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

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.

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, FGIDs (4), Households’ survey (798–95%) + data from health centers, descriptive analysis with SPSS, RD calulations 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.

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

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

CHC Implementer in both countries: Africa AHEAD - UK
Funding sources for the research activities: Royal Institute of Technology (Sweden), Africa AHEAD - Tearfund (DRC)