April 2021

COVID-19 information note 10

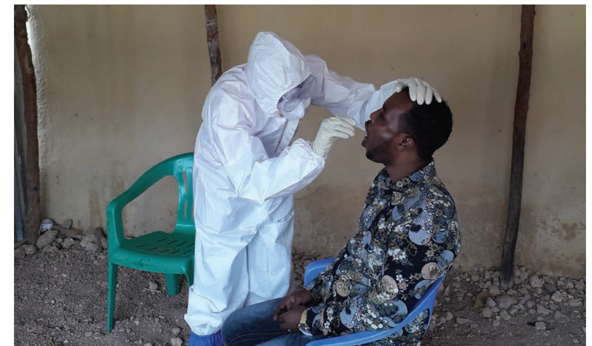
Community health workers: meeting the challenges on the frontline

Somalia confirmed its first case of coronavirus disease 19 (COVID-19) on 16 March 2020. Within a month, 80 people had been confirmed by laboratory tests to have COVID-19, some of whom had no history of travel. These cases showed that the virus had begun to circulate within local communities.

With an already weak health system – Somalia has just two essential health care workers, including doctors, nurses and midwives, per 100 000 people to serve a population of more than 15 million. This prompted the World Health Organization (WHO) Somalia office to innovate that can improve tracing, tracking and treating suspected cases of COVID-19 in the community.

Community health workers: the unsung heroes of Somalia's response to COVID-19

During the COVID-19 pandemic, WHO deployed 3327 community health workers (CHWs) to 49 districts in the country to help stop the spread of the disease which eventually increased to 51 districts. These CHWs, operating at the community level (Table 1), had over half of the members as women.



The community health workers played a crucial role in establishing community-based surveillance, risk communication and community engagement at the village level. Their work improved COVID-19 detection, testing and tracking, and reached thousands of people with important health messages on COVID-19. In addition, they served as a bridge to link community-based surveillance with health facilities in the locations they cover through referral links and case follow-up at the household level.

Table 1: Distribution of community health workers, December 2020*

Location	No. of community health workers
Banadir	300
Galmudug	152
Hirshabelle	122
Jubaland	224
Puntland	260
Somaliland	372
South West State	270
Total	**1770**

* The number of CHWs deployed in different states varied and by December, owing to slowing down of transmission in certain states, the number of CHWs was reduced from 3327 to 1700.

World Health Organization
Somalia

Role of community health workers in the COVID-19 response

The main roles of the community health workers in relation to COVID-19 response were to prevent, detect or identify, quarantine, track and follow up on suspected cases of COVID-19 and their contacts (Box 1).

Box 1: Key activities of community health workers in responding to COVID-19

- Educating the communities they engage with about the signs, symptoms and transmission routes of COVID-19. This learning could also include building skills among the community on personal preventive measures, such as wearing a mask, maintaining physical distancing, hand hygiene, coughing into elbows, and water, sanitation and hygiene (WASH) interventions.
- Mobilizing local residents to use hand-washing stations in the communities and health facilities.
- Identifying the signs and symptoms of COVID-19 in community members and reporting suspected cases immediately to district polio officers and district medical officers.
- Communicating daily health information validated by WHO to the community and combatting the spread of misinformation, rumours and fears.
- Following up with, monitoring and supporting patients who are self-isolating or in quarantine in the community and ensuring delivery of food and social and medical support through the local leaders.
- Monitoring COVID-19 patients for clinical deterioration, reporting patients with worsening illness to the district medical officer and supporting the rapid referral of individuals who require hospitalization, thus reinforcing links between the health system and communities.
- Undertaking contact tracing and symptom scoring, and monitoring contacts of patients with COVID-19 and reporting immediately to the district response team if anyone develop signs and symptoms of COVID-19.
- Supporting the WASH teams to identify homes and high-risk surfaces in communities for disinfection.
- Promoting the use of essential health services, e.g. encouraging mothers to take children for routine immunization and referring children with dangerous signs of dehydration to health facilities.

Every day, these CHWs visit about 30–50 households in the districts that they cover to actively search for people with symptoms of COVID-19 using a checklist to assess symptoms. They move from house to house using microplans, which help them plan their routes and work day and ensure they don't miss any households in their areas. Community health workers are also deployed to high-risk areas, including rural villages far from health facilities, settlements for internally displaced people and nomadic areas.

If the CHWs meet anyone with COVID-19 symptoms through their regular visits or following alerts received from the community, they conduct preliminary investigations, educate the case and people close to them about the preventive measures and ensure that the person isolates him/herself from the rest of the household. They then notify the district-level rapid response teams, which consist of district polio officers, district medical officers and district social mobilization officers to further verify and investigate reported alerts and collect samples from those people considered to be suspected cases after detailed case investigation (Figure 1).

At the end of each working day, the supervisor of the community health workers submit data on daily activities through an online database system, known as the Open Data Kit. The district rapid response team (RRT) monitors this report and takes appropriate follow-up action, particularly on alerts reported by community health workers. The district RRTs will verify and investigate the alerts and will test suspected cases. At the same time, the WHO information management team at both the country office and at state offices regularly analyses the data received, provides feedback to the team and presents the findings to the WHO incident management support team. With support from partners, WHO developed an online dashboard to present data received from all community health workers. These data are shared regularly with partners to guide decision-making, planning of community-based surveillance, risk communication and community engagement activities.

As part of their duties, the district rapid response teams and the community health workers ensure the disease surveillance system is established and activated at the health facility and community level.

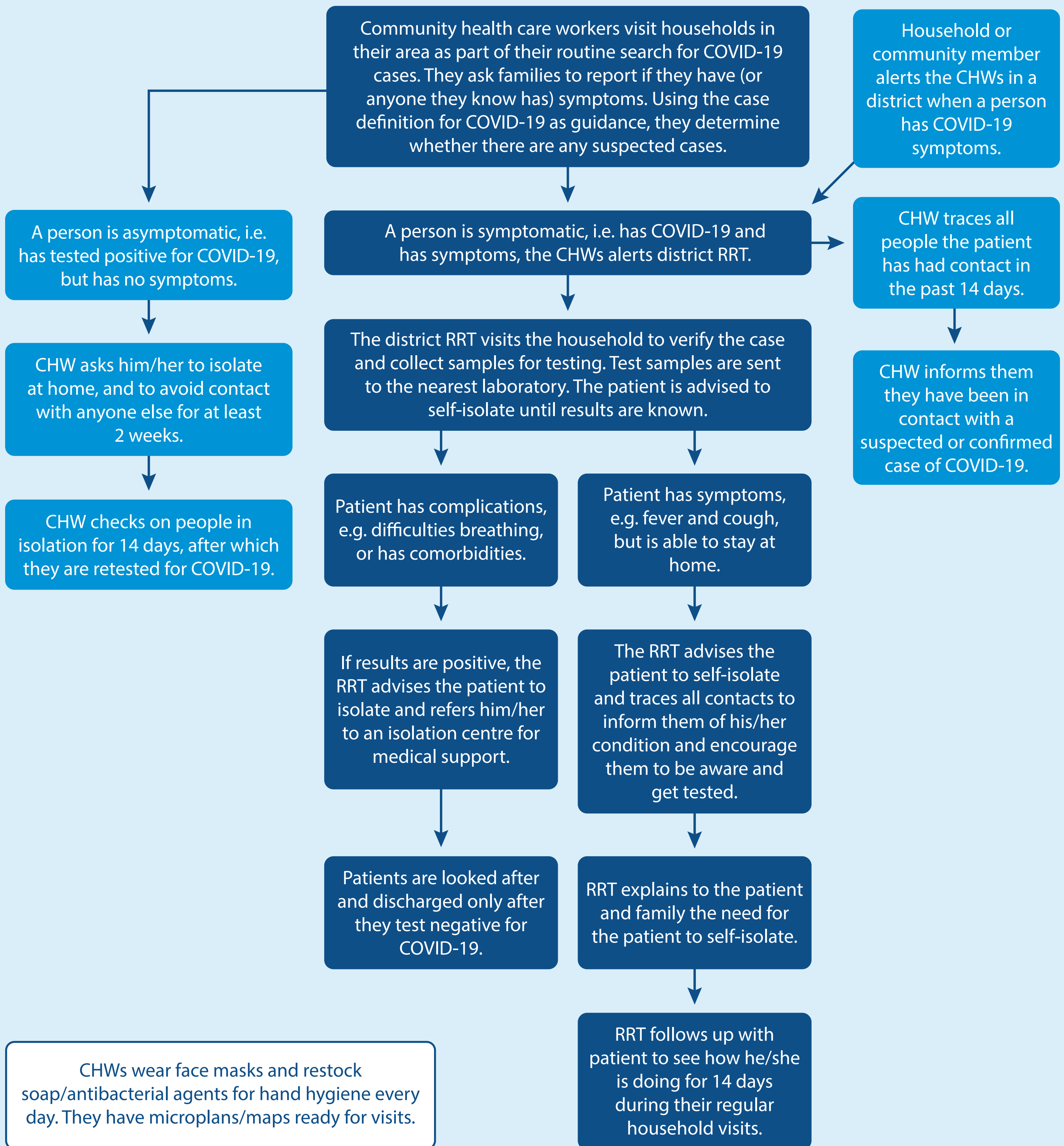


Figure 1: Sequence of actions when community health workers meet cases of COVID-19

"Look for disease outbreaks to prevent spread"

"My message to my community is to try and look for disease outbreaks to prevent them from spreading. My message to the Government is to provide peace and basic health services, and work on more health developments for disease control and prevention," says Abdikarin Abdurahman Adan, a community health worker in Hudur, Bakool.

Abdurahman takes his job and disease prevention seriously. Together with a social mobilizer, he keeps a physical distance of at least 1–2 metres from the people they visit. They use face masks and wash their hands properly as often as they can. They also spread messages to people to do the same.

He explains what kind of information they share during their visits. "We inform families that COVID-19 is real, and ask suspected cases to give samples for testing and to self-isolate until they receive the results. In the event someone is positive for COVID-19 and needs medical attention, we support with referrals, using a free ambulance service, to Hudur General Hospital for immediate medical check-ups. If the person is confirmed positive for COVID-19 and does not have severe illness, we ask him/her to stay at home and isolate, and avoid spreading the virus by keeping away from others."

Abdurahman visits the villages every day to see if there are any suspected COVID-19 cases, or people sick with any other diseases, such as malaria or acute diarrhoea. For chronic or complicated cases, his team encourages referral to the hospital for medical treatment.

"Using my mobile telephone, I collect information and submit it to the district-level team in Hudur district, Bakool. Once I record information, I identify contacts and then follow up with family members to share the messages on COVID-19 prevention and management of cases. Together with the community mobilizer, we try to follow up with positive cases on a daily basis."

Before starting his work, Abdurahman has to prepare his data collection tools, including his charged mobile telephone, face masks and gloves. He then ensures he prepares a plan and shares it with his supervisor for approval. "I always follow guidance from the district-level health team, district medical officer, district polio officer and the Ministry of Health.

"I enjoy working with WHO. They always support our community, including during outbreaks and other times of need. Despite this, our community still needs more basic health services and other development projects in Hudur," he says.

Actions taken by community health workers to interrupt transmission

During the COVID-19 outbreak, the community health workers have reached millions of people in their communities and taken action to interrupt transmission of the disease (Table 2).

Table 2: Actions taken by community health workers to tackle for COVID-19 and numbers reached up to 31 December 2020, Somalia

Activity	Number
Households visited	4.1 million
Household members reached with information, education and communication messages	8.8 million
Alerts reported from the community	18 788
Settlements visited by community rapid response teams	8 930
Quarantined and isolated people tracked	9 266
Close contacts of confirmed cases identified and traced through household visits	11 013
COVID-19 samples collected from suspected cases identified by CHWs	9 136
COVID-19 cases detected by the CHWs	19 26*

* this number represents 41% (1926/4726) of all COVID-19 cases reported by the country as of 31 December 2020.

Referral to health facility

If someone testing positive COVID-19 needs medical attention, the CHWs can refer the person to the nearest hospital or an isolation centre. WHO Somalia and partners have supported 19 isolation centres in priority districts around the country to ensure Somalis receive the care they need if they have COVID-19 and to stop any further spread of the disease. The isolation centres offer space for infected people to access health care and remove themselves from their families, particularly as Somali families may have

limited space in their homes. Despite this support being available, uptake of the services offered at isolation centres has been limited.

Reaching internally displaced people

Since the start of the COVID-19 outbreak and up to 8 November 2020, rapid response teams including the CHWs have visited the dwellings of 328,193 internally displaced people, and 10 344 settlements, villages and sections for internally displaced people. In total, 300 internally displaced people were in isolation and quarantined because of COVID-19, 124 of whom were monitored regularly by community health workers

WHO works closely with national and state ministries of health to support both host communities and communities of internally displaced people. In total, 1159 alerts of suspected COVID-19 cases were notified within camps for internally displaced people, 290 of which were positive by the end of December 2020. These communities have access to laboratory testing, treatment and isolation facilities.

Planning for the future: investment on community health workers can rebuild health system

The community health workers have played an essential and effective part in Somalia's response to COVID-19 by reaching communities on the ground with crucial information and services. There is a need to extend frontline responses to health challenges in every district and to ensure every Somali community has access to health services. Therefore, given the ability of community health workers to engage with people in their communities and provide basic health care and a bridge to primary care services, their role needs to be expanded. In addition to the COVID-19 response, the community health workers can have particular roles in primary health care and other essential public health functions. Being close to the community, they have proven to be effective in delivery of a range of preventive, promotive and curative health services and they can contribute to reducing inequities in access to care.

The community health workers are not a cost. Research has shown that they are an investment with health, labour, equity and economic dividends. It is time to invest on the CHWs by expanding their role and functions. They have already proved effective as a vital first-line in the response to COVID-19 and a vital clog between the health system and the communities at risk. As the country's health system recovers from pandemic, it is time to rethink their role in achieving universal health coverage in a fragile country like Somalia. They can be effective in establishing community-based-disease surveillance and reporting system apart from expanding their role in primary health care services such as delivering common maternal and paediatric problems, routine immunization, antenatal and post-natal care as well as tracing and tracking for diseases. They are the future for preparing the country for the next emergency.

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