



**EAST AFRICA CONSORTIUM INTERNATIONA  
EACI**

**ANNUAL HEALTH REPORT  
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## **Background**

Late 2015 droughts displaced internally thousands of families in two regions of Somalia, namely lower Shebelle and Benadir. **EAIC** and local partners conducted survey to assess drought areas and IDPs to identify priority areas of need and interventions. The findings of the assessment include.

- ❖ Most health facilities are either in poor structural condition, under staffed, lack of essential equipment or overcrowded.
- ❖ Inadequate qualified health workers.
- ❖ Malnourished children and mothers.
- ❖ Increased cases Acute Watery Diarrhea (AWD).
- ❖ 23 Deaths have been recorded from IDP's in 3 districts across 2 regions.

### **1.1 Response of EAIC.**

Immediately **EAIC** provided integrated lifesaving healthcare services which include physical examination, diagnosis, treatment of common health conditions, maternal and child health, preventive nutrition services as well as stabilization and referral for cases requiring secondary healthcare. Health supplies and emergency response were distributed to 9 villages in three districts of Benadir and lower Shebelle regions.

There are numerous different diseases diagnosed during the health services but the highest numbers of the cases have been cholera and measles.

### **1.2 Emergency Health Supplies.**

The following supplies had been provided by local business men and board of **EAIC**.

- ❖ Emergency Health Kit.
- ❖ Essential medicines, supplies and equipment.
- ❖ Medical material.
- ❖ Temporary clinic equipment.
- ❖ Malaria rapid test.

### **1.3 Health Partners' Drought Response.**

Ministry of Health teams, local NGO's and **EAIC** health staff in 3 Districts provided integrated lifesaving health care services which include physical examination, diagnosis and treatment of common health conditions of maternal and child health, preventive nutrition services as well as stabilization and referral

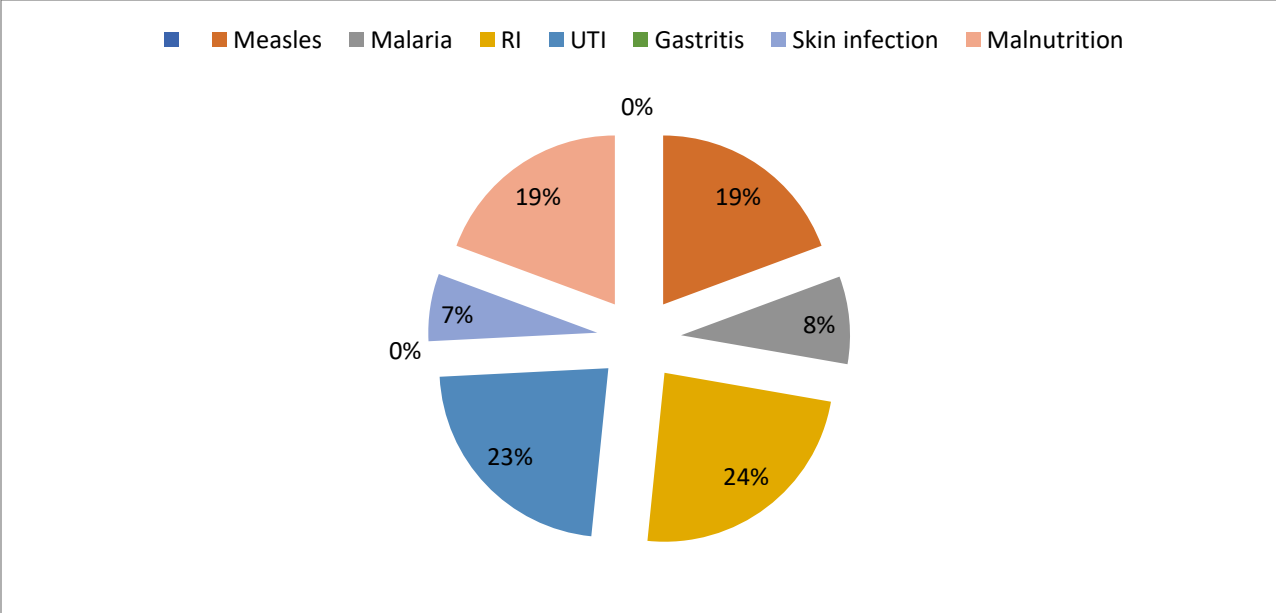
for cases requiring secondary healthcare. The **EAIC** health staff consisted Doctor, qualified and auxiliary nurse, vaccinator and a community mobilizer.

Extensive community mobilization was also conducted to raise awareness of the health services among local communities and we reached out to 311 beneficiaries.

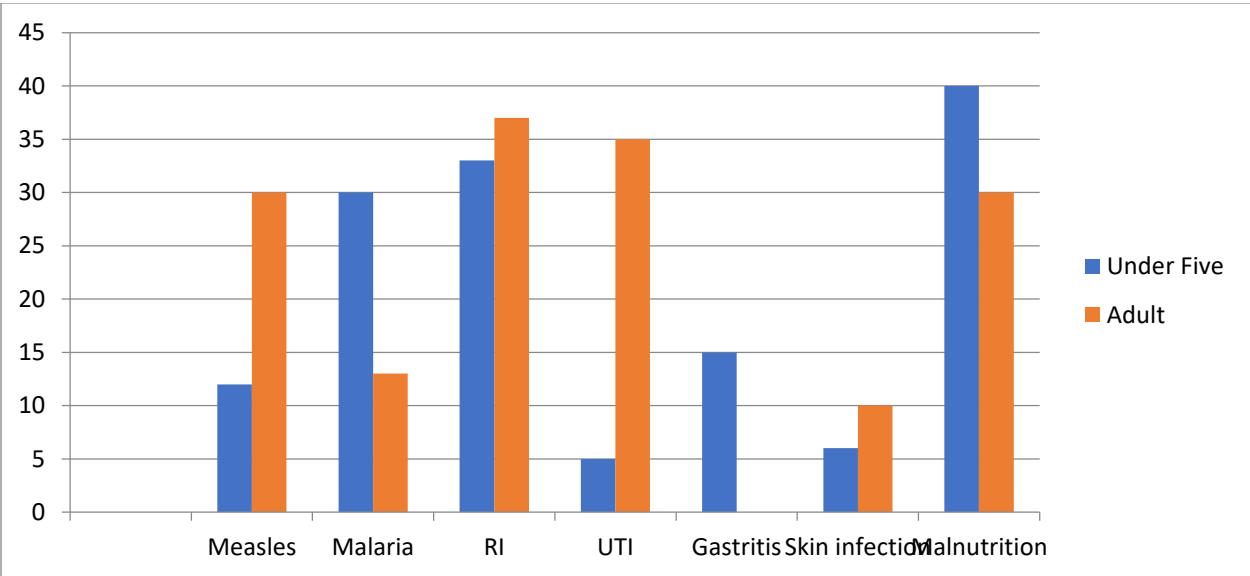
<b>Clinical Diagnosis</b>	<b>New Cases</b>	<b>Previous Cases</b>	<b>Male</b>	<b>Female</b>	<b>Under Five</b>	<b>Over Five</b>	<b>Adult</b>	<b>Total Number</b>
Measles	4	16	9	11	12	8	0	20
Malaria	32	38	30	40	30	10	30	70
RI	23	27	24	26	33	5	13	50
UTI	23	37	10	50	5	18	37	60
Gastritis	15	35	22	28	15	10	35	50
Skin infection	2	4	3	3	6	0	0	6
Malnutrition	20	35	25	30	40	5	10	55

#### **1.4 Findings after Health Service**

Malaria was the major and it was found higher for Under Five (30% respectively) followed by Urinary Tract Infection for the female (50%) but very less number for male (10%) Malnutrition was the third major diagnosis for the male (25%) measles was fourth major diagnosis for male (13.8%) and female was (7.9%).



**Figure1. Disease burden in IDPs**



**Figure 3: Occurrence of Disease by Gender**

In addition, among the affect under five children in the camp, Malnutrition was the most commonly reported (45.3%), followed by malaria (22.9%), acute respiratory infections (17.8%), Measles (11.4%) Gastritis (2.5%)

## **Gaps and Challenges**

- ❖ Inaccessibility of some areas as a result of insecurity is affecting delivery of basic health services to affected communities.
- ❖ Acute Watery Diarrhea Treatment Centers are required.
- ❖ In adequate Supplies.
- ❖ Referral public hospitals overcrowd.