

# The performance of CHCs in transforming hygiene behavior and sanitation: A case - control study in Kicukiro and Rusizi districts in Rwanda

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# Introduction (Why?)

There is a **need to integrate policies and practices** to prevent common and lifestyle associated diseases (CDs & NCDs) for healthy communities, socio economic development and sustainability.

Beneficial effect of safe practices on reducing disease is well established, but most of **population is not regularly active** (Addy et al., 2004) because community rules and organizational relationships influence the peoples' behavior and practices (Cohen, 2014).

**Social and environmental factors** have influence on safe practices (Addy et al., 2004), on life style practices (Cohen, 2014; Addy et al., 2004, Hernandez & Blazer, 2006 ) and morbidity (Wilkinson & Pickett, 2011).

**Social support** (the way we are connected) includes emotional, instrumental, informational and appraisal support and contributes to the improved practices (MOUSAVI & ANJOMSHOA, 2014) , prevention, management and treatment of diseases cases (Chavez, 2013) at community level.

**key social support providers** are families, friends, and healthcare providers and play a significant role in clients' behaviour change, practices and well being (Paz-Soldán et al., 2013).

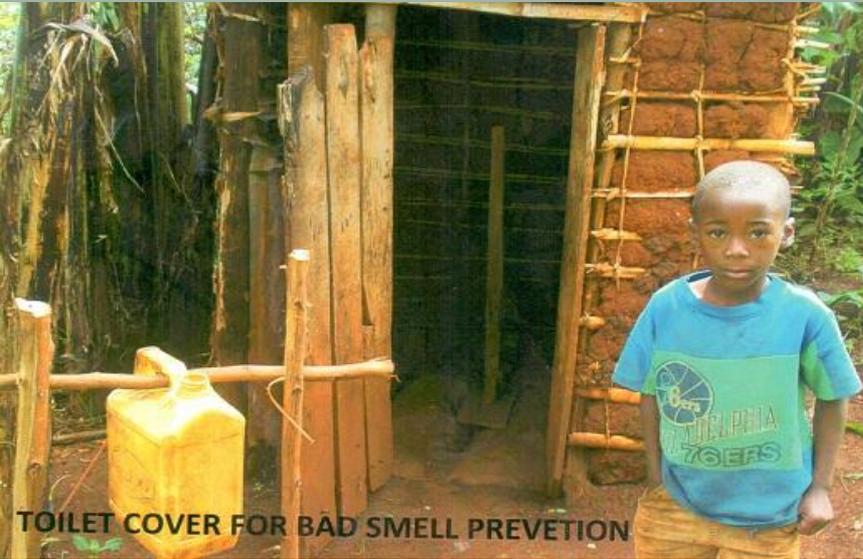
# Introduction cont'd (What?)

- Community Health Club (CHC) approach for behaviour change and practices (dialogue sessions, recommended practices, ingredients )
- Create and strengthen a diverse natural social networks (Waterkeyn & Waterkeyn, 2013; Lewis, 2014) = supportive/enabling environment
- Prevention and control of disease and ill health conditions (MOUSAVI & ANJOMSHOA, 2014) for healthy communities.



CHC dialogue sessions, Ministry of Health & Africa AHEAD, 2014

# Introduction cont'd



CHC recommended practices (improved latrine, Hand washing facility with Soap – step and wash, ...)

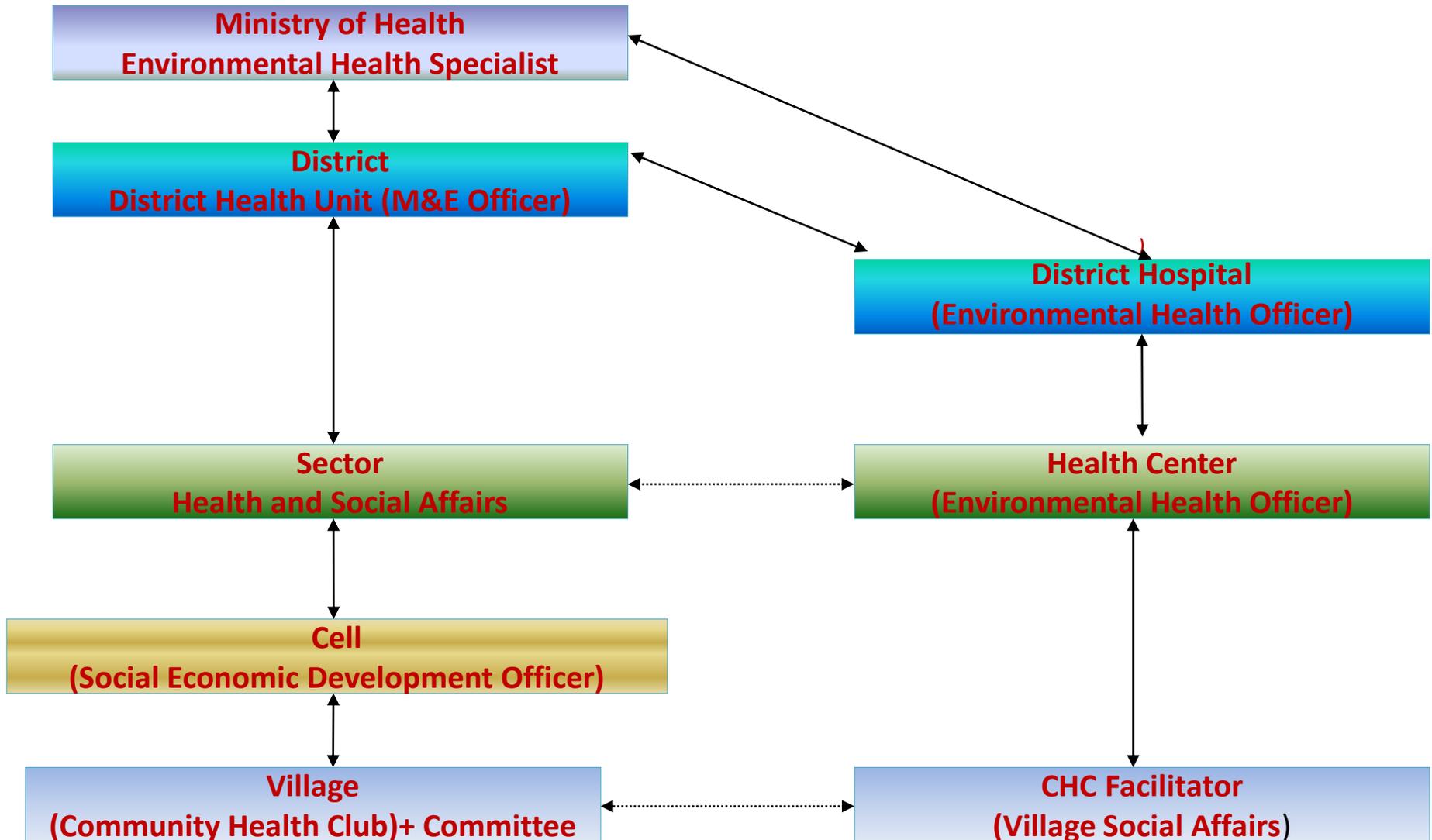
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Graduation ceremonies



# Introduction cont'd

Local organization structure and integration of CHC implementation and monitoring

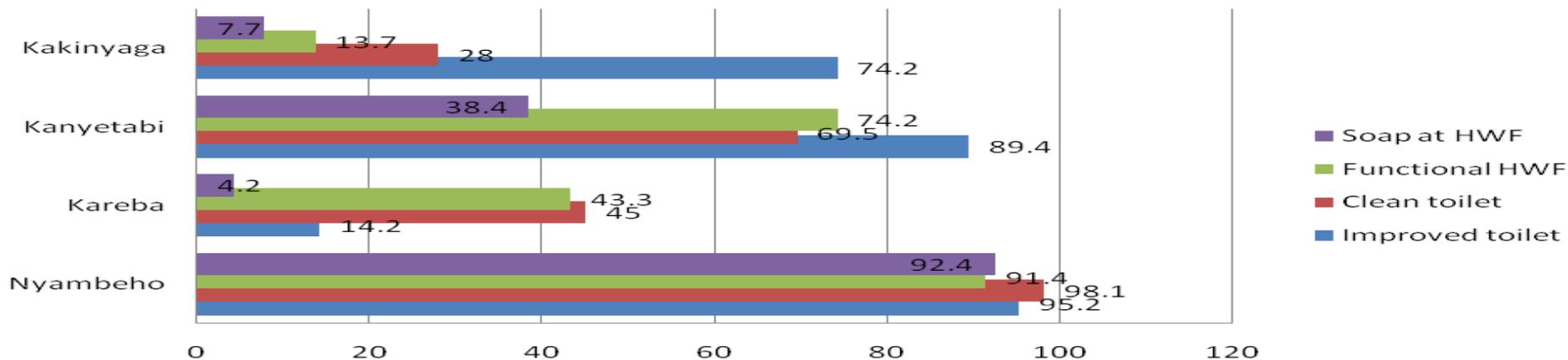


Adapted from Ministry of Health & Africa AHEAD (2015)

# Methodology

- Purposive selection of four villages, 2 from Rusizi District (rural) and 2 from Kicukiro district (peri urban). In each district we have one non exposed village and one exposed village to the CHC approach (the exposure).
- Data collection was performed through desk review, interview of 2 key local leaders, 4 sanitation professionals from each targeted district. We conducted household survey and spot observation (total = 798 households randomly selected from the two districts, with a confidence limit of 95%). We conducted 2 focus group discussions with village members, opinion leaders, community health workers and in charge of social affairs at village level separately in each village.
- Data analysis was performed with SPSS, OpenEpi and Atlas ti

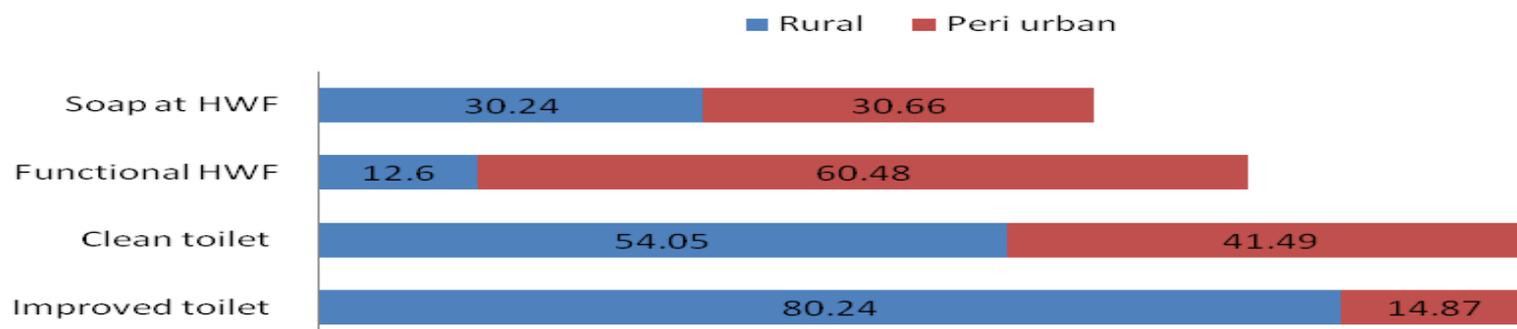
## Households' sanitation and hygiene practices (%)



## Contribution of CHC approach for improved sanitation and hygiene practices

Practices	Rural	Peri urban
Improved toilet	RD = 80.24 (95% CI:72.66, 87.81)	RD = 14.87 (95% CI:8.624, 21.11)
Clean toilet	RD = 54.05 (95% CI:44.96, 63.14)	RD = 41.49 (95% CI:34.04, 48.94)
Functional HWF	RD = 12.6 (95% CI:5.56, 19.64)	RD = 60.48 (95% CI:54.06, 66.9)
Soap at HWF	RD = 30.24 (95% CI:24.67, 35.8)	RD = 30.66 (95% CI:24.32, 37)

## Risk difference in households' sanitation and hygiene practices (%)



# CHC environment and behavior change determinants (How?)

## CHC Environment

Facilitator, Committee, training module, registration book, membership cards



Motivation / Spirit

- Songs
- Dancing
- Drama
- Supervision
- Competition

knowledge

- Health topics
- Demonstrations
- Discussions
- Applications

Group consensus

- Safe practices
- How to achieve
- Mutual assistance
- Home visits

Behavior Change and Practices

# Conclusion

- The findings of this research showed the potentiality of the CHC approach to engage and empower communities from rural and peri urban contexts for safe practices,
- CHC is a potential approach for SDGs in general and SDGs 6, target 6.2 for sanitation and hygiene in particular.
- Further adapted researches are needed for a complete investigation of the CHC approach from different eco socio economic environments as well as a comparative pilot together with other approaches in similar conditions for an informed choice for replication.

**Thank you very much for your  
attention**