Fact Sheet

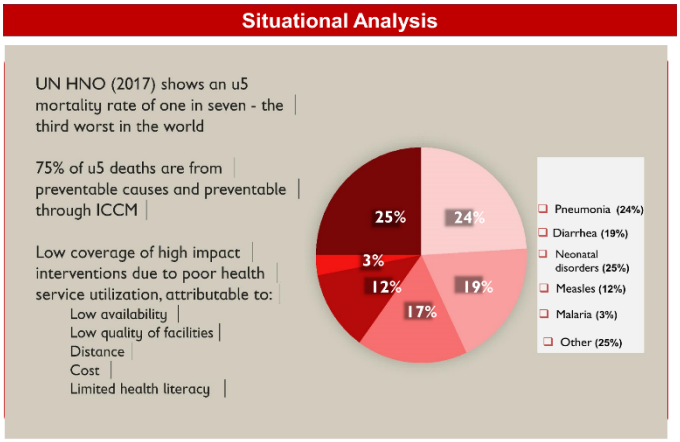
# Investing more in community components in healthcare projects*

Health is a fundamental human right and healthcare systems of any country should create equitable access to care for all citizens. However, due to over two decades of conflict, Somalia has been lagging behind the rest of the world in improving health services especially for children, leading to poor health conditions. How to make faster improvement in the health outcomes for the Somalis, especially the children, is a key policy question. This fact sheet draws on a baseline survey conducted for a Community Health and Social Accountability Project (CHASP) and secondary literature to recommend stronger community components in the project. We argue that investing in community components such as supporting community healthcare workers (CHW) and scaling tested models of integrated community case management (iCCM) or safe delivery kits at home are more cost-effective methods for making a faster change in improving child health outcomes than investing on facilities. This is important to clarify that there are a number of obvious linkages between supporting the community and facility, but the project needs greater balance by strengthening the community components.

## Background

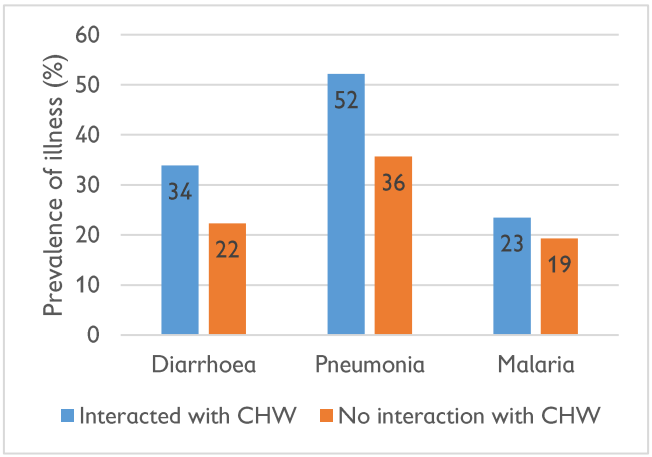
In 2016 in Somalia, the under-five mortality rate is estimated to be 133 deaths per 1000 live births , infant mortality rate is 109 deaths per 1000 live births and the neonatal mortality rate is 45 deaths per 1000 live births.[1] Communicable diseases such as diarrhoea, pneumonia, and malaria are responsible for high mortality, especially among children and account for up to 75% of all causes of death among children under 5 years in Somalia.[1] Similar trends were observed during CHASP baseline survey conducted in 9 districts in Nov 2018. Kismayo (42%), Adado (35%) and Afmadow (34%) were having high cases of malaria while Bosaso and Adado had high cases of diarrhoea (41%). On the other hand, Bargal, Iskushuban (37%) and Bosaso had high prevalence of pneumonia.

**Figure 1:** Neonatal and child mortality in Somalia




From the survey, the community members expressed the importance of having community health workers (CHW) at the community level to assist in advising or managing the cases as they plan to go to nearby health facilities to seek health care services since distance and insecurity came up as one of the barriers that delay the time to seek health care. We find that children of mothers who rely on CHWs for ANC and PNC services, are prone to report child illnesses (Figure 2). Hence, strengthening the capacity and work of the CHWs, we are more likely to reach the children who are more vulnerable to illnesses.

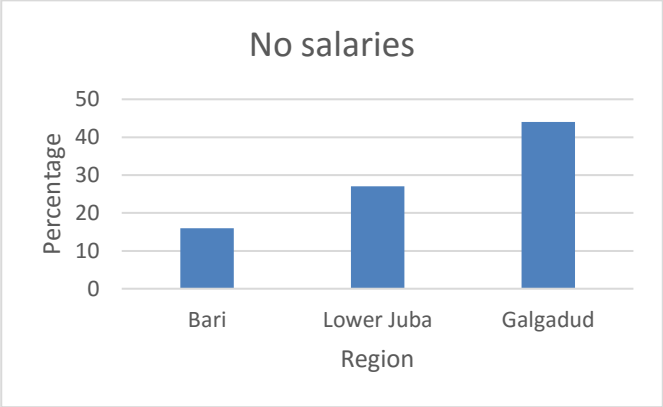
**Figure 2:** CHW interaction and prevalence of diseases




* This fact sheet is based on literature review, household survey and qualitative interviews conducted as part of CHASP baseline. For further details, please contact Leila.Abdullahi@savethechildren.org

Of the 95 community health care workers interviewed, only 53% were professionally trained as community health care workers with majority of them being in Bari region. Of the 95 CHW who worked, close to 30% were not incentivised in form of a salary or any other remuneration, hence, worked as volunteers. In Bari region, 16% of the CHW were not earning any money while in Lower Juba (27%) and Galgadud (4 4%) region were not getting salary as well. Community health workers are serving big populations while majority are not paid thus not motivated to serve the community.

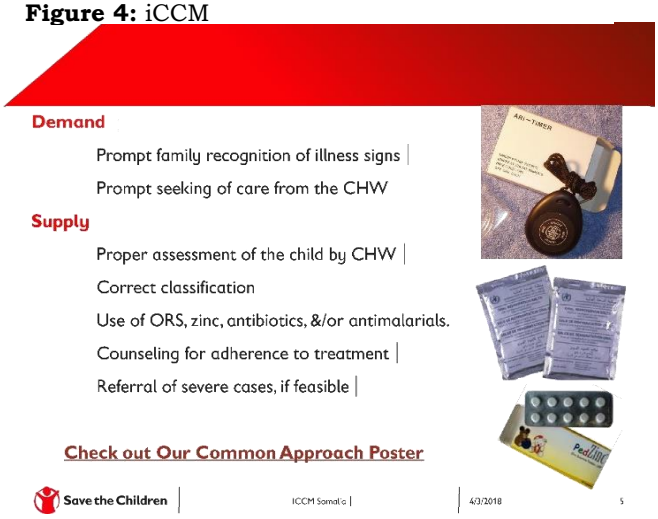
**Figure 3:** CHWs working without any salary or incentives




A number of community oriented innovative approaches are currently ongoing in Somalia to help the communities combat the health challenges towards achieving the health needs.

For example Integrated Community Case Management (iCCM) and new-borns care. iCCM is an evidence-based high impact interventions to cost-effectively reduce child deaths from these leading causes. For instance, ORS and zinc are known to be effective against childhood diarrhoea mortality preventing up to 93% and 23% of diarrhoea deaths, respectively..[2] Implementing iCCM for pneumonia can prevent up to 70% of pneumonia-related mortality in children under-five while iCCM for malaria has the potential to prevent overall mortality by 40% and malaria-specific mortality by 60%.[3]

**Figure 4:** iCCM




Evidence shows that home visits by community health workers in the first week after birth significantly reduces neonatal mortality and are strongly recommended by the WHO.[4] Hence training CHW on safe mother hood initiatives and new-borns care is shown to be cost effective with close to $150 on training and that will save the lives of thousands of mothers and new-borns every day.[3]

CHASP project seems to have stronger focus on strengthening facility and health systems relative to its focus on community health components. For every 100 dollars spent on activities at facilities, 1.5 dollars is allocated for community oriented activities. Therefore, we strongly recommend reallocation of resource to strengthen the community components.

**In conclusion, given the massive gaps between the actual and desired status of health outcomes, the project needs to focus more on community level interventions for faster impact at lower costs.**

[1] World Health Organization. Non-communicable Diseases (NCD) Country Profiles, 2014. http://www.who.int/nmh/countries/som_en.pdf (accessed May 2018)

[2] Save the Children. Common approach package. Integrated community case management of childhood illnesses. 2017. https://savethechildren1.sharepoint.com/what/health/SCDocuments/iCCM-package_FINAL.pdf (accessed May 2018).

[3] Gülmezoglu AM, Lawrie TA, Hezelgrave N, et al. Interventions to Reduce Maternal and Newborn Morbidity and Mortality. The World Bank; 2016 Apr 5. Chapter 7. Available from: https://www.ncbi.nlm.nih.gov/books/NBK361904/