

Community health worker program champion Post-natal home visits in Rwanda

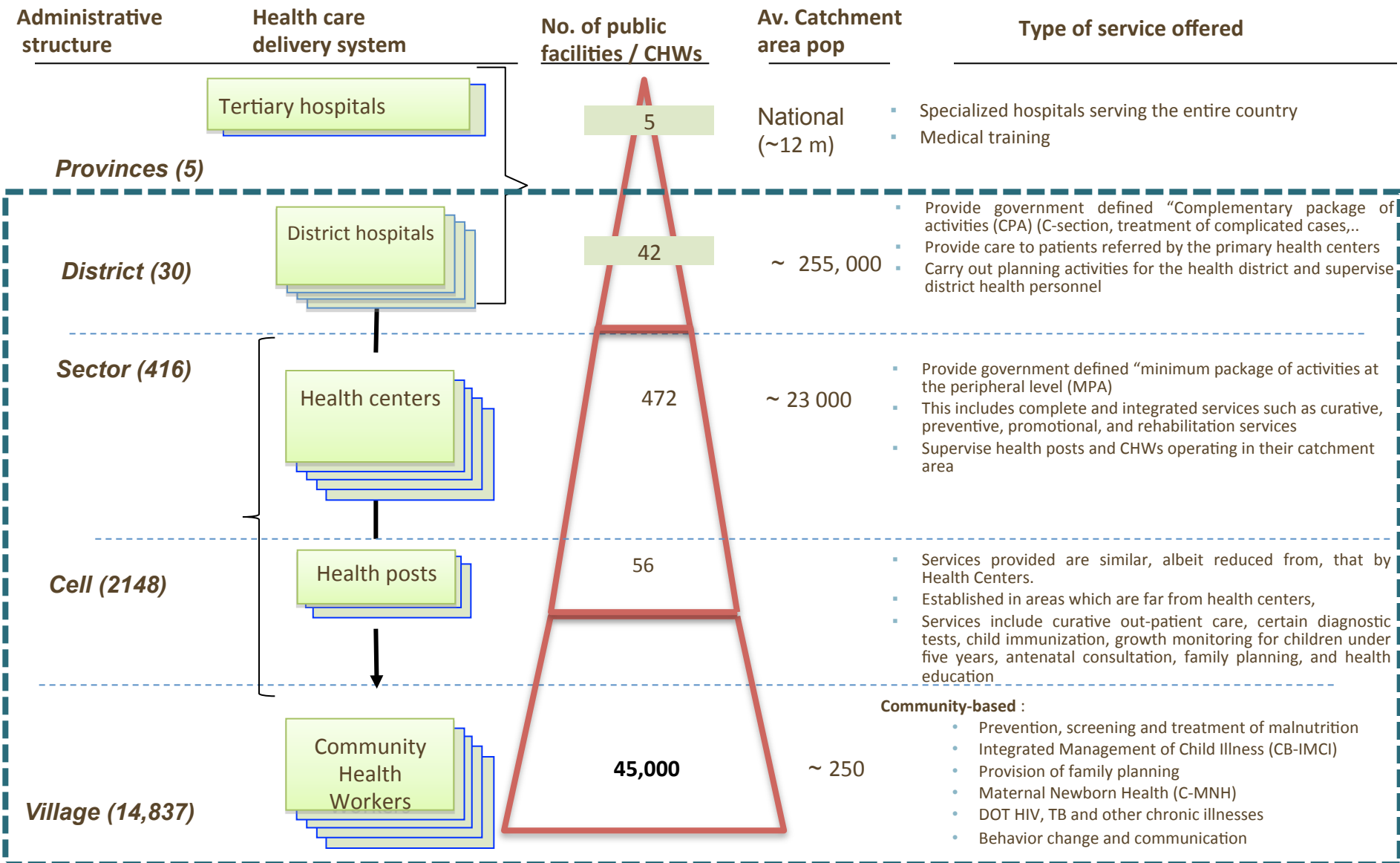
Catherine Mugeni, Ngabo Fidele, Mukarugwiro Beata, Jean de Dieu
Kagoma, Joseph Jonson

DEMOGRAPHIC AND SOCIAL ECONOMIC INDICATORS

- Population : 11,586,769 Habitant
- **Life Expectance – 64.5 years**
- U5MR – 50/1000
- Infant Mortality – 32/1000
- HIV Prevalence for the Adults - 3%
- Doctors:1/17.240 inhabitants
- Nurses:1/1.294 inhabitants
- Midwives:1 / 66.749 inhabitants
- Total Fertility Rate 4.2
- Modern C: 48%
- **Maternal Mortality Rate 210/100,000 live birth**



Rwanda's Health System



80% of burden of disease addressed at this level

CHWs scope of work

3 CHWs per Village : 45000 CHW are volunteers

- **2 CHWs** (Male-female '*binome*')
- **1 CHW for Maternal and NB Health** (female)
 - **Preventive services** mainly through community mobilization
 - **Promotive services** e.g through nutritional surveillance and education, Service delivery data management & reporting etc
 - **Curative services** : Community IMCI, Community MNH, Community TB DOTs, etc

Role of CHW in Charge MNB

The CB – MNHBC start in 2010

- Identify all the women in child bearing age in the village.
- Among these, identify those who are pregnant
- Visit pregnant women during pregnancy:
3 visits
- Accompany the woman at the health facility for delivery

Role of CHW in Charge MNB(con't)

- PNC home visit for newborn care :
 - Hand washing practices for CHW and mothers
 - Newborn immunisation status
 - Breastfeeding practices
 - Take newborn temperature with thermometer
 - Take newborn weight with baby scale
 - Evaluation of NB respiratory rate with Timer
 - Use of kangaroo method for low temperature and low weight newborns
 - Early Identification of newborn dangers signs and referral to HF

Timing of PNC Home Visit

First PNC check is done at health facility

Following post natal check done at home by maternal CHW:

- Second Visit: 1 day
- Third visit : 7 days
- Fourth visit : 14 days
- Fifth visit : 28 days

KIT

TOOLS

- Register for all women of child bearing age
- Follow-up form of pregnant woman
- CHW Referral form
- CHW counseling card
- CHW manual
- Facilitator guide
- Supervision form
- Monthly report

MATERIEL

- Timer
- Thermometer
- Newborn scale
- Bag
- Boots
- Umbrella
- Files
- Mobile Phone (RapidSMS)
- Drug: Misoprostol for PPH prevention

REPORTING

Montly and Daily

Ajouter Nouveau / Add New

Discript:

Coopérative / FOSA:

Type de Rapport / Report Type:

Periode / Period:

[Continue >>](#)

http://www.pbfwanda.org.nw/siscom/prpt/PrintProv.php?ReportID=138&sid=51a2bd710d5221e662589747 - Windows Internet Explorer

http://www.pbfwanda.org.nw/siscom/prpt/PrintProv.php?ReportID=1

File Edit Go To Favorites Help

Google

http://www.pbfwanda.org.nw/siscom/prpt/Print...

66.2%

RAPPORT MENSUEL D'ACTIVITE DES AGENTS DE SANTE COMMUNAUTAIRE

Niveau de compilation: Village Cellule Coopérative Année: 2009

Nom du Village/Cellule/Coopérative: CS Nyamata Mois: Decembre

District: BUGESERA Population Cible Total: 0

Nombre d'ASC total: 0 Nombre qui ont rapporté: 0 Nombre d'enfant de 0 à 5 ans: 0

Nom du Responsable: Nombre de femmes de 15 à 49 ans: 0

A. Prise en Charge d'enfants malades		Nombre	Guéris	Décès	Référés
1	Nombre total de cas de 0 à 5 ans reçus	0	0	0	0
2	Nombre de cas de moins de 2 mois référés				0
3	Nombre de contre-références reçues	0			
4	Nombre de cas de 6 mois à 59 mois avec fièvre traités avant 24h.	0			
5	Nombre de cas de 6 mois à 59 mois avec fièvre traités après 24h.	0			
6	Nombre de cas de 6 mois à 59 mois avec diarrhée traités	0			
7	Nombre de cas de 2 mois à 59 mois avec pneumonie traités	0			

B. Etat Nutritionnelle (Poids ou MUAC) et Vaccination		Nombre	Guéris	Décès	Référés
1	Nombre d'enfants avec état nutritionnelle Verte (V)	0			
2	Nombre d'enfants avec état nutritionnelle Jaune (J)	0	0	0	0
3	Nombre d'enfants avec état nutritionnelle Rouge (R)	0	0	0	0
4	Nombre d'enfants de 9 à 12 mois qui ne sont pas vaccinés	0			

Done Unknown Zone | Protected Mode: On

Rapid SMS RWANDA Tracking the first 1000 days of life, preventing unnecessary mother and newborn deaths in I

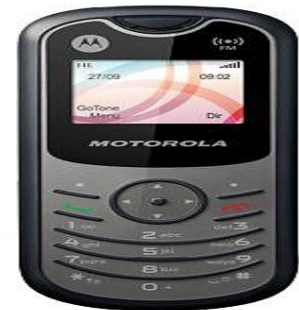
HOME CHWS MATERNAL HEALTH CHILD HEALTH NEW BORN PNC NUTRITION CCM REPORT LOG I

Please log in to RapidSMS

Username

Password

[login](#) [Forgot your password?](#)



© 2012 THE RAPIDSMS RWANDA, ALL RIGHTS RESERVED.

CHW contribution in PNHV

- Data from the 2014 C-HMIS was analyzed to assess the progress of the PNHVs.
- Approximately, 64% of all home deliveries, both mother and baby, were accompanied by ASMs to a health center for PNC.
- Over two thousand children less than 2 months of age including newborns, were identified as sick based on observed danger signs and referred to health centers by ASMs.
- Among 136,294 women who give birth during the year 2014, 39% of couple mothers/new born received PNHV 1 and 36% received PNHV 2 by ASMs.

Strengths

- CB- MNH believed to have contributed to increase of health indicators
- System is in place for PNHV
- System of data collection is in place (rapid SMS, C-CHMIS)
- CHW/ASMs mentorship by their supervisors has been initiated in order to improve their knowledge and skills
- Performance based financing (PBF) provides incentives to CHWs

Challenges

- Keep CHWs knowledge up to date: insufficient supervision and mentorship by HC providers (cost and time consuming)
- Incomplete filling out of tools, Reporting tool and RapidSMS Dashboard
- Turnover of CHW /ASM and replacement process

WAY FORWARD

- Strengthen CB-MNH / ASM service delivery through supportive supervision and mentoring
- Focus on PNC (uptake still low: 1st PNC within 24h 41.6% DHS 2015)
- Reinforce PNHV documentation and linkage with Health facility
- To continue to develop CHWs' capacity to manage and report Data