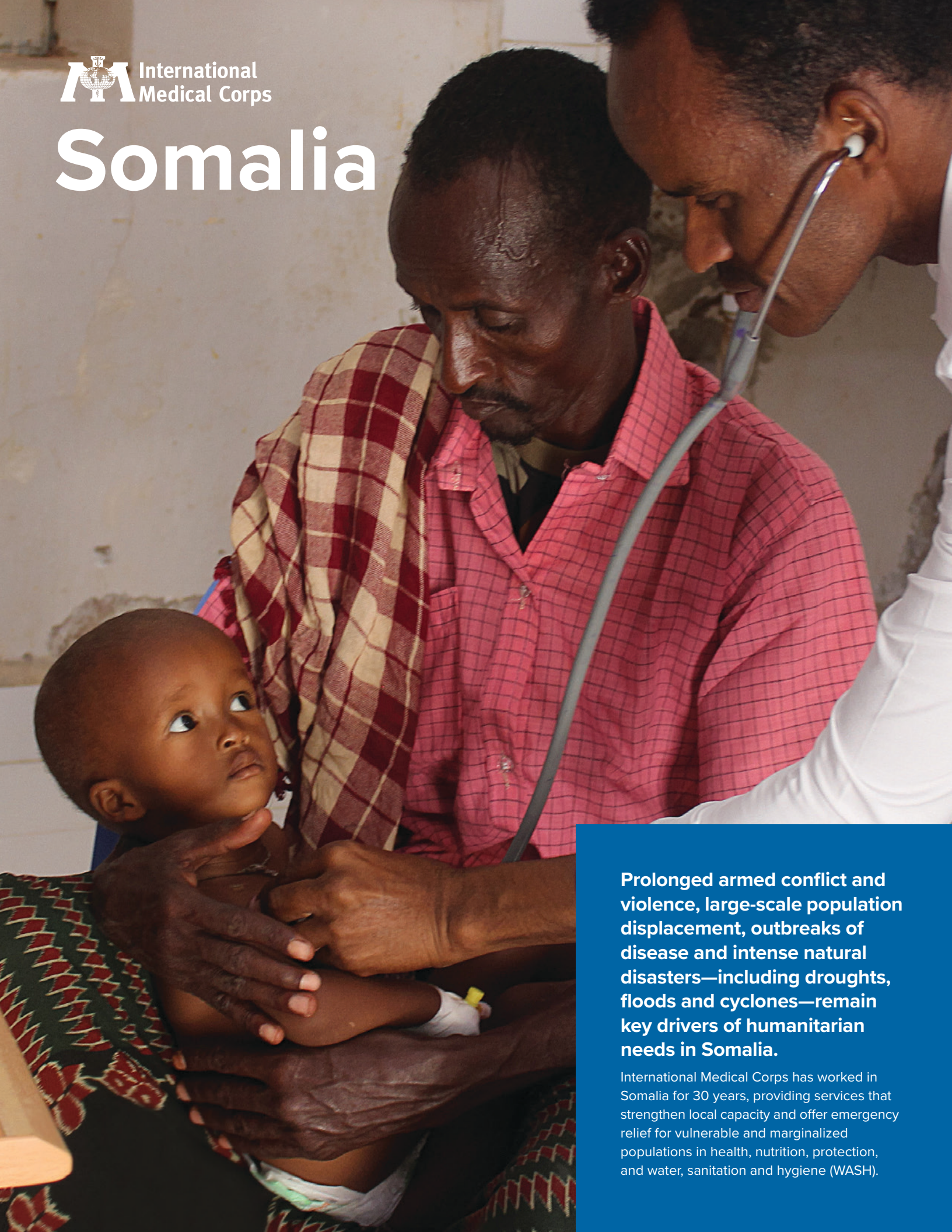


Somalia



Prolonged armed conflict and violence, large-scale population displacement, outbreaks of disease and intense natural disasters—including droughts, floods and cyclones—remain key drivers of humanitarian needs in Somalia.

International Medical Corps has worked in Somalia for 30 years, providing services that strengthen local capacity and offer emergency relief for vulnerable and marginalized populations in health, nutrition, protection, and water, sanitation and hygiene (WASH).



In Somalia, an estimated 2.9 million people are internally displaced due to conflict and climate-related conditions.

As a result of droughts and floods, vulnerable communities are predisposed to food crises and outbreaks of disease, such as acute watery diarrhea, cholera and acute malnutrition. Of the 7.7 million people in need of humanitarian assistance, more than 5.5 million require lifesaving essential healthcare and nutrition services. Over three decades, International Medical Corps has relied on robust working relationships with local communities and authorities to bring relief to highly vulnerable populations across Somalia.

HEALTHCARE

In Somalia's conflict-affected areas, access to basic healthcare remains a challenge. We work in 35 health facilities, including hospitals, district health centers, community-based primary healthcare clinics, and mobile health and nutrition teams, which serve more remote, sparsely-populated areas. Through these facilities in 2021 we provided primary and secondary healthcare services to more than 810,000 people in four Somali regions: Banadir, Bay, Middle Shabelle and Mudug. Our 10 mobile teams across Somalia work to ensure that we meet the health needs of those in hard-to-reach areas.



International Medical Corps offers the following healthcare services in Somalia:

- ▶ outpatient and inpatient consultations for common illnesses and disease across all age categories;
- ▶ routine immunization for children under 5 and pregnant women;
- ▶ basic emergency obstetric and neonatal care (BEmONC) and comprehensive emergency obstetric and neonatal care (CEmONC);
- ▶ antenatal and postnatal care, including nutrition screening and referral for pregnant and nursing women;
- ▶ integrated community case management (we train community health workers to diagnose and treat common childhood illnesses, such as malaria, pneumonia and diarrhea);
- ▶ promotion of birth spacing and provision of modern family-planning methods;
- ▶ clinical management of rape, including psychosocial support for survivors;
- ▶ health education and promotion in communities and health facilities;
- ▶ response to emergency outbreaks, including acute watery diarrhea, measles, population displacements and COVID-19;
- ▶ referral services within and outside facilities that we support;
- ▶ provision of PPE and IPC supplies to our staff and others working or residing in a facility;
- ▶ screening and clinical case management of COVID-19 patients;
- ▶ promotion of community awareness and key messaging on COVID-19; and
- ▶ disease surveillance and health data reporting to concerned authorities, including Ministry of Health and the UN Health cluster.

We implement innovative interventions to reduce Somalia's morbidity and mortality rates, increase community engagement and improve health monitoring and evaluation.

WATER, SANITATION AND HYGIENE (WASH)

Poor sanitation and hygiene practices and a lack of access to safe water can lead to outbreaks of disease. In 2022, we offered WASH services to more than 280,000 people in four regions: Banadir, Bay, Middle Shabelle and Mudug. We conduct hygiene promotion activities, household visits and mass awareness-raising sessions to educate local communities about their role in preventing waterborne and hygiene-related diseases. We inform each community about critical handwashing practices, hygienic latrine usage, safe water chains and solid-waste disposal. In addition, we distribute hygiene kits for internally displaced persons (IDPs) and host communities to ensure that hygiene and health standards are maintained.

Our goal is to ensure that local communities have access to safe, clean water and to improved sanitation facilities. To eradicate open defecation, we also introduced a community-led sanitation approach in six riverine villages in Jowhar. We routinely construct ventilated pit latrines to serve camps for IDPs, and restore shallow wells and pipeline connections in camps and health facilities to provide safe drinking water to communities. Finally, we promote the formation of local WASH



committees and hygiene clubs in schools, and recruit and train volunteers who serve as advocates for change around solid-waste management in their communities. Since the onset of the COVID-19 pandemic, we have worked to raise awareness of the importance of handwashing, and provide vulnerable communities with water and soap to enable it.

NUTRITION

We implement nutrition programs in four regions in south-central Somalia—Bay, Galmudug, Banadir and Middle Shabelle—working to reduce malnutrition in children under 5 and in pregnant and nursing women. We provide direct nutrition services, while focusing on strengthening local capacity to build nutrition levels, change social behavior and conduct advocacy.

Our nutrition services in Somalia include:

- ▶ screening and growth monitoring for children under 5;
- ▶ inpatient and outpatient management of severe and moderate acute malnutrition, integrated with health, WASH and protection services;
- ▶ maternal, infant and young-child nutrition counseling;
- ▶ health and nutrition education and promotion at the facility and community levels;
- ▶ training about COVID-19 safety and prevention guidelines; and screening and clinical case management of COVID-19 cases.



PROTECTION

Our protection programs provide quality case management for GBV survivors, improve mental and psychosocial well-being, and rebuild social structures as part of recovery from disaster.

Our psychosocial programming offers accessible, non-stigmatizing assistance through focused individual interventions, as well as community-based approaches delivered at women's and girls' safe spaces (WGSS). Our WGSS in Jowhar, Baidoa and Mogadishu districts provide women and girls who are survivors, as well as others in need, with coping mechanisms and skills to rebuild self-sufficiency as they work toward recovering from emotionally distressing experiences. Our approach focuses on building strong linkages between community-based psychosocial support and comprehensive mental health case management at health facilities.

Our gender-based violence (GBV) program makes comprehensive clinical and non-clinical case management available to survivors at our health facilities in Baidoa, Jowhar, Galkacyo and Mogadishu. We provide access to safety for survivors of rape, intimate partner violence, forced marriage, female genital mutilation and other forms of physical violence. We also offer medical and psychosocial support, and referrals for legal services for confidential management of injuries and follow-up care.

In Galkacyo, we help mitigate the risks of GBV by reducing the distance to water sources, erecting solar-powered lighting next to water sources and latrines to provide added security at night and building gender-segregated latrines that have internal lockable doors.

International Medical Corps is working with communities in Somalia to address social stigma and change attitudes toward GBV and psychosocial support, through community-outreach protection teams, such as the community support group drawn from local residents and religious leaders. These teams help raise awareness of GBV risk factors and access to GBV services while helping communities identify and adopt community protection strategies.



CAPACITY BUILDING

Within Somalia, International Medical Corps has extensive experience providing training. We build local health professionals' capacity in clinical and non-clinical areas, enabling them to provide more specialized services. We are committed to supporting the Somalia Ministry of Health (MoH) through training and on-the-job mentoring of MoH staff, conducted in line with the Somali national curriculum and internationally accredited guidelines, including recommendations from the World Health Organization (WHO).

Topics of our training include:

- ▶ case management;
- ▶ surgery;
- ▶ infection prevention and control (IPC);

- ▶ community health programming;
- ▶ integrated management of acute malnutrition (IMAM);
- ▶ mental health and psychosocial support services (MHPSS);
- ▶ GBV prevention and response; and
- ▶ community-led total sanitation (CLTS).

By training and working with community organizations—such as health center committees, WASH committees and mother-to-mother support groups—International Medical Corps strengthens local capacity to respond to emergency public-health needs across Somalia. We also strengthen the capacity of female health workers to provide preventative education and follow up with households on existing health issues. Our goal is to ensure that local communities can take care of basic health issues on their own.



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A pre-eminent first responder since 1984, International Medical Corps delivers emergency medical and related services to those affected by conflict, disaster, and disease, no matter where they are, no matter what the conditions. We also train people in their communities, providing them with the skills they need to recover, chart their own path to self-reliance, and become effective first responders themselves.

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