

THE SELECTION OF COMMUNITY HEALTH WORKERS' (CHW) TRAINEES IN SOMALILAND



FIELD PARTICIPANTS

Khader Ibrahim Mohamed-MOH
Dr. Abdirahim Abdillahi Duale-Sahil RMO
Ahmed Nur Caduur-Sahil PHCC (Former)
Abdirisak Mohamed Abdi –Sahil PHCC (Current)
Mohamed Omer Yaabe (Awdal PHCC)
THET Somaliland Programme Team
HPA Sahil EPHS Team

JULY-SEPTEMBER 2013

Contents

ACRONYMS	3
BACKGROUND	4
PURPOSE OF THE FIELD VISITS	4
TRAINEE SELECTION AND ADMISSION CRITERIA OBSERVED	5
LIST OF THE CANDIDATES SELECTED FOR THE TRAINING	6
CHALLENGES	8
CONCLUSION	9

ACRONYMS

CHC	Community Health Committee
CHW	Community Health Worker
DFID	Department for International Development
EPHS	Essential Package of Health Services
HCS	Health Consortium Somalia
HPA	Health Poverty Action (formerly: Health Unlimited)
MOH	Ministry Of Health
PHU	Primary Health Unit
PHCC	Primary Health Care Coordinator
RHO	Regional Health Office
RMO	Regional Medical Officer
SRH	Sexual and Reproductive Health
THET	Tropical Health and Education Trust (THET)
ToT	Training of Trainers

BACKGROUND

Since June 2010, THET a partner in the DFID funded HCS Programme has been working with the ministry of health at different levels to deliver a coherent health system strengthening programme which pilots the introduction of an EPHS model to increase the range, quality and use of health products and services in Somaliland. The goal of the programme is to improve the survival and health status of Somali people through increased access to quality health services. On the hand, as a part of the UNICEF-led programme 'A continuum of care approach to SRH in Somalia,' THET works with other health actors in Awdal region to improve access, supply and quality of comprehensive sexual and reproductive health and child health services through a coordinated health system approach. With support from DFID and EC through UNICEF, THET undertook a review of the existing Community Health Worker Training Manuals and Curricular in order to align them to the EPHS model. This was and is intended to provide appropriate and accessible basic primary healthcare services for Somaliland citizens including men, women and children at community level through the provision of well-trained Community health workers. The English versions of the CHW training curriculum and manual were finalized and approved in April 2013 by the MOH and translated into Somali language for maximizing its user friendliness.

The EPHS, implemented for the first time in Somaliland, piloted in Sahil region is a comprehensive health service delivery framework to responding effectively and efficiently to the current weak situation of the health services delivery, and build a strong foundation for long-term sustainability even after the end of piloting phase. With a focus on improving Maternal and Child Health status in Sahil Region through EPHS, the Ministry of Health with the support of THET is strengthening health systems and improving skills and knowledge of the current health workers and drawing attention to the critically needed missing cadres in the health system of the country with specific focus to Sahil region as benchmark to enable appropriate staffing in all health facilities for the roll out of the EPHS.

In May and June 2013, THET with the financial support from DFID and EC through UNICEF project in collaboration with MoH trained 20 CHWs ToT who will be supporting the overall implementation of a formal 9 months CHWs training. The CHWs candidates to be trained for the 9 months are from Sahil region and Awdal regions and the identified training site is Burao Institute of Health Sciences. The training period is 22nd September, 2013 to July 21st 2014.

PURPOSE OF THE FIELD VISITS

The purpose of the field visits jointly conducted by THET and RHO in Sahil and Adwal was to vet the candidates selected by the communities to be trained as CHWs. We wanted to ensure that there was

regional leadership, MoH and community buy-in and that the right people that met the basic selection criteria were included in order to minimise challenges during the 9-month training.

The field visits to 15 PHUs in Sahil and 10 PHUs in Awdal sought to answer the following key issues;

- ✓ Do the selected participants have a basic level of literacy? Can they read & write in Somali and handle basic numeracy (addition, subtraction and multiplication)?
- ✓ Are the selected participants residents of the villages where the PHU is located?
- ✓ Have gender issues been considered in the selection process?
- ✓ Have the current CHWs who meet the selection criteria been given priority?
- ✓ Who selected these participants to be trained as CHWs? Did the communities play any role or their leaders selected them?
- ✓ What will the RHO and HPA do to ensure continuity of service delivery in the event that current CHWs qualify for the 9-month training?
- ✓ What challenges do the selected participants have and how can these be addressed before, during and after the 9-month training?

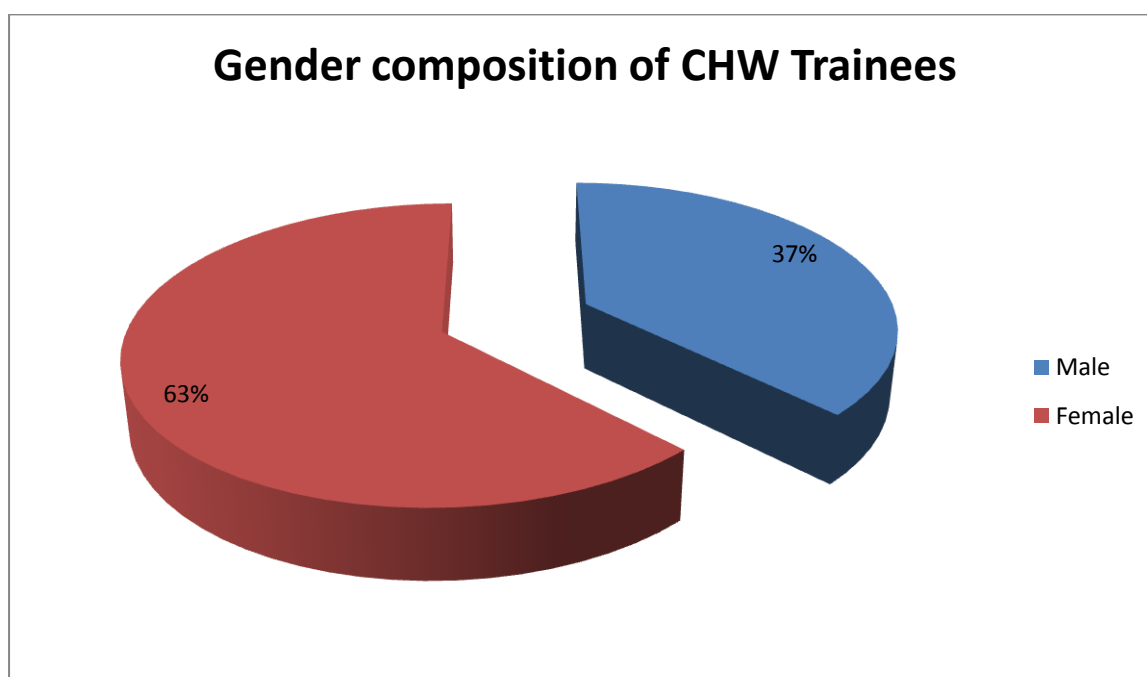
TRAINEE SELECTION AND ADMISSION CRITERIA OBSERVED

The prescribed selection criteria in the CHW Training Curriculum were the basis for the vetting of the candidates selected by the communities. Open and transparent procedures were used, to ensure that the best and most suitable candidates were selected for the training. The selection criteria prescribe that candidate;

- May be either female or male.
- Have to be recommended by their community of origin and approved by the MoH or its representative.
- Have to be educated at least to grade 6, preferably higher
- Have to be aged 20 or above.
- Must be able to read and write in Somali and be numerate.
- Must be able to commit to completing the entire training Course.
- Must be able to commit to working as a CHW in their village/community of origin normally for at least two years.
- Must be able to commit to the required hours expected of a MoH employed CHW.
- Have access to guidance and supervision from the health centre for the catchment area.

Communities were encouraged to nominate even married women on condition that they met the above selection criteria and that the under listed conditions were met;

- Evidence of the support of husbands is required in an effort to reduce attrition.
- Women who have infants under 4-6 months should be accompanied by a helper who is able to provide support in caring for the infant while the trainee is attending classes and other learning experiences. Making breastfeeding difficult must be avoided at all costs.
- Trainers will make every effort to enable trainees with the continuation of exclusive breastfeeding.



In order to ensure strict adherence to the above selection criteria, the team with the guidance of RHO visited 15 PHUs in Sahil and 10 PHUs in Awdal. The PHUs visited included; Godayar, Hudisa, Gidhays, Gugux, Hulqaboobe, Biyooley, Bixin, Dhibiijo, Boodaale, Ceelsheekh, Dallow, Dooxaguban, Lafaruug, Xagal Hayeeti, Ruqi, Calixaydh, Xalimaale, Fadhixun, Karuure, Ruqi, Tulli, Gorayocawl, Fardaha and Jirjir mainly located in the remote and hard to reach areas of these regions. In Sahil, 2 candidates were selected from each PHU making a total number of 30 participants while in Awdal, 1 candidate was selected from each of the 10 PHUs. The numbers of candidates selected was dictated by the available resources for each region with DFID/HCS covering Sahil and EC/UNICEF-SRH for Awdal region.

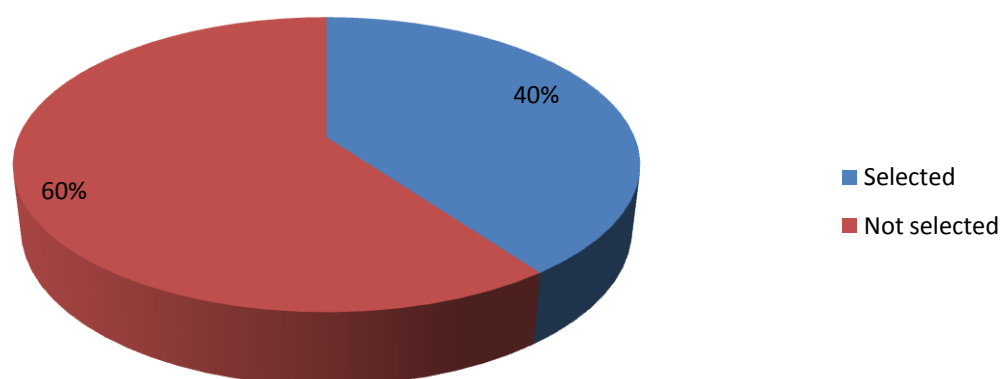
LIST OF THE CANDIDATES SELECTED FOR THE TRAINING

S/N	NAME	VILLAGE	REGION	GENDER	TELEPHONE
1	Fadumo Mohamed Arrale	GodaYar	Sahil	F	4397292

2	Qadan Abdi Geedi	GodaYar	Sahil	F	4998621
3	Ahmed Artan Abdi	Hudisa	Sahil	M	4261823
4	Kawsar Abdi Mohamed	Hudisa	Sahil	F	4318694
5	Nuux Saed Aw.Muhumed	Gidhays	Sahil	M	4895016
6	Nasra A/Rahman Jama Xujale	Gidhays	Sahil	F	4277999
7	Ibrahim Mohamed Xayd	Gugux	Sahil	M	4335470
8	Suleiman Hussein Jama	Gugux	Sahil	M	4303043
9	Aasiya Caawiye Muhumed	Hulqaboobe	Sahil	F	4292672
10	Hersi Osman Ahmed	Hulqaboobe	Sahil	M	4264852
11	Ismael Abdillahi Osman	Biyoolay	Sahil	M	4444008
12	Hinda Armiye Biixi	Biyoolay	Sahil	F	4277742
13	Nimco Abdi Jama	Dhibiijo	Sahil	F	4441492
14	Jibaaxe Jibril Abdi	Dhibiijo	Sahil	M	4346077
15	Abdi Yusuf Jama	Bixin	Sahil	M	4445634
16	Ikran A/Rahman Ahmed	Bixin	Sahil	F	4652489
17	Layla Hashi Osman	Ceelsheekh	Sahil	F	4406880
18	Ahmed Abdillahi Adan	Ceelsheekh	Sahil	M	4722099
19	Hassan Abdi Duelle	Boodaale	Sahil	M	4812295
20	Fadumo A/Qadir Hersi	Boodaale	Sahil	F	4019856
21	Khalid Sayid Aw.Hassan	Dallow	Sahil	M	4585353
22	Hibaq Ahmed Abdi	Dallow	Sahil	F	4440035
23	Ifrah Jama Abdillahi	Dooxaguban	Sahil	F	4180285
24	Barwaaqo Ahmed Abdillahi	Dooxaguban	Sahil	F	4064307
25	Yasiin Ibrahim Hussein	Xagal	Sahil	M	4360892
26	Saleban Mohamed Dubad	Xagal	Sahil	M	4368158
27	Ayaan Osman Adan	Hayeeti	Sahil	F	4890401
28	Koos Mohamd Warsame	Hayeeti	Sahil	F	4284192
29	Darajo Khadar Guleed	Lafaruug	Sahil	F	4299411
30	Ayan Mohamud Saeed	Lafaruug	Sahil	F	4334895
31	Zaynab Nuh Suldan	Ruqi	Awdal	F	4527324
32	Filsan Ahmed Arab	Calixaydh	Awdal	F	4579774

33	Hibo Farah Buux	Xaliimaale	Awdal	F	4563172
34	Hamda Mohamed Adan	Fadhixun	Awdal	F	4532832
35	Ali Mohamed Geele	Karuure	Awdal	M	4592278
36	Xaliimo Mohamud Qayad	SH/Awaare	Awdal	F	4013779
37	Safia Suldun Faarah Bahdon	Gorayocawl	Awdal	F	4659526
38	Muhumed Abdi Diiriye	Tulli	Awdal	M	4504440
39	Nimco Abdillahi Tubeec	Fardaha	Awdal	F	4552727
40	Hodan Hassan Ismael	Jirjir	Awdal	F	4419908

Current CHWs in Sahil that were selected for 9-month training



S/N	NAME	VILLAGE	GENDER	TELEPHONE
1	Ahmed Artan Abdi	Hudisa	M	4261823
2	Ibrahim Mohamed Xayd	Gugux	M	4335470
3	Ismael Abdillahi Osman	Biyoolay	M	4444008
4	Abdi Yusuf Jama	Bixin	M	4445634
5	Yasiin Ibrahim Hussein	Xagal	M	4360892
6	Jibaaxe Jibril Abdi	Dhibiijo	M	4346077

CHALLENGES

- **Low levels of literacy and numeracy.** In order to test participants' suitability for the training programme, the team used very basic addition, subtraction and multiplication. In addition, participants were also required to write a very short sentence in Somali and read aloud a phrase in Somali. Many people failed this. This low level of numeracy and literacy became a critical factor that

delayed the onset of the 9-months CHW training. Besides, a 2 weeks numeracy and literacy session was organized as part of the training programme to ensure that participants acquired some level of literacy in readiness for the course. In one of the villages, the community members remarked that if things became tough, they would 'grab' one of the primary school teachers and send him for training as a community health worker to which the team discouraged.

- ***Social Set up challenges.*** Clan dynamics within the facilities catchment areas was an issue throughout the selection process and significant time was invested to ensure equal opportunity for all to minimize potential inter-clan conflicts. In some of the villages, the team had to leave the community members for days to sort the issue of clan balancing in villages with mixed clans.
- ***Capacity of Community Health Committees (CHCs).*** Some of the CHCs were inactive and lacked cohesion. They did not well interpret the communication from the RHO and therefore did not adequately play their part. The RHO needs to develop a strategy to reinvigorate the CHCs.
- Very sandy, rocky and mountainous nature of the roads to the target villages had negatively affected the proper execution of the process. Vehicles got stuck in the sand dunes and the roads were rough.
- ***Negative community attitudes towards female education.*** Some of the villages in the western part of Awdal region or their community health committees were against female education. They did not want to give any opportunity to the women. Most of the girls in these villages to the nearest schools in Borama and Djibouti.

CONCLUSION

The field trip to vet the selected CHWs, mobilize community participation and buy-in as well as work with MoH colleagues in the regions was a quality assurance measure to ensure that the Community Health Workers (CHW) training achieves the goal of building local capacity for enhanced delivery of the Essential Package of Health Services in Somaliland.

Owing to the identified gaps, a two-week gap filling training in numeracy and literacy started on 22 September 2013 in Burao Institute of Health Sciences. This will then be proceeded by the launch of the 9-month CHW training expected to end in July 2014



Community participants in the selection of CHW Trainees



One of CHW Training candidates taking a simple literacy and numeracy test as part of the testing before selection

