SAHAN (HkH) Project Quarterly Report

April-June (Q5 2020)
Contents
List of Abbreviations ........................................................................................................................................ 3
List of Figures: .................................................................................................................................................. 3
List of Tables: .................................................................................................................................................. 3
Background ....................................................................................................................................................... 4
Quarterly Overview......................................................................................................................................... 4
Supportive Supervision: ................................................................................................................................. 7
Other Highlights:.............................................................................................................................................. 7
  Coordination Meetings .................................................................................................................................. 7
Challenges & Issues: ......................................................................................................................................... 8
Lessons Learnt:.................................................................................................................................................. 9
Annexes:............................................................................................................................................................. Error! Bookmark not defined.
  2. Updated SAHAN Asset Register .................................................................................................................. Error! Bookmark not defined.
  4. Quarterly VFM report .................................................................................................................................... Error! Bookmark not defined.
  5. Updated Risk Matrix ...................................................................................................................................... Error! Bookmark not defined.
List of Abbreviations

ANC  Antenatal Care  
DFID  Department for International Development  
DHO  District Health Office  
FCIs  Female Community Influencers  
FP  Family Planning  
HCO  Health Communication Officer  
HkH  Hooyo Ku Hooyo  
HMIS  Health Management Information System  
MCH  Mother and Child Health  
MOH  Ministry of Health  
OPD  Outpatient Department  
PNC  Post-natal Care  
PSI  Population Service International  
SAHAN  Somali Advocates for Health and Nutrition  
SBC  Social Behavior Change  
SHINE  Somali Health and Nutrition Program  
VFM  Value for Money  
WRA  Women of Reproductive Age

List of Figures:

Figure 1 WRA & Total Sessions Trend 2020................................................................. 5
Figure 2 Delivery VS FCIs Referrals 2020 ................................................................. 6
Figure 3 FP VS FCIs Referrals 2020........................................................................ 6

List of Tables:

Table 1 WRA and Total Sessions Trend Q5 2020...................................................... 4
Table 2 Total Referrals VS Effective Referrals 2020................................................... 5
Table 3 Effective Referrals: Services Received Q5 2020........................................... 6
Background
Action against Hunger in partnership with Population Service International (PSI) is implementing Somali Advocates for Health and Nutrition (SAHAN) program in selected districts of Banadir Region – it is an innovative, adaptive program and a critical component of the Somali Health and Nutrition Program (SHINE) funded through DFID which complements the SHINE Supply component being implemented in Banadir region. The SAHAN program has a strong user-centered design component that designs, tests, and iterates various SBC interventions.

The objective of the program is to raise awareness and increase utilization of maternal and child health and nutrition, immunization and risk factors associated with preventable diseases like Malaria and Diarrhea and promote health behavior change among the target households in three targeted districts – Abdiaziz, Hodan and Waberi.

Quarterly Overview
During the reporting period, Action Against Hunger sustained the demand creation component (SAHAN) despite the challenges faced during implementation due to the COVID-19 pandemic in the operational areas in Waaberi, Hodan and Abdiaziz districts. During the quarter, an increase of 13.65% of the total sessions was recorded in comparison with the last quarter. A total 12,916 sessions and 12,105 women of reproductive age were reached as compared to previous quarter with total sessions of 11,365 reaching 10,708 women of Reproductive Age.

On separate analysis, the rate of household visits by FCIs reduced drastically during the month of May because of the challenges posed by Covid-19. There was a curfew at nighttime, the Ministry of Health was advising people to stay at home and people were scared of COVID-19. To minimize the risk of COVID-19 transmission FCIs stopped working in pairs and visited households individually. Moreover, preventive measures such as social distancing, wearing a mask and handwashing practices were observed by the FCIs during household visits, while also disseminating COVID-19 preventive measure including hand washing practices at household level, promoting social distancing during the delivery of sessions at household level up to 2 meter. It was adherence to this measures that FCIs did not halt sessions totally, and they continued to increase during the following month of June since the community got acclimatised to COVID-19 and mitigation measures thus there was reduced fear and panic. Below is an analysis of the women of reproductive age reached against the total sessions made for the quarter.

<table>
<thead>
<tr>
<th>Activity</th>
<th>April 2020</th>
<th>May 2020</th>
<th>June 2020</th>
<th>Quarter Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>WRA Reached</td>
<td>4,257</td>
<td>3,786</td>
<td>4,062</td>
<td>12,105</td>
</tr>
<tr>
<td>Total Sessions</td>
<td>4,599</td>
<td>3,992</td>
<td>4,325</td>
<td>12,916</td>
</tr>
</tbody>
</table>

Table 1 WRA and Total Sessions Trend, Q5 2020
Both the total WRA and the Total Sessions reached for quarter 5 are slightly higher as compared to the previous quarter. This is due to scale up of COVID-19 sensitization sessions as well as new ways of working by FCIs conducting individual visits to households as opposed to the previous approach of having a pair visit each household. During the reporting quarter FCIs focused on COVID-19 awareness raising messaging in addition to the normal behavior change sessions.

Other than mobilization sessions, there were routine referral cases raised by the FCIs after discussions at the households. Both the total referrals and effective referrals have gradually decreased as compared to previous quarter. The average Percentage of effective referral rate for the current quarter against quarter 4 also reduced from 87% to 80%. This was expected as COVID-19 was at its peak during the month of May, and also the holy month of Ramadhan coincided in the same month. COVID-19 also led to a strict curfew in the region which reduced movements of people in the country including our staff.

<table>
<thead>
<tr>
<th>Period</th>
<th>Total referrals</th>
<th>Effective referrals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quarter 1 2020</td>
<td>7,665</td>
<td>6,662</td>
</tr>
<tr>
<td>Quarter 2 2020</td>
<td>4,913</td>
<td>3,929</td>
</tr>
</tbody>
</table>

Table 2 Total Referrals VS Effective Referrals 2020

In separate analysis, during the quarter, both month of April and May had low effective referrals for the reason justified above. However, the effective referrals slightly increased in the month of June.

<table>
<thead>
<tr>
<th>Indicators</th>
<th>April</th>
<th>May</th>
<th>June</th>
<th>total</th>
</tr>
</thead>
<tbody>
<tr>
<td>ANC</td>
<td>234</td>
<td>210</td>
<td>394</td>
<td>838</td>
</tr>
<tr>
<td>facility delivery</td>
<td>53</td>
<td>46</td>
<td>75</td>
<td>174</td>
</tr>
<tr>
<td>PNC</td>
<td>125</td>
<td>114</td>
<td>160</td>
<td>399</td>
</tr>
<tr>
<td>immunization</td>
<td>151</td>
<td>185</td>
<td>309</td>
<td>645</td>
</tr>
<tr>
<td>Diarrhea</td>
<td>86</td>
<td>105</td>
<td>129</td>
<td>320</td>
</tr>
<tr>
<td>Pneumonia</td>
<td>201</td>
<td>150</td>
<td>298</td>
<td>649</td>
</tr>
<tr>
<td>OPD</td>
<td>153</td>
<td>51</td>
<td>214</td>
<td>418</td>
</tr>
</tbody>
</table>
There was also significant achievement in Delivery and Family Planning indicators in both quarters. At the beginning of the project, FCIs could not easily have a discussion around FP, or sensitize beneficiaries to seek delivery at the facilities by skilled birth attendant. Today however, FCIs fully engage community sensitization and successfully do behavioral change among women of reproductive age. Despite the decrease in the FP data reported from SHINE Supply facilities during the quarter, the majority of the beneficiaries that utilized the family planning services in the supported facilities were referrals from the FCIs. In the reporting period, the program recorded a total of 59% and 66% referrals, in quarter 4 and the current quarter respectively. This indicates that FCIs maximized their mobilization despite the COVID-19 pandemic, which made people fear contracting the disease if they accessed the health facilities unlike the previous quarter, where spontaneous referrals were also seeking services. Below is Delivery trend for the two Quarters against DHIS2 data from AAH supported facilities through SHINE Supply.

<table>
<thead>
<tr>
<th>Nutrition</th>
<th>44</th>
<th>90</th>
<th>183</th>
<th>317</th>
</tr>
</thead>
<tbody>
<tr>
<td>FP</td>
<td>66</td>
<td>45</td>
<td>58</td>
<td>169</td>
</tr>
</tbody>
</table>

Table 3 Effective Referrals: Services Received Q5 2020
**Supportive Supervision:**

Action Against Hunger’s project team conducted quarterly jointly supportive supervision with regional, district health management teams, and facility leads in the respective districts, with an aim of improving the female community influencers services at the community level, and providing on-job training on the issues identified. MOH team led by the regional health and nutrition coordinator provided the findings from the observations made from the supportive supervision. Below are some of the key findings:

- There was better communication and dissemination of key messages to the community through illustration and explanations to the women of reproductive age at their homes. The strategy was better as in all the FCI teams supervised unlike in the first supportive supervision which showed a number of shortcomings in some of the groups from the three districts. The improvement is as well dedicated to the persistent follow ups of the respective DHOs, who meet the FCIs almost on daily basis since they are attached to the health facilities for their work materials (referral cards, registers etc.) and consultation as well.

- The district Health officers who are the backbone of the intervention are found to be regularly in touch with the FCIs, and at times follow them to the field visit. This is important especially now, when the situation is serious due to COVID-19 Pandemic and persistent monitoring has never been as crucial.

- The timing of the mobilization sessions with the mothers at home as well as the teamwork between members of FCIs have also improved.

- From the analysis of the FCI registers, the supervision support team have discovered that the total household sessions and the referrals has reduced drastically for the last two months. This was explained by the fact that the health facility management for all the three districts have encouraged lower sessions in order to reduce community contacts as well as crowding at the facilities due to higher referrals. This is seen as a step in the reduction of the spread against COVID-19.

**Other Highlights:**

**Coordination Meetings**

Monthly meetings held at the MCHs were suspended for two months of the Quarter (April & May) due to COVID-19. In the month of June, COVID-19 cases reduced, and the country was slowly opening up. HCOs, DHOs, Health facility in charge and the FCIs arranged for the usual monthly Meetings held at the MCH. DHOs were encouraging FCIs to continue working voluntarily since FCIs link the community and the MCH together. FCIs were humble and thanked the HCOs, DHOs for the support they gave during the working period.

Since quarter five was the final closeout for the project, the FCIs have informed the households they visited to be envoys among themselves and continue the mobilization activities through mentioning the lessons and behavior changes practices to their neighbors and colleagues. This is agreed to be the best way to build a resilient healthy community. Following the closure of the SAHAN project, ACF SAHAN project team handover the project to regional medical officer and district health officers in the respective implementation areas, where SHINE Supply intervention are also going on. Under the leadership of the District Health officers supported through...
the SHINE project, CHWs are expected to continue with structured sensitization approaches by FCIs deployed through SAHAN project to ensure sustainability. Moreover, ACF will initiate advocacy activities to assign the existing community level health cadres the demand creation role played by the FCIs. Similarly, ACF SHINE Supply project officers within the same districts are providing close support to the district health officers to continue behavior change and dissemination of SBC messages to increase utilization of key services at the facility level. Additionally, the team are using the network of community health workers to sustain this activity and to support the committees established.

Additionally, the program team organized a close-up or handover meeting with the regional and district health management teams. This was to clarify the handover process and to ensure sustainability of the program after closeout of the project activities. So, far, Abdiaiziz and Waberi districts FCIs have been successful in the formation of female committee from the different blocks they work in who would link the respective health facilities and any new user as well as PLW who ought to seek help from the health centre. This would warrant continuation of the program and create ownership and self-help among the community.

Challenges & Issues:
Challenges are inevitable in the context. The following are some of the key issues encountered during the reporting period and mitigation measures carried out:

- Cessation of demand creation activities by the donor due to the shortage of funding and diversion of the available funding for SAHAN for service delivery by June 2020. Action Against Hunger will work closely with the DHOs to sustain the community activities.
- Maintaining social distancing was very difficult given that this was one of the most effective preventive measures against the COVID-19 pandemics both at the health facilities and the community. This was observed at two different levels:
  a) At the community level: People live in very congested areas especially in the IDPs, where one family can live in an area of 5 meters. However, SAHAN Female community influencers (FCIs) were promoting people at least to practice social distancing where possible; also there was well acceptance by the community for hand washing and early seeking behaviours in case symptoms arise. On the other hand, health communication officers were closely monitoring the FCIs at community level to ensure the safety of the FCIs in order to continue behavior change awareness.
  b) At the health centers: Although this was very difficult in the beginning, we supported field staff (HCWs) to practice social distancing and limiting the people served in the health facility to 20 at a time. Also, we changed the weekly ration distribution for outpatient therapeutic program beneficiaries from weekly to every two weeks to minimize crowding in the supporting facilities. Hand washing facilities were stationed at the entrance of each facility and key areas, CHW were situated at the entrance to ensure and support beneficiaries to wash their hands. Additionally, all staff were provided with PPE and trained on COVID-19 RCCE, case management and infection prevention control measures as well as preposition of nutrition and medical supplies at the HFs to avoid stock out in case complete restriction were observed.


Lessons Learnt:

- Supportive Supervision conducted by ACF field staff in project location has created a building block for the joint quarterly supportive supervision with Regional, district health management teams and health facility in charges.
- On boarding key community influencers, health facility committees, FCIs has supported promotion and adherence of preventive measures of COVID-19 pandemic and increment of deliveries conducted by skilled birth attendants despite the fear among the communities in the reporting period.
- The human centered approach used in HkH prototype makes FCIs more popular and effective compared to CHWs in demystifying negative health stereotypes for many mothers.
- Demand created must be supported by supply availability at the HF levels for the success of the approach.
- Secondary care givers (grandmothers, father, friends, etc.) have the potential to negatively influence mothers – HkH needs to be complemented by other approaches for it to succeed.
- Preliminary findings from impact evaluation of the SAHAN project shows overall, there is evidence that SAHAN caused health service demand to increase in the three intervention districts of Abdiaziz, Hodan and Waaber compared to other districts where the SHINE project was implemented without the demand creation component.
- The SAHAN pilot succeeded in creating demand for antenatal care, deliveries with qualified birth attendants and outpatient consultations. There is limited evidence to suggest that the prototype created demand for Pentavalent3 vaccination.
- Growth in health service demand was highest during the first month of SAHAN but these increases were not sustained throughout the programme. From September to March there were only small average monthly increases in health service demand in SAHAN intervention areas.

Recommendations:

- Use of lady health workers is recommended for future interventions like this prototype instead of deploying other cadre names like (FCIs). This will greatly influence and build government structures at the community level, rather than building a new parallel system in order to avoid overlap of roles.
- Consider implementing subsequent demand-creation activities in shorter cycles of four to six weeks. SAHAN was most successful at creating new demand for health services during the first month of its operation. In general, the growth in health service demand over the subsequent seven months was much weaker.