

# Project Bijimi

*Primary Health Care (PHC): Building resilient health systems for All*

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*Summary Project Concept*



Unveiling the strength of the Community Health Workforce One Health Post at a Time

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## Overview

Countries/territories/regions involved:



-  Burundi
-  Chad
-  Central African Republic
-  Lesotho
-  South Sudan



**Nominated by (organization and country name):**  
African Union Development Agency (AUDA-NEPAD)



**A63 Aspiration 1:**  
Prosperous Africa, based on Inclusive Growth and Sustainable Development



**Primary A63 Goal 3:**  
Healthy and well-nourished citizens



**Secondary A63 Goal 1:**  
A High Standard of Living, Quality of Life and Well Being for All Citizens



**A63 Priority:**  
Health and Nutrition



**Supported by (financial):**  
MS Budget USD 450,000 Plus Catalytic funds to be mobilized



**Implementing entities:**  
Public sector (multisectoral-Multi Stakeholder clusters at national level)



**Project status:**  
Ongoing



**Project period:**  
Sept 2022- Sept 2024

## Problem Statement

Evidence supports the fact that primary health care when effectively delivered is the most cost-effective tier of the health system and can address existing health inequalities. Moreover, health is a fundamental human right yet many countries in Africa are grappling with providing the basic package of essential promotive, preventive, curative, and palliative care services to communities and individuals living in rural areas. Although it has been over 4 decades since the adoption of the ALMA ATA Declaration which called for urgent and effective national and international action to develop and implement primary health care throughout the world and particularly in developing countries in a spirit of technical cooperation and in keeping with the then 'New International Economic Order', Africa like other continents has made little progress. Gaps exist across all eight (8) elements of PHC as per the ALMA ATA definition: Education about prevailing diseases and how to prevent them; provision of food & nutrition; provision of essential drugs; prevention and control of endemic diseases; maternal, new-born, adolescent, and child health; immunization against infectious diseases; treatment of common diseases; provision of water, hygiene, and sanitation (WASH). COVID-19 pandemic that affected the entire world is now adding itself to the myriad endemic diseases that our health systems are still grappling to address. It is imperative therefore in support of Africa's new public health order for AU member states to strengthen national health system starting with PHC.

AUDA's Primary Health Care **Project Bijimi** seeks to contribute to strengthening the health system of our member states confronted with a) inadequate numbers and quality of community healthcare workers; b) significant gaps in knowledge, attitudes, and behavior of communities and individuals about how to prevent common health problems c) poor access to medicines and health products d) low proximity to health infrastructure for the delivery of basic services.

## Proposed Solution

According to Singh, P., & Sachs, J. D.<sup>1</sup>, roughly 1 million Community Healthcare Workers (CHWs) were to be trained and deployed in sub-Saharan Africa and the average cost of scaling up a modern CHW subsystem costs approximately US\$6-56 per head per year for the covered (rural) population. In their model, there is a minimum ratio of one CHW for 150 households (about 650 people). To secure the full success of Project Bijimi, a pilot will be run on a budget of 450 k\$, in 5 AU member states. It will cover 9 k persons in a rural community with a ratio of 1/150 households or 1/650 person.

By leveraging the collective knowledge of health professionals from across the continent and the diaspora AUDA's **Project Bijimi** seeks to pilot its activities in 5 countries to benefit 45,000 people living in the rural areas.

The project will undertake the following:

- Undertake baseline needs assessment
- Conduct a stakeholder mapping
- Training and up-skilling of community healthcare workers in 5 AU Member States
- Conduct awareness raising and education campaigns to enhance personal health education among populations living in the rural areas of the 5 selected Member States
- Facilitate the 5 selected countries to assess, identify and support operations of appropriate physical and/or digital facilities that can be repurposed to improve access to essential primary health commodities by people in rural areas.

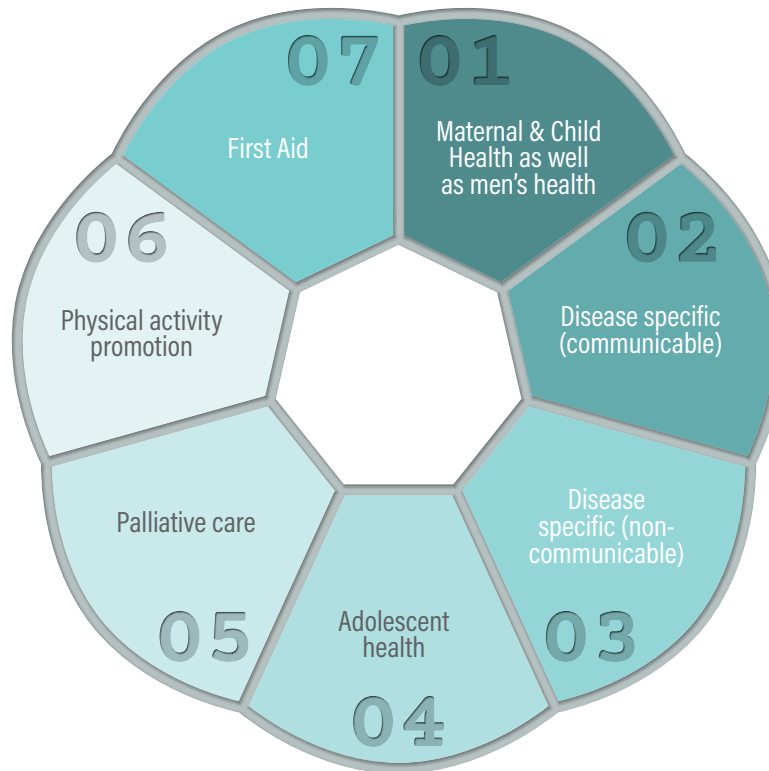
Key features of the approach that project Bijimi will deploy include intersectoral coordination, community participation, south-south cooperation, and harnessing of appropriate technologies.

The following health systems functions of CHWs will constitute the core training and upskilling activities:

- 1 Deliver diagnostic, treatment and other clinical services
- 2 Assist with appropriate utilization of health services, make referrals
- 3 Provide health education and behavior change motivation to community members
- 4 Collect and record data
- 5 Improve relationships between health services and communities
- 6 Provide psychosocial support

<sup>1</sup> Singh, P., & Sachs, J. D. (2013). 1 million community health workers in sub-Saharan Africa by 2015. *The Lancet*, 382(9889), 363-365. [https://doi.org/10.1016/S0140-6736\(12\)62002-9](https://doi.org/10.1016/S0140-6736(12)62002-9)

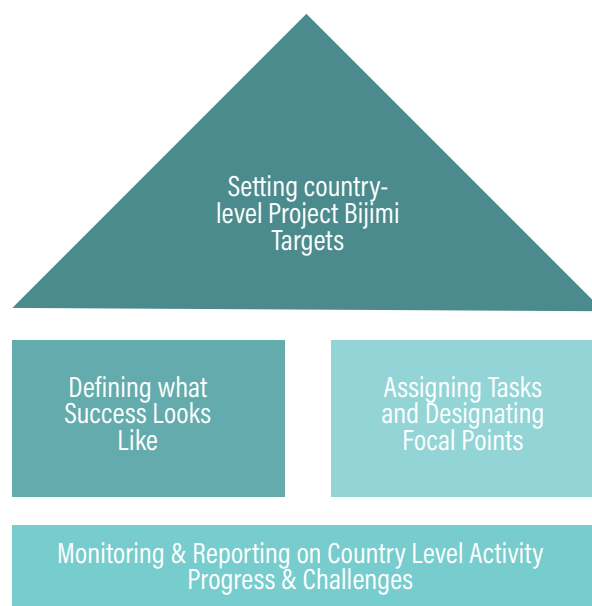
The health education component of the project will focus on the following primary health issues:



Project Bijimi's guiding principles and philosophy in its deployment of identified solutions can be summarized as 8As and 3Cs of primary health care: appropriateness, adequacy, accountability, availability, accessibility, acceptability, affordability, assessability, and completeness, continuity (ability to scale) & comprehensiveness (ownership by the community).

The project will draw from the expertise of various clusters of stakeholders established and coordinated at the country level. A typical country-level cluster will consist of focal points from relevant ministries, academic institutions, the UN, local NGOs, the local private sector, and a representative from the specific target community.

The cluster will adopt its governance framework and lead all national level activities such as:



At the continental level AUDA will be responsible for:

