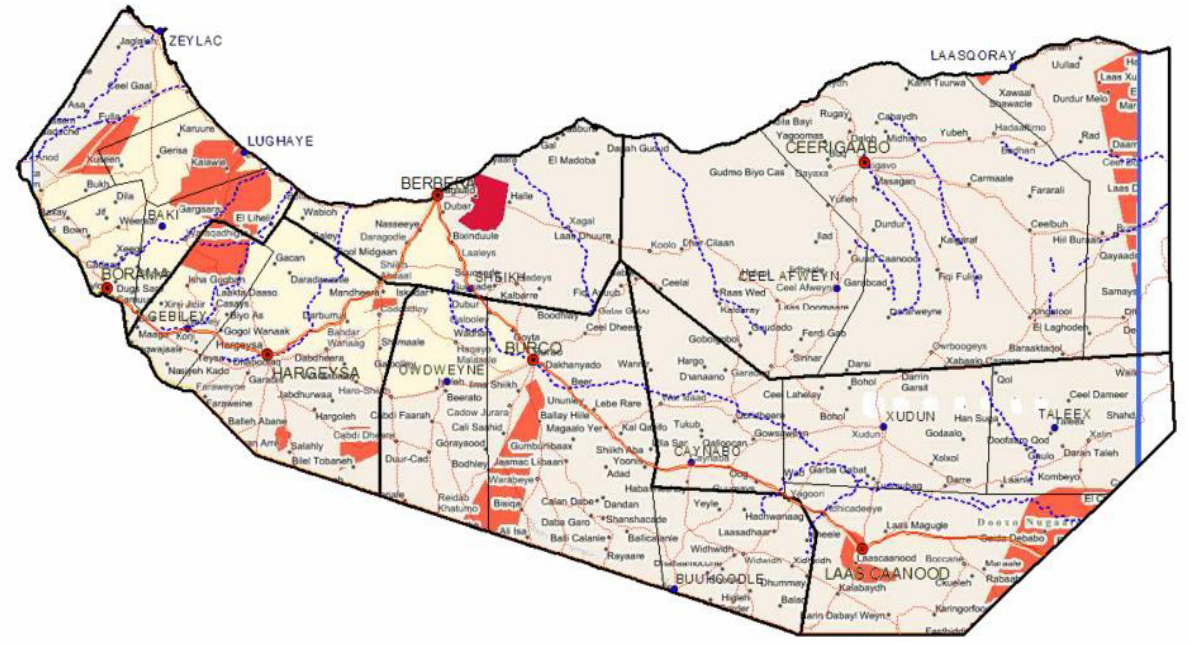
SOMALILAND ASSESSMENT IN SAHIL, TOGDHEER AND SANAAAG REGIONS OF NORTH WEST SOMALIA

INTERNATIONAL MEDICAL CORPS SOMALIA PROGRAM

AUGUST 2009



EXECUTIVE SUMMARY

In August 2009, International Medical Corps (IMC) conducted an assessment in the Sahil, Togdheer and Sanaag Regions of Northwest Somalia (Somaliland). Relative to the rest of Somalia, the security situation has remained calm, however the combination of drought, rising food prices, and under-developed infrastructure have results in the need for significant additional support to the region in several sectors, including emergency nutrition services, primary health, and maternal and child health services.

The International Medical Corps assessment team focused on the Somaliland regions worst hit by the drought, where local and international humanitarian assistance is limited. The International Medical Corps team sought to identify key areas where intervention is necessary and recommend the most appropriate interventions.

Most of the humanitarian organizations operating in the region are based in Hargeisa (the capital of Somaliland) and operate from major cities. No international agencies are present in Erigavo (regional base of Sanaag). In rural areas, health infrastructure is virtually non-existent and outreach programs have extremely low coverage. Emergency obstetric care (EmOC) services are unavailable in all the hospitals International Medical Corps visited and there is no referral system in place. Hygiene and sanitation facilities are poor and water access and supply are negligible. Poor purchasing power has resulted in an inability of communities to access food and essential items. The drought has significantly impacted agriculture and livestock practices resulting in the crop failure, loss of livestock, and decreased household food security.

The International Medical Corps assessment report recommends urgent interventions in all of the above areas. Recommended interventions include 1) cash for work schemes to inject cash into the local economy and assist in generating household income; 2) innovative and cost effective latrine construction; 3) improved health staff capacity and improved infrastructure at health facilities; 4) increased and improved maternal and child health services, including EmOC services; 5) alternative income generating opportunities, such as beekeeping, fishing and frankincense production; and 6) rehabilitation of irrigation systems.

BACKGROUND INFORMATION

Somaliland, a self-proclaimed independent state with a functional government, is located in northern Somalia. Somaliland has 6 regions: Maroodi Jeex, Awdal, Sanaag, Sool, Togdheer and Saxil.

Region	**Land size (km^2)**	**Regional Base (HQ)**
Maroodi Jeex	16,138	Hargeisa
Awdal,	11,202	Borama
Sanaag	48,747	Erigavo

Sool	24,465	Las Anood
Togdheer	25,667	Burao
Saxil /Sahil	11,381	Berbera

Table1: Regions in Somaliland

The Sahil, Togdheer and Sanaag Regions of Northwest Somalia (Somaliland) are drought prone livelihood zones, which have experienced several years of prolonged droughts (e.g. between 2000 and 2004). The last four rainy seasons have either almost completely failed (Gu season in 2009) or were far below the normal. The cumulative effects of the previous low or below normal successive rainy seasons have resulted in a drastic water crisis in the area (with a large scale water trucking service that has been already underway in some areas since February 2009). Declining remittances from the Somali diaspora, decreasing household assets and increasing household debt have additionally contributed to decreased food security and health amongst the population. Although food is available for purchase in the markets, few have the resources available to purchase the food.

SOMALILAND ASSESSMENT OBJECTIVES

1. To assess the current general health situation, including water, sanitation and hygiene
2. To assess the current food security and livelihood situation of the communities
3. To examine the coordination structures of agencies currently providing aid
4. To make recommendations for appropriate response

METHODOLOGY

The assessment was carried out through consultative meetings with the Director General of the Ministry of Planning, the Minister of Health and the Director General of Health, and the Director of Reproductive Health in the country capital of Hargeisa. At the regional level, the International Medical Corps assessment team met with the Mayor of Erigavo town, Deputy Mayor and Planning Ministry Coordinator of Sanaag region, and the various line ministry coordinators at the regional level, including the Agriculture Coordinator and Water Coordinators. Consultative meeting were also held at the district level with the Mayor of El-afwein town. Focus group discussions were conducted with the communities of Sinaro and Karsheikh villages and IDPs in Jamalayi IDP camp in Berbera town. The team also met with the management of Erigavo Hospital, Barbera Hospital, and El-afwein MCH. Meetings were held with various representatives from the United Nations, INGOs, national NGOs and local organizations.

KEY FINDINGS

1.1 Nutrition

Most of the large towns have outpatient therapeutic care (OTP) services provided by international organizations and several outlying areas are covered by Muslim Aid and Medair. However, few

areas have supplementary feeding programs (SFP). Burao, the capital city of Togdheer, is the only area International Medical Corps identified with ongoing SFP programs, which are implemented by Medair. Programs related to infant and young feeding practices are conducted on a small scale. The lack of sensitization on child feeding practices and nutrition is evident and requires focused interventions.

1.2 Health

The prevalent issues of public health significance are respiratory infections, diarrhea, water-borne diseases, trauma and complicated pregnancies.

Most of the hospital facilities in the area assessed have adequate physical infrastructure, however qualified personnel and supplies are lacking. The government run hospitals have underpaid staff; supplies and drugs are not reliably available; and remote and rural populations cannot access the facilities.

MCH and EmOC services are largely non-existent due to a lack of trained personnel, ill-equipped facilities, unavailability of supplies and drugs, and a lack of sensitization. There is no referral system in place and referral facilities are too far with poor infrastructure.

Health posts are available in many areas but there are not enough to support the population. Outreach programs exist, including EPI and some mobile clinics run by the Somalia Red Crescent Society (SRCS), however many areas remain without access to health care.

HIV/AIDS and TB co-infection is a problem in the port city of Berbera. Sexually transmitted infections are also very prevalent. SRCS activities involve mainly community mobilization but they also offer HBCT services, and COOPI offers VCT at Berbera Hospital, but the population remains underserved. Currently Berbera Hospital receives funding from the Global Fund, but it is not sufficient according to organizations International Medical Corps consulted.

1.3 Water, Sanitation & Hygiene

Latrine coverage is estimated to be less than 10% of the population and hygiene practices are very poor. Garbage disposal is random in rural areas and, although there is organized garbage collection in urban centers, disposal points have not been developed.

Water access is a chronic challenge given the climate, pastoral community and high cost for sinking new boreholes and rehabilitating broken boreholes.

1.4 Agriculture & Livelihoods

The majority of the population is pastoral and derives their livelihood through livestock farming. This has been severely impacted by the drought; animals have died from the drought and households have sold livestock for cash. Alternative livelihoods have yet to be tapped and developed.

CONCLUDING REMARKS

The current humanitarian situation in Somaliland is desperate and requires urgent attention to prevent large populations from sliding into excessive hardship. The health care services in the areas visited by International Medical Corps are facing a multitude of problems:

- Inadequate staff training;
- Inadequate and irregular supplies;
- Low remuneration and poor motivation of staff;
- Low coverage of outreach activities;
- No facilities in many rural areas;
- Lack of capacity to implement specific activities, such as OTP;
- Lack of capacity by the government to monitor activities;
- Lack of capacity by the government to maintain facilities which have been handed over from INGOs.

Without immediate and significant assistance, the number of people facing food and livelihood insecurity will increase drastically.

RECOMMENDATIONS

1. Health care facilities require rehabilitations. Support to health care provision in the form of medical equipment, supplies and materials, as well as incentives for health care workers, are necessary. A needs assessment to determine training needs for health care personnel should be carried out and then appropriate trainings conducted.

2. Emergency obstetric care services should be improved and referral services put in place and supported.

3. Nutrition interventions should be integrated into the health provisions where such services are lacking.

4. Poor purchasing power has reduced the ability of households to purchase food and basic needs even though they are readily available. A provision of cash for work schemes would help to inject cash into the local economy, reactivate markets and start an effective flow of goods and services.

5. Small business ventures and income generating opportunities should be supported for urban populations to improve their food security and livelihoods. A business feasibility assessment should be undertaken and a micro-loan scheme put into place. Alternative livelihoods such as beekeeping, fishing and frankincense production are some potential options that could be explored.

6. Irrigation infrastructures in Erigavo should be rehabilitated to increase food production in the region. Irrigation farmers are able to rehabilitate secondary canals leading to their farms after

the main canals are completed. Rain fed farmers would need the least support, estimated at about USD 50 for land opening, according to the Agriculture Coordinator in Sanaag.

7. Disaster preparedness programs should be formulated to guide and train pastoral and agro-pastoral communities to effectively cope with drought or other disasters and limit the excessive damage to their livelihoods. Activities could include fodder banking, hay making and herd management.

8. There is need for improved sanitation infrastructure in both urban and rural areas. The current latrine design is fairly costly for Sanaag region so household latrine construction through cost sharing would be discouraged. A more cost-effective design should be sought in close collaboration with the community to ensure acceptance. In the meantime, improving sanitation infrastructure in villages should consider communal latrines to be located at sites that are accessible to community members and which protect privacy. In Togdheer region, cost sharing arrangements will be less of a burden where communities can dig the pits and agencies supply the imported materials. Solid waste disposal in villages and urban centers need to be improved. Disposal places are available but undeveloped and cash for work could be utilized to develop them. In rural centers, the authorities may need donkey carts to facilitate transportation of garbage to disposal sites.

9. Provision of water through rehabilitation and construction of water sources (barkads, ballies, shallow wells, etc.) is a necessity. Ensuring clean potable water should be part of the intervention. Simple filtration technologies could be promoted along with water treatment activities, both at the source and household levels.

10. Environmentally and economically sustainable water systems and range management should be implemented.