

# ACCESS TO HEALTH CARE AT COMMUNITY LEVEL IN SOMALIA

- ❑ People have access to Health facilities in urban settings only, yet the utilization is inadequate.
- ❑ People prefer to go to Private health facilities
- ❑ Access to health care is very difficult in rural areas. Where there are Lack of availability of H/F, transport problems, economic issues etc.
- ❑ How the Health Care Services are Organized: A). Primary Level (Referral Health Centre/District Hospital, Health centre, **Primary Health unit**, Health post). B). Secondary Level (Regional Hospitals). C). Tertiary Hospitals at big cities)

# Networks of CHWs

- ❑ There are over 2000 CHWs managed by various NGOs having different Names, and Responsibilities such as: Lady Health worker, CHW, Community Nutrition Volunteers (CNV), Community Health and Nutrition Volunteers.
- ❑ They are not in Fix posts but provide service as daily outreach from the health centre.
- ❑ Most of them handle drugs and distribute ORS, Zinc Tabs. Vit. A, Iron folic acid tablets, while some also treat pneumonia, diarrhea and malaria except the Lady Health worker.

## Networks of CHWs Cont.

- Each lady Health worker is responsible for 200 households, do registration of births and deaths, Refer/bring Women and children to H/C, distribute ORS.
- Currently there are 1,450 Lady Health workers functioning while 8,000 are planned to be recruited with the support of the World Bank.
- Oral Rehydration Points are established during outbreaks only.
- How to prepare an ORS Solution and its proper use has been translated into local Launguage for easy understanding and reference.