

COUNTRY REPORT ON PRE-SCHOOL HEALTH SERVICES
IN SOMALIA

by

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Chairman

Ladies & Gentlemen

It gives me a great pleasure and feel honoured of having being given an opportunity to present this paper on behalf of my country fellow participants.

It is a well known fact that the Provision of Health services to the children is of paramount importance in all the relevant countries.

I am pleased to point out that in this Hall where our Seminar is being held only a few weeks ago an important International meeting was convened, that is the 11th OAU summit which was attended by all heads of African States. During this meeting concrete resolutions were adopted for the benefit of millions of human beings in our developing countries in particular and that of world over in general.

The Charter of our glorious Revolution of 21st Oct. states that disease, hunger and Analfabetism are the enemies of our people and all efforts should be made to mobilize our resources to fight against them. I can therefore state with confidence that our Government lays great importance on the aims and objectives of this Seminar.

At present the estimated population of Somalia is 3 million, 70 per cent of the Somali population is nomadic, 15 per cent live in the cities. Our main concern is to find ways and means to provide basic health services to the nomadic population which constitutes the majority of our population.

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The government has recently launched a campaign against illiteracy - through this campaign, it is proposed to teach the nomadic population to read and write. The Ministry of Health has grasped this opportunity and plans to use the organization for this campaign for launching a communicable disease control programme which will include inter-alia immunization, health education and treatment of patients suffering from certain selected diseases. As far as pre-school child is concerned, one of the main problems is the stress and strain to which the facilities provided for paediatric patients are subjected but admission of patients suffering from diarrhoea, respiratory diseases, malnutrition and other communicable diseases that can be easily prevented through organized health services. It is unfortunate that we have frequent out-breaks of whooping cough, measles and polio - this last mentioned diseases has created a number of problems in our society because of its high incidence and the sequelae of paralytic defects which handicap the unfortunate victims of this disease.

Dear Colleagues,

Our problems are clear. I am not exaggerating if I say that we are primarily concerned with the evolving of the procedures for the most efficient application of the existing knowledge in the context of our limited resources and difficult conditions. The high rates of maternal and child mortality and morbidity in developing areas are the result of poor nutrition, wide spread infection and hazardous reproduction.

At the other extreme in the developed countries health services are required to tackle those health conditions for which so far either the remedial or preventive measures have not been developed. Their problems are related to perinatal, congenital malformations, genetic, mental illness, accidents, obesity and certain new problems of adolescence. In the field of nutrition in my country, we are confronted with problems which are peculiar in certain respects.

For instance, the result of a nutritional survey carried out in Mogadishu and Hargeisa through which food consumption data and anthropometric measurement of children under five years were analysed indicated that firstly though sufficient in caloric value, our diet is very much unbalanced. The main inadequacy was found to be in the contents of vitamins and minerals. A major portion of the calories is met through the consumption of sugar and sweets. The level of income or education among the urban population seem to have no significant bearing on the total calorie intake. There is however strong indication that educational level does effect the intake of vitamin C and calcium, thus reflecting comparatively greater use of fruits and milk. As expected in the higher income group, a higher consumption of proteins has been noticed. This characteristic is related to the better purchasing power. The daily percentage of protein consumption averages at 52.8 gr. although consumption below 30 gr. daily was also found in a good number of the families surveyed.

Besides, the anthropometric measurement show that amongst the Somali infants when supplementary feeding starts the growth is markedly impaired although slightly recovery takes place towards the end of the 2nd year. Apparently there is at this stage a deficiency in their intake of nutrients which are essential for growth.

Clinical experience has given strong evidence that in the younger age group malnutrition in the form PCM is wide spread in the Country.

So far we have managed to have analysed two types of pulses and we have found these to be sources of good protein with high content of the amino acid pattern, and hence demonstrated their application in the MCH centres with very encouraging results.

Since the October Revolution 1969, general progress has been achieved in expanding and improving the quality of the MCH services.

For administrative purposes the Country is at present divided into 15 Regions. These regions have been further subdivided into districts, and at present there are 6' districts including the City of Mogadishu. In each districts medical and health facilities have been provided by the Ministry of Health, which are supervised by the R.M.O. There are 52 MCH centres through out the country mostly opened after the October Revolution. These centres are distributed in the Regions and Districts, Mogadishu has 6 centres of which two are model out patient comprehensive health care institutions providing the complete range of ambulatory services covering MCH, enviromental communicable disease control, and curative services. A nutrition in Rehabilitation Unit has started functioning in Wadajir MCH centre as a pilot project. A campaign has been launched to train all the traditional midwives in modern techniques of delivery and child care.

To solve this problem at national level it is the intention of the Ministry of Health to establish a Nutrition Department. It will be a centre for food and nutrition research . Its role will not be limited to nutrition research only but it will be also be responsible for the training of mobile teams of nutritionists for the execution of nutrition education programme, the organization of school lunch and kinder garden, as well as community mass feeding.

In concluding I would like to avail myself of this opportunity to thank the World Health Organization, for the assistance it has extended in organizing this seminar and all the participants of the different countries here present who will I am convinced, contribute much in ensuring the success of this Seminar.