

THE HEALTH FUND

FROM THE FIELD:
A SPECIAL APPEAL
TO FUND HEALTH CARE
PROFESSIONALS IN GEDO,
SOMALIA.



Nurse Sahara Abdi Mohammed attends to a patient at one of Trócaire's health centres in Gedo, Somalia.

Trócaire

YEAR ONE: THE IMPACT OF YOUR SUPPORT

Last year we asked supporters to help fund Trócaire's health care system in Gedo, Somalia. This Health Fund project is very special, because the Trócaire-run health facility in this region of Somalia is the main health care service for many tens of thousands of people.

This Health Fund involved a three phased approach to refurbishing and upgrading existing hospitals, upgrading mobile health units to primary health centres and to build and equip a new hospital that will also provide much needed training.

Achieved to date:

- In Korey a new maternity block providing basic emergency obstetric and neonatal care is near completion. When finished it will provide a delivery room, two wards and a nursing station all powered by a solar electrification system.
- Expansion of existing maternity service in Burdhubo. Rehabilitation of two separate blocks, one block houses eight units and the other three units.
- Expansion of Garbaharey maternity service, as of July was 90% complete.
- New x-ray room at Belet Xaawa Hospital.
- Preparation work has begun for building a new sixty bed hospital in Dollow.

When completed, Trócaire's health service in Gedo will be able to accommodate an additional 94,000 people.



In Korey, building of new maternity block is well underway.



Expansion of maternity service in Burdhubo is near completion.



Trócaire Country Director, Paul Healy with local officials at the proposed site of the new hospital in Dollow.

YEAR TWO: WHAT WE WANT TO ACHIEVE

A legacy of care

Next year will be the 30th year of Trócaire's presence in Gedo. During that time Trócaire has worked with the local community to establish and maintain a functional health system.

However, recent years have been particularly challenging in Gedo as the hunger crisis in East Africa reached unprecedented heights.

Chronic food shortages caused by locust swarms, cycles of drought and flooding has meant acute malnutrition is rife amongst children in particular and

the need for health assistance continues to grow at a frightening rate.

This has also put huge pressure on our healthcare staff who work on a daily basis in this unforgiving environment.

The key to solving this and to providing a long term solution to Gedo's healthcare crisis lies in building healthcare from grassroots level up. This is the essence of what is known as the Primary Health Care model.

Primary Health Care

Primary Health Care is about building resources and capacity, not only doctors and nurses but especially community health care workers that are on the ground in villages and communities.

Such community health care workers are trained to evaluate and monitor disease levels and provide the next level link to help families access clinics and hospitals. Only then can the system be sustainable into the future. It is about communities owning their own healthcare systems into the future.



Asli Abdikadir is a Community Health Nutrition worker providing integrated health and nutrition services to highly vulnerable internally displaced persons, local Somali people and hard-to-reach populations living in various districts in Gedo.

Asli's daily work involves identifying malnourished children and linking under-fives with childhood illnesses to the Trócaire supported Dollow Referral Health Centre.

"Working as a community health worker made it possible to assist my community to understand basic health needs and how to prevent diseases as well as nutrition concepts. Besides helping my community, the income given to me every month gradually helped me to move forward with my life. It empowered me economically, and I was able to build a semi-permanent house and contribute to my family's daily food basket."

WE ARE ASKING FOR YOUR SUPPORT TO HELP US WITH GAPS IN FUNDING:

€5,000	€10,000	€23,600	€50,000
Will help towards funding of nurses and midwives to train others.	Will help towards funding an anaesthetist for a year	Will fill the funding gap required to support a pharmacist for a year.	Will fund 44 outreach community health workers for a year.

TRÓCAIRE IN SOMALIA

Trócaire runs the main healthcare and hospital support system available to people in the Gedo region which has a population of over 303,000 people.

In this region, Trócaire runs **four hospitals, five health centres, three tuberculosis centres, eleven primary health units and seven mobile clinics**, targeting women and children in particular. Trócaire treats an average of 19,000 people per month at our hospitals in Somalia which are the main healthcare facilities that operate in this insecure environment.

Trócaire has a strong, long-established presence in the Gedo region in South Central Somalia. We have worked in Somalia since 1992 and have decades of experience.

We know what it takes to save lives, but we need your support to save many more.



WHY IS PRIMARY HEALTH CARE SO IMPORTANT?

"Our nurses, doctors, community health workers and other staff have had to contend with the most challenging circumstances. While other agencies came and went, Trócaire stayed in Gedo. Trócaire was able to stay and operate partly because it had talented Somali staff, trained in and recruited from Kenya, to work with us.

We do not want to build up a dependency syndrome. We want them to manage their

own affairs. The people of Gedo are incredibly resilient, we want them to be at the very heart of their own solutions."

— Paul Healy,
Country Director,
Somalia



**SOMALIA IS A COUNTRY LIVING THROUGH AN ONGOING MAJOR HUMANITARIAN CRISIS—
WITH YOUR HELP, WE WILL MAKE A DIFFERENCE.**

WHY WE ARE IN SOMALIA:

**ONE OUT OF EVERY 10 SOMALI
CHILDREN DIES BEFORE SEEING
THEIR FIRST BIRTHDAY.**

**INFANT AND MATERNAL
MORTALITY RATES ARE AMONGST
THE HIGHEST IN THE WORLD.**

**11 MILLION PEOPLE HAVE NO
ACCESS TO HEALTHCARE IN
SOMALIA.**

PLEASE SUPPORT OUR MISSION AND HELP CHANGE LIVES.

Trócaire

**THERE IS ONLY ONE WAY TO
BUILD A HOSPITAL IN SOMALIA –
WITH YOUR HELP.**

trōcaire

A MESSAGE FROM PAUL HEALY, TRÓCAIRE COUNTRY DIRECTOR, SOMALIA

Dear Friend,

Ireland has a special connection with Somalia ever since former President, Mary Robinson, visited here in 1992 and highlighted the terrible suffering people were facing during that year of famine.

Thanks to the amazing support of the Irish Public, thousands of Somali families have continued to receive food, healthcare, protection and education for more than 25 years. This support has saved countless thousands of lives and continues to this day.

However, this is a fragile healthcare system that relies solely on our investment for its future survival. The hospitals here in Somalia are a long way from my home town of Dublin. The suffering of little children and the most vulnerable continues and each day I see, face to face, the pain that any mother or father here or in Ireland would feel watching their children suffer so much

Please help us to change their future and give their health a chance.

— Paul Healy,
Country Director, Somalia



Maryann Aden Abdille receives treatment for her malnourished child (Fadhumo) at Luuq hospital.



TRÓCAIRE IN SOMALIA

We know medical care is the single most powerful way to help these vulnerable families

Trócaire runs the main healthcare and hospital support system available to people in the Gedo region which has a population of over 303,000 people.

In this region, Trócaire runs **four hospitals, five health centres, three tuberculosis centres, eleven primary health units and seven mobile clinics**, targeting women and children in particular.

An average of 19,000 people per month are being treated at our hospitals in Somalia and our hospitals are the main healthcare facilities that operate in this insecure environment.

Trócaire has a strong, long-established presence in the Gedo region in South Central Somalia. We have worked in Somalia since 1992 and have decades of experience.

We know what it takes to save lives, but we need your support to save many more.

SOMALIA IS A COUNTRY LIVING THROUGH AN ONGOING MAJOR HUMANITARIAN CRISIS—WITH YOUR HELP, WE WILL MAKE A DIFFERENCE.



Dr. Abdinasir Hassan photographed pre-COVID in 2019 treating Salaad who was suffering from malnutrition. Salaad has since made a full recovery.

SOMALIA: A FRAGILE STATE

Somalia is the world's most fragile state. Decades of conflict has forced millions from their homes driving hunger and malnutrition.

The consequences of climate change leading to protracted drought has ravaged the land. Disease outbreaks such as cholera and acute diarrhoea are difficult to fend off because of malnutrition and no access to clean water and washing facilities.

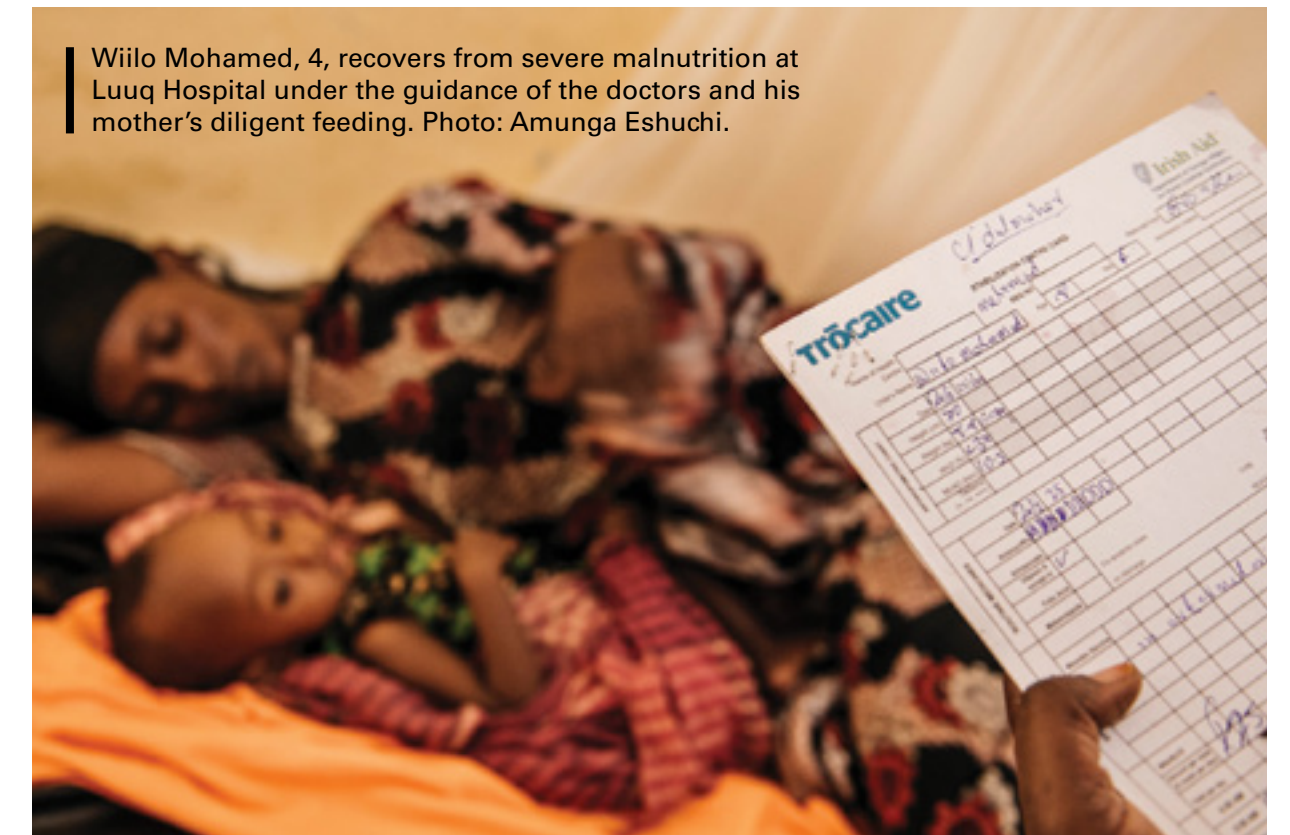
But 2020 has been particularly catastrophic.

On top of the three severe droughts in 10 years; on top of the decades-long conflict, a devastating famine, a year of flooding displaced half a million more people, a massive locust plague destroyed any remaining crops and, now, COVID-19.

Millions of people urgently need lifesaving care. We are there now, and urgently need to build a new hospital and upgrade existing services.

WHY WE ARE IN SOMALIA:

One out of every 10 Somali children dies before seeing their first birthday. Infant and maternal mortality rates are amongst the highest in the world. 11 million people have no access to healthcare in Somalia.



Wiilo Mohamed, 4, recovers from severe malnutrition at Luuq Hospital under the guidance of the doctors and his mother's diligent feeding. Photo: Amunga Eshuchi.



Trócaire run Garbaharey
Hospital in Somalia.

THE TARGET: TO RAISE €1 MILLION* OVER THE NEXT 3 YEARS TO GROW OUR EXISTING HEALTHCARE SERVICE IN SOMALIA

THE HEALTH FUND: A DUAL APPROACH

1. To **improve present conditions in the existing hospitals**
Trócaire runs in the Gedo region of Somalia – providing essential services to over 19,000 mainly women and severely malnourished children each month.
2. To build a **new hospital facility** in Dollow which will allow us to treat an additional 30,000 patients per year.

THERE ARE 3 PHASES PLANNED OVER THE NEXT 3 YEARS

With your support, here is what we will achieve:

- + Ability to treat more complex medical needs
- + Increase our treatment of malnourished children
- + Increase our treatment and prevention management of cholera and other virus outbreaks
- + Increase our midwifery service
- + Scale up our treatment of critical trauma cases due to ongoing conflict in area
- + Provide care and end of life support for elderly and critically ill

*€900,000

WHAT THE HEALTH FUND WILL ALLOW US TO DO

	<div>PHASE 1</div> <div>COST: €355,000</div> <div>Refurbishment and upgrade in existing hospitals</div>	<div>PHASE 2</div> <div>COST: €158,000</div> <div>Upgrade health unit to primary health centre</div>	<div>PHASE 3</div> <div>COST: €300,000</div> <div>Construct a new hospital and provide training facility for nurses and midwives</div>	<div>PHASE 3</div> <div>COST: €200,000</div> <div>Training centre and resource running costs of hospital</div>	
OUTPUT	<div>Diagnostic imaging equipment: 2 x-ray and 3 ultrasound machines provided to two main hospitals.</div> <div>Delivery wards refurbishment: Structural refurbishment and equipment for 3 hospital delivery wards.</div> <div>Laboratory upgrade: Purchase of biochemistry and diagnostic equipment.</div> <div>Surgical kits and equipment: Purchase of life saving respirators, suction machines and trauma kits for all 4 hospitals.</div>	<div>New Primary Healthcare Centre: Upgrade, extend and equip the Health Unit in Korey, Dollow to a Primary Health Centre.</div>	<div>New hospital located near IDP (Internally Displaced People) camps in Dollow: Build and equip a new 60 bed hospital with trained nurses and midwives.</div>	<div>Provide vital training and development of nurses and midwives.</div>	<div>New hospital, healthcare clinic, refurbished wards, extra life saving medical equipment.</div>
IMPACT	<div>The extra x-ray and ultrasound machines alone will allow the hospitals to treat an extra 50,000 patients each year.</div> <div>Maternal and child mortality is greatly improved when women have an opportunity to give birth in safe and dignified environments.</div> <div>Earlier diagnosis of medical conditions allows early life saving intervention.</div> <div>The more surgical equipment available in hospitals, such as respirators, the more lives can be saved each day.</div>	<div>This upgrade will help treat 1,200 per month (14,400 patients annually).</div> <div>Mainly helping women and children including vaccines, immunization, and pre-natal and postnatal care.</div>	<div>Will treat vulnerable populations in Qansaxley and Kabasa and displaced families living in Dollow camp.</div> <div>There are many thousands suffering from malnutrition, cholera and other viral outbreaks as a result of ongoing conflict and extreme challenges in the area. The new hospital will reach 30,000 annually.</div>	<div>Ensure continued sustainability of the health systems with adequately trained nurses and midwives to deliver much needed medical care.</div>	<div>Annually, 94,400 additional people will have access to Trócaire services in Somalia.</div>

PHASE 3: PROPOSED LOCATION

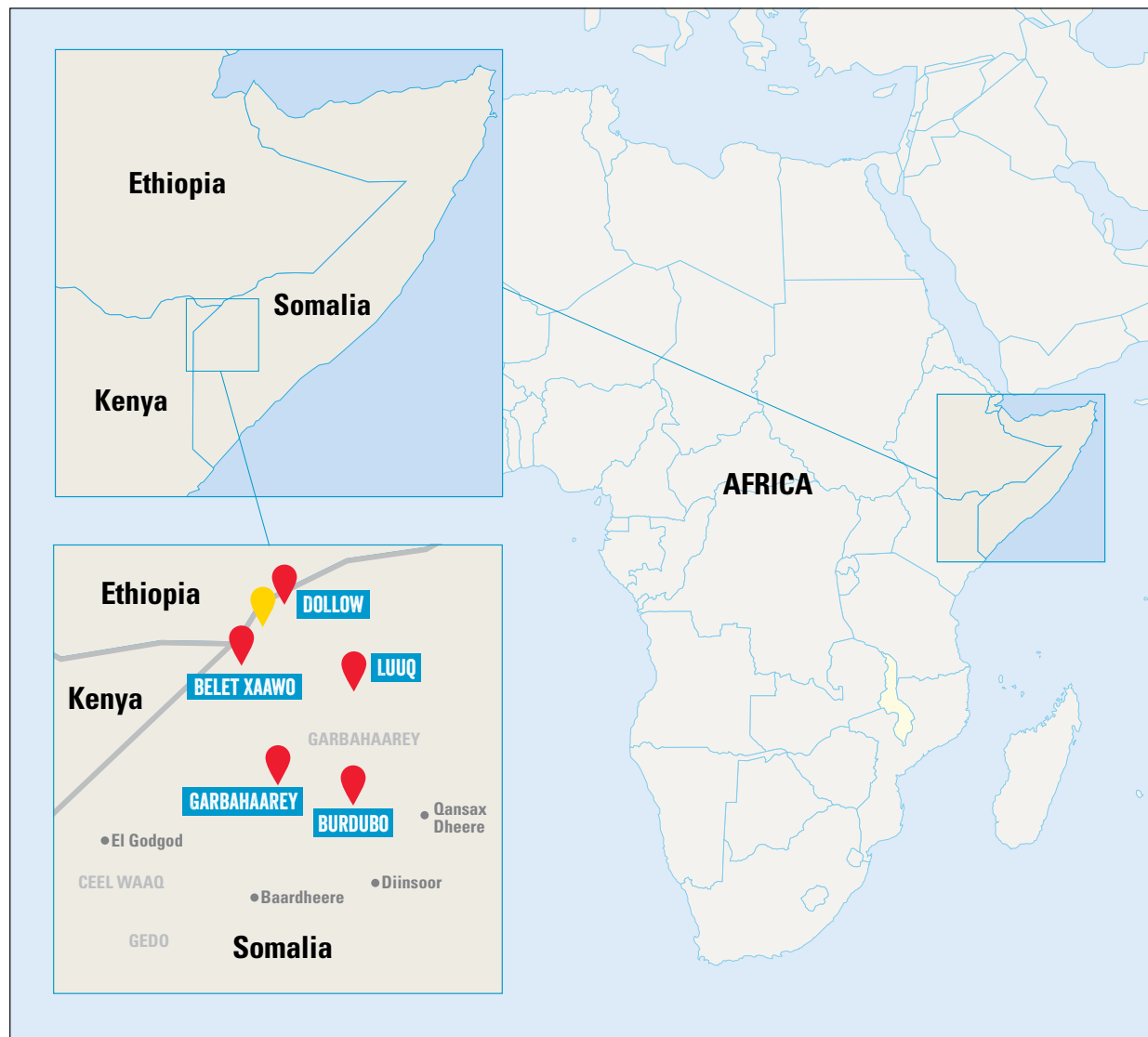
The new hospital will be located south west of Dollow, Somalia.

Project scope: Build and equip a new 60 bed hospital complete with trained nurses and midwives.

This will treat vulnerable populations in Qansaxley and Kabasa and many displaced families living in Dollow camp. There are many thousands suffering from malnutrition, cholera and other viral outbreaks as a result of ongoing conflict and extreme challenges in the area.

 Existing Trócaire health facilities.

 **Proposed new Trócaire 60 bed hospital.**



PHASE 3: PROJECT PLANS

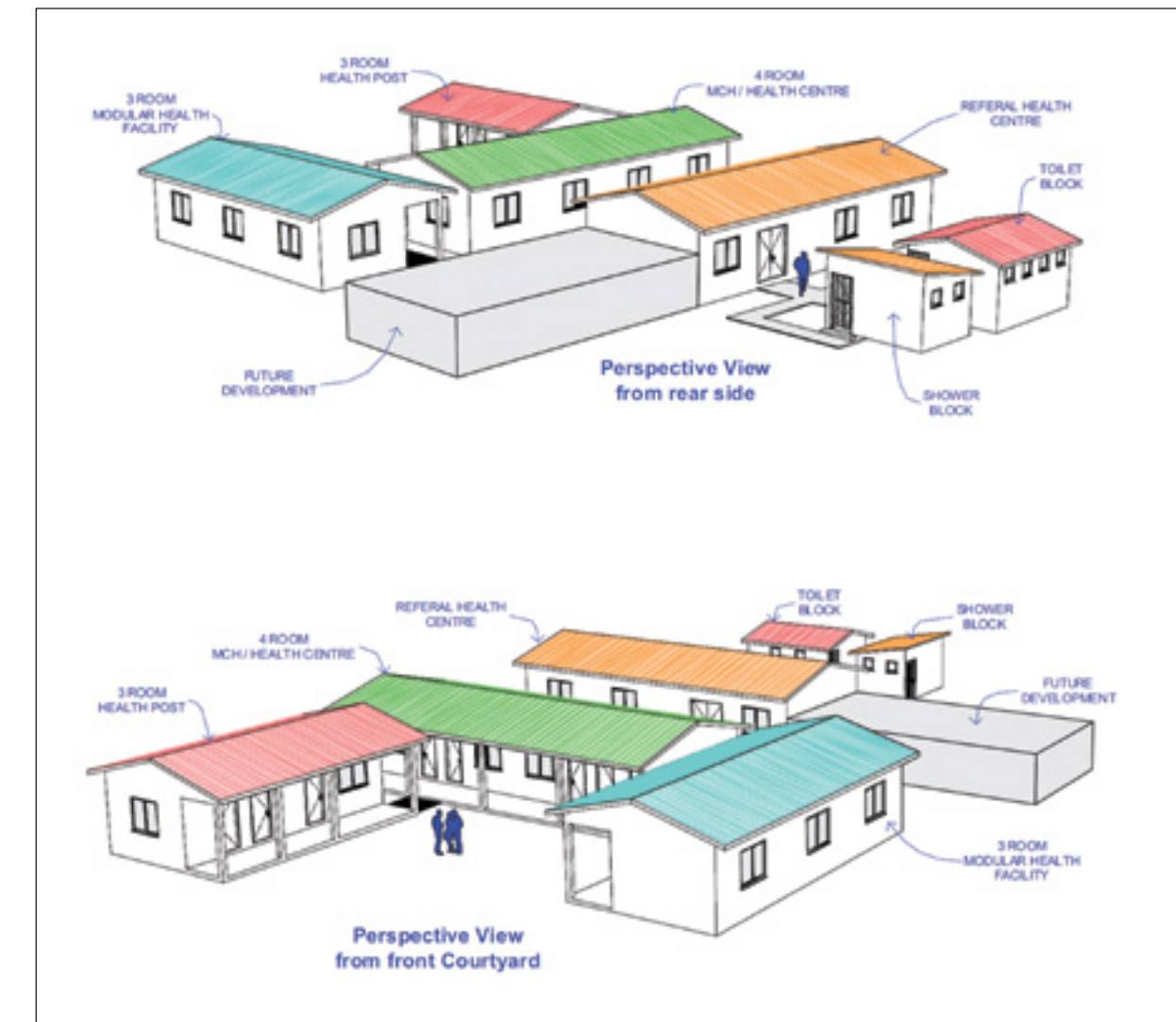
Construction of a new hospital and provision of training for nurses and midwives.

NEW HOSPITAL COST: **€300,000**

OPERATIONAL COSTS: **€200,000 per year**

Hospital features:

- + Located in Dollow District, Gedo Region, Jubaland State, Somalia
- + 2,500 patients treated per month (conservatively, 30,000 treated per annum)
- + 60 bed capacity (15 for maternity, 15 for paediatrics, 15 general for male and 15 general for female).
- + Hospital plans to include a surgical theatre.
- + Although the land has been donated, these plans are subject to change and are to be determined once the final land size is known and final drawings are in place.
- + The new hospital will have a maternal and child health service focus.



Proposed drawings

THANK YOU FOR YOUR KIND SUPPORT

IF YOU HAVE ANY QUESTIONS, PLEASE DON'T HESITATE TO CONTACT:

Susan Kirk

E: susan.kirk@trocaire.org

Trócaire, Maynooth, Co. Kildare

P: **+353 1 6293333**

Trócaire Belfast, 50 King St, Belfast BT1 6AD.

+44 28 9080 8030

www.trocaire.org

For more information on Trocaire's support in Somalia

www.trocaire.org/countries/somalia/#ourwork

TRÓCAIRE IS THE OVERSEAS DEVELOPMENT AGENCY OF THE CATHOLIC CHURCH IN IRELAND

ROI Charity Reg No: 20204842 | Revenue Number CHY 22508 | NI Charity Reg No: NIC103321

trócaire