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
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.
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

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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

- Maternal mortality rate (per 100,000 live births)
- Linear projection

% of Assisted Deliveries

- Linear projection

Graphs showing trends in maternal mortality rates and the percentage of assisted deliveries from 1990 to 2015.
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?
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 affairs in the sector
- In charge of health at district level
- Project leaders (where possible)
- Health centers leaders
Key findings
How living in the areas look like

• The majority of people we talked to are small formers;
• Soil infertility is an issue and yet people earn their living from agricultural activities;
• Limited employment opportunities, especially 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 fill 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 checks)

- Milk, meet 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 them 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

- 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 centers are located far from the communities. This is a big challenge, especially for pregnant women.
- 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 at 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