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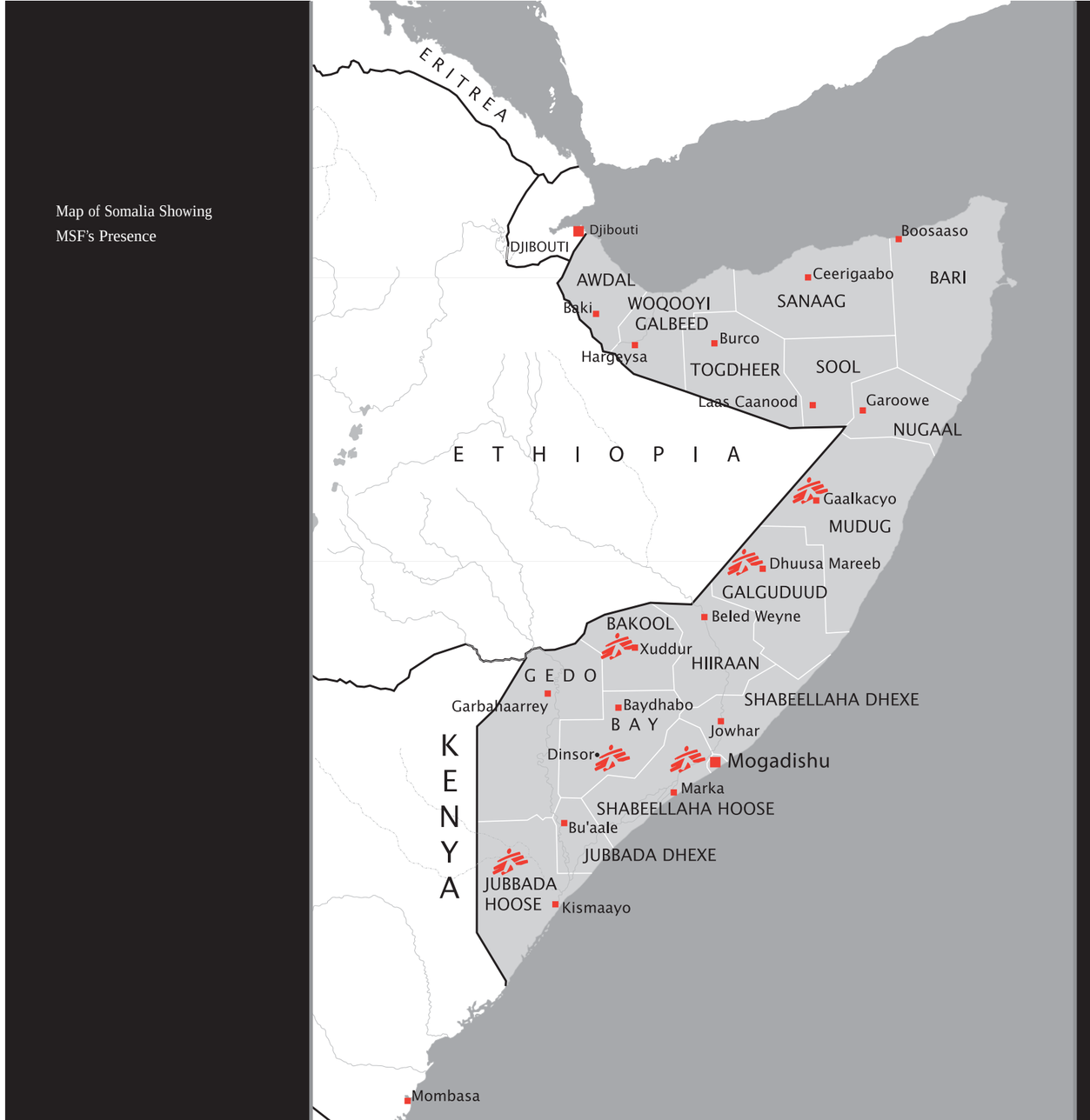
AFTER 15 WAR-TORN YEARS, SOMALIANS ARE STILL WITHOUT HEALTH CARE

An Inside View of Ordinary Somalis' Daily Struggle to Access Quality Health Care

MEDECINS SANS FRONTIERES

Map of Somalia Showing
MSF's Presence



This booklet is dedicated to all Somalis no matter their origin or clanic identity who struggle daily in their search for quality health care facilities capable of addressing their most basic health care needs. We especially wish to thank all those, patients and hospital staff alike, who gave their time and energy, and allowed us to collect these life stories.

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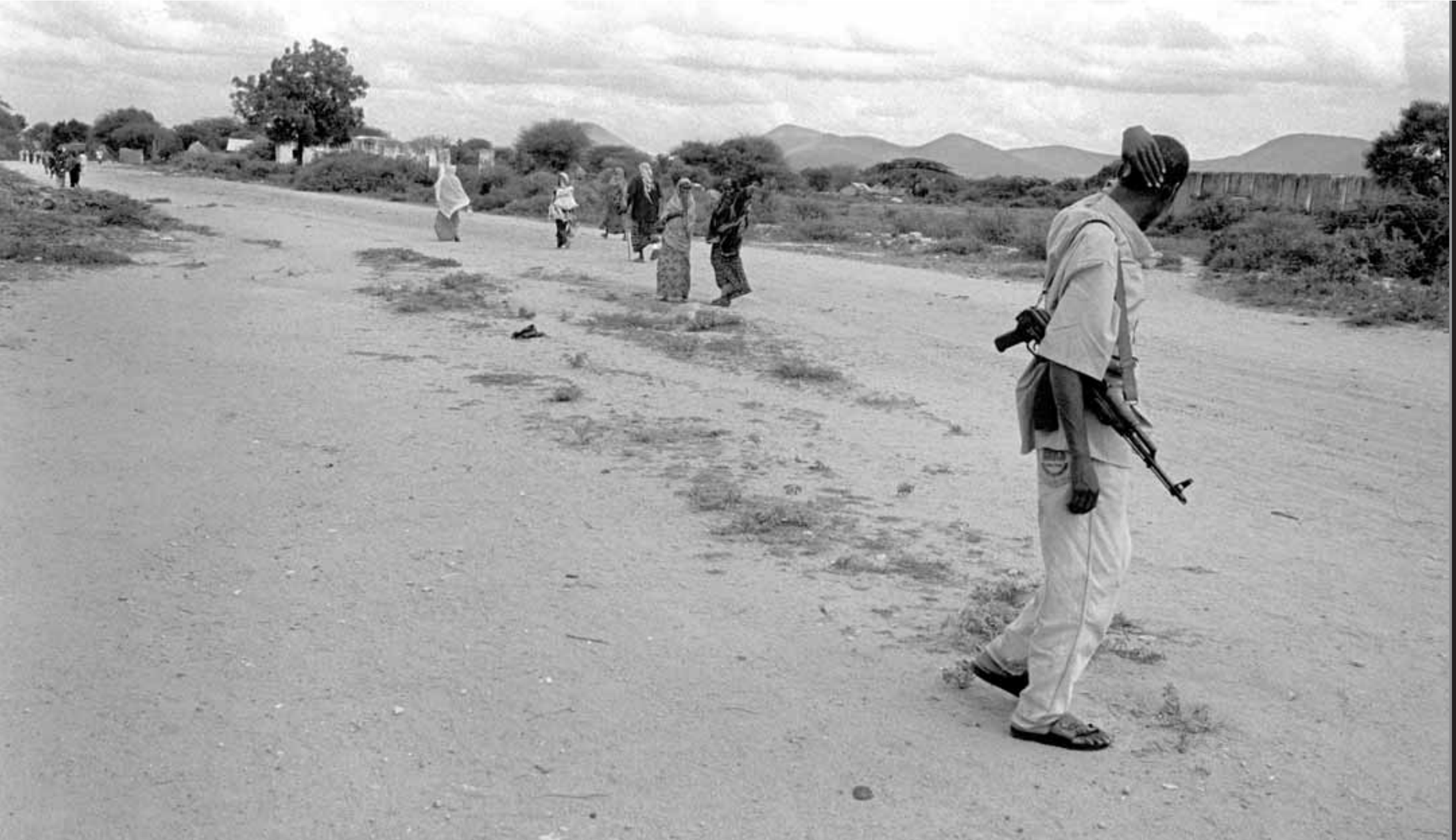
INTRODUCTION

The political context of twenty-first century Somalia is complex and often evokes superficial clichés. Chaos and anarchy are the most commonly used terms to describe the situation that prevails in that part of East Africa. The peace process initiated in 2004 has not yet brought concrete solutions to the political impasse in Somalia, and the country continues to navigate like a captain-less ship towards a yet unknown destination. In fact, the social functioning of the Somali nation depends largely on the rules and decisions handed down by the many clans that compose the country. They are indeed the force to reckon with when addressing the country's serious key issues—including access to health care—that ordinary people face every day.

Whether you are in Dinsor, Xuddur, or Mogadishu, the sense of tiredness about the 15-year-long conflict among ordinary citizens is overwhelming. It is expressed in every conversation, but it remains difficult to measure how deep it actually is. People in positions of responsibility are still entangled in the very feudal organization of the current society and even when they want to dismiss the inherited authority of the clans, it is extremely difficult due to the immense pressure of their own community and the outside world. Their challenge is to support a collective political process with its checks and balances in which their own clan does not appear to be losing ground to rivals. This logic applies not only to security issues, but to all aspects of daily life.

Although ordinary Somalis are better positioned than anyone to be pessimistic because of past failed peace initiatives, they insist on expressing confidence in the fact that an elected government will eventually be formed, maybe in a few months, and they are generally ready to support it if it does not end up representing a clear victory of one side over the other. They know that peace will not come overnight and that renewed sporadic fighting will still be likely; however, their trust in future structural change is real.

The objective of this booklet is to draw attention to the realities of the poor health care situation that characterizes this abandoned country where humanitarian groups are few and international organizations are almost nonexistent. It aims to highlight the many attempts of average Somalis to access quality health care for themselves and their families. Through the life stories of patients and medical staff working at the Médecins Sans Frontières (MSF) medical center in the remote city of Dinsor, Bay Province, we hope to illustrate the additional daily struggles that this search represents at a time when the international community has almost entirely given up on this country. **“After 15 War-Torn Years, Somalians Are Still Without Health Care”** is a reminder and an appeal for a larger mobilization of aid actors to address the urgent basic medical needs of the Somali people.



A HUMANITARIAN VIEW

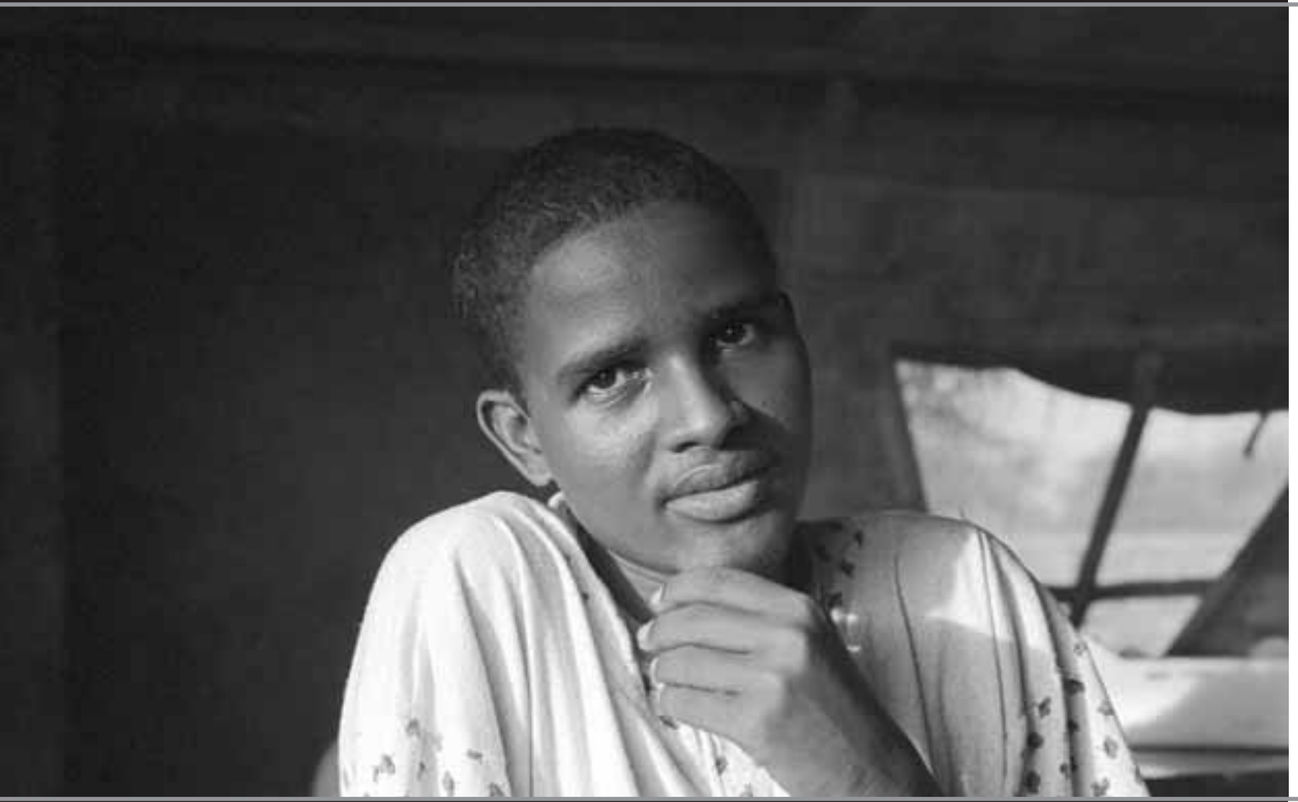
If you believe the images put out by the international media and international organizations, it is practically impossible to work in Somalia. However, very few people really know the reality of life in Somalia. A sort of consensus aims to perpetuate the image of a country where foreigners risk their lives at every turn. Even if some areas continue to be inaccessible, this image is unfortunately far from reality. It is possible to work in Somalia and protect oneself from possible security problems.

MSF's programs in Somalia are comparable to those it runs in other countries. The primary difference lies in the intervention methodologies, which are sometimes more complicated.

In every region, there are different clans, which are the lone representatives of social order in a society where the State no longer exists. A program is launched after a certain number of rounds of negotiations with elders representing the various clans has taken place. Who will rent the site to the organization? Who will rent the vehicles? An intervention by an international NGO presents so many issues for communities with limited resources that any outside group has to do its best to respect the existing equilibrium; therefore, any new action must be planned in advance because this balance is precarious. In the majority of cases, however, the communities support new interventions if they meet a real need.

The best protection for our teams is the quality of care that we provide. MSF's hospital in Dinsor currently treats 200 patients suffering from tuberculosis (TB), has recorded more than 1,800 hospitalizations in the last year, and conducts approximately 50,000 general consultations annually. Following the excellent results obtained with the first TB patients, word about available, effective treatment spread to communities more than 150 kilometers from Dinsor. New patients are coming from farther and farther away, and across the region the quality of our intervention is giving MSF a reputation for being serious about its work—the greatest asset we can have to ensure our safety.

More than ever, the forgotten Somalis who have been living in a state of civil war for 15 years need international solidarity. It is becoming imperative to move beyond the clichés that fuel the abandonment in which the most vulnerable find themselves.



"My name is IBRAHIM*. I'm 20 years old and I'm from an area 45 kilometers north of Dinsor. I come from a family of cattle herders. We own cows and a few camels. I have seven sisters and six brothers. I'm in the middle. My father is still alive, but my mother passed away a few years ago. I'm single and hope to get married soon."*

"A year ago I started having bad pains all over my body. One month later, I began to develop a fever and an abscess on my back. I went to see a traditional doctor in a nearby village. He cut my skin with a knife in the area surrounding the spinal column. A lot of pus came out of my body. I couldn't walk anymore, nor could I stand up. I just lay in bed, day after day."

"At the beginning of my illness, people around me thought I was a victim of my success with the ladies. After six months of lying in bed idle, my father took me to Dinsor. He had heard from other people living in our area that there was a hospital there and that I would receive proper treatment for my illness. We arrived at the hospital at night. I was admitted to the in-patient department, and the clinical officer on duty prescribed a treatment for me. The cut in my back was still open and pus was still coming out. The doctor gave me antibiotics for two weeks, but my body didn't respond to the treatment. I was still in a lot of pain. At that point, I was diagnosed with tuberculosis (TB). They put me on TB treatment and two weeks later, the pain started to disappear."

"I didn't believe that TB could affect a person's bones. Like most people, I thought TB was only about coughing. But TB can affect any part of the body. I almost lost my spine to TB but now, after many months, I've started walking with crutches. I've been walking for a month now, not very fast, but I'm getting there. I don't have any more pain. When I first started using the crutches, it hurt badly, but now it's fine. I drink a lot and I can eat well. I have more energy today."

"When I go back to my village, I'll walk as a normal person. I won't need anyone to help me. I'll walk to the farm and do my best for my father. When I was a boy, I helped my mother a lot. Now she's gone and I need to be there for my dad. When my father took me to the hospital, the villagers asked, 'Why are you taking him there? He won't survive.' I felt very discouraged when I heard that people thought I would die. I felt they had already buried me."

“My father stayed with me for one full month after I was admitted, then he went back to the village. Now he comes every month, brings me money, and takes care of me in the hospital. He hasn't come for the past two months, but next time he does, I'll be so happy to show him how I can walk.”

“I'll have good memories of the hospital. I'm very grateful for the people who stayed at night and took excellent care of me. I'm very eager to get married now. My plan is to get married as soon as possible. When I was a young boy, I had a friend, a girl, who lived in the village. She was supposed to marry me when we grew up. She's waiting for me. Sometimes she comes to the hospital to visit me.”

On the outskirts of Dinsor, AISHA AND MARIAM struggle to survive in two shelters they built out of thin branches. Aisha, a widowed mother of two, is from a village 60 kilometers from Dinsor, and Mariam is from a neighboring town. Mariam is married with five children at home. Both women came to Dinsor to seek treatment. They had never met before, but decided to stay together to help one another confront the harsh realities of their living conditions.

"We'd both been sick for some time. We heard from other people that a TB program had been started in Dinsor. A woman who had just finished her TB treatment told us about it. We came here and had TB tests at the hospital."

Aisha had TB when she was 12. At the time, she lived in Mogadishu. Her glands were affected by the disease, and she carries a large scar on her neck.

Aisha has now completed six months of the current TB treatment. When she first arrived, she was bedridden; now she can walk. She has also gained weight. Mariam has completed only three months of treatment. She regularly has a fever, but her general condition is improving. The women spend most of their day around the shelter, cooking what little food they have when they have any. To obtain food, they rely heavily on the generosity of the people who live in the surrounding area. They do not have any source of income.

"Some days we don't eat; others we do. It depends. Sometimes we get food from our families, but not often. We can't wait for the treatment to be over. We're both farmers. We grow sorghum. But beyond farming, we need to get back to take care of our families. They're on their own. Life in Dinsor is difficult for us. In the beginning, the community was welcoming, but soon the owner of the land on which we were staying told us to move. We moved to this spot. We're often disturbed and told that we can't stay here until the end of the treatment. We always have to ask permission from the landlord since we don't pay for the land we live on."

“I’m from Gurba, 25 kilometers from Dinsor. My name is FERUZA.”

“One day I was riding a camel back from the bush. One of the herders kicked the camel. It fell and I fell with it. The massive animal fell on my leg, and it was badly fractured.”

“After the accident, my family took me by car to Gurba, and then to Dinsor to a traditional doctor. He used boiled water on the fracture. That’s all. Later, I was taken back to my village. After seven days my leg got infected, and my uncle advised me to go to the MSF hospital. At the MSF health center, an Indian doctor tried his best but couldn’t do an amputation because of the center’s limited surgical capacity. The wound was very bad and had a lot of pus. I was treated at the hospital for almost one year.”

“After some improvements were made at the hospital, MSF doctors decided to amputate my leg, but my family didn’t agree. They took me back to another traditional doctor to save my leg.”

“The visit to the traditional doctor wasn’t conclusive because the condition of my leg didn’t improve. It was still infected. My family went back to the MSF hospital. This time they agreed that the leg needed to be amputated.”

“After I was admitted to the hospital again, I was taken to the operating theater to have my leg amputated. The operation went well. I’m very happy about it. All in all, I’ve been at the MSF hospital in Dinsor for nearly two years. I’m not in pain anymore. I’m very grateful that the surgery went well.”

“Now I’m allowed to walk with crutches. I’m learning a little more every day. My family is very excited to see me walk. I’m not sure when the doctors will let me go home, but I’m sure that I won’t ride a camel to go home. If I can’t go to my village now, maybe I’ll stay with my uncle in Dinsor for a while. Right now my little sister is keeping me company. She cooks for me. My father also comes from time to time.”

“My children are waiting for me at home. They’re staying with my husband and my mother. I delivered my last born when I was admitted to the hospital the first time. I think I can have a normal life now. I’m missing one leg, but my life is like anyone else’s. I don’t feel depressed about having only one leg. In the past, I could work very hard outside in the bush with the animals. People know me like that. Now, I’ll have to spend my time at home, doing work from there.”

“Sometimes I wish we had made the decision to come to the hospital earlier, maybe my leg could have been saved. In my case, the traditional doctor prevented my leg from being saved. At the same time, it isn’t always easy to relate to foreign doctors. We prefer to use our own people, those we know. With the MSF doctors, you have to speak through interpreters. It’s different. Sometimes you manage to understand each other without words, and there’s always the Somali staff to assist.”

“I’ve been told that a lot of foreign doctors don’t want to come to Somalia. They think it’s a war zone, that there’s fighting everywhere. But when they eventually come, they realize how much we need them. The people here really need assistance.”

"My name is ABDELKADIR*. I'm 30 years old. I was born and raised in Dinsor. There are ten of us in my family, and both my parents are alive. I'm a school teacher by profession. I teach Somali, mathematics, and Arabic. I'm not married."*

"Three and a half years ago, I got sick. I went to Mogadishu to get treatment for TB, but I didn't finish it because I couldn't afford it. When the program in Dinsor started, I went to the hospital there and tested positive for TB. I started TB therapy in November 2004. I was happy because the diagnosis had been made and the treatment was available locally. My health has started to improve and I haven't made any changes to my life. I've continued teaching. My friends don't mind that I have TB. I knew people who had been coming here for treatment. Only my students don't know that I have TB. It's a disease that can be treated. It's curable. I'll pass on this information to the community where I come from and try to tell them to come for treatment if they feel they have it. I know a number of men in the community who have TB, but who prefer to go to the local pharmacist because they fear being labeled as having TB."

"The stigma about TB is real, especially for people who have means. Rich people don't want to be seen in that light. They would rather buy the drugs elsewhere, discretely. I think everybody should get treatment. Sometimes the ones who are being treated by the local pharmacist can't pay for the required number of months, so they end up interrupting the treatment. Eventually they end up going to MSF."

"I know it's difficult to keep up the treatment. It requires discipline. I don't think it's a problem because it helps me. I'm truly happy to come here every morning."

FARIDA is 45 years old and has 12 children. She is from Dinsor. She was married, but is now divorced. Her estranged husband is the father of all her children. He is a Koran teacher and has been away in Mogadishu for the last ten months. Times are hard; she has to sell clothes at the market to survive.

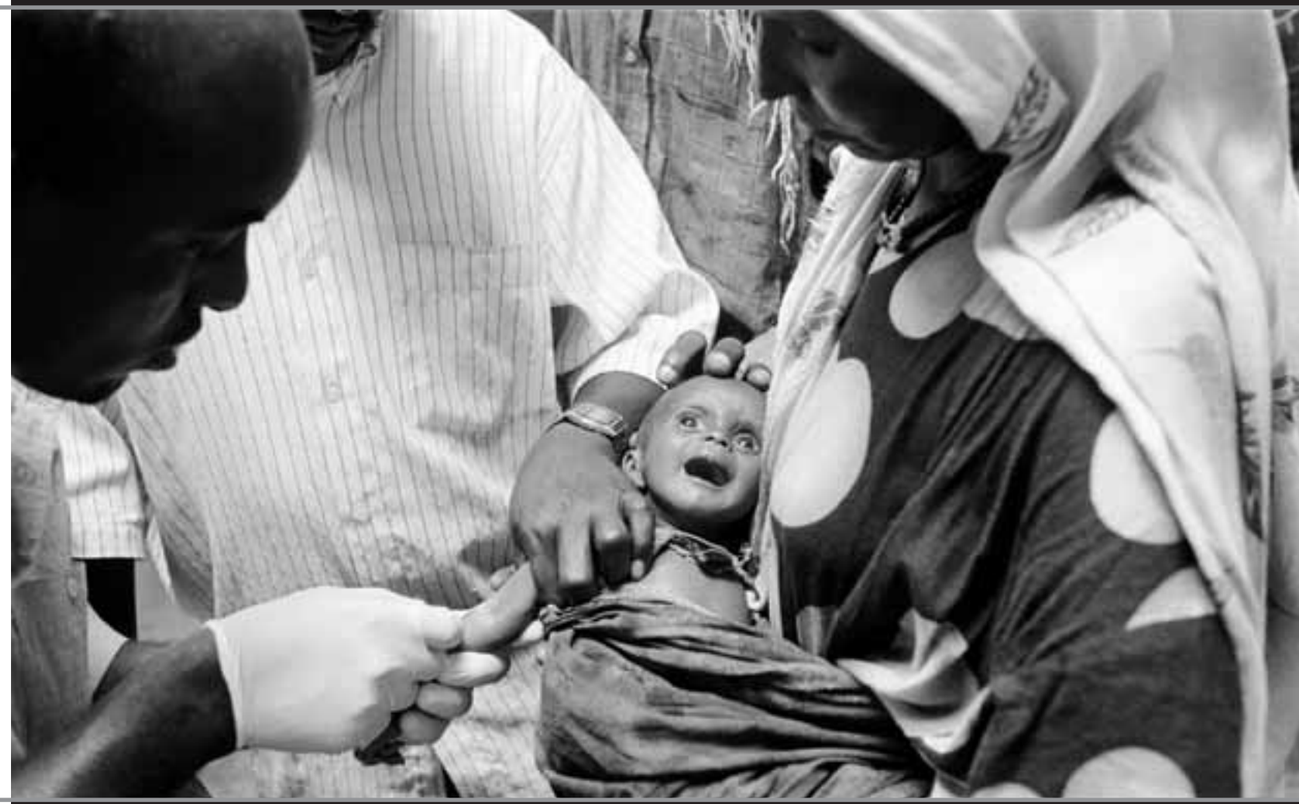
Four of her children died when they were young. One was 14 years old when he was shot dead in Mogadishu. Another one died after delivery; two more died at the ages of one and two, respectively. They became sick, and nothing was done to save them.

Farida has been at the hospital for two days with her two-month-old baby. He has severe diarrhea and is vomiting.

"My child has been sick for 20 days now. I tried traditional medicine before coming to the hospital. I went to a traditional healer, but my son's condition didn't improve. I had to bring him to the hospital. Yesterday he almost died, but now he's better. He's crying. Now I have to get him to eat. Feeding is his main problem. Initially, I was breastfeeding him, but I had to stop for the last 20 days since he was too sick. He couldn't nurse."

Farida came to Dinsor from Kenya in 1997. She and her estranged husband are Somali-Kenyans. She delivered most of her children in Kenya. When her son fell ill, people told her to try traditional medicine. They said her baby was small and, therefore, she should not take him out of the house. However, she was unhappy about what happened to her child after trying traditional medicine, so she decided to go to the hospital.

Farida has three children with her in Dinsor. Another five were left behind in Kenya. She needs to support all of them.



OUSMAN comes from Abaktat, a village located 25 kilometers from Dinsor. He is from a family of seven. He is 32 and married with two wives. Only one of his wives has a child. He is a farmer and keeps some animals at home. Ousman was admitted to the MSF hospital two weeks ago with a wounded leg following a clash between his clan and an opposing one. Many other men, including two of his brothers, were also involved in the gun fight.

"We were fighting for control of grazing land and access to water. It's vital for us as farmers. I took a bullet in the leg, below the knee. Now the pain has diminished, but when I first came it hurt a lot. I've never been wounded before. This is my first time."

Ousman's mother and father made the trip from Abaktat. They arrived just after he was admitted. In fact, his mother was already in town visiting relatives when she heard about her son. She rushed to the health center to be with him. His father came three days later and has not left since.

"We're a united family. We stand by each other," says Ousman's father, who is 70. *"We don't have anywhere to sleep in the hospital so we sleep here, on the floor, next to him. Initially, my wife, who is 69, didn't have her shoes with her. She was so confused when she heard the news that she left without anything. She feels better now. She's relieved that her son is recovering well. As for me, I'm not used to being here. I usually take care of the animals at home and I find it difficult to sleep here. Of course, my other sons are taking care of the farm and Ousman's wives are taking care of the family."*

Ousman has high hopes for his recovery. He believes he will soon be able to walk normally without crutches. His is not scared of future fights. *"If I have to,"* he says, *"I'll use my gun again."*

TUBERCULOSIS: Hard to Diagnose, Long to Treat.

Every year, tuberculosis kills approximately two million people around the world. This infectious disease, caused by the presence of bacteria called *mycobacterium tuberculosis*, may affect one third of the world's population according to the World Health Organization (WHO). The WHO estimates that between 5% and 10% of infected persons will develop the disease and become contagious at some point in their life.

While most of the time it affects the lungs, TB, as the disease is commonly known, can affect other parts of the body. Most people suffering from TB present a weak immune system and include victims of malnutrition and HIV-positive patients. A reliable TB diagnosis is difficult to obtain. It depends on a tool developed 124 years ago that identifies the bacteria in only 50% of cases analyzed. There is a dire need for a new, simpler diagnostic tool in order to identify the disease earlier and better.

Treating TB is one of MSF's medical priorities. The process is often long—from six to eight months—and was developed 50 years ago. A new treatment could become available, but certainly not before 2010. Treating TB imposes extreme constraints on patients who must visit the hospital every day for the duration of the treatment process. If treatment is abandoned before it is completed, resistance will take hold and it will become even harder to cure the patient later.

Faced with this reality, MSF has organized mobile TB teams in Dinsor that visit patients at home when they cannot afford to come to the hospital on their own. As of February 2006, 300 patients had enrolled in MSF's TB program in Dinsor.

Another reality of life in Somalia is that, for those who can afford it, it is quite easy to obtain TB treatment from local pharmacists. Unfortunately, too many patients do not adhere to the protocol when they start buying the treatment on their own and do not complete it—immediately creating resistance. Patients feel better for a while, think they are cured, and stop taking their medicine. The disease does not go away, however, and always reappears after some time.

FATUMA: Impressions of a Somali Midwife Working with MSF.

Fatuma is a trained nurse and midwife with 16 years of experience in women's health. She has been working with MSF in Dinsor for more than a year. She is a mother, and her husband currently works in Mogadishu.

"This is my second year in Dinsor. There are so many women's issues in Somalia because so many women don't make decisions by and for themselves. Even when they're sick, they have to wait for the husband's or the clan's consent before they can go to the hospital. Our medical data clearly show that fewer women than men come for consultations."

"To educate these women about health issues is a priority. We try to make them understand that they have the right to come if they have a health concern and that they can receive assistance at any time. They don't need to wait until it has complicated their life, like a delivery. A woman in labor doesn't have the right to say she wants to go to the hospital until the family decides she can. This ends up creating complications and can even lead to death. Most women come during their third trimester in their seventh or eighth month. Men in the Somali community don't see that rest is a priority during pregnancy. Women are a bit of a burden here."

"The practice of female genital mutilation (FGM) in the Somali community creates a lot of problems. FGM makes deliveries difficult and painful, especially when they take place at home. If a woman delivers in a hospital, which applies to only a small minority at the moment, she has a chance to get an episiotomy. When they deliver at home, many women end up with complications, such as vesicovaginal fistula and rectovaginal fistula."

"If a woman presents complications and needs to go for an emergency caesarean section, she can't make the decision herself. She has to talk to her husband, and the husband might not give his consent. We then need to seek a second or even a third opinion from relatives. On top of that, the woman and her husband might not belong to the same clan, so she needs all the relatives to consent for the caesarean section to happen. If the woman dies of her complications, the husband might be forced to compensate for everything. Sometimes it can take five or six hours before we get approval. It can even take until the following day. It's up to them to make the decision. You can't force them."

“In Somali tradition, women don’t breastfeed immediately after birth. They wait for three days. We try to educate them by saying that after birth, they can start to breastfeed immediately. They usually prefer to give boiled water with sugar for the first three days.”

“All Somali women stay at home for 40 days after a delivery. But if a woman doesn’t have any support or any help from her family, she might be forced to do most things herself, including taking care of other children.”

“Women don’t breastfeed children for long. They don’t know that breastfeeding reduces the risk of becoming pregnant right after they have given birth. We now have contraceptives in place, but we want to educate more women to breastfeed for longer.”

“Women get married very early, sometimes at 16 years old. But the divorce rate is also very high. Sometimes couples are divorced after only six or seven months of marriage. This must be related to Somalia’s civil war. Most marriages are proposed by the family. The woman doesn’t have a choice. Maybe her family chooses for her. Maybe the young man is not a grown up. Maybe he isn’t a responsible person who can take care of the family. Somalis believe that once a woman is married, she’ll stay in the family, and the families share whatever they have. Eventually the woman doesn’t feel comfortable and she leaves.”

Biography of Photographer ALEKSANDR GLYADYELOV

Aleksandr Glyadyelov was born in Legnitz, Poland, in 1956 into the family of a Soviet Army officer. He has been living in Kiev since 1974. Glyadyelov studied optics at Kiev Polytechnic Institute, graduating in 1980. He continued to study photography on his own through the mid-1980s and began working as a professional freelance photojournalist in 1989. Glyadyelov has traveled extensively throughout the former Soviet Union and taken photographs in Ukraine, Russia, Moldova, Kyrgyzstan, Uzbekistan, Tajikistan, Turkmenistan, Georgia, Azerbaijan, and Lithuania. His career has also taken him to Poland, the Czech Republic, France, Switzerland, and the United States. Glyadyelov covered the armed conflicts in Moldova, Nagorny-Karabakh, and Chechnya.

From 1996 to1997, Glyadyelov concentrated on long-term photographic documentaries, including projects that focused on socially abused children in Ukraine and Russia, and the HIV/AIDS epidemic among intravenous drug users in Ukraine. His book *Here and Now* was published in Kiev in 2000. Glyadyelov was awarded the 1997 Grand Prix from Ukrpressphoto, the 1998 Hasselblad Prize at the European Photography Contest in Vevey, Switzerland, and the 2001 Mother Jones Medal of Excellence.

While working with MSF in 2001, Glyadyelov produced “Without the Mask,” about the tuberculosis epidemic in Russian prisons, and “Without a Motherland,” about Chechen refugees in Ingushetia. In 2002, also in cooperation with MSF, Glyadyelov carried out an evaluation of the needs of homeless children in Moscow. Based on his illustrated report, MSF established a project focusing on street children in 2003. Glyadyelov also contributed to the international book project *Pandemic: Facing AIDS*, which was published by Umbrage Editions (USA) in 2003.

In addition to MSF, Glyadyelov has shared his photographs with other international organizations, including the WHO, UNAIDS, and UNICEF.

MSF'S ACTIVITIES IN SOMALIA

MSF began working in Somalia in 1991. The East African country has been without a government on its own soil since the fall of Siad Barre's military regime. Fourteen years of stateless rule by the many clans and warlords that control the land has left Somalia with enormous unmet medical needs. Public health facilities and services are few or nonexistent. Medical facilities have been either destroyed during the war or left abandoned. Today, there are an estimated four medical doctors and 28 nurses and midwives for every 100,000 people in Somalia. (In 2002, Switzerland averaged 360 medical doctors for every 100,000 people.)[1] The country has some of the worst health indicators in the world. More than one in ten children die at birth; of those who survive, one quarter will die before they reach age five. Average life expectancy in Somalia is only 47 years. Tuberculosis, malnutrition, kala-azar,[2] and multiple forms of diarrhea are the most common health problems facing a population abandoned by an international community unwilling and unable to mobilize adequate resources since the debacle of the UN-led intervention of the early 1990s.

Faced with that gigantic challenge, the few nongovernmental organizations that have chosen to continue providing aid in Somalia try to fill some of the huge gaps left unattended. MSF is currently working in the worst affected areas of South and Central Somalia. Its projects involve the provision of primary and secondary health care through various health posts, medical centers, and hospitals. MSF treats tuberculosis, kala-azar, and malnutrition, and provides pediatric care, maternal care, and even surgery. In some provinces, such as Bay Province, MSF maintains an emergency response system in the event of epidemics or clashes between rival clans. For the 50 international staff and the more than 500 Somalis who work with MSF in Somalia, conditions can be extremely difficult. Safety and security are constantly at the heart of our concerns during our interventions. Despite the dangers of daily life in Somalia, MSF has no intention of abandoning a population waiting for its situation to improve at a time when it must confront an uncertain future.

1 Source: World Health Organization
2 Also known as visceral leishmaniasis, a deadly parasitic disease