITIES IN SOMALIA

The International Committee of the Red Cross (ICRC) can trace its role in health to the origins of the institution. The witnessing of dire battlefield carnage provided the first impulse to form the organization. Over the ensuing 150 years our work in health has expanded from direct care of those injured in battle to include war surgery, support to primary health care and specialist orthopedic and prosthetic centres in many countries around the world.

Ensuring quality healthcare is always a challenge and in Somalia this task is compounded by the constraints of instability, protracted armed conflict and recurrent climactic shocks. The need for easily accessible health facilities, specialized personnel and planning and management expertise are even more keenly felt given the general hardships communities face. This is a task beyond the means of any single actor and we benefit from a strong partnership with the Somali Red Crescent Society (SRCS) in fulfilling our role.

At the core of all of our work is the individual humanitarian gesture; this is epitomized and given literal embodiment by healthcare. The importance of this action in armed conflict is reflected in International Humanitarian Law (the Laws of Armed Conflict), which insists on the unconditional right to healthcare for injured individuals from all sides of a given conflict but also on the protection of health facilities and personnel. Violence against patients and health-care workers remains a critical yet overlooked humanitarian issue in Somalia and beyond.

These pages describe our various activities, which include material and training support to hospitals, SRCS primary health clinics and the supply of medical material for the treatment of those harmed in armed clashes. Perhaps the most daunting aspect of our work in health is the awareness of how much more remains to be done. The examples described are only a very small part of the required response. While

the larger task can seem overwhelming, individual instances like a diligent intern, a committed mother or a steadfast hospital director hold the promise of less trying times ahead.



Jordi Raich Curcó
Head of ICRC Delegation for Somalia

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SOMALIA: DECADES OF SERVICE TO KEYSANEY HOSPITAL IN MOGADISHU

Dr. Ahmed Mohamed, alias Dr. Tajir, began working at Keysaney hospital in 1992, a year after the fall of the Said Barre regime ushered in a period of civil war in Somalia. The Mogadishu hospital is run by the Somali Red Crescent Society (SRCS) and has assisted tens of thousands of patients wounded in armed conflict. In the 24 years since, Dr. Tajir, now 56, has risen to the rank of Chief Surgeon and become synonymous with the hospital. The persistent fighting of the mid-1990s has subsided but there is lingering conflict in parts of Somalia, including Mogadishu, with many of the resulting victims being treated at Keysaney.

Dr. Tajir spared some time to tell us about himself:

Q: What made you become a surgeon?

A: As a young boy, I always had the passion to be the greatest. Being born in a nomad family, I was fortunate to have parents who

supported my education. One memorable moment of my childhood years is visiting a relative in hospital who had suffered gunshot wounds. Despite the doctor's efforts, he succumbed to his injuries. This sad scenario gave me the motivation to study medicine. I was determined to be

a good surgeon and saves lives. Somalia needed doctors with an understanding of the people and culture.

Q: Two decades of service is a long time. What keeps you going?

A: The spate of attacks and bombings in Somalia has left thousands wounded in dire need of medical help. There was a shortage of medical doctors and I chose to remain behind and serve the community. The faces of patients who stream into Keysaney hospital are the drive. They keep me strong and focused as I want to take part in changing their lives.



Dr. Tajir (left) during a surgery at Keysaney Hospital

Q: The SRCS has been running the hospital for the last 23 years. What is your take on this?

A: With these many years working in this hospital, I feel more of a SRCS staff member than anything else. SRCS through the support of ICRC aims to alleviate suffering of the people by providing free quality health care. SRCS has enabled the hospital to work independently, serving all communities irrespective of their clan, religion or political affiliations.

Q: How do you balance family life with your busy profession?

A: My family supports me in the work that I do. They have been behind me for the last 25 years and any success attributed to me is derived through their support. When at the hospital I am a doctor, while at home, I am a father, an uncle and a husband.

Q: What do you take pride in most after all these years?

A: I have had memorable experiences with patients but one that moved me most was saving the life of an expectant woman who had gunshot wounds around her waist. The mother was nine months pregnant and the bullet wound was so severe that the uterus was ruptured. We sadly could not save the foetus. It broke my heart to witness such a harrowing experience as a parent. Fortunately, the mother survived and got her second chance at life. Today she operates a shop in town and I am humbled whenever I see her actively engaged in her day to day activities.

Q: With security an issue, how do you stay operational with the constant fear of attacks?

A: We hardly experience any incident



A weapon-wounded victim undergoing surgery at Keysaney Hospital

in the hospital even though security in Mogadishu remains a challenge. We are here to provide medical aid to those in need regardless of their affiliations. This position has enabled us to remain operational given the challenging environment we work in. Keysaney has survived this long and everyone knows the hospital belongs to the Somali community and is for those in need of medical attention.

Q: What are your greatest challenges?

A: There are challenges mostly related to emergency response capacity. We are short on qualified surgeons and our blood stock levels are very low. We see a lot of patients who require both and this proves a challenge. Despite the shortcomings, we try our best to respond to emergencies and save lives.



Keysaney Hospital facts & figures:

Since 1992, the hospital has admitted nearly 180,000 patients and has assisted more than 84,000 weapon-wounded patients. The new operation theatre built by ICRC in 2014 has improved the facility's capacity to respond to emergencies

Keysaney Hospital data for January to December 2015:

- 2,837 admissions
- 747 weapon wounded admissions

MEDICAL CARE IN TIMES OF CONFLICT

Weapon wounds are some of the most complex injuries to treat and operate on. Unfortunately, Somalia has seen more than its fair share of victims afflicted by weapon related injuries since the outbreak of civil war in late 1991. Tens of thousands from different warring parties, civilians too, have been physically scarred as the country reeled from one conflict to the next over the past two decades.

At the height of violent conflict, civilians and armed groups may have challenges accessing health care. The ICRC tries to assist by providing medical equipment so the wounded and sick can be cared for. Medical supplies provided by ICRC in Somalia include weapon-wounded kits, dressing kits and first aid kits. Some of which are prepositioned in various locations to allow rapid response to needs. Below is a brief description of these three items and their intended use.



Contents of a weapon-wounded kit being loaded onto a truck in Somalia.

Dressing kit – This kit is much smaller than the weapon-wounded kit and is mostly used to stabilize the wounded. It comes in a box 80cm x 60cm x 60cm and can be used by doctors, nurses as well as people with first aid knowledge. This kit can be found in hospitals and clinics. One dressing kit can help manage 20 to 25 patients with moderate injuries.

Fifty dressing kits were provided to hospitals and clinics by the ICRC in 2014



A dressing kit package

First-aid kit– This is a small bag containing basic dressing material to be used on a newly injured person to stop bleeding and cover wounds. They can be used at the scene of an accident or in the home. A standard first aid kit could treat up to ten people depending on how severe the injuries are. It is used to provide temporary relief until further medical attention is found.



Contents of a first aid kit

In collaboration with the Somali Red Crescent Society, ICRC has donated first-aid kits and assisted with first-aid training to communities around Somalia.

“The wounded and sick shall be collected and cared for. An impartial humanitarian body, such as the International Committee of the Red Cross, may offer its services to the Parties to the conflict.”

Extract from the 1st Geneva Convention, Chapter 1, Article 3, section 2

Weapon-wounded kit – These are designed to be used in a hospital environment by trained doctors and nurses as most of the items in the kit require medical expertise to use. The kit, which consists of 79 boxes and weighs a metric tonne in total, allows for emergency stabilization and surgical procedures to be carried out. It supplies material to treat 50 wounded people in a hospital for a week. However, this number depends on the nature of injuries being managed.

In 2014, ICRC provided seven weapon-wounded kits to hospitals in South and Central Somalia.

HEALTH IN NUMBERS, JANUARY – DECEMBER 2015



32

Health is the flagship project of the Somali Red Crescent Society (SRCS). Its vast network across the country places health services close to communities. 32 clinics supported by the ICRC remain active in the South and Central region, seven of which are mobile. They offer primary health care and outpatient therapeutic care.



46

The number of SRCS clinics located in the north supported by the Red Cross and Red Crescent Movement partners.

462,002

The total number of patients who visited a clinics between January and December 2015

15

The number of clinics inactive as a result of the conflict



ICRC ensures the weapon wounded receive appropriate medical care by regularly supporting surgical services in four hospitals. These are Keysaney and Medina hospitals in Mogadishu, Kismayo hospital and Baidoa hospital.

4

4,019

weapon-wounded cases were seen at all four hospitals.



Somalia has one of the world's highest rates of malnutrition. ICRC is supporting two in-patient therapeutic feeding centres in hospitals in Kismayo and Baidoa. The two stabilization centres, though insufficient on their own, provide a critical venue for vital care in South and Central Somalia

2

3,081

The combined total number of admissions in both Kismayo and Baidoa stabilization centres.

Map is approximate and used for illustrative purposes only

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PROJECT: KISMAYO GENERAL HOSPITAL

Kismayo General Hospital is one of the largest ICRC health projects in Somalia. The facility provides a lifeline to the communities that live in and around the port city.

The city's key strategic location has made it a site of intense battles over the different phases of conflict in Somalia.

ICRC has made substantial renovations to the hospital buildings and is supporting the facility with medical equipment and drugs. It also provides training to staff and covers general hospital running costs e.g. fuel for the generators.

This blueprint highlights the key areas of Kismayo General hospital.

Between January and May 2015, the hospital had 504 admissions.

TRIAGE

This entry of the hospital where initial assessment and treatment of the patient is done. When many people arrive at once, this is where patients are sorted to see who needs the most urgent treatment.

2

OPERATING THEATRE (OT)

The operating theater is a sterile environment where surgical operations are carried out. There is a room where surgery is performed and a recovery room next to it.

Sterilization is very important in the OT and other rooms in this section are dedicated to cleaning and storing the surgical equipment.

INTENSIVE CARE UNIT (ICU)

The Intensive Care Unit is a dedicated room where seriously ill patients are monitored and cared for.

3



A demonstration during a training in Kismayo hospital. ICRC conducted an emergency response trauma course for doctors and nurses at the hospital to train them on triage best practice.

It is important **ONLY** patients and **ONE** other support person come into the hospital. Too many people crowded around obstruct nurses and doctors who are trying to treat the sick. The support person can call family and friends to update on progress.



Kismayo's Xray machine

X-RAY

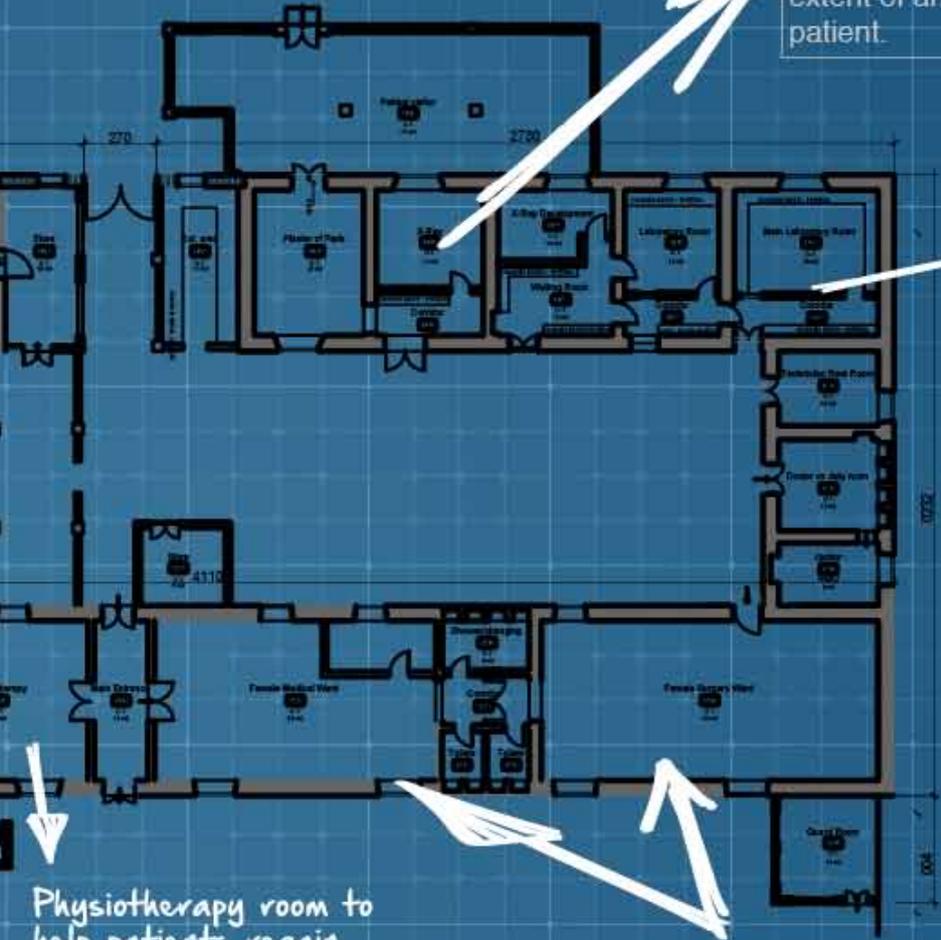
The hospital has a x-ray room with one machine, a vital piece of equipment for examining the nature and extent of an injury of a patient.



5

LABORATORY

The lab is where most of the medical tests and blood work are done in order to obtain information about the health of a patient to get a diagnosis to choose the correct treatment.



The hospital keeps a blood donation register which can be found in the lab

Physiotherapy room to help patients regain their physical mobility

4

WARDS

Kismayo hospital has male and female wards where in-patients are admitted and cared for. Currently, there is room for 40 patients with plans to increase the capacity to 60, once the old male ward is rehabilitated



"While the physical structural changes to Kismayo hospital are apparent, it is the care provided to the patients that is our primary goal. We try to improve the standards by training the staff in the different departments within the hospital.

- Gail Corbett, ICRC Hospital Program Manager

PLACING HEALTH CARE WITHIN REACH

Access to health care for the millions of people worldwide without a quality medical facility nearby is one of the biggest humanitarian challenges today. This holds particularly true for Somalia, which has seen its health infrastructure deteriorate during decades of conflict.

The civil war years largely destroyed the public health-care system and drove away qualified personnel. While the vacuum has been reduced by regional authorities, humanitarian agencies, private organizations and informal health providers, there remains a lot more ground to cover. Moreover, insufficient infrastructure to support ease of movement to and from medical facilities makes access to health care a challenge for residents in some areas.

The Dangoroyo area serves as one example. Located approximately 100 kilometers north of Garoowe town in Nugaal region in the horn of the country, it is home to around 16 villages scattered over the rural expanse. The residents are mostly pastoralists who earn a modest living from selling their animals.



Satellite image of the remote Dangoroyo area located in the northern part of Somalia

If someone in one of the villages would need medical care, he or she would have to first make their way by foot to Dangoroyo's centre then travel to Garoowe using

public transport. The cost can be relatively expensive and the public transport option is not always reliable, forcing residents to get a lift from commercial vehicles that travel the Bosasso – Garoowe route.

Given the lack of sufficient coverage of health clinics in the remote villages, the Somali Red Crescent Society (SRCS) set up a small clinic to serve the area. At first, the clinic offered only Maternal Child Health (MCH) services, but it has since expanded its scope and now responds to a wider range of medical needs.

“We noticed a demand from locals who frequently visit here and we could not refuse to attend to them. A sick person has no time to be told that the hospital is only for mothers -- he needs help,” said Dr. Abdullahi Hassan, who runs the clinic in Dangoroyo.

While the clinic provides a vital lifeline for the people living in the area, some cases are too complicated and must be referred to Garoowe for more advanced care. The lack of an ambulance compounds the problem, forcing ailing residents to find their own transportation.

According to Dr. Ahmed Mohamed Hassan, retired president of the SRCS (1984-2015), a lot of work still needs to be done to provide adequate healthcare services in Somalia. The society's vast presence in the country and proximity to communities is crucial to placing healthcare within reach.

There are 72 SRCS clinics across Somalia, 18 of which are mobile, that provide maternal child health and out-patient services. While there still remains a lot more ground to cover, these health points ensure increased access to basic healthcare.

“SRCS clinics serve an important role in the whole of Somalia. Today, a pregnant mother in a remote area would be able to visit a clinic not far from where she lives;” said Hassan, well aware the improved odds this scenario gives the baby.



A clinical officer in Dangoroyo medical clinic gives mothers a lesson on healthy breast-feeding practices.

A NURSE INTERN IN SURGERY: A NEW GENERATION SAVING LIVES IN SOMALIA



Dr. Tajir, chief surgeon of Keysaney hospital, also trains nurse interns within in the facility. Yahye (seated in the middle of the front row) has undergone nursing training in surgery. He is now able to assist surgeons in treating specialized cases.

The first day that nurse intern Yahye Abdirahman reported to work in the operating theater at Keysaney Hospital in Mogadishu, a patient came in with serious gunshot wounds. Yahye assisted as senior surgeons steered the patient out of danger, calling the opportunity to help “a dream come true.”

“This completely made me feel proud,” Yahye said of his first surgery in April. Growing up in the Somali capital that has seen devastating fighting and bomb attacks, Yahye developed an interest in assisting victims of violence.

“As a student I could not wait to finish my studies,” the 21-year-old said.

While the intensity of the conflict has greatly reduced, occasional terror incidents do occur.

Keysaney Hospital has played a key role in providing emergency medical care for people impacted by general constraints of a war economy. For Yahye, he appreciates that the hospital also gives an opportunity to aspiring nurses to learn and be involved.

“I would love to see more medical students take part of this noble course with the aim of improving the lives of the communities. I believe we can be the change,” said Yahye, who will finish his internship early 2016.

Yahye has undergone nursing training in areas such as surgery, dressings and sutures. Through the guidance of the hospital’s chief surgeon, Dr. Ahmed

Mohamed – known widely as Dr. Tajir -- Yahye is now able to assist surgeons in treating specialized cases.

Keysaney is one of Somalia’s top hospitals. In between January and May 2015, over 700 patients were admitted at the hospital of which 217 were weapon-wounded related cases. ICRC supports four hospitals in South and Central Somalia, including Keysaney Hospital, that are fully equipped to attend to weapon wounded cases.



Yahye Abdi, a nurse intern notes down a point during a training at Keysaney hospital, Mogadishu.



Dr. Tajir examines an xray from a patient as Yahye looks on. Keysaney hospital has played a key role in emergency medical care for people affected by conflict.

HELPING MOTHERS IMPROVE CHILD NUTRITION IN SOMALIA

Somalia has been ravaged by decades of armed conflict which has disrupted livelihoods and thrown the social fabric into disarray. Seasonal occurrences of drought and floods deepen the crisis by creating an acute food shortage in parts of the country. Children, especially those under five, are susceptible to the resulting inadequate diet and associated diseases; left unchecked, such malnutrition can be fatal.



A building in Somalia that has been destroyed by years of conflict.

*Maryan, 23, has brought her nine-month-old baby to Baidoa Regional Hospital. The baby seems weak and is half-asleep cradled in her arms.

“He has been ill for a long time. I have been to a number of clinics but nothing seems to work. He has now been admitted here at the hospital, I pray he recovers.”

At the Baidoa Regional Hospital Nutrition Stabilization Centre, Maryan’s baby will be



Maryan and her child at the Baidoa Hospital’s Stabilization Centre

given daily supplementary feeding rations and treated for any related diseases. He will stay in this feeding program until he attains the ideal weight.

ICRC committed to support Kismayo Hospital’s inpatient therapeutic feeding program (Stabilization Centre) after the untimely departure of Médecins Sans Frontières (MSF) from Somalia in August 2013. It began a similar program at the Baidoa Regional Hospital in May 2015.

Malnutrition is a widespread problem among children in Somalia. It is mostly due to lack of food and commonly held misconceptions about feeding practice.

Maryan stopped breastfeeding her baby and is not willing to take it up again. There is a likelihood she could be pregnant and fears that breastfeeding will harm her unborn child.

“There is a lack of knowledge on children’s nutritional needs. It is important the program works with the mothers and care givers to instill proper feeding practices,” says Kristy Manners, an ICRC delegate responsible for the nutrition program.

At the centre, Maryan will be advised on proper feeding habits and the importance of breast milk to her baby’s health. Her case highlights the need for an inpatient



Maryan’s nine-month old baby



It is lunch time and the kitchen at the Baidoa Stabilization Centre is busy serving meals to the mothers and care givers.

program where the mother interacts regularly with the nutrition personnel while the baby undergoes recovery.

The Baidoa Hospital Stabilization Centre provides three meals a day for the mothers and care givers throughout the child's recovery period.

The number of patients visiting the centre has tripled since it became fully operational. This is attributed to the holistic approach the program takes to support both the child and mother or care giver.

According to international organizations, over 300,000 children in Somalia are malnourished, of whom more than 58,000 are acutely malnourished and in critical need of therapeutic feeding and medical treatment. The two centres mentioned, though insufficient on their own, provide a critical venue for this vital care in the South and Central region of Somalia.



A nurse examines one of the children admitted at the Baidoa Regional Hospital Stabilization Centre.

THE IMPORTANCE OF VISITING AN SRCS CLINIC

Mothers and their children are recommended by ICRC health advisors to visit Maternal Child Health clinics when expecting and after birth. This will help reduce complications that could occur during pregnancy and childbirth. The clinics also provide advice that will ensure the wellbeing of both the mother and her baby.

3 simple steps for mums to follow:



1 Visit the clinic during pregnancy



2 Breastfeed exclusively for at least 6 months after birth.



3 Make regular visits to the clinic after birth



Instagram
@icrc_somalia

ICRC Somalia Delegation
Denis Pritt Road
P.O. Box 73226 - 00200
T +254 20 2719 301
Nairobi, Kenya

Somalia offices in Mogadishu,
Kismayo, Garoowe, Baidoa
and Hudur.

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Mohamud Miraj/ICRC

MISSION

The International Committee of the Red Cross (ICRC) is an impartial, neutral and independent organization whose exclusively humanitarian mission is to protect the lives and dignity of victims of armed conflict and other situations of violence and to provide them with assistance. The ICRC also endeavours to prevent suffering by promoting and strengthening humanitarian law and universal humanitarian principles. Established in 1863, the ICRC is at the origin of the Geneva Conventions and the International Red Cross and Red Crescent Movement. It directs and coordinates the international activities conducted by the Movement in armed conflicts and other situations of violence.

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