SOMALI REGIONAL[MA1] STATE

HEALTH BUREAU

[MA2]

MOBILE HEALTH AND NUTRITION TEAM SERVICE IMPLIMENTATION GUIDELINE

3TH Editions

AUGUST, 2017

JIJIGA

Contents

ACKNOWLEDGEMENT

This document is an update of the existing guideline.Somali Regional Health Bureau recognize and acknowledges all participants who reviewed the mobile health & nutrition team guideline document and contributed significant in inputs in the exercise, especially the following professionals for their technical inputs.

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UNICEF team has primarily developed this guideline and continuously contributed to the review of this document with technical support.

List of Abbreviations

ARI	Acute Respiratory Tract Infection
DPPB	Disaster Prevention and Preparedness Bureau
EPI	Expanded Programme for Immunization
FP	Family Planning
HC	Health Centre
HE	Health Education
HEP	Health Extension Programme
HEW	Health Extension Worker
HH	Households
HHCC	Health & Nutrition Cluster Coordination
HMIS	Health management information system
HP	Health Post
IDSR	Integrated Disease Surveillance and Response
ICCM	Integrated community case management
IMNCI	Integrated management of neonatal and child illnesses
LLITN	Long lasting Insecticide treated net
MUAC	Mid-Upper Arm Circumference
MH&NT	Mobile Health and Nutrition Team
MAM	Moderate acute malnutrition
NGO	Non-Governmental Organization
OCHA	United Nations Office for Coordination of Humanitarian Affairs
OTP	Outpatient Therapeutic Feeding Programme
PHEW	Pastoralists Health Extension Worker
RDT	Rapid Diagnostic Test
RHB	Regional Health Bureau
PHW	Primary Health Workers
SRHB	Somali Regional Health Bureau
SAM	Severe Acute Malnutrition
TT	Tetanus Toxoid
TSFP	Targeted Supplementary Feeding Program
UNFPA	United Nations Population Fund

UNICEF	United Nations Children's Fund
WHO	World Health Organization
WoHo	Woreda Health Office

Introduction

In 2004 G.C, Mobile health teams were piloted in the Somali[MA3] region to respond in eight severely drought and measles epidemic affected woredas. During this first period, the teams had neither formal training nor specific guidelines to follow and no clear movement schedules. The teams offered basic health services with essential free drugs and health education. Teams used simple register to record number of patients seen. There was no systematic supervision and monitoringof the teams the activities.

In 2006 during the severe drought which affected the horn of Africa, mobile teams were re-introduced again in 16 woredas.During this second period formal training was organized focussing on key priorities to prevent child morbidity and mortality. Additional services were included like emergency nutrition and LLITNs distribution. The teams were covering 1 woreda each with six outreach service delivery points. There was increased emphasis on monitoring with regular supervision by the SRHB and UNICEF and regular reporting of outpatient consultations.As a result, achievements made were quite exciting especially in the 1st phase of the project.Similarly, SRHB & other partners implementing mobile project replicate similar fashion.

In 2009 mobile health teams were expanded to 20, one team per woreda.In this period, in addition to the existing designated services immunization and other maternal health services were included.

In 2017, as part of the drought response UNICEF has scaled up to 29 and 6 ESRHB financed mobile health and nutrition teams operating in 35 different priority one woredas/IDPs locations. Since August 2016, WFP supported the moderate acute malnutrition component and screening for U5 and PLW and provision of treatment using specialised nutritious commodities (*RUSF for children and Supercereal plus for PLW*). Additionally, 35 NGOs supported teams are providing outreach primary health careservices, essential Maternal and child health.

Over the past fourteen years, deployment of mobile health teams played a critical role in life saving of vulnerable communities facing repeated emergencies with increasingly weakened resilience to shocks (*Cyclic drought, Floods, Disease outbreaks and conflicts*) with limited basic service delivery that cannot meet public demand. Additionally, mobile health and nutrition teams (MHNTs)have strengthened diseases surveillance in hard to reach areas, identify risk factors, early treatment of cases, and provided nutrition screening for early case detection of malnutrition and referral. Improvedaccess and utilisation through free outreach health and nutrition services with a focus on women and children, particularly in hard to reach,remote communities and IDPs locations.

The mobile health and nutrition service package incorporates the fundamentals of integrated management of newborn & childhood illness (*IMNCI*) thatinvolvestreatment and management of common major childhood illnesses, maternal health support (*ANC/PNC promotion, TT vaccination*), management of severe and moderate acute malnutrition through outpatient therapeutic feeding programme (OTP) and targeted supplementary feeding program (TSFP), promotion of personal sanitation/environmental hygiene, household water treatments and building the capacity of the local health system.

Rationale of the operational manual:

In February 2011, SRHB and partners has developed the first formal operational guideline, revised in 2012. Lessons learned from previous experience to improve the service delivery modalities, dynamic service packages and operational management issues has demanded in developing the tool.

The essence of the guideline revision is to:

- Standardize and harmonize mobile health and nutrition service package across government and partners implementing MHNTs,
- Clarify essential start up and planning steps for partners intending to implement mobile health & nutrition services with advance planning with SRHB, health & nutrition clusters on the detail implementation modality with time frame, geographical coverage and supplies related issues.
- Define the following: :
  - Minimum service requirements (*full services expected; human resource requirements- skill base, quantity and source of staff,logistic requirements*), *Supplies*
  Targeting of operational areas and how to work with static service provision to align efforts and maximise coverage in each woredas
  -*Operational Plan*
  Share standard reporting tools, timeline and guidance on data management.*Fieldimplementation modality*
  -Simplifies the program out come during monitoring and evaluation
  Define reporting requirements and modalities with analysis health & nutrition data to identify gaps in service delivery and potential outbreaks.

Mobile Health &Nutrition Teams Service Package.

The service packages are clustered under child health, maternal health and other acute and life threatening illnesses.

Table 1: Mobile health & nutrition service Component.

Maternal and New born care services	-Antenatal Care,(ANC) -Delivery and new born care[MA4] - Postnatal care(PNC) - Provision of water treatment chemicals and hygiene promotion[MA5][MA6]
Child Health	-Integrated of management of newborn &childhood illness(IMNCI[MA7]) -Nutrition screening for acute malnutrition among children and PLW - Treat and manage SAM and MAM in children and acute malnutrition in PLW -Expanded programme for immunization (EPI) -Family planning (FP[MA8]) -Adolescence Sexual Reproductive Health(ASRH[MA9]) - Health & nutrition promotion &hygiene promotion
Support to the woreda health office	- Capacity building, e.g. Attachment of HEWs to MHNTs as on-job training. - Provide alert on disease outbreaks & support in responses.
	- Logistics, reporting[MA10], referral, functionalizing and strengthening non-functional HPs[MA11]

Medical Consultation & Treatment:
All servicesare categorized in to packages; child health, maternal health packages and other acute and adult life threatening illnesses in to another package. Other major activities in the daily team service include emergency responses.

Maternal health:
Maternal health package is composed ofantenatal (including *Iron Supplementation, provision of TT vaccination*) and New-born Care, distribution of clean and safe delivery kit, identification of high risk mothers and facilitation of referral system to the nearest health facility, birth preparedness & complication readiness, counselling on Family Planning (FP), breast feeding & HIV. Others are promotion and perform safe

delivery&/or assist linkage to maternity waiting homes at identified hospitals, post-natal care (PNC) though follow up home visit and Vitamin- A supplementation to lactating mothers as well as managing acute and life threatening illnesses and provide referral services to higher health facilities as needed.

Child Health:

The core guide to treat sick children is by using the integrated management of new born & childhood illness (IMNCI[MA12])chart booklet. Services under the child health package are treatment ofpneumonia, diarrheal diseases, malaria& febrile illness, immunization, Vitamin-A supplementation, de-wormingand measles epidemic response etc.

Nutrition

Nutrition service include: (i)the nutritional screening of all children under 5 years of age (under children health package), pregnant women and lactating women(under maternal health and other acute & life threatening illnesses package), (ii)provision of essential nutrition actions (ENAs) including IYCFE promotion;(iii) management and treatment of severe and moderate acute malnutrition in children under five years (iv) management of moderate acute malnutrition in PLW.

These services will be given an emphasis based on priority of public health and health related diseases and ANC.UNICEF and WFP will provided essential drugs for SAM and MAM management, RUTF and RUSF/Super-cereal plus respectively. Community mobilisation ahead of the service provision will be supplemented with screening at the site to enrol children to services as required. In addition, any child graduated from OTP will be automatically enrolled in the TSFP programme for 2 months to promote full recovery.

WASH

Provision of water treatment chemicals and hygiene promotion will be part of the package. Where necessary tailored information will be provided on AWD prevention & management.

Referral

Management of emergency cases that are beyond the team capacity and requiring medical/surgical attention should be transported to the nearest referral health centre or Hospital. The team will provides referral assistance from the site to the woreda capital,then transportation will be provided by the facility/woreda health officeambulance to nearest higher health facility.

Support to Woreda Health Office.

The mobile team and woreda health office agree on aweekly travel plan for six operational sites identified andsharetoSRHB data manager for recording and monitoring. In a woredas wherehealth facilities are not fully functional (esp. new

woredas)the team will assist in functionalizing and strengthening the health posts by visiting one day per week for three weeks.The support package for health posts includes (i) health & nutrition service delivery, (ii) HEWs capacity development incase management, recording and reporting, (iii) active case finding and referral and community mobilisation, (iv)supply provision in short falls, and cold chain management. Revisit the health post one month after revitalization. As much as possible, MHNT to link with CMAM monitors to follow up the progress of the supported health post at least one month after last visit.
In woredas were NGOs are operating, if woreda health office requires support &/or facility strengthen& supplies restocking the teams should adjust the support according the program extent and context.

In Somali Region MHNT are comprised of two nurses and two health extension workers. The HEW engagement allows capacity building as they have an opportunity to acquire knowledge & skill, while the team is delivering the service. This is a rotational service for the HEW - (a minimum of 2 weeks on vaccination, 4 weeks on IMNCI, 2 weeks on safe motherhood (ANC, TT vaccination, distribution of CD kit and normal delivery in case), 2 weeks on WASH, and 2 week on health education & promotion required for one HEW to gain knowledge& improve skills).

The mobile teams will provide transportation assistance in supplies delivery to health facilities route to their operational sites. Moreover, it will assist in collecting reports from health facilities and transfer to the woreda health office to assist the consolidation of woredas health and nutrition consultation and treatments. In woredas without ambulance, the mobile health teams may transport sick patients to the nearest referral health facility.

Response to Rapid-Onset Emergencies.
In response to sudden-onset of emergency needs the team will identify the cases and link with woreda health office & SRHB/RRT, focus will be given to life saving measures. In principle, the service package will be modified to the type of emergency like Acute Febrile Illness (Measles, *Dengue, Chikukugna etc.*), AWD/Cholera and Acute Jaundice Syndrome (AJS) proper case management. However, treatment of children using the IMNCI protocol, measles vaccination, vitamin-A supplementation and de-worming will be prioritized. On nutrition, due emphasis will be given for screening for severe and moderate acute malnutrition for under 5 years of age,pregnant and lactating women and ensure early treatments. Referral for complicated cases. Depending on the emergencyorganizing sanitation campaigns, distribution of water treatment chemicals, strengthening of surveillance and reporting activities should also be prioritized.
In extreme situations where more cases identified and referrals are made than the ambulance could cope, the team will assist mindful of the full impact.

Staffing and Team Management

The staff of a mobile health team will be either attached to or coordinated under the woreda health office. The team members would be permanent staff of the woreda or temporarily assigned staff specific for the mobile health team. A mobile health team will consist of:

S.N.	Human Resources	Brief Job Description
1	Nurse 1:	Adult Medical Consultation, including reproductive health
2	Nurse 2:	U 5 Yrs Medical Consultation & Nutrition Package
3	Nurse 3:	Responsible for TSFP package, *when applicable*
4	HEW 1:	Linked to Nurse 1
5	HEW 2:	Linked to Nurse 2
6	Social-Mobilizer	Site based (*in 6 different villages*)
5	Driver	Responsible for logistics & other support.

A team will have a team leader who will be the most senior team member among the nurses. S/he will coordinate the work of the team and manage operational matters (*e.g. Supplies, Fuel, DSA, Stationery, etc*). Jointly with woreda health office, s/he will develop the movement plan of the team, compile monthly activity report, monitor supply utilization and request replenishments (quarterly). S/he will share with local authorities, represent the team in meetings and be responsible with all communications of the team.

A Measure should be taken in case a MHNT member is not performing the assigned tasks.

Measures to be taken will be:

1. Increase frequency of supportive supervision and provide on-job orientations,
2. Conduct annual refresher training for all staffs, when possible,
3. If the performance is still poor, the member should be replaced by another staff,
4. In case of unjustified 5 days absenteeism without permission both from the woreda health office &SRHB, the staff should be warned twice and dismissed if no improvement is seen.

Role and Responsibilities of the Teams

Nurses (Team Leader):

a. Team leader (Monitor/Manager), responsible for all tasks related to the team service delivery.

b. Responsible for team plan movement and ensure all service package components of the MHNT are delivered*(Table 1- Service Package).*
c. S/Hespecifically responsible for adult and under five year medical consultation and nutrition service package and supported by the two health extension workers.
d. Responsible for all quarterly supplies related issues (In/Out & stock balance)& timely flag of shortage.
e. Responsible for vehicle utilization, administrativemanagement including fuel & travels.
f. Capacity building of WoHo staff, HEWs and other Nurses.
g. Responsible for the link between the team and the zonal/woreda administrations, WoHo and service recipient community
h. S/he provides advice and is part of the Woreda administration when making decision on choice of the sites where the MHNT will work for a specified period. This includes locations scheduled for visits to sensitize community on services offered by mobile teams Attend necessary meetings within the woreda during emergencies, planning, responding and monitoring.
i. Ensure other team members are doing correct tally, recording, registering and filling.
j. Verify, compile and share complete timely reports to woreda and regional data manger.
k. Early communicate any shortfalls (programmaticand administrative issues to SRHB &/or supporting partners)

MAM treatment Nurse (TSFP):

a. Assist the HEWs in Health Education for nutrition
b. Follow up on the ration (RUSF and Super-cereal plus), utilization and stock level
c. Forecast nutritional supplies need for the catchment population for a period of three months with beneficiaries status on monthly bases
d. Conduct proper screening, recording, registration in TSFP register,fillingandtimely reporting to team leader&/or supporting agency (WFP).
e. Demonstrate the preparation of Super-cereal plus for new mothers to ensure correct utilisation
f. Capacity building for the HEWs on malnutrition screening, appetite test and referral on SAM and MAM
g. Assist the other teams as need arise

Health Extension Workers (HEWs):

a. Conduct health education (HE) & promotions sessions every morning before service start, triage to identify the critical ill one
b. Support the nutrition screening (*Tally,recording, register & Demonstration*), ration distribution,provide routine EPI*(educate of adverse effect*), water purification chemicals demonstration & distribution, documentation.

c. Support on under five years of age on medical consultation using IMNCI guideline and assist in dispensing of drugs with proper guidance.

Driver:

a. Mainly provide the team with proper & timely logistical support to field work sites.

b. Responsible for the safety and proper handling and management of the mobile team vehicles, with full responsibility of any miss management and damages to the vehicles.

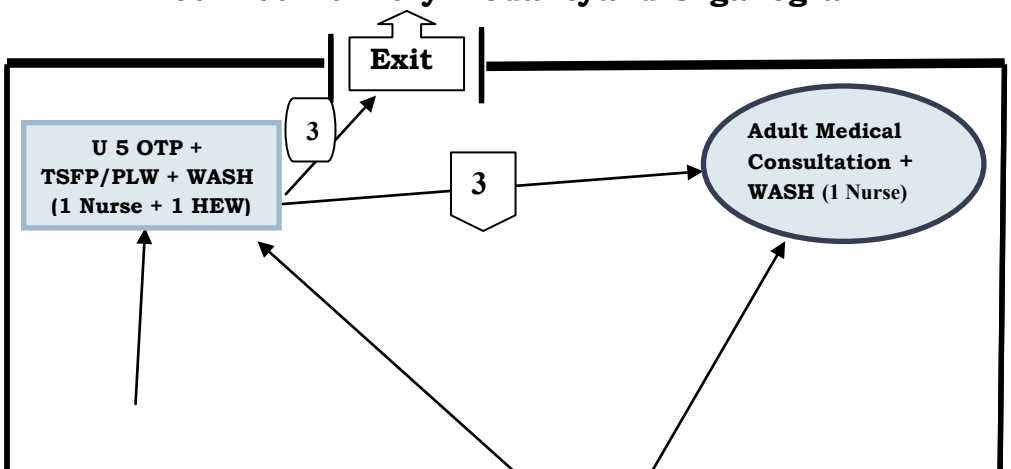
c. Timely report to the team leader for any mechanical problem and initiate timely repair.

d. Assist the service delivery process by contributing in supplies arrangements, crowd control, water purification distribution.

Social Mobilizer:

a. Provideregular social mobilization to the community in the selected kebele ahead of the service day to inform communities – of sick or thin children, PLW and adults
b. Play great role in the crowd control during the service delivery period
c. Assist the team in site preparation, supplies arrangement.
d. Key person in any defaulter tracing (U 5 years & PLW) from the programme, monitoring on supplies (RUTF/ Super-cereal plus) share when necessary, identify & report any emergency cases for early action
e. Assist in screening during the teams absence and provide the list to the team leader for verification ensure and enrolment in the programme
f. Assist in water purification chemical distribution
g. Provide any other support like safe guarding the teams, entertainments&team energizer
h. Support the MHNT team leader in follow-up of community groups that to sensitize the community regarding services that MHNT provides as well as scheduled visits.

MHNT Service Delivery Modalityand Organogram



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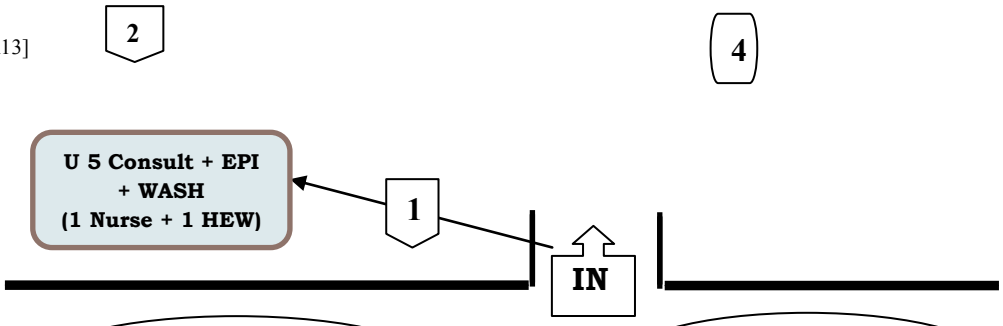

Starti[illegible]ucial for the [illegible] mobile health teams includ[illegible]ide enough [illegible] the service stations and as much as possible arrange the services to facilitate one direction of flow of clients with designated entry and exits. The health extension worker will provide health education, while the rest of the team are organizing their service packages needed supplies around their point.

The service delivery should be organized in four main areas: (1) community dialogue/triage, health education & promotion and crowd control at the entrance of the service, (2) Child health package, (3) Under 5 Child & PLW Nutrition and (4) Adult and other medical consultation package.WASH component will be attached to each points for water purification chemical distribution.

Child health and nutrition service packages for under five year will be provided by one health worker and one HEW, in case a therapeutic supplementary feeding programme available, a TSFP nurse is responsible for the MAM beneficiaries of under 5 years, pregnant & lactating women (PLW). Maternal health and other life threatening illness package is managed by the 3rd nurse.

The health extension workers will be assigned to work in tandem with experienced health workers to help build their capacity and gain treatment experience.The essential supplies needed for each of the package will be arranged by each nurses in the morning and they will be responsible for dispensing. (*Illustrated in above diagram*).

MHNT Assignment and Withdrawal Criteria

A team will be assigned to woreda if it qualifies one or more of the following conditions.

- Disease outbreaks and/or other health related hazards (*flood, drought impact, internal displacement, conflicts, etc*) that results into over-burden of static health facilities
- Woreda with major access problems, cut off hard to reach communities even by outreach services
- Woredas with relatively very low service coverage as per the RHB categorization.

A mobile health and nutrition team will be withdrawn from a woreda following:

- Operational limitations for the MHNT activities in the woreda that extremely limit the services of the team,

- If the health condition of the woreda improves, and static facility is established for the catchment population.
- If the health and nutrition situation in another woreda deteriorates and requires urgent prioritization, then MHNT will be duly repurposed.

Pre-caution: No two mobile health teams should co-exist in the same woreda to avoid duplications except during emergencies that necessitate team's duplication.However, a government &/or one or two different partners teams can co-exist in the same woreda in case above criteria are not applicable and need exists. All follow up beneficiaries will be handed over to the woreda health office to continue treatments and amount of rations handed over to woreda health office &/or nearby health center should be reported to the health & nutrition cluster coordination (HNCC) for reporting and monitoring.
In case, government implementing teams are planned for relocation UNICEF and WFP should be urgently notified in advance to avoid supply delay.

Selection of Service Delivery Sites
A team will normally have 6 service delivery sites, which are accessible,yet beyond reasonable reach of static health facilities. Selection of these sites will depend on the below criteria and will be determined in consultation with the woreda health office/ coordination committee and local authorities.

- Existence of an emergency situation in a kebele(s). These include both disease epidemics and other disasters.
- High population density area, including catchment area,
- Having no functioning health facility
- If other conditions necessitate, including hard to reach areas.

Working Schedule and Strategy

1. The MHNTs will provide regular outreach services

- A team will make site visits 5-6 days a week on selected service delivery sites, one day to each site (*based on the context example in emergency response*). On the 7thday the team will rest and compile its weekly report.
- Sites on the same direction or route will be clustered together and the team shall have the option of staying overnight in one of them to reduce travel time.
- The movement plan needs to be posted in each of the service delivery sites and the WoHo,

- During site visit days, the team will need to depart 7:30am to the service delivery sites and be in their overnight site latest at 3:00pm. The team leader is responsible to ensure timely departure and arrival of the team.
    - Cancellations should be informed to the community mobilizer, wherever that is possible.

2. Emergency investigation and response:
    - The team will inform public health emergency reports (*including rumors*) to woreda health office and RHB immediately.
    - For investigation and response the team will intervene based on guidance of the woreda health office and directives given by the RHB. Existing sites would be revised to respond to most emergency affected sites.
3. MHNTs schedule monthly review, compile & situational analysis in their implementation, monthly performance and finalize monthly activity report, share with woreda health office & SRHB.
4. Only patients medically approved by the MHNTs will be referred using the MHNTs vehicles, in woredaswhich don't have ambulance.

TSFP/OTP Follow up during Suspensions and Withdrawals.

1. Temporary suspension and relocation of designated flexible emergency response teams (*e.g. for review meeting, for sudden emergency response in another woreda and other external factor etc.)* – OTP and TSFP enrolled children should receive 1 month Plumpy Nut and Super-cereal plus supply given to:
    a. The HEWs in area with functioning health post, trained HEWs and better access.
    b. The care taker (e.g. mother) in areas where there is no functional health post and access to functioning health facilities is difficult.
    c. Upon return the team will pay visit to the sites to monitor improvements and register the outcome.
2. Team Transfer to a new woreda or site –OTP and TSFP enrolled children should receive on average 6 weeks' Plumpy Nut and Super-cereal plussupply given to:
    a. The HEWs in area with functioning health post, trained HEWs and better access. The HEWs will need to report the outcomes to the WoHo.
    b. The care taker (e.g. mother) in areas where there is no functional health post and access to functioning health facilities is difficult.

Supplies and Logistics Management

Supply replenishment for each team will be made once every 3 months, unless conditions necessitate otherwise. Major vehicle maintenances will be conducted every six months and will be coordinated with bi-annual review meetings.

Supplies:
The basic supplies of MHNTs will include:
Medical: Basic essential drugs (e.g. essential emergency drug kits and medical supplies),malaria supplies and equipment &guidelines, IMNCI charts booklets, BP Apparatus, Thermometer, vaccine carrier, immunization cards & different antigens
Nutrition:RUTF, RUSF/ Super-cereal plus, Amoxicillin, folic acid, OTP register book and record card, posters, charts,Vitamin A capsules, MUAC tapes for children and for adults, weighing scales, referral slips for SC referral.

WASH: Water treatment chemicals (i.e. PUR, water guard, Aquatab, etc), standard sanitation and hygiene messages and AWD messages,

Other supplies: HMIS registration and monthly (morbidity & nutrition) reporting forms, gowns, 20 litres water containers and IEC materials.

Supply Management
Supplies shall be stored in a safe store, agreed by the team leader and the woreda health office head, i.e. either at WoHo or in town health center in separate storage. The custodian of the store will be the second nurse. However, foraccountability purpose, proper recording and monitoring of stock balance of supplies will be the primary responsibility of the team leader. The team shall only take supplies & fuel required for each day.
In case of withdrawal and early relocation, during quarterly review meetings and health facility support a committee will be formed to safeguard stocks left behind. Expiry drugs& supplies should be managed by the woreda coordination committee and reported to RHB.

UNICEF will continue to provide EDK and medical supplies for governmentimplemented MHNT in agreement with RHB. The MHNT managed by NGOs will need to self-source EDKs and materials and in consultation with RHB and WHO/Health Cluster. For specialized nutritious commodities for MAM treatment, consultative planning will be required by WFP and partners/nutrition cluster.

Transportation
A mobile team will have one strong 4WD vehicle, fulltime for the purpose. The vehicle will be used for outreach services and referrals – in woredas where there is no functional ambulance. Mobile teams will transport the case to higher health facility with 1-2 care takers.In woredas with functional ambulance services, the teams only will facilitate referrals from the site to woreda capital. Log books will be used to monitor vehicle movement and will be included into the quarterly reports.

Training Package for the MHNT members

The team members will be health professionals (*Nurses and HEWs*).The trainings on the main activities will be given focusing on the following major areas:

1. Integrated management of new born and childhood illnesses (IMNCI);
2. Micronutrient supplementation, screening for malnutrition, management of severe acute and moderate malnutrition using the out-patient therapeutic program and supplementary feeding program approach;
3. Sanitation, hygiene promotion and emergency water treatment;
4. Health education on:
    a. Preventionof acute diarrheal diseases, including AWD,
    b. Malaria control and utilization of ITN,
    c. Family planning, Harmful traditional practice,
    d. Antenatal care and exclusive breastfeeding promotion,
    e. Importance of immunization,
5. Immunization and cold chain management,
6. Disease and nutrition surveillance, reporting tools and mechanism,

The training should be for seven days with SRHB ToT facilitators' and health cluster coordination, these training could be followed by refresher trainings on annual bases.

Coordination, Monitoring and Reporting

Coordination

The primary coordination and administrative management of the mobile teams operation will fall under regional health bureau. However, jointly SRHB and supporting agencies (*UNICEF, WFP and NGOs*) will coordinate the general implementation progress, assignment based on the priority needs and emergency criticality. At woreda level with the new health centers CEOs, teams will be based to one health center in the woreda and support the facility catchments in outreach model and support the health center. Mobile teams implemented by government and partners will coordinated & report to that particular health facility CEOs and woreda health office to ensure accountability.

The regional HNCC will serve as information sharing platform. In collaboration with the supporting partner, SRHB will produce -annual bulletin of MHNT performance and best practices.

Planning, supportive supervision and monitoring

Partners planning to deploy mobile teams should have in depth discussion with SRHB and health & nutrition clusters. The MHNT support should be factored into the woreda health plan to set beneficiaries target and coordinated by the WoHo. Once deployed, the team should work with the WoHo in defining targets and determining service delivery sites following the criteria set out in this operational guideline.

The woreda health office and SRHB supported by their respective coordination committees will continuously monitor the operation of the MHNTs. Based on the service reports, coordination committee discussions, supervision findings and identified problems, the committees will take appropriate actions in line with this guideline. Woreda monitoring reports, actions taken and recommendations should be shared with the RHB on monthly basis along with the monthly performance report of the team.

SRHB implementing, UNICEF supported mobile team will be supervised at least once per month by RHB/UNICEF/WFP either jointly or agency specific team by SRHB or UNICEF staff, CMAM monitors and by UNICEF MHNT supervisor. The supervisory team will use the supervision checklist (*Annex-Supervision & Monitoring Checklist*).Action points of previous supervisions will also be tracked by the supervisory team. Feedback will be given to the team members on the spot.

Team reports should be evaluated by supervisors &/or regional data manager on their completeness, timeliness, and accuracy. Feedback will be given to the team, and briefings and debriefings should be provided to the teams and partners.SRHB to take appropriate actions to prioritize and optimize the performance of the teams. Similar supervisory strategic methods will apply for NGOs implementing mobile teams.

Monitoring programmeeffectiveness,quantitative data are collected fromoutreach activities indicators for health and nutritional interventions will be calculated from the routine data *i.e.*

- Compare the estimated targeted under 5 years, adult verse the proportion of people reached with health & nutrition programme in the operational sites.
- Total medical consultations conducted using IMNCI guideline number of AFI/Pneumonia, diarrhea with severe dehydration, measles cases, penta1-3 & TT 1-3 immunization trend
- Total number of severe acute malnutrition admissions, exits (*cured, default & death*) and number of children; number under 5 years & PLW in the programme
- Cross check the registration books forinformation completeness, data accuracy and drug prescription
- Preparation of the monthly statistical report completeness, consistency and timely submission.

Reportingmechanism

SRHB/UNICEF and NGOs implementing mobile teams should report on every fifth day of the preceding month. Teams will use newly adopted reporting format and report to WoHo and SRHB on monthly basis with certification stamp from woreda health office. Of the three copies, one will send to SRHB/data manager for monthly reporting compilation. Second copy is will be given to woreda health office and a third copy remain with the team file.

Review meetings

Review meetings will be conducted on abi-annual basis. Performance of the teams, findings of supportive supervisions, recommendations of the regional coordination committee and reports from the woredas will be discussed and reviewed. Participants will include from MHNT members (team leaders &/or the other nurse), WoHo representatives, NGOs implementing field representatives, representatives from UNICEF, WHO, WFP and other relevant UN agencies.

The review meeting will also serve as a venue to take strategic decisions, and review and update the operational guideline, disseminate of best practices and vehicles maintenance.

Documentation and dissemination of good practices.

Documentation

- Quarterly update on performance against estimated targets, trends in consultations made and any immediate action areas,
- Integrating the monthly reporting format with major challenges, solutions and recommendations.
- Adoption and development of standard checklist and all RHB partners need to use a common MHNTs Checklist.
- Bi-annual review meeting should happen to review performance that contributes to donors reporting and document best practice, including human interest stories (HIS).
- Bi-annual performance bulletin published and shared with supporting agencies, implanting partners and donors

Annex 1

Terms of References (TOR) of the Coordination Committees.

Regional Coordination Committee

1. Coordinate with Govt and partners and oversee the mobile health and nutrition services in the region,
2. Organize regular coordination meeting and participate other relevant managerial meetings (e.g. HN task force meeting, humanitarian coordination meeting, WASH etc). Assist its organization and participate in review meetings,
3. Based on its situational analysis, monitoring, supervision findings, and woreda and partners reports provide advice on assignment and withdrawal of mobile health and nutrition teams. Also contribute in solving other important issues,
4. Assist on resource mobilization for mobile health and nutrition services,

5. Assist and coordinate information and experience sharing, and dissemination of best practices,
6. Provide guidance and assistance to evaluation of MH&NT projects and situational monitoring, and
7. Support review and updating of the MH&NT concept and operational guideline.

[MA14]

[MA15]

[MA16]

[MA17]

Annex – 2

MHNT Supervision and Monitoring Checklist

GENERAL INFORMATION

Zone _____ Woreda_____ visited site _____ Date Visit _____
Name of the team leader_____

I. General information of operational sites by the mobile teams (C*ircle number of site you visited during supervision*).

SN	Name of sites	Est – Site Population	U 5yrs Popn	PLW Popn	Site dist. in Km	Movement plan (Yes/No)	Remarks
1							
2							
3							
4							
5							
6							
Total							

II. Team Composition during the visit (Tick)

SN	Profession Description	Nurse 1	Nurse 2	TSFP Nurse	Soc-Mob	Driver	Remarks
1							

Total						

III. Service organization at the site

Description of Activities (Observe, if arrange and organized)	**Good**	**Average need improvement**	**Poor**	**Remark**
Crowd control presence				
Is health education & promotion provided				
Set up of maternal services				
Set up of child services				
Set up of EPI service				
Dispensary system is well organized				

IV. Health Workers case management performance (quality of care) assessment of the last 5 Sick children.

Main symptoms found child 2 months to 5 years	**Classific-ation seen A**	**Agreement between case management task**		
		Assess and Classify = B	**Classify and treat(DSD)****	**Classify & Stated f/ update =D**
		#Agree	**#Agree**	**#Agree**
Cough /difficult breathing				
Fever				
Diarrhoea				
Malnutrition				
Total classification seen in SC				
Age below 2 months				
Possible serious bacterial infection /severe diseases				
Total classification seen in SYI				

NB:**SC**= sick child; ****SYI**= sick young infant; *****DSD**= Correct Dose, Schedule and Duration

Guide on how to fill the grid

A=*Tally the # of classifications given by the HEW against each main symptom found, assessed, and checked among the reviewed < under five children*

B=*Tally the # of classifications that agree with assessment against each main symptom found and checked among the reviewed < under five children.*

C=*Tally the # of classifications that agree with treatment against each main symptom found and checked among the reviewed < under five children.*

D=*Tally the # classifications that agree with the follow up given by the HEW (when the sick <5 has more than one health problem take the shortest date that comes first and assume as if that child has received f/up care for the rest*

V. Child (IMNCI) & Maternal Health Service Package:

Observe management of minimum 1 sick child for the service packages. Please give feedback right away to correct the mistakes.

Observation: 1 = poor/unacceptable 2 = OK but improvement needed 3 = good/acceptable

Child Health	1	2	3	Remark
Is the IMNCI protocol and chart booklet used during consultation				
Checked RTD in case of fever (malaria)				
Checked Fast breathing in case of cough(pneumonia)				
Check DHNs status in case of diarrhoea				
Checked immunization status(EPI)				
Has the child been provided de worming tablets in last 6 months				
Has the child been provided VIT A supplementation within the last 6 months				
Does the mother/care taker understand how to take medication before leaving the MH&NT?				
Maternal Health				
Providing Maternal Iron supplementation				
Providing Maternal Zinc Supplementation				
Maternal Anthelminatic treatment given				
Provision Of TT vaccination				
Insecticide Treated Bed net provided for malaria prevention (LLITN)				
Clean delivery KIT available				

VI. Child & PLW Nutrition Service Package.

		Good	Average	Poor	Remark
screening	SAM and MAM protocols accessible and all relevant look-up charts are visible				
	MUAC measurements taken correctly and adherence Admission criteria				
	Weight measurements taken correctly?				
	Oedema being checked correctly?				
Treatment	Amoxicillin, Vitamin A, Mebendazole and Measles vaccine given appropriately (dose & time)?				
	Correct amount of RUTF, Super Cereal Plus/ RUSF(weekly or monthly ration) provided and giving key TSFP/OTP messages?				
Fellow Up	Discharge criteria being met by for discharged cases				

Observe how active case finding and management is being provided:

	Within the last 3 months, how many children have been: a) discharged, b) cured, c) death, d) unknown, e) defaulter, f) non-responder, g) medical transfers? (Refer OTP/TSFP registration books)				
	Are the monthly report filled completely and accurately (tally with the registration book) for the last month to compare submitted report?				

VII. Check availability of essential equipments (Yes/No)

	Items description	YES	No	Remark
Equipment	Salter scale			
	MUAC tapes			
	Thermometer			
Stationary	OTP cards			
	TSF ration card			
	TSF register book			
	Monthly Reporting forms			
	Registration Book			
	Referral slip			
	OTP ration card			
	IMNCI registration book			

VIII. Availability of essential medicines and supplies:

a. Observe if woreda/center store is properly organized & secure? (Yes/No)_____
b. Observe which drugs are available in the dispensary at field site_____

No	Availability of essential medicine and supplies	Available on day of visit		Out of the stock in the last one month		Amount Remaining	Remark
		Yes	No	Yes	No		
1	ORS						
2	Cotrimaxazole Tab or Syrup						
3	ArmeterLumeferentine (Coartum)						
4	RUTF, RUSF &Cereal plus						
5	Amoxixiclin syrup or tabs for OTP child						
6	Mebendazole/Albendazole						
7	Vitamin A						
8	Zinc tablet						
9	Paracetamol syrup or tabs						
10	2cc Syringe and needle						
11	CAF inject or tabs						
12	RDT reagents						
13	TTC eye ointment						

IX. Other Service related quality monitoring

a. Does the team submitted monthly report on 5th of every next month? Yes / No.
b. Cross check last report booklet with the register book, indicate the findings.
c. Does the team submitted human interest story for this quarter? Yes / No.

X. Feedback from mothers using the services

Ask a pregnant woman and a woman with a sick child under-5 what they think about the services provided.

Questions	Pregnant woman	Woman with sick child (Under-5 years)
For how long (in time) did you walk to reach the MHNT?		
Did you get the services that you came for?		
Are you satisfied with the services provided?		
What suggestions do you have to make the services better in the future?		

XI. Feedback from each activity

After completing the report, give overall feedback for each topic area based on the performance of the team.

SN	Area	Good	Average	Poor	Remark
1	Available information about all the sites and movement plan				
2	Division of task among team members well organized and fair				
3	Service organization at the site are well organized				
4	Drugs and supplies are properly organized and recorded. If out of stock correct actions have been taken				
5	Health education is given correctly				
6	Child health EPI is available				
7	Child health IMNCI Children are correctly assessed, classified and treated				
8	Child health Nutrition children are correctly screened and managed				
9	Referral and linkage arranged				
10	Reporting system timely, accurate and correctly filled in				

XII. Action taken

SN	Problem identified	Recommendations	Responsible Person	When
1				
2				
3				
4				
5				

Name of the supervisor_____ Name of the T. leader_____

Date_____ Date: _____

Sign_____ Sign _____

Annex 3

SOMALI REGIONAL STATE_____

ETHIO-SOMALI RHB MOBILE HEALTH TEAM REFERRAL SHEET

Zone _____ Woreda _____ Date _____

PATEINT NAME _____

AGE _____ SEX_____ NAME OF INSTITUTION _____

HISTROY_____

_____

_____

_____

PHYSICAL FINDINGS

_____

_____

_____

DIAGNOSIS_____

_____

REASON FOR REFERRAL _____

_____

NAME OF IN CHARGE

PERSON_____

Annex 4

MHNT bi-annualreview meeting performance presentation template

Date/Month/Year

Operating Zone/Woreda back ground with Brief Highlight on the General Humanitarian Situation:(in terms, Health & Nutrition (including Food Security) & WASH – Max 3 slides).

- Population (Including population per sites, Site selection procedure and if any change to previous sites)
- Operational woredaHealth Infrastructure- (Health Facilities status, number HFs re-opened by the MHTs and other NGOs activities on H&N)
- Operational Site Selection criteria & Team composition
- Average number of working days in a month_____,If necessary Justify

Major achievements During the Quarter:

A. Health

- Total Consultations and treatment made quarter per month
- Proportion of under 5 year of age & Women; compare to the total consultations to last quarter
- At least 5 -10 top diseases encountered compare to previous quarter &Justify
- Health Education (No of sessions, Topics, number Audience by Sex disaggregation)
- Expanded Program Immunization (EPI) Achievement and
- Any Disease outbreak within the woreda by Age & Sex during this quarter, If any

B. Nutrition

- Total of number of under five children screened and managedat OTP level (Normal, MAM & SAM)

- Management outcome (Total admissions and discharges including number of children discharged cured, defaulter, death or transfer out to SC /OTP and TSFP).
- Total Number of Pregnant &Lactating Women screened and their outcome; any support given to them
- Total PL Women Received iron Supplementation in the maternal health package

C.WASH

- Types of water purification chemicals distributed and total beneficiaries
- Sanitation campaign organized,if any in the main towns esp. during outbreaks

D. Reproductive Health service achievements

- Number of Pregnant Women attended for Antenatal Care (ANC) and Postnatal Care supported.
- Number of clean and safe delivery kits distributed to women greater than second trimester or to local TTBAs and number of normal deliveries assisted by the teams using clean and safe delivery kit.

E.Referrals

- Type & total number of severely classified cases medical and Nutrition with med. Complication cases (ex. 3 severe pneumonia, 1 SAM with medical complicationetc.)
- Outcome of the referred cases (If possible)

F.Response to Rapid-Onset Emergencies/Outside the duty woreda

- All services provided must be recorded and added to the monthly reporting format, but in demarcated manner& present in separate slides to evaluate the magnitude of the outbreak against the responses provided.

G.Any support given to WoHO to strengthen existing health facilities support

- Trainings/orientations co-facilitated or given to HEWs/WoHO
- Total number of health facilities re-functionalized, support given in the quarter & current status

H. Supply management throughout quarter

- Essential Drug Kits, Plumpy Nuts, Clean and safe Delivery Kits and water guards

I.Major Challenges and solutions given during the quarter

- List of possible challenges & solutions given

J.Major recommendations for the next quarter

[MA18]