

Assessing the Health Needs of Settlement Residents in the Sanaag Region of Northern Somalia



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Background

Although Somalia has not had a national government since the overthrow of former president Mohammed Siad Barre in 1991, two self-proclaimed states in the north - Somaliland in the northwest and Puntland in the northeast - have claimed regional jurisdiction (see map). The Sanaag region is currently claimed by both Somaliland and Puntland. In addition to the difficult political climate in the region, environmental degradation in the form of desertification continues to threaten the traditional pastoral nomadic livelihoods of Sanaag residents.

Over the past nine year, the contested region has been the site of both localized security incidents that have interrupted aid operations and recurrent drought. Incidences of armed conflict in the region continue to occur as inter-clan struggles for power and financial control persist. The fluctuating security situation has resulted in the deterrence of the provision of health services by both regional administrations and by the international community. Horn Relief, an Somali development organization, sponsored this health assessment in order to advocate for improved services for Sanaag residents.

Political conflict and regional instability have resulted in the deterrence of relief to the communities of Sanaag. The years of interruptions in services have left the region virtually un-assessed in terms of health care.

Methods

Quantitative methods

Household survey administered to a stratified, purposive sample of 147 household from three eco-zones.

From the three main ecological zones (plateau, valley, mountains), eight villages were selected by Horn Relief staff as representative of the zone based on similar, basic characteristics. Random samples were selected from each village and a survey was administered to female heads of household by female Somali Horn Relief Staff.

Qualitative methods

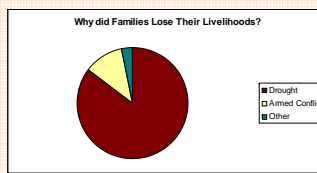
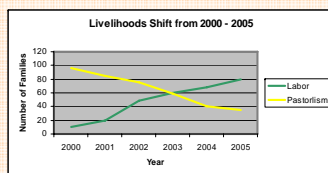
Interviews, participant observation, facility evaluations and focus groups.

Health facility evaluations, participation at elders' meetings, women's focus groups and interviews with traditional birth attendants, pharmacists, doctors, clinic staff and other key informants from the community were conducted. Contextual information was obtained through interviews with UNICEF and FSAU headquarters in Nairobi, Kenya and Bosaaso, Somalia.

Demographics

Survey results indicate that the average household size is 8.67. The average number of children under five is 1.7 per family (19.7%). The main sources of livelihood in villages are unskilled labor and petty trading (53%), livestock sales from animals (23%) Diaspora funds from relatives abroad (17%) and farming (7%). Destitute families make up 42% of the total sampled population. Of destitute families, 86% lost their livelihoods in the last five years and are now living in settlements.

Shifting Livelihoods as a Result of Drought and War

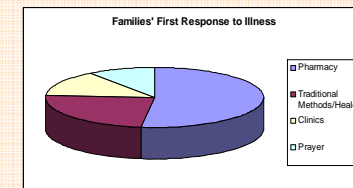


Findings

Access to Health Care: In the absence of health service, communities have adopted coping mechanism. Today, families rely heavily (52%, n=77) on informal, unregulated drug sellers in their local community for primary healthcare.

Maternal and Child Health: Access to comprehensive antenatal care is virtually non-existent in the Sanaag district. Overwhelmingly, women reported receiving no prenatal care at all (84%, n=124). Maternal and child health clinics are empty, in disrepair or do are not functional. There is no emergency obstetrics care within 70 kilometers and no reliable public transportation.

Vaccination Campaign: The measles outbreak of April 2006 was monitored by Horn Relief; 260 measles cases were identified, 6 child deaths were reported. Prior to the outbreak, a measles vaccination campaign was conducted in Eastern Sanaag in January. Health workers reported high refusal rates due to mistrust of campaign staff from other regions/clans.



Genitourinary Infections: Of respondents, 80% (n=118) felt that genitourinary infections were the most serious health concern for women. Of women surveyed, only 38% (n=54) say they have sought medical attention for the infections; 74% (n=109) of those women reported that their infection returned within a few months. The majority of respondents (61%, n=90) thought that infections may be associated with female circumcision.

Recommendations

1. Incorporation of pharmacies into health infrastructure will address:

- The current practice of families relying on pharmacies as the first response to illness (56%)
- The already established system of pharmacies and drug supply chains in the region
- The lack of trained pharmacists and the serious problem of misdiagnoses and mistreatment
- The preference of villagers to go to a pharmacist who gives accurate health advice

2. Increased mobility and outreach of health services will address:

- The wide dispersion of villages and pastoral families throughout the region
- The evidence that families use a clinics as a last resort when conditions become serious
- The increasing number of small, destitute settlements that cannot support a health facilities
- The prohibitive distance and the costs associated with travel to health facilities

3. MCH Rehabilitation and Expansion of Services Program will address:

- The most recently reported national infant mortality rate (132 per 1000) and under five child mortality rate (224 per 1000) and maternal mortality rate (1600 per 100,000)
- The lack of antenatal care and trained birth attendants in the region
- The absence of information about essential maternal and child health practices such as exclusive breastfeeding

4. Further Research on Female Genitourinary Infections

- The prevalence and burden of women's infections
- The lack of clarity about the root causes
- The lack of open discuss due to cultural sensitivity of the subject
- The health complications that untreated infections cause
- The pervasiveness of female circumcision (99%, n=146)



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