

RESEARCH SNAPSHOT

MATERNAL & NEWBORN HEALTH POLICY PRIORITIZATION IN SOMALIA

Analysis of Key Stakeholder Perspectives at Federal Level



621

Maternal deaths
per 100,000 live births

36

Newborn deaths
per 1,000 live births

32%

Deliveries with a
skilled birth attendant

BACKGROUND

This study examined the prioritization of MNH at Somalia's federal level since 2010. More specifically, the research focused on understanding the political, economic, and social factor that impact MNH programs, policies, and financing. The work was led by the Somali Research and Development Institute (SORDI) and the International Rescue Committee (IRC) – partners in EQUAL, a research consortium funded by UK International Development from the UK government.

STUDY OVERVIEW

Study Design

Descriptive case study guided by the Health Policy Analysis Triangle framework to explore the influence of factors related to actors, content, context, and processes on MNH investment and program implementation.

Methodology



Desk
review



20 Key
informant
interviews

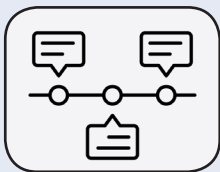
Data Analysis

Inductive approaches with data arranged using the thematic categories of the Health Policy Analysis Triangle framework.

PARTNERS

RESULTS

CONTEXT: Competing priorities detract focus from MNH



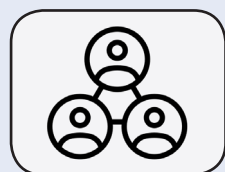
MNH competes for limited political attention and resources both within and outside the health sector in Somalia. The focus on insurgency and complex emergencies has shifted health service delivery to humanitarian and development sectors, causing resource disparities and concentrating services in urban areas. Political transitions further disrupt project continuity, with MNH often overlooked in political discourse, leading to potential resource allocation challenges.

CONTENT: MNH policies exist, but implementation remains inadequate



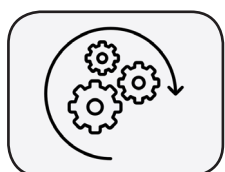
Despite having robust MNH policy frameworks, implementation is impeded by resource shortages, infrastructure deficiencies, security concerns, limited political commitment, and a lack of leadership and governance structures needed to effectively coordinate actors. This has led to a reliance on international donors and humanitarian and development partners to not only fund but also deliver essential MNH services across Somalia creating sustainability issues.

ACTORS: MNH actors are diverse and interdependent, yet hindered by poor coordination



There are a myriad of MNH actors in Somalia including the public and private sectors, civil society, multi-lateral organizations, and Somali diaspora among others but inadequate regulation and coordination impact implementation, equity, and quality of care. Gender dynamics continue to affect women's participation in decision-making, potentially impacting advocacy for under-addressed MNH issues. Engaging religious and clan leaders remains essential given the societal and political influence they yield over MNH service utilization and the prioritization of women's health issues at state and local levels.

PROCESS: A fragmented policy and funding community results in multi-faceted governance gaps



Somalia's funding and governance challenges have resulted in a fragmented policy community with parallel reporting, accountability, and coordination processes. While current budgeting processes are vertical and dependent on donors, the Global Financing Facility (GFF) investment case aims to transform health financing, improve public sector capacity, strengthen coordination, and reduce fragmentation in line with the Essential Health Package for Somalia (EHPS).

For more details on this study and its findings, visit EQUALresearch.org or contact Maryan Abdi (maryan.abdi@sordi.so) or Mamothena Mothupi (mamothena.mothupi@rescue.org)