

## WHY SOMALIA?

Somalia is coming out of a generation-long conflict, caused by ethnic division, a failed state, scarce water resources and terrorism. If, on the political level, things seem to be moving in the right direction, climate change and terrorism remain influential factors of instability. Currently, El Nino is causing a drought and famine in the north and is creating risks of flooding of two rivers in the South, which would reinforce food insecurity and increased malnutrition among young children and other vulnerable people. At the same time, Al Shabab, an armed group linked with Al Qaeda but in internal strife over whether to align with IS or not, has increased the number of attacks and is gaining ground in some areas.

The Office for the Coordination of Humanitarian Affairs puts the number of people in need of humanitarian assistance at 4.7 million, 38% of the population, with 3.2 million people in need of improved access to emergency health services (OCHA, March 2016).

Somalia remains the weakest performing African country on the governance index, and is second on the list of fragile states. Somalia's Human Development Index (HDI) value is strikingly low. If internationally comparable data were available, Somalia would probably rank among the lowest ten countries in the world (UNDP 2012).

## WHERE WE WORK

Medair is currently working in South and Central Somalia, where the security situation is most complicated and access to vulnerable populations remains difficult.

## WHAT WE DO

Somalia has a scarcity of formally trained health professionals who can provide medical care to a highly vulnerable population. Medair aims to strengthen local health care staff, local partner organisations and local communities by supporting health facilities with essential drugs and supplies while carrying out preventative care that benefits the community. Our activities include:

- Vaccinations against common diseases for children under five
- Training, supervision, and resources for health professionals and facilities
- Ensuring proper diagnosis and treatment of common diseases including malaria, diarrhoeal diseases, and pneumonia
- Training skilled birth attendants and promoting antenatal care, postnatal care, and child spacing
- Training Care Group volunteers to promote good health, hygiene, and nutrition practices at the household level within their own neighbourhood, as they also encourage mothers to adopt and teach appropriate behaviours in their homes

*"Before Medair came here, I did not know what vaccination was. My neighbour had her children vaccinated and after that they did not get measles – that was why I decided to have my children vaccinated too. Things are getting better in the community now because of the help we have received."*

Sayneb Hassan, Medair beneficiary

**IMPACT REPORT 2015: 131,621 direct beneficiaries**

- 116,770 patient consultations in Medair-supported facilities
- 6,784 people received reproductive health support
- 4,899 babies were delivered in Medair supported clinics
- 800 volunteers reached out to their neighbours to teach healthy behaviours.

**ORGANISATIONAL AND PRIVATE DONORS**

Medair's humanitarian response in Somalia is supported by the US Agency for International Development, Tearfund Australia, and the generous support of private donors.

**For Media**

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*A child is given a routine vaccination in a Medair-supported clinic.*

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*Salaado, a Community Health Care Group Volunteer, visits IDPs in their tents in the camp to share health messages as many people are not able to get to health clinics regularly.*

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*Khadija, a midwife holds a newborn baby she has helped to deliver of Hadija, who is 19 years old and giving birth to her first child at a Medair-supported health clinic.*

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