

# STORIES OF CHANGE <sup>2013</sup>

A publication of Health Poverty Action



We work to strengthen the poor and marginalised people in their struggle for health through development and advocacy.

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# At the forefront in

Health Poverty Action (HPA) supports the poorest and most vulnerable people to achieve better health and wellbeing. HPA works in 14 countries spread across Africa, South East Asia, East Asia and Latin America. HPA has extensive experience in the Horn of Africa having implemented health system strengthening, and behaviour change communication programmes in Somalia (Somaliland), Ethiopia and Kenya.



In Somaliland, HPA operates in two main regions; Maroodi Jeex and Sahil. We target IDPs and people living in hard to reach areas often unable to access quality health care. HPA employs a comprehensive and integrated approach on maternal, child health, nutrition, health education, and sexual and gender based violence issues. Our programs target women of reproductive age, pregnant women, new born and adolescents. We work in partnership with the Government of Somaliland, local and international organisations and the communities to improve health status of the people.



# Supporting Maternal and

## Saving lives; pillars of safe motherhood

# Child Health

Two years ago, Amina's story would be different; perhaps told by a relative and in many cases quickly forgotten as one of the sad stories of a young woman who died in childbirth. But today, Amina Saed a 22 year old mother is all smiles at the sight of her new bundle of joy and grateful that both she and the baby are well after a successful caesarian section.

Living in rural Somaliland is challenging especially for a pregnant woman. Amina's family is nomadic and moves settlements every now and again in search of pasture. This happens regardless of the state a woman may be in; many pregnancies do not make it to term for one reason or the other.

When Amina went into labour while at her village, a traditional birth attendant (TBA) was quickly called to come and help deliver her baby. The TBA had just come from a HPA supported training to transform TBA roles from conducting deliveries to promoting skilled delivery in health facilities. The TBA together with 29 others were provided with mobile phones and talk-time vouchers to enable them call an ambulance in case of emergency or otherwise refer them to the nearest health facility. She counselled the family on the need for skilled delivery and called the ambulance from Abdaal referral health centre (12kms away). The ambulance arrived within a short time to pick her from the village.

On arrival at the health facility, the midwife examined her and referred her to Berbera hospital as the baby was in distress due to the prolonged labour. A midwife accompanied her to the Berbera hospital some 65 Kms from Abdaal RHC. An hour later, she arrived and was quickly admitted to the maternity unit. In the ward, the doctor diagnosed

obstructed labour and recommended an emergency Caesarean Section. She is now a mother of a live baby girl.

*"I am lucky the TBA referred me to Abdaal! We received treatment at no cost. Many women have not been lucky at childbirth in the villages. Because we move a lot with our animals, sometimes women are not aware of the services available for them. I am a living testimony to all pregnant and breast-feeding mothers in my village."* Says Amina.

Amina was discharged after seven days. She survived because of the effective referral system that Health Poverty Action has put in place to support people in the hard to reach areas.

To strengthen the referral system in Sahil Region of Somaliland, HPA has provided three ambulances and trained health workers on both emergency medical services and lifesaving skills. TBAs have been trained to promote positive health seeking behaviour among pregnant mothers rather than perform deliveries themselves. Each TBA is attached to her nearest health facility. In addition, 30 TBAs have been provided with mobile phones, talk-time vouchers and are linked to health facilities for quick referrals. The system attempts to holistically address the three delays (delay in deciding to seek care, delay in reaching care in time, and delay in receiving adequate treatment) contributing to maternal mortality.

Institutional delivery has since increased from 6 percent at the beginning of the programme to 26 percent.



# Saving lives of mothers

Trail of conflict has nothing but destruction in its wake; at the centre always, is a crippled health care system. In Somaliland (NW Somalia), HPA works with the government and communities to implement programmes that address maternal and child health emergencies in its capital Hargeisa, and rural Sahil region thus reducing maternal and child related illness and death among internally displaced communities. HPA's long term intervention has helped build capacity of health workers to address mother and child health; as a result, more people are seeking skilled care and health workers are more confident. HPA has established a tested and functional referral system addressing the three delays that hinder access to care with

TBAs taking new role of birth companions and promoters of safe motherhood.

The success of this programme has increased confidence and trust of the public, government and other local and international agencies to work with HPA as an organization that delivers results. HPA is now implementing a pilot project using United Nations Children's Fund -UNICEF's essential package for health services in Sahil, rural Somaliland. It is expected that this project will promote utilization of quality health services contributing to four millennium development goals. Sahil region has one of the most complex terrains with a population of 250,000 people left out in health service provision.



Fadumo Hassan is a 33 year old lady living in the rough terrains of the hill bordering Godhawayn and Abdaal districts in Sahil region of Somaliland. Fadumo's home is about 30km from Abdaal, the Referral Health Centre. Normally, it would be impossible to reach a health facility in case of emergency. But as word went round the villages that HPA had brought an ambulance, people from far areas have had their lives saved by a simple phone call.

Fadumo has had 10 deliveries but one was a still birth. Today she welcomes baby number nine. It is the first time she has been to the health centre for delivery; she had never visited any facility for antenatal care (ANC) either. Although tired, Fadumo was grateful. She nearly lost her life and that of the baby; for 2 days she had prolonged labour. Since she has always given birth at home, the family saw no reason to panic. On the third

day, the community decided to call the ambulance.

*"I thank Allah that I have delivered in the health centre; the baby and I are well. I have received very good care from this place. The nurses check on me day and night to see how I am recovering. I personally understand now why health centres are important in saving lives. I thank Allah for the NGO that is doing this wonderful work in our district."*



# never reached...

Aamina, an expectant 29 year old mother of two had collected a little money from her community in Balidhiig village to visit her relatives in Hargeisa. The money was enough for the two days journey and nothing else. Aamina had travelled alone and did not know her due date. Along the way, she went into labour; her reaction was swift, she requested to be taken to a nearby village and if a TBA could be sought.

*"I decided to go to a nearby home in the village to avoid delivering in the open. Luckily, I found a TBA who called an ambulance and accompanied me to the nearby Abdaal referral health centre where I safely delivered my baby. It was the first time to deliver in a health centre. I am happy and feel blessed."*

Community and the staff cared for her until she was safe and contributed for her to continue her journey. Aamina's life and that of her baby would have been at risk if not for the service she received from the newly refurbished and expanded referral health centre courtesy of HPA. The centre now operates 24 hours daily.



*A joyous 23 year old Maria Mohamed and a resident of Abdaal area, holds her twins at Abdaal Referral Health Centre. For Maria, she is grateful as the RHC operates 24/7. It is her first delivery and appreciates the health education she received during ANC visits. Both her babies weighed 2.5 kg at birth.*



# Small efforts make real

Dr. Bashir Derie Jama (27 years) was deployed to the Berbera Regional Hospital as Director in January 2011. There was no handing over of any kind other than keys to his office. He was to start from scratch. His first challenges were lack of enough qualified staff at the hospital, dilapidated infrastructure and unaccountable staff. As if management would not pose sufficient challenge, as a trained doctor, he would have to double as the hospital's only surgeon.

With a lot of difficulty he started working on building the trust of staff and creating record of accounts for accountability. Young and energetic but with a tremendous responsibility he soldiered on. But the real challenge emerged when he would be called to attend to maternal emergencies. Dr. Bashir shares his story.

*"As a doctor focusing on the department of maternity, one of my biggest challenge was working without relevant equipment such as ultra sound, incubator, oxygen, foetal heart monitoring Doppler among others. With no*

*ultra sound and with many cases to diagnose, I relied on my knowledge and experience. Even with experience and using differential haemorrhage classification, it is important to undertake diagnostic imaging where a mother is bleeding. It was tough.*

*If an expectant mother comes to me and says 'the baby is not moving'. I would have to check if the baby was in distress and observe the abdomen size to ascertain if the baby was alive or not using pinard stethoscope and sometimes also check the breast milk. It was difficult to ascertain, because sometimes one could not hear the foetal heart beat. In this day and age, there are better ways, but with no equipment, one does whatever is possible to reduce the margin of error.*

*When HPA came into the picture, it was a relief. Through the Essential Package of Health Services (EPHS) programme, health facilities have been improved, fully equipped, and health personnel trained to improve the quality of health care.*

*With the portable ultrasound, there are*



# difference

*numerous gains; we can confidently diagnose whether a foetus is alive or dead, position of the foetus and the placenta as well as observe any abnormalities; our confidence level in managing cases of maternal bleeding has increased; antenatal care visits have increased as pregnant mothers get to know how their baby is doing. Cases of multiple pregnancies are identified and proper follow ups made with health facilities. In two months alone, over 100 mothers have been diagnosed using ultrasound imaging.*

*I have seen decreased cases of maternal deaths and improved quality of care to the patients. Although there are still challenges, we are grateful for EPHS programme across the region as health statistics have improved significantly, thus meeting needs of the very poor and those left out."*

*"With the portable ultrasound, there are numerous gains; we can confidently diagnose whether a foetus is alive or dead, position of the foetus and the placenta as well as observe any abnormalities; our confidence level in managing cases of maternal bleeding has increased."*



*“HPA has set standards for service delivery and care in post-conflict and hard to reach areas.”*

- Minister of Health, Somaliland.

## Keeping our promise...

Sahil region is one of the most difficult regions of the self-declared Republic of Somaliland (North Western Somalia). It is mostly rural covering 11,381 km<sup>2</sup> with a population of 220,000 people. It has low literacy, high poverty, and tough terrain with harsh climatic conditions of 49°C in summer (April-September). The residents are pastoralists and agro-pastoralists. The tough terrain and the constant movement of the people is perhaps a reason Sahil has been largely neglected over the years. In 2011, Health Poverty Action (a British development organization working to strengthen the poor and the marginalised in their struggle for health), received funding from the UK's

Department for International Development (DFID) to pilot a programme that would provide essential health services (Essential package for health services -EPHS) with a special focus on maternal and child health in Sahil.

Health Poverty Action has so far refurbished and equipped Berbera Referral Hospital, constructed 2 Referral Health Centres, 6 Health Centres and 13 Primary Health Units and is building capacity of the Ministry of Health to deploy staff and supervise service delivery. A functional referral system is in place supported by three ambulances to address the second delay in the expansive region and ensure mothers access health care.

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Views expressed in this publication are solely of Health Poverty Action.



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