



1st ASBC Conference

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Highlighting the Behaviour Change Impact of Health Education through Home visits in the Somali Context

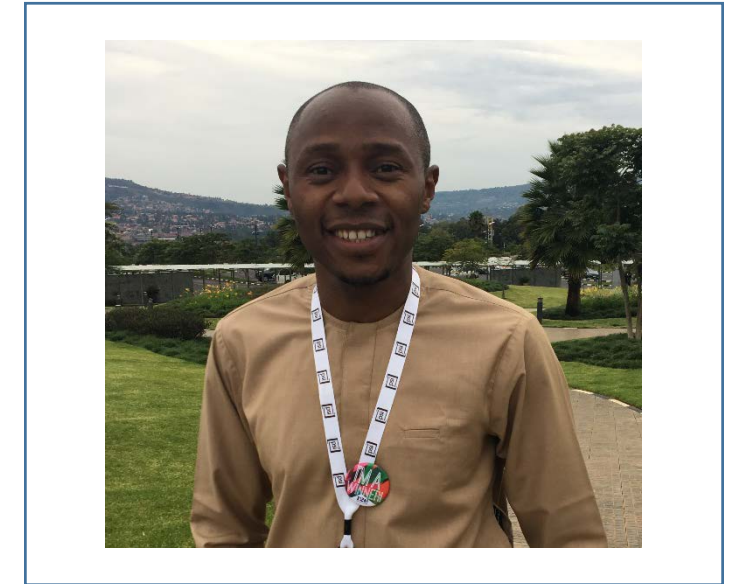
Christopher Meraiyebu
PSI Somaliland, Somalia



Presenter Bio & Picture

- Name: Christopher Meraiyebu
- Country of origin: Nigeria
- Education: B. Pharm, Mph
- Work experience: SFH Nigeria, PSI Uganda, PSI Somaliland.
120 Under 40 FP Leader
- If you were an animal, which animal would you be?

- A Stallion



Introduction

Health context:

Somalia has one of the worst maternal and child health indicators in the world.

- MMR: 732/100,000 live births
- U5MR: 137/1000 live birth
- mCPR: 5.1% in 2016
- 10% of Somali girls are married off by their 15th birthday and 50% by 18th.¹

Key challenges:

- Poor health seeking behaviors, low knowledge of healthy life styles and limited access to health information
- Scarce evidence of what behavior change approaches approaches works in the Somali context.

Opportunity:

- Building on insights from previous campaigns, PSI Somaliland iterated the IPC approach to a more effective and efficient community model.



¹UNICEF, "The Situation Analysis of Children in Somalia," 2016.

Hooyo ku Hooyu (Mother to Mother)

What is it?

Home-based visit model piloted in select communities of Hargeisa city by PSI & MOH Somaliland, with USAID support.

What makes it unique?

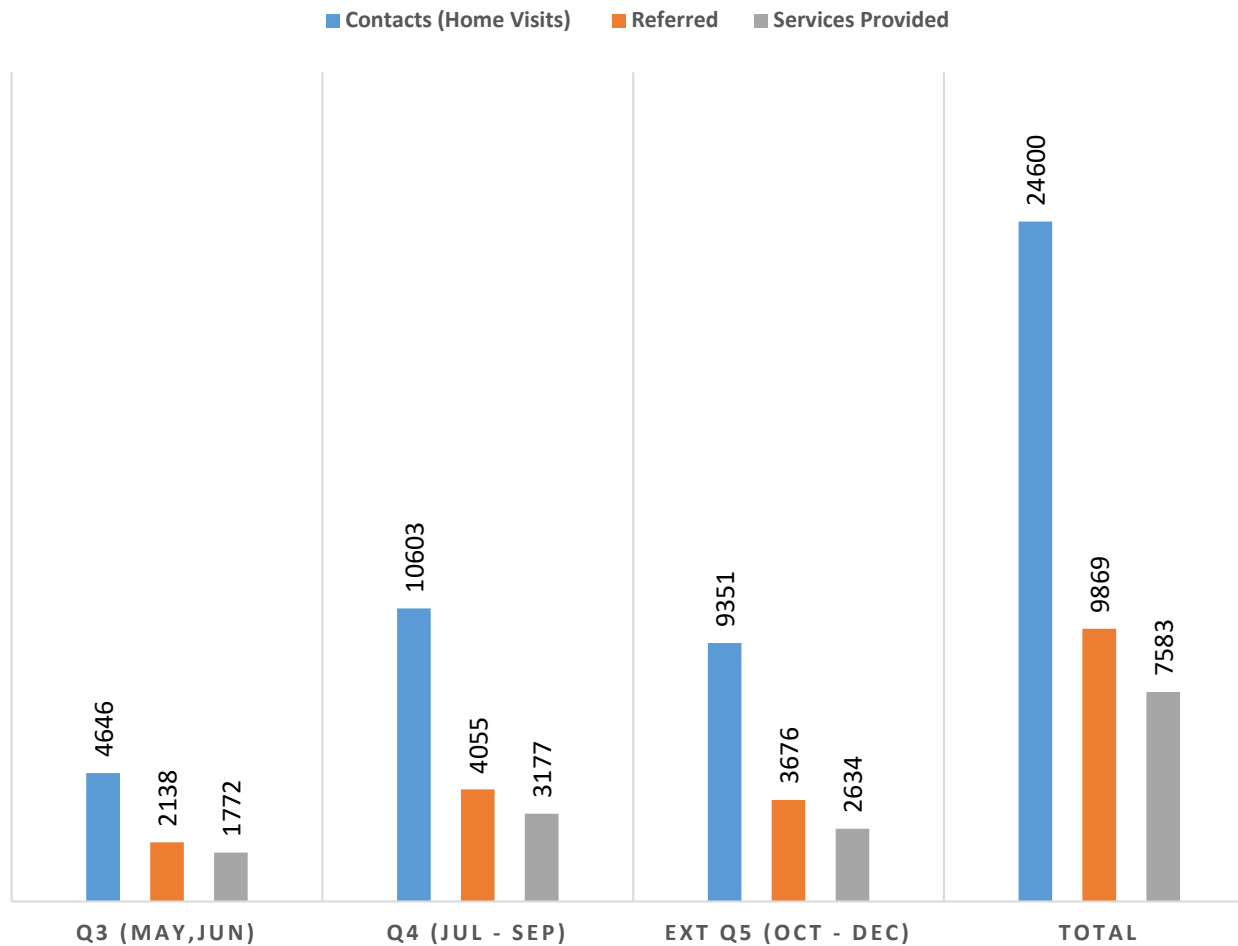
This model prioritizes non-users of health services receiving health education from experienced mothers in the comfort of their homes is new to the Somali cultural and religious context.

Key components:

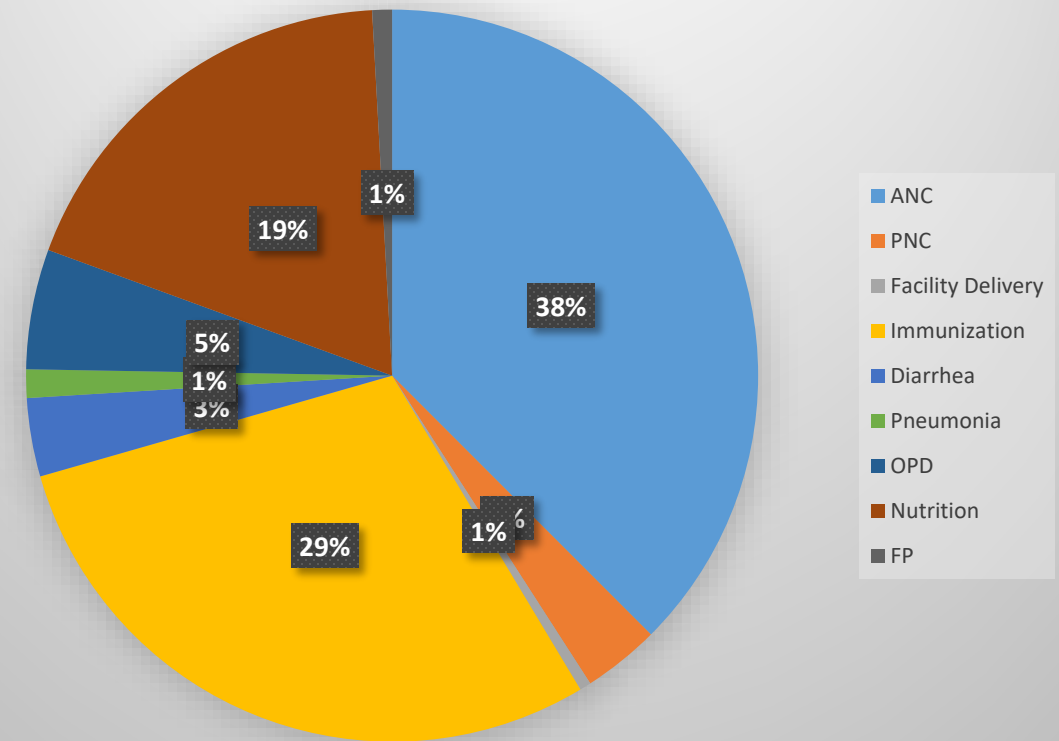
- Four- day training on selected RMNCH themes, IPC skills and data collection was followed by monthly coaching visits for 60 champions.
- Community mapping to ensure systematic coverage of catchment area (within 2 –5km radius of the health facility).
- Referrals for product or services were facilitated and tracked by card.

End of Project Results

NEARLY ONE THIRD OF HOME VISITS RESULTED IN SERVICES PROVIDED TO NEW USRED



Most new users sought ANC, Nutrition, and Immunization services, while key maternal interventions (FP and Facility Delivery) were comparatively low



Lessons Learnt

- Educating women in their homes is new to the Somali context and can be efficient.
- There remains a high rate of dropout from ANC to facility delivery.
- This model enabled us to uncover and address barriers which are inherently personal and require confidentiality.
- The personal relationship built between the IPC agents and the WRA living in the same community makes the model sustainable.



Recommendations and way forward

- The Somali MOH and development partners need to explore the reasons why the uptake of FP, and Facility Delivery remains low. The PSI SAHAN program is already co-creating around similar insights.
- The PSI SAHAN program is taking the lead in developing an evidence base to support the scale up of demand creation interventions such as this for the Somali context
- Programmers can adopt this referral tracking system to enable them to evaluate the efficiency of their demand creation models.
- This model is also ideal for interventions that require longitudinal follow-up of clients and tracking the adoption of new behaviors.

Questions, Comments

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