



**EAST AFRICA CONSORTIUM INTERNATIONAL**

**EACI**

**2017**

# ANNUAL HEALTH REPORT



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## **DEDICATION**

**This work is dedicated by East Africa Consortium International (EACI)**

## **EXECUTIVE SUMMARY**

For years East Africa Consortium International (**EACI**) provided mobile clinic to the IDP camps in and around Mogadishu. But there are no enough resources to allocate permanent health posts for each and every IDP camp. During the our clinic support we have recorded various communicable diseases including epidemics of measles, malaria and cerebrovascular meningitis; malnutrition; mental health for example anxiety, depression and post-traumatic disorders; reproductive health, for example, sexual harassment, rape, unwanted pregnancies and abortions. We provide advice, where applicable and emergency referral when possible.

**EACI** and its partners are also trying to prevent malnutrition through the Infant and Young Child Feeding Programme in all the outpatient and stabilization centers. Children are not only treated but their mothers learn the importance of breastfeeding, proper nutrition, home hygiene and sanitation from trained community workers.

**Result** 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%).

**Recommendation** Healthy is a concern for the IDPs as they trek long distance to reach the main hospital which is 1km away to the nearest IDP camp, thus mothers and young children have no place to go for medical attention except the main hospital which is not a free service to them. Therefore:-

- ✓ There is a need of taking medical services closer to the IDP camps by constructing a dispensary with delivery services or MCH where they can receive medical attention immediately
- ✓ There is also need of training some community members on basic health education regarding prevention of diseases and promotion of hygiene so that they can attend to patients and refer serious cases to the main hospital.

## INTRODUCTION

Internal Displacement people (**IDPs**) tend to have poorer health indicators than the communities from which they came. IDPs usually have the highest risk of mortality immediately after reaching their country of asylum, as they frequently arrive in poor health and are completely dependent on foreign aid. During this time, the most commonly reported causes of death include diarrheal diseases, measles, acute respiratory infections, malaria, malnutrition and other infectious diseases. There are also higher rates of STIs rates transmission found in IDP camps due to engagement of, rape, and insufficient access to reproductive health services. However, these trends are highly variable and dependent on the services of the particular camp, for some **EACI** provided more extensive medical attention than in the IDPs' home countries and are thus able to reduce STIs infection rates as well as regional disease.



### Health for IDP Camps

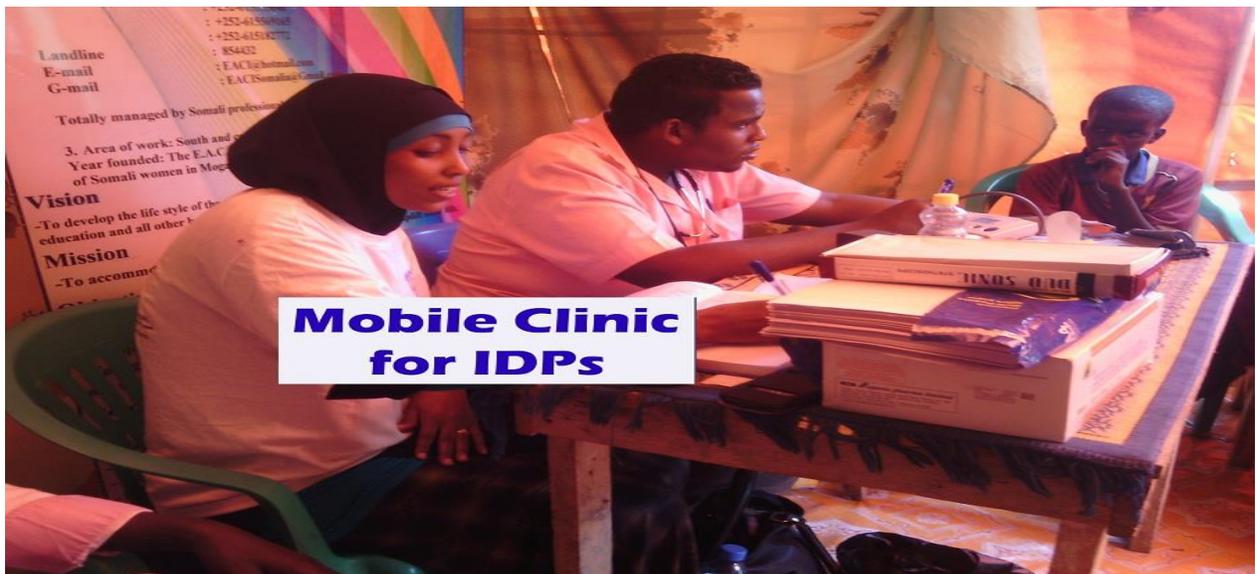
The health status is still in the same bad situation in all of the camps, and the thing that makes the whole situation worse is that there is no indicator on major intervention of international and local organizations to redress this critical situation in health sector in these camps. Camps are still suffering from severe lack of doctors, medical staff and medications.

This is because families are moving from the Baidoa, Lower Shabelle and Middle Shabelle regions into camps for the internally displaced in Mogadishu due to conflict and lack of food. There are already 1.1 million internally displaced persons (IDPs) in Somalia, many of them living in inadequate basic shelters.

When they are in the camps, the lack of clean drinking water and poor sanitation leads to diarrhoea and other illnesses, which means that the children cannot retain nutrients and suffer from malnutrition as a

result,” Poor breastfeeding practices and inappropriate food for babies are also reasons for increased malnutrition.” IDP camps present even greater barriers to care than most other settings in the developing world because they tend to be remote, poorly accessible by road, and have a limited power supply. In addition, the limited amount of resources that camps have, combined with growing populations puts great strain on basic resources such as food and water. The high mobility of the IDPs setting, with the constant inflow and outflow of people, presents a unique challenge because it is difficult to provide sustained care over a period of time.

For years **EACI** provided mobile clinic to the IDP camps in and around Mogadishu. But there are not enough resources to allocate permanent health posts for each and every IDP camp. During our clinic support we have recorded various communicable diseases including epidemics of measles, malaria and cerebrovascular meningitis; malnutrition; mental health for example anxiety, depression and post-traumatic disorders; reproductive health, for example, sexual harassment, rape, unwanted pregnancies and abortions. We provide advice, where applicable and emergency referral when possible.



**EACI** and its partners are also trying to prevent malnutrition through the Infant and Young Child Feeding Programme in all the outpatient and stabilization centres. Children are not only treated but their mothers learn the importance of breastfeeding, proper nutrition, home hygiene and sanitation from trained community workers.

### **Infant and Maternal health**

Maternal and infant deaths are inadequately reported or unreported. This is especially the case in areas where access is a challenge. In these 10 IDP camps, no data collection on infant and maternal health or death is being carried out. Pregnant women face acute risks. The majority of displaced women and girls lack access to antenatal care. Maternal, infant and young child nutrition programmes East Africa Consortium (**EACI**) have been implemented targeting pregnant women, lactating mothers, and children under the age of five. The outpatient therapeutic feeding programme offers services to children with severe acute malnutrition while the supplementary feeding programme caters to children with moderate acute malnutrition, and all pregnant women and lactating mothers. Nutritional support is also offered to patients living with TB.

### **Quality of Health Care**

The lack of resources at health care centers and maternity hospitals accessible to IDPs was consistently reported. In particular, this applied to the conditions of stay at maternity hospitals: problems with electricity and running water, poor level of repairs, limited variety in hospital foods, and absence of heating and basic sanitation facilities were common. Three respondents reported that medical personnel were constantly overwhelmed with the flow of patients, which also caused a lack of attention to the patients in need.

- Insufficient water supply
- Poor environmental and personal hygiene
- Lack of primary health services
- No vector control measures in place
- Insufficient child protection and no mental health support programme

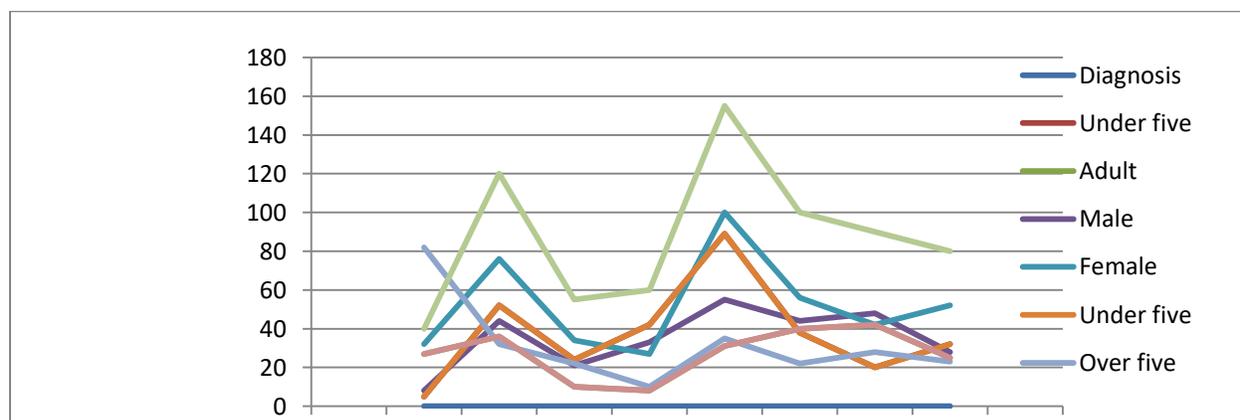
### **Sanitation and Hygiene**

To change harmful sanitation and hygiene behaviours, **EACI** promoted the Community-Led Total Sanitation approach to empower communities to understand and acknowledge the health benefits of improved hygiene and sanitation practices. Using this approach, 10 IDP camps in Mogadishu, Working closely with existing community structures and institutions, including religious and clan leaders, was a game changer in the drive toward this status

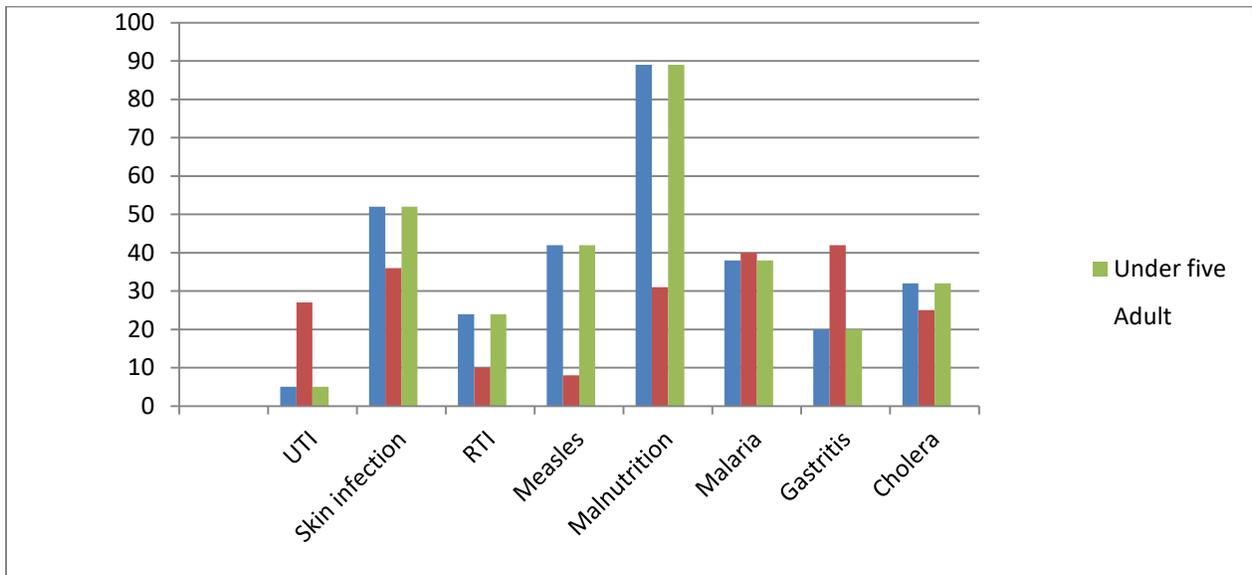
**Table1. Disease Patterns for IDPs**

	Diagnosis	Incidence Cases	Previous cases	Male	Female	Under five	Over five	Adult	Total number
	Skin infection	48	72	44	76	52	32	36	120
	RTI	23	32	21	34	24	22	10	55
	Measles	28	32	33	27	42	10	8	60
	Malnutrition	57	98	55	100	89	35	31	155
	Malaria	54	46	44	56	38	22	40	100
	Gastritis	30	60	48	42	20	28	42	90
	Cholera	46	34	28	52	32	23	25	80

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%).

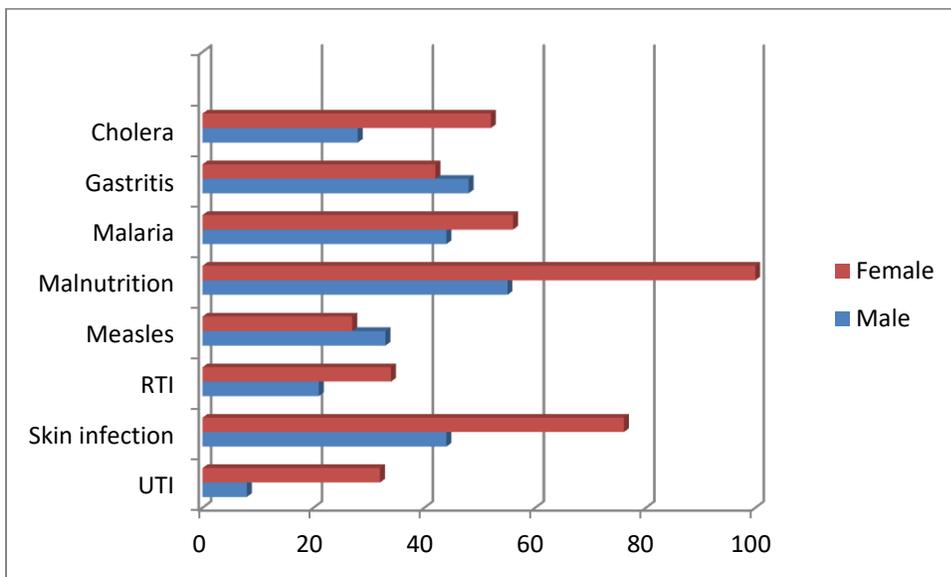


**Figure1. Disease burden in IDPs**



**Figure 2: Occurrence of diseases among Under-five children and Adult in IDP camps.**

In addition, among the childhood illnesses reported by mothers/care givers to 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%)



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

## **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.
- ✓ Inadequate Supplies.
- ✓ Referral public hospitals overcrowd.

## **Recommendation**

Health is a concern for the IDPs as they trek long distance to reach the main hospital which is 1km away to the nearest IDP camp, thus mothers and young children have no place to go for medical attention except the main hospital which is not a free service to them. Therefore:-

- ✓ There is a need of taking medical services closer to the IDP camps by constructing a dispensary with delivery services or MCH where they can receive medical attention immediately
- ✓ There is also need of training some community members on basic health education regarding prevention of diseases and promotion of hygiene so that they can attend to patients and refer serious cases to the main hospital
- ✓ Nutrition program should be implemented for the young and the aged who suffer malnutrition in the camps, this package should include
  - Ensure regular supplies for the existing Supplementary feeding and Outpatient therapeutic programs
  - Strengthen nutrition referral facilities In the town
  - Enhance supplementary programs to the pregnant and lactating mothers
- ✓ Psycho-social issues were not addressed effectively Many women and girls were subjected to rape, at times by people that were well known to victims and whom they had lived with and therefore trusted. The required access to health and medicines, including for family planning purposes, support and assurance of their security were never adequately provided.