

# SHINE Supply

## Response to COVID-19

Practice Brief  
April 2020

*SHINE Supply (2018-2021) is funded by aid from the UK government. It is a component of the Somalia Health & Nutrition (SHINE) programme. SHINE aims to reduce mother and child deaths in Somalia and Somaliland by improving health and nutrition services.*

### What is SHINE Supply?

SHINE Supply is a component of the Somali Health & Nutrition (SHINE) programme. SHINE aims to reduce mother and child deaths in Somalia and Somaliland by improving health and nutrition services. The SHINE Supply component focuses on delivering the Essential Package of Health Services (EPHS) and support for Health Systems Strengthening (HSS). SHINE Supply is led by Mott MacDonald and is implemented by four core consortium partners and three groups of NGO implementing partners.<sup>1</sup> This team has put in place a robust mechanism for reliably channeling resources and life-saving services to over 2.3 million of the poorest Somalis.

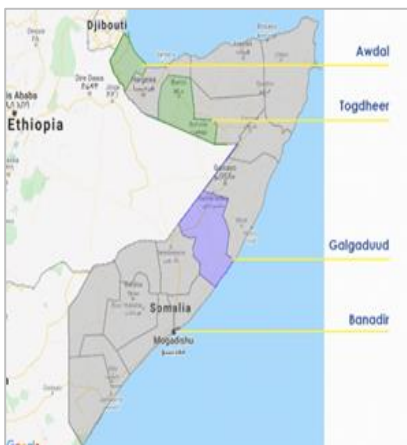


### Supporting the Somali health sector

Somalia and Somaliland have a long history of conflict and social turmoil that has weakened health systems. These strains have been exacerbated by repeated cycles of drought, flooding and disease outbreaks. Together, these factors have contributed to displacement of over 2 million people to Internally Displaced Persons (IDP) camps, where health service access is a particular challenge. World Health Organization (WHO) data suggest that fewer than 40% of Somalis have access to dependable health services and there are, on average, just 2 health workers per 100,000 population.<sup>2</sup>

Since January 2019, SHINE Supply has been working with Somali Health Authorities (SHAs) in four regions – Banadir, Galgaduud, Togdheer and Awdal). We have been improving health services for over 2.3 million people through support to 115 health facilities, 1,370 health workers and targeted inputs for HSS. By the end of 2019, SHINE Supply activities had resulted in: 45,000 assisted births; 61,000 immunisations, uptake of 480,000 curative services, 196,000 antenatal care services and more regular use of family planning services.

*SHINE Supply initiatives reach over 2.3 million Somalis*



## Acting fast to respond to COVID-19

In the crisis-torn Somali context, the effects of the COVID-19 pandemic are especially uncertain. We understand the urgency of responding rapidly to save lives and prevent a complete reversal of recent hard-won gains in the health and social sectors. SHINE Supply's immediate response plan is summarised in the table below.

Objective	Rationale and indicative activities
<b>1. Infection prevention &amp; control in programme &amp; health facilities</b>	<ul style="list-style-type: none"> <li>• Since COVID-19 usually presents as a respiratory tract infection, primary health care services offering the EPHS are likely to be at the forefront of the national response.</li> <li>• We will continue to prioritise duty of care responsibilities for our frontline staff. We are currently addressing safe working arrangements, training, information and, if needed, access to Personal Protective Equipment (PPE);</li> <li>• We will re-focus our support to health facilities to include: dissemination of WHO and UNICEF guidance; training of health care workers in personal protection, infection prevention and control; scaling up screening, case detection and reporting activities; increasing hand-washing points, safe waste disposal measures and isolation zones; deploying ambulances to isolation centres; development of quality assurance and supervision strategies, along with health facility response plans and contingency strategies.</li> <li>• We will fast-track procurement and distribution of PPE and training in its use. Recognising the imminent scarcity of these resources, we have instructed implementing partners to use budget savings to explore local markets for PPE (gloves, masks, goggles, aprons, etc). Over the longer term, we aim to assist the government through central procurement of PPE at scale.</li> </ul>
<b>2. Community engagement in the national response</b>	<ul style="list-style-type: none"> <li>• SHINE Supply trains and supports a cadre of 185 community health workers (CHWs) and 230 community-based assistants (including family health workers, trained birth assistants, social mobilisers and volunteers). These community workers are available to assist with health education and promotion, demand-creation, basic health care, referrals, and case monitoring.</li> <li>• We will aim to extend Objective 1 activities (above) to community workers, especially with respect to information, training and access to PPE. We will also aim to disseminate specific guidance to community workers on: mobilising community and religious leaders; communicating accurate and timely COVID-19 information; promoting best practice on social distancing and self-isolation; case detection, rapid responses; working with incident management teams; and managing community anxiety in conflict-sensitive settings.</li> </ul>
<b>3. Maintaining a focus on our priority groups</b>	<ul style="list-style-type: none"> <li>• SHINE Supply's Gender and Social Inclusion Strategy prioritises a focus on: vulnerable women, men and young people; people with disabilities and mental health challenges; IDPs; and members of minority clans. SHINE Supply aims to ensure the specific health care needs of these groups are addressed and members of these groups can fully participate in programme development and delivery.</li> <li>• To respond to the COVID-19 crisis, we will work with partners and community workers to regularly consult with group representatives. We will aim to ensure we understand any specific risks, vulnerabilities and health care needs associated with the pandemic. We will incorporate this feedback into our COVID-19 trainings and information materials, and actively include group members in targeted community responses.</li> </ul>
<b>4. Supporting partnerships &amp; coordination</b>	<ul style="list-style-type: none"> <li>• SHINE Supply currently works closely with government, donors and other international development partners to ensure a coordinated response to health service delivery and health systems strengthening. Implementation efforts also involve engagement with technical working groups, as well as regional and district health management structures.</li> <li>• For the COVID-19 response, we will aim to intensify partnerships and coordination to avoid duplication of effort and ensure rational use of joint resources for equitable health service coverage. We will work with other members of the SHINE family (e.g. UNICEF, PSI) to establish a robust COVID-19 coordination mechanism that feeds into federal and state level coordination and planning. We will give priority to rational, responsive procurement strategies; standardisation of management procedures, protocols and information resources; and provision of comprehensive medical, nutritional, and psycho-social care for those affected by COVID-19.</li> </ul>

*Our COVID-19 response aims to harness our specific comparative advantage, skills and capacity*

We are currently in dialogue with DFID to prioritise more precisely how we will divert resources to respond to the pandemic. Our proposed response builds on three key principles: i) protecting our frontline staff; ii) freeing up resources for an effective health sector response; and iii) maintaining programme continuity for post-pandemic rebuilding. These principles have helped us define the four objectives in the table above. By focusing on these objectives, we aim to harness our specific comparative advantage, skills and capacity to bolster implementation of the Somali government's COVID-19 Preparedness and Response Plan under the leadership of WHO.

Integral to our response will be robust monitoring and data collection, so we are able to share timely incidence data and support rapid adaptive management and learning. We will also be vigilant to the need to ramp up for the **'worst case scenario'** – for example, by helping to convert and equip health facilities as quarantine centres, mobilising health workers and support staff and, where necessary, deployment of additional security staff for crowd control.

## Building a shared future

*COVID-19 highlights the interdependence of our world*

The COVID-19 pandemic has highlighted our common and interdependent humanity. We believe that supporting the Somali health sector is a moral obligation. But, more bluntly, it is in our common interest to prevent successive waves of COVID-19 and outbreaks of similar devastating diseases.

The COVID-19 pandemic will pass. It is then that the painstaking, long-term work of building resilient health systems will begin again in earnest.

The SHINE Supply team remains focused on a shared vision of universal health coverage to promote health and wellbeing for all. <sup>3</sup> In the Somali context, delivering this vision will require significant investments in all aspects of the health system – from leadership/governance, health financing and health information systems, to strengthening the health workforce, service delivery and access to essential medicines. We know from our experience that specific priorities will include:

- Improved coordination, planning and monitoring and evaluation (M&E) at central government levels
- Capacity development of Regional and District Health Management Teams
- Improved institutional capacity for procurement, supply chain management and warehousing
- Better government capacity for human resource management, including workforce data and payroll management
- Stronger regulatory capacity at central levels for setting and enforcing health sector standards and quality improvement measures.

We look forward to a shared future in which we continue to work and learn together to build a safer world for all.

**For more information:** visit <https://shinesupply.org/>

### Endnotes

1. SHINE Supply's core consortium partners include: Charlie Goldsmith Associates; International Procurement Agency; Mott MacDonald's International Health Group; and Tropical Health and Education Trust. Our implementing partners are led by: Action Against Hunger; Mercy USA; and Health Poverty Action.
2. WHO (2016). Somali Service Availability and Readiness Assessment Report.
3. Transforming our world: the 2030 Agenda for Sustainable Development. Available at: <https://sustainabledevelopment.un.org/post2015/transformingourworld>

