“I am Not Nobody Now”

Empowering Women through Community Health Clubs

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Our Grandson!

16 children in Sub Saharan Africa
THREE THEMES:

Community Health Club Model of development rests on the following basic assumptions which we believe to be true:

1. Holistic approach to disease prevention to reduce infant mortality
2. Empowerment of Women to address ignorance
3. Positive peer support to ensure behavior change
Segni of Guinea Bissau: one month old – died of neonatal tetanus
Good hygiene & sanitation can reduce:

- Neonatal by 44%
- Diarrhoea by 88%
- ARI by over 30%
- ITNs can reduce Malaria by 50%
- Immunisation can prevent Measles 99%
- PMTCT can prevent HIV in babies

Mortality Amongst Under Fives

35% attributable to malnutrition

- Malaria 8%
- Pneumonia 19%
- Injuries, 3%
- Other, 10%
- Neonatal 37%
- Diarrhoea 17%
- Measles 4%
- HIV/AIDS 3%

Unicef, 2006.
**Estimated reduction of <5 child deaths through training mothers in Community Health Clubs (per 100 children)**

<table>
<thead>
<tr>
<th>Condition</th>
<th>Non CHC</th>
<th>CHC</th>
<th>FAN</th>
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<td>4</td>
<td>2</td>
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<tr>
<td>HIV/AIDS</td>
<td>3</td>
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</tbody>
</table>

**88 deaths per 100 preventable**

Reduced from 88 to 42
46 deaths saved

Good Nutrition reduces from 46 to 30
16 more deaths saved

**Total saved = 62 out of 88 (70%)**
Decrease in reported cases of communicable diseases

18 health clubs  1,777 h/holds in one ward

Period of Health Promotion 1995 - 2001

- Diarrhoea
- Bilharzia
- Skin diseases
- ARI
- Eye disease
- Malaria

Source: Ministry of Health, Makoni District Hospital, Zimbabwe. Ruombwe Ward. Makoni District, Manicaland 2002
CHOLERA: EARLY TREATMENT

Mutare City: 198 cases : 8 deaths

In Sakubva there were 4 cases: no deaths
Holistic Health Promotion Training

1. Disease Identification
2. General Hygiene
3. Handwashing
4. Water Sources
5. Water Usage
6. Drinking water
7. Germ Theory
8. Faecal – oral route
9. Defecation practices
10. Diarrhoea
11. Oral rehydration
12. Bilharzia
13. Malaria
14. Worms
15. Skin Disease
16. HIV/AIDS
17. Nutrition
18. Sanitation
19. Weaning
20. Child Care
MONITORING: OXFAM - ZIMAHEAD Project
% hygiene behaviour change in 5,502 CHC Members, in 121 CHCs in Masvingo Rural, Zimbabwe, 2011

The average of all 16 indicators was 79% uptake.
How do Community Health Clubs work?

How do we get the buy in and the response?

Empowerment of Women through Group support
Community?

COMMON

UNITY
‘Teach the women and you teach the nation’

Julius Nyerere
‘Non members have quite a lot of misunderstanding amongst them and they spend quite a lot of time quarreling, but for us club members we are always doing something constructive’

70 yr old female CHC member, Zimbabwe
A MEMBERSHIP CARD gives a sense of IDENTITY
A Certificate gives a sense of achievement and public recognition.
‘To count to one million you have to start with 1’

Mother Theresa
KNOWLEDGE
I know the facts

PERSONAL EXPERIENCE
I have seen it happen

UNDERSTANDING
I know what would be best

SELF EFFICACY
But can I do it?

GROUP LEVEL

Common KNOWLEDGE
New group values

GROUP CONSENSUS
Common UNDERSTANDING
New group norms

BEHAVIOUR CHANGE

PEER GROUP
Positive peer pressure

You can do it!
Empowerment of Women
‘I AM NOT NOBODY NOW!’

A CHC Trainer Mrs Toriro, in Zimbabwe
Women are coming around the corner
Women are coming around the corner
Women are coming

Tell your friends
Women are coming

Tell your Government
Women are coming

Women are coming
Women are coming
Around the corner

THANK YOU FOR LISTENING!
PLEASE TAKE THIS FURTHER

For more information on Community Health Clubs please go to:  
www.africaahead.com