

OUR VISION: DEVELOPMENT IS A PROCESS

We are a group of development practitioners, researchers, and academics dedicated to best practice in our field, who recognize that **people are at the heart of development** and that **change is a process** that takes time. Using social psychology developed through 20 years of field practice we have developed a successful recipe for integrated development that has produced some of the highest 'behaviour change' results internationally in the past decade (see table).

ZERO OPEN DEFECATION (ZOD) in Zimbabwe, 53% CHC members converted to cat sanitation with the balance of 47% constructing latrines within one year (total sanitation)

EMERGENCY CHOLERA RESPONSE: In Ugandan IDPs Camps, in an emergency programme, targets were exceeded with 11,800 latrines constructed by 120 Community Health Clubs within 8 months, where previously there was less than 10% sanitation.

REDUCTION IN DIARRHOEA in one year in Health Centers in Vietnam by 90%, 93%, 59%, and 35% in 4 CHC areas but rose by 18% and 31% in 2 non CHC areas. (MoH)

SCALING UP: In Rwanda, President Kagame launched the Community Based Environmental Health Promotion Programme which has introduced Community Health Clubs into all of the 15,000 villages in the country, assisted by AHEAD.

RECORD CHANGES: Some of the highest recorded behaviour change in the literature is the Tsholotsho study in Zimbabwe where there was a difference of 47% in average of 17 hygiene indicators (CHCs : control) $p < 0.001$ (See right)

EVALUATION: an independent evaluation to ascertain if our claims can be substantiated is being supported by the Bill & Melinda Gates Foundation /IPA to ascertain how much the CHC Model can reduce infant / child mortality and morbidity.

AMCOW AWARD:

African Ministers Council of Water (2010) received by CEO for improving sanitation in Africa since 1995 through the Community Health Club Approach.

For more details of all projects see www.africaahead.org

OUR CREDENTIALS

2001 in Zimbabwe AHEAD: Registered Trust: MA1380/200
2005 in South Africa: Africa AHEAD: Sect. 21:2005/040379/08
2012 in the United Kingdom: Africa AHEAD: Charity: 1151795
2013 in United States of America: USA-AHEAD:501(c)(3) 38-3862007
2013 in Rwanda as Africa AHEAD: NGO registered 177/DGI&E/13

Our Management

Chief Executive Officer / Founder : Dr. Juliet Waterkeyn
Director of Programmes / Founder: Anthony Waterkeyn
Director of Partnership Development: Roger Short
Chief Financial Officer USA: James Broadley
Director of Finances UK: Lyle Aitken

Our Board Members:

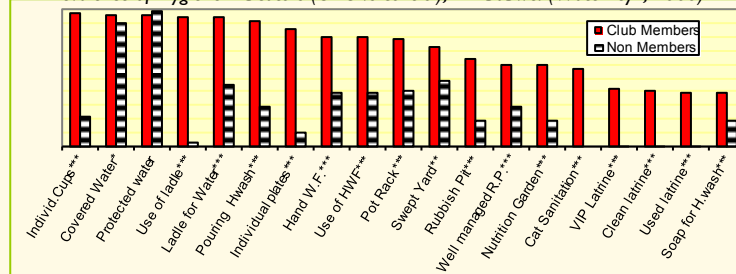
Chairman: Prof Sandy Cairncross (OBE),
Mr. Richard Bennison, Secretary to the Board
Prof James Bartram: University of North Carolina / Water Institute
Prof. Richard Carter, University of Cranfield
Dr. Barbara Evans, University of Leeds / Water Institute
Dr. Darren Saywell, Head of WASH, Plan International

AHEAD Community Health Club Countries:

ZIMBABWE: (2011- present) USAID/OFDA, ACF, IMC, GAA, CAFOD, (1995 - 2010) Unicef, DFID, Danida, Oak Foundation, New Zealand Aid, Mercy Corps, OXFAM, MedAir, Catholic Relief Services, ILO, Concern, Christian Aid, World Vision, Save the Children and many local NGOs.
SOUTH AFRICA: (2005-present), Danida, City Municipalities
RWANDA: (2008-present), Gates Foundation, Unicef, World Bank-WSP
UGANDA: (2003-present), CARE, WaterAid, ILF/Blue Planet/Reach Scale
LIBERIA: (2014- present) CONCERN – OXFAM /DFID

EVIDENCE OF SIGNIFICANT HYGIENE BEHAVIOUR CHANGE:

Prevalence of Hygiene Indicators (CHC vs control), Zimbabwe. (Waterkeyn, 2006)



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Applied Health Education and Development

Africa AHEAD pioneered the Community Health Club (CHC) Approach which is a practical strategy for enabling people to improve their home hygiene and prevent most common diseases. The CHC Approach has been recognised internationally as one of the most cost-effective methods for achieving high levels of hygiene behaviour change as well as increasing social capital, reciprocity and self reliance by enabling communities to take responsibility for their own health through a six month course of participatory activities. This programme can be used in emergency or development projects and has been replicated in many countries in Africa and more recently in Asia. Four manuals have been developed to enable easy start up. See www.africaahead.org

HOW WE CAN ASSIST YOUR PROGRAMME

Africa AHEAD provides assistance to any NGO or Government programme wanting to use the Community Health Club Approach for sustainable, integrated development. Our experienced team of CHC trainers based in South, West and East Africa, can design a programme and provide training that will in achieve hygiene behaviour change within one year of start up.

Our services include:

- Project feasibility and design to ensure achievable targets
- Development of appropriate training materials by adaption of existing visual aids or development of culture specific material using tried and tested ethnographic techniques perfected by Africa AHEAD.
- Development of base line survey for formative research using latest cell phone technologies to collect data.
- Training of trainers, using your own staff or Ministry of Health staff to enable community based facilitation
- Monitoring systems for continual tracking of hygiene behaviour change online at www.chcahead.org
- External Evaluation of your programme with academic assessment linked to leading universities



APPLIED HEALTH EDUCATION AND DEVELOPMENT

A Practical Strategy for Integrated and Sustainable Development



USING HEALTH PROMOTION AS AN ENTRY POINT...

Community Health Clubs usually have at least 50, but sometimes as many as 150 members, men and women, young and old and all levels of education. We aim to attract a representative from each household in the catchment area. Members meet weekly for at least six months discussing different topics every week. This interaction creates

Stage 1: Organization of people into Community Health Clubs enabling weekly Health Education

'common unity' - and develops a real 'Community'. with a critical mass of people who share values of good hygiene, A 'Culture of Health' is created which reinforces safe practices by positive peer pressure. We believe all women want to ensure the survival of their children and our training empowers mothers to protect children not only from diarrhoea, but also malaria, bilharzia, worms, skin disease, enteropathy and malnutrition. Women in CHCs for the past 20 years have demonstrated how they are quickly able to change their ways and improve their hygiene. In the first year of a CHC no material handouts are given, but the knowledge they obtain can be shared infinitely. The only reward given is a certificate, to those who attend all 24 training sessions.



Knowledge is the power: women say they love learning about health more than any other activity in the CHC



'I am not nobody now': Winner of the best kitchen shows her certificate.



APPLIED KNOWLEDGE ... SAFE HYGIENE, WATER & SANITATION

Stage 2: People apply their health knowledge resulting in self supply without subsidy



Women can easily build latrines themselves

Every week CHC members decide on practical ways to improve their homes, motivated by many problem solving activities. By the end of 6 months, members are practicing a raft of new behaviors including safe storage and use of water and food, safe disposal of faeces, handwashing with soap, as well as improved child care, nutrition, immunization and malaria prevention. Startling examples of community management of solid waste and prevention of cholera in urban areas has been repeatedly demonstrated by CHC's in towns. Whilst CHC's produce high levels of latrine construction, sanitation is just one of the 24 sessions within the context of general hygiene. CHC members upgrade their latrines, not because local leaders have enforced compliance, but because they believe in what they do, and are therefore more likely to sustain the practice. This is genuine 'community led total sanitation' but it uses positive rather than negative peer pressure. Women themselves learn to construct latrines, use soap and make handwashing facilities. CHCs can reliably manage their own water sources, ensuring water point committees are functional, and they have repeatedly shown how they can take responsibility for maintenance as well as disease surveillance and cholera mitigation. A well functioning Community Health Club becomes the 'municipality' of the settlement, able to organize its community.



ENSURING THE MEANS TO MAINTAIN IMPROVED STANDARDS

Stage 3: Family able to Sustain Good Practice by improved skills & increased income

Once the basics in disease control - hygiene, water and sanitation - have been improved, CHC members, usually want to continue meeting and they initiate other activities to keep their club alive.

Community Health Clubs are encouraged to organize communal nutrition gardens, in which each member can grow their own vegetables and thus ensure a balanced diet and normal child growth within their family. CHCs become 'Food Agriculture and Nutrition' (FAN) Clubs ensuring food security even in countries where the macro economy has collapsed. Furthermore the growing of medicinal herbs has provided not only relief for many common ailments but also income. Other income generating projects include making fuel efficient stoves, keeping bees, making soap, pressing oil, drying vegetables/herbs animal husbandry, and tree planting for carbon offsetting.



One of thousands of CHC members, selling her vegetables and herbs (Comfrey) to support her family

Once people can afford to support themselves, they naturally become more altruistic towards others, taking responsibility for the most vulnerable within their community- the elderly disabled, sick, as well as widows and orphans. Socially supportive training in literacy, civic and gender rights, play schools, supplementary feeding, and home based care can be done. This is genuine holistic and integrated development!