

# Compassion International Health Interventions and Rural Community Development in Rwanda

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**Abstract:** *The purpose of this study was to determine the influence of non-governmental organizations health interventions on rural community development in Rwanda, using Compassion international, as a case study. A descriptive research design was used. The target population included; caregivers of Compassion international beneficiaries in the program from 10 child development centers (CDCs) out of 15 CDCs that compassion international supports in Gatsibo district. Respondents were selected through simple random sampling. Data was obtained through questionnaires and review of reports and journals. Data was analyzed for both descriptive and inferential statistics by use of Statistical Package for Social Sciences (SPSS) software. Results of the study revealed that R-square is 0.909%, implying that compassion international health interventions had an influence on the development of the rural community. Consequently recommend that Compassion International to expand its health interventions to cover a bigger portion other than one child per household. Moreover, it's recommended that other NGOs adopt and improve on Compassion International model in the provision of health care services to the Rwandan community. The study particularly recommends other organizations operating in Gatsibo district should emulate Compassion international in the provision of medical insurance and nutritional support as well as health education to as many Rwandans as possible and especially the vulnerable and marginalized groups.*

**Keywords:** Non-Governmental organizations; rural community Development; Compassion international; Child Development Centers; Program Beneficiaries

## 1. Background

Globally, the activities of NGOs range from the field of healthcare, health promotion, disease prevention, and collaboration with government agencies such as ministries of education, health, agriculture among others for the wellbeing of the populace. Mainly NGOs carry out activities in health system relating to health advocacy and services delivery. For instance, "In countries with low and middle-low income, NGOs mainly operated on the basis of medical community, their activity was focused on service delivery, raising awareness and prevention campaigns. In countries with middle-high income, the organizations were more specialized and less concentrated on providing medical services, united patients more often and exerted an influence on the development of other services, e.g. psychological support" (Maria Piotrowicz, Dorota Cianciara, 2013).

According to Anbazhagan S et al (2016) in their article on the Role of non-governmental organizations in global health they further recognize the health interventions provided by the US based organizations; "Many U.S. based international non-governmental organizations (NGOs) are mainly involved in international health projects. The relief agency CARE, for instance, participate in a joint CARE-CDC Health Initiative (CCHI), which makes best use of CDC's technical and scientific expertise and CARE's on-the-ground capabilities to address critical health issues in countries around the world. The eradication of Guinea worm and the prevention of river blindness throughout the world top the Atlanta-based Carter Center's list of global health concerns"

In Pakistan for example NGOs support the government in the provision of prenatal and postnatal services in addition to the provision of clean water, shelter and food to those in poverty and in dire need as it is reported by Muhammad Saud et al (2017) in their article titled; *Exploring the Role of NGOs' Health Programs in Promoting Sustainable*

*Development in Pakistan* "Promotion of health is equally important, especially in prenatal and postnatal care as both are based on the assumption that a healthy environment with clean water and air, healthy food and adequate shelter is a necessity". This highlights the importance of health interventions for a healthy community as provided by the NGOs.

In Tanzania, there are over 54 Non-governmental organizations that contribute to health care promotion by providing services to do with preventive, treatment and health education to the citizens for their well-being and productivity. Some work with the government to implement programs that are required to curb the spread of malaria, HIV/AIDS, pneumonia, tuberculosis, and to reduce the maternal and infant mortality rates. Others deal with procuring and distributing vaccines or medicines from foreign sources. Razeen Jivani, (2010).

In Rwanda, there is a community based health insurance scheme where every citizen in the informal sector must have access to medical treatment. This initiative is supported by the government of Rwanda together with its development partners and it has greatly improved health conditions of the population and its benefits are emphasized by Priyanka Saksena et al in their report to the World Health Organization (2010) "MHI is not only associated with higher utilization, but also with better financial risk protection for households. Indeed, MHI insured individuals who needed services were more likely to use services irrespective of wealth".

### Objectives of the study;

This study aimed at examining the effect of Compassion international's health interventions on rural community development in Rwanda, guided by the following objectives; a) To determine the contribution of health interventions on school attendance by children in Gatsibo district.

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- b) To assess the impact of health interventions by Compassion international on rural community development of Gatsibo district.
- c) To examine the contribution of health education by Compassion international to rural community development of Gatsibo district.

**2. Literature Review**

Over the past two decades the processes of democratization, economic liberalization, and technological transformation have led to a dramatic growth in the number, diversity, reach and influence of civil society organizations and networks (Nelson Jane, 2017).

Rwanda as a country ranks 166 out of 187 countries on the UNDP’s HDI (UNDP HDI 2011) and it lies in the category of countries with low Human Development Index (HDI). With an HDI of 0.429, Rwanda is below the regional average of 0.463. The majority of the Rwandan population largely depend on agriculture for their livelihoods. Recent surveys indicate a bigger number of people are under poverty has decreased by close to 12% from 56.7% in 2006 to 44.9% in 2011 (Nutrition Country Paper – Rwanda, 2013).

It is no exaggeration to contend that without the efforts of organizations of civil society the suffering of the poor, the marginalised and the sick would be significantly more acute. In view of this it seems indefensible that this important sector is experiencing a sustainability crisis. (Jacana Media (Pty) Ltd, 2012).

Rwanda national nutrition policy of 2007 came up with a sectoral policy that mainly focused on reducing the occurrence of severe malnutrition amongst children, and reducing even minor nutritional deficiencies among women and children under five years of age. The same policy also called for the development and embracing for dealing with malnutrition and promotion of infant feeding as well as scaling up of community based nutrition programmes (CBNP) in every district. This was further emphasized by the National Food And Nutrition Policy(2014) “A highly significant change that led to a new intervention strategy at national scale originated with a Presidential call in April 2009 for greater priority and more effective actions to be taken to eliminate serious acute malnutrition problems of vulnerable groups”.

Health interventions offered by Compassion international greatly contribute to rural community development since people become health, become productive and greatly influence school attendance, this however supplements other government initiatives on nutrition as it is emphasized by Viviane Niyibizi Mukanyirigira (2010) in her report presented to the world food program that “food Assistance For Education has proved to positively impact pupils, especially in poor and hunger – stricken areas; hence positively affecting the enrolment and school attendance rates, the decrease in drop-out rate such due the school feeding program where children in schools get served with food daily in a way of fighting malnutrition”.

According to the Rwanda ministry of health fourth health sector strategic plan, July 2018 – June 2024 which indicates that the impact Indicators as indicated also by the Rwanda National Institute for Statistics major developments in health were registered as follow: Life Expectancy increased from 55 years (DHS 2010) to 65 years (DHS 2015), Maternal Mortality Ratio decreased from 476 (DHS 2010) to 210/100,000 live births (DHS 2015) and Infant Mortality Rate went down from 50 (DHS 2010) to 32/1000 live births (DHS 2015).

**3. Methodology**

This research used cross-section research design conducted in Gatsibo district ten (10) out of fifteen (15) implementing church partners or projects that implement Compassion international’s interventions and activities. The study focused on; beneficiary households from 10 implementing church partner (ICPs) out of the 15 ICPs that compassion international supports in Gatsibo district, with thirty (30) respondents who are parents to the program beneficiaries from each ICP and then two (2) project social workers from each ICP. See table 1 below

**Table 1:** Sampled Projects supported by compassion international in Gatsibo district

No.	ICP Name	Total Number of Current Beneficiaries	Total No. Project social workers (PSWs)	Total No. of Respondent
1	RW643 KABARORE	252	04	32
2	RW433 RWAGITIMA	231	04	32
3	RW638 KIRAMURUZI	231	04	32
4	RW639 BISHENYI	229	04	32
5	RW649 MATARE	266	04	32
6	RW657 KIBONDO	268	04	32
7	RW827 MUHURA	233	04	32
8	RW341 MURAMBI	261	04	32
9	RW381 MUGERA	258	04	32
10	RW356 GABIRO	260	04	32
	<b>Total</b>	<b>2489</b>	<b>40</b>	<b>320</b>

**Source:** Compassion international Rwanda, Gatsibo Cluster annual report, (2018)

A probabilistic sample size of 182 beneficiaries of Compassion International Rwanda was selected by using the sample size calculation formulae adopted by the Canadian Institute of Statistics. Statistics Canada (2010)

Initial Sample Size: The preliminary estimate of sample size was obtained by:

$$n = \frac{z^2 p(1 - p)}{e^2 + \frac{z^2 p(1 - p)}{N}}$$

Where:

n: The sample size;

P: The probability that the sample held the desired characteristics;

Z: Score dependent on level of confidence C;

C: Level of confidence;

e: margin error; which is the maximum expected difference between sample estimate and the true population parameter.

The assumptions of this study take 50% as the probability that the sample held desired characteristics was considered (0.5). The confidence level is 95%; which means that in 100 samples you can carry on the study, 95 will give same results.

The margin error (e) of the study is 7%

In that way,

$$n = \frac{z^2 p(1-p)}{e^2 + \frac{z^2 p(1-p)}{N}} = \frac{1.96^2 * 0.5(1-0.5)}{0.07^2 + \frac{1.96^2 * 0.5(1-0.5)}{2489}} = 182$$

A Simple random sampling technique was applied to give each element in the population an equal chance of being selected for the study as recommended Gravetter, F.J & Forzano, L.B. (2011).

Questionnaires and desk review were used to obtain both primary and secondary data respectively. The data was subsequently reviewed for accuracy, reliability, consistency and completeness and thereafter coded. Analysis and processing of the data was done by use of SPSS computer based software for both descriptive and inferential statistics.

**A) Demographic Characteristics of Respondents**

Results in Appendix 1: on demographic characteristics show that the gender shared equal levels of 50% and a majority 73% were married. The highest number of respondents were aged between 41-50 years with 36%. Close to 30% had not received any basic education while 59% had go through primary education. Suggesting that a majority had attained very low education levels making them the more vulnerable. A majority 97 survived on farm activities with only 3% having other sources of income.

**B) Perception on the compassionate international health interventions to the community**

Table 2 shows the perception of respondents on how health interventions influence rural community development in Gatsibo District. 93.4% of respondents said that Compassion International Rwanda provide them with health insurance while 6.6% said they had not received health insurance. As per the findings, it clearly indicates that provision of Health insurance greatly contributed to peoples’ well-being and consequently rural community development enhanced. Also, 6.0% of the respondents confirmed that Compassion International provides them with nutritional support, whereas 94.0% had not received any nutritional support from Compassion international. This therefore, implies that nutritional support still needs to be considered for a wide spread of growth. Health education was one of the indicators that show how Compassion internal influence rural community development because 74.7% of the respondents said they had had health education from Compassion international with only 25.3% of respondents who had not had health education.

**Table 2:** Demographic characteristics of the respondents and perceptions on the Compassion international health interventions

Variables	Responses	Frequency	Percentage
Gender	Female	90	49.5%
	Male	92	50.5%
	Total	182	100.0%
Marital Status	Single	2	1.1%
	Married	132	72.5%
	Widowed	38	20.9%
	Divorced	10	5.5%
	Total	182	100.0%
Age group	<=30	3	1.6%
	31-40	38	20.9%
	41-50	66	36.3%
	51-60	45	24.7%
	>=61	30	16.5%
	Total	182	100.0%
Education Level	No education	49	26.9%
	Primary	107	58.8%
	Secondary	20	11.0%
	University	6	3.3%
	Total	182	100.0%
Occupation	Agriculture	176	96.7%
	Clerical or Skilled labour	2	1.1%
	Sales and services	1	0.5%
	Unskilled Labour	3	1.6%
	Total	182	100.0%
Health Education	Yes	136	74.7%
	No	46	25.3%
	Total	182	100.0%
Health Insurance	Insured	170	93.4%
	Not Insured	12	6.6%
	Total	182	100.0%
Nutritional Support	Yes	11	6.0%
	No	171	94.0%
	Total	182	100.0%
Rural community development	Yes, improved livelihood	149	81.9%
	No improved livelihood	33	18.1%
	Total	182	100.0%

According to the respondents perceptions it is confirmed that Compassion international took its health interventions to Gatsibo district, however a gap was noted regarding nutrition and access to health services.

**C) Influence of Compassion international Health interventions on rural community development**

Results as shown in Table 3 confirm a strong and significant relationship between Compassion health education programs and rural development ( $\chi^2=119.174$ ,  $df=1$ ,  $p<0.001$ ). Similarly a strong and significant relationship between Compassion health insurance programs and rural development was implied by the results ( $\chi^2=58.006$ ,  $df=1$ ,  $p<0.001$ ). The results are in agreement with what Saunders et al. (2009), and thus are confirming the respondent’s perceptions as indicated in table 2 above.

**Table 3:** Bivariate analysis between Health interventions and rural community development

Variable	Categories	Rural community development					
		Yes, improved livelihood		No improved livelihood		Total	
		n	%	N	%	N	%
Health Education	Yes	136	74.7%	0	0.0%	136	74.7%
	No	13	7.1%	33	18.1%	46	25.3%
	Total	149	81.9%	33	18.1%	182	100.0%

	$\chi^2=119.174, df=1, p<0.001$							
Health Insurance	Insured	149	81.9%	21	11.5%	170	93.4%	
	Not Insured	0	0.0%	12	6.6%	12	6.6%	
	Total	149	81.9%	33	18.1%	182	100.0%	
	$\chi^2=58.006, df=1, p<0.001$							
Nutritional Support	Yes	11	6.0%	0	0.0%	11	6.0%	
	No	138	75.8%	33	18.1%	171	94.0%	
	Total	149	81.9%	33	18.1%	182	100.0%	
	$\chi^2=2.593, df=1, p=0.107$							

P-value is significant at 0.05.

#### 4. Conclusions and Recommendations

On the basis of the findings of the study it is concluded that health interventions by Compassion international have great effect on rural community development in Rwanda. Indeed, it was confirmed that through provision of health education and insurance the rural community the health of the community improved significantly and thus enhance their productivity especially in the agriculture sector. This went along way improving the standards of living and hence the economic development of the community at large. Further the study confirmed that with improved health interventions, school attendance and performance increased hence rural community development happen in the long run.

In line with the conclusions the research recommends for expansion of health interventions by compassion international and other non-government organizations to cover a bigger portion of the Rwandan population and especially the most vulnerable and marginalized group. Further, other organizations operating in Rwanda are encouraged to adopt Compassion international model in provision health services and particularly health insurance to cushion the community against rising health costs and health education for knowledge on health care.

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