



# Improving essential health services in Somalia using a secondary hospital-based care approach



## Country context

Universal health coverage (UHC) index:	38.7
Maternal mortality ratio	829 deaths per 100 000 live births
Under-five mortality rate	117 per 1000 live births
Age-standardized mortality rates by major cause – communicable, maternal, neonatal and nutritional diseases	761.53 per 100 000 people
Age-standardized mortality rates by major cause – noncommunicable diseases	738.40 per 100 000 people
Age-standardized mortality rates by major cause – injuries	119.10 per 100 000 people
Primary health care facilities	1.9 per 10 000 population
Hospital beds	8.7 per 10 000 population
Number of health workers (doctors, nurses and midwives)	0.11 per 1000 population

## Sustainable investment needed for supporting integrated service delivery

Somalia's health system is going through a reform process following plans for the roll out of Essential Package of Health Services (EPHS 2020) in the country with the overall aim of achieving universal health coverage (UHC). As the country transitions from a complex and emergent humanitarian situation resulting from decades of civil war and instability to one of peace and stability, the country's health system needs sustainable investment to improve health services delivery that meets everyone's expectations, needs, preferences and values within the overarching spirit and intent of UHC. The project – *"Improving essential health services in Somalia using a secondary hospital-based care approach"* aims to improve health services at the secondary level of care in support of strengthening integrated service delivery as a continuum of care across all parts of the health system in the country. By doing so, the project also aims to support the government's vision of building a health system that is resilient, inclusive and equitable as the country recovers from the COVID-19 pandemic.

### Project objectives and goals: Supporting the government's vision of achieving UHC through building a resilient, inclusive and equitable health system

This project aims to contribute to the Federal Government of Somalia's vision towards achieving UHC by improving the provision of secondary hospital-based care in two targeted hospitals as part of an integrated health services delivery model which will meet everyone's need. World Health Organization (WHO) will work with both the federal government and Federal Member State to:

- improve both routine and emergency, critical and operative care services at the secondary level care including improving access to mental health and psychosocial support services;
- establish functioning referral linkages between primary and secondary levels of care for optimizing health care resources at all levels of health system;
- strengthen hospital information management system to support evidence-based decision-making and data analytics aiming at improving service delivery and impact measurement; and
- bridge knowledge and skills gap for improving leadership and management of health services delivery at the secondary level of care using global best practices and evidence-based decisions.

### Project site and beneficiaries: Close to a million vulnerable, marginalized and inaccessible people will benefit

The project will support delivery of EPHS 2020 in two pilot regions, Galmudug and South West State, specially focusing on secondary level care in two hospitals, one in Hudur (Southwest State) and the other in Dhusamareb (Galmudug).

In South West State, the project will serve as the main secondary level health care facility for the population living in Hudur town and four other districts of the Bakool region (El-Barde, Rabdulle, Tieglow, Wajid) serving a population of about 402 000 living in the Bakool region.

In Galmudug, though the project's focus will be on Dhusamareb Regional Hospital, established in the early 1990s with the support from the Italian Government, all the primary health care centres of the five districts of Galmudug and the people living in the Galgadud region, with an estimated population of 679 622 (including 157 447 internally displaced people), will benefit from this project.

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**The project aims to promote the humanitarian-development-peace nexus by expanding essential health care (development) in fragile and conflict-affected settings (humanitarian) in a way that promotes and advocates for equitable access to health services and contributes to addressing the root causes of tension and marginalization (peacebuilding).**

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# Priority Interventions and major activities of the project: Synergy will drive impact

The project has three strategic interventions with interrelated activities to achieve maximum impact



## Strategic priority 1

**Strengthen health system components at the targeted health care service delivery level including improve emergency preparedness and response capacities**

- support organization of hospital management boards including administration and financial management;
- establish hospital information management system;
- introduce functioning and systematic referral and triage system;
- set up emergency department and services for critical care;
- support climate-resilient infrastructure and environmental sustainability (e.g., solar power);
- improve hospital waste and water, sanitation and hygiene facilities;
- develop human resources for hospital management and secondary level care services.



## Strategic priority 2

**Improve delivery of quality integrated health care services at the targeted secondary level care facilities**

- set up diagnostic and blood transfusion services;
- improve service delivery for mental health and psychosocial support care, emergency, critical care and operative services;
- support basic emergency obstetric, neonatal and trauma care;
- provide support for people with disabilities and other vulnerable populations, including other underserved population, for equitable care;
- support emergency response services for epidemic/pandemic.



## Strategic priority 3

**Support establishment of functional linkages with primary health care services**

- improve primary level services in the targeted districts through organization and better management;
- provide transportation of patients from primary to higher levels with life-threatening conditions;
- organize outreach services for essential health care (immunization, nutrition, growth monitoring, antenatal care, etc.);
- establish mobile clinics to provide health care targeting the inaccessible areas;
- train and deploy community health workers to support community based interventions in the project sites.

## Expected outcome, impacts and results: Aiming high for better health for all

The project aims to:

- Improve integrated health services delivery for the underserved population (linking community based care with primary health care and comprehensive secondary level care with a functional linkage between all levels) with an approach that can be replicable or scaled up in other parts of the country and sustained with limited resource implication.
- Mainstream mental health and trauma care including supportive rehabilitative services for people with disabilities into health care service delivery.
- Develop a hospital information management system, which aids in evidence-based decisions making as well as measuring quality, coverage and access to health services for the project beneficiaries, especially for secondary level services.
- Support building a health system on the principles of equity and inclusivity operationalizing the humanitarian-development-peace nexus as a demonstration project – respond to the most immediate emergency health care needs, while simultaneously undertaking activities which contribute to longer-term health systems strengthening and sustainability, to progress towards UHC.



## Timeline: Short implementation period with a focus on achieving sustainable impact

The project will be implemented between 01 February 2022 and 31 January 2023 with a budget of 3 million Euro. The Italian Agency for Development Cooperation (AICS) will fund this project.

### **Project implementation: Aiming high for better health for everyone**

WHO country office of Somalia will implement this project in close collaboration and coordination with the Federal Government and Federal Member State of Galmudug and Southwest states with funding support from AICS. The project will establish synergies with other ongoing projects undertaken by other UN agencies at the project site, such as World Food Programme's social safety net programme, World Food Programme/UNICEF's nutrition interventions, UNFPA's reproductive and sexual health care programme and International Organization for Migration's migration health programme.

### **Sustainability of project: Aiming to build local ownership**

Throughout the implementation period of the project, WHO will work closely with health authorities and partners to ensure the project's key activities are continued after the project period ends. Using health care efficiency measures, the cost of project activities will be incrementally minimized and once the capital cost of the project is supported by external funding, the recurrent expenditures will be kept minimum. At that stage, the project's ownership can be handed over gradually to local health authorities.

This project will build on two emergency projects already supported by the Italian Agency for Development Cooperation (AICS) in 2020 – “Emergency Health Response Programme for the vulnerable population of Hudur District, South West State, Somalia” and “Emergency intervention supporting WHO's activities for disabled persons and IED victims in Hudur, South West State, Somalia”.

*Working to build a resilient, inclusive and equitable health system, while bridging partners' commitments with country-level action to achieve universal health coverage*

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