MEDICO-NUTRITIONAL EMERGENCY AID
TO THE WAR AFFECTED POPULATION
OF KISMAYO and MERCA.
SOMALIA.

DR MARIO GOETHALS
PROJECT MANAGER HORN OF AFRICA
MSF BELGIUM.

Bonjour à tous,

1) Voici le rapport de David sur Kituyayori
   David

2) Pouvez-vous donner 20 000 $ à Sigié (comme
   pour les journées) ?

3) Suis-je d'accord pour la journaliste (Ed Fruan-Net)? Je
   suis au Sénégal N° 1 : Michel peut-il me y rattraper?

4) Je voudrais que Sigié a l'avion demain matin.
   Voilà. Passez à tous et à vanda si.

Anne
1. Introduction.

Since December 1990, a civil war is tearing apart Somalia and causing the death of tenths of thousands of people, as well as the suffering of hundreds of thousands of displaced people who are now scattered all over the country. A precarious security situation is hampering all relief operations and armed bandits ambush often humanitarian convoys. The different big families and clans are more and more divided and are opposing one another in the whole country. The general food distribution of the ICRC is however beginning to create a more stable situation as they are able to offload monthly more than 4000 tons of food in Kismayo and about 2000 tons in Merca. This example shows that increased humanitarian aid could contribute to the peace and stability process of the country.

2. Situation.

Kismayo is a city in the South of Somalia situated in the Lower Juba region. Before the war, the place counted a population of about 40,000 people, but this number has presently risen to minimum 100,000 people, because of the different population movements (dependent of the changing frontline) and the presence of displaced people. Presently, the Harti (Darood) control the city after they pushed out the Ogadeni (Darood too), and a certain degree of security has been reached. Few weapons are visible in Kismayo and one can walk to the market without being harassed. However, ambushes do happen at about 15 km out of the city and it is considered to be extremely dangerous and life threatening to make these displacements.

Every day, displaced people continue to arrive in a very bad nutritional and health condition. Their number is difficult to estimate, but one could consider their present number to be of about 60,000, of which 70% are lodging with relatives. Two small camps also exist in the city, all together a population of 4000 people. A rough estimation makes us say that about 15,000 other displaced people are wandering around in the city, not knowing what to do or where to live from. Every day, about 50 to 100 non-displaced people present themselves to the 2 displaced camps to receive humanitarian assistance. Unfortunately, they all have to be refused the entry as the situation in these 2 camps is very precarious: the Leather Camp has mainly a population of women and children (1300 in total presently), with 60% of the population under 5 years old, of which 90% are malnourished!!! One child is dying every 2 days which brings the camp mortality at about 4 / 10,000 / day!
the P.A.S. camp consists of three small concentrations of people (total 2400) with a more equal sex and age distribution as the Leather camp: – 24 % under 5 years old
– 40 % above 15 years old, with 30 % men and 70 % women

Forty percent of the children suffer from a certain degree of malnutrition.

Wells are still being dugout and latrines installed, but the sanitation situation should still be improved as the rainy season could be the bringer of different kinds of epidemics.

No appropriate therapeutic or wet supplementary feeding programmes have been implemented and the general food distribution depends on occasional gifts.

Local voluntary personnel has been employed and guarantees the basic organisation of the camp, but a lack of continuous technical assistance is obvious.

Basic essential drugs are not readily available in the present situation.

The camp populations could be easily doubled as space is still available and as suffering people do present themselves to be accepted into the camp.

Most newcomers come from the Djilib and Jamama region, but also from the other regions of the south and the south-west.

The humanitarian assistance to the camps should be heavily increased and upgraded to improve the existing emergency situation.

Kismayo has a hospital with a 130 beds capacity, two basical MCH clinics (ICRC and World Concern) and 1 OPD (ICRC) outside the hospital.

Only few basical drugs and medical material reach the hospital, but the normal attendance conditions for admission of reference cases have not been guaranteed in this emergency situation.

No appropriate hospital material is present, basic orthopaedic operations cannot be effectuated, post-surgical attendance is almost not existing and there is only a possibility to admit people with minor injuries, while pregnant women and children have to be turned away because of a lack of human and material resources.

This hospital is supposed to be the reference hospital of the whole southern region.

About 7 medical doctors are sometimes present in the hospital but are not able to do normal work.

Outpatient department and women and child wards could easily be implemented if material resources and organisation skills would be present.
Mirsca is a town on the coast at about 90 km south-east of Mogadisho and has been well protected from the disastrous turmoil of 1991.
However, since 2 months, lots of displaced people are gathering in different concentration points from 500 to 6000 people per concentration point. They are mainly coming from the southern regions (Jamama, Djilib, Baioba,...) where generalized famine and clashes among clans did create personnel and food insecurity. In an area of 20 km around Shalaambote, at least 25,000 displaced people have settled in mainly 4 concentration points near villages: Qorioley, Golweyn, Bulomarertro and Merca.

Main nutrition rates are very high and are estimated at about 80% for the displaced populations (Quac stick method). No detailed assessment has been made of the age-distribution and the sex ratio of the displaced people, but it is generally accepted that women and children constitute more then 80% of the population, that more then 30% are under fives of which 50% are severely malnourished and 30% moderately malnourished.
For the given displaced population of Golweyn, Qorioley, Bulomarertro and Merca this would give us a group of 3750 severely malnourished and 2250 moderately malnourished children under 5 years old.

Mortality rates in the camps are reaching figures up to 4/10,000/day and health conditions as well as health services are very poor.

In the whole area from Merca to Ala Futo, it is estimated that about 100,000 displaced people settled down, some in the houses of resident relatives, but most in dispersed settlements. As bushes are present all over the place, people compose a small nomadic hut with local materials and use skins or cloths to cover the hut-structure, shelter is not yet the major problem.

Nevertheless, sanitation levels are very low and temporary wells and latrines will have to be installed before the rainy season arrives (April).

The food availability is still acceptable for the local resident population, as it is a fertile area (Shebelle and Juba rivers). However, most displaced people do not have the resources to buy food and suffer heavily because of generalized famine.
3. Project proposal.

MSF B proposes to implement an emergency action of 6 months in favour of the local and the displaced war-affected population of Kismayo and the area around Merca, extendable to 12 months according to the local security and political developments. Other places could also be targeted according to the needs and the accessability (for example: at 15 km of Kismayo there is a population of 2000 people suffering heavily of malnutrition, but the security on the road is presently not guaranteed).

The target population will be the local population and the displaced people of Kismayo, totalling more or less 100,000 people, and the displaced population of the area 20 km around Shalaambote, totalling more or less 25,000 displaced people.
a. Medical emergency assistance to the hospital of Kismayo:

- MSF will install and supply the hospital with the basic hospital emergency material and drugs for the surgical ward and the wards for women and children, as well as for the operation theatre.
- Basic emergency surgery (war and not-war related) will be guaranteed while the nurses will be organising the postoperative and anaesthesia care.
- MSF will organise and supervise the hospital pharmacy together with the local health personnel.

b. Emergency assistance for the displaced people of Kismayo.

- MSF will install and organize therapeutic and wet supplementary feeding programmes for a target population of 1200 severely and 900 moderate malnourished children.
- Sanitation installation (latrines and local wells) will be extended in relation to the flow of incoming people up to a maximum of a camp population of 6000 people.
- Shelter (basic plastic sheeting or local material) will be accommodated.
c. Emergency medico-nutritional assistance for the displaced people of the region of Merca.

- MSF will install and organize therapeutic and wet supplementary feeding programmes for a target population of 3750 severely and 2250 moderate malnourished children in the areas of Qorioley, Merca, Bulomarertro and Golweyn
- Sanitation installation (latrines and local wells) will be extended in relation to the flow of incoming people
- Basic medical health services will be furnished through the distribution and supply of basic medical drugs
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The total budget forecast for six months is of 2,400,056 USD, of which 420,000 USD contribution has been requested to the CEC delegation for the first three months.
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- Sanitation installation (latrines and local wells) will be extended in relation to the flow of incoming people.
- Basic medical health services will be furnished through the distribution and supply of basic medical drugs.

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c. Period of implementation.

The project will start on the 12th of March 1992 and will take 6 months, extendable in time according to changing local political or security circumstances.
Summary sheet.

a. Implementing agency and responsible of the project. 

MSF Belgium is the implementing partner and the final responsibility of the project will be assumed by the director, Dr. Jean Pierre LUXEN.

b. Objectives.