Partners In Health | Inshuti Mu Buzima

Adapting the Partners In Health Community-Based Model of Accompaniment to Rwanda's Community Health Worker Program

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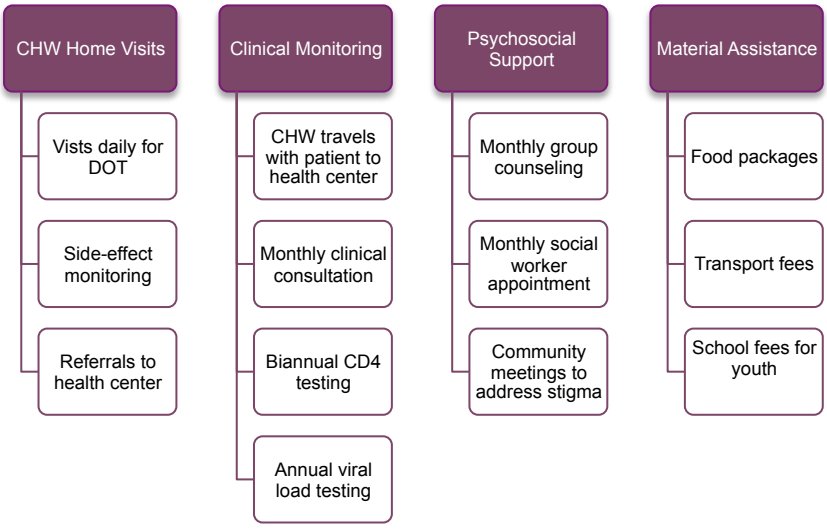
The PIH Accompaniment Model in Haiti: 1980s

- PIH has 25 years of experience building community-based platforms for health delivery
- *Accompagnateur* model in Haiti provided DOT and social support for TB
- Program was successfully adapted to HIV/AIDS care and scaled up in 2002

Key Elements of PIH Accompaniment Program in Rwanda



From Origins in Haiti, the PIH accompaniment model was, then, adapted and implemented in countries around the world.

Accompaniment in Rwanda's Southern Kayonza, Kirehe, and Burera Districts: 2005-2012

- In 2005 Partners In Health and sister organization, Inshuti Mu Buzima, began a collaboration with the Government of Rwanda and Ministry of Health
- Adapting accompaniment in rural Rwanda was central to the national goal of decentralizing HIV services
- Accompaniment reinforces the health system's capacity for community-based education, case finding, provision of DOT, and patient follow-up
    - Shows impressive clinical outcomes with a 92.3% retention rate and 2.7% loss to follow up (Rich et al., 2012)
    - Shows improved psychosocial indicators including reduction in depression, gains in perceived social support and health-related quality of life (Thomson et al., 2013)

Integrating Accompaniment: 2008-2012

- In 2006 the Ministry of Health restructured its national community health (CH) system
- The strengthened CH system contributed to the goal of decentralizing health services by providing a comprehensive packaged for health system strengthening focusing on community based primary care.

<u>Burera District 2008</u>

- In 2008 PIH-IMB was invited to join a health strengthening partnership in Burera district and implement a more harmonized CH program
    - All CHWs in Burera are now multidisciplinary
    - 1,899 CHWs are currently active in the district, many of whom also perform accompaniment for HIV patients

Kirehe and Southern Kayonza Districts, 2012

- Overtime during the MoH restructuring process of the national CHW system, accompaniment integration occured in other PIH-supported districts
- By July 2012, 60% of all CHWs were performing accompaniment for TB, HIV, and non-communicable diseases, and 80% had been trained in the chronic and infectious diseases curriculum
    - 1,839 and 926 CHWs are currently active in Kirehe and Southern Kayonza respectively
- New accompaniment patients now choose a CHW from their catchment area to become their *accompagnateur*
- Accompaniment is integrated with the national CH infrastructure for reporting, monitoring, supervision, and compensation

Vision for the Future: 2013 and Beyond

- Continue to "accompany" the national CH system to implement and assess programs
- Ongoing program adaptation according to patient needs, CHW workload, and needs of the national CH system
- In the future, plans for national scale up of the program, refining the model to adapt to evolving country needs and needs of long-term chronic care patients
- Use accompaniment as a model for community-based palliative care programs in Rwanda

Discussion Topics

- Developing components of successful CH models
- Adapting CH models to the local contexts
- Partnering with a national government to implement, monitor, and refine CH programs
- Integrating programming to avoid parallel systems

References and Further Reading

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