



Institute of Policy Analysis
and Research - Rwanda

Healthier Rural Communities:
*Promoting Healthy living in remote rural
Rwanda*

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Structure of the Presentation

- Introduction
- Health and MDGs targets
- Policy and strategic framework
- Key findings
- Conclusion



Introduction

Health is about being able to lead a healthy and active life and to have access to adequate health care facilities when illness strikes.

This include

- Access to health care,
- the ability to afford a healthy diet,
- Access to clean water and sanitation;

Health is one of the most important components and the biggest asset in people's lives

The labor productivity hypothesis asserts that individuals who are healthier have higher returns to labor input



Introduction Cont'd

Health Inequalities

- Some people have a much greater capability than others to look after their health and that of their family.
- Inequalities in health both between and within countries are strongly related to wealth.



Introduction cont'd

- The Government of Rwanda recognizes the role that healthy people can play in the country's development and is strongly committed to improving health of its people.
- To achieve this, Rwandan Government has put in place policies and strategies aiming at improving access to health services and health promotion. Some of them are: the health sector policy, the HSSP, the mutual health insurance, etc...



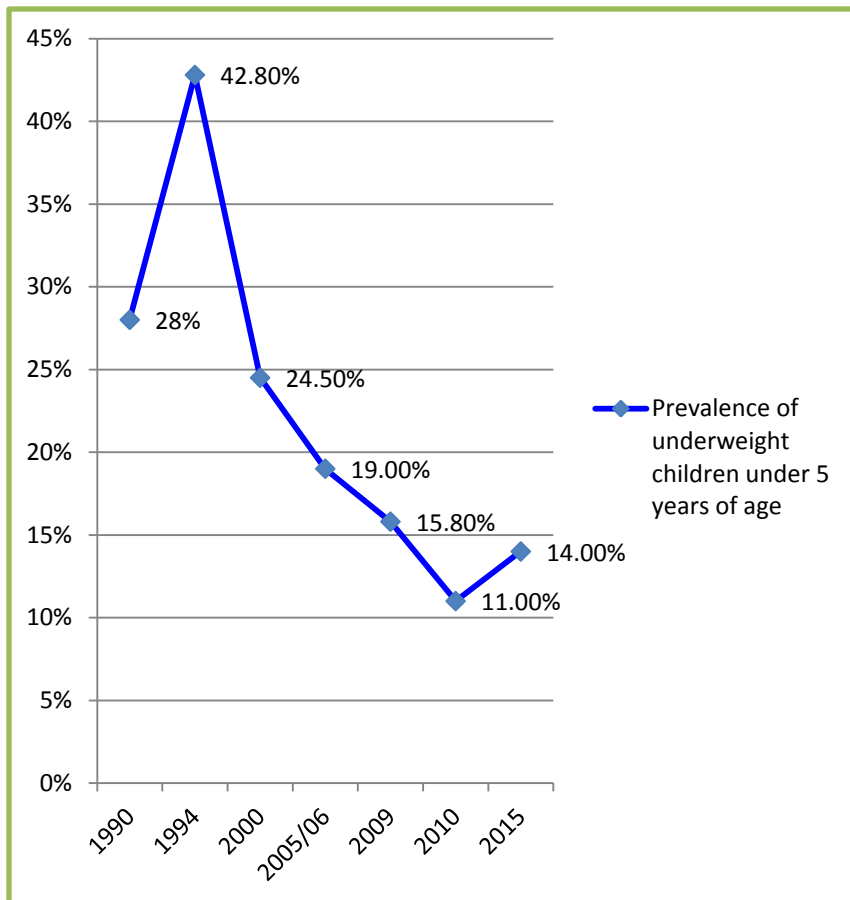
Health related policies and strategies

Policy	Policy/strategy
Health policy	Mutual Health Insurance
HSSP	SMS / CHWs
Nutritional policy	School feeding
Health Communication	VUP
Infrastructure	One Cow Program
National Child health policy	
The National E-Health strategic plan	
National Policy and strategy for water and sanitation	
Vaccination	
Emergency response	

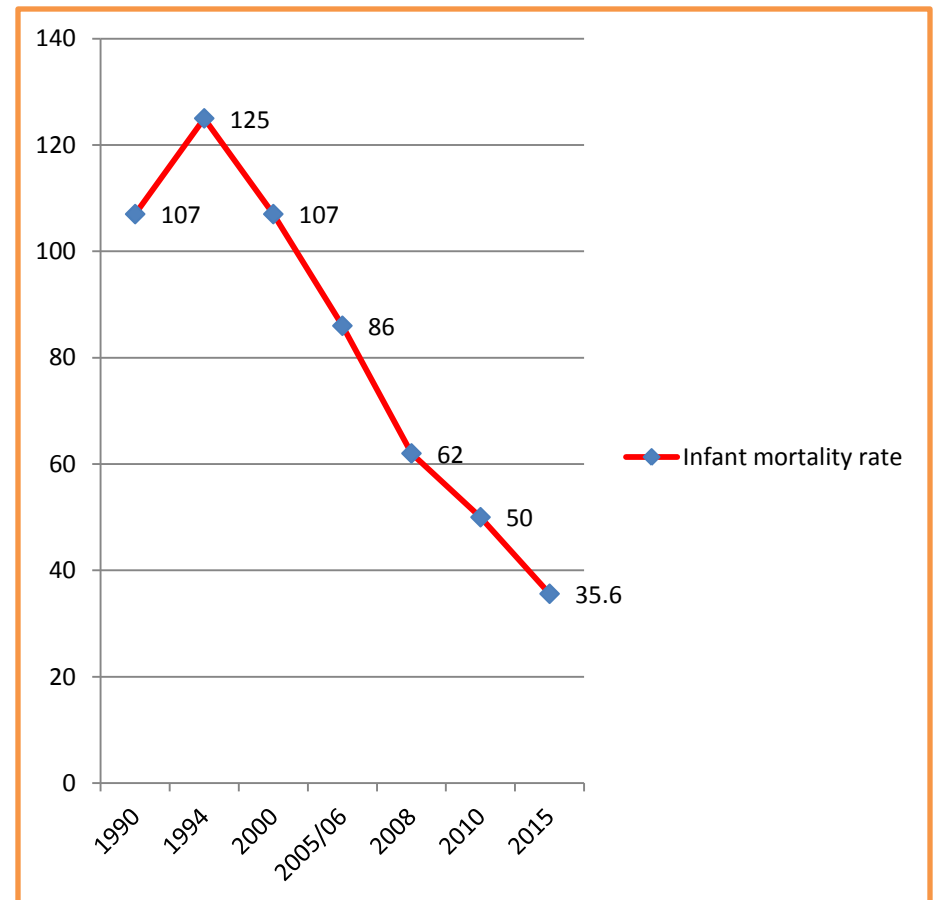


Some MDGs related indicators

Prevalence of Underweight Children (Update figures)



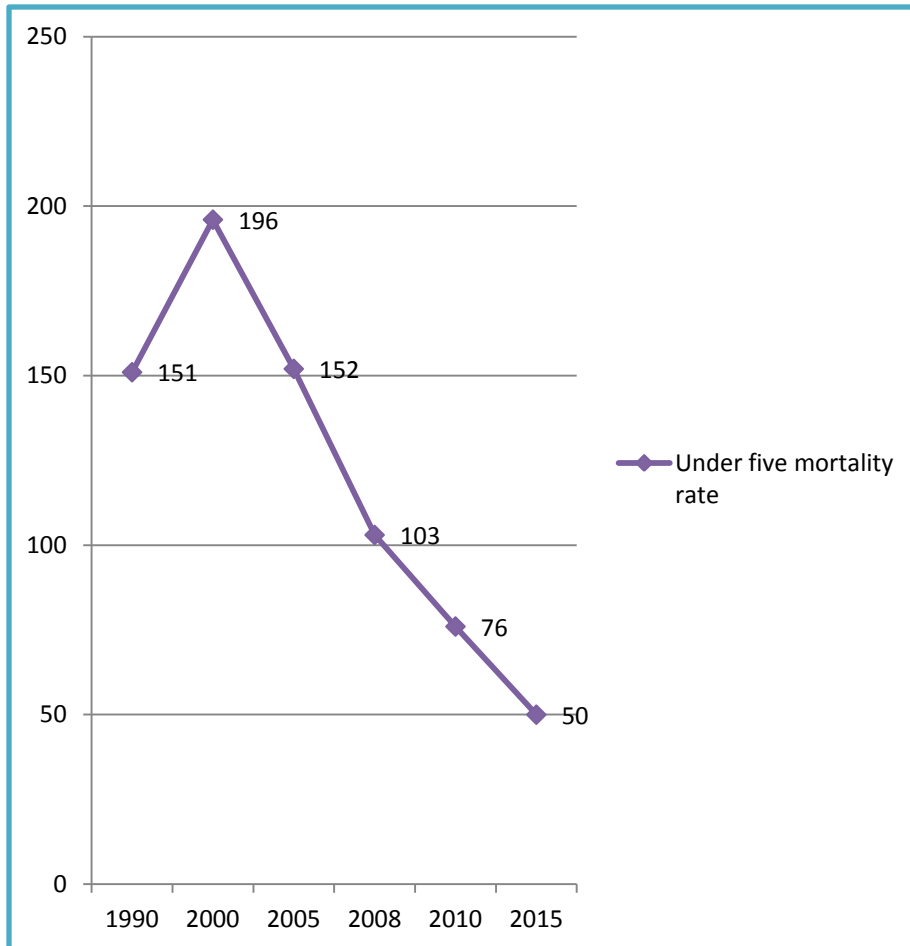
Infant Mortality Rate per 1000 Live Births



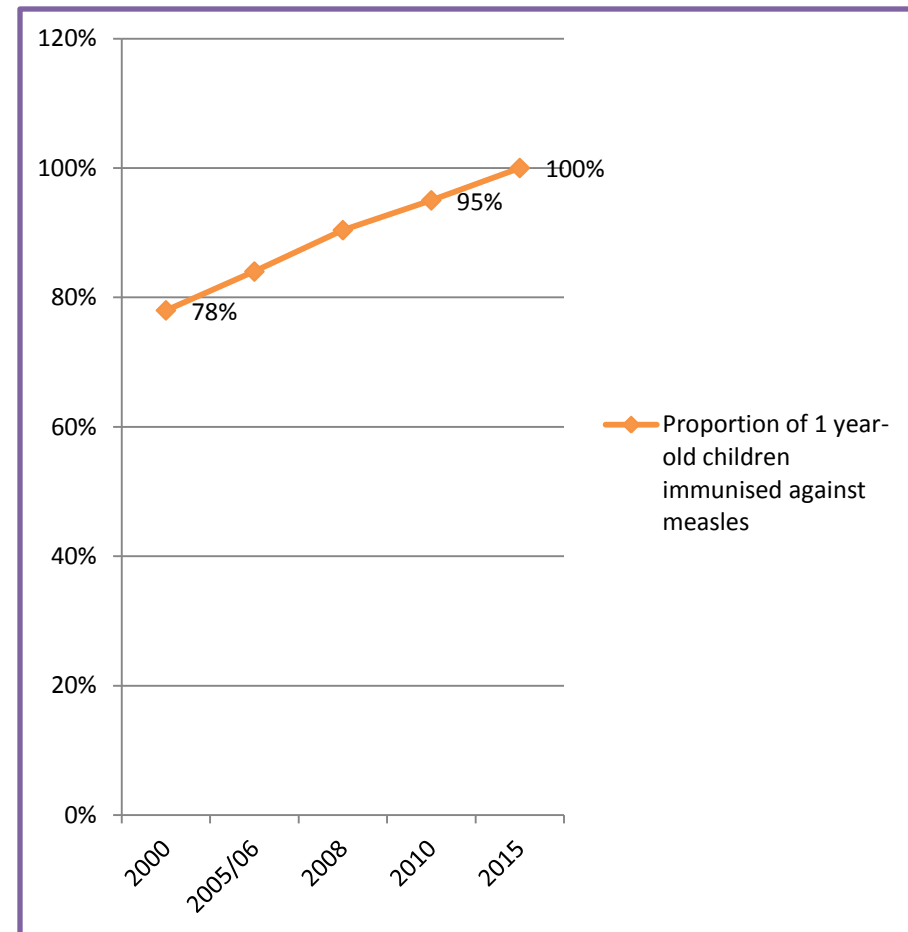


Some Health related MDGs

Under 5 Years Mortality Rate per 1000 Live Births



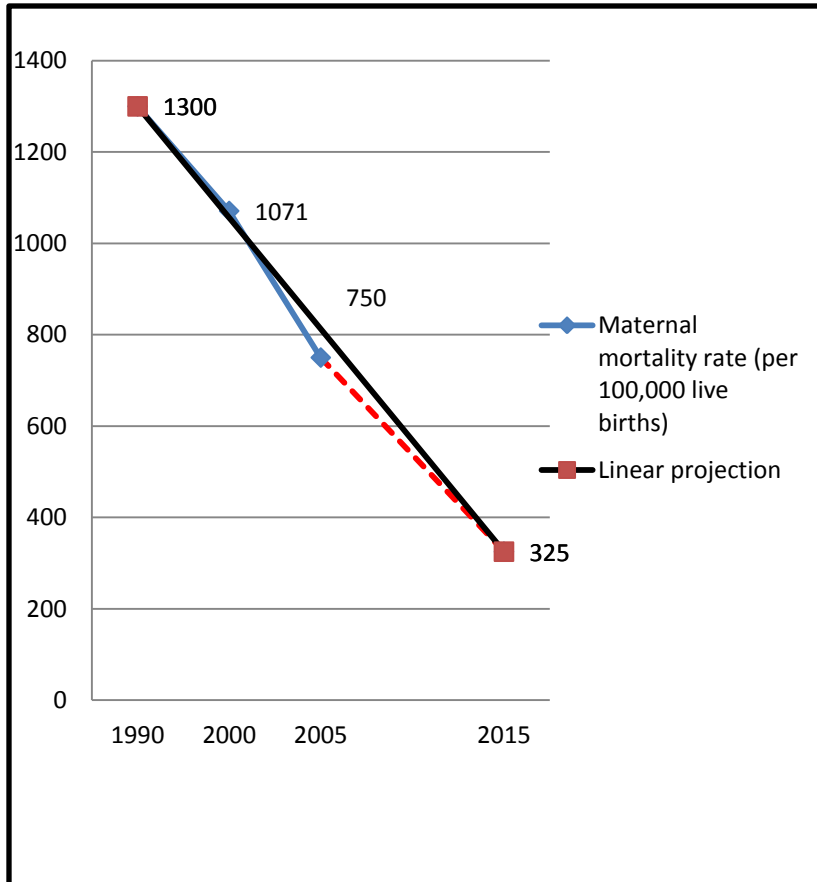
Proportion of One-Year-Old Children Immunized Against Measles



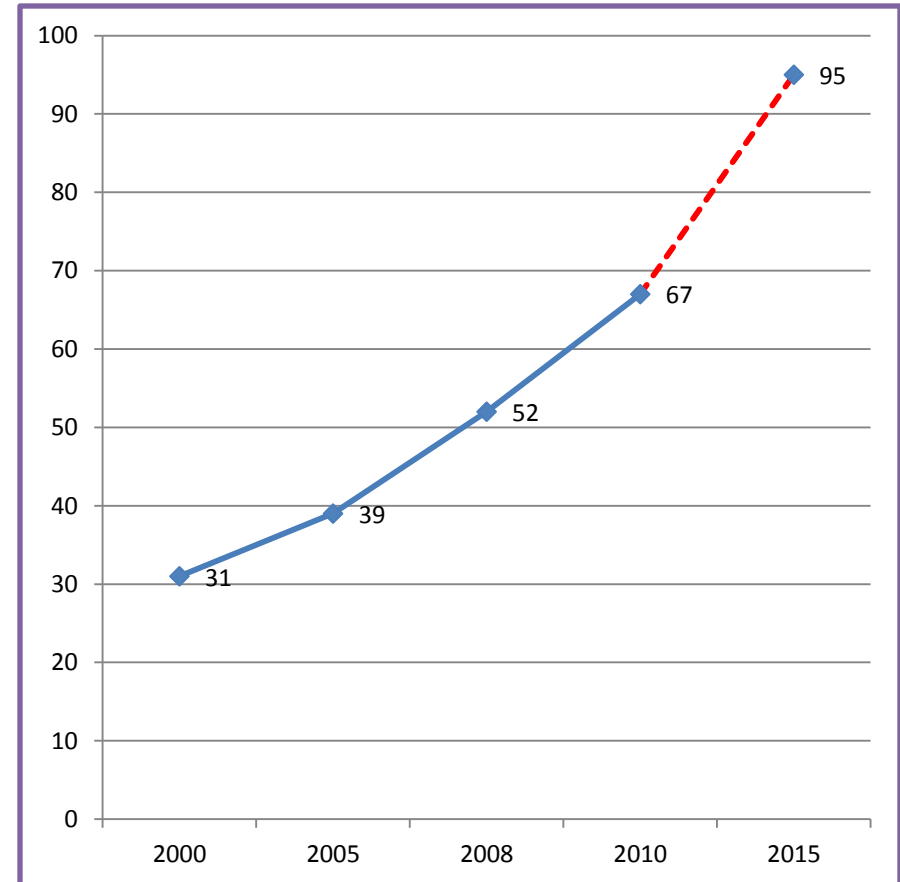


Health related MDGs

Maternal Mortality Rate



% of Assisted Deliveries





Research questions

The research tries to answer following general question

- What do people in remote rural areas know, understand and do to promote their health?



Research objectives

- The main aim of this research is to increase our knowledge of the potential factors that might prevent people in remote rural areas from living healthy;
- Inform recommendations to the Ministry of Health and its partners on how they would promote health for remote rural people.



Study Sites, population and Sampling

- Being in a remote rural area (far from basic socioeconomic infrastructures, such as roads, Health facilities, water and sanitation, market,...);
- Belonging to poor sector under the support of VUP (Vision 2020 Umurenge Program);



People we talked to

- Male and female focus groups;
- Youth (above 18 boys and Girls)
- CHWs
- Teachers
- Local Leaders
- Sector leader
- Church leaders
- Responsible for social affaires in the sector
- In charge of health at district level
- Project leaders (where possible)
- Health centers leaders



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Key findings



How living in the areas look like

- The majority of people we talked to are **small formers**;
- Soil infertility is an issues and yet people earn their living from agricultural activities
- **Limited employment** opportunities, especially for youth for youth (Lack of access to finances hinders the creation of HEs)
- Long to **distances** to basic infrastructures such as Schools, hospitals, health centers, markets, sector offices,...
- All concluded that living in the areas is **difficult**



What being healthy means for them

Being healthy means:

- The youth believe being healthy means good nutrition, being clean and smart, sleeping well among others.;
- Other believe being healthy is having enough to eat and a balanced diet, having enough clothes, not being sick and having health facilities near them



Common diseases reported

The commonly reported diseases are preventable

- Worms,
- Diarrhea;
- Malaria



Who is responsible for their health

- Some feel they are responsible for their own health;
- Some think the government is responsible for their health
- Other think CHWs and Local leaders are responsible

What they do to keep healthy

- Clear bushes (fighting against Malaria)
- Sleep under treated mosquito nets
- Vegetable Gardens (Akarima k'igikoni)
- Working hard to improve the harvest;
- Separate their houses from the kitchens and use of improved stoves
- Pay for Mutual health insurance

Most of them seemed not to mention the role of hand washing and drinking boiled water



Decision about going to the Clinic

- Early due Mutual health insurance;
- They go to the health center when they are in critical conditions (hard for them to afford paying medications);
- Others said they first take traditional medicine/
trad. doctors



Nutrition and Diet

- The regular meal is: Sweet potatoes and beans (cassava and bananas are specific to some regions)
- Many people eat 1 or 2 times (at harvest time)

Following factors were reported as having much influence on how much they can eat:

- Size of the land;
 - Personal health status;
 - Harvest (subjected to a number of weather related shocks)
-
- Milk, meat and eggs are never on their menu list



Water and Sanitation

- An average of 2-3 clean water sources per cell
- Some spend an hour to get to the nearest water source
- The majority of our respondents drink water from rivers or lacks
- Most of them said that are unable to pay 300 for one bottle of Sur Eau (water treatment liquid) and don't use it;
- Limited access to firewood in some areas is the reason for not boiling water



Waster and Sanitation

- Every home has a toilet but most of the are not covered
- Many toilets were reported to be less cleaned and this leads to some people using their gardens or bushes
- Fishermen in the northern province used the lakes as toilets while the same lake is used by many surrounding people as the main water source.



Family planning

- Family planning is very much practiced in the areas we visited
- All are aware of family planning methods
- CHWs play a key role in sensitizing women on Family planning
- Family planning seems to be a women's issue
- Resistance of some faith based organizations to sensitize their member on the use of family planning
- Men go outside of their marriage when their wives practiced family planning methods however, the reason behind is that sexual desire becomes less to women
- Misperceptions about antenatal care Incentives (reward)



Use of traditional services

Many people visit traditional doctors for following reasons

- Lack of money to pay at the health center (trad. Doctors were reported to be cheaper)
- Long distances and queues at to the health centers
- All diseases not healed at the health center or the nearest hospital are believed to be witchcrafts



Role of Community Health Workers

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- CHWs are playing a tremendous work in improving child and maternal health in the communities. They are also active in sensitizing communities on different health programs;
- Ambulances are called in case of emergency but the distances might hinder rapid interventions.
- CHWs were provided with phones to communicate and report emergent cases to the health center. However some work more than 2 hours to get their phone charged. And in most some places the network coverage is very poor



Health Insurance

- Mutual Health insurance has increased confidence to use health facilities' services
- Mutual Health Insurance meet people in their cells (villages) to limit distances to the health centers
- People expressed concerns about mutual health insurance increasing from Rfrs 1000 to Frws 3000. Most of them are unable to pay for their family members;



Access to health facilities

- All health center are located far from the communities. This is big challenges , especially for pregnant
- There are no means of transport
- Some roads are in critical conditions
- In some areas, people walk up to more than 15 Km to get to the nearest pharmacy (in case they don't get medication at the health center
- People are generally **satisfied** with services at health centers but complain about:
 - Long queues were reported ate health centers;
 - Limited number of workers



Conclusion

- Government policies and strategies are making significant impact in improving people health.
- For the Health related policies and strategies to reach the expected outcomes, it is important to strengthen a holistic planning of health services delivery. This should be accompanied by the appropriate infrastructure to make the services accessible to the majority of people in reasonable time;
- There is need for not only strong sensitization mechanisms for communities about water and sanitation, but also make clean water accessible to communities. This should be in decentralized performance contract;
- Improved cook stove



Conclusion

- Increase employment opportunities, especially for youth through rural infrastructure: Roads, teracing,...
- Kandagira Ukarabe to be on the list of household performance contract;
- Strengthen sensitization for men to own family planning program
- CHWs to be good example in every thing including family planning and sanitation







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