Case study

"State fragility is among the fundamental drivers of health inequity. Strengthening access to healthcare in fragile states is a humanitarian imperative. We need to ensure that long-term funding is made available to support access to and delivery of public health response to strengthen community systems, particularly human resources for health."

Walter Cotte, Under Secretary General, IFRC

Somali Red Crescent Society: **Community health workers deliver live-saving healthcare services**

Introduction

Fragile states are home to more than 1.5 billion people. These countries account for half of all under-five deaths and one-third of maternal deaths. Malaria mortality is 13-times higher and the number of people living with HIV is four-times higher than in more stable countries. One-third of people who lack access to clean water live in fragile states. By 2015, it is estimated that 52 per cent of the world's poor will live in fragile and conflict-affected situations.[1]

In situations of state fragility, under exceptional circumstances, the Red Cross and Red Crescent may temporarily assume the formal healthcare function for as long as the government is not able to fulfil this role. This includes mobilizing international resources and supporting capacity building with a focus on delivering functions close to the community level and serving the population, which does not have access to healthcare otherwise

The International Federation of Red Cross and Red Crescent Societies (IFRC) is committed to harnessing locally-led responses to major health problems and building long-term capacity towards achieving universal health coverage. Through its volunteer network and community-based platform for health service delivery, National Red Cross and Red Crescent Societies are strengthening community health systems. The community health workforce we support has local expertise, on-the-ground agility and established networks and can adapt to the changing circumstances that fragility brings, assuring sustainability of health responses.

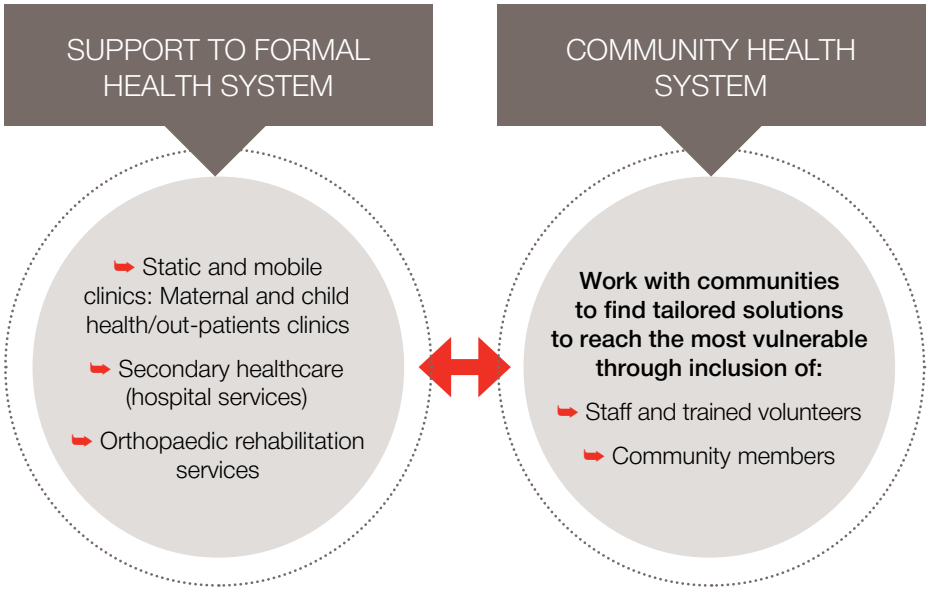
Somalia: Key facts

- Population: **9.3 million**
- One in every ten children dies before seeing their first birthday
- 12 in every 1,000 women die due to complications related to childbirth
- One in five children is acutely malnourished, in most regions of the south
- Only 30% of the population has access to safe water

Source: UNICEF. January 2013

1. *Source: World Bank.* At a Glance. *Fragile and conflict Affected Situations section. March 2013; USAID. 'Rebuilding Health Systems and Providing Health services in Fragile States' in* Management Sciences for Health, No. 7. *2007; DFID. Why we need to work more effectively in fragile states, p. 7. January 2005.*

THE SOMALI RED CRESCENT SOCIETY APPLIES A TWIN-TRACK APPROACH TO BRIDGE THE GAP BETWEEN THE FORMAL HEALTH SYSTEM AND THE COMMUNITY HEALTH SYSTEM



The issue

Internal conflict spanning more than two decades has resulted in the disintegration of Somalia's infrastructure and significantly weakened the government's capacity to respond to the basic needs of the population such as access to clean water and appropriate sanitation facilities, adequate healthcare and effective security services. This is particularly the case in central and south Somalia, where the situation is most unstable. Somaliland in the north-west and Puntland in the north-east, are more stable but with a weak and massively under-resourced health sector. In 2012, Ministry of Health's budgetary allocation for the health sector was approximately 6 per cent and 4 per cent in Somaliland and Puntland respectively.

Given the Government's limited capacity in delivering healthcare, the Somali Red Crescent Society has been contributing tremendously in filling gaps in the public health system through its network of mother and child health/out-patient clinics and community-based activities.

The response

Collaborating with health authorities and partners

The strong cooperation between the Somali Red Crescent Society and the local health authorities has enabled hard to reach communities to access healthcare. The National Society is also represented in all local committees and task forces to address health, water and sanitation and disaster response.

The Somali Red Crescent Society delivers an essential package of health services in all the 19 regions of the country through its integrated healthcare programme. With support provided by the Red Cross Red Crescent Movement partners, and in close collaboration with other technical and development stakeholders such as UNICEF, WHO, UNFPA and WFP, the National Society's programme focuses on developing, promoting, and strengthening community-based healthcare, through preventive, curative, and health promotion activities.

Due to high malnutrition rates among under-five children and pregnant mothers, the Somali Red Crescent Society and its partners also provide nutrition services at the clinics and communities.

2. *A fragile state is one 'where the government cannot or will not deliver core functions to the majority of its people, including the poor.' DFID. Why we need to work more effectively in fragile states p. 7. January 2005.*
3. *UNICEF. http://www.unicef.org/media/media_68723.html. 12 April 2013.*

Average number of persons per household and distance from health facility

Areas in Somalia	Average number of people per household	Average number of children per household	Distance to health facility
Somaliland	7.8	5.19	50% live more than 8.5km away
Puntland	7	4.3	50% live more than 10km away
Central and south Somalia	7.1	4.5	90% less than 5km

Source: Somali Red Crescent Society's Baseline survey report: Integrated health care programme (June 2014)

Delivering basic health services in a fragile context

"In Somalia data management is a real issue. There has been no comprehensive household or population census carried out since the war. We rely on arbitrary data for programme planning purposes. We recently reached out to a nomadic community that has never been accessed until the Somali Red Crescent Society's mobile clinic services were introduced.

Somali Red Crescent Society midwife attends to a pregnant woman at a mobile clinic site. Somali Red Crescent Society

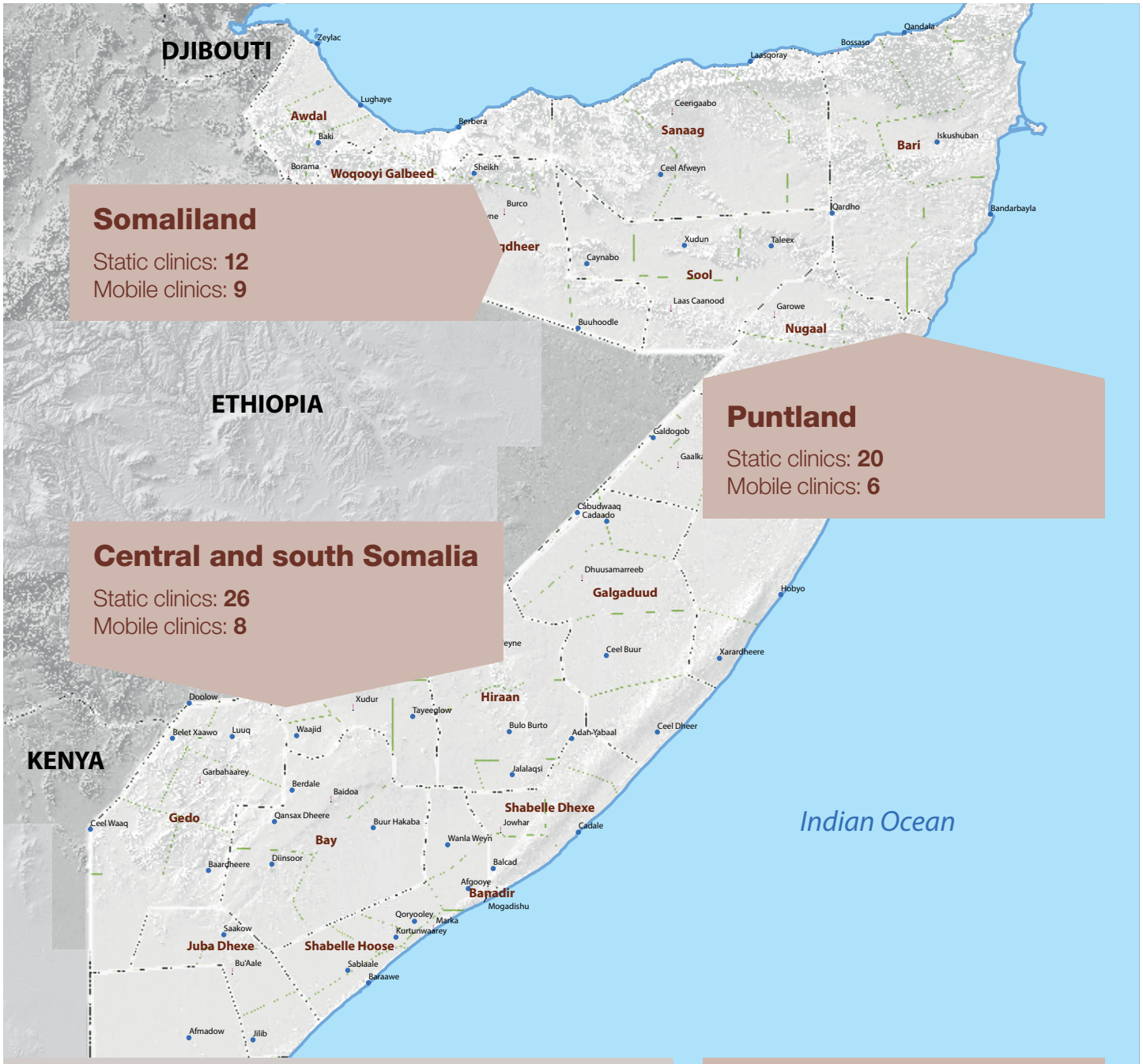
Somali Red Crescent Society staff screens a child at mobile health clinic site.
Somali Red Crescent Society

They have never had any health intervention [in their community]," says Hassan Abdi Jama, Deputy National Health Officer, Somali Red Crescent Society. Owing to the emergency circumstances, the Somali Red Crescent Society was unable to carry out a baseline study or comprehensive evaluation of the integrated healthcare programme until late 2013.

The result of the 2013 baseline study provides the National Society with the basis to measure programme impact and service delivery of the clinics. The study also enables the Somali Red Crescent Society to identify differences that exist between health clinics across the country and move towards delivering consistent and high quality health services systematically.

Delivery of key services to prevent maternal and child morbidity and mortality forms the core of the Somali Red Crescent Society's health programming.

Immunization is one of the key, cost-effective services offered to prevent childhood illness. All maternal and child health/out-patients clinics and mobile health units operated by the Somali Red Crescent



Somaliland

Static clinics: **12**
Mobile clinics: **9**

Puntland

Static clinics: **20**
Mobile clinics: **6**

Central and south Somalia

Static clinics: **26**
Mobile clinics: **8**

Number of people reached in 2013

- **Somaliland:**
  127,996 (maternal and child health/out-patients clinics) and 39,782 (health education)
- **Puntland:**
  165,208 (maternal and child health/out-patients clinics) and 251,906 (health education)

Total number of active static and mobile clinics

Static clinics: **58**
Mobile clinics: **23**

Source: Annual reports Somaliland and Puntland 2013; IFRC. 2012 National Society data submitted through the Federation-wide Databank and Reporting System.

Note: Mobile health units were set-up particularly to reach nomadic and remote communities and internally displaced persons.

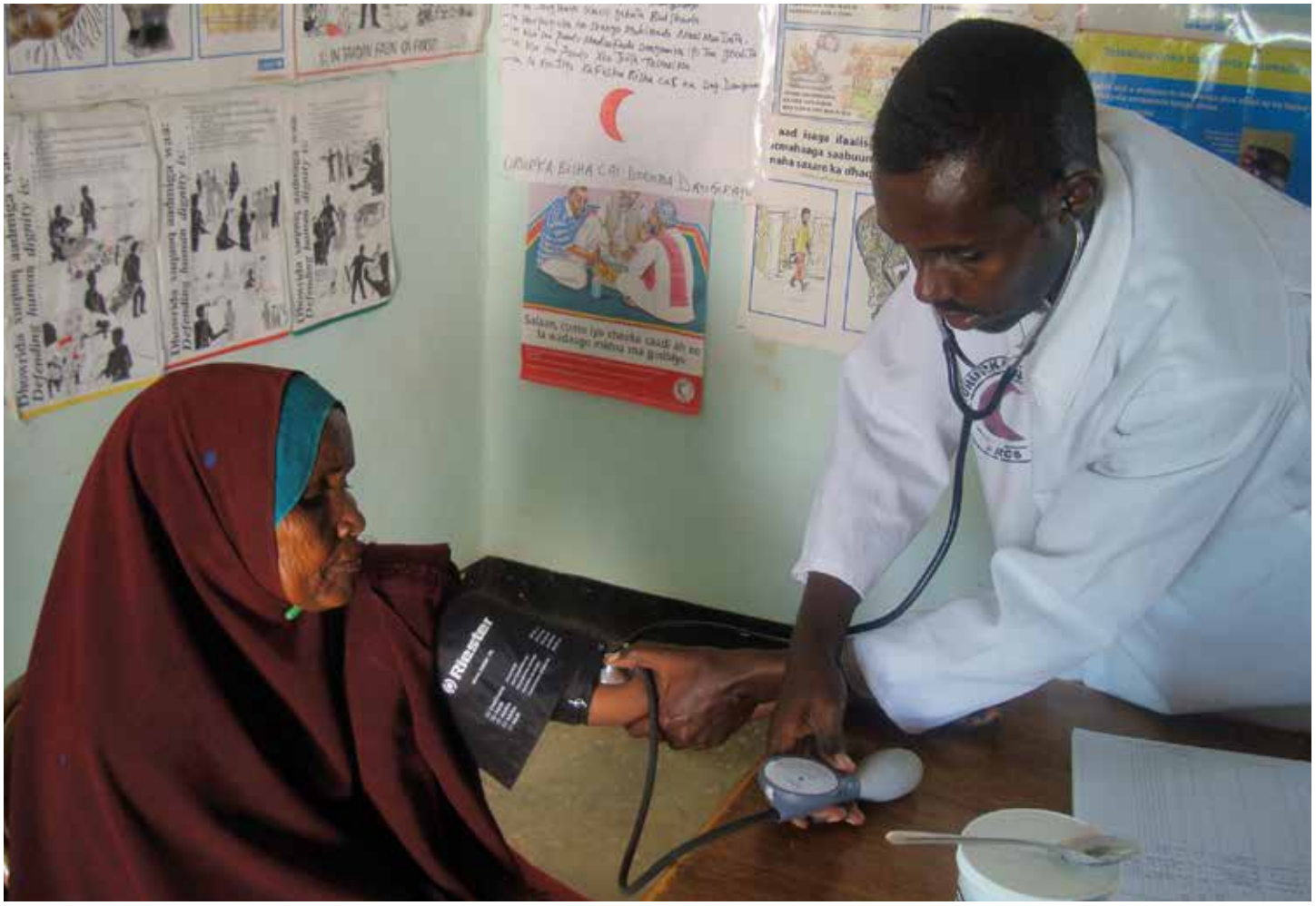
Somali Red Crescent Society: At a glance

- **National Society set-up:** 1963
- **Officially recognized:** 1969
- **Branches:** in all 19 regions of the country
- **Volunteer base:** 4,600
- **Integrated healthcare programmes:** since 1991

Society in Puntland and Somaliland provide daily service for routine immunization, as well as participate in health activities such as National Immunization Days. However, in central and south Somalia, the militant group fighting the Federal Government does not allow house-to-house visits or mass public campaign activities and in the worst case scenario, constrain the operation of the Somali Red Crescent Society clinics, thus hampering access of the population to immunization services despite their high knowledge of the importance of vaccinating children to prevent diseases. Delivery of immunization activities is limited to 15 out of the 30 static clinics and two mobile clinics in this zone.

Due to insecurity, lack of access to certain parts of Somalia, has rendered it impossible to immunize children for over three years. This resulted in the re-emergence of the wild polio virus in south and central Somalia in 2013, for the first time since 2007.

While the Somali Red Crescent Society has a strong volunteer base and health workers who are provided with routine



A nurse attends to a patient at a static clinic run by the Somali Red Crescent Society. Somali Red Crescent Society

support and trainings, there are no upgraded trainings available. Furthermore, due to low remuneration there is a high turnover – clinic staff and volunteers who have acquired diverse and improved skills for quality health service delivery are easily "poached" by other organizations.

The impact

Due to its neutral and impartial position and despite challenges, the Somali Red Crescent Society remains operational across the country. Evidence shows that the National Society has a proven track record in delivering health services to remote communities through its trained health volunteers and personnel. Within its catchment area, the immunization coverage among other services is higher than the national average.

Patients outside a mother and child health clinic run by the Somali Red Crescent Society. IFRC

Immunization coverage for children between 12-35 months

Areas	National coverage	Somali Red Crescent Society coverage
Somaliland		
BCG	27%	75%
DPT	11%	79%
Measles	26%	79%
Puntland		
BCG	17%	78%
DPT	7%	76%
Measles	17%	80%

Note: Central and south Somalia: As a result of insecurity, the Somali Red Crescent Society has limited access hence limited coverage in this area. Immunization is carried out in 15 out of 30 static clinics and two mobile clinics.

BCG stands for Bacille Calmette Guerin. It is an effective immunization against tuberculosis; DPT stands for diphtheria, pertussis (whooping cough), and tetanus. The table indicates percentage of children who received three doses of DPT.

Source: UNICEF. Somaliland and Puntland. Preliminary Results Multiple Indicator Cluster Survey 2011; IFRC. Draft Baseline survey report. March 2014.

Disclaimer: This case study makes references to Somaliland, Puntland and central and south Somalia as areas in Somalia. The Red Cross and Red Crescent Movement recognizes Somalia as one country.

Who we are

The International Federation of Red Cross and Red Crescent Societies (IFRC) is the world's largest volunteer-based humanitarian network. Together with our 189 member National Red Cross and Red Crescent Societies worldwide, we reach 97 million people annually through long-term services and development programmes as well as 85 million people through disaster response and early recovery programmes. We act before, during and after disasters and health emergencies to meet the needs and improve the lives of vulnerable people. We do so with impartiality as to nationality, race, gender, religious beliefs, class and political opinions.

Guided by *Strategy 2020* – our collective plan of action to tackle the major humanitarian and development challenges of this decade – we are committed to 'saving lives and changing minds'.

Our strength lies in our volunteer network, our community-based expertise and our independence and neutrality. We work to improve humanitarian standards, as partners in development and in response to disasters. We persuade decision-makers to act at all times in the interests of vulnerable people. The result: we enable healthy and safe communities, reduce vulnerabilities, strengthen resilience and foster a culture of peace around the world.

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