EXPANDING ACCESS TO COMMUNITY-BASED MATERNAL AND NEWBORN HEALTH CARE IN SOMALIA

RESEARCH BRIEF

CONTEXT

After decades of instability, Somalia has among the world’s worst maternal and newborn health outcomes with the latest UN reports estimating 621 maternal deaths per 100,000 live births (2020)¹ and ~36 newborn deaths for every 1,000 live births (2021)² – more than 80% of which are due to prematurity, complications during birth, or infections.³ While efforts have been made to strengthen facility based care, Somalia still faces significant shortage of skilled health workers with only four doctors, nurses or midwives for every 10,000 people as of 2018.⁴ Because of this workforce shortage – among many other factors – the 2020 Somalia Health and Demographic Survey reported that access to skilled birth attendance and facility-based deliveries decreased from 36% in 2011 to 32% in 2020.⁵

This brief outlines a multi-year research study being led by the EQUAL research consortium in Somalia to determine the feasibility and acceptability of delivering lifesaving MNH care at the community level to help expand access to care and reduce the risk of death for the 70% of women who are not delivering at a health facility.

Expanding MNH care across communities in Somalia

In resource-constrained settings like Somalia, community-based maternal and newborn care (CBMNC) can help expand access to life-saving services and dramatically improve MNH outcomes. Evidence demonstrates that CBMNC programs can reduce maternal deaths by 20% and newborn deaths by 25%.⁶ Countries including Bangladesh, Malawi, Nepal, Uganda, and Ethiopia have nationally-scaled CBMNC programs and have seen a reduction of under-five mortality rates, partially attributable to such initiatives. While the content of the programs differ by location, interventions span antenatal and postnatal periods including health education and promotion and both preventive and curative services. The CBMNC model is not about discouraging facility-based care, but about reducing risk by ensuring life-saving services reach women and babies who cannot or do not reach a facility.
Recognizing the low rates of institutional deliveries coupled with the high rates of preventable maternal and newborn mortality, the IRC is working closely with the MoH to support and strengthen the implementation of existing community-MNH interventions while also working exploring strategies and innovations to expand the package to save the most lives. This will be done through a multi-year initiative which began in 2022 including program design, program implementation, and research and evaluation.

A MULTI-YEAR INITIATIVE TO EXPAND CARE IN SOMALIA

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Study overview

The research and evaluation component is led by the International Rescue Committee (IRC) as part of the EQUAL research consortium funded by the UK Government. Specifically, EQUAL aims to determine baseline rates of key essential newborn care and other key MNH indicators including early initiation of breastfeeding, clean umbilical cord care, and newborn thermal care; to estimate the change in aforementioned rates attributable to the new CBMNC program and attributable cost; and to document operational challenges and solutions tested while implementing a CBMNC program.

Study location

The program and subsequent research and evaluation will be conducted in Galguduud province, outside of Dhusamareb. This location has experienced recurrent conflicts and drought and hosts a large population of internally displaced persons (IDPs). IRC’s Somalia program currently supports Hanaan Hospital in Dhusamareb town, which serves a catchment population of 267,900 individuals. IDPs and vulnerable host communities in this region lack adequate access to reproductive health and primary health care services with a significant percentage of the population living further than 5 kilometers from a health center. Most areas remain underserved by ambulance and other medical referral services, further limiting access to and subsequent utilization of healthcare services. EQUAL’s research and evaluation will primarily focus on areas located more than 5km from the Hannan hospital.

Design and methodology

Each pillar of the initiative is outlined on the following page (Figure 1) and will be conducted in collaboration with local and national stakeholders to ensure all activities are context-appropriate and demand-driven.
Acknowledgements

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References


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