

Use Of Data in the Identification and Management of Critical Healthcare Challenges in Somalia

Case Study Activity

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Addressing Critical Healthcare Challenges in Somalia

You are the Director-General of Health Services at the Ministry of Health in Somalia.

Your dedication to improving healthcare delivery in the nation is evident, driven by a deep understanding of the intricate challenges that hinder progress.

The current challenges include leadership and governance issues, funding fragmentation, maternal and child health outcomes, the government's stewardship role, and the role of development partners.

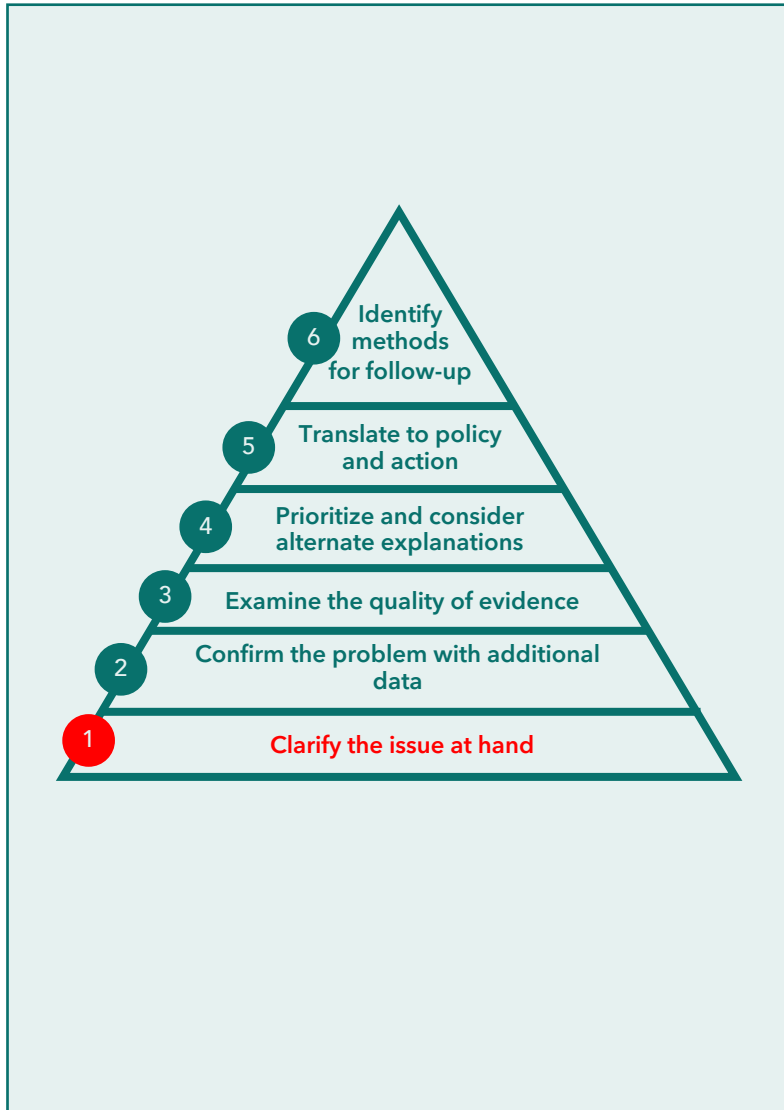
Your responsibilities involve leading efforts to resolve these complex healthcare challenges, in collaboration with a dedicated team, international organizations, and non-governmental partners.

Your expertise and leadership will play a critical role in bringing about substantial changes in the healthcare sector, with a particular focus on maternal and child health.

You will employ the six stages of the Socratic Triangle to gain a deeper understanding of the problem and formulate effective solutions.



1. Clarify the Issue at Hand



Discuss in your group how you would clarify the issues.

Reflect on:

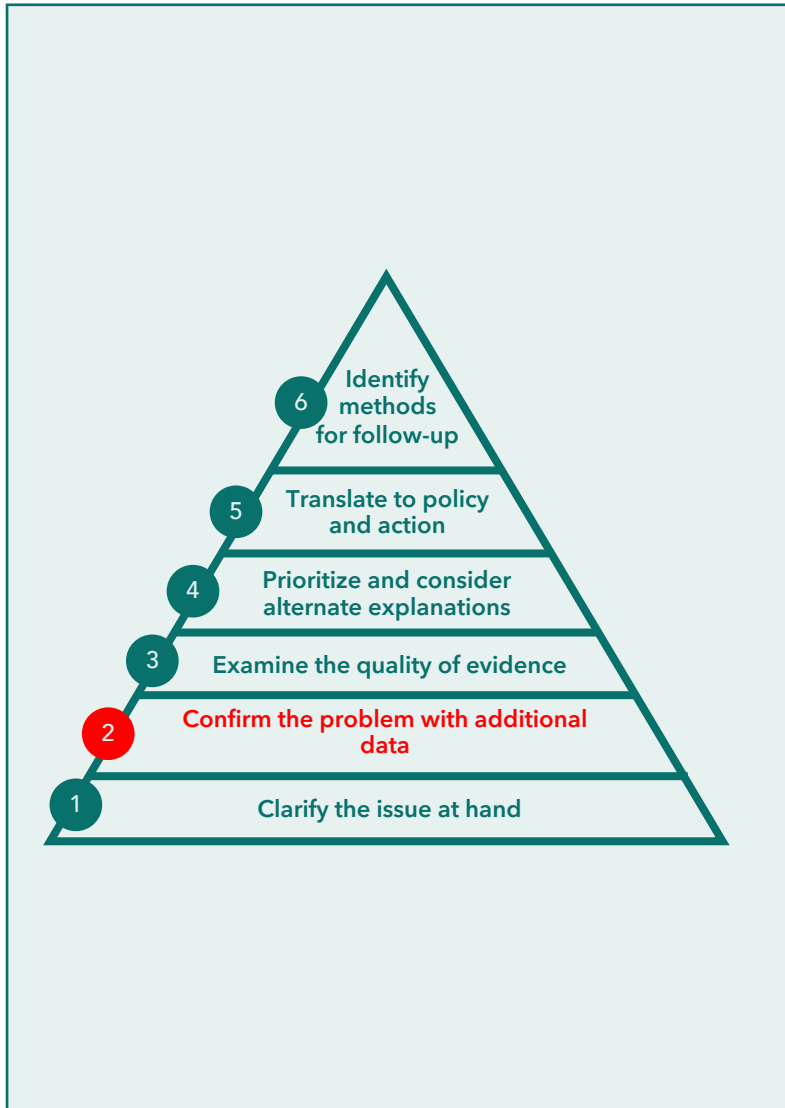
(5 minutes)

- **Who should know about the poor maternal and child health outcomes in Somalia.**
- **The 3 key questions you would ask them in order to learn more about the most critical aspects of the issue.**
- **How political ownership, governance, and leadership challenges intersect with these health outcomes.**

Write on your flipchart:

- The 3 questions you would ask about the maternal and child health performance.
- To whom you would ask them.

2. Confirm the Problem with Additional Data



Following your queries, additional evidence is presented. The results are presented in the following pages. **Reflect on:** (15 minutes)

- Whether there is evidence in the HMIS data of the maternal and child health challenges.
- Whether these data sources highlight any nuances or regional disparities in health outcomes.
- Other data would be useful to confirm the problem.

Write on your flipchart:

- 2 additional data sources which would further substantiate the maternal and child health challenges.

Estimating ANC1 coverage

SERVICE COVERAGE

Somalia

FINDING

Analysis of HMIS service utilization data suggests a **decrease in ANC1 coverage** in the last 4 years since previous official estimate by Directorate of National Statistics.

FINDING

Extrapolating the HMIS trendline to the most recent survey estimate, the estimated ANC1 coverage as of 2023 is 22%, an decrease of -8.8 percentage points. This estimate assumes that non-reporting facilities have similar trends as reporting facilities.

FINDING

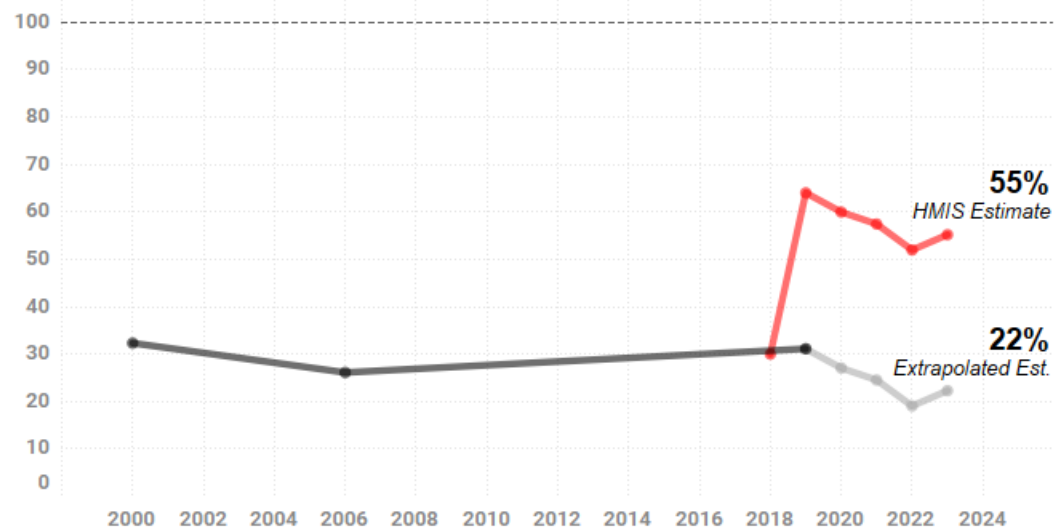
The Somalia HMIS estimates a 55% ANC1 coverage in 2023. The number of livebirths is estimated from reported delivery volume.

Coverage estimate for ANC1

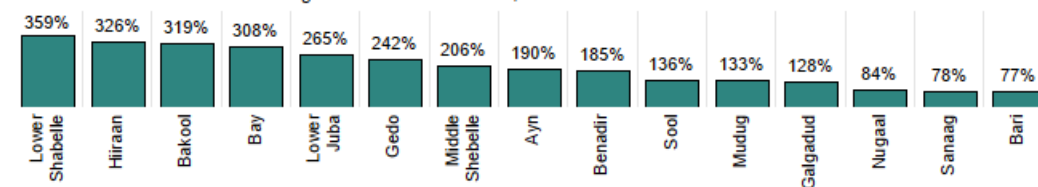
Somalia, 2000 to 2023

Official Estimate Extrapolated Est. HMIS Estimate

Disclaimer: These results use routine data to provide rigorous, but not official estimates. They should be interpreted considering any data quality or representation limitations, including the data quality findings presented in section one and any other country specific factors.



Subnational-level ANC1 coverage estimate from HMIS, 2021 to 2023



Estimating service coverage from administrative data can provide more timely information on coverage trends, or highlight data quality concerns. Numerators are the volumes reported in HMIS, adjusted for outliers and completeness. Denominators are selected from UN projections, survey estimates, or derived from HMIS volume for related indicators. National projections are made by applying HMIS trends to the most recent survey data. Subnational estimates are more sensitive to poor data quality, and projections from surveys are not calculated.

MICS data courtesy of UNICEF. Multiple Indicator Cluster Surveys in Somalia (various rounds) New York City, New York. DHS data courtesy of ICF. 2004-2017. Demographic and Health Surveys (various) Somalia. Funded by USAID. Rockville, Maryland: ICF [Distributor].

Estimating Delivery Coverage

SERVICE COVERAGE

Somalia

FINDING

Analysis of HMIS service utilization data suggests a increase in Institutional Delivery coverage in the last 4 years since previous official estimate by Directorate of National Statistics.

FINDING

Extrapolating the HMIS trendline to the most recent survey estimate, the estimated Institutional Delivery coverage as of 2023 is 23%, an increase of 2.3 percentage points. This estimate assumes that non-reporting facilities have similar trends as reporting facilities.

FINDING

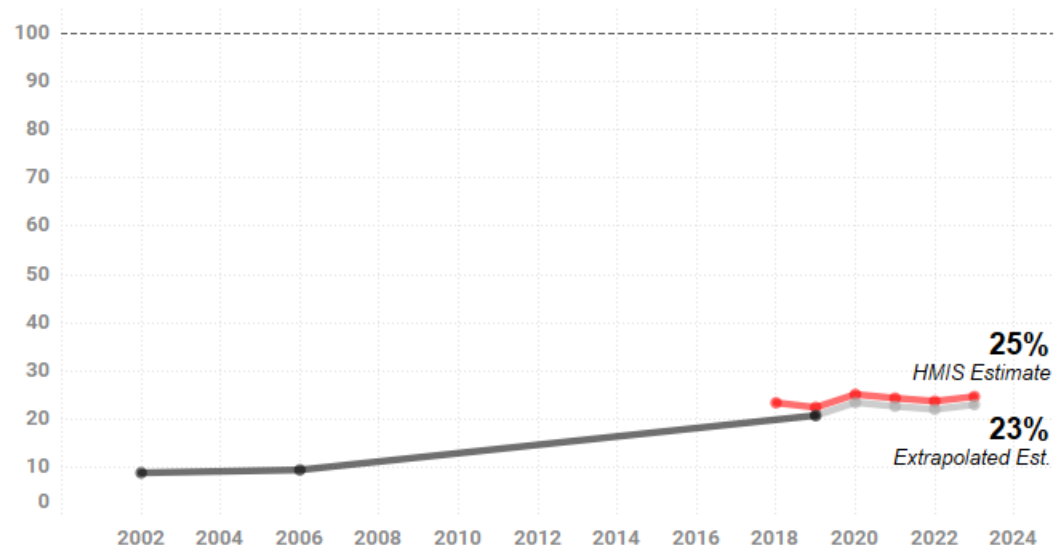
The Somalia HMIS estimates a 25% Institutional Delivery coverage in 2023. The number of livebirths is estimated from reported Penta1 volume.

Coverage estimate for Institutional Delivery

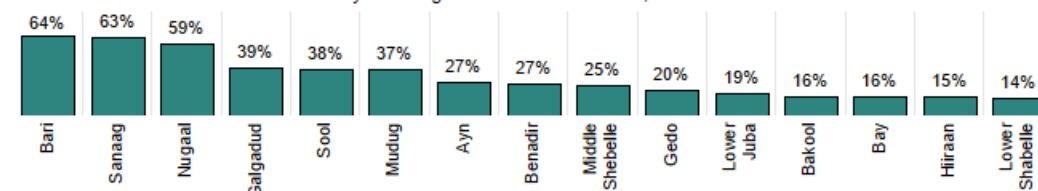
Somalia, 2002 to 2023

Official Estimate Extrapolated Est. HMIS Estimate

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Subnational-level Institutional Delivery coverage estimate from HMIS, 2021 to 2023



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Estimating BCG Coverage

SERVICE COVERAGE

Somalia

FINDING

Analysis of HMIS service utilization data suggests a decrease in BCG coverage in the last 2 years since previous official estimate by WUENIC.

FINDING

Extrapolating the HMIS trendline to the most recent survey estimate, the estimated BCG coverage as of 2023 is 36%, an decrease of -0.7 percentage points. This estimate assumes that non-reporting facilities have similar trends as reporting facilities.

FINDING

The Somalia HMIS estimates a 47% BCG coverage in 2023. The number of children under 1 is estimated from reported Penta1 volume.

Coverage estimate for BCG

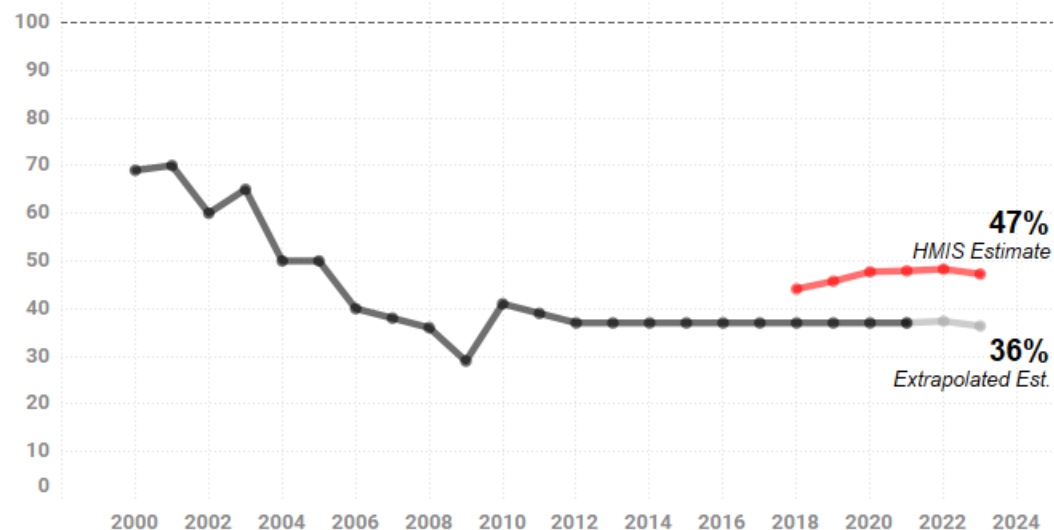
Somalia, 2000 to 2023

Official Estimate

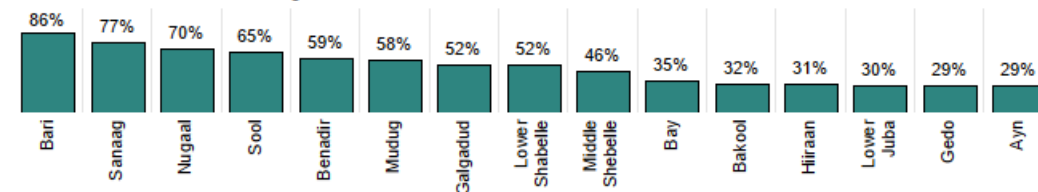
Extrapolated Est.

HMIS Estimate

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Subnational-level BCG coverage estimate from HMIS, 2018 to 2023



Estimating service coverage from administrative data can provide more timely information on coverage trends, or highlight data quality concerns. Numerators are the volumes reported in HMIS, adjusted for outliers and completeness. Denominators are selected from UN projections, survey estimates, or derived from HMIS volume for related indicators. National projections are made by applying HMIS trends to the most recent survey data. Subnational estimates are more sensitive to poor data quality, and projections from surveys are not calculated.

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Estimating Penta3 Coverage

SERVICE COVERAGE

Somalia

FINDING

Analysis of HMIS service utilization data suggests a increase in Penta 3 coverage in the last 2 years since previous official estimate by WUENIC.

FINDING

Extrapolating the HMIS trendline to the most recent survey estimate, the estimated Penta 3 coverage as of 2023 is 43%, an increase of 1.1 percentage points. This estimate assumes that non-reporting facilities have similar trends as reporting facilities.

FINDING

The Somalia HMIS estimates a 36% Penta 3 coverage in 2023. The number of children under 1 is estimated from reported BCG volume.

Coverage estimate for Penta 3

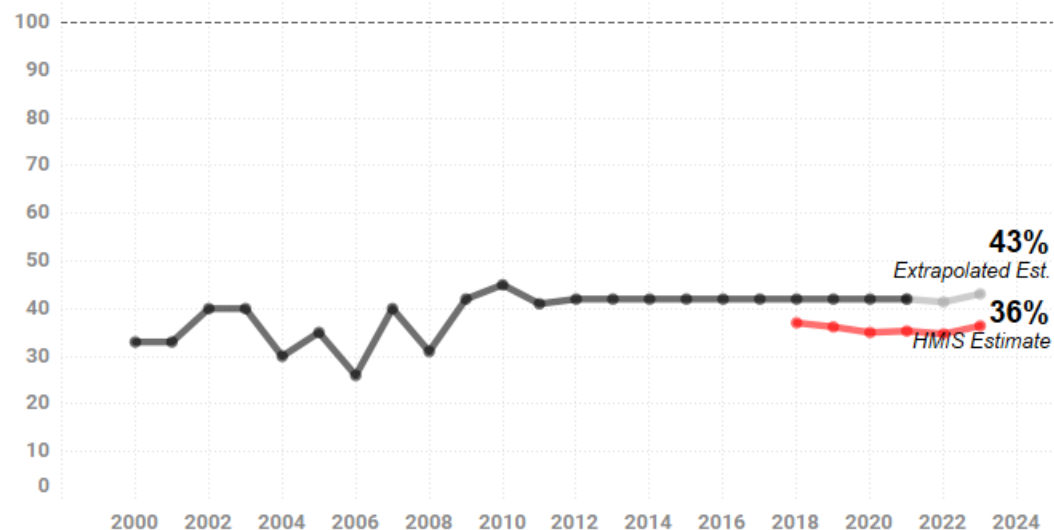
Somalia, 2000 to 2023

Official Estimate

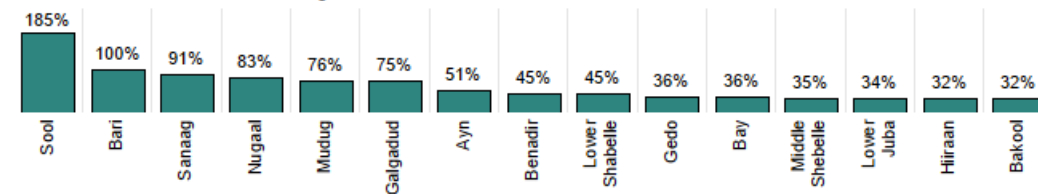
Extrapolated Est.

HMIS Estimate

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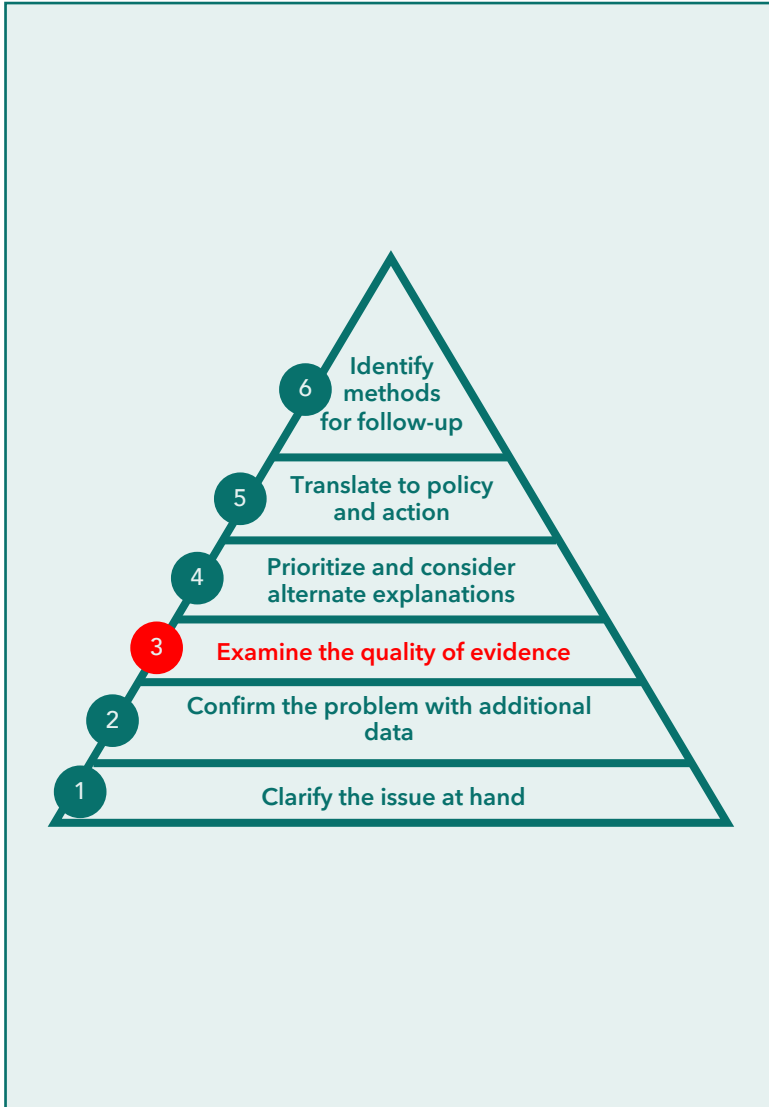
Subnational-level Penta 3 coverage estimate from HMIS, 2021 to 2023



Estimating service coverage from administrative data can provide more timely information on coverage trends, or highlight data quality concerns. Numerators are the volumes reported in HMIS, adjusted for outliers and completeness. Denominators are selected from UN projections, survey estimates, or derived from HMIS volume for related indicators. National projections are made by applying HMIS trends to the most recent survey data. Subnational estimates are more sensitive to poor data quality, and projections from surveys are not calculated.

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3. Examine the Quality of the Evidence



Discuss in your group how you would assess the evidence you just reviewed. Reflect on:

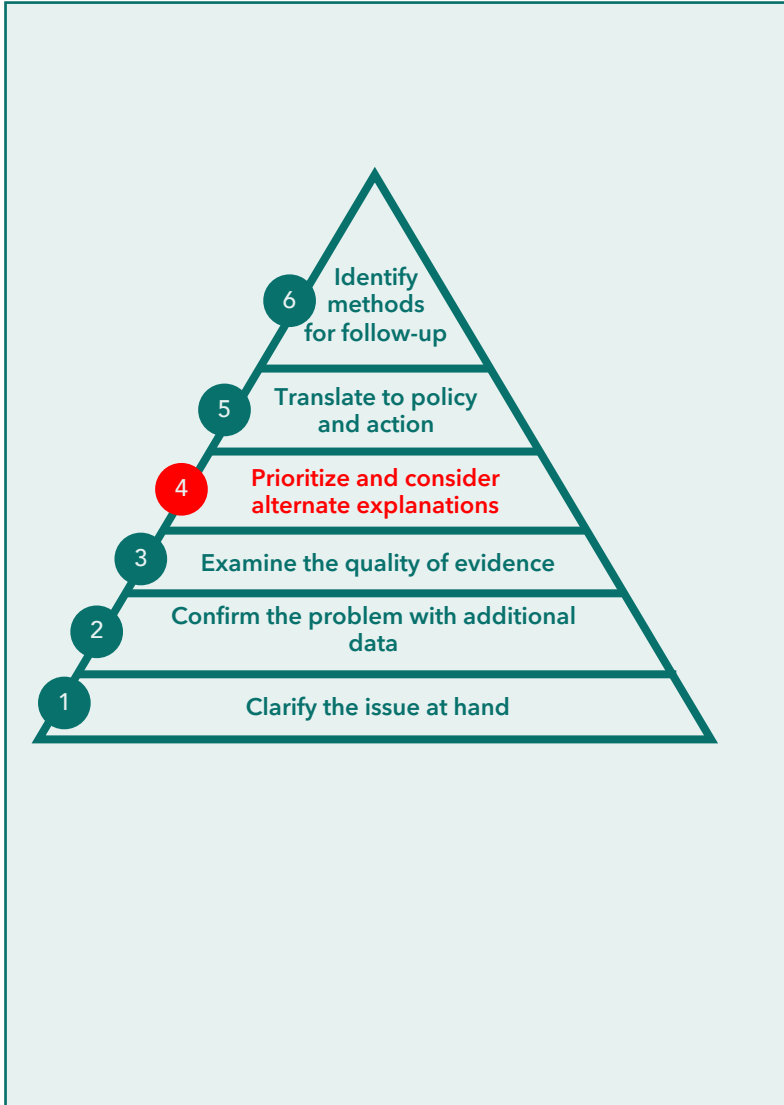
(5 minutes)

- The accuracy and reliability of the data
- The level of trust you can place in the data

Write on your flipchart:

- Any gaps in the data that need to be addressed to ensure a comprehensive understanding of the problems.
- One or two pieces of additional information you would need to feel confident in the quality of the data in front of you.

4. Prioritize and Explore Alternate Explanations



Discuss within your group. Reflect on:

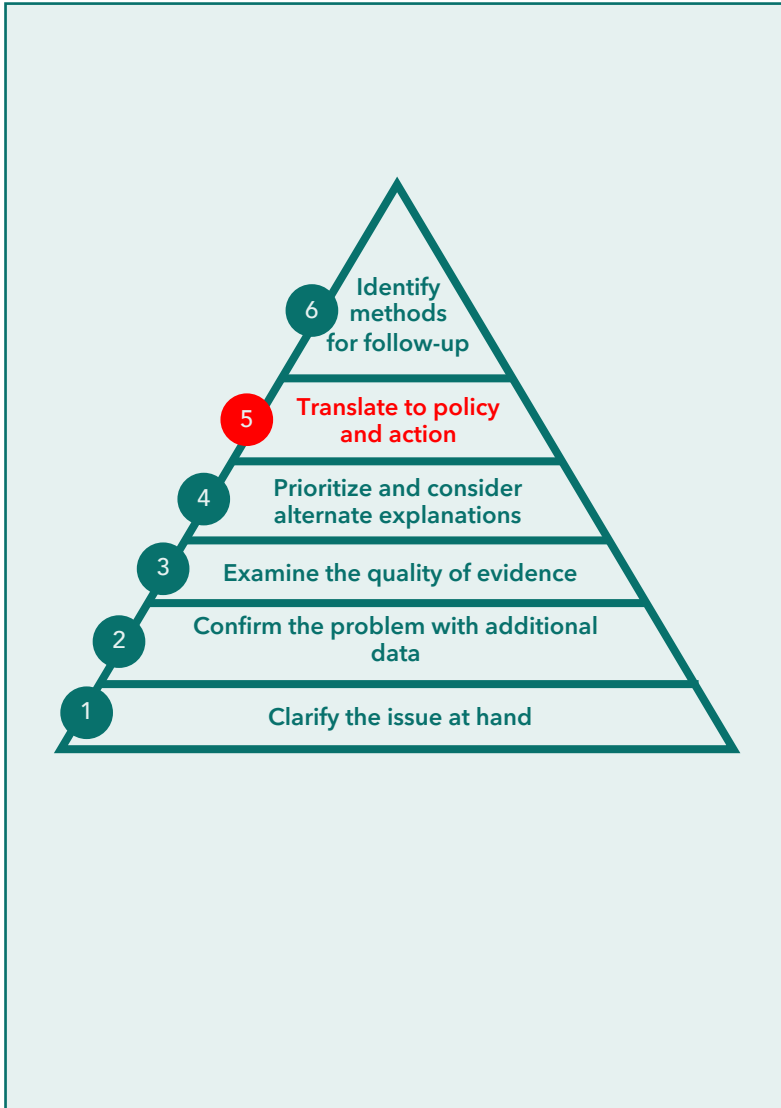
(10 minutes)

- The priority challenges in maternal and child health
- Alternative explanations for these challenges, including governance and leadership and funding fragmentation.
- The root causes of these alternative explanations and how they impact maternal and child health

Write on your flipchart:

- Two pieces of information that you would use to inform your prioritization process.

5. Translate to Policy and Action



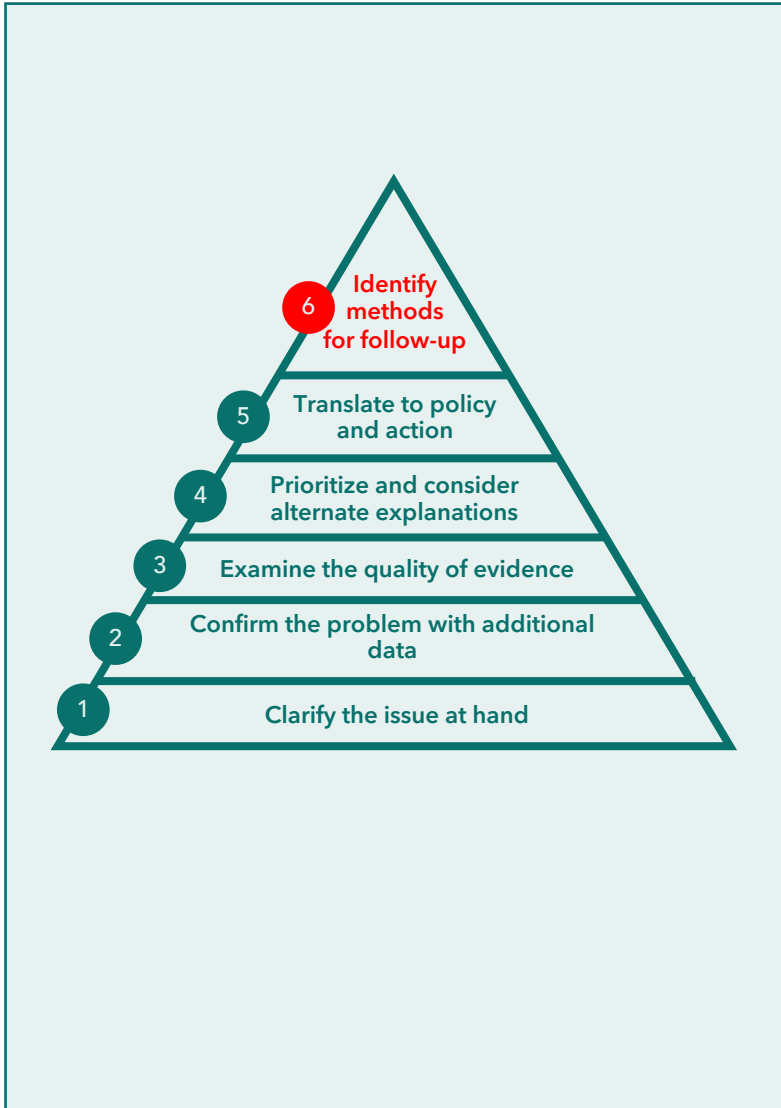
Discuss some of the ways that you can address this problem. Reflect on:
(10 minutes)

- Immediate actions that can be taken to improve maternal and child health outcomes, given all the insights received
- Immediate and short-term solutions that can address leadership and governance challenges in the health sector and funding fragmentation and disparities in healthcare access

Write on your flipchart:

- One short term response to counter the issues in a timely manner
- One longer-term action and policy changes needed for sustained improvements

6. Identify Methods for Follow-Up



Discuss in your group how you would follow up with your solution. Reflect on:

(10 minutes)

- The feedback loops to help you understand whether the issue is improving or not .
- What you would do if the problem wasn't solved.
- The feedback loops that would help you identify in a timely manner when and where similar problems occur again in the future.

Write on your flipchart:

- How you would assess whether the issues are improving in the short term.
- What type of systems, indicators and processes would provide you with the feedback loops needed to identify future challenges in a timely manner.