

ABAJYANAMA B'UBUZIMA CONTENT



The Rwandan Minister of Health explaining to his counterpart of Kenya the daily work of Abajyanama b'Ubuzima

Historical context of Abajyanama b'Ubuzima Program

Rwanda started its community health program in 1995 after the genocide against the Tutsi. There are four main objectives of the program:

- Strengthen the capacity of decentralized structures to allow community health service delivery;
- Strengthen the participation of community members in community health activities;
- Strengthen Community Health Workers (CHWs) motivation through Community Performance-Based Financing (CPBF) to improve health service delivery; and
- Strengthen coordination of community health services at the central, district, health center, and community levels (*Rwanda Ministry of Health. National Community Health Strategic Plan July 2013–June 2018*).

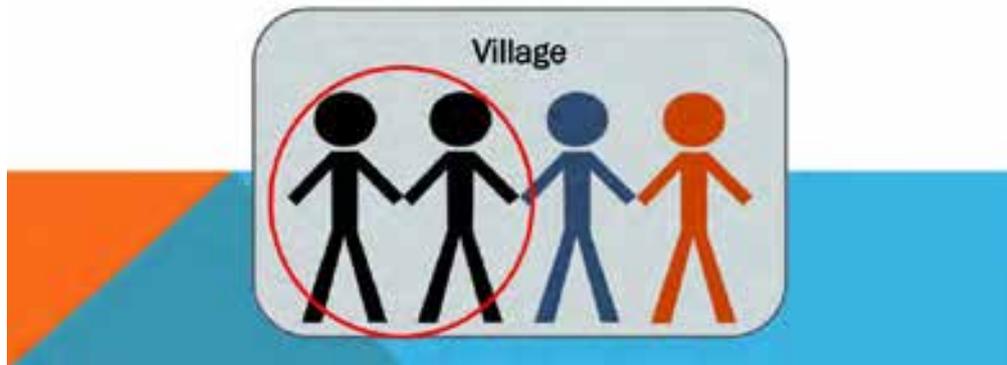
By 2005, the program had grown to over 45,000 CHWs (There are three CHWs in each village: a male-female CHW pair called binômes). From 2005, after the decentralization policy had been implemented nationally, the Ministry of Health (MOH) increased efforts to train and provide supplies to CHWs to deliver Maternal and Child Health (MCH) services. Their responsibilities are shown in the following image:

CHW BINOME RESPONSIBILITIES.

1. Case management for children under five years old at the community level (C-IMCI)

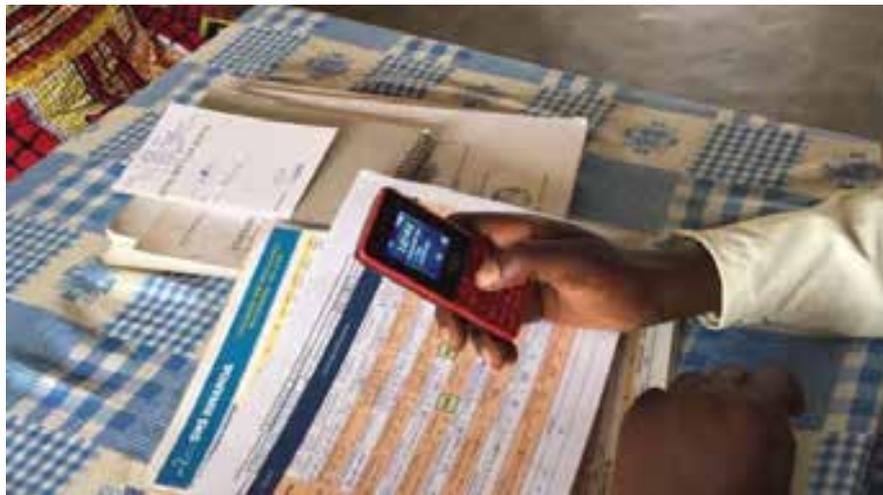
- Referral of children with danger signs to health center
- Treatment of simple confirmed cases of malaria, diarrhea, and pneumonia
- Checking for severe and moderate malnutrition
- Promotion of family health practices and disease prevention

2. Participating in outreach activities organized by the health center



Abajyanama b'Ubuzima program's implementation

In each village of approximately 100–150 households, there is one maternal health CHW (Agent de Santé Maternelle -ASM) and two multidisciplinary CHWs (binômes- man and woman working as a pair). CHWs are full-time, voluntary workers who play a very key role in extending services to Rwanda's village communities. The CHWs are supervised most directly by the cell coordinator and the in charge of community services at the catchment-area health center. CHWs now use Rapid SMS to submit reports and communicate alerts to the district level and to hospitals or health centers regarding any maternal or infant deaths, referrals, newly identified pregnant women, and new born in the community.



A CHW using Rapid SMS to submit reports

ASMs have been trained to identify pregnant women, make regular follow-ups during and after pregnancy, and encourage deliveries in health facilities where skilled health workers are available. In addition to following up pregnant women

and their new born, the ASM also screens children for malnutrition, provides contraceptives (pills, injectable, cycle beads, and condoms), promotes prevention of Non Communicable Diseases NCDs through healthier lifestyles, and carries out household visits.



Abajyanama b'Ubuzima at work

Community's role

Community engagement is a key objective of Rwanda's community health strategy and Abajyanama b'ubuzima's delivery. There are many ways in which communities are involved in improving their health and access to services. The community has the role of electing the CHWs in their respective villages and removing them when needed. Also, they have to respond to their invitations when there are health mobilization sessions that must take place in the villages. Furthermore, they must always seek their advice even for diseases that they are not authorized to treat before going to health facilities. For example; the community has the role to report all COVID-19 new cases to allow Abajyanama b'Ubuzima to monitor their treatment in collaboration with health facilities.



Umujyanama w'Ubuzima visiting a COVID 19 patient in Gisozi Sector

How does Rwanda select, train, and retain its Community Health Workers?

CHWs come from the villages in which they live. They must be able to read and write and be between the ages of 20 and 50 years. They are people considered by their peers to be honest, reliable, trustworthy, and must be willing to volunteer. They are selected through the gathering of all village members.

Within each village (Umdugudu), Binômes are trained in community-based Integrated Management of Childhood Illness (IMCI) by preparing them to be first responders to a number of common childhood illnesses, including pneumonia, diarrhea, malaria and now COVID 19. The CHWs are also trained on when and how to refer severe cases to health facilities. IMCI refresher training is provided through a supportive supervision model, where the supervisor conducts training to strengthen the CHW's knowledge and skills in providing quality case management services in their communities.



Training of Abajyanama b'Ubuzima newly elected (2021) in Kayonza District



Training of Abajyanama b'Ubuzima on parasitology

In 2009, the MOH introduced CPBF as a way to motivate CHWs. CHWs from a district are organized into at least one cooperative that receive and share funds from the MOH based on the achievement of specific targets established by the MOH. There are in total 449 cooperatives all over the country. Through this scheme, CHWs (Abajyanama b'Ubuzima) are able to improve their livelihoods where for example in Karongi, CHWs were able to build a commercial building using funds they received from the Ministry of Health and a loan from Bank of Kigali.



Abajyanama b'ubuzima of Karongi District in front of their commercial building