

# National - Health Overview

## Somalia Joint Multi Cluster Needs Assessment

August 2018

### Background and Methodology

Prolonged drought conditions have contributed to a rapid deterioration of the humanitarian context in Somalia, since early 2016. Caused by four successive seasons of below average rainfall, drought has resulted in substantial livestock herd depletion and a reduction in cereal production, while cereal prices have risen to well above the average, resulting in reduced household access to food and income<sup>1</sup>. Additionally, above average rainfall in the first half of 2018 caused severe flooding across parts of South Central Somalia, and coastal areas in Puntland and Somaliland, causing further waves of displacement and destruction of agricultural land<sup>2</sup>. Parallel to these climatic trends, insecurity and the presence of

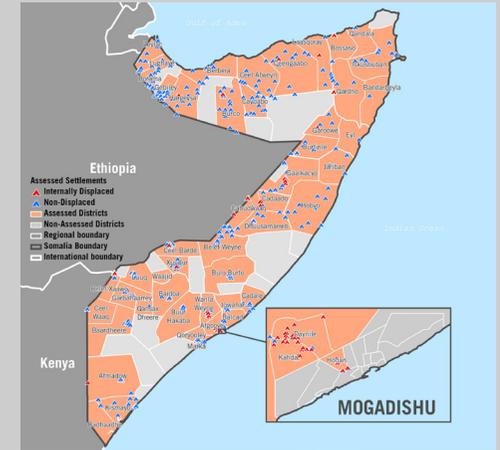
active armed groups continue to limit humanitarian access, most notably in the South Central region of Somalia. In light of this evolving context, the need for integrated and harmonised information systems to support both immediate and long-term humanitarian response is ever more crucial, particularly through comprehensive assessments and mapping activities.

To address these information needs, United Nations Office for the Coordination of Humanitarian Affairs (OCHA), in partnership with REACH conducted a Joint National Multi-Cluster Needs Assessment (JMCNA) across Somalia<sup>3</sup>. Households were sampled for statistical representativeness stratified by non-displaced and internally displaced person

(IDP) households at the district level, with a 92% confidence level and a 10% margin of error.

This factsheet presents analysis of data collected across the country between 30 June and 12 August 2018. A total of 10,256 non-displaced and 3,012 IDP households were surveyed. Findings relating to non-displaced households are representative with a 95% confidence level and a 1% margin of error while those relating to IDP households are representative with a 95% confidence level and a 2% margin of error.

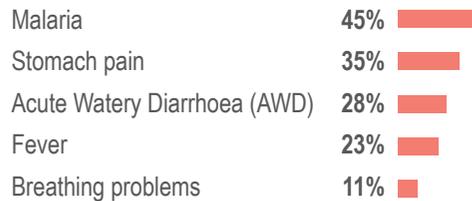
This assessment was made possible through collaboration by 44 partners, particularly during data collection.



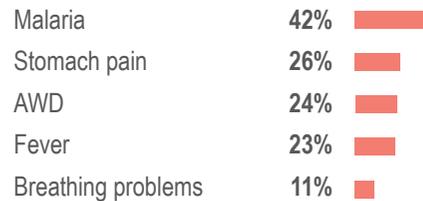
### Needs

#### Health issues

Top five health issues among children reported by **non-displaced** households<sup>4</sup>:



Top five health issues among children reported by **IDP** households<sup>4</sup>:

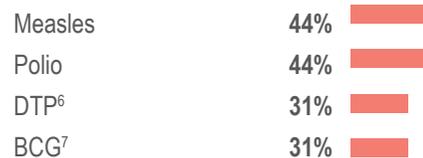


#### Vaccinations

Proportion of children<sup>5</sup> in **non-displaced** households who have reportedly received the following vaccinations:

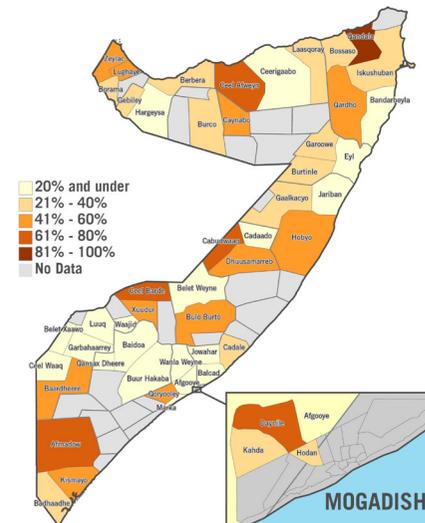


Proportion of children<sup>5</sup> in **IDP** households who have reportedly received the following vaccinations:

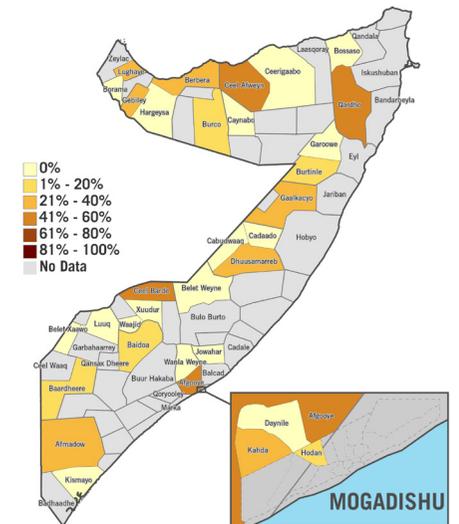


### Access

Proportion of **non-displaced** households reporting no access to a healthcare facility:



Proportion of **IDP** households reporting no access to a healthcare facility:



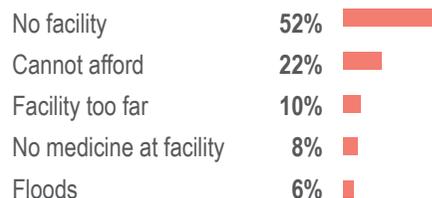
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## Access

**23%** of **non-displaced** households reported no access to a healthcare facility

Top five barriers to accessing healthcare services reported by **non-displaced** households<sup>4,8,9</sup>:

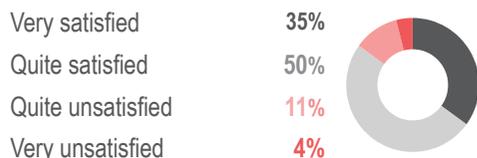


### Paying for healthcare

**52%** of **non-displaced** households reported that they pay for healthcare<sup>8,10</sup>

**32%** of **IDP** households reported that they pay for healthcare<sup>8,10</sup>

Proportion of **non-displaced** households reporting satisfaction with treatment received<sup>8,10</sup>:



**35%** of **IDP** households reported no access to a healthcare facility

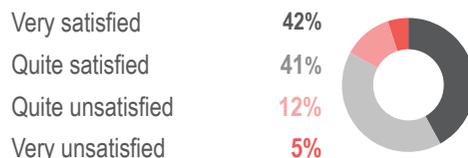
Top five barriers to accessing healthcare services reported by **IDP** households<sup>4,8,9</sup>:



Proportion of households reporting a change in the amount they paid for healthcare in the six months prior to data collection<sup>8,10</sup>:



Proportion **IDP** households reporting satisfaction with treatment received<sup>8,10</sup>:



### About REACH

REACH facilitates development of information tools and products that enhance capacity of aid actors to make evidence-based decisions in emergency, recovery and development contexts. All REACH activities are conducted through inter-agency aid coordination mechanisms. For more information, you can write to our in-country office: [somalia@reach-initiative.org](mailto:somalia@reach-initiative.org) or to our global office: [geneva@reach-initiative.org](mailto:geneva@reach-initiative.org).

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## Availability

### Distance to facility

Average travel time on foot to the nearest healthcare facility reported by **non-displaced** households<sup>10</sup>:



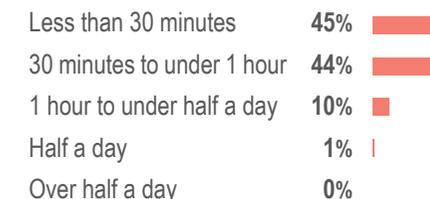
### Type of facility

Most commonly reported healthcare facility assessed households had access to<sup>4,8,10</sup>:



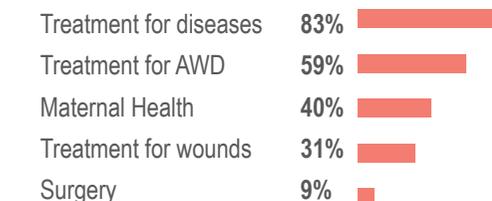
**31%** of **non-displaced** households reported that they received a visit from a community health worker in the six months prior to data collection

Average travel time on foot to the nearest healthcare facility reported by **IDP** households<sup>10</sup>:



### Available services in facility

Top five most commonly reported services available in the facility<sup>4,8,10</sup>:



**28%** of **IDP** households reported that they received a visit from a community health worker in the six months prior to data collection

1. Food Security and Nutrition Analysis Unit. 2017. Climate update: September 2017 monthly rainfall and normalised difference vegetation index (NDVI).
2. OCHA. 2018. Somalia Flood Response Plan 15 May - 15 August.
3. The first JMCNA was conducted in 2017 by OCHA, in partnership with REACH.
4. Respondents could select multiple answers.
5. Households reported vaccination records for each child of vaccination age (4 months to 15 years).
6. DTP stands for Diphtheria, Typhoid and Pertussis.
7. BCG stands for Bacillus Calmette-Guérin, the vaccination used against tuberculosis.
8. Findings relating to a subset of a population may have a lower confidence level and a wider margin of error.
9. As reported by those households that reported no access to healthcare services.
10. As reported by those households that reported access to healthcare services.