

## INTRODUCTION:

The Global Burden of Disease Study 2019 estimated that oral diseases affect close to **3.5 billion people worldwide**. Although, this is the case; most of oral health conditions are largely preventable and can be treated in their early stages.

### RWANDA:

- ❖ Low income countries such as Rwanda are highly affected by oral diseases and conditions ,especially in rural areas. According to a study by Morgan et al in 2018, "Nearly two-thirds (64.9%) of the 2097 participants had caries experience and 54.3% had untreated caries. Among adults 20 years of age and older, 32.4% had substantial oral debris and 60.0% had calculus. A majority (70.6%) had never visited an oral health care provider”.
- ❖ Regardless of the lack of research and oral health care providers in Rwanda, most oral diseases & conditions arise from relatively easily preventable risk factors such as: sugar consumption; tobacco use; alcohol use; poor oral hygiene, and; low socioeconomic status.

### NYARUGURU:

- ❖ A district long reported with poverty. This goes with poor oral health care services.

### THE RWANDAN CHW PROGRAM:

- ❖ Established in 1995 after the Tutsi Genocide, the National Community Health Worker (CHW) Program employs about 45000 CHWs throughout the country. Focussing mainly on health promotion and referral activities, the program is divided into 2 categories: 1/ *Animatrice de Santé Maternelle* responsible for pregnant women, and; 2/ Male/female CHW team responsible for diagnosis and treatment of childhood illnesses, malaria, malnutrition, contraceptives and tuberculosis - the cornerstones MDGs for health. However CHW training has not included Oral Health. **This shortcoming presents a great opportunity to leverage existing community assets (The CHW program) for the integration of oral health into primary care and ultimately boost the population's oral health status.**

## PROBLEM:

**The barriers to oral health in rural areas such as Nyaruguru indicate opportunities to boost the oral health of the community, including:**

- ❖ Knowledge of Community Health Workers who are in touch day by day with the population.
- ❖ Resources for oral health promotion by Community Health Workers.
- ❖ Awareness about untreated oral diseases and conditions including dental caries, periodontal diseases, edentulism, oral cancer, noma and facial clefts.
- ❖ Visitation of traditional healers and awareness of treatment modalities other than extraction.
- ❖ Traditional tobacco use behaviours.
- ❖ Understanding nutrition as a disease determinant.



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## EXPECTED OUTCOMES:

**The Nyaruguru people can expect to benefit from improved CHW competencies in the following ways:**

- ❖ Improved oral health promotion
- ❖ Screening for oral problems
- ❖ Awareness of the necessity for prevention and early treatment
- ❖ Decreased tobacco consumption
- ❖ Young generation with oral health hygiene habits
- ❖ Informed parents for proper monitoring of their childrens' oral health
- ❖ Improved oral hygiene
- ❖ Improved dietary habits
- ❖ Prevention of non-communicable diseases

## METHODICAL APPROACH FOR PROJECT SUCCESS:

- ❖ Permission Request from district hospital in charge of CHWs.
- ❖ Reimbursement of travel ticket used by CHWs.
- ❖ Arranging hospital provision of oral health screening kits for CHWs (face masks, gloves and tongue depressors)
- ❖ Survey on knowledge of CHWs about oral health that can be used to design the training, as well as be applied following the training to assess the training.
- ❖ Gaining the support of Rwanda School of Dentistry and responsible on-site authorities.
- ❖ International Board Review

### District level

#### Direct training:

- ❖ CHW Coordinators
- ❖ CHW Officers on behalf of their team in sectors
- ❖ District CHW representative

### Sector Level

#### Indirect training:

- ❖ CHW Coordinators trained repeatedly by CHOs at every bi-weekly meeting

### Community

- ❖ Constant individualized oral health education and reinforcement at contact points with CHWs.

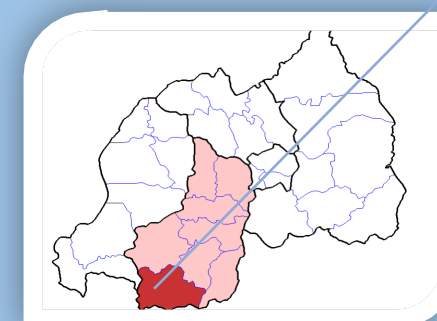
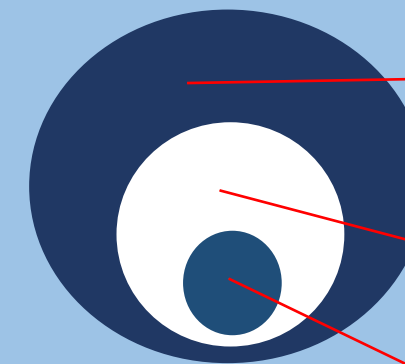
## ORAL HEALTH BOOST-NYARUGURU (OHB-NYARUGURU)

### GENERAL OBJECTIVES OF THE PROJECT:

**OHB-NYARUGURU is a pilot project that aims to boost Oral Health in Nyaruguru District of Rwanda by integrating Oral Health into the national Community Health Worker program in a way that can be monitored, evaluated, tweaked and re-applied in other rural communities.**

### TARGET POPULATION :

- ❖ **Directly:**
  - 72 CHW Coordinators covering every Sector of Nyaruguru
  - 16 CHW Officers - one in each of the 16 Sectors.
  - 1 District CHW Representative based at Munini Hospital
  - **Total of 89 CHWs throughout Nyaruguru**
- ❖ **Indirectly**
  - All CHWs at sector level – roughly 640
  - Population dwelling in Nyaruguru District.
  - Primary students in Nyaruguru District
  - Postnatal mothers in Nyaruguru District



## CONCLUSION:

**Oral health training of Community Health Workers may be a very suitable intervention for the much needed integration of Oral Health into the Rwandan primary healthcare system.**

### References:

1. Morgan, J. P., Isyagi, M., Ntaganira, J., Gatarayiha, A., Pagni, S. E., Roomian, T. C., Finkelman, M., Steffensen, J. E. M., Barrow, J. R., Mumena, C. H., & Hackley, D. M. (2018). Building oral health research infrastructure: the first national oral health survey of Rwanda. *Global Health Action, 11*(1), 1477249. <https://doi.org/10.1080/16549718.2018.1477249>
2. Seymour, B., Muhumuza, I., Mumena, C., Isyagi, M., Barrow, J., & Meeks, V. (2013). Including oral health training in a health system strengthening program in Rwanda. *Global Health Action, 6*(1), 20109. <https://doi.org/10.1080/16549718.2013.20109>
3. Outreach done by Operation Smile Students Club-Rwanda in Nyaruguru District-Kabilizi Health Centre.