Surgical Site Infection Prevention Training of Community Health workers in Rwanda

Emmanuel Munyaneza, Viviane Umutesi, Alphonsine Imanishimwe, Espoir Mwungura Ngabo, Joel Nshumuyiki, Esperance Muhawenayo, Jean de Dieu Haragirimana, Jean Pierre Nganabashaka, George Bucyibaruta, Isiake Ncogoza, Allen Jean de la Croix Ingabire, Faustin Ntirenganya

Introduction: The University of Rwanda established the Global Surgery Research Hub Rwanda under the Department of Surgery. One of the key strategies is Community Engagement and Involvement (CEI), aimed at establishing sustainable networks for ongoing engagement with relevant community cohorts to improve surgical care outcomes. In this context, a Surgical Site Infections (SSIs) prevention toolkit was developed to increase awareness, prevention, and management of SSIs among Community Health Workers (CHWs) members and patients (1). A subsequent workshop was organised to train CHWs on the use and dissemination of said toolkit. The rationale for selecting CHWs for this training is that they are responsible for delivering first-line, village-level care and are the largest single group involved in healthcare delivery in the country (2).

CHW Training: Two-day workshops were held at our urban (Kacyiru Health Centre) and rural (Kibogora Health Centre) research sites. The first day of these sessions involved training selected senior CHWs coordinators on the content of the toolkit and coaching them through a mock session. The second day involved the actual training of CHWs by the coordinators.

Attendance and Participation: The workshops saw active participation, with a total of 260 community representatives attending from both urban 156 (60%) and rural 104 (40%) settings. These representatives included 220 CHWs (85%), community members 17 (6%), local leaders 23 (9%). The high number of CHWs in attendance is evidence of their pivotal role in delivering grassroots level of healthcare. The majority of participants were female 190 (73%).

Knowledge Assessment: Pre- and post-test assessments were conducted to evaluate knowledge enhancement regarding SSIs prevention and their management. The comparison revealed a significant increase in understanding among participants. In the pre-test, 237 (92.45%) participants indicated familiarity with SSIs, while post-test results showed 255 (98%) participants expressing confidence in their ability to prevent SSIs. Similarly, for recognizing the signs of SSIs, 245 (92.08%) participants reported awareness in the pre-test, which increased to 256 (98%) in the post-test. These findings demonstrate a notable improvement in participants’ knowledge and confidence levels following the educational intervention.

Conclusion: The SSIs prevention toolkit dissemination workshops proved to be effective in increasing awareness and knowledge among community members regarding SSIs. The engagement of diverse stakeholders, including CHWs and local leaders, highlights the importance of community involvement in improving healthcare outcomes. Moving forward, sustained efforts in community engagement and education will be crucial in reducing the burden of SSIs and enhancing surgical care in Rwanda. This narrative report encapsulates the key outcomes and achievements of the SSIs Toolkit dissemination events, underscoring the commitment of the Global Surgery Research Hub Rwanda and its partners towards advancing surgical care and community health in the country.

References

Figure 1: community health worker training in Rwanda

Figure 2: community health worker training in Rwanda