HYGIENE BEHAVIOUR CHANGE THROUGH CBEHPP IN RWANDA

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Community Based Environmental Health Promotion Program uses a Community Health Clubs (CHC) Approach/Strategy to reach all communities and empower them to identify their personal, domestic hygiene, nutrition and environmental health related problems (including drinking water, appropriate utilization of latrines, hand washing, food safety etc.)

The Government of Rwanda launched CBEHPP in **December 2009** with an objective of reducing significantly by 2017 the debilitating national disease burden (Diarrhea, Intestinal Parasites and Respiratory infections) and therefore contributing to poverty reduction.

*Community Health Club during a CHC dialogue session*
CHC APPROACH: KEY IMPLEMENTATION ASPECTS

- 6 Months Community Health education - 24 Dialogue sessions.
- Target group
- Inclusive
- Structured.
- Reinforcement.
- Participatory
- Group consensus
- Homework
- Certification
- Quantifying behavior change
- Fairness

Community attending one of 20 ‘dialogue sessions’
CREATING COMMON UNITY AMONG CHC MEMBERS THROUGH INTERACTIVE CLUB ACTIVITIES

VILLAGE WASH MAPPING AND CHC DIALOGUE SESSIONS

SANITATION AND HYGIENE PROMOTION SONGS

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CBEHPP IMPLEMENTATION STRUCTURE

Ministry of Health (Environmental Health Desk)

District (District Health Unit)

Sector (Social Affairs)

Cell (Social Economic Development Officer)

Village (Head of village)

District Hospital (EHO)

Health Center (EHO)

CHC- Committee - CBF

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CBEHPP PROGRESS IN RWANDA

- CBEHPP has been implemented in 18/30 Districts;
- Two Districts are about to start i.e. Nyamasheke and Ruhango;
- Establishment of CHCs is at 99.5%;
- Functional CHCs without training 40%;
- Fully Functional CHCs: 27% (trained CHCs and supported with training and dialogue tools, conducting weekly club meetings and timely reporting).

Minister of Health during hygiene campaign
1. There 3,827 CHC members of which 61% are women
2. Average size of CHC is 77: ranging from 23 to 176 members
3. Average coverage of households per village is 58.9% (100% - 23%)
4. Average attendance of the 24 sessions is 68% of CHC membership
5. 49 CHCs completed 24 sessions: total of 1,176 sessions in 5 months
6. EHOs have done 368 visits to CHC in 5 months (7.2 visits per CHC)
7. There are a total of 8,464 households in the 50 CHC villages
8. Average size of village is 165 households: 15 villages with < 100.
9. Average uptake of 9 key hygiene practices is 65.9%
10. Hand washing practice has improved by 41% in the past 5 months
CHC & SOCIAL CAPITAL

1. Spontaneous start up savings and lending groups within the CHCs, contribution (Rwf 500/100 per person) each week to be distributed to one member per week for those in need, as a loan.

2. There is much demand for income generating activities within the clubs as levels of cooperation are very high.

3. Mutual assistance (mattress, latrines, projects) with focus of vulnerables.

4. Capacity building of the health unit workforce

Activities in Kannyogo CHC: Maintaining their water source and cleaning up the solid waste to preserve a clean environment
SUMMARY OF BEHAVIOUR CHANGE AND PRACTICE INDICATORS

1. Water source hygiene
2. Drinking Water hygiene
3. Sanitation-use of hygienic latrine
4. Personal Hygiene
5. Hand washing
6. Kitchen Hygiene
7. Solid Waste
8. Environment safety
9. Malaria control
10. Child Care
MARKED ACHIEVEMENTS IN 50 CHCS OF RUSISZI

• In the past three months, 50 CHCs with 6721 CHC households have achieved in a total:
  • 767 new pot racks constructed
  • 75 new latrines
  • 292 improved existing latrines
  • 641 more latrines being properly covered
  • 422 new bath shelters
  • 464 new hand wash facilities
  • 459 new compost pits
  • 351 new fuel efficient stoves
  • 1,253 more yards are being swept clean
  • 999 more households water is being safely handled
  • 811 new households drinking water is now being treated

• This is a high level of response by any standards and indicates that the CHC are achieving their overall objective of creating not only zero open defecation but a general culture of health reflected in a range of facilities, so that CHC households will be able to sustain safe hygiene practices.

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MANY THANKS FOR YOUR ATTENTION