

# Health in the Horn of Africa (Kenya, Somalia & Ethiopia)

2015/16



Schweizerische Eidgenossenschaft  
Confédération suisse  
Confederazione Svizzera  
Confederaziun svizra

Swiss Agency for Development  
and Cooperation SDC

## Facts and figures

Every fourth Somali child suffers from chronic under-nourishment; every sixth child suffers from Severe Acute Malnutrition (SAM).

Kenya's maternal mortality rate amounts to 400 deaths per 100,000 live births; in Ethiopia it is 420 deaths per 100,000 live births. Somalia has the highest toll with 1600 deaths per 100 000 live births.

(Source: WHO, UNICEF, UNFPA, The World Bank, and the United Nations Population Division 2013)

## SDC's focus for 2015/16

Further develop the health portfolio with focus on supporting health services and systems that respond to the specific needs of the pastoralist population in the Arid and Semi-arid lands of Kenya and Ethiopia.

Support health service delivery, with a focus on maternal and child health in Somalia.

Build the capacities of the Somali health authorities and staff (Somalia).

Foster knowledge development and exchange around nomadic health and a "one health" approach.

## Key partners

UNICEF, WHO, UNFPA, Somali Health Authorities.

## Financial planning 2015/16

CHF 5'413'600



Mother of a new born receiving post-natal nutrition advice from a health worker at a Maternal Child Health Centre, Somaliland  
©UNICEF Somalia.

**Improving maternal and child health in the arid/semi-arid lands of Somalia, Ethiopia and Kenya is one of Switzerland's key priorities in the Horn of Africa, as set in its Cooperation Strategy Horn of Africa 2013-2016.**

## Switzerland's Engagement

Through its complementary use of instruments (humanitarian aid, development cooperation, policy dialogue) and diversity of partners (UN agencies, international and national NGOs, regional institutions and governmental institutions), Switzerland aims at contributing towards:

- Increasing access to, and improving the quality of basic health care at community level, with a focus on the needs of mothers and children, as well as health workers capacity development, infrastructure and water supplies.
- Strengthening the capacities of (sub-) national systems to deliver services responsive to the needs of all population groups in the intervention zones.
- Sharing experience, evidence and information on policy, strategy and resource allocations through regional knowledge exchange and joint operational research.

## Strategic Outlook (2015/16)

SDC decided to enter into the health sector in the Horn of Africa (HoA) in the framework of its first Cooperation Strategy 2013-2016 for the region. SDC will continue to participate in health-related coordination mechanisms in Ethiopia, Kenya and Somalia, to bring in Swiss know-how into capacity-building programmes, address the specific needs of the pastoralist and vulnerable communities, and establish linkages with ongoing health discussions across East Africa, including health financing.

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## Context

Access and utilization of health services in the Horn of Africa is hindered by several factors; such as the lack of a functional health system, geographical accessibility, financial barriers, limited availability of services and referral options. Women also often cite socio-cultural taboos as a major obstacle for them to access care.

The respective Governments of Kenya, Ethiopia and Somalia have well defined policies, plans and strategies, which all place mother and child health on top of their public health priorities. Yet, the translation and implementation of these plans and strategies faces huge challenges in the arid and semi-arid regions, where the public health systems function very poorly.

The main health issues affecting the region are acute and chronic malnutrition, diarrhoea and other water and food-borne diseases (cholera, typhoid, hepatitis A & E), respiratory diseases (acute respiratory infections, tuberculosis), vaccine preventable diseases (polio, measles) and vector-borne diseases (malaria, dengue and yellow fever). Health consequences related to pregnancy and childbirth and to Female Genital Mutilation (FGM) are also major issues affecting the region.

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## SDC's main interventions:

### Strengthening national health systems

Together with other donors (UK, Sweden, Finland and the US), Switzerland is engaged in a five year Joint Health and Nutrition Programme (JHNP) that covers the whole of Somalia and aims at improving maternal and child health and reducing mortality by strengthening the key health system components: governance and leadership, human resources for health, medical supplies, health information, health financing and service delivery. The programme focuses on delivering and scaling up Reproductive, Maternal and Neonatal Health (RMNH), including safe delivery, family planning and prevention and response to Female Genital Mutilation (FGM), as well as child health. It is implemented jointly by UNICEF, WHO and UNFPA, with the Somali Health Authorities. As a member of the JHNP Steering Committee, SDC is able to influence the programme's orientation and policy discussions and further develop its profile in the sector.

In addition, as an active contributor to the Somali New Deal Compact and participant in the PSG5 Health working group, SDC actively contributes to the coordination mechanisms and related technical assistance in the health sector. These technical platforms consistently inform higher level policy dialogue in the health sector..

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### Sharing experience and evidence

SDC conducted the evaluation of the Nomadic Clinic (NC) model implemented in the North of Kenya, which was supported by the Danish government. The NC model is a mobile public health facility that moves between various locations according to a schedule determined by population density, seasonal factors and migration patterns. These community based facilities are

formally included in the public health system. Related support, development and sustainability are high in the agenda of the county's health plans. The findings highlight that the NCs offer an interesting model of health care delivery for under-served populations living in rural and remote areas. Currently SDC is in the process of engaging directly with Wajir county to support some health facilities with water supply and sanitation facilities. This collaboration together with the evaluation of NCs, will inform SDCs future investment in supporting community and nomadic health in the Northern counties of Kenya.

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### Building capacities of health institutions

Together with WHO, SDC supports the capacity building of the Somali Health Authorities in health financing, which is one of the critical pillars of building any health system. A mentoring programme was designed for Somali professionals working at the Ministry of Health to equip them with the essential tools to actively participate in the development of health financing. A consistent approach to capacity building is essential to ensure country ownership, direct responsibility of the Somali authorities, and a reasonable degree of sustainability in health sector financing. SDC is exploring ways to continue its support to capacity building.

In the Somali Region of Ethiopia, a new partnership is being established between Jigjiga University and the Swiss Tropical and Public Health Institute, focusing on capacity building, operational research and service delivery. The partnership uses Swiss know-how on integrated health services and the experiences among nomadic communities to carry out innovative operational research and delivery of basic services targeting specific human and animal health needs of pastoralist and semi-pastoralist populations.

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### Improving health facilities and basic health service delivery

Through its support to the construction and expansion of two health facilities (maternal sections) in the Waberi and Bondhere districts in Mogadishu (implemented by Islamic Relief Somalia), SDC has contributed to significantly improve access to quality medical treatment for over 16,000 patients suffering from different ailments. Complicated medical cases are referred to Banadir Hospital thanks to the SDC funded Ambulance.

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### Further Information

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