



WHO Somalia 12 June 2022 – At the busy Midnimo District Hospital in Abudwaq, a nurse and her two assistants take shifts to sit at a desk to assess the patients who come in. The nurse has been trained by WHO to deliver basic emergency care and to observe the patients and ask their caregivers or the patients themselves – if they can speak – key questions about their conditions. Dr Siyad Mohamed Abdi, a general surgeon who serves as the director of the hospital, and his medical staff come in during their shifts to oversee activities at the desk, known as the triage corner.

The hospital staff have witnessed several health emergencies in the Galgadud region, with the protracted conflict adding another layer of complexity to the mix. This means that mass casualties are a common sight.

With the ongoing drought, which has affected 6.13 million people in Somalia, and with Galgadud being a particularly arid region with no access to major rivers, additional patients are streaming in through the doors of the hospital. Every day, around 20–75 patients come in, sometimes from towns along the Somali and Ethiopian border. Many are so overwhelmed attending to their families' dire needs due to the drought that it is often very late by the time they arrive for medical support.

Triage corners help staff to give urgent attention to those patients with emergency health conditions who need it first and the most. With assistance from WHO, the Federal Ministry of Health and Human Services and other partners, Midnimo District Hospital has been able to set up the triage corner to sort and prioritize patients with emergency health conditions that require urgent medical intervention. Progress is underway to set up similar efficient and effective triage corners in another 71 health facilities in drought-affected districts of Somalia, with equipment already delivered to most of the facilities.

One of the biggest lessons of the COVID-19 pandemic has been that safe access to health care that is close to home for early diagnosis and intervention, including targeted referral to higher levels of care for severe illness, is as important as specialized care at the higher levels of the

health service delivery system. In this way, the resources of both the primary and secondary levels of care are optimized as a continuum of care within an integrated health service delivery system. This approach has been essential for maintaining essential health services during the recent drought.

The triage corners being set up within district hospitals will help to build the foundations for introducing emergency and critical care services at the primary health care level across Somalia. Emergency health conditions form a substantial proportion of the overall disease burden in the country and the drought may be exacerbating many of these conditions. WHO is supporting health facility preparedness and the building of a strong and resilient health system through the emergency response to the COVID-19 pandemic and the current drought.

### **Using triage corners to prioritize patients**

While describing how things used to work before at the emergency ward at Midnimo District Hospital, Dr Mohamed explains, “Before, we would take in patients on a first-come, first-served basis, which meant those in need would wait unnecessarily for more casual cases to receive attention. These delays were sometimes dangerous.”

However, since WHO, the Federal Ministry of Health and Human Services and other partners intervened, Dr Mohamed and his team feel much better prepared to manage patients with emergency conditions. Between December 2020 and 2021, Dr Mohamed and two of his colleagues participated in capacity-development in mass casualty management organized by WHO with the support of the World Bank. Through this support, nurses, doctors and anaesthetists from around Somalia learnt how to organize and support patients as they arrive at health facilities through the establishment of a triage system.

Now, at Midnimo District Hospital, at the triage corner, the patients with the most serious conditions, or ‘red’ patients are admitted to the emergency ward. The ones who are able to wait — the ‘orange’ or ‘yellow’ patients — are escorted to the casualty ward.

“We are careful to screen and treat children, especially the under-5s, who are experiencing medical complications as a result of severe acute malnutrition and serious levels of diarrhoea, without delay. At the triage corner, we are ensuring they receive immediate attention, as they

are so delicate and a few minutes can mean a matter of life or death,” added Dr Mohamed. He explained that children with these conditions were treated as ‘red’ patients.

The triage corner has helped Dr Mohamed and his team to be more efficient and organized, saving both time and lives, and limited resources. After seeing its benefits, he feels every hospital, particularly in an under-resourced country like Somalia, which has recurring health emergencies, should have triage corners.

### **Triage corners save lives**

A few weeks ago, a family of eight rushed to Midnimo District Hospital with three young girls who were severely dehydrated. After assessing their dehydration status, the team at the triage corner informed Dr Mohamed about their serious condition, and they were admitted to the paediatric ward immediately. The doctor set up intravenous drips for each of them to receive infusions for rehydration, since they were severely dehydrated (category C). When he saw their condition, Dr Mohamed was not sure if they would survive but, as always, he tried his best to manage their conditions, keeping alive the hope he always has for his patients.

After a few days of managing their condition, the three girls were discharged. A few days later, their father returned with a goat. He explained that he did not have much to offer Dr Mohamed but insisted he accept the goat as a token of his appreciation for saving his daughters’ lives, despite Dr Mohamed attempts to persuade him that this was not required.

Dr Mohamed and his team were really touched with this kind gesture. He decided to sell the goat and bought supplies for other patients with urgent needs at the hospital.

### **Setting up triage corners in more hospitals**

So far, WHO has collaborated with the Ministry of Health and Human Services to set up triage corners in two hospitals in the Galmudug State – in Abudwaq and Dhushamareb. WHO and the Federal and State ministries of health are working together to equip Midnimo District Hospital and other triage corners and emergency wards in hospitals with biomedical equipment. This

includes oxygen concentrators, oximeters, stethoscopes, nasal cannulas and oxygen masks.

Progress is underway to set up similar triage corners in other health facilities in drought-affected districts of Somalia, and equipment has already been delivered to most of the facilities. Instruction in the use of biomedical equipment is currently underway.

“Thanks to support from the Central Emergency Response Fund (CERF), the European Union and WHO’s Contingency Fund for Emergencies (CFE), and other partners, WHO and the Ministry of Health have been able to save many lives by addressing the needs of patients who require life-saving, timely support. We are helping health facilities and their workforce to use efficient ways of working, such as triage corners, which have a high impact on saving lives. However, we still need additional support to scale up the capacity of more hospitals across Somalia to offer the same efficient services,” said Dr Mamunur Malik, WHO Representative to Somalia and Head of Mission.

**For additional information on WHO’s response to the drought, please see:**

[WHO scales up operations to save lives from cholera and other waterborne diseases](#)

[Stepping up humanitarian operations for drought: WHO’s support to the stabilization centres is saving lives](#)

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