



PSI Piloting Implementation Update

July to September, 2020



BACKGROUND

PSI is implementing the Demand Creation for Health Services component of DFID's Somali Health and Nutrition Programme (SHINE) from July 2016 to March 2021 – Somali Advocates for Health and Nutrition (SAHAN). Under this programme, PSI aims to identify a set of prototypes (interventions) demonstrated to increase access to and utilization of reproductive, nutrition, child, and maternal health services and to promote healthy behaviors change.

PSI is using an adaptive, evidence-based, participatory approach to better understand the persistent barriers to uptake of health services and healthy behaviours and develop and test innovations in demand creation that target factors which influence individual behaviour to improve the health of Somali women of reproductive age (WRA) and children under-5. Using the socio-ecological model as a framework, these factors are understood to exist at and interplay between the individual, interpersonal, community, organizational and policy levels. Fundamentally this programme is re-envisioning how “demand creation” is done, using cutting-edge methods.

INTENDED RESULTS

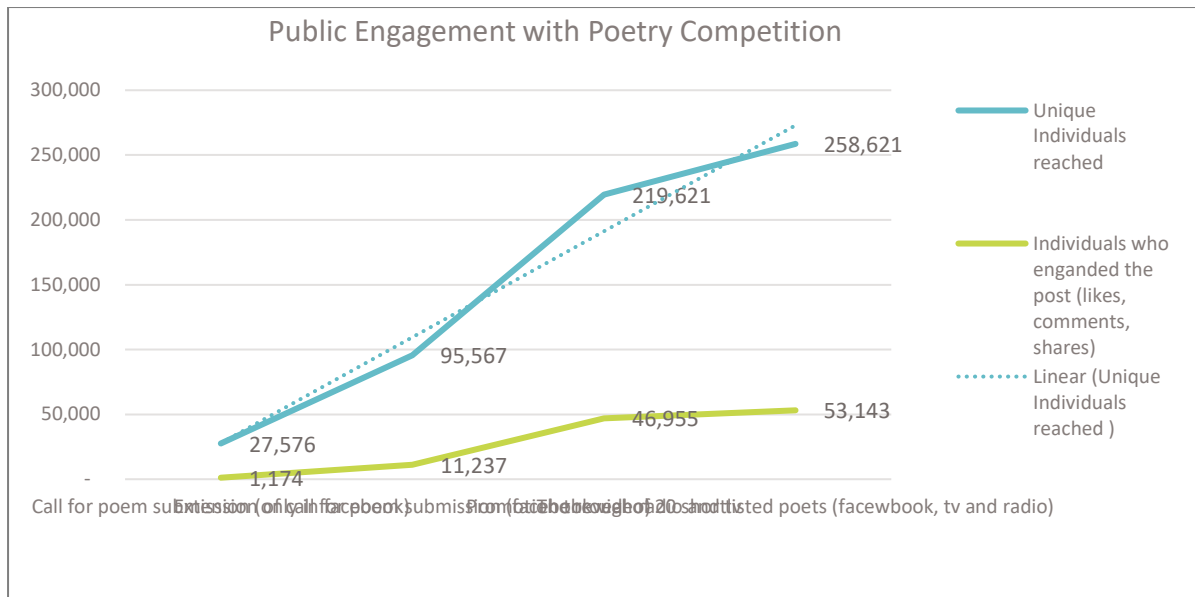
At the end of this programme, PSI intends to have developed evidence-based, user-informed and tested interventions, to drive demand for health services (in both the public and private sectors) and change health behaviours of women and caregivers of children under-5, packaged and ready to be implemented at scale with clear recommendations for contextual adaptations. To build this body of evidence, PSI, Somali health authorities and partners commenced the piloting of packaged interventions across EPHS regions in Somaliland and Somalia. PSI piloted activities in Awdal, Togdheer regions of Somaliland came to an end in 30 June 2020, while those in Karkar, Puntland, ended in September 2020. Media-based interventions also continued into the July-September 2020 reporting quarter.

A. MEDIA PROTOTYPES UPDATE

1. Poetry competition (Hiil Hooyo)

Hiil Hooyo is a poetry competition calling for Somali speaking poets, to use their creative talent as a channel to inform, educate and encourage women and their influencers on health topics (antenatal care, health facility delivery, nutrition and birth spacing) and encourage health service utilization and influence positive health seeking behaviour. After the previous two rounds on ANC and Nutrition themes in the previous quarters, the competitors were reduced to the final ten. This quarter, these final poets competed under the birth spacing theme. The 10 poems were scored by the judges and voted by the public. Public votes accounted for a weighting of 60% while the scoring by the judges accounted for 40%. The 5 top candidates from this round proceeded to the finals at the grand closing ceremony.

As with other media prototypes, SAHAN used social media metrics to gauge reach and engagement. During this round of the competition, social media reach was 459,478 people. Engagement was at 27,354 while there were 19,883 link clicks from the audience. During the 10-day voting period, 5,802 individuals submitted their votes, majority of which were votes from Banadir area (65.4%). The audience were campaigning for their preferred poet and mobilized others for the final stretch so that their candidate can win.



The competition had different level of engagements at different phases of the project as shown above.



The competition's closing and award ceremony was held on the 9th September 2020 in the presence of ministry of health officials and other stakeholders. The event kicked off with a presentation of Hiil hooyo competition design journey and its objectives. Thereafter, the five finalists were introduced to the audience via a short documentary showing their journey in the competition. Finally, the winners were awarded. The competition judges and other partners involved in the competition were also

congratulated and appreciated for their efforts.



Hiilhooyo Finalists: Ali Mahdi jibril, C/rsaqaq Craxmaan Maxed, Mustafe Dirir, Cabdinuur maxamed, and Deeqa nuur maxamed

1.1. Hiil Hooyo Competition Achievements:

- The campaign engaged a massive audience proving to be a viable medium to infuse health messaging.
- Social media turned out to be a vital channel to reach a large but geographically diverse audience in Somalia.
- The campaign gradually expanded to gain more active community participation and other submissions for the competition were received daily after the official deadline.
- The SUN movement was keen to continue with the competition format for nutrition messaging.

1.2. Hiil Hooyo Competition Recommendation:

- PSI and Somali health authorities should compile and distribute the poem recordings to the health facilities to be incorporated into their on-screen health education programs.
- Participants recommended that all the poems submitted in the competition be compiled in one book.
- In the future, means should be sought to sustain the competition as an annual event as it attracted the interest of many poets and public participation from the community.

2. Interactive Voice Response (IVR)/Shaafi

The IVR is an Interactive Voice Response mobile telecommunication-based health consultation service that provides an opportunity for an interactive question and answer session in the comfort and privacy of the user at no cost. This was implemented in partnership with Telesom through a corporate social responsibility agreement with SAHAN, using their existing Shaafi IVR to avail specifically designed health messages under SAHAN and to provide the needed evidence of access to actionable information through this platform. With the partnership, SAHAN working with the MoH expanded the available ANC messages to include nutrition and birth spacing messages. The partnership also allowed Telesom to increase their capacity to serve more callers per month. The IVR pilot came to an end on 30th June 2020 and achieved the tabulated results:

Months	Total ANC Calls	Total BS Calls	Total Nutrition Calls	Total SHAAFI Calls
Mar	5448	5540	3838	14826
Apr	47406	34875	21128	103409
May	75432	44616	24536	144584
Jun	60668	35222	19605	115495
G. Total	188,954	120,253	69,107	378,314

Below are some of the recommendations following the pilot:

- The health authorities should embrace the role of Telesom and private sector player in partnering and sustaining such innovations that have positive impact on improving health information and health seeking behaviour.
- In any future iteration or scale up of this prototype, social media promotion should be used to bring many people into the IVR as tested during this piloting period.

Telesom will continue to offer the expanded Shaafi IVR through its corporate social responsibility arm. Even though this may be at some limited scale (i.e. having a limited number of calls per month) due to limited resources, the messages will still be available and be sustained for a long time to come.

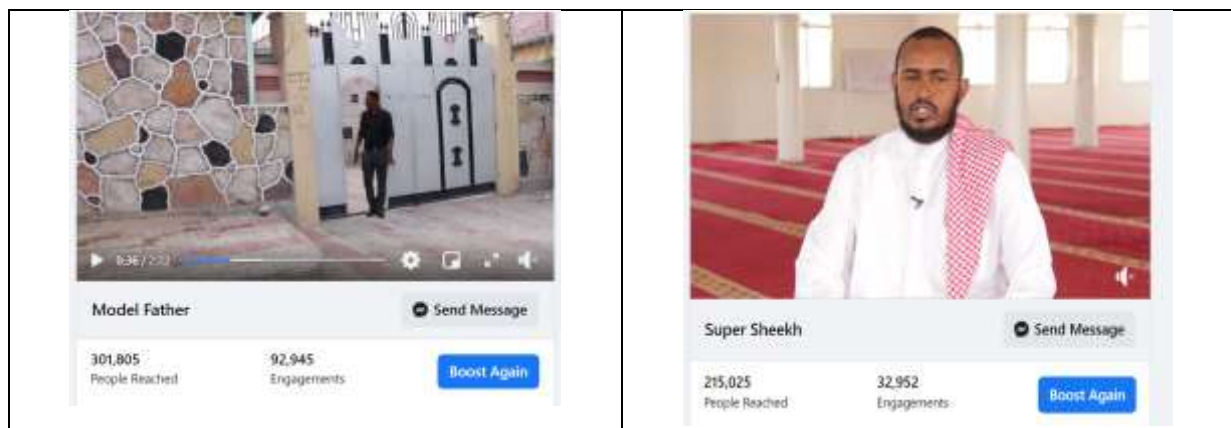
3. '1000 Days' Campaign

The '1000 days' is a media campaign designed to create a social movement that rallies the community towards supporting the woman during the period that she is described as most vulnerable and in need of emotional and psychosocial support – conception to 24 months postpartum. It targets influencers of these women (i.e. husbands, mothers, and religious leaders) with messages laced with cultural and religious calls to action. This campaign lives on TV Radio, Social media, and in Print.

The objective of the campaign was to complement other channels for a mass media to:

- Increase the knowledge of women of reproductive age and their influencers on maternal health and birth spacing.
- Create demand for maternal and child health services in the public and private sector.
- Ensure Mothers and caregivers of children under 5 understand the importance of immunization and the availability of this services available at the MCH.
- Create demand for and increase utilization of immunization services provided in the public sector.

Having completed the poster and TV & Radio placement schedules in the previous periods, this quarter we focused on two key influencers i.e. the Super Sheikh and Model Father. Short tv videos were developed posted on social medial to reinforce support for the mother from these unique individual influencer perspectives. The two videos had impressive engagements with the viewers as shown below:



These videos can be accessed through the following links:

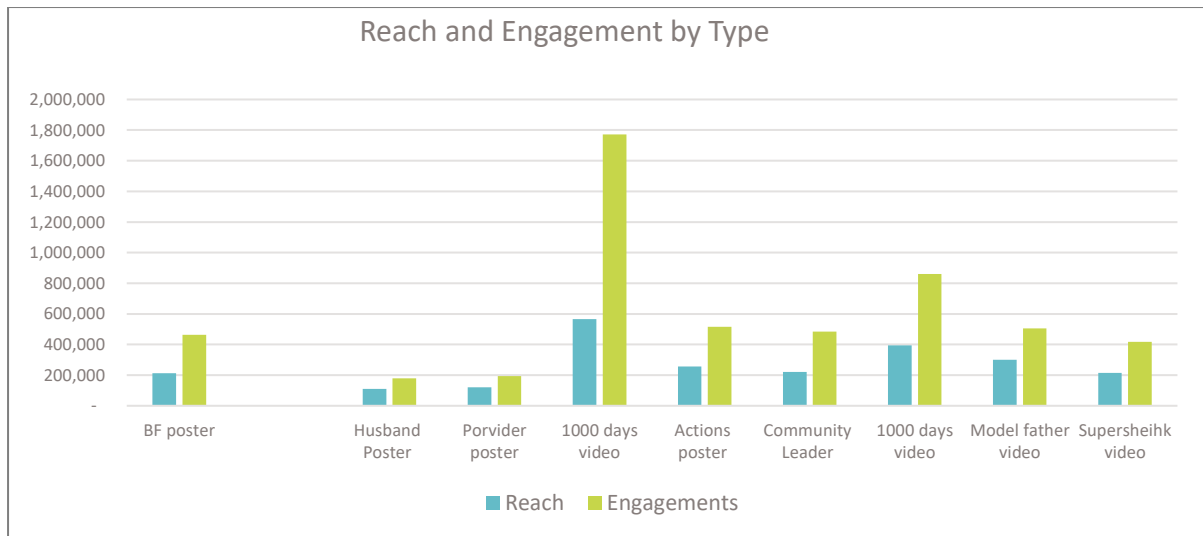
Model father:

<https://www.facebook.com/Olalaha1000CishoeUHoreeya/videos/340935613884012/>

Super sheikh:

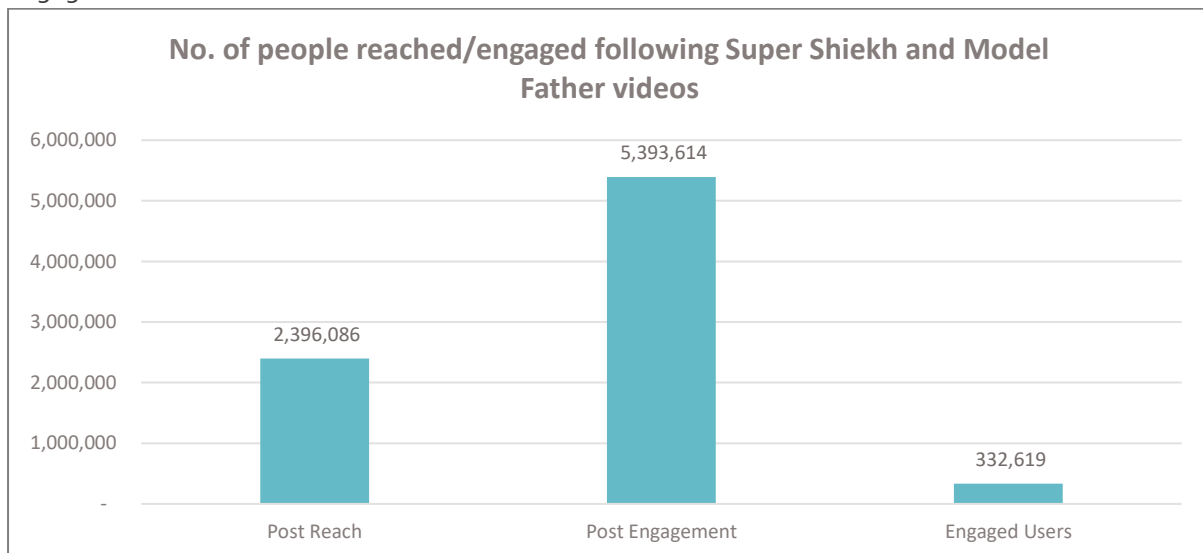
https://www.facebook.com/Olalaha1000CishoeUHoreeya/videos/super-sheekh/696275414307090/?so=permalink&rv=related_videos

The two videos helped to increase the overall reach of the '1,000 days' campaign 2020 as shown in the graph below:



Graph showing the performance of 1000 days posters and videos from inceptions to sep 2020.

The videos helped to attain an overall post reach of 2,396,086 with 5,393,614 engagements and 332,619 engaged users as shown below.



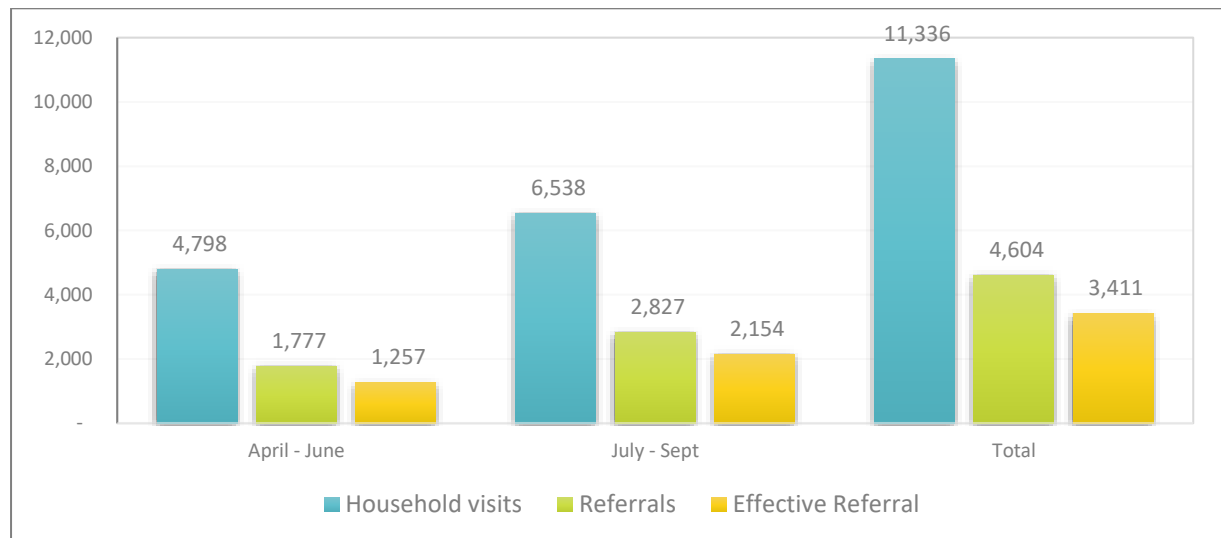
All other '1000 days' content can be found at: <https://fb.watch/1nNI-3aKaq/>

The '1,000 days' campaign pilot went on very well, achieving its main objective: acting as an umbrella campaign for all the behaviors in support of the Somali woman, during the period she's considered to be most vulnerable. The campaign together with the subsequent model father and super-sheikh videos and the poetry competition were able to ignite the need for the general population to support the mother as evidenced by the spin-off conversations in the campaigns. Majority of the viewers acknowledged the campaign did stir a need for them to play a more meaningful role in support of women in the society. A close review of the pilot results across the regions covered by the '1000 days' campaigns and other community level activities showed marked improvement in increase in knowledge and increased demand of services with a significant increase in immunizations services uptake which around 18% of services utilized, second only to ANC visits which was at 26%.

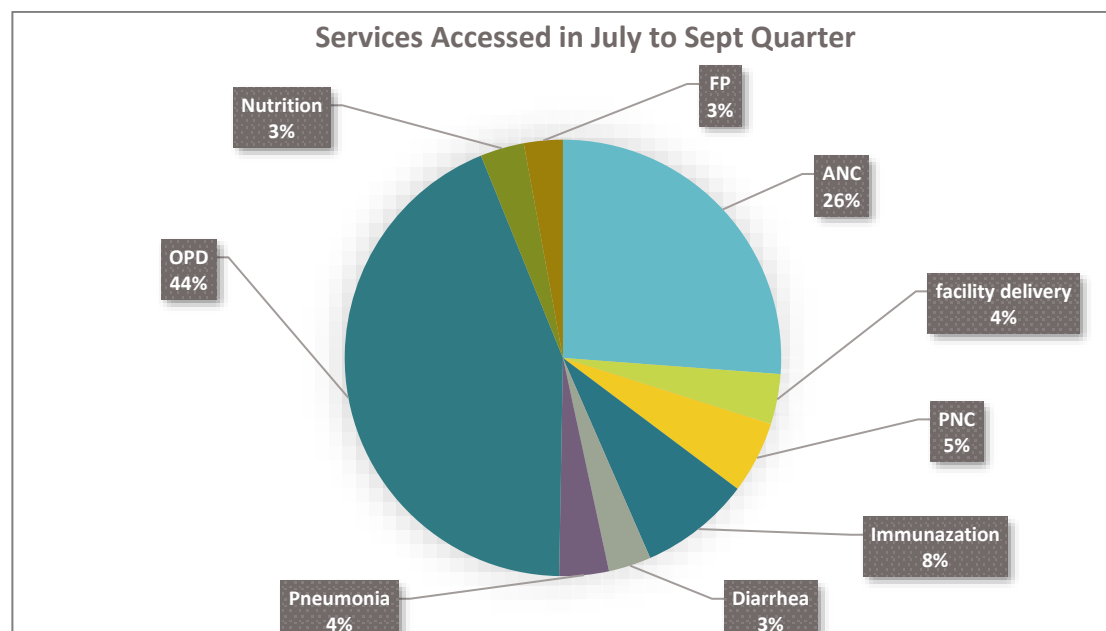
B. COMMUNITY BASED INTERVENTION PILOT IN KARKAAR REGION

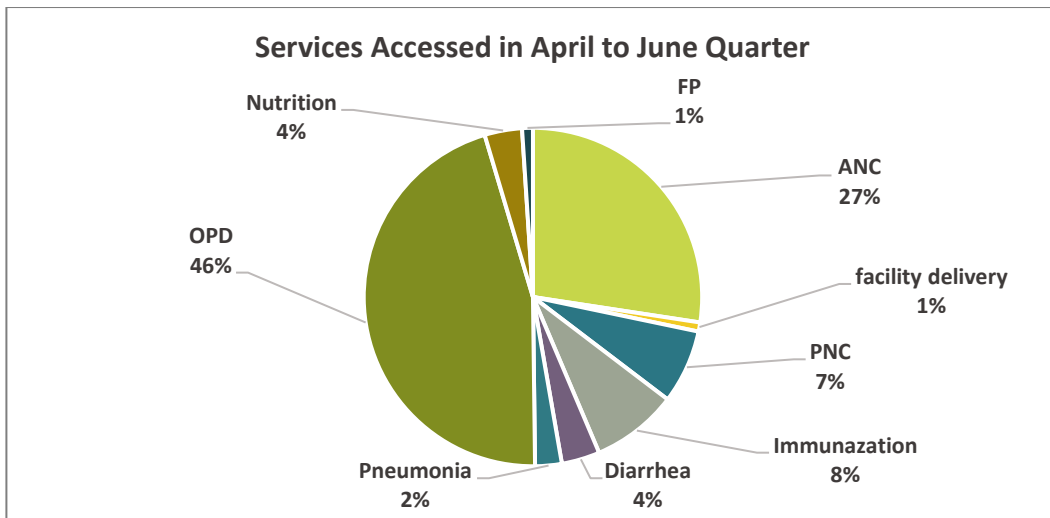
1. Hooyo- Ku- Hooyo (HkH) Intervention

The HkH intervention in Karkaar region was implemented in Waaciye and Gardho districts between April and September 2020. Over the six months of implementation, the female community champions (FCCs) made a total of 11,336 household visits. Of these, 4,604 cases were identified as having need for health services and therefore referred to the nearest health facility. 3,411 of those referred visited the health facilities and received a service, representing a 74% effective referral rate.



2,154 women of reproductive age and caregivers of children under 5 sought for services at the health facility. The pie-chart below shows the services accessed. OPD services was the most sought for (44%), followed by ANC services (26%).



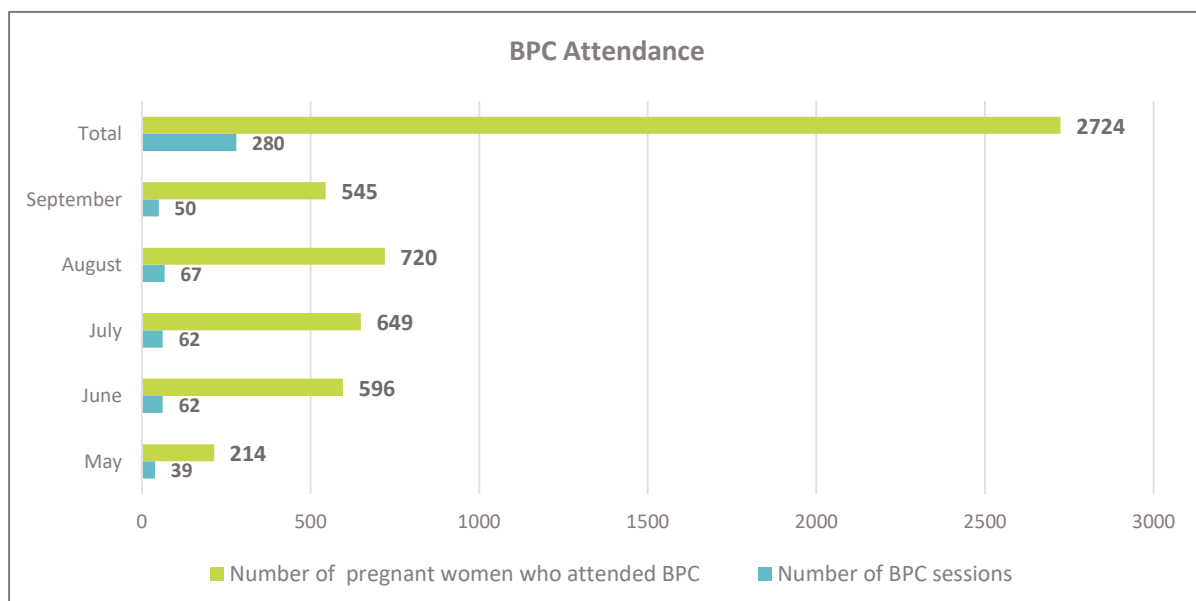


1.1. Observations and Recommendations during the reporting period.

- Some beneficiaries referred to the facility complained that they did not receive the medication they needed at the health facilities due to stock out.
- Health facility teams should try to make beneficiaries sent by FCCs feel welcome and serve them the best way possible.
- Attrition: Some trained FCCs' quit the job after they have gone through the training.
- Team leaders, FCC's and BPC facilitators need to have close collaboration and ensure that all the women who attend ANC introduced and recommended to participate in the BPC intervention.
- Some women were not reached because they needed the consent of their spouse to allow FCCs into their households.

2. Birth Preparedness Class (BPC) Intervention

Birth preparedness classes have been implemented in Karkaar region for the last 5 months i.e. from May to September 2020. The pilot covered 8 health facilities and their respective catchment populations. During this reporting period 179 sessions were conducted where 1,914 pregnant mothers were in attendance, 330 of which were mobilized through the HKH program.



2.1. Lessons learnt, challenges and recommendations:

- BPC sessions have succeeded in creating an open forum where mothers can share their pregnancy experiences together and gain knowledge on maternal and new-born child health matters. The classes addressed gaps in knowledge and the psychosocial and emotional support needed by the mother at this stage. Women groups were developed following BPC sessions, allowing women opportunity to support each other and discuss what they have learnt and encourage each other to attend subsequent sessions.
- The BPC has increased ANC₄₊ uptake.
- Timing of sessions: Majority of the health facilities where BPC was piloted had a problem with the evening sessions, saying that the participants would not come back in the evening. It is recommended to look at the best timing that would suit both the health providers and pregnant women.
- At the initial stages, there was very little commitment on the part of the pregnant women attending the sessions and those in attendance would often be late. However, this improved over time as the implementation progressed.
- Some of the health facilities do not offer deliveries in the evening and in the night causing some women who had completed the two BPC sessions and four ANC visits to deliver at home.
- Health facility in-charges in Karkar did not take the much-needed responsibility for the BPC sessions and left the program solely to the BPC facilitators.



Women attending a BPC session in Karkar region

3. Men's Club intervention

The Men's club intervention was rolled out successfully in Karkar mid-April. This followed the selection and recruitment of male champions with the help of the regional MOH team. 36 men were trained, out of which 20 were selected and recruited and started working from July 2020 as male champions. Since then, the male champions have reached and conveyed key health and nutrition messages to a total of 1,041 men in a series of 304 sessions. 813 men successfully completed the three recommended sessions while 147 attended two sessions and 79 attended only one session. A total of 363 referrals cards were issued to the men for their wives during the sessions with 153 (42%) of them subsequently going to the facilities and receiving a service.

Description	
Number of sessions conducted	304
Total number of men who attended the men's club	1,041
Percentage of men who attended all 3 sessions	78%
Total number of issued referral cards	363
Total number of effective referral cards	153
Percentage of effective referral cards	42%

3.1. Challenges:

- The men's club intervention was something out of the norm and a source of curious interest in most villages in Karkar being the first time see such men sessions were being conducted.
- Some of the referred women failed to get services at the health facility due to medical supply stockout in Waaciye. Large distance to the facility was another challenge. For example the distance to the referral health centre (RHC) is far away from the many villages.
- Some of the Men's club sessions were affected by the influx of new audience or participants given that the sessions are held in open fora, affecting the flow of the sessions.
- Limited time frame for the pilot of men's club in the region makes it difficult to measure the impact of the program.

C. SUPPORT SUPERVISION AND QUARTERLY REVIEW MEETING IN KARKAR REGION

In September, as part of the close out activities in Karkar region, a joint support supervision and review meeting was conducted in collaboration with the central and the regional MOH staff in Puntland. All the 8 health facilities that participated in the interventions were covered during the 5-day visits. Key personnel were interviewed mostly drawn from the facility team leaders, beneficiaries, and FCC's.

a) Successes and Impact of the SAHAN interventions.

From the review meeting, the following were highlighted:

- All data from the FCCs, BPC facilitators and the male champions was reviewed, and found to be clear, clean, and accurately captured. This also matched the data in the facility registers. This data was handed over to the regional MOH teams as part of the closeout procedures.
- The program changed the behaviour of the community and promoted health seeking behaviour as seen from a reported increase in use of services from health facilities, with a noted increase in new users which is commendable.

- The beneficiaries were against mothers giving birth at home because of the underlying risks and appreciated breastfeeding as a form of birth spacing. They mentioned family planning gives the mother the chance to care for her children and recover from pregnancy.
- The program was successful in promoting completion of 4 ANC visits and provided reminder booklets to the beneficiaries
- The community considered the door-to-door community intervention as an interesting model of health education and were appreciative of it.
- Men's club intervention was mentioned as helping more men to support their families by making better informed decisions as regards seeking of health services.
- Beneficiaries who were interviewed appreciated the interventions and mentioned the following benefits that they accrued.
 - ✓ Appreciated the health education, it increased their knowledge
 - ✓ Awareness of availability of services offered at the MCH.
 - ✓ Women now visit the MCH to take advantage of antenatal services offered.
 - ✓ Women benefited from MCH facility delivery and breast-feeding services.
 - ✓ Women got to learn about the different methods of family planning and can quickly access the FCCs in the community for more information and advice.

b) Sustainability

From the review meeting, the following came up:

- FCCs committed to work voluntarily 2 days a week instead of 6 days while the BPC facilitators will conduct a BPC class once a week after the project ends.
- The beneficiaries who gained knowledge from the visits by the FCCs were willing to sensitize others in the community.
- The meeting proposed to develop HKH booklets for them to refer to after the intervention ends to share with other unreached community members.
- Team leaders also mentioned that they will continue to support the continuation BPC sessions by encouraging the ANC providers to register the clients and prepare sessions for them to attend.
- The MOH will continue to advocate for the continuation of the community-based interventions by reaching out to other donors and partners to fund the programs.

c) Recommendations

From the review meeting, the participants had the following recommendations:

- There should be an increase in media-based interventions and coverage to complement the successful on-ground intervention and ensure visibility of the demand generation activities.
- All efforts should be made to continue and to expand the interventions to reach more districts in Puntland.
- All efforts should be made to ensure that the FCCs are linked to the facilities through engagement in mobilization and other facility-based activities to ensure the skills they gained are not lost.

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