Sama Medical Agency

Annual Report

SAMA 2012

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Situation Overview

Drought has become a subsequent phenomenon in the south central regions of Somalia and the country as a whole for the last decades. The twin regions of Bay and Bakool were among the severely hit by droughts and subsequent civil strife of various characteristics. Similarly human developments in these regions are unacceptably poor and unlike of other regions in Somalia, thousands of people live in destitution, dreadful manner and vulnerable to the current conflicts between the Ethiopian/AMISOM backed Somali government and Alshabab movement where human violations and lack of justice are a common problem.

The humanitarian situation in Bay and Bakool regions remains in very critical condition as it has been worsened due to the refusal of implementation of many humanitarian aid services by AS as well as expulsion of key humanitarian aid agencies from these regions. In fact, it is important to bear in mind that the presence of the aid agencies and their services were the only sources and a core contribution to the development and income of many households of the society.

Aid organizations continue efforts to provide support to the drought and conflict weakened populations in Bay and Bakool in order to mitigate effects of the chronic complex emergencies (a combination of manmade and natural catastrophe), reduce morbidity and mortality level and consequently prevent avoidable mortality relating to diseases and malnutrition as well as other health problems.

Common Causes of Morbidity and Mortality in Bay & Bakool

- **Reproductive Health** is a major problem in these twin regions with high maternal mortality rate which is under-reported and placing women amongst the most high-risk group in the country.

- **Sexual Transmitted Diseases (STD)**: the prevalence of this STD seems to be high with less intervention that can be attributed to insufficient funding, medical supplies, poor knowledge and awareness of these diseases including HIV/AIDS of most population.

- **Neonatal, infant, child morbidity and mortality Causes**: it is not possible to list all possible factors (contributors) of children’s morbidity and mortality but following problems affect the children health:
  - Low immunization coverage against the childhood illnesses.
  - Unsatisfactory practice of breast feeding and lack of exclusive breast feeding.
  - Lack of birth spacing
• Limited safe drinking water in households
• Bad feeding practices
• Malnutrition
• Common diseases
• Unskilled, non hygienic birth attendance

➢ **Diarrheal Diseases**: children’s diarrheal diseases remain one of the leading public health concern in Bay and Bakool regions. The main underlying cause of high prevalence of diarrhea could be due to poor sanitation practice, improper food preparations and unsafe drinking water. Moreover, intestinal parasites are also very common causative agents of diarrhea in children.

➢ **Cholera** outbreaks have been frequent in southern central Somalia with mortalities particularly in rural villages and small towns where there are lower levels of preparedness and fewer treatment facilities. It is a common disease which is related to the seasonal changes like Gu rains and Deyr rains.

➢ **Measles** becoming a common endemic health problem in Bay and Bakool regions, due to precarious living conditions, displacement and overcrowding of people as well as low level immunization coverage resulting from lack of access to EPI services.

➢ **Malaria** is one of the major health concerns in Bay and Bakool, particularly affecting pregnant women and children under the age of five years and it is a leading disease as far as morbidity and mortality is concerned. Similarly, this disease rapidly increases malnutrition, anemia and psychosocial disruption (Mental Health).

➢ **Malnutrition** is a chronic problem in all areas of these twin regions and appears in acute form in areas where the last drought affected. Poor availability and accessibility of food (primarily due to successive droughts), jobless, quality of diet, infant feeding practices and inadequate home management practice contribute to the poor nutritional status of children and women.

➢ **Respiratory Infections (RIs), Anemia** and many other diseases are among the big contributors of morbidity and mortality rate in these areas.

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**SAMÁ Health Facilities in Bay and Bakool Regions**

Salama Medical Agency (SAMÁ) is a local, non-profit, non-governmental organization with the full detailed background of implementation of humanitarian aid projects. SAMÁ is an active partner with UN agencies, and have been playing a vital role in response to emergency and crisis situations such as outbreak of diseases and the humanitarian aid needs of the vulnerable populations in Bay and Bakool regions. SAMÁ managed to establish and has been supporting numerous health facilities in these regions during 2012 in order to meet the humanitarian aid services needs of the drought and conflict weakened populations in Bay and Bakool regions in line with substantial donations and support from the UN and International organizations, Diaspora and local community as well as local NGOs. The health facilities that has been run by SAMÁ in the year 2012 is shown in the below table and followed by some of their pictures.
Table 1. Distributions of Health Facilities run by SAMA and their Updated Status

<table>
<thead>
<tr>
<th>Health Facilities</th>
<th># of HFs</th>
<th>Region</th>
<th>Locations</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>MCH/OPDs</td>
<td>3</td>
<td>Bay &amp; Bakool</td>
<td>Baidoa town, Kurto village and Labatunjerow</td>
<td>Functioning</td>
</tr>
<tr>
<td>Health Centers</td>
<td>4</td>
<td>Bay &amp; Bakool</td>
<td>Dinsor, Qasahheere, Tieglow and Hudur</td>
<td>Dinsor closed, others functioning</td>
</tr>
<tr>
<td>Health Posts</td>
<td>12</td>
<td>Bay &amp; Bakool</td>
<td>Sub villages in Labatunjerow and Kurto areas</td>
<td>Functioning</td>
</tr>
<tr>
<td>Emergency HP</td>
<td>1</td>
<td>Bay</td>
<td>Hawalbarbaar</td>
<td>Functioning</td>
</tr>
<tr>
<td>Mobile Clinics</td>
<td>14</td>
<td>Bay and Bakool</td>
<td>Baidoa, Burhakaba, Qasahheere, Labatunjerow, Wajid, Burdhuhunle, Hudur</td>
<td>14</td>
</tr>
<tr>
<td>General Public Hospital</td>
<td>1</td>
<td>Bay</td>
<td>Baidoa</td>
<td>Partially functioning</td>
</tr>
</tbody>
</table>

Table 2. Number of Consultations in 2012

<table>
<thead>
<tr>
<th>Health Facilities</th>
<th># of HFs</th>
<th>Total consultations</th>
<th>Male</th>
<th>Female</th>
<th>&lt;5 years</th>
<th>≥5 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>MCH/OPDs</td>
<td>3</td>
<td>107,860</td>
<td>45,395</td>
<td>62,465</td>
<td>37,439</td>
<td>70,421</td>
</tr>
<tr>
<td>Health Centers</td>
<td>4</td>
<td>42,281</td>
<td>20,036</td>
<td>22,245</td>
<td>19,392</td>
<td>22,889</td>
</tr>
<tr>
<td>Health Posts</td>
<td>12</td>
<td>76,643</td>
<td>37,046</td>
<td>39,597</td>
<td>38,785</td>
<td>37,858</td>
</tr>
<tr>
<td>Emergency HP</td>
<td>1</td>
<td>6,475</td>
<td>3,234</td>
<td>3,241</td>
<td>3,004</td>
<td>3,471</td>
</tr>
<tr>
<td>Mobile Clinics</td>
<td>14</td>
<td>165,957</td>
<td>79,894</td>
<td>86,063</td>
<td>69,892</td>
<td>96,065</td>
</tr>
<tr>
<td>Public Hospital</td>
<td>1</td>
<td>468</td>
<td>229</td>
<td>239</td>
<td>136</td>
<td>332</td>
</tr>
<tr>
<td>Total</td>
<td>26</td>
<td>389,684</td>
<td>185,834</td>
<td>213,850</td>
<td>168,648</td>
<td>231,036</td>
</tr>
</tbody>
</table>

Activities Carried Out In the Year 2012

- Preventive and curative primary health care services through MCH/OPDs.
- Emergency response health services including emergency EPI services through mobile clinics.
- Outreach interventions including social mobilizations activities, case management training, and chlorination activities.
- Emergency response health services for both protracted IDPs and returnees.
- Response and Management of AWD/cholera cases and outbreaks.
- Construction and rehabilitation of health facilities including construction of the new hospital (Bayhaaw Hospital) in Baidoa town to serve the populations in Bay and Bakool regions with primary, secondary and tertiary health care services for free of charge.
- Antenatal/postnatal consultations of pregnant mothers.
- Reproductive health services
- Skilled and hygienic delivery assistance.
- Routine EPI services through MCH/OPDs and Mobile clinics
- Routine management of common diseases
• Water, Sanitation and Hygiene promotion services.
• Health, WASH and Nutrition education.
• Nutrition rehabilitation services through TSFPs and OTPs.
• Aqua-tabs, soap and ORS distribution.
• Training health workers including nurses, midwives, auxiliary nurses, CHWs and TBAs.
• Referral of patients with complicated conditions who require further management.
• Consultation meetings with community elders, chief clans, religious groups, women groups and youth as well as local authorities in the various locations.
• Establishment and coordination of Bay Regional Health Cluster partners meetings and activities.
• Establishment and coordination of Bay and Bakool RH WG partners meetings and activities.
• Support to community education program including teacher incentives.

**SAMA Response Interventions in the Year 2012**

**Emergency Response Health facilities**

In collaboration with **OCHA through the CHF**, SAMA provided emergency drought response and effect mitigation health services through 6 mobile clinics which have been functioning between 7 December 2011 to 7 June 2012, in addition, training was conducted for 30 CHWs, 20 HCs and 30 TBAs in Labatunjerow town from 24 to 30 January 2012.
SAMA has been running 6 emergency response mobile clinics in support of WHO Somalia between March to May 2012.

Similarly SAMA has been running 2 emergency EPI mobile clinics which have been functioning between September 2012 and April 2013 in Labatunjerow district in support of UNICEF.

All mobile clinics have been operational in focus locations in Bay and Bakool regions worst affected by the droughts in 2011 and the subsequent conflicts. The mobile clinics have been a life saving for many poorer vulnerable communities including the drought affected populations, the IDPs and returnees, the underserved and the marginalized people as well as the vulnerable host populations. They have been an added value for referral of patients who are in critical condition requiring further management as well as information availability and information sharing through capacity building of the CHWs, TBAs and VHC.
In collaboration with WHO through the CERF, SAMA has set up and been managing four emergency fixed mobile health facilities (health centers) since June 2012, in the locations Dinsor, Qasahdheere, Hudur and Tieglow. These health centers have been functioning in the worst affected locations by the last droughts and the current ongoing conflicts in order to respond to deteriorating health care needs of the target communities and fill in the gap of lack of functional fixed health facilities in the mentioned locations.

SAMA has been actively cooperating with WHO and UNICEF in investigation and response including management of cases in the populations affected by cholera and measles during 2012.
Fixed Health Facilities

SAMA has been running two MCH/OPDs in Labatunjerow district and Kurto village and 12 HPs in their sub-villages; these health facilities have been supported by UNICEF with essential medical supplies and equipments, and EPI supplies as well as staff incentives.

The two health facilities provide routine humanitarian health services including treatment of common diseases, under five consultations, antenatal consultations, skilled delivery assistance conducted by Skilled Birth Attendants (SBA), routine EPI, family planning consultations, adult outpatient consultation, first aid and dressing wound services, TSFP and OTP nutritional rehabilitation services as well as health education and referral guidance for patients who need further management.

Bayhaaw Hospital

Since January 2012, SAMA in collaboration with the local community including the Somali Unity Council (Golaha Midnimada Soomaaliya) who are union of elders, intellectuals and youth, based in Baidoa town, have been striving to establish a well functioning general referral hospital in Baidoa town, following the observed demands and substantial requests received from the community. Construction of the first phase plan of the hospital has been completed successfully including construction of the road leading to the hospital from Jidki Soddonki, construction of the hospital fencing wall, MCH/OPD unit, the OT unit, temporary Lab unit as well as temporary in patient units. A shallow well has been dug for the hospital
and electricity has been installed in the hospital. 45 health workers intended to run the hospital have been undergoing training for more than 6 months and will be continuing for until one year after when they will be awarded with certificates. Almost all necessary equipments and supplies have been brought in while the opening of the hospital will be officially made soon despite the fact that external support is highly needed in terms of equipments, supplies, staff incentives and construction of the remaining departments and digging of a borehole well in order to serve the vulnerable populations in Bay and Bakool regions as well as parts of Gedo and Jabba regions with free of charge, quality medical services including primary, secondary and tertiary health care services. The facility will also play an important role in training the health professionals.

Bayhaaw MCH/OPD unit in Baidoa town has been opened and run by SAMA in collaboration with the Local Community since March 2012. The facility is supported by UNICEF with EPI supplies and UNFPA supporting the maternal health services through provision of RH supplies, training of RH staff and provision of staff incentives as well as operation costs.
Through continuous cooperation with the Somali Unity Council, based in Baidoa and the Somali Diaspora NGOs including CBEN and AFRIKART CONNEXION based in Canada, SAMA received a donation of essential medical supplies from HPIC (Health Partners International based in Canada) for the MCH/OPD unit of Bayhaaw hospital to serve the conflict and drought weakened population in Bay and Bakool regions with free of charge health care services.

**WASH Services**

In Bay and Bakool regions, WASH needs of the population still remains underserved, insufficiently and poorly resourced, seems one of the components that are neglected despite the fact that there are increasing demands of the population for such services. Majority of water sources are water catchments and shallow wells which are open and unprotected, exposing to risk of contamination. There are no routine water purification and disinfection services in these regions given the possibility that cholera outbreaks occur in every season.
With these constrains, SAMA struggled to provide WASH services to people who are mostly in need with particular emphasis on the overcrowded IDP Camps who are more susceptible to cholera outbreaks.

SAMA maintains its social awareness interventions covering good hand washing practices, the importance of improving general sanitation such as use of toilets and appropriate excreta disposal, hygienic food preparation and handling, aqua tabs distribution, hand washing soaps as well as distribution of ORS and buckets. Similarly other topics covered include practice of proper water cleanliness such as protection of water sources and boiling or chlorination of drinking water is among the WASH services offered to the community.

A total of 40 community awareness sessions on WASH were conducted during the year 2012, benefitting over 8,000 people in the locations Jeelow, Seydhelow, Tagaal, Buli Haansha, Busul, Berdhimbille, Dooraweri, Labatunjerow, Qasahdheere, Korunbood, Bisig-Edde, Raamo-Addey, and Baidoa town. Over 60% of the beneficiaries were women as they run key responsibilities in the community and in the family in particular such as child care, preparation and handling of food, collection and fetching of water as well as general sanitation of households.

**Nutrition Program**

SAMA has been implementing nutrition rehabilitation activities which comprise TSFP/OTP/CHP services targeting children less than 5 years and pregnant and lactating women in the coverage areas as well as nutrition education for households and care givers of children. The nutrition program is supported by UNICEF and has been continuous with screening of children under 5 years, supporting children under 5
years and pregnant and lactating women with nutrition rehabilitations that includes nutrition rehabilitation for MAMs and SAMs.

Table depicts the detailed number of under five children screened and consulted including the number of plump nut sachets distributed as well as vitamin A supplementation and De-worming during the year 2012.

<table>
<thead>
<tr>
<th>Table 3. Nutritional Activities Implemented in 2012</th>
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<tbody>
<tr>
<td><strong>Number</strong></td>
</tr>
<tr>
<td>Total Number of &lt;5 children screened</td>
</tr>
<tr>
<td>Total Number of MAMs</td>
</tr>
<tr>
<td>Total Number of SAMs</td>
</tr>
<tr>
<td>Total Number of plump nut sachets distributed</td>
</tr>
<tr>
<td>De-worming</td>
</tr>
<tr>
<td>Vitamin A supplementations</td>
</tr>
</tbody>
</table>

Education Program

SAMA in collaboration with SOCWA (Somali Community Welfare Association) started education program in Baidoa town through the set up of a formal school named Baydhowy Jinaay School (BJS) to serve the populations in Bay and Bakool with formal primary and secondary school learning programs.

Coordination

SAMA is an active member of the Somali Health Cluster, has been nominated the Health Cluster Regional Focal Agency for Bay Region and participates health cluster activities through attending coordination meetings at national, zonal and regional level, taking part in joint monitoring of health services and facilities, joint training of health partners, joint assessment of health situation of the vulnerable populations such as IDPs, acting the cluster at regional level through coordination of partners meetings and activities, enhancing information sharing and participating in outbreak investigation and response when there is need.
As part of the Cluster activities, SAMA conducted a rapid health assessment in the IDPs camps of Hanano 1, Hanano 2, Onodka, Kormari, and Horseed all of them in Baidoa town between 19/05/2012 to 20/05/2012 2012.

As the focal agency for Bay region, SAMA has organized 4 regional health cluster partners coordination meetings consecutively held on monthly basis in Baidoa town in the Somali Unity Council meeting hall from July to December 2012.

SAMA and UNFPA have been cooperating to enhance provision of accessible and quality RH services for the vulnerable populations in Bay and Bakool regions through supporting Bayhaaw MCH/OPD and establishment and coordination of RH WG partners operational in these regions.
3 RH WG coordination meetings were held for RH partners working in Bay and Bakool regions in the months of November and December 2012 and an orientation meeting was held for 100 TBAs at Bayhaaw Hospital in Baidoa town from Oct. to Dec. 2012.

Outcome of the meetings included commitment of the partners of full participation, commitment of weekly and monthly activity reporting to the Somali health cluster, zonal and national level, UNFPA, WHO, RH director of Somalia and enhanced continuous information sharing, identification of gaps and sharing recommendations for improvements as well as joint investigation and response to outbreaks.

### SAMA Achievements in 2012

- Provision of functional accessible primary health care services through MCH/OPDs, Health centers, mobile clinics and health posts.
- SAMA managed to reach more than 100,000 people with several humanitarian aid services that include primary health care services, nutrition and WASH services as well as education.
- Ongoing coordination of the health clusters partners’ activities and meetings in Bay region following the nomination of SAMA by the health cluster as the regional health cluster focal agency.
- In support of UNFPA, SAMA has successfully established RH WG partners in Bay and Bakool regions, achieving successful implementation of coordination meetings and continuous information sharing on RH activities, gaps and RH status of the vulnerable population in Bay and Bakool regions.
- Continuous training of health workers including nurses, midwives, auxiliary nurses, Lab technicians, CHWs, TBAs and HC in order to build capacity of health workers and refresh their knowledge so that they deliver quality health care service to the people in need.
- Subsequent consultation meetings with the local community, community elders and local authorities in order to enhance information sharing and collaboration in delivery humanitarian services to the most in need people.
- Through continuous social mobilization activities regarding health, WASH and nutrition, over 100,000 Men and women community members from various settlements in Bay and Bakool regions, have been reached with the necessary information they needed to live healthy lives.
Establishment of education program in Baidoa town to serve the populations in these regions with formal primary and secondary school education services.

Successful implementation of activities in the target locations according to the plan despite there were growing up pressure and increasing restrictions on the humanitarian aid workers.

Setting up a general public hospital (Bayhaaw Hospital) in Baidoa town, in response to the substantial requests received from the community regarding the provision of well equipped general referral hospital in Baidoa to serve more than 600,000 poor people in critical need of such services.

Communities, some of the local authorities and community elders as well as chief clans were very grateful with SAMA and helpful for the smooth running of its humanitarian life-saving projects in Bay and Bakool regions.

Main Challenges
Besides the successes and the currently ongoing program achievements, SAMA has been facing a lot of constraints resulting from the working environment as summarized here under:

- Over 20 years of conflict and civil strife
- Lack of justice and good effective governance due to two rival militia based authorities controlling different parts of the regions. For this reason, there are also widespread corruption and human rights violations such as torturing, arresting, looting and killing of innocent civilians.
- Intimidations and threats against the humanitarian aid organizations and their staff
- Restrictions on movement of humanitarian aid workers and supplies as well as refusal of implementation of humanitarian services
- Bad traditional behaviors hampering people from seeking health services, attending learning programs, consumption of local available nutritious foods, exclusive breast feeding and good child feeding practices, appropriate hand washing, and recommended general and personal sanitation practices as well as results to the practice of female genital mutilation and risky traditional healing practices of sick people such as burning parts of the body and drinking blood from animals.
- Lack of mass EPI campaigns in Bay and Bakool regions as well as lack of routine EPI services in many settlements due to insecurity and refusal of permission by the local authority.
- Lack of essential public health care services, coupled with poor nutrition situation, scarcity of save drinking water, lack of effective sanitation and hygiene facilities, increasing number of displaced populations and overcrowded conditions in IDPs in many areas, have increased the risks and frequency of communicable diseases.
- The scale of services needed is far greater than is currently being delivered, expansion of the humanitarian services are needed and SAMA is ready to increase humanitarian service delivery to even in insecure areas however due to insufficient external funding, SAMA cannot currently further increase the service delivery to many other populations in need.
- WASH services such as public toilets are not available in many areas in Bay and Bakool regions. In fact, the recommended hand washing practices are not adapted by majority of the
populations due to lack of knowledge and awareness activities in most target areas caused by lack of resources.

**Recommendations**
Based on the current humanitarian situation in the regions of Bay and Bakool as well as the increased humanitarian aid needs among the vulnerable populations due to chronic complex emergencies, SAMA strongly recommends the supporting organizations and donors as well as the Somali Diasporas to contribute and extend their humanitarian support in respect of life saving and development programs benefiting the most in need populations of host and IDPs in the worst affected locations in Bay and Bakool regions of south Somalia.

**Conclusion**
SAMA is committed to continue its humanitarian operations under any circumstances or challenges that might be encountered, in order to ensure that the most in need and vulnerable populations have access to live saving and development services that they need in light of the increasing restrictions and growing up pressure in these regions. SAMA has been appreciated by the communities in the targeted areas with regard to its free of charge humanitarian assistance including the establishment of Bayhaaw Hospital in Baidoa town, which is a highly needed facility serving the community with referral services which were not available in these regions.

On the other hand, SAMA is here by thankful with UNICEF, WHO, UNFPA, UNOCHA, the Somali health cluster, nutrition cluster, education cluster and protection cluster as well as many international and local NGOs and CBOs including HPIC, INTERSOS, BWDN, Al Himma foundation, SOCWA and the Somali Unity Council, for their continuous information sharing and collaboration.