

# EAST AFRICA CONSORTIUM INTERNATIONAL

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## EAIC Annual Health Report

Late 2016 droughts displaced internally thousands of families in four regions of Somalia, namely Bay, Bakool, lower Shebelle and Mudug. 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).
- ❖ 50 Deaths have been recorded from IDP's in 4 districts across 6 regions.

### **1.1 Response of EACI.**

Immediately EACI 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 12 villages in four districts of bay, Bakool, Gedo, Mudug 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 4 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 1060 beneficiaries.

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

**Table 1. Estimated Burden of the Disease 2016**

Clinical Diagnosis	New Cases	Previous Cases	Gender		Under Five	Over Five	Adult	Total Number
			Male	Female				
Cholera	62	38	47/53		44	25	31	100
Measles	19	21	18/ 22		28	10	2	40
Malaria	37	33	30/40		29	20	21	70
RI	11	29	27/13		18	12	10	40
UTI	70	130	27/ 173		10	5	185	200
Gastritis	30	70	45 / 55		7	15	78	100
Skin infection	53	57	59 / 51		47	33	30	110
Malnutrition	188	212	175 / 225		255	33	113	400

**Key words:** LRT Lower Respiratory Tract Infections, UTI Urinary Tract Infections, URTI Upper Respiratory Tract infection.

### **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.