Final Narrative Report
1st December 2018 – 30th June 2020
Submitted: 30th of July 2020
Somali Advocates for Health and Nutrition (SAHAN) Programme
Somaliland
Health Poverty Action
Sub-Award Number: 4313-HPA-01Dec2018

Final Narrative Report
Reporting Period: 1st December 2018 – 30th June 2020
Submitted: 30th July 2020

Acronyms:
ANC         Antenatal Care
DFID        UK Department for International Development
HC          Health Centre
HKH         Hooyo Ku Hooyo
HPA         Health Poverty Action
FCI         Female Community Influencer
OPD         Outpatient Department
PNC         Post-Natal Care
RHC         Referral Health Centre
RHO         Regional Health Office
SAHAN       Somali Advocates for Health and Nutrition
SBA         Skilled Birth Attendance
SHINE       Somali Health and Nutrition Programme
SBC         Social and Behaviour Change
WRA         Women of Reproductive Age

Introduction:
HPA has been implementing the Somali Advocates for Health and Nutrition (SAHAN) Programme which comprises the Demand Creation for Health Services component of DFID’s Somali Health and Nutrition Programme (SHINE) programme. Under this programme, the project aims to increase access to and utilisation of reproductive, nutrition, child, and maternal health services, and to promote healthy behaviour change. HPA has been using an adaptive, evidence-based, participatory design to better understand the persistent barriers to uptake of health services and health-seeking behaviour and in turn develop and test innovations in demand creation that target the internal and external factors which influence individual behaviour to improve the health of Somali women and children.

Objectives
- Creating demand for health services, which requires an understanding of what is considered desirable to a specific population.
• Understand what is most viable and relevant within a specific healthcare setting.
• Understand which aspects of the intervention core to its effectiveness and which aspects of the intervention are adaptable based on the context.

**Outputs**

• Conduct supportive supervision of all FCIs, to ensure they are effectively delivering the knowledge to their communities.
• Conduct health sessions of four household visits of Women of Reproductive Age (WRA), per day, over six working days.
• Refer 24,290 WRA to a Health Facility for different health services.

**The Scope of Work**

HPA has been implementing the pilot of the Hooyo ku Hooyo prototype under SAHAN, in the Sahil region of Somaliland. This is a community engagement prototype, targeting women of reproductive age (WRA) and caregivers of children under 5 on a one to one basis in their households, to address maternal and child health issues (ANC, SBA, PNC, birth spacing, maternal neonatal & child nutrition, immunization, diarrhoea and pneumonia). A total of 10 health facilities comprised of 3 Referral Health Centres (RHCs), 5 Health Centres (HC) and 2 Hospitals were incorporated into the pilot. As part of the project, the RHO/HPA selected 50 Female Community Influencers (FCI) from the 10 different health facilities (mentioned above) of Sahil region to create demand for health services. The selected FCIs were trained to conduct home visits to women of reproductive age (WRA) and caregivers of children under 5. During these home visits, FCIs provided health education on maternal and child health issues and helped link these women to their nearest health facilities. In addition, they conducted follow up home visits targeting mothers who were more reluctant to go to health facilities for several reasons, to educate them and encourage them to attend health facilities.

For this prototype, HPA was piloting in Berbera and Sheikh District, Sahil region of Somaliland, at the following Health Facilities. Targets were as follows:

**Table 1: Revised SAHAN project targeted health facilities’ catchment populations**

<table>
<thead>
<tr>
<th>Health Facilities</th>
<th>Catchment Population</th>
<th>Original Targets</th>
<th>Revised Targets</th>
</tr>
</thead>
<tbody>
<tr>
<td>Berbera Hospital/Moskow</td>
<td>80,000</td>
<td>1,400</td>
<td>2,820</td>
</tr>
<tr>
<td>Sheikh Hospital</td>
<td>20,000</td>
<td>2,800</td>
<td>4,800</td>
</tr>
<tr>
<td>Abdal RHC</td>
<td>11,500</td>
<td>1500</td>
<td>3,040</td>
</tr>
<tr>
<td>Lasciilde RHC</td>
<td>10,000</td>
<td>1,400</td>
<td>1,700</td>
</tr>
<tr>
<td>Godweyn RHC</td>
<td>10,000</td>
<td>1,400</td>
<td>2,800</td>
</tr>
<tr>
<td>Berbera Central HC</td>
<td>10,000</td>
<td>1,400</td>
<td>1,920</td>
</tr>
<tr>
<td>Bulahar HC</td>
<td>6,000</td>
<td>840</td>
<td>840</td>
</tr>
<tr>
<td>Jamalaye HC</td>
<td>10,000</td>
<td>1,400</td>
<td>2,800</td>
</tr>
<tr>
<td>Suuqsade HC</td>
<td>5,000</td>
<td>700</td>
<td>1,730</td>
</tr>
</tbody>
</table>
These original targets reflected an initial planned implementation period of December 2018 to August 2019. There were some delays in the start-up of the project and as such implementation had been slower than originally anticipated. Due to this, a budget realignment and contract amendment was agreed in September 2019 resulting in an extension of the project until June 2020. Given this, and after observing the rate of each group with their clusters, the team revised the targets as shown.

Table 2: Distribution of FCIs by health facility catchments.

<table>
<thead>
<tr>
<th>Site</th>
<th>Number of FCIs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Berbera Central HC</td>
<td>4</td>
</tr>
<tr>
<td>Jamalaye HC</td>
<td>6</td>
</tr>
<tr>
<td>Moskow HC</td>
<td>6</td>
</tr>
<tr>
<td>Abdaal RHC</td>
<td>6</td>
</tr>
<tr>
<td>Lasodacawo HC</td>
<td>4</td>
</tr>
<tr>
<td>Bulahar HC</td>
<td>2</td>
</tr>
<tr>
<td>Laasciidle RHC</td>
<td>4</td>
</tr>
<tr>
<td>Sheikh HC</td>
<td>8</td>
</tr>
<tr>
<td>Godweyn RHC</td>
<td>6</td>
</tr>
<tr>
<td>Suuqsade HC</td>
<td>4</td>
</tr>
<tr>
<td><strong>Total FCIs</strong></td>
<td><strong>50</strong></td>
</tr>
</tbody>
</table>

Project Start Up Activities

1.1. Recruiting Program Staff

In March 2019, HPA recruited fully in a very transparent and open process attended by the ministry of Social and Family affairs, 5 members of Sahan Program staff (2 communication officers, 1 Behaviour Communication Officer, 1 assistant and 1 finance assistant) and in September 2019, HPA also recruited one project driver.

1.2. PSI Orientation to HPA project staff and team leaders:

The PSI team oriented HPA project staff on the Hooyo ku Hooyo process, and that this prototype would be implemented in Sahil region. HPA and PSI jointly conducted a one-day orientation training for the four SAHAN project staff to ensure that they were sensitised to the project and its outcomes. Following this, SAHAN staff conducted a two-day orientation training to 10 staff from the RHO and MCH team leaders from March 20th - 22nd. As well as
providing overall understanding of the project and its outcomes, the key objective of training was to ensure that the HC team leaders become responsible for the identification and recommendation of the FCIs from the pool of Community Health Volunteers based on set guidelines.

1.3. Training, identification, and selection of 50 Female Community Influencers to work in the community: -

HPA and RHO nominated an initial cohort of 90 potential FCIs from the chosen areas of the programme. After the selection of FCIs, HPA organized and facilitated two rounds of three-day trainings in Berbera, dividing the selected FCIs into two groups of 45. Group one was trained from 14\textsuperscript{th} - 16\textsuperscript{th} April and group two from 17\textsuperscript{th} – 19\textsuperscript{th} April 2019. The trainings were jointly conducted by HPA trainers and PSI’s Social and Behaviour Change experts. The aim of this training was to introduce the FCI about the prototype. It also led to the selection of the best 50 members among the 90 potential FCIs.

Following the written and verbal tests, 50 women were selected and recruited by a selection panel which included HPA and RHO staff. After the selection and training of the 50 FCIs, SAHAN staff conducted a field visit to distribute 50 FCI kits which included branded hijabs, umbrellas, bags, FCI manuals, register books, referral cards and pens. This kit was designed to support both visibility of the project and aid the FCI’s work in referring patients.

For the other 40 FCIs who were not chosen, they became ‘reserves’ for the programme. Having trained all the cohort, this was an important mechanism to have in place to ensure that there would be easy and quick replacements for the FCIs who were not performing well or who moved away from the project areas. Throughout the course of the project, the project has recruited 7 of the reserve FCIs to replace those under-performing in the programme.

2. Program Activities and Results

Activity 2.1: FCIs home visits.

Due to some delays in project start-up, which were previously discussed, FCIs started conducting their first home visits on 1\textsuperscript{st} May 2019. FCIs worked in pairs travelling among households in their communities – initially from 6 a day to 5 after discussion with the MoHD and HPA. They prioritise the most vulnerable or hesitant community members to engage them on health seeking behaviour (based on their knowledge and experience). Using their FCI manuals, the knowledge they have gained through the training and regular support and monitoring, the FCIs take time to sit with women/mothers in the comfort of their own homes for at least thirty minutes and go through various health topics. The topics covered during these home visits were around maternal health issues including the importance of ANC, facility delivery, postnatal care and birth spacing, as well as child health topics such as effective prevention and treatment of diarrhoea, pneumonia, under-5’s nutrition and the importance of full immunization. These were discussed in their own homes at their own
convenient time to foster a positive and supportive environment to improve the chances for good retention of information. They also support referring mothers and children if they have any health complaints at the time of the visit, using specifically developed referral cards.

Over the project lifetime, FCIs have conducted a total of 47,563 home visits - with 9,878 completed in the final quarter (April-June 2020) of the project.

The graph shows that there was a notable increase in the number of home visits conducted by FCIs as the project continued implementation. Positively, there was a dramatic increase of 163% from Q2 to Q4 of the project – denoting that the FCIs were carrying out their work as planned. However, in the last two quarters of the project (Jan – June 2020), due to COVID-19, this figure has reduced due in part to the government travel restrictions in place throughout the country which made FCI travel to the households very difficult. Throughout the project lifetime, FCIs have demonstrated a lot of progress regarding their efficiency and effectiveness of sending key messages to the beneficiaries. This has been tracked and analysed through a monitoring and evaluation assessment conducted by the HPA team and the Regional Health office.
Despite the reduction in numbers of household visits conducted, throughout the project lifetime, the project has retained an average 85% effective referral rate of those having attended health facilities to receive different health services. HPA estimates that the number of effective referrals would have been higher in the last two quarters, particularly for April – June, if the Covid-19 pandemic had not struck, as many beneficiaries were afraid of going to health centres due to fear of catching Covid-19. Compared to previous quarters, the last two quarters of the project maintained positive effective referral rates of 83 and 86% respectively, despite the pandemic.
There are several reasons which have caused a difference between the number of referrals made and number of effective referrals (meaning the figure is not closer to 100%). In part, this is because some mothers require repeated follow-ups and reminders to encourage them to visit health facilities. Repeated visits to encourage this health seeking behaviour are time consuming – though the project did make good progress on this. Other reasons for the difference between referrals and effective referrals can include objections regarding the need for referral from mothers and mother in laws, or traditional/cultural medicine, beliefs and practices, including that of giving birth at home and remaining at home up to 40 days after birth. Further, there are still un-registered TBAs (i.e. not associated with CHANGE project) that are still performing home deliveries in the rural areas. This combined with the Covid-19 pandemic in the last 2 quarters and the associated stigma and fear of attending health facilities has had an impact on the effective referral rates, though the project believes that good progress has been made.

Whilst the project has made great progress, the biggest obstacle that still exists is the presence of cultural barriers, including objections from the husband or the belief in traditional/cultural practices and medicine over health facility treatment. This is particularly notable in the rural areas. HPA are, however, aware that these long-standing beliefs will take time to shift and as such, believe that continuation and support of this work will help entrench these messages within the community.

Table 3: Number of home visits, referrals and Effective referrals by FCIs: May 2019 to June 2020.

<table>
<thead>
<tr>
<th>Result</th>
<th>Total Q2</th>
<th>Total Q3</th>
<th>Total Q4</th>
<th>Total Q5</th>
<th>Total Q6</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of home visits</td>
<td>4,926</td>
<td>8,663</td>
<td>13,003</td>
<td>11,093</td>
<td>9,878</td>
<td>47,563</td>
</tr>
<tr>
<td>Number of referrals</td>
<td>1,470</td>
<td>2,519</td>
<td>2,645</td>
<td>2,697</td>
<td>2,574</td>
<td>11,905</td>
</tr>
<tr>
<td>Number of effective referrals</td>
<td>1,242</td>
<td>2,283</td>
<td>2,177</td>
<td>2,247</td>
<td>2,224</td>
<td>10,173</td>
</tr>
<tr>
<td>Referrals/Home Visits</td>
<td>30%</td>
<td>29%</td>
<td>20%</td>
<td>24%</td>
<td>26%</td>
<td>25%</td>
</tr>
<tr>
<td>Effective referral rate</td>
<td>84%</td>
<td>91%</td>
<td>82%</td>
<td>83%</td>
<td>86%</td>
<td>85%</td>
</tr>
</tbody>
</table>

Given the nature of the project and consistent across the project lifetime, the majority of the beneficiaries referred were done so for maternal health and nutrition services consisting of those treated at OPD and those seen at the MCH.
OPD
During the life of the project, FCIs referred beneficiaries to health facilities of Sahil region to receive OPD services in 2,751 (27%) of all referred cases, which shows that the highest referral was for the OPD services of under 5 children and mothers. The reason why OPD was the most referred services is because the prototype has placed an emphasis on targeting the most venerable people in the community who are usually mothers and children.

ANC
2,063 (20%) of the effective referrals to health centres were for ANC. This was the second highest of referred services to Health facilities. This is not a surprise given that the FCIs were targeting pregnant mothers to help prevent complications during delivery and ensure they received appropriate care beforehand. Further, this is due to the fact the SAHAN programme is working to complement the CHANGE programme – which is improving women and child health in the region.

SBA and Family Planning
During the project, SBA (3%) and Family Planning (1%) were consistently the least referred services out of the total referred cases. This shows that there is still a great need for effective and comprehensive demand creation of these services in the region.

Whilst they have consistently been the least referred services during the project, there has been notable increase in the numbers as the project has progress. At the start of the project period there were only 6 SBA referrals which dramatically increased to 133 referrals in the last quarter. In part this is due to the HPA team providing the FCIs with a register for every pregnant mother in their area who they could help link to referring in the health facility. This is a 49% increase and denotes the positive impact that project had.

In regard to FP, there has been a similar increase with only 9 cases having been referred in the first quarter, compared to 28 in the last quarter. This shows the that communities positively absorbed the health education delivered by the FCI.

In some of the quarters we have indicated that there were several obstacles and traditional contextual barriers of getting FP methods among the communities where most of the men are not happy to child space their children.
PNC
At the start of the project, FCIs referred only 78 cases for PNC, compared to the project high of 359 in Q5 – a positive 360% increase. Whilst they have only referred 161 in the last quarter of the project due to Covid-19, on the whole throughout the course of the project there has been a steady positive increase in the numbers being referred which is a testament to the work of the FCIs.

PNEUMONIA
Similarly, with Pneumonia referrals there have been steadily increasing numbers throughout the project lifetime. This has risen from 166 in Q1 of the project to 244 in Q6.

UNDER NUTRITION
FCIs started with 142 cases of referred for nutrition, compared to 4 cases in the final quarter of the project – which could be attributed to increased understanding of the nutrition services available by both FCIs and mothers.

IMMUNIZATION
In the first quarter of the project, FCIs started with 114 cases referred for the different type of immunization, while in the last quarter of the project they have referred 225 cases. In total during the projected they have referred 1,210 cases to health facility.

Table 4: Reasons for referrals/health facility visits facilitated by FCI – Whole Project

<table>
<thead>
<tr>
<th>Service</th>
<th>Total Q2</th>
<th>Total Q3</th>
<th>Total Q4</th>
<th>Total Q5</th>
<th>Total Q6</th>
<th>Total</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>ANC</td>
<td>295</td>
<td>464</td>
<td>401</td>
<td>452</td>
<td>451</td>
<td>2,063</td>
<td>20%</td>
</tr>
<tr>
<td>SBA</td>
<td>6</td>
<td>15</td>
<td>27</td>
<td>76</td>
<td>133</td>
<td>257</td>
<td>3%</td>
</tr>
<tr>
<td>PNC</td>
<td>78</td>
<td>122</td>
<td>163</td>
<td>214</td>
<td>161</td>
<td>738</td>
<td>7%</td>
</tr>
<tr>
<td>Immunization</td>
<td>114</td>
<td>366</td>
<td>249</td>
<td>256</td>
<td>225</td>
<td>1,210</td>
<td>12%</td>
</tr>
<tr>
<td>Diarrhea</td>
<td>185</td>
<td>169</td>
<td>206</td>
<td>161</td>
<td>177</td>
<td>898</td>
<td>9%</td>
</tr>
<tr>
<td>Pneumonia</td>
<td>136</td>
<td>247</td>
<td>250</td>
<td>231</td>
<td>244</td>
<td>1,108</td>
<td>11%</td>
</tr>
<tr>
<td>Other OPD cases</td>
<td>277</td>
<td>615</td>
<td>666</td>
<td>652</td>
<td>541</td>
<td>2,751</td>
<td>27%</td>
</tr>
<tr>
<td>Under nutrition</td>
<td>142</td>
<td>259</td>
<td>208</td>
<td>177</td>
<td>264</td>
<td>1,050</td>
<td>10%</td>
</tr>
<tr>
<td>FP/Birth spacing</td>
<td>9</td>
<td>26</td>
<td>7</td>
<td>28</td>
<td>28</td>
<td>98</td>
<td>1%</td>
</tr>
<tr>
<td></td>
<td>1,242</td>
<td>2,283</td>
<td>2,177</td>
<td>2,247</td>
<td>2,224</td>
<td>10,173</td>
<td></td>
</tr>
</tbody>
</table>
Table 5: Reasons for referrals/health facility visits – April – June 2020

<table>
<thead>
<tr>
<th>Service</th>
<th>Apr-20</th>
<th>May-20</th>
<th>Jun-20</th>
</tr>
</thead>
<tbody>
<tr>
<td>ANC</td>
<td>165</td>
<td>178</td>
<td>108</td>
</tr>
<tr>
<td>SBA</td>
<td>59</td>
<td>35</td>
<td>39</td>
</tr>
<tr>
<td>PNC</td>
<td>64</td>
<td>59</td>
<td>38</td>
</tr>
<tr>
<td>Immunization</td>
<td>63</td>
<td>64</td>
<td>98</td>
</tr>
<tr>
<td>Diarrhea</td>
<td>68</td>
<td>76</td>
<td>33</td>
</tr>
<tr>
<td>Pneumonia</td>
<td>98</td>
<td>79</td>
<td>67</td>
</tr>
<tr>
<td>Other OPD cases</td>
<td>209</td>
<td>209</td>
<td>123</td>
</tr>
<tr>
<td>Under nutrition</td>
<td>112</td>
<td>112</td>
<td>40</td>
</tr>
<tr>
<td>FP/Birth spacing</td>
<td>10</td>
<td>10</td>
<td>8</td>
</tr>
</tbody>
</table>

Graph 4: Reasons for Referrals to HF (April – June 2020)

Graph 5: Reasons for Referrals to HF (May 19 – June 2020)
2.2 Review Meetings with FCIs

Over the course of the project, HPA and the RHO have conducted routine monthly review meetings of the SAHAN project. In total, 14 review meetings were conducted at the 10 health facilities in the SAHIL region.

The main reasons for conducting these meetings were to monitor the FCIs and review their work for each month. This also provided the opportunity to discuss and review successes, problems lessons learned throughout each month – as well as the opportunity to provide feedback to strengthen their work going forward.

As this project was a pilot prototype, HPA and the RHO have both learnt a lot – mostly that the need for having FCIs working in the field was very important to helping achieve the project targets. The main notable benefits are:

- Female Community Influencers are a community centred approach that bridges between Community, Health Centres and SAHAN Program who are responsible in delivering health messages to the mothers
- Female Community Influencers demonstrate that even one person can be an effective agent for change and encourages self-driven community engagement.
- Female Community Influencers reduces the risks of the rumours against health service uptake of the community, thus possessing the ability to ensure a positive relationship between a healthcare and the community.
- They are the community entry point who are primary aspects of an interaction, encompassing both verbal and non-verbal communication skills.

Following each review meeting the project has distributed the tools required for SAHAN documentation, including cards, register books, report forms and some SAHAN uniform when necessary. The project has also evaluated the attendance of the FCIs and their performance, with no major issues cited this quarter.

Three members of the HPA team including the Communication Officer, BCC Coordinator and MEAL Assistant completed cross checks of the register book against FCIs reports to ensure
data accuracy. They also reviewed the number of effective referrals against the HC register books to help review the effectiveness and efficiency of the SAHAN programme.

At the end of each review meeting, information was gathered regarding the feedback of the project. This was gathered through both the FCIs, health center staff and the beneficiaries. The feedback from the FCIs varied between quarters, but the main similarity was to encourage the continued success that the SAHAN project has provided to the communities. The success of the FCIs has been shown in the demand creation. The pregnant women and mothers have also been extremely appreciative of their support, as seen in the case study reports. As such, there is high demand to continue the programme.

2.3. Follow Up of Referrals

Effective referral systems from the community to the health care facility are essential to save lives and ensure quality and a continuum of care. To maintain follow up, referral cards were used to ensure that all the mothers referred, actually attend health facilities to seek treatment, in part to sustain the health of children under five years. As such, the FCIs closely monitor all mothers they give referral cards to.

FCIs conduct household visits twice per a week on two consecutive days. On the first day, each mother receives messages regarding the general medical issues that can be treated at the health facilities, as well as discussion of their needs and then there is a referral if necessary. On the second day, FCIs conduct follow up visits to further discuss what they mentioned on the first visit, as well as assessing the understanding of the mothers from the first visit. As such, this methodology ensures that FCIs can feel confident that mothers have fully appreciated their messages, and as such, will be attending health facility services.
In addition to the above modality of delivering messages, it is noted that not all mothers effectively respond to the referrals, and as such FCI’s consistently follow up afterwards with those who have not yet reached health services (co-ordinating with the health facilities to achieve this).

HPA M&E team were regularly following up through phone calls to the mothers to check if referred mothers had been served well by the health centres. It was also to make sure that number submitted by the FCI were correct. Finally, most of the beneficiaries have responded positively to the work of FCIs – with no complaints or issues cited.

2.4 Supportive Supervision

During the project period, HPA SAHAN team conducted monthly supportive supervision to all 50 FCIs who are working in pairs. The aim of this monitoring and supervision was to supervise the work of the FCIs and provide any feedback. HPA and Regional Health Office conducted joint monitoring supportive supervision for 10 days in each quarter.

In the last quarter the supervision team was focusing on reviewing how the FCIs managed to compile health messages for both SAHAN and COVID-2019. It was noted that the strategy of adding these components together has worked well.
Other key activities conducted during this supervision were the on-site refresher training to some FCIs delivered by HPA. On the job training and coaching has been provided to all health centres where the SAHAN program is active (Central HC, Mosko and Jamalaye HC, Bulaahar HC, Suuqsade HC, Lasodacawo HC and Lasciidle HC). The training was specifically provided to team leaders with the aim of improving their capacity to coach the FCIs in the field.

Further beneficiaries’ feedback was discussed and analyzed in terms of how much they have benefitted from the messages delivered. The results showed that the beneficiaries of the project were increasingly understanding the key health messages, and the importance of attending health facilities for delivery. Much improvement has been noted on the efficiency of passing key health messages as seen in the feedback delivered by the FCIs following the assessment. During supervision, FCIs and team leaders were introduced to new ways of improving the service utilization of lower indicators – using ANC registers.

In Quarter 5 of the project, all FCIs were provided with special ANC tracking forms which were used to monitor the pregnancies of all mothers in the target communities. This means that all details regarding their pregnancy are recorded and as such, FCIs can be sure to check back on mothers when they are coming up to the time of attending ANC appointments. FCIs will therefore be able to provide support to the mothers and help ensure they attend health facilities for their necessary ANC appointments, skilled delivery and PNC. Positively, following the implementation of these tracking forms – we are pleased to see a positive increase in the utilization rates for indicators such as PNC, SBA and FP – which demonstrates the usefulness of this tool.

**Lessons Learnt**

- In some communities, it was initially difficult to successfully teach people about the nature of the programme. For example, some of the mothers coming to health facilities had a perception that the referral card would give improved access to additional services. FCIs have been supported by Team Leaders to manage expectations that this is not the case and that they will receive normal services while stressing the importance of these services.
- COVID-19 has become a global pandemic and has affected beneficiaries, programme and health staff through both infection and through travel restrictions during the last 2
quarters of the project. This issue affected the FCIs in Sahil region, but during the last two quarters the programme we have adapted their roles slightly to include key Covid-19 prevention methods. HPA closely reviewed the situation in-country to ensure that appropriate measures were put in place and project activities were adapted as necessary.

- Health Facilities utilization rate have increased and each facility received new users of the service available – the project has been extremely useful in increasing utilization rates and referring both mothers and other patients to the health facility, some of whom it has been their first time going to a health centre.

- Close mentorship of FCIs by the RHO and HPA team should has been helpful to increase their knowledge from the training.

- Having both Health and Nutrition services available in each Health Facility appears to have improved overall health status of the region. Working on both projects at once gives a great opportunity to look at the dynamic way these projects will work together and impact on each other.

- Integration of demand creation to the ongoing EPHS service provision has been effective; working alongside the CHANGE project improved service provision and quality from the supply side. Working hand in hand for both projects at once gives a great opportunity to look at the dynamic way these projects will work together and impact on each other.

- Reduction in household visits per day, resulting in more time per household has positive results and ensures that knowledge is well entrenched.

- Tracking down mothers who give birth outside of the health facilities or out of the project scope will help improve future impact of the project. The SAHAN group has successfully installed an ANC form and will distribute it to every area where FCIs work to receive more information behind why mothers might not be referring to health facilities.

- FCIs are very keen to continue working voluntarily which is a testament to the project and all it has achieved.

- The unique nature of visiting mothers in their homes without them having to attend sessions in an allocated location has worked very well and resulted in positive receptivity from the target groups. In part we believe this is because there have been no additional costs involved for the mothers or a loss of time/ability to maintain their other responsibilities.
**Challenges**

✓ For the future, HPA and other Partners should consider the impact of climate change more because most of the FCIs reported that due to the hot summer weather, some families in the coastal regions tend to temporarily migrate out of their regular communities in Sahil, reducing the population of the region as they move to cooler areas. This is a seasonal pattern of movement in the areas and families have returned to the areas after the hottest season of the year ends around late August to early September, so can be predicted well.

✓ It should be noted that SAHAN Project ownership can take time to become institutionalized within national and local levels, including operationalizing concrete policies and programs to implement.

✓ COVID- 19 was a huge challenge faced on SAHAN Program this quarter, since it was hard to observe social distancing and facemasks due to the climate in Sahil region as well as the denial from the community.

✓ The end of SAHAN program will slow the ongoing demand creation activities in Sahil region, 50 FCIs will be released also HPA attached staff will not be there for demand creation activities.

✓ There are tremendous challenges and opportunities that need to be addressed in areas facing hardship. For instance, some of the beneficiaries live far away from the health facilities and they may need transportation support to visit the facilities.

**Recommendations**

- Encourage greater level of health programmes ownership in the community so that the FCIs can be volunteers advocating for health among their respective population.
- Provide new community demand creation interventions which co-exist with the current prototype to ensure holistic engagement on maternal and child health issues.
- Offer rewards to hard working and effective FCIs to increase task delivering competition and encouragement.
- If future similar programmes run – FCIs should be trained to assess nutritional deficiencies of mothers and children.
- MOH to support the role of FCIs