Somaliland Republic
Somaliland Reality

10-year of civil war between 1982 to 1991 had destroyed:

- 95% of our infrastructure
- Killed a Quarter million of our people
What were Somaliland and Somalia like before the war?
The exact population of the Somali-inhabited part of the Horn of Africa is not known but estimated to be anything between 18 to 22 million inhabitants.

- 50% to 65% of them are nomads or livestock herders and the rest are urban or peri-urban dwellers.

- During seasons of drought there is always an influx of people into towns in search of food or employment.
The nutritional status of our people is poor.

Maternal and child care, and indeed general medical care is severely inadequate even for the most privileged.

When and where hospitals and medical care are available, these are accessible to only a few town dwellers.

There is very little medical assistance available for nomads beyond Primary Care.

Only 10% of our women are assisted by trained health professionals and the rest are delivered by relatives or by illiterate and often poorly trained traditional birth attendants (TBAs).

FGM affects 98% of women and further complicates childbirth.
Barriers to quality health care

- Post-conflict country (destroyed health facilities)
- Large number of refugees
- Poverty
- Low literacy rate
- Severe gender inequality
- Lack of human and financial resources for health
- Lack of supportive policy for SRHR
- Cultural and religious barriers
• Most children die of acute respiratory infections, Gastro Enteritis, Communicable Diseases, Malnutrition

• The Immunization coverage of children is very low and is around 30% with a great disparity between town dwellers and nomadic populations whose immunization coverage is 5-15% at best

• In women, Haemorrhage, Puerperal Infections, Eclampsia, and Obstructed Labour are among the main causes of Maternal Morbidity and Mortality.

• There are too few medical doctors, trained nurses, midwives and other health professionals.

A few people who can afford it, seek diagnostic or medical treatment abroad. The majority are cared for with whatever is available.
According to UNICEF (1990 report), the Maternal Mortality Rate for Somali women is 1600 per 100,000 live births which in 1990 was the third highest in the world.
Maternal Mortality Rate

Women in Somaliland / Those in Developed countries

- At 1100/100,000 they have the highest MMR in the world / At 12/100,000, they have the lowest MMR in the world

- 1 in 13 at risk of dying of pregnancy and childbirth related causes / 1 in 4000 are at risk to die of pregnancy related causes

- Less than 10% attended by trained health workers / All are assisted by trained health professionals

- Too few health facilities to respond to the needs of community. Often, no medicines and no water! / Health facilities are efficient, well equipped and accessible

- No roads, communication and transportation system in place for referral. / They have a good referral and transportation system in place
After I retired from a long career with the World Health Organization in 1997, the above mentioned conditions were among the many reasons that inspired me to build the Edna Adan Hospital in Hargeisa.

The construction took just over 4 years and the hospital was opened in March 2002.
The Edna Adan Hospital
Hargeisa
Opened in March 2002
Between 9 March 2002 and 31st January 2012, the hospital has achieved the following:

- Delivered 11,711 women who had a total of 11,925 babies
- 10,120 of them had normal vaginal deliveries
- 1275 were delivered by Caesarean section
- 83 had Forceps deliveries
- 447 were delivered by Vacuum extraction
- 10,980 babies were born alive
- 753 had died in-utero, many of them were born macerated
- 209 were neonatal deaths
- 46 were maternal deaths. Our MMR is 392/100,000 Live Births. (The National MMR is 1600/100,000)
- 13,364 patients were admitted and treated in the General Wards
- 98,955 patients attended the out-patients clinics
- 300,756 Laboratory tests were performed
43 Maternal deaths among 10,789 women attended between March 2002 to April 2011

* Details and Causes of Maternal Deaths:
  March 2002- April 2011

- Eclampsia (17)
- Post Partum Haemorrhage (PPH) (8)
- Puerperal Infection (4)
- Prolonged Labour / Ruptured Uterus/Hypovolemic shock (3)
- Ante Partum Haemorrhage (APH) (3) (Placenta Previa)
- Maternal Distress and Cardiac arrest (2)
- Disseminated Intravascular Coagulation (DIC) (2)
- Renal failure (1)
- Septicemia+DKA+Paralytic ileus (1)
- Pulmonary Embolism (1)
- Haemorrhage Shock (1)
What about the ones who did not make it into our statistics?

- Many die at home, on the way to hospital or die a short while after arrival.
- As a result of Eclampsia, some who survive become blind or paralyzed.
- Many women develop Obstetrical Fistulae which for some is a fate worse than death.
- When a mother dies, the chances of survival of her children also become jeopardized.
The Solution

❖ With our limited resources, we know that country-wide coverage with doctors and graduate midwives will not be possible for a long time which is why we have chosen a low-tech, low-cost and time-effective solution:

❖ To train as many Community Midwives as we can, now!
Midwives lower MMR

- The training of midwives has helped us lower the MMR rate at our hospital to 400/100,000 when the national MMR for Somaliland is 1600/100,000
Somaliland needs 1000 Community Midwives:

- Each one costs $4000 to train over a period of 18-24 months ($7 a day)

- They are educated, dedicated, and trained to perform clean and safe deliveries.

- They can identify major problems to refer in good time if a higher level of obstetrical care is needed.
Training Department:

- 30 General Nurses graduated in 2003 and
- 29 General Nurses graduated in 2008
Student Community Midwives
Training Department:

- 24 Post-Basic Midwives graduated in 2004 and an additional 18 graduated in 2007.
- 21 Community Midwives are currently in training, as well as 46 Nurses and 29 Lab. Technicians.
Second Batch of Laboratory Graduating from Edna Adan Hospital
Training of Laboratory Technicians
14 Laboratory Technicians were trained in 2002 and 16 in 2007. 46 are currently in training.

Edna Adan Hospital Laboratory provides basic diagnostic support to Hospital
Benefits of hospital to the community:

- National Referral Hospital for obstetric and medical emergencies
- Availability of Resident Medical expertise to respond to emergencies on a 24/hour basis
- Reduction of Maternal Mortality Rate to a ¼ of national average
- Availability of a Blood Bank
- Fully trained, highly motivated and competent nursing, midwifery, and Laboratory staff
- Reasonably equipped hospital with basic life-saving equipment
- Cost of treatment and operations is very competitive and based on not-for-profit policy of hospital, verified by Board of Trustees
Indirect achievements

- Setting high standard of patient care
- Improved International cooperation promoting links with hospitals in Africa, Asia, Europe and the USA
- Employment opportunity for 87 employees and improved income for their families thus contributing to poverty reduction initiatives in Somaliland and the Region
- Empowering women to take Leadership roles and positions of responsibility
- Conducting studies on harmful Traditional Practices such as Female Genital Mutilation (FGM) and fighting the practice on a national as well as international levels.
A lesson for the world: The Somaliland experiment

- If Somaliland which is among the least developed countries in Africa can reduce Maternal Mortality through the training of midwives, anybody can!
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