# A CASE FOR INTEGRATED POPULATION, HEALTH AND ENVIRONMENT (PHE)



## Case study from Rwanda and DRC (2014-2015)

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### ELEMENTS OF POLICY AND PRACTICE INTEGRATION: WHICH APPROACH?

**Need to integrate** policies and practices

Most of population is not regularly active

Social and environmental factors Social support and key social support providers

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

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)].

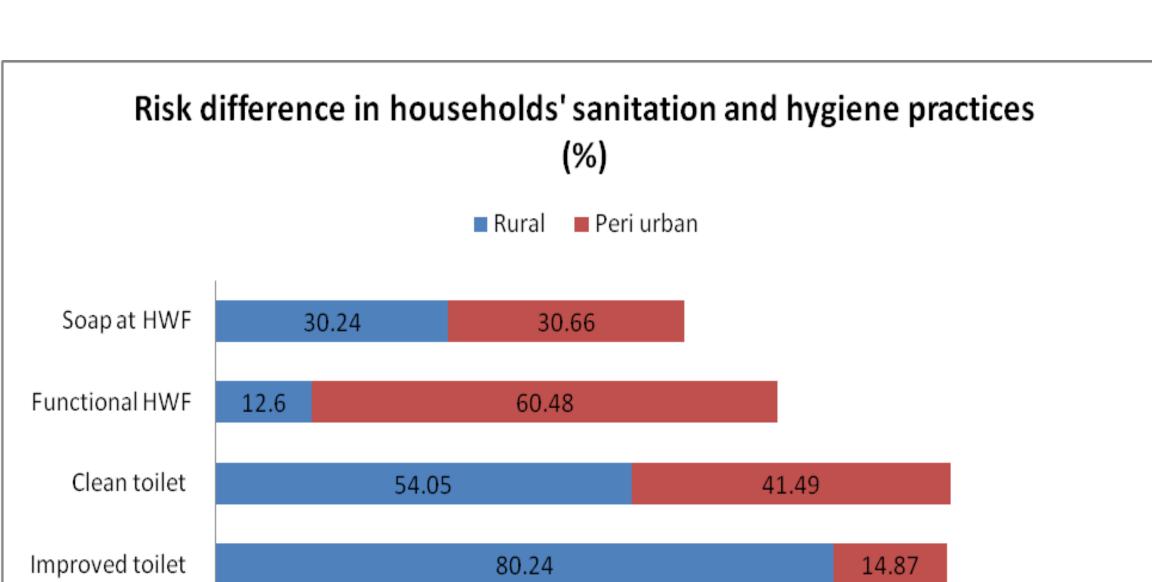
Social and environmental factors have influence on safe practices (Addy et al., 2004), on life style practices (Cohen, 2014; Addy et al., 2004, Hernandez & Blazer, 2006) and morbidity (Wilkinson & Pickett, 2011).

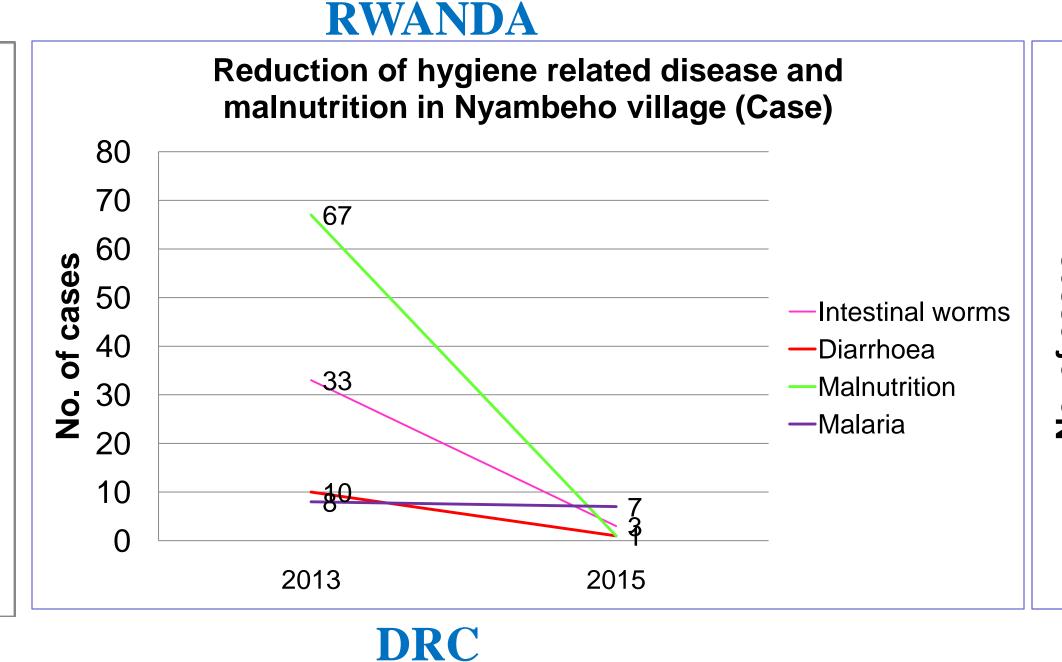
Social support (the way we are connected) includes emotional, instrumental, informational and appraisal support and contributes to the improved practices management and treatment of diseases cases (Chavez, 2013) at community level.

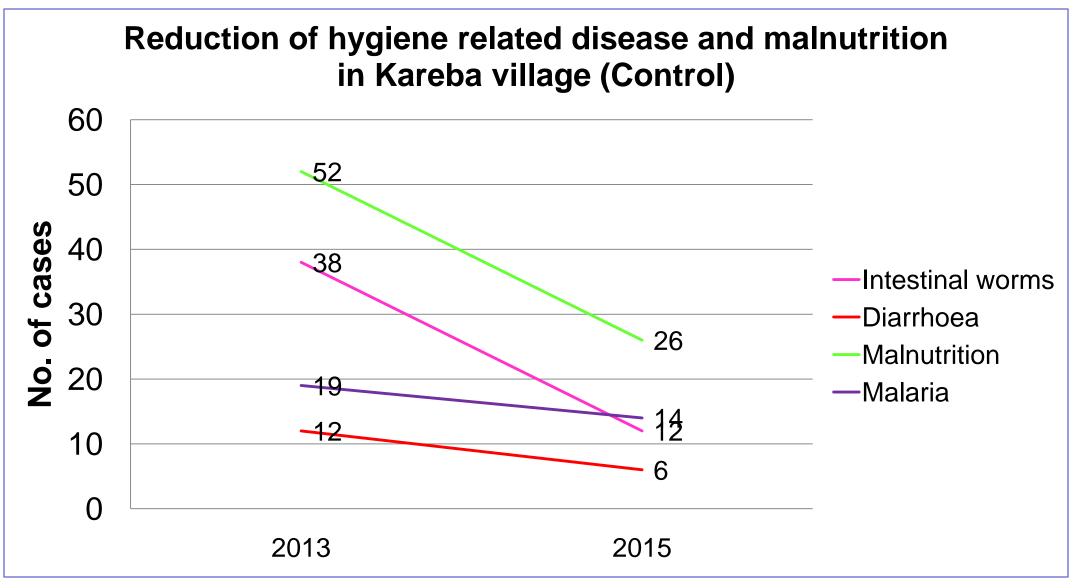
(MOUSAVI & ANJOMSHOA, 2014), prevention,

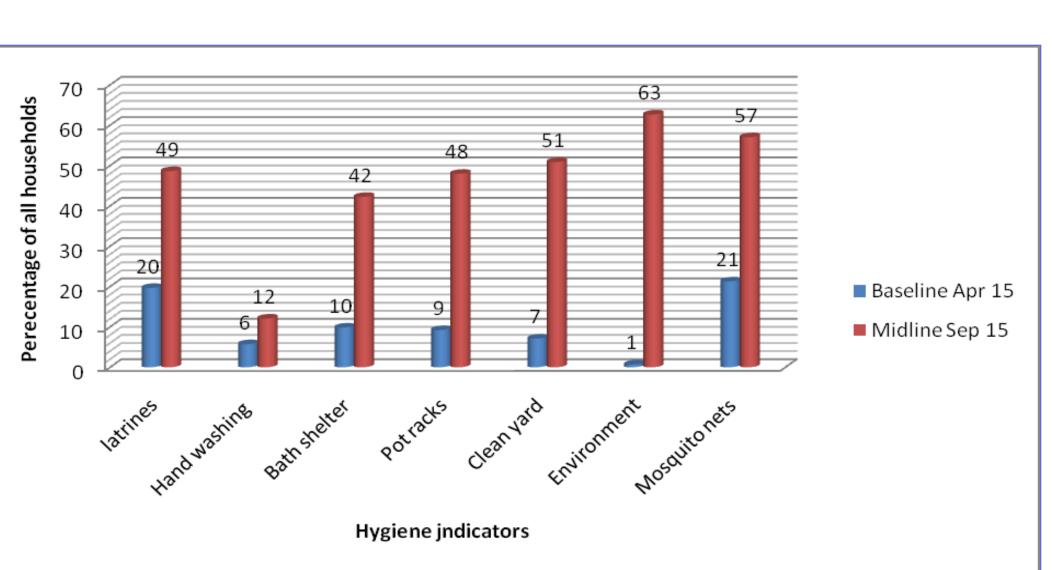
Key social support providers are families, friends, and healthcare providers and play a significant role in clients' behavior change, practices and well being (Paz-Soldán et al., 2013).

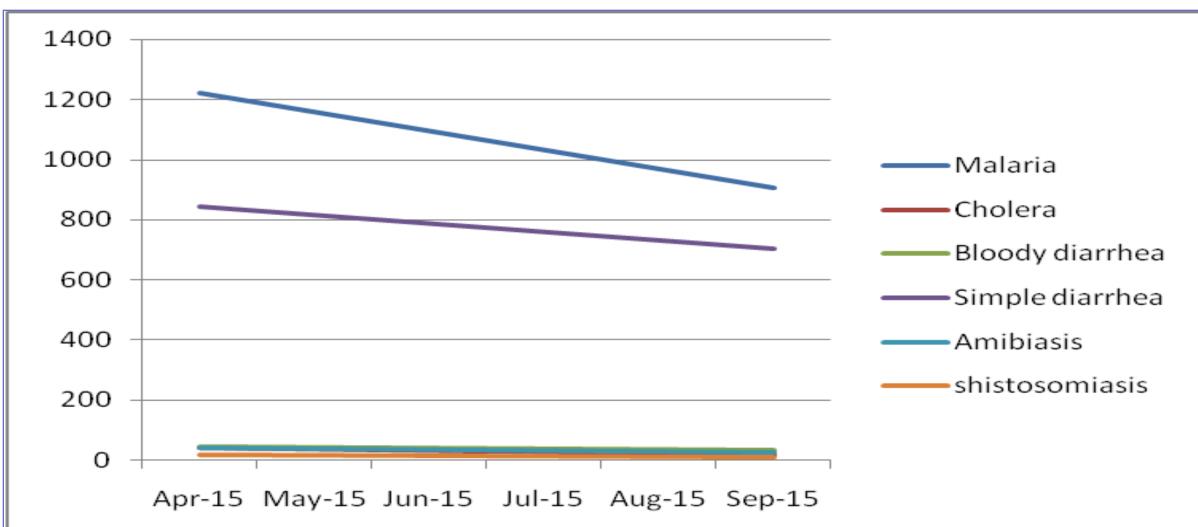
### FINDINGS ON SAFE PRACTICES AND HEALTH DATA IN CHC INTERVENTION AND CONTROL AREAS











No Cholera in the CHC area, Dr D. Fataki

### CONCLUSIONS

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,

Further studies on the CHC approach from different eco socio economic environments as well as

Its scientific comparison with other approaches in similar conditions for an informed choice or complementality.

### SOCIAL CHANGE IMPLICATIONS

Additional trials where needed, scale up by USAID –Unicef Rwanda

Potential in the supply chain to link communities and the private sector

### INVESTIGATION ON CHC APPROACH

A case-control study and a cross-sectional study have been conducted in Rwanda and DRC respectively during the period of 2014-2015. The purpose was to investigate on the potential contribution of the CHC approaches to reduce hygiene related diseases and malnutrition (environmental and practice related).

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.

A case control study in Rwanda – Purposive sampling of villages, 2 in rural and 2 urban settings, households, local leaders and health professionals, FGDs (4), Households' survey (798=95%) + data from health centers, descriptive analysis with SPSS, RD calcultions with OpenEpi for quantitative data and Atlas Ti for qualitative data.

A cross sectional study in DRC – 12 Villages were selected by local health professionals, households' survey for all households CHC members + data from health centers, descriptive analysis with Excel.

# CHC environment and behavior change determinants



"The CHC approach encourages partnerships and collaboration amongst club members, strengthening the social fabric where it may not historically be present. Thus making a social capital helping to build community cohesion and self development in post conflict communities", said the WASH Coordinator Nathanael Hollands, Tearfund DRC (2015)

