International Organization for Migration (IOM)

Bridging the Gap
Solutions for Humanity

INTRIM NARRATIVE REPORT

PROJECT: Provision of Emergency Health Service in Afmadow district, Lower Juba Region, Somalia.

REPORTING PERIOD: 11th April 2017-30th June 2017

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Figure 1: Photos (SFH): TOP: Preview of Mobile teams undergoing the induction sessions facilitated by IOM Health officer. Down: The teams on actual duty at the field in Dobley.

ACKNOWLEDGEMENT

With profound gratitude, I would like to convey my sincere regards, to everyone who contributed to the successful achievement so far on the ongoing program. Indeed this interim report could not have been accomplished without the substantial and courteous cooperation of all of you.

I am greatly indebted and wish to acknowledge the role played by IOM technical Health officer in Dobley, Mr. Farah who was resourceful in the initial program roll-out, teams' inductions, sharing the relevant program registers, monitoring tools and the supportive supervision throughout the period.

I also wish to extend my sincere appreciation to entire SFH mobile teams both in Dobley and Hosingo for the diligent work so far.

Finally, allow me to extend heartfelt gratitude to other indirect technical team in IOM and SFH who provided guidance and support in the background during the project implementation.

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ACRONYMS

IOM	International Organization for Migration
SFH	Solutions for Humanity
PHC	Primary Health Care
MCH	Mother and Child Health
OPD	Out-Patient Department
ANC	Antenatal Care
PNC	Postnatal Care
RTI	Respiratory Tract Infections
MUAC	Mid-Upper Arm Circumference
SCZ	South Central Zone
EPI	Expanded Immunization Program
OTP	Outpatient Therapeutic Program
IDP	Internally Displaced Persons
AWD	Acute Watery Diarrhea
MOH	Ministry of Health
HHN	Health, hygiene and Nutrition

1. EXECUTIVE SUMMARY

This Interim report is an output of the activities implemented during 1st May to 30th June 2017. The activities were implemented by 3 mobile teams in Dhobley and Hosingo towns. Two (2) teams are based in Dhobley and its neighboring villages and the 3rd team was based in Hosingo. A mobile team comprised of: Qualified nurse, Auxiliary nurse, Pharmacist, Mid-wife, Health promoter/crowd controller and a vaccinator.

The principle objective of the project is: To provide emergency health services in Afmadow districts of lower juba districts and part of Badhadhe.

The clinics provides health, hygiene and nutrition (HHN) promotion services, reproductive health services (ANC/PNC, skilled assistance at birth) and operates the outpatient department including extended Programme on immunization (EPI) services. The teams also have fully functioning pharmacy services.

The following are key achievements so far:

- 9219 OPD Consultations and managements done during the period
- 4418 persons received direct HHN promotion sessions
- 323 Antenatal clients were seen and supported and 171 Post-natal clients consulted during the period
- 1302 Women of child baring age (WCBA) received essential treatments
- Using MUAC screening 57 acutely malnourished cases identified with 9 severely malnourished and referred for secondary health services
- There was good compliance of standard protocol by all teams.

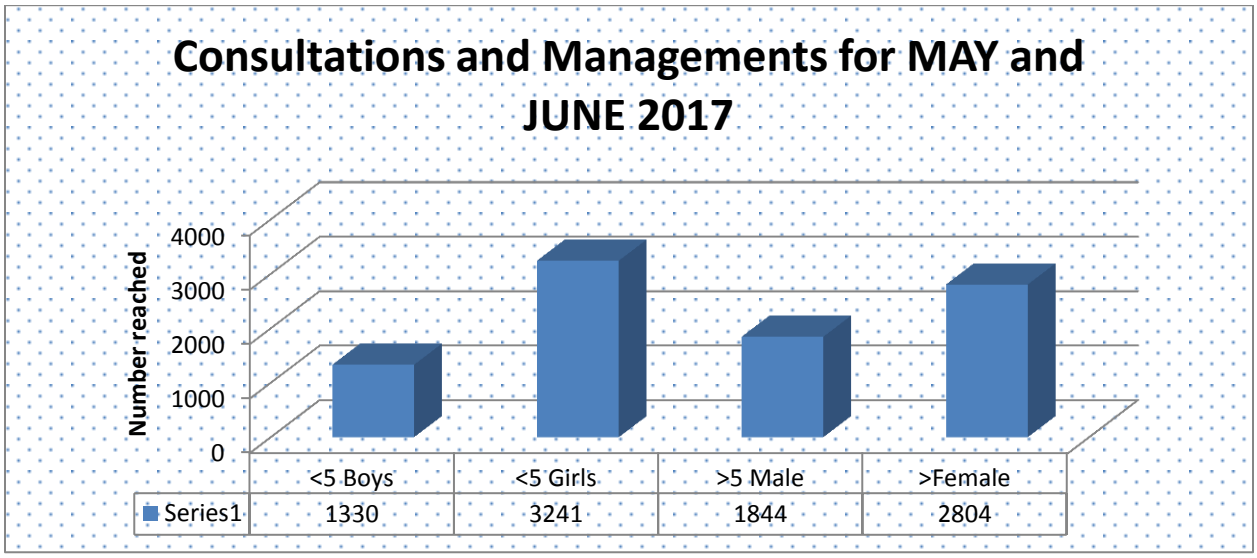
The interim recommendations:

a) All possible efforts should be made to continue providing the vital services in all the accessible health facilities in Badhadhe with the inclusion of more community outreach component (Mobile) to the accessible rural villages within a radius of 20 kilometers where applicable, since the only mobile team in Hosingo is overstretched.

b) There is a major GAP of MALARIA treatment drugs as malaria remains endemic in the area.

c) There is strong need of integrating nutrition Interventions in all facilities. IOM/SFH Supported health facilities/teams remained the only source of health services in most areas.

d) Continuous provision of program supplies without interruption or breakage is inevitable for delivery of quality service in all centers.



The graph above shows the total consultations and treatments done during the period of May and June by all the teams. 29.1% of the <5 consultations were boys while the girls make up to 70.9% of the total < 5 consultations and managements. The same major disparity exist among the >5 male and female cases where 39.7% of the consultations were male and female account for 60.3% of the total >5 consultations.

Figure 2: ANC and EPI remain core PHC services in all the facilities.

2. BACKGROUND INFORMATION

While Somalia continues to be on a positive political trajectory after decades of political turmoil, acute humanitarian needs persist and basic social indicators remain among the lowest in the world. The country has some of the worst health and Nutrition indicators in the world and didn't achieve any health related MDG before.

In the absence of a structured government health system and facilities in Somalia, IOM more than ever before, is a key provider of humanitarian services. As health and nutrition situations deteriorate and the effect of drought bite ½ of the Somalia populations, there has been robust need to scale up humanitarian programs in south central Somalia. The IOM supported PHC Programme has been able to continue in partnership with SFH in Hosingo, Dobley and neighboring villages along the Kenya- Somalia border.

Access to good quality health care is still extremely limited, in particular in rural areas. It remains fragmented, unregulated and mostly in the hand of private actors with a significant proportion of traditional healers. Where a clinic exists, the referral of cases in need of hospitalization is often not possible as peripheral often lack essential equipment/materials and have staff with only very basic training. Insecurity and population displacements prevented vaccination of over half-million young children. Linked to this immunization deficit and the poor access to sanitation and water, the control of common communicable diseases is difficult, especially Acute Respiratory tract Infections and acute watery diarrhea. Displaced children and pregnant woman are and will remain the most affected population in terms of poor health and nutrition status in the immediate future.

Lack of water supply has resulted in increasing hygiene and sanitation related problems, including rising number of reported cases of Acute Watery Diarrhea (AWD)/ cholera. With an increasing number of individuals at risk of food insecurity, the previously estimated 5 million people in need of humanitarian assistance has gone up to 6.2 million. Between February and June 2017, the number of IDPs increased from 1.1 million to 3 million individuals. Furthermore, the Health and Water, Sanitation and Hygiene (WASH) Cluster estimated that about 3.3 million people will be in need of improved access to WASH services and emergency healthcare due to the worsening drought situation in Somalia (OCHA Operational Plan for Pre-Famine Scale Up).

Migrants and Mobile Populations (MMPs) and their affected communities are the most vulnerable populations in Somalia.

It is on this background that SFH in partnership with IOM established 3 Mobile clinics in April this year in an attempt to provide emergency primary health care services to drought and AWD affected populations in Afmadow district and part of Badhadhe district.

3. GENERAL OBJECTIVE

The principle objective of the project was: To provide emergency primary health care services to the drought affected populations in Afmadow districts.

3.1. SPECIFIC OBJECTIVE

- Provide curative (including treatment of AWD/Cholera) and préventives Heath services to 28,800 beneficiaries (10,080 girls, 8,640 boys, 5,760 women, 4,320 men) for IDPs and drought affected populations.
- Vaccinate 1000 children under the age of 5 and 500 women of child bearing age from vaccine preventable diseases
- Strengthen the referral system to Dobley and other hospitals for patients in need of secondary healthcare services including malnourished children and mothers to Targeted Supplementary Feeding Programme (TSFP)/stabilization center (SC), ensuring equal access of services for women, men, girls and boys.
- Conduct awareness raising activities to raise awareness of common communicable diseases among IDPs, drought affected and host communities in a culturally acceptable manner with a particular focus on AWD/Cholera, childhood illnesses, maternal Heath, malaria and malnutrition related morbidités

4. PROGRESS MADE TOWARDS REALIZING OUTCOMES* AND OUTPUTS by END of JUNE 2017

A) GENERAL ACHÈVEMENTS

Activity	Planned	Timeline	Achievement
1.1	Project launch	15th April	The project was launched successfully in both Hosingo

	and stakeholders briefing	2017	and Dhobley with no challenge. Stakeholders including the local administration, local health committees, partner LNGOs were briefed on the project implementation including identification of mobile sites.
1.2	Mobile Vehicle Hire	15th April 2017	3 vehicles were hired by the organization for the mobile teams. The vehicles with capacity to accommodate both team and drugs were identified for effective service delivery
1.3	Staff recruitment and engagement	20th April 2017	The activity was successfully achieved and recruitment of qualified personnel done in accordance with the SFH HR policy. The process that was transparent and done in consultation with local authority and key stakeholders. The team prioritized qualified medical workers from the locality who have understanding of the area and will help in follow up of cases. The recruitment ensured gender balance is given a priority. 3 Auxiliary nurses, 3 community health workers,3 vaccinators, 3 Qualified Nurses, 3 Midwives, 3 drug dispensers ,1 health manager and health supervisor were successfully engaged for the mobile teams
1.4	Establishment of mobile teams and operationalization of services	25th April 2017	3 mobile teams were established 2 in Dhobley and one in Hosingo and equipped with chairs, stationaries and reporting tools to ensure services is not delayed
1.5	Orientation training for the teams	27th April 2017	An orientation training was held for the teams by IOM field teams and SFH on project overview, quality service provision, community participation to enhance ownership, record keeping and reporting for data management
1.6	Drugs requisition and supply	27th April 2017	Arrangements for drug requisition, supply and storage was done from IOM stores in Dhobley. SFH provided space for bi-weekly drug storage for the mobile teams with adequate security.
1.7.	Data collection and Activity Reporting	As scheduled	Activity reporting to the cluster, IOM was clarified. Data is submitted to the cluster and IOM data management team on every Monday for weekly reports and well on monthly basis for HMIS data using the appropriate

			standard tools.

B) EXPECTED OUTPUT

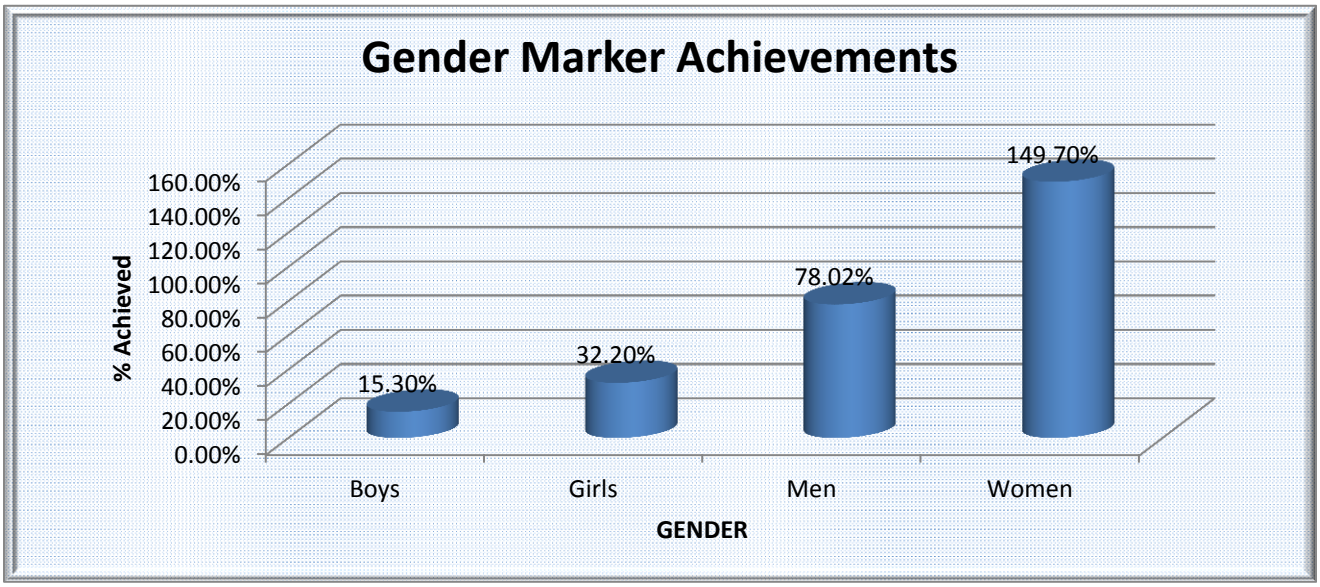
Activity #	Activity	Planned	Achieved	% Achieved
1.	Proved curative (including treatment of AWD/Cholera) and preventive Health services to 28,800 beneficiaries (10,080 girls, 8,640 boys, 5,760 women, 4,320 men) for IDPs and drought affected populations.	28,800	15,555	54.01%
2.	Vaccinate 1000 children under the age of 5 and 500 women of child bearing age from vaccine preventable diseases	1500	2539	169.2%
3.	Strengthen the referral system to Dhobley and other hospitals for patients in need of secondary healthcare services including malnourished children and mothers to Targeted Supplementary Feeding Programme (TSFP)/stabilization center (SC), ensuring equal access of services for women, men, girls and boys.	Continuous referral throughout the project where applicable.	29 cases	Ongoing
4.	Conduct awareness raising activities to raise awareness of common communicable diseases among IDPs, drought affected and host communities in a culturally acceptable manner with a particular focus on AWD/Cholera, childhood illnesses, maternal Heath, malaria and malnutrition related morbidities.	Daily sessions to be conducted at each center.	4418 Persons reached directly through promotion sessions.	Ongoing daily.

C) GENDER INDICATOR ACHIEVEMENTS SO FAR

Gender	Target	Achieved	% Achievement
Boys	8640	1350	15.3%

Girls	**10,080**	**3241**	**32.2%**
Men	**5760**	**4494**	**78.02%**
Women	**4320**	**6470**	**149.7%**

An immense boy child under achievement is noted in the 1st 2 month of the project implementation period. There is no clear reason attributed to low boys turn-out in the Health facilities. However, the patriarchal nature of the Somali community put the boy child a heavy burden of doing outside house activities and taking it to a health facility might not possible and this can be barrier to access.



The graph above shows the graphic presentation of specific gender achievements. Besides, the graph shows 149.7% was achieved for women with least boys reached at 15.3% as tabulated above.

D) OTHER DELIVERABLES ACHIEVED

Figure 3: HHN sessions conducted by Hosingo team

#	Deliverable	Achieved
1.	HHN Promotion sessions	4418
2.	ANC	323
3.	PNC	171
4.	WCBA	1302

4418 persons were directly reached with Health, Hygiene and Nutrition (HHN) sessions. This number is expected to replicate the sessions to the entire communities. Besides, 423, 173 and 1302 ANC, PNC and WCBA visits were consulted and managed.

Figure 4: SFH Vaccinator administering different vaccines at Hosingo health facility.

5) REFERRALS

Significant numbers of referrals were made during the period. Dhobley was the main destination for all health referrals including but not limited to:- the severely malnourished cases, complicated births and major surgeries. 29 referrals were made during the period of which 27 were successfully treated and discharged and 2 died while on treatments.

The pictures below describe successful referral procedures from Hosingo health facility.

6) CHALLENGES

- Overwhelming population in need of treatments is the biggest challenge that straining the few staffs for mobile teams.
- Severely malnourished cases with Edema (+++) are identified in the centers on daily basis and nothing much can be done since the program is not integrated with Nutrition Intervention in the Area. However, referrals are done where applicable and sent to Dhobley health facilities
- Shortage of drugs as in the case of Malaria treatment drugs was a major issue and need to be addressed urgently.
- Lack of basic health services in most permanent settlements in Badhade district remain a major challenge

- Teenage pregnancies as a result of early marriages are some of the major causes of obstetric complications in the communities especially at the rural areas
- Lack of safe and clean water supply for the communities along Kenya- Somalia border villages and Hosingo thus recurrent outbreak of water borne diseases like acute watery diarrhea and cholera

5. RECOMMENDATIONS

- All possible efforts should be made to continue providing the vital services in all the accessible health facilities in Badhadhe with the inclusion of more community outreach component (Mobile) to the accessible rural villages within a radius of 20 kilometers where applicable, since the only mobile team in Hosingo is overstretched.
- There Is a major GAP of MALARIA treatments drugs as malaria remain endemic in the area.
- There is strong need of integrating nutrition Interventions in all facilities. IOM/SFH Supported Heath facilities/centres remained the only source of health services in most of these areas.
- Continuos provision of program supplies without interruption or breakage is inevitable for delivery quality service in all centers.
- Provision of basic nutrition services in Badhade district starting with Hosingo MCH
- Long- term clean and safe water supply in the rural villages along Kenya- Somalia border and Badhade district
- Need for community trainings on proper use of few available latrines
- Regular staff trainings on Primary health services to improve on their capacity to provide quality services

Thanks