

PSI Somaliland was founded in 2007 to socially market safe water tablets and long-lasting insecticide treated mosquito nets and has since expanded, including programs for maternal and child health to improve the health status of Somali people especially women, children and the most vulnerable. Working in partnership with the private and public sector and with other development partners, PSI provides life-saving products, clinical services and behavioral change communication interventions throughout Somaliland.

HEALTH INTERVENTIONS

MATERNAL HEALTH: PREVENTION AND TREATMENT OF POST PARTUM HAEMORRHAGE

Somali women are among the most vulnerable population in the world with an estimated maternal mortality rate at 1,044 per 100,000 live births. In Somaliland, approximately 80% of births are delivered at home and post partum haemorrhage (PPH) is one of the leading causes of maternal mortality (UNICEF, 2006). In Somaliland, given the lack of proper cool chain facilities for alternative PPH therapies in the low resources health facilities (HFs), misoprostol is ideal for prevention and treatment of PPH.

In 2010, PSI developed a country-specific, branded communication strategy to introduce misoprostol targeting women of reproductive age (WRA). Messages are delivered through media and interpersonal communication sessions. PSI, in close collaboration with local institutions, facilitated training of providers on active management of the third stage of labour (AMTSL) and safe and correct use of misoprostol. Misoprostol is provided to health facilities (HFs) throughout Somaliland with delivery services and qualified personnel at subsidized prices to create universal access. Monitoring and supervision visits to HFs are conducted quarterly in collaboration with the Ministry of Health (MOH).

INCREASING DEMAND AND ACCESS TO MODERN CONTRACEPTIVES

In Somaliland, the contraceptive rate is estimated at 4.6%, while the unmet need for contraception is 29% and the total fertility rate is 5.9 (UNICEF, 2006). PSI empowers women and couples to lead healthier lives by providing access to birth spacing products and counselling services.

PSI employs innovative approaches to overcome significant consumer and provider-driven barriers to contraceptive use and adapts its program to the socio-cultural and economic environment of the target population. PSI distributes birth spacing products and conducts interpersonal communication (IPC) sessions to women of reproductive age in order to create demand and increase utilization of modern methods. Birth spacing products are distributed nationally through private pharmacies and in public health facilities. PSI launched oral contraceptives (OC) in 2010 and injectables in 2011.

CHILD HEALTH: ACCELERATED CHILD SURVIVAL THROUGH INTEGRATED MANAGEMENT OF DIARRHOEAL DISEASE

Somaliland has high child and infant mortality rate at 113 and 88 live births respectively (UNICEF, 2006). Diarrhoea is one of the leading causes of death among infants and young Somali children. The prevalence of diarrhoea among children 0-23 months is estimated at 21.6% (National anthropometric and micronutrient survey, 2009) and the major underlying causes of diarrhoea are lack of access to safe water and poor food and domestic hygiene.

For the prevention of diarrhoea PSI socially markets Biyo-sifeeye, a simple and cost-effective water purification tablet to ensure access to safe drinking water in Somaliland. For the management of diarrhoea cases, PSI promotes the use of oral rehydration salts (ORS) and zinc supplementation tablets by distributing diarrhoea treatment kit (DTK). PSI promotes the benefits of DTK, educates caregivers and health providers on prevention and treatment of diarrhoea, and ensures availability of these life-saving products through private and public sector channels.

UPCOMING CHILD HEALTH INTERVENTIONS

PSI is planning to introduce a pre-packaged pneumonia treatment (PPT) through the private sector for children under 5 and micronutrient powder (MNP) to improve iron status and reduce anaemia among infants 6-23 months. These new interventions are expected to be launched by the end of 2013.

From June 2010 to May 2013, PSI socially marketed

50,905
misoprostol tablets

**“149,047
DTKs socially
marketed from
July 2011 to
May 2013”**

From June 2010 to May 2013, PSI reached

20,926
women through
IPC sessions

**“50,244 Oral
Contraceptives
socially
marketed from
June 2010 to
May 2013”**

From June 2010 to May 2013, PSI socially marketed

7,038,992
aquatebs

BEHAVIOR CHANGE COMMUNICATION

Encouraging healthy behaviours and empowering people to make informed decisions regarding their health is at the centre of PSI's work. PSI's Behaviour Change Communication (BCC) uses commercial marketing techniques to position products and services with messages that promotes knowledge and help reinforce healthy behaviours.

PSI uses branded and non-branded BCC campaigns to encourage healthy behaviours and encourage the use of a product. Communication campaigns are disseminated to PSI's target audiences through a variety of channels, such as mass media (national and private TV and radio channels), peer education, community-theatre, interpersonal communication, information, education and communication (IEC) materials and special events.

INTERPERSONAL COMMUNICATION (IPC) PROGRAM

In 2010, PSI launched a series of health education sessions reaching women of reproductive age with essential reproductive and child health information. Sessions are designed to increase women's knowledge to make informed decisions regarding modern birth spacing methods as well as other topics such as safe delivery, infant and young child feeding practices and importance of antenatal and postnatal care. PSI has a team of nine Interpersonal Communication Agents (qualified nurses/midwives) reaching approximately 500 women monthly. The sessions are conducted in the four main towns of Somaliland (Hargeisa, Burao, Berbera and Borama) inside or near an health centre. Women attend three consecutive sessions in a week and they are continuously followed up by PSI Community Organizers in order to track on their status of pregnancy, practices and live saving behaviours as well as recalling of key messages.

SOCIAL FRANCHISE NETWORK

Social franchising applies commercial franchising strategies to the non-profit health sector to "*efficiently expand access to higher quality health care that is affordable to underserved communities*". Social Franchising works by creating a network of health care providers that are contractually obligated to deliver specified services in accordance with franchise standards under a common brand. It improves access, quality, equity and cost-effusiveness of health services via the private sector.

In Somaliland, the private sector enjoys relatively popularity. Several studies have shown that private pharmacies play a significant role on health care delivery and are the most used sources of health care in Somaliland. It is against this background, that in July 2011, PSI recognized a viable opportunity for intervention and designed a social franchise network (SFN) - BULSHO-KAAB (meaning community helper) to harness the potential of private pharmacies and contribute to the provision of high-quality services and products.

Bulsho-Kaab network offers an integrated package of services that includes a range of maternal and child health interventions of high-quality services and products at affordable prices to the low-income communities.

Private providers benefit from increased revenues that are generate through an expanding clientele attracted by PSI demand generating efforts through media and community awareness, specialized training and on-job supportive supervision provided by PSI's team of trained medical detailers. Currently Bulsho-Kaab has 101 members in five regions of Somaliland.

**"Bulsho-Kaab:
a Social
Franchise
Network of
153 affiliated
pharmacies"**

RESEARCH

One of the benchmarks of social marketing is formative research. PSI conducts research using quantitative and qualitative studies to monitor and evaluate its programs; estimate the health impact of specific interventions; assess value for money and improve intervention cost-effectiveness.

DONORS

Dfid: Health Consortium Somalia, until March 31st, 2015

Dutch Government: Choe and Opportunity Fund, until December 2014

Unicef: Accelerated Child Survival through integrated management of diarrhoeal disease, Somaliland

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