

COUNTRY PROFILE: RWANDA

RWANDA COMMUNITY HEALTH PROGRAMS
DECEMBER 2013



Advancing Partners & Communities

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*Adapted from the Health Care Improvement Project's *Assessment and Improvement Matrix* for community health worker programs and PATH's Country Assessments of Community-based distribution programs.

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ACRONYMS

AIDS	acquired immunodeficiency syndrome
CBFP	community-based family planning
CHW	community health workers
DMPA (IM)	Intramuscular Depo-Provera
FAM	fertility awareness methods
FP	family planning
GoR	Government of Rwanda
HIV	human immunodeficiency virus
IMCI	integrated management of child illnesses
IRS	indoor residual spraying
IUD	intrauterine devices
MCH	maternal and child health
MOH	Ministry of Health
NGO	nongovernmental organizations
ORS	oral rehydration solution
PLHIV	people living with HIV
PMTCT	prevention of mother-to-child transmission (of HIV)
PPH	postpartum hemorrhage
SDM	standard days method
VCT	voluntary counselling and testing

I. INTRODUCTION

This Country Profile is the outcome of a landscape assessment conducted by Advancing Partners & Communities (APC) staff and colleagues. The landscape assessment focused on the United States Agency for International Development (USAID) Population and Reproductive Health priority countries, and includes specific attention to family planning as that is the core focus of the APC project. The purpose of the landscape assessment was to collect the most up to date information available on the community health system, community health workers, and community health services in each country. This profile is intended to reflect the information collected. Where possible, the information presented is supported by national policies and other relevant documents; however, much of the information is the result of institutional knowledge and personal interviews due to the relative lack of publicly available information on national community health systems. As a result, gaps and inconsistencies may exist in this profile. If you have information to contribute, please submit comments to info@advancingpartners.org. APC intends to update these profiles regularly, and welcomes input from our colleagues.

II. GENERAL INFORMATION

1	<p>What is the name of this program*, and who supervises it (Government, nongovernmental organizations (NGOs), combination, etc.)?</p> <p><i>Please list all that you are aware of.</i></p> <p><i>*If there are multiple programs, please add additional columns to the right to answer the following questions according to each community health program.</i></p>	<p>The Community Health Workers (CHWs) Program in Rwanda is led by the Ministry of Health (MOH) and supported by various nongovernmental organizations (NGOs). All CHWs are a part of the national health policy and structure.</p>
2	<p>How long has this program been in operation? What is its current status (pilot, scaling-up, nationalized, non-operational)?</p>	<p>The CHWs Program was revamped in 1995 with the purpose of making the program the first level of entry into the formal health care system. As such, it operates at the smallest administrative unit of the country, the village level or <i>umudugudu</i>. The program operates nationwide.</p> <p>Community-based family planning (CBFP) was introduced as a service package provided by the program in 2010. It was piloted in Kicukiro, Rusizi, and Gatsibo Districts.</p>

3	<p>Where does this program operate? Please note whether these areas are urban, peri-urban, rural, or pastoral. Is there a focus on any particular region or setting?</p> <p><i>Please note specific districts/regions if known.</i></p>	<p>The CHWs Program operates nationwide in all 30 districts. The CBFP component is implemented in 20 districts across the country. The CHWs Program is implemented in urban, peri-urban, and rural settings.</p>
4	<p>If there are plans to scale up the community health program, please note the scope of the scale-up (more districts, regional, national, etc.) as well as location(s) of the planned future implementation sites.</p>	<p>The Rwandan Ministry of Health is scaling up the CBFP service package through a phased approach. Currently 10,000 CHWs have been trained in family planning services in 20 districts. There are plans to scale up training in the remaining 10 districts to ensure a full package of community-level services is delivered nationwide.</p>
5	<p>Please list the health services delivered by CHWs¹ under this program. Are these services part of a defined package? Do these services vary by region?</p>	<p>The health services delivered are standardized across the CHW Program.</p> <p>CHWs provide family planning information and education, method counseling and referrals; testing and first treatment of malaria for children under the age of five; antenatal and postnatal care including misoprostol for prevention of postpartum hemorrhage; and community integrated management of child illnesses (IMCI).</p>
6	<p>Are family planning (FP) services included in the defined package, if one exists?</p>	<p>Yes, family planning services are offered in the standard package of services.</p>
7	<p>Please list the family planning services and methods delivered by CHWs.</p>	<p>CHWs provide information and education, method counseling, and referrals across all methods. CHWs also provide condoms and resupply CycleBeads, oral pills, and injectables in the community.</p>
8	<p>What is the general service delivery system (e.g. how are services provided? Door-to-door, via health posts/other facilities, combination)?</p>	<p>CHWs deliver services through door-to-door client visits and visits in CHWs' homes. The location of service delivery is dependent on the type of service being provided.</p>

¹ The term “CHW” is used as a generic reference for community health workers for the purposes of this landscaping exercise. Country-appropriate terminology for community health workers is noted in the response column.

III. COMMUNITY HEALTH WORKERS

9	Are there multiple cadre(s) of health workers providing services at the community level? If so, please list them by name and note hierarchy.	<p>There are two cadres of workers in the CHWs Program. As a group they are referred to as CHWs.</p> <p>Binomes provide services to children and families, particularly family planning and IMCI.</p> <p>Maternal Health CHWs provide care to pregnant women and infants.</p>	
10	Do tasks/responsibilities vary among CHWs? How so (by cadre, experience, age, etc.)?	Binomes and Maternal Health CHWs are complimentary cadres and provide different types of services..	
11	<p>Total number of CHWs in program?</p> <p><i>Please break this down by cadre, if known, and provide goal and estimated actual numbers. Please note how many are active/inactive, if known.</i></p>	<p>Binomes</p> <p>Currently, there are 30,000 trained Binomes working throughout Rwanda.</p>	<p>Maternal Health CHWs</p> <p>Currently, there are 15,000 Maternal Health CHWs working across the country.</p>
12	<p>Criteria for CHWs (e.g. age, gender, education level, etc.)</p> <p><i>Please break this down by cadre, if known.</i></p>	Both Binomes and Maternal Health CHWs are elected by community members and must have integrity, know how to read and write, and be a resident of the village where they will work. Binomes must have a male/female gender mix.	
13	<p>How are the CHWs trained? Please note the length, frequency, and requirements of training.</p> <p><i>Please break this down by cadre, if known.</i></p>	<p>Both Binomes and Maternal Health CHWs receive comprehensive training regarding general service delivery information, followed by specific health intervention area trainings related to their specialized responsibilities.</p> <p>The family planning training is 10 days long and includes both theoretical and practical components.</p>	
14	Do the CHWs receive comprehensive training for all of their responsibilities at once, or is training conducted over time? How does this impact their ability to deliver services?	<p>Binomes</p> <p>Binomes receive comprehensive training on all health interventions provided in the CHW Program and specialized training on family planning, malaria, and IMCI.</p>	<p>Maternal Health CHWs</p> <p>Maternal Health CHWs receive comprehensive training on all health interventions provided in the CHW Program and specialized training on maternal and newborn health and immunizations.</p>

15	Please note the health services provided by the various cadre(s) of CHW, as applicable (i. e. who can provide what service).	<p>Binomes</p> <p>Binomes provide primary health care services including family planning, testing and first treatment of malaria for children under five, and IMCI.</p> <p>Additionally, Binomes provide information and education surrounding the importance of antenatal and postnatal care and refer pregnant women to Maternal Health CHWs.</p>		<p>Maternal Health CHWs</p> <p>Maternal Health CHWs are responsible for maternal and newborn health. They provide follow-up visits for pregnant and breastfeeding women and newborns, and referrals for antenatal consultation and delivery at health centers, immunizations, vitamin A, and childhood illnesses.</p> <p>Additionally, Maternal Health CHWs provide information and education for family planning and malaria in conjunction with Binomes.</p>
16	Please list which family planning services are provided by which cadre(s), as applicable.		Binomes	Maternal Health CHWs
		<i>Information/education</i>	Standard days method (SDM), condoms, oral pills, injectables, implants, intrauterine devices (IUDs), and permanent methods	Standard days method, condoms, oral pills, injectables, implants, IUDs, and permanent methods
		<i>Method counseling</i>	CycleBeads, condoms, oral pills, injectables, implants, and IUDs	Standard days method, condoms, oral pills, injectables, implants, and IUDs
		<i>Method provision</i>	Condoms and resupply of CycleBeads, oral pills, and injectables	Not applicable
		<i>Referrals</i>	Implants, IUDs, and permanent methods	Standard days method, condoms, oral pills, injectables, implants, IUDs, and permanent methods
17	Do CHWs distribute commodities in their communities (e.g. zinc tablets, FP methods, etc.)? Which programs/products?	<p>Binomes</p> <p>CHWs provide zinc tablets, oral rehydration solution (ORS), malaria treatment for children under five years, and CycleBeads, condoms, oral pills, and injectables. Binomes only resupply short-acting hormonal family planning commodities; clients must receive the first dose of oral pills and injectables at a health facility.</p>		<p>Maternal Health CHWs</p> <p>Maternal CHWs distribute misoprostol to pregnant women for post-partum hemorrhage prevention.</p>
18	Are CHWs paid, are incentives provided, or are they volunteers? Please differentiate by cadre, as applicable.	<p>All cadres of CHWs in Rwanda are volunteers. However, Binomes and Maternal Health CHWs are organized in cooperatives to ensure income generation and accountability of results. The Government of Rwanda (GoR) uses a community-based performance-based financing system. Payments are made to cooperatives by the GoR upon receipt of proof of performance. The cooperatives can then invest the earnings in income-generating projects such as animal husbandry, farming, or basket making. These cooperatives are a built-in incentive system to the CHW Program.</p>		

19	Who is responsible for these incentives (MOH, NGO, municipality, combination)?	The MOH is responsible for the funds contributed to the cooperatives.	
20	Do CHWs work in urban and/or rural areas?	Binomes and Maternal Health CHWs work in urban, peri-urban, and rural settings.	
21	Are CHWs residents of the communities they serve? Were they residents before becoming CHWs (i.e. are they required to be a member of the community they serve)?	Both Binomes and Maternal Health CHWs are required to be residents of the communities they serve.	
22	Describe the geographic coverage/catchment area for each CHW.	Binomes There are two Binomes (one male, one female) in each village area. A village area is approximately 50 to 100 households.	Maternal Health CHWs One Maternal Health CHW serves a village area. A village area is approximately 50 to 100 households.
23	How do CHWs get to their clients (walk, bike, public transport, etc.)?	Binomes and Maternal Health CHWs reach their clients by walking.	
24	Describe the CHW role in data collection and monitoring.	Both Binomes and Maternal Health CHWs collect data on the services they provide in a report that is submitted to the CHW Supervisor at the health center they report to. Reports are submitted at least once a month, and sometimes more often if there is an epidemic (e.g. cholera).	

IV. MANAGEMENT AND ORGANIZATION

25	Does the community health program have a decentralized management system? If so, what are the levels (state government, local government, etc.)?	Rwanda has a decentralized management system. The levels are: <ul style="list-style-type: none"> • Central level • Provincial • District level • Sector level • Cell level (group of villages) • Umudugudu level (village)
26	Is the MOH responsible for the program, overall?	Yes, the MOH is responsible for the overall program.
27	What level of responsibility do regional, state, or local governments have for the program, if any? <i>Please note responsibility by level of municipality.</i>	The local government (Sector and Cell levels) is responsible for managing the CHW cooperatives and the administration of the CHW program at the local level.
28	What level of responsibility do international and local NGOs have for the program, if any?	Some international NGOs contribute to the technical aspects of the CHW Program, such as trainings and supportive supervision of CHWs.
29	Are CHWs linked to the health system? Please describe the mechanism.	Yes, CHWs report to the In-Charge of CHWs at the local health center, who in turn reports the activities to the District level hospital. CHWs are considered the lowest-level formal provider in the MOH service delivery system.
30	Who supervises CHWs? What is the supervision process? Does the government share supervision with an NGO/NGOs? If so, please describe how they share supervision responsibilities.	Supportive and technical supervision of CHWs is monitored by the In-Charge of CHWs at the local health center. Administratively, CHWs receive supervision from local authorities. CHWs have monthly meetings at health centers to submit reports, restock commodities, and share experiences and knowledge. In areas where there are development partners, NGOs participate in supervision by contributing to the training of CHWs, purchasing equipment and/or materials, and conducting joint supervision visits with MOH personnel.
31	Where do CHWs refer clients for the next tier of services? Do lower level	Normally CHWs refer clients to the health center for services they do not provide (e.g. long-acting and permanent methods for family planning). However, if a CHW is experiencing a stockout of commodities they may refer a client to a

	cadres refer to the next cadre up (of CHW) at all?	nearby CHW who they are sure is able to serve the client.		
32	Where do CHWs refer clients specifically for FP services? <i>Please note by method.</i>		Binomes	Maternal Health CHWs
		<i>SDM/Fertility awareness methods (FAM)</i>	Local health center for initial screening and CycleBeads; Binomes provide follow-up and continued services	Binomes
		<i>Condoms</i>	Not applicable	Binomes
		<i>Oral pills</i>	Local health center for initial screening and provision; Binomes provide follow-up and continued service provision	Binomes
		<i>Intramuscular Depo-Provera (DMPA (IM))</i>	Local health center for initial screening and provision; Binomes provide follow-up and continued service provision;	Binomes
		<i>Implants</i>	Local health center	Local health center
		<i>IUDs</i>	Local health center	Local health center
		<i>Permanent methods</i>	Local health center (very limited access)	Local health center (very limited access)
		<i>Emergency contraception</i>	Local health center	Local health center
33	Are CHWs linked to other community outreach programs?	CHWs are linked to regular outreach activities organized by health facilities, such as HIV testing and counseling and immunization campaigns.		
34	What mechanisms exist for knowledge sharing among CHWs/supervisors?	CHWs share experiences and lessons learned at monthly supervision meetings at the local health center. They also interact at the village level and share experiences and knowledge; most CHWs within a Cell know each other well.		
35	What links exist to other institutions (schools, churches, associations, etc.)?	CHWs provide health education at schools in the villages where they work. They also speak at different association and neighborhood gatherings at the request of the MOH or community leaders.		
36	Do vertical programs have separate CHWs or "share/integrated"?	Binomes provide integrated services, while Maternal Health CHWs provide specific services. However, all CHWs report to the same In-Charge of CHWs at the local health center.		

37	Do they have data collection/reporting systems?	Yes, CHWs collect data on the services and health-related activities they provide that are given to the In-Charge of CHWs at the local health center. This data is then shared with the local authorities at the Sector and Cell level.
38	Describe any financing schemes that may be in place for the program (e.g. donor funding/MOH budget/municipal budget/health center user fees/direct user fees).	Information unavailable
39	How and where do CHWs access the supplies they provide to clients (medicines, FP products, etc.)?	CHWs access supplies from the local health center.
40	How and where do CHWs dispose of medical waste generated through their services (used needles, etc.)?	CHWs dispose of medical waste using a sharps box that they bring to the local health center for incineration.

V. POLICIES

41	<p>Is there a stand-alone community health policy? If not, is one underway or under discussion?</p> <p><i>Please provide a link if available online.</i></p>	<p>Yes, the National Community Health Policy of Rwanda (2008).</p>
42	<p>Is the community health policy integrated within overall health policy?</p>	<p>Yes, the Community Health Policy compliments other MOH policies including,</p> <ul style="list-style-type: none"> • Reproductive Health Policy, 2003 • Family Planning Policy, 2005 (Updated in December 2012) • Nutrition Policy, 2005 • National HIV/AIDS Policy, 2005 <p>The CHW program is also included in the Family Planning Strategic Plan for 2012-2016 (December 2012).</p>
43	<p>When was the last time the community health policy was updated? (Months/years?)</p>	<p>The policy has not been updated since it was written in 2008. However, the CHW Program approach is included in the Family Planning Policy and the Family Planning Strategic Plan for 2012-2016 that were updated in December 2012.</p>
44	<p>What is the proposed geographic scope of the program, according to the policy? (Nation-wide? Select regions?)</p>	<p>The CHW Program operates nationwide.</p>
45	<p>Does the policy specify which services can be provided by CHWs, and which cannot?</p>	<p>Yes, the policy provides general terms for what services can be provided by CHWs. The policy describes the current community health package of services offered by the MOH and highlights the different national programs and initiatives the CHW Program can support, including:</p> <ul style="list-style-type: none"> • National Program on Leprosy and Tuberculosis • National Malaria Control Program • Environmental Health programs • National Program on Community-Based Nutrition • National Expanded Program on Immunization • Reproductive Health Program and Family Planning Integrated Management of Childhood Infections, and • Care and Support to people living with HIV (PLHIV).
46	<p>Are there any policies specific to FP service provision (e.g. CHWs allowed to inject contraceptives)?</p>	<p>Yes, the National Family Planning Policy and the Family Planning Strategic Plan.</p> <p>According to both these policies CHWs are allowed to resupply the following FP methods: CycleBeads, condoms, pills, and injectables. All new clients must be seen by a formal health care provider for an initial family planning prescription.</p>

VI. INFORMATION SOURCES

Ministry of Health, Republic of Rwanda. 2008. *National Community Health Policy*. Kigali: MOH. Available at www.hha-online.org/hso/system/files/nationalcommunityhealthpolicy.pdf (accessed November 2013).

Ministry of Health, Republic of Rwanda. 2012. *Family Planning Policy*. Kigali: MOH. Available at www.moh.gov.rw/fileadmin/templates/Docs/Rwanda-Family-Planning-Policy.pdf (accessed November 2013).

Ministry of Health, Republic of Rwanda. 2012. *Family Planning Strategic Plan 2012-2016*. Kigali: MOH. Available at www.moh.gov.rw/fileadmin/templates/Docs/Rwanda-Family-Planning-Strategic-2012-2013.pdf (accessed November 2013).

Ministry of Health staff. Unpublished communication. July 2013.

Partners in Health staff. Unpublished communication. July 2013

VII. AT-A-GLANCE GUIDE TO RWANDA COMMUNITY HEALTH SERVICE PROVISION

Please check the box for the components provided by CHWs, by cadre, and for the services/products listed. Please add additional columns for additional cadre as needed, as well as additional services/products if any are missing.

Intervention		Binomes				Maternal Health CHWs			
		Information/ education	Counseling	Administered and/or provided product	Referral	Information/ education	Counseling	Administered and/or provided product	Referral
Family Planning	<i>Services/Products</i>								
	SDM/FAM	X	X	X	X	X	X		X
	Condoms	X	X	X	X	X	X		X
	Oral pills	X	X	X	X	X	X		X
	DMPA (IM)	X	X	X	X	X	X		X
	Implants	X	X		X	X	X		X
	IUDs	X	X		X	X	X		X
	Permanent methods	X			X	X			X
	Emergency contraception	X			X	X			X
HIV and AIDS	Voluntary counselling and testing (VCT)	X			X	X			X
	Prevention of mother-to-child transmission (of HIV) (PMTCT)	X			X	X			X

Maternal and Child Health (MCH)	Misoprostol (for prevention of postpartum hemorrhage - PPH)	X	X			X	X	X	X
	Zinc	X	X	X	X	X	X		X
	ORS	X	X	X	X	X	X		X
	Immunizations	X	X		X	X	X		X
Malaria	Bed nets	X	X	X		X	X		X
	Indoor residual spraying (IRS)	X				X			
	Coartem (base of Artesinate) for treatment after a positive test	X	X	X		X	X		X



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