HOOYO KU HOOYO
EVALUATION SUMMARY REPORT

October, 2020
EXECUTIVE SUMMARY

Under the SAHAN, a community-based intervention dubbed Hooyo ku Hooyo (HkH) was piloted in SHINE regions with the aim to contribute to the reduction of maternal and child mortality and support health systems strengthening for the Somali Health Sector. PSI and its implementing partners piloted HKH in Awdal, Sahil, and Togdher regions of Somaliland; Karkaar region of Puntland; Galguduud region of Galmudug; Banaadir region; and Gedo region of Jubaland.

The study was carried out in all the project regions (Sahil, Awdal, Togdher, Gedo, Galguduud, Banaadir and Karkaar) from October 2020 to December 2020.

The main objective of this evaluation study was to determine the appropriateness, effectiveness, and impact of HKH intervention in the project regions.

A mixed method approach was employed to achieve the objectives inclusive of desk review i.e. reviewing and synthesizing different implementation reports, and also included a qualitative section where key informant interviews (KIIs) were conducted targeting different intervention stakeholders. Another section of the study methodology was the quantitative section where beneficiaries were interviewed to effect of HKH on their health seeking behaviour and their knowledge on maternal and child health. Secondary data was also used, where analysis of health services utilization data extracted from DHIS2 in implementation was done. Routine program data (MIS) was also analysed.

The findings presented in this report are a combination of the methodology described and triangulated.

Over the life of implementation, 284,433 home visits were conducted, and 143,646 beneficiaries were reached. 56% of these were referred to the health facilities. 95% of those referred went to the health facilities for a service with ANC visits being the most common (26%) service received by beneficiaries.

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KEY FINDINGS:

This study found that the target communities where implementation was done emphasised the importance of HKH intervention highlighting that the project helped them to better be aware of the health services available to them, most without charges. A majority (71%) of the mothers interviewed found HKH very useful and welcomed to receive a home visit again in the future. Beneficiaries were particularly pleased with female community champions (FCCs) coming to educate them in their homes, a comfortable environment for them to listen as they do their routine home chores/activities. One of the health facility team leaders in Burao said “...HKH connected many vulnerable people to the health facility; those people may never have been to the health facility - even though they are not far away from the health facility...”.

Ministries of health also found HKH very useful and reported that they saw and felt the impact of HKH on health service utilization. DHIS 2 data in implementation regions showed an increment of health service utilization during the intervention period. This is supported by routine monitoring data which shows health service utilization had increased by more than the target of 5%.

Quantitative assessment showed that 66% of the mothers interviewed were given a referral card by the FCCs to visit a health facility and access healthcare services. 95% of those who were referred went to the health facility and accessed health services. Of these, slightly more than half (51%) were new users who reported that this was their first time ever to a health facility. Most (97%) of those who visited health facilities praised that health care services received as “very good” with (97%). 18% of them also commented that the facility staff were friendly 95% of the women interviewed said that it is important to space two consecutive childbirths with more than a year. 38% of them had knowledge on modern birth spacing. Short-term acting contraceptive methods were most common methods cited by most women (80%) while 41% of them also said they knew long term acting methods, particularly implant. Among current users of any method of birth spacing, only 30% reported that they were using modern birth spacing methods.

Majority of the women interviewed said that breastfeeding is very important for mother’s (89%) and the child’s (61%) health. 89% of them said that breastfeeding of the baby should start immediately after delivery and not later than the first hour.

It was also noted that it is important that supply side always precede demand side activities so that new users coming to the health facilities do not get disappointed and get the required services when they get to the health facilities.

Lack of transportation means for FCCs to reach much further afield target sites was cited as a challenge by some health facility team leaders as well as FCCs themselves.

HKH was shown to be effective in improving ANC, Immunization and other OPD services, thus, the availability of those services for both morning and in the afternoon is key for more demand creation successes.

HKH intervention was implemented in mainly urban setting targeting health facility catchment areas and it demonstrated to be effective in creating demand. Its implementation should in future be expanded to include more rural areas sites where most informants agreed that it is needed more than in urban areas.
SAMPLING

The total number of women reached, which is **143,646** was used as the sampling frame from which **200** participants was drawn from each region giving a final sample of **1,200** intended interviewees, where **1115** were interviewed successfully. To ensure representativeness and equal chances for all beneficiaries’ inclusion, simple random sampling technique was employed. Excel sheet randomization was used. After sorting from smallest to largest, first **200** participants were randomly selected in each region for 6 intervention regions.

STUDY LIMITATIONS

This evaluation depended on secondary data to a considerable extent. While triangulation was used to verify accuracy of data and related findings, there may be instances of inaccurate data especially from the DHIS2 which requires more data quality check mechanisms by the Somali health authorities.

It was challenging to reach beneficiaries for the telephone interviews, especially in Banadir and Galgudud. Several of the call did not go through as phones were off, had other persons responding or were unreachable. The data collection team had to do several attempts to reach the desired sample size. A lot of time was consumed by these many attempts.

The evaluation had no control group for reference. The need for stronger methodological approach to determine net effect of HKH intervention is one of the lessons learnt from this pilot project, thus, any future scale up will need to plan for strong end evaluation studies.

Having access to DHIS2 for all regions is important for services trend analysis. PSI has access to DHIS2 for most regions but lacked access to some like Banadir region.
HKH PROGRAM CHALLENGES

- Some of the facility team leaders and FCCs cited lack of transport for FCCs to reach some target sites within the facility catchment areas as a challenge experienced during implementation. As the intervention progressed, FCCs had to travel longer distances to reach the working sites that had not yet been covered.
- Some referred beneficiaries expected to receive not only health services at the facilities but also to get some hand-outs e.g., sugar and cooking oil has had been done in other interventions by other actors in the past. Others also expected to be treated differently and be given priority to other patients at the health facility since they had a referral card.
- During the pilot implementation period, the intervention produced a large amount of data. In proved to be extremely challenging for data entry to be done by the M&E person recruited per region in addition to their day-to-day routine M&E activities. At some point, extra help in the form of a data entry agency had to be brought on board to complete all data entry. In future implementation, more M&E staff should be considered per region.

LESSONS LEARNT

- It is vital that demand creations activities be conducted when similarly addressing issues on the supply side. Issues such as shortage of commodities and availability and readiness of service providers should be sorted so as not to reverse the gains that may have been achieved working with beneficiaries who finally adopt a health seeking behaviour.
- Conducting health education sessions in the women’s homes was effective in increasing the knowledge on health and encouraging them to use available health services. This was mainly because the women enjoyed the freedom and comfort of being in their own homes and the ability of the FCCs to easily determine and sometimes observe the health needs of the women and their children as well.
- Issuing of facility-linked referral card to those beneficiaries that needed health services accompanied follow-up visits by FCCs proved to be a very effective strategy in encouraging the more reluctant women to eventually visit a health facility.
- Having a realistic and challenging target for effective referral for the teams also seemed to be an effective strategy that worked as was exemplified in Togdher region where the number of referred women increased significantly when the targets where emphasised.
CONCLUSION

• The evaluation study found that HKH pilot was appropriate with most of the community members talking of its importance to them. They were more than willing to have the implementation be done in their community in the future. Health facility team leaders also acknowledged its importance having seen its impact first-hand on patient numbers in their respective facilities.

• The study showed that HKH pilot was very effective in reaching its goal of creating demand for health care services in the public health facilities. DHIS2 and HKH routine monitoring data both showed that health care service utilization increased during HKH interventions in the selected regions, more so among new users.

• The HKH pilot had positive impact of beneficiary’s health seeking behaviour among its target audience who were educated, encouraged, and convinced through the HKH pilot to seek health care services. The study found out that majority of the mothers referred to the health facilities were new users and had not visited a health facility before.

• The HKH pilot also increased the knowledge of women on maternal and child health. The findings indicated that the level of knowledge of women on the health topics discussed during home visits was high.