

A PRACTICAL MODEL TO MEET EIGHT SUSTAINABLE DEVELOPMENT GOALS THROUGH COMMUNITY HEALTH CLUBS

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IRC WORKSHOP

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THE SUSTAINABLE DEVELOPMENT GOALS

At the United Nations sustainable development summit in September, 2015, World leaders adopted the ‘Agenda for Sustainable Development’.

A set of 17 Sustainable Development Goals (SDGs) to end poverty, fight inequality and injustice, and tackle climate change by 2030.

How can the AHEAD Model (Applied Health Education and Development) assist in achieving this target?

SUSTAINABLE DEVELOPMENT GOALS: HOW CHC CAN HELP MEET THEM



1: End Poverty – all of the below

2: End Hunger – Food Agriculture Nutrition projects (FAN)

3: Prevent Disease – 80% diseases can be prevented

4: Education Equity – school health clubs

5: Empower Women – self confidence, self efficacy

6: Water & Sanitation – improved facilities by self supply

7: Safe Environment – child survival and support

8: Skills for Work – training in IG projects



COMMUNITY HEALTH CLUBS as a vehicle for change



SCHOOL HEALTH CLUBS



EXAMPLE:

Africa AHEAD trained

55 facilitators

In 53 school health clubs

With 3,101 students

Of which

62% female / 38% male

Reaching 15,825 households

Gutu & Mberengwa districts

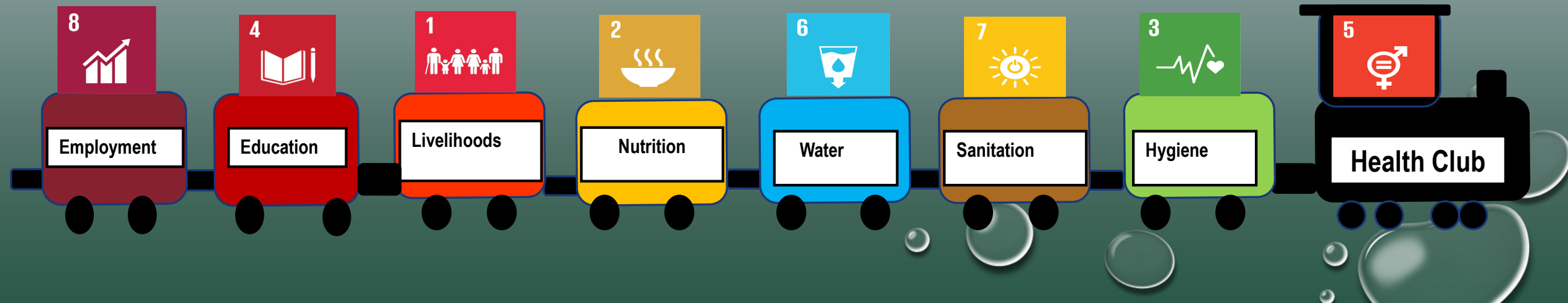
(One year programme : 2013)

Funded by ACF

Integrated and Holistic Community – A Process of Development

AHEAD Applied Health Education and Development

to END
POVERTY



COMMUNITY HEALTH CLUBS STARTED BY AFRICA AHEAD



**Africa AHEAD: Initiator of CHC model,
(Juliet Waterkeyn) first started in 1995 in Zimbabwe**

3,213 CHCs in 11 countries

Estimated 257,040 members

Approx. 1.5 million beneficiaries

Zimbabwe alone: 2,137 CHCs



RWANDA:

only country in Africa to take CHCs to scale in the CBEHPP



Definition of a Community Health Club

- A Community Health Club is a Community Based Organisation (CBO) made up of voluntary men and women who are dedicated to improving the health and welfare of the whole community through common knowledge, common understanding and the practice of safe hygiene in the home leading to a fully **functional Community** able to effectively manage its own development

WOMENS EMPOWERMENT: Community Health Clubs (CHC)

5

Empowered
Women



Stage

1



SDG Challenge: To promote women to ensure take control of their own bodies and lives

‘A woman on her own is powerless: a group of women is irresistible’ J. Waterkeyn

*‘Teach a mother and you teach a Nation’.
(Julius Nyerere)*

“I have my birth certificate and the next one should have been my death certificate but now I have this certificate and I am proud that I am not nobody now!” CHC Member

WOMENS EMPOWERMENT: Community Health Clubs (CHC)

5

Empowered
Women



Stage

1



Common identity:

sense of belonging

Group cohesion –

shared values and beliefs

Group protection –

group safety net

Empowered women:

able to speak up in public

Social Capital –

all benefit from CHC improvements

HOW: Organising the village into a Community Health Club

OBJECTIVE: Establish 'Common Unity' – real community

GIRLS EMPOWERMENT: School Health Clubs (CHC)

5

Empowered
Women



Stage

1



SCHOOL HEALTH CLUBS ensure that girl students know their rights and learn to learn life skills and coping mechanisms to avoid early pregnancy, and what to do in case of rape and domestic violence.

SDG CHALLENGE:

To ensure gender equity in education

GIRLS EMPOWERMENT: School Health Clubs (CHC)

4



Stage

1



HOW? To ensure girls do not miss school due to menstruation or early pregnancy

Example:

Zimbabwe 2014

120 School Health Clubs ensured that all students learnt to make sanitary pads.

**This is breaking taboos and enabling girls to come to school without shame as boys now understand menstruation
(funded by SNV (2014))**

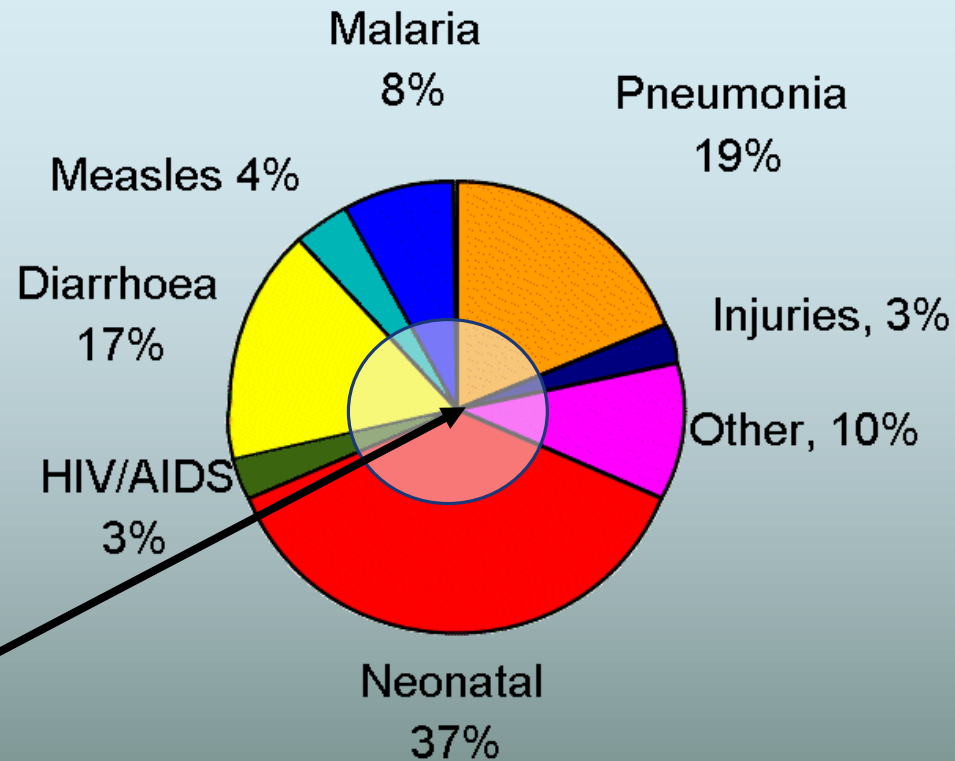
Stage 2: Health Education & Hygiene Promotion (AHEAD)

3 Prevent Disease



Stage

2



Malnutrition
35% of all
deaths

SDG CHALLENGE: Good health and well being:
nearly 1,000 children die daily due to
preventable diseases

The 6 month weekly sessions:
preventing 80% of all causes of
infant death including:

- diarrhoea (17%)
- Malaria (8%)
- Pneumonia (19%)
- HIV (3%)
- Malnutrition (35% of diseases)
- OTHER : Bilharzia
- cholera, ebola,
- skin and eye disease,
- intestinal helminthes,
- environmental enteropathy

Stage 2: Health Education & Hygiene Promotion (AHEAD)

3 Prevent Disease



Stage

2



Community Health Clubs result in:

- **Common Knowledge:**
Knowledge of cause of diseases
- **Common Understanding:**
key preventative measures for health
- **Group decision making:**
action based on up-to-date information
- **Group vision –**
Members subscribe to 'culture of health'
- **Group action:**
behavior change in hygiene and sanitation

HOW? All members should attend weekly 2 hour health sessions x 6 months

Stage 2: Health Education & Hygiene Promotion (AHEAD)

3 Prevent Disease



Stage

2



**Acute Respiratory
disease from
2,136 to 159!**

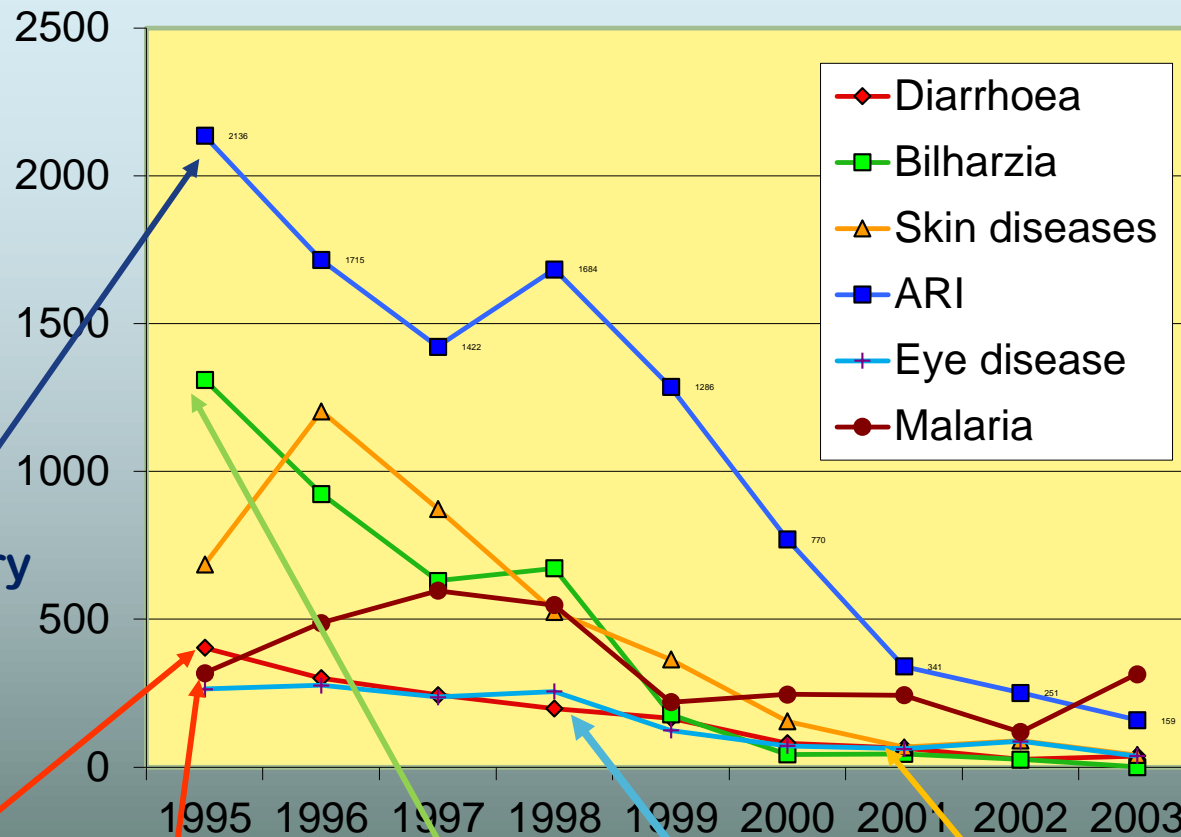
**Diarrhoea from
404 to 26 cases**

**Malaria
decreased
from 488 to
119 cases**

**Bilharzia
from 924
to one
case!**

**Eye
disease
from 277
to 62**

**Skin
disease
from 1,204
to 67**



EXAMPLE: ZIMBABWE

**Toriro Clinic, Makoni
District, Zimbabwe..**

**80% of the clinic
catchment households
being in a CHC**

Over 8 years

**Total Number of
reported cases per
annum fell steadily**

Stage 2: Health Education & Hygiene Promotion (AHEAD)

3



Stage

2



EXAMPLE: In Zimbabwe CHC members have immaculately clean kitchens:
Covered water, clean containers, shelving, individual cups and plates – no germs!

Stage 2: Health Education & Hygiene Promotion (AHEAD)

3 Prevent Disease



Stage

2



Increased Use of a Handwashing Facility /soap



EXAMPLE:
Rwanda, Rusizi District
2014 - 2016

Use of a tippy tap

Increased from

9% to 77%

in 3 years

in 50 CHCs

Stage 2: Health Education & Hygiene Promotion (AHEAD)

3 Prevent Disease

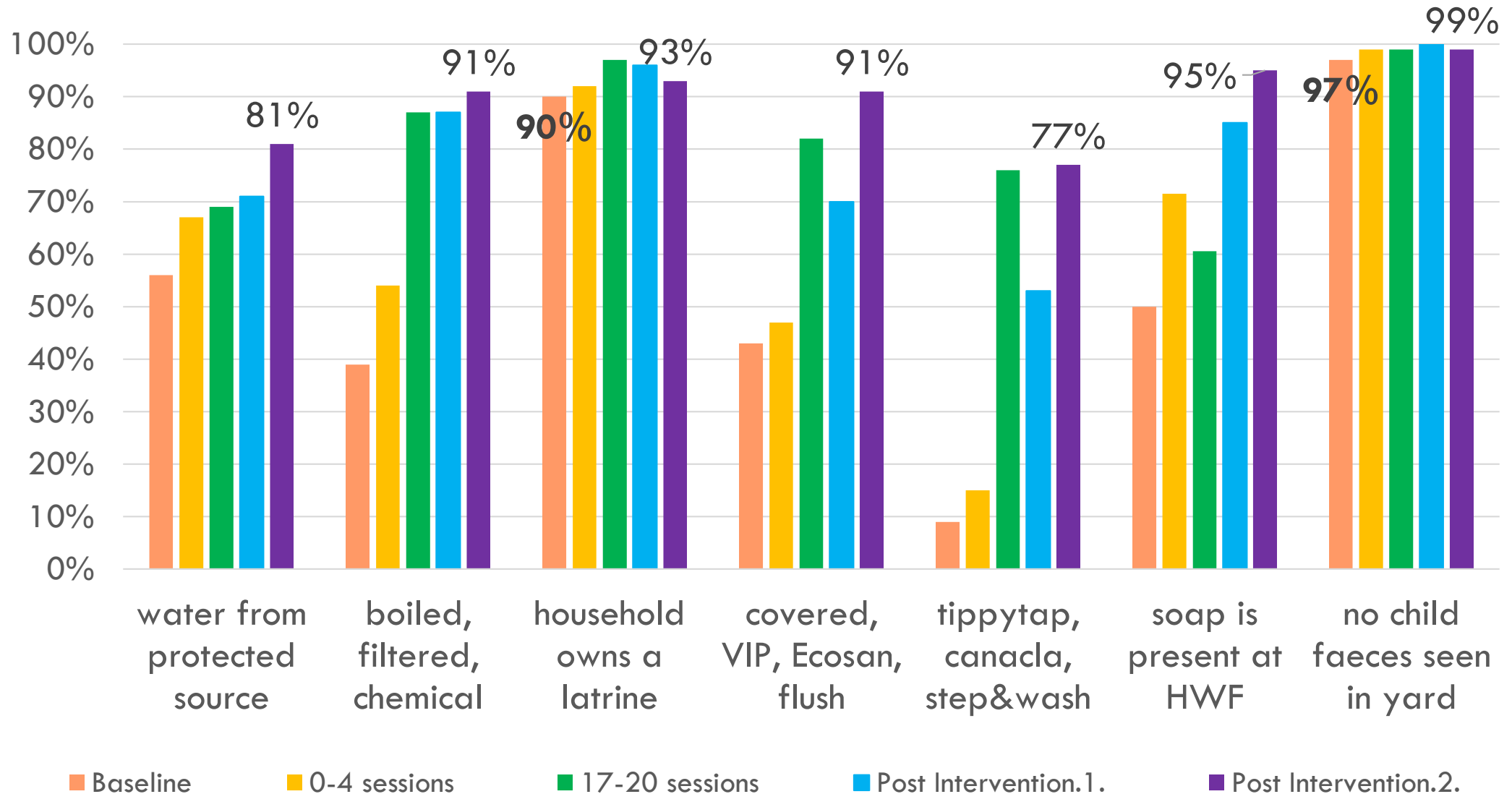


Stage

2



Hygiene and sanitation change in Rusizi District 2013-2017



Stage 3: Water, Sanitation & Hygiene (WASH)

6

Safe Water
& Sanitation



Stage

3



EXAMPLE: ZIMBABWE

Approximately 250,000
family wells have been
upgraded and protected

Over 3 million people since
1993 have benefitted from
safe sanitation.

SDG CHALLENGE: Invest in adequate
infrastructure, provide sanitation facilities
and encourage hygiene at every level.

Many of these through the
+2,000 Community Health
Clubs started throughout the
country.

Stage 3: Water, Sanitation & Hygiene (WASH)

6

Safe Water
& Sanitation



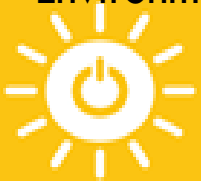
Stage

3



7

Sustainable
Environment



Knowledge:

How to build a safe latrine

Common identity:

sanitation seen as a common issue

Group cohesion -

vulnerable families are identified and supported to build latrines

Group action –

Self supply: latrines and upgrade hygiene facilities

HOW? All households reach Zero Open Defecation through either

1. cat sanitation or 2. building their own unsubsidized latrine

Stage 3: Water, Sanitation & Hygiene (WASH)

6

Safe Water
& Sanitation



Stage

3



7

Sustainable
Environment



Example:

In 2012, in two districts of Zimbabwe, in 429 villages there were 457 CHCs with a membership of 17,578.

After one year there were

- 21,101 new hand washing facilities;
- 12,976 new pot racks
- 7,771 new latrines, with Zero Open Defecation (ODF).

Stage 3: Water, Sanitation & Hygiene (WASH)

6

Safe Water
& Sanitation



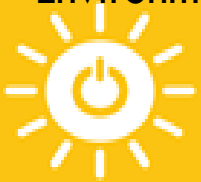
Stage

3



7

Sustainable
Environment



Example:

**Rwanda, Rusizi District (2014 - 2016)
according to AA monitoring data.**

**Zero open Defecation
in CHC households,**

**Covering of the squat hole
increased from 37% 68.9%
in 3 years**

Stage 3: Water, Sanitation & Hygiene (WASH)

6

Safe Water
& Sanitation



Stage

3



7

Sustainable
Environment



Emergency WASH

In Uganda 11,860 latrines were built in 8 months in 120 CHCs in 15 IDP Camps where sanitation had been almost non-existent prior to the CHC training. (2003)

1,682 Hand washing facilities (Tippy Taps) constructed

8,145 bathing shelters constructed in 6 months

Stage 3: Water, Sanitation & Hygiene (WASH)

6

Safe Water
& Sanitation



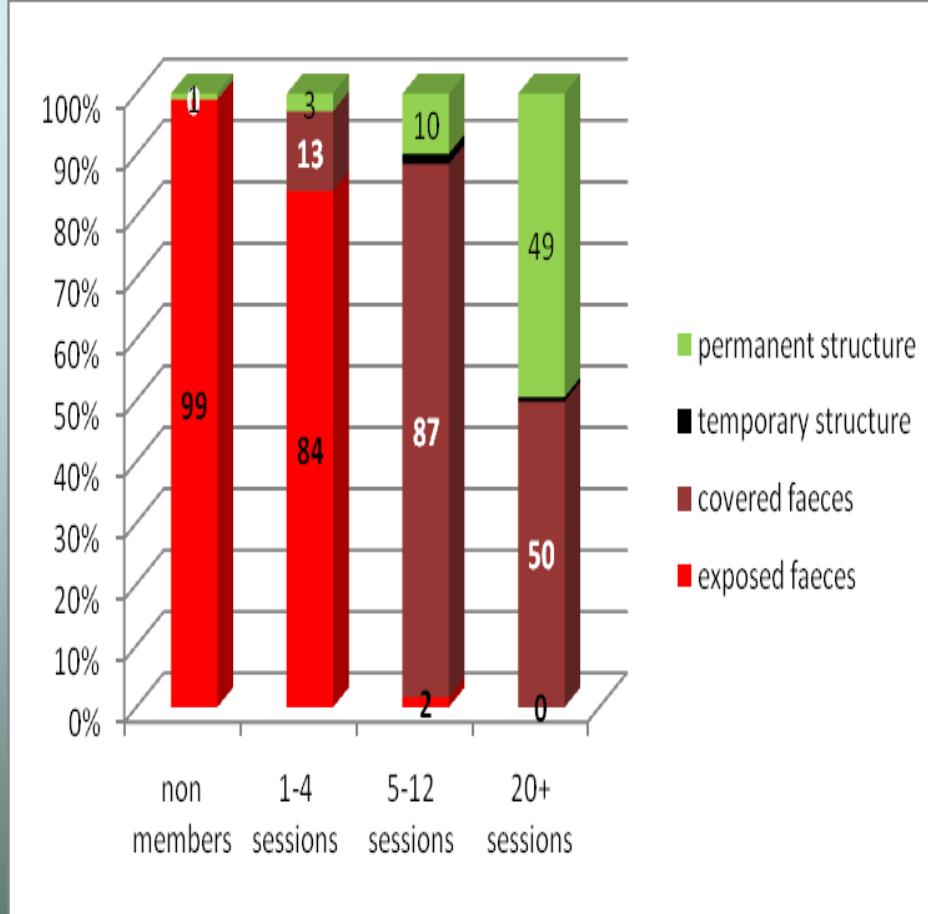
Stage

3



7

Sustainable
Environment



Example from SE Asia

Vietnam (2010)

**Sanitation in CHCs improved
over six months**

**from 98% open defecation to
1% (zero open defecation)**

49% with permanent latrines

**50% with temporary
structures.**

Stage 4: Food Agriculture & Nutrition (FAN)

2

No Malnutrition



EXAMPLE: FAN CLUBS

(Food Agriculture and Nutrition Clubs) enable all members, especially women, a plot for growing vegetables and FAN training ensures all mothers provide children with a balanced diet with community support for vulnerable families with widows, orphans, aged and disabled.

SDG CHALLENGE: End all forms of hunger and malnutrition by 2030, making sure all people – especially children and the more vulnerable – have access to sufficient and nutritious food all year round.

Stage 4: Food Agriculture & Nutrition (FAN)

2

No Malnutrition



- CHC members start individual Nutrition gardens
- Organic farming methods - soil improvement
- Improved quality of nutrition for family – prevents malnutrition
- Food preservation – Food Security and prevention of stunting, miasmas and kwashikor

HOW? Make sure all people have access to sufficient nutritious food all year round.

Stage 4: Food Agriculture & Nutrition (FAN)

2

No Malnutrition



Stage

4



Communal Nutrition gardens where each family has 5 beds, with crop rotation and organic farming methods promoted.

EXAMPLE: In 2010,
134 FAN clubs
3 districts in Zimbabwe,
within 10,670 homes,
-- better nutrition for
64,020 people
– clinic staff reported
decrease in
malnutrition.

Stage 4: Food Agriculture & Nutrition (FAN)

7

Sustainable
Environment



CONCRETE EXAMPLE:

In 2014, in Uganda, Africa AHEAD assisted International Lifeline Fund to start up 70 CHCs in order to enable better dissemination of the fuel efficient stoves that they were promoting.

Through the CHCs people can be made aware of the dangers of deforestation as well as introducing fuel efficient stoves which minimize the use of firewood, thus preventing deforestation.

Stage 5: Income Generation Skills (Sustainable Livelihoods)

8 Employment



AHEAD Stage 5



Sustainable Livelihoods

1



- Women trained in variety of skills
- Process their food crops for their own use
- Earn from sale of extra produce
- Manage money and control expenditure
- Savings and loan schemes
- Control their own lives and alleviate family poverty

SDG CHALLENGE:

Women generate incomes in the rural areas which lessens the flow of people to towns

Stage 5: Income Generation Skills (Sustainable Livelihoods)

8 Employment



AHEAD Stage 5



Sustainable
Livelihoods

1



SKILLS TRAINING IN CHCs:

EXAMPLE:

In Makoni District, Zimbabwe
5,052 women were trained in
12 different skills,
518 groups
in one year
they raised US\$44.530
through sale of produce

Stage 5: Women's Skills (Sustainable Livelihoods)

8 Employment



AHEAD Stage 5



Sustainable
Livelihoods

1



SKILLS TRAINING IN CHCs:

EXAMPLE : Zimbabwe, Makoni District:

- 946 trained in bee keeping
- 163 making bee hives
- 488 planting woodlots
- 163 making clay bee hives



AGRICULTURE

Livestock breeding
Poultry rearing
Traders for Agri inputs

Stage 5: Disability opportunity (Sustainable Livelihoods)

8 Employment



AHEAD Stage 5



Sustainable Livelihoods

1



Disabled people are more likely to live in poverty than able bodied due to unequal access to paid work, education and property.

CHC SOLUTION: Community Health Clubs provide a means for disabled people to earn their own money through producing food for sale within their own club as well as crafts and produce, marketed as a group for sale externally.

Nyasha, disabled from birth, was a tin smith and became the district trainer for making 'smokers' for bee keeping and built his mother a house from his earnings

Stage 6: EMERGENCY PROGRAMMES

7

Sustainable
Environment



DISASTER MITIGATION

‘Fore warned is fore armed’.

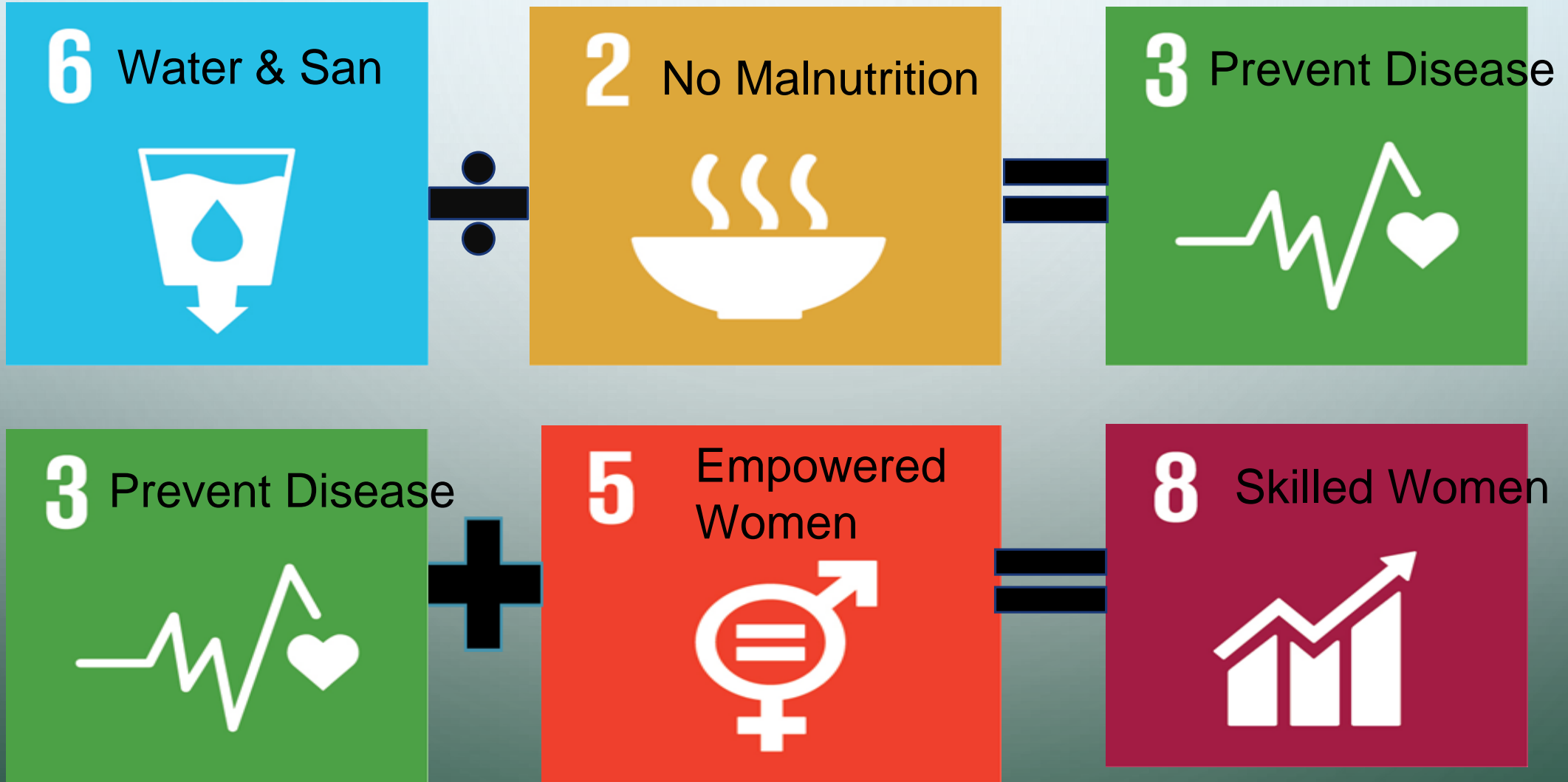
When communities are organised they will be able to respond with better coordination to any life threatening event.

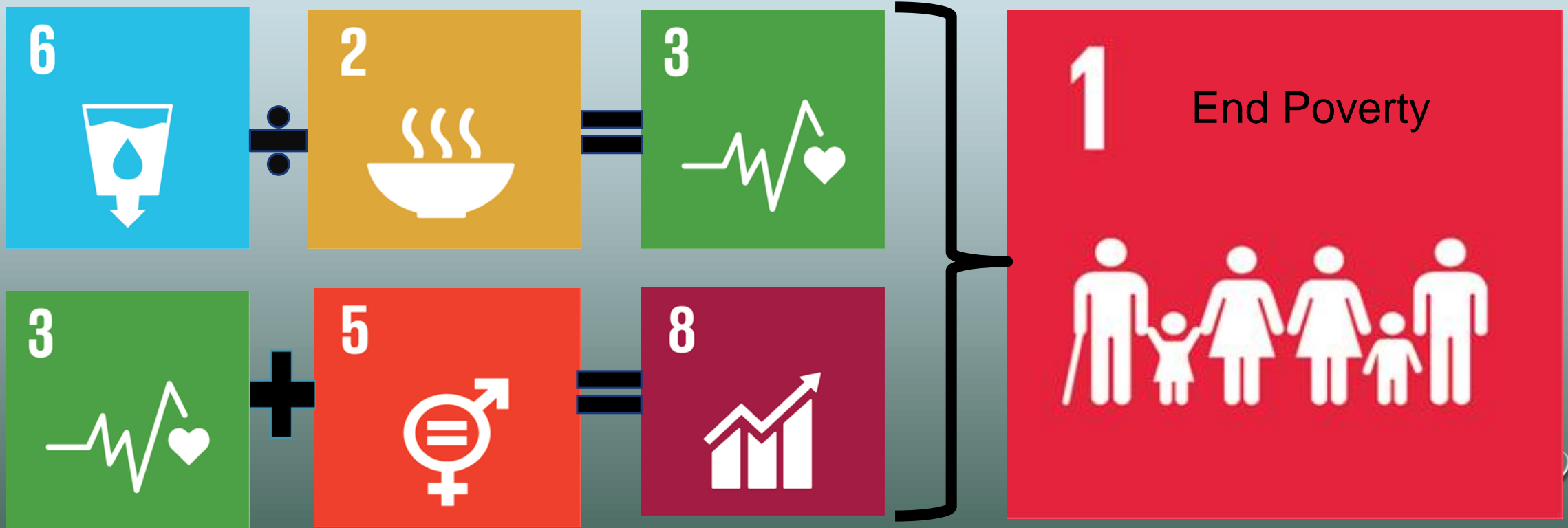
- FLOODS
- DROUGHT
- TSUNAMI
- EARTH QUAKES
- INTERNAL DISPLACEMENT
- WAR
- DROUGHT
- PANDEMICS

SDG CHALLENGE:

Community preparedness for mitigation against such disasters

SUSTAINABLE DEVELOPMENT GOALS: HOW CHC CAN HELP MEET THEM





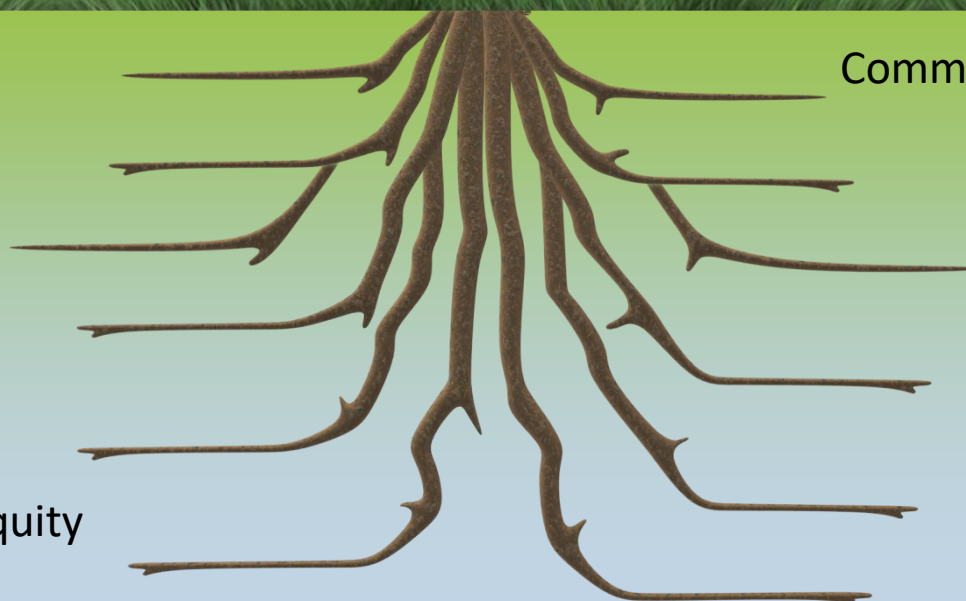


MOBILISING THROUGH COMMUNITY HEALTH CLUBS

An obvious way to meet
the Sustainable
Development
Goals



Mobilising Village Leaders
Building local capacity / training
Safe Hygiene Behaviour
Safe Water and Sanitation
Environment: Climate Resilience
Improved Gender Equity



Community Organisation (start up Health Club)
Improving Health Knowledge
Hygiene Competitions
Good Nutrition and Food Security
Maternal and Child Survival
Resulting in sustainable Livelihoods



Acknowledgement:

Africa AHEAD Teams in Rwanda and Zimbabwe and the countless field based trainers who have been responsible for refining CHC Model based on practical experience over the past 20 years

All case studies and references can be found on the Africa AHEAD Website

www.africaahead.com

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