Community Health Workers and The Promotion of Health Care Services in Gasabo District, Rwanda

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Abstract

Health care is a primary need of human being. Life expectancy as an indicator of Human Development is below 40 years in most developing countries due to high Maternal Mortality Rate, HIV prevalence, Infant Mortality rate, Malaria prevalence and many other related diseases. This study examined the importance of Community Health Workers (CHWs) role in promoting Health Care services in Gasabo District of Rwanda. A simple random sampling method with the use of a self-administered questionnaire to get primary data was used as well as a literature review for secondary data. The target population was 1500 CHWs with a sample size of 183 CHWs. 55.6% of CHWs have a role of monitoring Malnutrition & growth for children under the age of 5 years, 43.2% monitor women during their pregnancy period and diagnose and treat Malaria, Diarrhoea & Pneumonia for children under 5 years old. Other roles of CHWs include; providing health education (43% of CHWs), providing Family Planning services to women (24%), and sensitizing the community for HIV/AIDS testing (14.3%), psychosocial support (11%) and Vaccination (9.8%). The challenges faced by CHWs to accomplish their roles include; transportation facilitation (39.9%), limited time (32.8%), negative perception by communities (37.7%) and no monthly salary pay (38.8%). Although the work of CHWs in Rwanda is voluntary, however, the Ministry of Health should invest more in their work through the provision of transportation facilitation and motivational incentives CHWs.

Key Words. Community Health Workers. Health Care Services.

Introduction

The concept of Community Health Workers (CHWs) is not new, but dates to over 60 years ago. In Rwanda each village (100 to 200 households) elects 3 volunteers to act as CHWs for the general population, a man and woman for general diseases, and a woman as assistant maternal to follow antenatal care, women after delivery and children below 9 months. Once elected the CHWs are trained by the Ministry of Health (MoH) to deliver quality Health Services and monitor health at village level as well as referring sick patients to the nearest health facilities. Becoming a CHW is now considered a respective position and raising gender equity throughout Rwanda.

The 1978 Declaration of Alma-Ata described CHWs as a major vehicle for the advancement of primary health care in areas with limited resources, stating, “People have the right and duty to participate individually and collectively in the planning and implementation of health care.”

According to One million Community Health Workers technical taskforce, (2012), CHWs may conduct health promotion activities, provide basic health and medical care for their communities, and/or mobilize communities for health. CHWs are an essential component of the health care delivery system; they provide the critical link between the health care and human service system and their communities (One Million CHW technical taskforce report, 2012). CHWs play the role of the trusted adviser and health navigator in the community, but at the same time they share their communities’ issues with different policymakers (Leda et al., 2008). For the community members, CHWs can translate the medical information given by providers into lay terms (Margueritte et al., 2013). They are people who influence health outcomes both through their ability to connect people to care and through their participation in public policymaking (Perez et al., 2009). CHWs
play a paramount role in connecting people to vital services and helping to address the economic, social, environmental, and political rights of individuals and communities (Leda et al., 2008).

Leda et al., (2008) further states that, CHWs improve access to and increase utilization of primary health care, reduce costs of care, improve quality of care and reduce health disparities. They achieve these goals by serving as the bridge between clients in need and needed health care and human services. CHWs can build partnerships with formal health care delivery systems to connect people with the services they need and to stimulate social action that influences community participation in the health system and political dynamics (DiClemente et al., 2002).

CHWs are given a limited amount of training, supplies and support to provide essential primary health care services to the population (One Million CHW technical taskforce report, 2012). In Sub-Saharan Africa 53% of the poorest households do not seek care outside the home, barriers include clinic fees, distance, community beliefs and the perception of the skills and attitudes of medical clinic workers (Witmer 1995). Much remains to be learned about the recruitment, training, functions, incentives, retention and professional development of CHWs and CHWs adaptability to local requirements and needs is key to improving medical outcomes (Leda et al., 2008). Perez et al., (2009) states that, in Sub-Sahara Africa, an estimated 80% of acute febrile illness and death in infants and children under the age of five occur with little or no contact between household caregivers and professional health providers, this is due to poor access to health services, insufficient resources at the household level, poor knowledge and practice among caregivers and inadequate quality of health facilities. Henry Perry & Rose Zulliger (2012) states that, in sub-Saharan Africa, 10 to 20 per cent of children die before turning five, and maternal deaths from pregnancy-related events, rare in most industrialized countries, occur far too frequently.

Ryman et al., (2011) states that approaches that engage CHWs to disseminate information for the increasing demand for immunizations, to bring immunizations closer to the community, and to identify those who need immunization were the most effective strategies for expanding health coverage. CHWs have been integral people in the fight against HIV/AIDS as a cornerstone to the HIV response by the international organization and funding agencies and initially CHW home-based care programs were used to support primary caregiver of people living with HIV/AIDS to facilitate dignified deaths, to educate community members and to provide counselling and general assistance, among other tasks (Henry et al., 2012). According to WHO recommendations, 2002, CHWs fill diverse roles in HIV prevention and care, including the provision of home-based, palliative care, voluntary HIV counselling and testing services, treatment preparation and support services, community mobilization and HIV prevention/health promotion. But, according to Meere et al., (2009), CHWs have not yet been shown to improve key health outcomes relating to maternal and child health such as prematurity, low birth weight, sustained breastfeeding, or child maltreatment relative to other alternatives such as video or print intervention, routine health care, or no intervention.

According to Rwanda MoH publication (2011), access to Health Care Services in resource-constrained countries faces financial, infrastructural, and geographical barriers. Community Health Workers are the solution for overcoming those constraints and improve access to Health in rural communities. By using CHWs approach at the community level, Rwanda hopes to solve 80% of health problems in the country.

Various researchers have undertaken many studies related to CHWs and Health Care Services. However, there has been no comprehensive analysis attempted to establish the relationship between CHWs’ roles in promoting quality Health Care Services in Rwanda. This research work was meant to explore and find the role of Community Health workers in promotion of Health Care particularly in Gasabo district in Rwanda that has not been found by different researchers and scholars whose publications have been consulted in the literature review.

**Objectives of the study**

The general objective of this study was to examine the contribution of CHWs in promoting Health Care Services in Gasabo District, Rwanda. Specifically, the objectives of this study were;

1) To examine the role of CHWs in Rwanda’s Health sector.
2) To establish the relationship between CHWs’ role and promotion of Health Care Services in Gasabo district, Rwanda.
3) To investigate the challenges faced by CHWs in accomplishing their role in Gasabo District, Rwanda.
Methodology

Gasabo district has a total of 1500 CHWs; this was the target population of this study. A sample size of 183 CHWs was obtained using a table developed by Barlett, Kotrlik, & Higgins (2001) and the simple random sampling technique was used. Questionnaires were distributed to CHWs to collect primary data from the field, and an extensive literature review for aspects such as CHWs, Health Care Services and Human Social-Economic Development was done for collecting secondary data. Objectives one and two were analysed using descriptive statistics while objective three was analysed with correlation method to establish the relationship between the CHWs’ role and promotion of Health Care Services.

Results

The number of Female CHWs (69%) is active in communal health work compared to Male (31%). Most of CHWs (81%) have primary level as their highest level of education while those with secondary level of education are only 19%. Few CHWs (12.3%) have less than 1 year of experience and most of CHWs (37.7%) have 4 to 7 years of experience, while 31.7% have 7 years and above of experience as CHWs. Above average of CHWs (60.7%) have had more than 7 health trainings compared to only 1.7% who have got trained once.

Table 1: Gender, Education, Experience, & Trainings by CHWs in Health domain

| Gender    | Frequency | Percentage |
|-----------|-----------|------------|
| Male      | 56        | 31         |
| Female    | 127       | 69         |

| Highest Education level | Frequency | Percentage |
|-------------------------|-----------|------------|
| Primary                 | 149       | 81         |
| Secondary               | 34        | 19         |

| CHWs’ Work Experience | Frequency | Percentage |
|-----------------------|-----------|------------|
| Less than 1 year      | 23        | 12.3       |
| Between 1-3 years     | 34        | 18.3       |
| Between 4-7 years     | 69        | 37.7       |
| Above 7 years         | 57        | 31.7       |

| Health trainings attained by CHWs | Frequency | Percentage |
|-----------------------------------|-----------|------------|
| Less than 1 year                  | 3         | 1.7        |
| Between 1-3 years                 | 24        | 13         |
| Between 4-7 years                 | 45        | 24.6       |
| Above 7 years                     | 111       | 60.7       |

According to responds listed by CHWs, they have different and multiple roles and activities they carry out for promoting Health Care Services in Rwanda. Most of CHWs (55.6%) outlined that one of their roles in Rwanda’s Health sector is doing growth monitoring for children under 5 years old every month. Also, 43.2% have a role of monitoring pregnant women as well as Diagnose and treat Malaria, Diarrhoea and Pneumonia for children under 5 years old. Very few CHWs (9.8%) have a role of facilitating outreach for vaccination. Table 2 shows the roles of CHWs by percentages.

Table 2: Roles of Community Health Workers

| CHWs’ roles outlined by respondents | Frequency | Percentages |
|-------------------------------------|-----------|-------------|
| Children growth monitoring for malnutrition screening | 98 | 55.6 |
| Monitoring pregnant women           | 79        | 43.2        |
| Diagnose treat children for Malaria, Diarrhoea & Pneumonia | 79 | 43.2 |
| Providing family planning drugs      | 44        | 24.0        |
| Providing Tuberculosis drugs         | 19        | 10.4        |
| Educating the community on health topics | 78 | 43.0 |
| Facilitating outreach for vaccination | 18 | 9.8 |
| Sensitizing the community for HIV/AIDS testing | 26 | 14.3 |
| Providing psychosocial support to patients | 20 | 11.0 |
Furthermore, 98.4% of CHWs confirmed that the activities they carry out improve the health of local people. This means that CHWs are playing a big role in promoting Health Care Services to local people in Gasabo District, Rwanda. Table 3 shows indicators of promotion for Health Care Services mentioned by CHWs.

Table 3: Indicators for Health Care Promotion mentioned by CHWs

| Indicators                                      | Frequency | Percentages |
|------------------------------------------------|-----------|-------------|
| Reduce Infant Mortality rate                   | 96        | 52.5        |
| Increase Maternal Health rate                 | 73        | 40.0        |
| Improve Health services access                 | 99        | 54.1        |
| Improved Health awareness                      | 86        | 47.0        |
| Increased Vaccination coverage                 | 5         | 2.8         |
| Reducing HIV/AIDS Prevalence                   | 12        | 6.6         |

Additionally, respondents answered the question about Common Health problems that local people seek from them as follow; 54.1% Malaria treatment, 19.9% Tuberculosis treatment, 40.9% Psychosocial support, 59.1% Family problems and 58% other unmentioned problems. These findings mean that some health problems in communities are solved by CHWs.

CHWs do face different challenges, 39.9% of respondents mentioned the lack of transportation facilities as one of the major challenges they face, 32.8% of respondents revealed that they face limited time to accomplish their roles as a challenge. Also, 37.7% of respondents face the challenge of communities’ negative perception on them while 38.8% revealed that having no salary is a challenge for them.

Most of CHWs (85.8%) revealed that the Government of Rwanda (GoR) significantly supports the services carried out by them, according to these findings, GoR significantly supports the intervention of CHWs in Rwanda’s Health sector. For CHWs who feel not significantly supported by government, 39.9% mentioned the reasons to be not getting motivational allowances, 36% not getting enough training, 25.1% not getting salary and 28.4% had other reason that they did not mention. These findings mean that some CHWs are not fully supported by the government.

Discussion

It has been found that slightly more than a half of CHWs in Gasabo district in Rwanda do growth monitoring for diagnosing malnutrition for children under 5 years old every month. Below average of CHWs do monitor pregnant women, also less than an average of CHWs have a role of diagnosing and treating malaria, diarrhoea and pneumonia for children under 5 years old. CHWs who educate the community on health topics are below average, while only a quarter of CHWs provides family planning drugs to women. Less than a quarter of CHWs sensitise the community for HIV/AIDS testing while very few CHWs provide psychosocial support to patients. Less than a quarter of CHWs provide tuberculosis drugs to patients while slightly few CHWs facilitates outreach for vaccination among their roles. Therefore, the study showed that CHWs have different roles in promoting Health Care Services in Rwanda.

Furthermore, the findings showed that almost all CHWs confirmed that local people come to them seeking help for health problems especially for Malaria treatment, psychosocial support, and for different Family problems. Also, below the average of CHWs help pregnant women to go for a check-up and giving birth at health facilities and advises the community on different health issues. Therefore, on average CHWs roles are related to the promotion of health care services in Rwanda.

The findings showed that slightly below average of CHWs have the challenge of transportation facilities, limited time to accomplish their roles, negative perception of the community on them, getting no monthly salary is a challenge to them and other unmentioned different challenges. Therefore, on average CHWs could not entirely accomplish their roles due to these challenges although a big number of CHW mentioned that the government of Rwanda supports them significantly.

CHWs are recommended to commit more time to accomplish their roles and responsibilities in order to promote health care services in Rwanda’s health sector, getting more engaged with the communities in providing them better quality services to build the trust by Communities and forming Cooperatives or unions to easily mitigate the challenges they are facing in accomplishing their tasks.

Rwanda’s Ministry of Health (MoH) is recommended to provide transportation facilities, and more motivational allowances to CHWs in order to support them in accomplishing their roles and improved Health
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Care Services provision in Rwanda. Also, MoH is recommended to develop CHWs financing policy in order to overcome the challenges faced by CHWs since they are not paid monthly and MoH should develop a training curriculum for fully training CHWs in order to mitigate the challenge of insufficient training to CHWs. The Ministry should also provide a mass community mobilisation campaign to entirely explain to the community about CHWs roles and responsibilities in order to overcome the challenge of the negative perception of the community about CHWs. Community Health Workers should be provided with enough basic equipment and skills to operate them since they help in reducing the numbers of referral cases to health facilities due to the prevention of increased diseases prevalence in Communities.

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