

Breathing Life into Maternal Healthcare in the Somali Region, Ethiopia:

An account by MSF midwife Mali Ebrahami

"The moment I saved the first child's life in Wardher will always stay with me"... recounts Mali Ebrahami, an MSF midwife recently returned to Europe from working in the town of Wardher, Ethiopia. The town, situated in the largest zone of the conflict-affected Somali Region, sits amid dry scrubland dotted with small, remote villages and nomadic settlements.

Ongoing clashes between Government and rebel forces, which began in the early 1990s, leaves the people of Wardher caught in the middle.

Médecins Sans Frontières (MSF) supports an Ethiopian Bureau of Health (BoH) center in Wardher town, delivering primary health care to the people of the area. The MSF/BoH antenatal unit, where Mali works, is now teeming with women receiving assistance for safe pregnancies and deliveries.

"It was just two weeks after my arrival and I was in a meeting with the hospital staff," recounted Mali. "One of our community health workers ran into the room and said we needed an ambulance. When the woman arrived in mid-labour it was obvious that it was a breach birth, and that the baby was stuck inside of her. Most concerning, I could not feel a pulse. I finally pulled out the lifeless child. Unlike in the modern maternity rooms I was used to at home in Norway, there was only a little adrenaline and a small manual mouth-to-mouth tube at hand. Thankfully these worked. Nine months later I visited the baby boy to say my goodbyes. He seems in good health and is taking milk from his mother.

Life in the Somali region is difficult, made more so by the sporadic violence. Many people lack the most basic things, like water and food, healthcare, and education. In Wardher Zone, health services are minimal, with few health posts and even fewer staff and drugs. That is why MSF works here in collaboration with the Bureau of Health.

As a midwife it was my job to identify the problems related to women's health. One of the main issues I came across was more limited understanding about what a woman's body goes through and requires during pregnancy. Women in the Somali region marry at a relatively very young age and often bear numerous children in a short space of time. They have a poor diet, consisting mostly of staple foods like pasta and bread, and often carry out difficult physical tasks such as collecting firewood late into their pregnancy. I was concerned by the small number of people accessing medical assistance. My main objective quickly became to increase general awareness about public health and to let people know about the services that MSF and the BoH offer.

I set out into the community to talk to people about their needs. That was the key to success: being amongst the people of Wardher and including them in discussions about their own healthcare. With the strong support of the hospital staff and community members, we have achieved a lot. The community grew to know what services we provide and to trust our assistance. People now come to us to seek medical help: pregnant women when they are bleeding or suffering from an obstructed labour; people bitten by snakes or attacked by lions, as happened recently; other people with all kinds of general health needs. The numbers coming to the hospital are increasing by the day.

It is not always easy to respond. We had one woman who arrived barely alive, having bled heavily after giving birth. She desperately needed a blood transfusion, but there are no blood banks here. Instead staff had to find a family member willing to donate. Then the blood had to be tested for its group and screened. The whole process took a few hours. Thankfully in this case we were successful and within two days the patient was up and walking. A week later we discharged a very happy mother and child.

The best thing about working in the Somali region is the people. As part of my job, I worked closely with the health centre's staff, sharing knowledge and expertise. The trainings I gave were largely around complicated cases, such as how to care for women who are unconscious or bleeding during and after giving birth. Before I left, I stood back and observed my team successfully responding to a complicated case. I knew in that moment that I had achieved what I had come to Ethiopia to do.

I am sure that our Ethiopian staff will do a good job providing medical care for the women of the Somali region in the future. I only wish that this health care could be extended to the many others in the region who do not have access to such care. Many women's health needs remain unmet and there are very few organisations providing assistance".

MSF has worked in Wardher, Somali region, Ethiopia, since 2007. The organisation supports the Ethiopian Government's Bureau of Health facility in delivering primary health care, including inpatient and outpatient care, treatment of malnutrition, reproductive healthcare, treatment of tuberculosis and laboratory work. Elsewhere in the region MSF provides medical care (ranging from basic healthcare to nutritional care) in Galadi, Bokh, East and West Imey, Degehbur, and Dolo Ado (transit camp and surrounding area).

In Ethiopia, MSF also runs a kala azar treatment programme (including treatment for HIV/tuberculosis/malnutrition) in Abdurafi, northwest Amhara region; a primary health care project in Wantaho woreda of Gambella region; and supports the national outpatient therapeutic nutritional programme roll-out strategy in Anchar worreda in West Hararghe zone of Oromiya region. In addition, the organisation is ready to respond to emergencies as and when necessary.