



**H**ealth Poverty Action (HPA) formerly known as Health Unlimited (HU) is a registered (charity No. 290535) British international, development organization with a mission of supporting the poorest and most vulnerable people to achieve better health and wellbeing in their efforts in 14 selected countries in Africa, South East Asia, East Asia and Latin America. Health Poverty Action has been working in the Horn of Africa with its initial programmes started in Somalia particularly in Somaliland, Ethiopia and recently Kenya with strong intentions to start programmes in Southern Sudan

### HPA in Somaliland

HPA's work in Somaliland began in 1994 with focus on primary health care through a Community Health Project (CHP) in the Sool, Togdheer, Sanaag and part of Sahil regions on mainly emergency supports. Between 1997 and 2007 HPA implemented various Media for Health projects funded by the DFID, the EC, UNFPA, UNHCR and the Global Fund (through UNICEF and World Vision). In 1997, HPA began producing the now very popular "Saxan Saxo" radio magazine program under the "Well Woman Media project" that addressed reproductive health issues affecting women in Somaliland's IDP population. In late 2008, HPA integrated health education with service delivery support and advocacy to address issues of FGM, GBV. HPA has increased its geographical and programme focus to create wider impact and long lasting change in people's lives especially the Internally Displaced People (IDP) and those living in hard to reach areas. Today HPA is serving the poor people in the entire Maroodi Jeex and Sahil Regions.



HPA is reaching to approximately 500,000 general populations through improving health services in two regions including 110,000 women of child bearing age to improve maternal health situation and reduce maternal and infant deaths in Somaliland.

# IMPROVING THE REPRODUCTIVE AND SEXUAL HEALTH OF INTERNALLY DISPLACED PEOPLE IN MAROODI JEEX REGION OF SOMALILAND (2008-2012),

This project aims to develop a sustainable system that improves the access to a comprehensive range of effective and reliable reproductive and sexual health care services and products to women, men and adolescents living in five IDP settlements and within the catchment area of Sheikh-Nuur, Mohamed Mogeh, Sarhaadid, Iftin, and Abdi Iden health centres and centrally located Hargeisa Group Hospital.

## Creating Demand

- Integrated BCC Strategy developed
- CHCs in MCH catchments areas established and trained
- TBAs trained as health promoters and birth companions
- AG in the projects catchment areas was established and trained.
- BCC through Saxan Saxo radio programme; outreach drama; IEC materials, audience surveillance and community Dialogues
- IEC materials training for MOHL/RHO & Health Education Department staff
- Increased capacity of local Non-State Actors (NSA) to empower communities to access SRH services and rights through partnership with WAAPO local NGO.
- Training and support to 96 CHC members, 90 TBAs and 10 WAAPO staff as Community Conversation Facilitators, to discuss and reach consensus on sensitive SRH issues such as women's SRH rights, FGC family planning and SGBV

## Service related activities

- The 11 MCHs in Hargeisa town - Sheikh Nor, Abdi Idan, Sahardiid, Iftin, Mohamed Mooge, Hawadle, New Hargeisa, Dr. Khalid, Guryo-samo, Dami A and Dami B were refurbished (incl. Solar lighting), equipped and regularly supplied with consumables (drugs, cleaning equipment, monthly utility payments etc)
- Health workers trained on BEOC/CEOC/LSS, QI & counselling on GBV, rape, FP
- Provision of ambulance to facilitate referrals from MCHs to Hargeisa Group Hospital, with protocol for operation & management
- P4P for nurses, Doctors and support staff in project

## Facts on service delivery (April 2009-June 2011)

- Improving MCH service delivery and coverage (Apr 2009-Jun 2011)
- 3,319 men and women adopted at least one FP method.
- 40,108 ANC visits (three and more) made by pregnant women in the supported clinics.
- 7,366 normal deliveries conducted in HPA supported health facilities.
- 1,462 referrals with pregnancy related complications and treated through Emergency Obstetric support provided by HPA



*Community Outreach*



"My name is Fathiya Yusuf Ali, I am 22 years of age and I live in Abdi Iden IDP camp. I have two children. I have had both by caesarean section. For my first baby, I went to a private hospital and I was told the fee was USD 300 but I did not have the money, so I went to Hargeisa Group Hospital where I was told to pay USD 200. We looked for the money and was operated. It has been a great relief for us this time because I was operated 29 days ago and all the treatment given to me at no cost. I was taken by the ambulance with the TBA and later brought back home. I am very grateful to the people who have provided this service for us."

# ROLLING OUT THE ESSENTIAL PACKAGE OF HEALTH SERVICES (EPHS) IN THE SAHIL REGION OF SOMALILAND

This project aims to improve the quality of Maternal and Child Health (MCH) services in Saahil region through piloting of the essential Package of Health Services programme. Its focus is on building the capacity and systems of the local health providers and committees to implement MCH programming and advocacy among the pastoralist population to ensure impact beyond the life of the project. It targets 220,000 Sahil population including women, children and the most vulnerable.

## Overall objective and expected results

The overall objective of the project is contribution to improved survival and health status of Sahil people through increased access to quality health services with a particular focus on maternal and child health.

Output 1: Health sector governance strengthened at central, regional and district level.

Output 2: Health personnel trained and employed to agreed standards in target areas.

Output 3: Quality health service delivery, appropriate and prioritized for vulnerable people in target areas

Output 4: Citizens and service providers working together for accountability and increased access to good health

Output 5: Learning from the action used to contribute to MOH policy and EPHS rollout on MCH in Somaliland



## NUTRITION PROGRAMMES

### Overall objective and expected results

To contribute to the reduction of morbidity and mortality among pregnant women, lactating mothers and children under five through promotion of growth, prevention and management of acute malnutrition and promotion of better pregnancy outcomes in selected IDPs areas of Maroodi Jeex and Sahil region of Somaliland.

#### Specific objectives:

1. To promote growth and prevent acute malnutrition among children under five through nutritional support to pregnant and lactating mothers and increased PNC attendance.
2. To promote healthier pregnancies and safe deliveries through increased ANC attendance and increased number of women delivering under the surveillance of a trained health worker.
3. To support pregnant women / lactating mothers and children admitted at MCHN program with food rations.
4. To support and treat Moderately Malnourished Children and PLW admitted at TSFP programme.
5. To increase awareness on good nutrition, maternal & child health and health & hygiene among the targeted beneficiaries.

## IMMUNIZATION PROGRAMMES

### Overall objective and expected results

To contribute to the reduction of morbidity and mortality among children < 5yrs and women of child bearing age (WCBA) through increased immunization, nutrition and MCH services.

#### Specific objectives:

1. Improve and sustain access and utilization of focused immunization, micronutrient & de-worming medication support for < 5 yrs and WCBA.
2. Improved capacity and means to effectively deliver high quality MCH services and basic nutrition services package (BNSP).
3. Increased coverage of ANC & PNC services and use of modern child spacing methods.
4. Use of family and community care practices and life skills that impact on child survival, growth and development by households.
5. Improved and sustained access and utilization of WCBA to integrated essential quality nutrition services.



EUROPEAN UNION



MOH





# Our Programmes

## HADAL YAR IYO HAWL BADAN (WE TALK LESS AND ACT MORE!)



**HEALTH  
POVERTY  
ACTION**

[communication@healthunlimited.or.ke](mailto:communication@healthunlimited.or.ke)  
[www.healthpovertyaction.org](http://www.healthpovertyaction.org)

Offices:  
Hargeisa: South-West of Mansoor.  
Sahil: Berbera, Aljabiri Road

- Improving safe motherhood (EMOC) through emergency services in Marrody Jeex and Sahil regions
- Supporting Communities to Access their Reproductive Health Rights in Maroodi Jeex
- Increasing access to health in Sahil through Essential Package Of Health Services Programme.
- Working with WFP to improve nutrition in Maroodi Jeex and Saaxil
- Working with UNICEF to expand immunization coverage and reduce child deaths
- Developing relevant behaviour change messages to promote positive health seeking behaviour (Saxan saxo, IEC materials, Drama etc).
- Working with local partners (NSA) to stop GBV and enforce the relevant laws