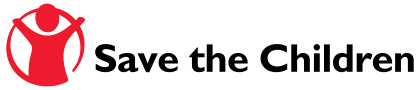
**Health Consortium Somalia**

**Quarterly Report**

**January – March 2013**



**II. Report Summary:**

**Achievements:**

* During the reporting period, the utilisation rate for all health facilities in Karkaar region (1 hospital, 5 MCH, 4 RHC and 30 health posts) was equivalent to 0.48 visits per person per year. This achievement has exceeded the figure planned for Milestone 4 (2014).
* In the reporting period, exit interview was conducted using the same questionnaire with the baseline in selected health facilities (1 referral hospital, 8 MCHs and 20 health posts). Client satisfaction for the hospital level service was around 90%. The overall client satisfaction for the rest of services at MCH and health post levels was at 85%.
* On average 10 pregnant mothers have received caesarean section services in Gardo hospital every month. A total of 30 pregnant women (4.43% of all deliveries) have undergone caesarean section in this quarter.
* 983 (49.2%) < 1year old children have completed DPT3 vaccination.
* Skilled birth attendance rate has gone up from 4.3 % baseline (April) to 27 % by end of March 2013.
* 61 % of pregnant mothers have received antenatal care for the second time and beyond.
* Referral linkage is well established between primary and hospital level health care. In the last

Quarter, 46 mothers who needed urgent hospital care, were referred and received treatment in

 Gardo hospital

**Timely referral support saved lives**

*Shugri and her twin newborn were supported at Gardo hospital through a referral voucher scheme implemented by SCI in Karkaar region (a package of two-way transport cost, allowance for the patient and the care giver during stay and free medical services at Gardo hospital for the mothers with birth complications and <5yrs with severe illness)*

*Nomadic mothers like Shugri and their newborns are benefiting from free maternal and newborn services through HCS project….*

**Challenges:**

* Remote and hard to reach communities with poor infrastructure
* Poor transport and communication to some coastal villages
* Security issues (clan conflicts that locked community movements and interventions e.g. Rako district)
* Shortage of qualified midwives in the region. Efforts were made to invest on local capacity building to overcome the challenge; for instance recruiting more staff on BemoC/ training of community midwives in the extension phase.

**Lessons:**

* Addressing the real barrier to service utilization can make a big different in utilization rate (abolition of user fees at hospital level has resulted in significant increase of service uptake)
* Formal training of health workers alone may not be the best way for capacity building(regular supportive supervision and on-job trainings reaches far better)
* TBAs can be engaged in health promotion activities and improving referral of mothers to facilities.
* Children in remote districts and communities can be reached through an integrated community case management approach by training local village health workers.

**II. Annex: Save the Children Statistics**

**1.0Activities and Key Achievements**

**1.1 Purpose Level: Somali people, especially women, children and the most vulnerable, increase utilization of quality health services contributing to MDGs 1, 4, 5 & 6 in target areas**

**Save the Children specific achievements:**

*Indicator 1:* *Numbers of poor and vulnerable people, including women and <5s accessing appropriate, quality health services*

During the reporting period, the utilisation rate for all health facilities in Karkaar region (1 hospital, 5 MCH, 4 RHC and 30 health posts) was equivalent to 0.48 visits per person per year. This achievement has exceeded the figure planned for Milestone 4 (2014).

**Total OPD Consultations for Hospitals, MCHs, RHCs and Health Posts in Karkaar Region,**

**Puntland, cumulative visits Jan 2011 to Mar 2013**

*Source: HMIS data, Karkaar regional health office*

* Jan to Mar 2013: Total OPD consultations = 23,767:
  + - <5 = 9,672 (41% of all OPD consultations). Of < 5 visits girls, make up for 46.5%
* In this quarter 46 cases of mothers with birth complications were referred to Gardo hospital and provided with timely support.

*Indicator 2: Client satisfaction with services*

* **Baseline:** At the beginning of the project (April 2011), client satisfaction with health care services, determined by exit interview, varied significantly by the type of services. It was appallingly low for family planning services (<5%) but overall satisfaction was generally fair (66%). Exit interviews were conducted in all of the MCH/RHC (9 of health facilities covered by the assessment) assessed and in the only hospital of the region.
* In the reporting period, exit interview was conducted using the same questionnaire with the baseline in selected health facilities (1 referral hospital, 8 MCHs and 20 health posts). Client satisfaction for the hospital level service was around 90%. The overall client satisfaction for the rest of services at MCH and health post levels was at 85%.

*Indicator 3: Average number of caesarean sections per month*

During the reporting period (Jan to Mar 2013), 30 caesarean sections (4.43 % of all skilled deliveries and 1.2% of all expected deliveries) were conducted in the only hospital in the region (Gardo Hospital). A number of reasons have contributed to the increased rate of caesarean section including the provision of a referral voucher package for mothers from remote villages and abolition of user fees for maternity service in the hospital. These have been major barriers to life saving maternity care including caesarean sections.

**Monthly and cumulative caesarean sections performed from Jan 2011 to Mar 2013 in Gardo general hospital, Karkaar, Puntland**

|  |  |  |
| --- | --- | --- |
| **Reporting period** | **Average # of CS per month** | **Cumulative total CS** |
| **Jan-Mar 2011** | 2 (6) | 6 |
| **Apr-Jun 2011** | 6.3 (19) | 25 |
| **Jul-Sep 2011** | 4.7(14) | 39 |
| **Oct-Dec 2011** | 0 (0) | 39 |
| **Jan-Mar 2012** | 3(9) | 48 |
| **Apr-Jun 2012** | 4.3 (13) | 61 |
| **July-Sep 2012** | 11.3 (34) | 95 |
| **Oct-Dec 2012** | 4.67 (14) | 109 |
| **Jan-Mar 2013** | 10 (30) | 139 |

# 1.2 Output 1 - Functioning institutional frameworks and systems to support improved health services in place in target areas.

**Save the Children specific activities and achievements:**

*Indicator 1: Consultative Policy and Strategy development and review process in Somaliland and Puntland*

* The Puntland Ministry of Health has developed and launched a 4-year Health Sector Strategic Plan (HSSP). The plan was developed through a wider consultative process. The HCS project in Puntland has been part of this consultation process and made important inputs into the strategy.

*Indicator 2:* *Planning and monitoring structures and systems, reflecting gender issues, developed through stakeholder consultation and functioning in target areas at all levels*

* A project implementation team representing the regional health office and Save the Children has conducted regular supportive supervision to four districts, namely Gardo, Waciye, Rako and Banderbayla.

*Indicator 3:*

* Not Save the Children specific indicator. However, according to the revised logframe SC will include this indicator from June 2013
  1. **Output 2 – Capacity of local partners strengthened, including health personnel trained and employed to agreed standards in target areas**

**Save the Children specific activities:**

*Indicator 1: Gender aware HR policy & management tools developed and adopted by partners in the target areas*

* HR management tools reviewed by the ministry of health in close support with SCI project staff.
* MOH Puntland has endorsed the HR management tools and the tools are being rolled out in the Karkaar region.
* HR management tools reviewed and translated into Somali language

*Indicator 2: Proportion (No & %) of health workers trained in target areas in order to fulfil their job description*

In total, 32 staff (18% of all) received various training over the last quarter.

* Training on monitoring and evaluation to 10 MOH staff drawn from 5 districts in Karkaar region.
* Several on-job trainings were given to 22 health workers and district health officers on supplies management and safe motherhood**.**

Since the beginning of the project in 2011, over 177 staff have been given on-job refresher training on various health topics including hands on skills training on emergency obstetric care.

*Indicator 3: Number and % of additional health workers trained as Skilled Birth Attendants, as defined by WHO in target areas*

* No training was planned and conducted in the this quarter

*Indicator 4: All relevant training concerning the health of girls and women includes identification, management and complication of FGM/C*

* Information on FGM included in all of the training provided (indicated under indicator # 2)

**1.4 Output 3 – Quality health service delivery, appropriate and prioritized for vulnerable people in target areas.**

**Save the Children specific activities:**

*Indicator 1: % of under-fives, including poor and vulnerable vaccinated (received DPT3) through routine vaccination*

**Cumulative No. and % of under-ones vaccinated for DPT3 through routine immunization from Jan 2011 to Mar 2013 in Karkaar region, Puntland**

|  |  |  |
| --- | --- | --- |
| **Reporting period** | **DPT3 % (# of <1 vaccinated for DPT3)** | **Cumulative Total <1 vaccinated for DPT 3** |
| Jan-Mar 2011 | 47 (940) | 940 |
| Apr-Jun 2011 | 18.5 (370) | 1410 |
| Jul-Sep 2011 | 20 (399) | 1809 |
| Oct-Dec 2011 | 20.1 (401) | 2210 |
| Jan-Mar 2012 | 21.4(429) | 2639 |
| Apr-Jun 2012 | 47.6 (951) | 3590 |
| Jul-Sep 2012 | 48.1 (962) | 4552 |
| Oct-Dec 2012 | 48.5 (970) | 5522 |
| Jan-Mar 2013 | 49.2 (983) | 6505 |



Routine immunization in Gardo MCH, Karkaar

The DPT3 coverage rate is steadily on increasing trend in Karkaar region since the beginning of HCS project in February 2011. Intensive community mobilization through targeted health education and introduction of community outreach services since April 2012 has contributed to the overall coverage improvement.

*Indicator 2: % of pregnant women having ANC 2+*

* Currently ANC given in all MCHs.

|  |  |  |
| --- | --- | --- |
| **Reporting period** | **ANC2 % (# of ANC2 visits)** | **Cumulative Total ANC visits** |
| Jan-Mar 2011 | 53 (1325) | 1325 |
| Apr-Jun 2011 | 12.7 (317) | 1642 |
| Jul-Sep 2011 | 17.1 (427) | 2069 |
| Oct-Dec 2011 | 19.4 (485) | 2554 |
| Jan-Mar 2012 | 17.7(444) | 2998 |
| Apr-Jun 2012 | 64.5 (1614) | 4612 |
| Jul-Sep 2012 | 64.7 (1618) | 6230 |
| Oct-Dec 2012 | 57 (1421) | 7651 |
| Jan-Mar 2013 | 61.2 (1530) | 9181 |

**Cumulative No. and % of ANC2+ from Jan 2011 to Mar 2013 in Karkaar region, Puntland **

The Somali Female doctor trained on EMOC serving in Gardo Hospital

Antenatal care coverage showed slight increase over the last quarter as compared to the previous quarter. The project has continued to produce and disseminate a range of behavioural change and communication messages targeting pregnant women, key decision makers in the community including community elders, traditional birth attendants and religious leaders. Awareness level has increased as reflected by a surge in the number of pregnant mothers seeking antenatal care.

*Indicator 3: Quality improvement score of health facility- MCHs and hospital (through EPHS criteria-based, score cards.)*

* Review of health facilities done using EPHS score card. MCHs scored 69.5% while the hospital scored 67%.

*Indicator 4:* *Proportion of births attended by skilled health personnel*

* All deliveries in Gardo hospital, MCHs and referral health centres are included:

|  |  |  |
| --- | --- | --- |
| **Reporting period** | **SBA (# of deliveries in HF)** | **Cumulative Total HF delivery** |
| **Jan-Mar 2011** | 4.3(108) | 108 |
| **Apr-Jun 2011** | 7.24 (181) | 289 |
| **Jul-Sep 2011** | 6.12 (154) | 443 |
| **Oct-Dec 2011** | 10.56 (264) | 707 |
| **Jan-Mar 2012** | 9.64(241) | 948 |
| **Apr-Jun 2012** | 13.16 (329) | 1277 |
| **Jul-Sep 2012** | 14.6 (365) | 1642 |
| **Oct-Dec 2012** | 17.6 (434) | 2076 |
| **Jan-Mar 2013** | 27.1 (677) | 2753 |

***\*MOH of PL uses 5% to calculate the target for ANC and delivery***

The rate of skilled birth attendance has showed a sharp increase in this quarter. This is mainly attributable to:

1. All health centres and health posts have received a series of skills building to handle deliveries at their facilities.
2. Clean delivery kits were distributed to all supported health facilities
3. Supervision and on job skill building exercises were continuously done
4. Community mobilization carried out

*Indicator 5:* *No of Private sector franchise pharmacies/health posts in target areas where agreed health products are consistently available*

* Not applicable to Save the Children

*Indicator 6:* *Harmful effects of FGM/C being addressed*

According to the revised logframe SC will include this indicator from June 2013.

*Indicator 7:* *Number of children and women provided with basic and emergency nutrition services*

In the reporting period (Jan to Mar 2012) a total of 5,133 under five children and 1348 pregnant have received supplementary nutrition services.

*Indicator 8:* Couple Years Protection through social marketing in Somaliland

* Not applicable to Save the Children
  1. **Output 4 – Citizens and services working together for accountability and increased awareness and access to good health (especially MCH best practice)**

**Save the Children specific activities:**

*Indicator 1:* *% of members of functioning health committees/boards are women and/or from vulnerable populations*

* 45% of active Community Health Committee (CHC) members are women
* Integrated MCH awareness campaign:the project managed to conduct 4 community dialogue sessions in villages with significant participation of caregivers, elders, CHC member, youth and children. Over 250 care givers and community representatives participated in the sessions.
* 19 Community health committee (CHC) members from five districts of Karkaar region were trained on prevention and reporting of diseases at community level.
* BCC strategy and message development: a BCC strategy and messages officially launched by MOH

*Indicator 2: Number of women reached with at least one behaviour change communication message on how to reduce maternal and child morbidity and mortality.*

* Health education messages are being aired regularly through local FM radio. The messages target Gardo town (estimated 7,500 households) for 30 days with different topics.

**2.0 Monitoring & Evaluation**

* Quarterly project review meeting conducted in Garowe from March 11 to 14 2013. A joint review of first the phase of HCS project in Karkaar region (February 2011 to March 2012) was conducted.
* A joint plan developed with MOH for the second phase of HCS project
* Regular monthly meetings were conducted between RHO and SCI staff
* EPHS supervision tools were translated in to Somali language and will be adopted at district level supervision by DHO, Also it will increase capacity to analyze and use the supervision outcomes at district level.

**Picture**:



Appreciation Certificate from MoH Puntland