

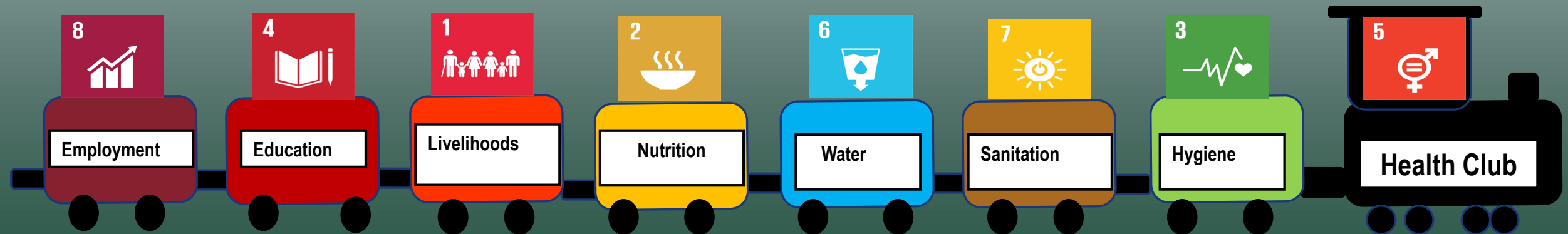


# A PRACTICAL MODEL TO MEET 8 SUSTAINABLE DEVELOPMENT GOALS THROUGH COMMUNITY HEALTH CLUBS

AFRICA AHEAD

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2018



# **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**

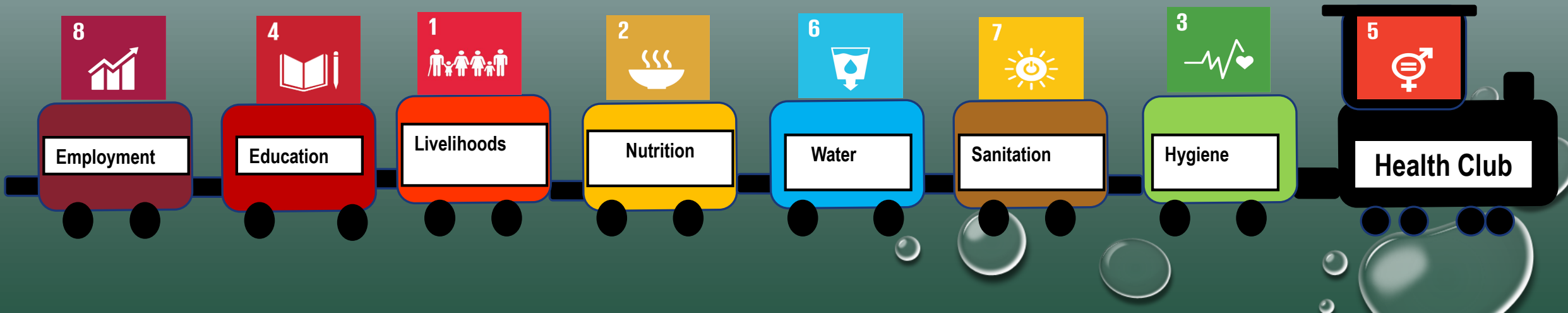
**(One year programme: 2013)**

**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



**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 families benefit from CHC improvements**

**HOW: Organising the village into a Community Health Club**

**AIM: At least 80% of households registered in a CHC**

**OBJECTIVE: Establish ‘Common Unity’ – real community**

# WOMENS EMPOWERMENT: Community Health Clubs (CHC)

5

Empowered  
Women



Stage

1



*‘A woman on her own is powerless: a group of women is irresistible’*

*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!”*

# GIRLS EMPOWERMENT: School Health Clubs (CHC)

5

Empowered  
Women



Stage

1



**SDG CHALLENGE:** To ensure that Girls do not drop out of school early through pregnancy or miss lessons during menstruation days

## SCHOOL HEALTH CLUBS

ensure that girl students (as well as boys) know their rights and learn life skills and coping mechanisms to avoid sugar daddies, early pregnancy, and what to do in case of rape and domestic violence.



# GIRLS EMPOWERMENT: School Health Clubs (CHC)

4



Stage

1



## GOAL 4: EQUITABLE QUALITY EDUCATION FOR ALL

**SDG CHALLENGE:** To ensure that all students can manage their own health through non risk hygiene practices and develop a culture of health as they become adults.

**CHC SOLUTION:** School Health Clubs ensure that all students learn to manage their own health and learn life skills to preventable disease and coping mechanisms to avoid substance abuse and other social challenges.

# GIRLS EMPOWERMENT: School Health Clubs (CHC)

5



Stage

1



Example:

In 2014, 120 School Health Clubs in Zimbabwe were formed with (250 students per school)

Boys and Girls were taught how to make reusable sanitary pads, thus breaking taboos and with the provision of 20 girl friendly latrines to ensure girls can continue to attend school during menstruation with shame.

# 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

**AIM:** At least 50% of CHC members complete 24 sessions



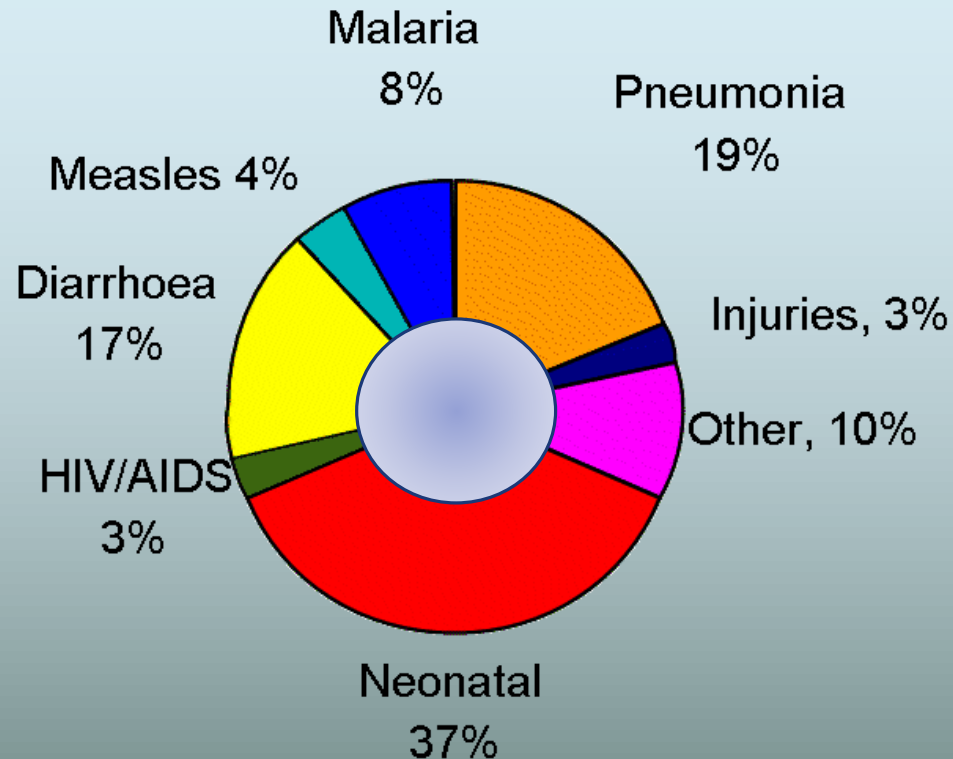
# Stage 2: Health Education & Hygiene Promotion (AHEAD)

3 Prevent Disease



Stage

2



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

**CHC SOLUTION:** The six month weekly sessions train women on hygiene which can prevent not only diarrhoea (17% of all infant deaths) but over 80% of all causes of infant death including malaria, pneumonia, bilharzia, skin and eye disease, cholera, Ebola, HIV, intestinal helminthes, environmental enteropathy and malnutrition which contributes 35% of all deaths.

# 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 / step & wash**

**Increased from**

**9% to 77%**

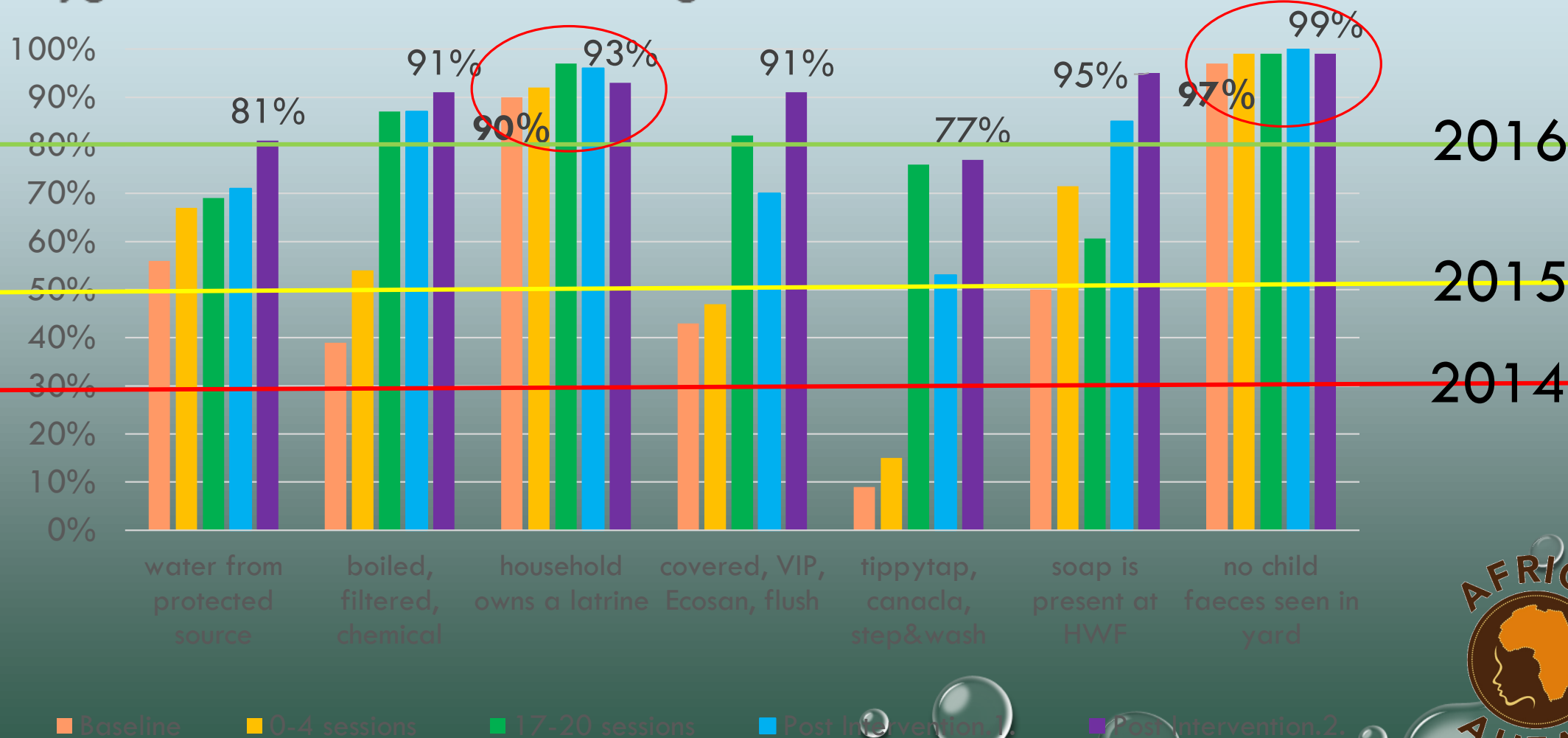
**in 3 years**

**In 50 CHCs**



# RESULTS: MoH/AA monitoring data

## Hygiene and sanitation change in Rusizi District 2013-2017



# Stage 2: Health Education & Hygiene Promotion (AHEAD)

**3** Prevent Disease



Stage

**2**



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

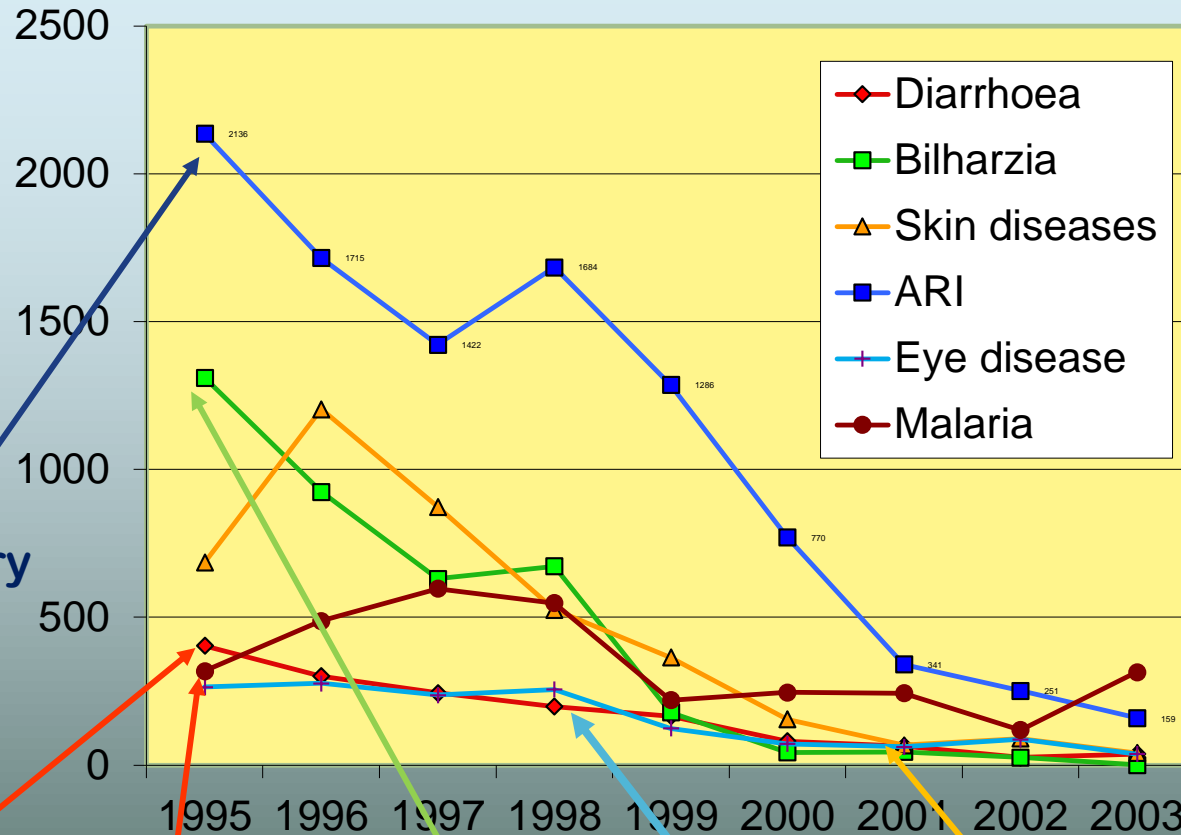
**Diarrhoea from  
404 to 26 cases**

**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:**

**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 3: Water, Sanitation & Hygiene (WASH)

6

Safe Water  
& Sanitation



Stage

3



**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**

**AIM: All households reach Zero Open Defecation through either cat sanitation or building their own unsubsidized latrine**



# Stage 3: Water, Sanitation & Hygiene (WASH)

6

Safe Water  
& Sanitation



Stage

3



**Example:**  
**Zero open Defecation in CHC**  
**households**  
**in Rwanda**

**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



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

**Approximately 250,000 family wells have been upgraded and protected in Zimbabwe.**

**Over 3 million people since 1993 have benefitted from safe sanitation, many of these through the Community Health Clubs.**



# 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



## 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



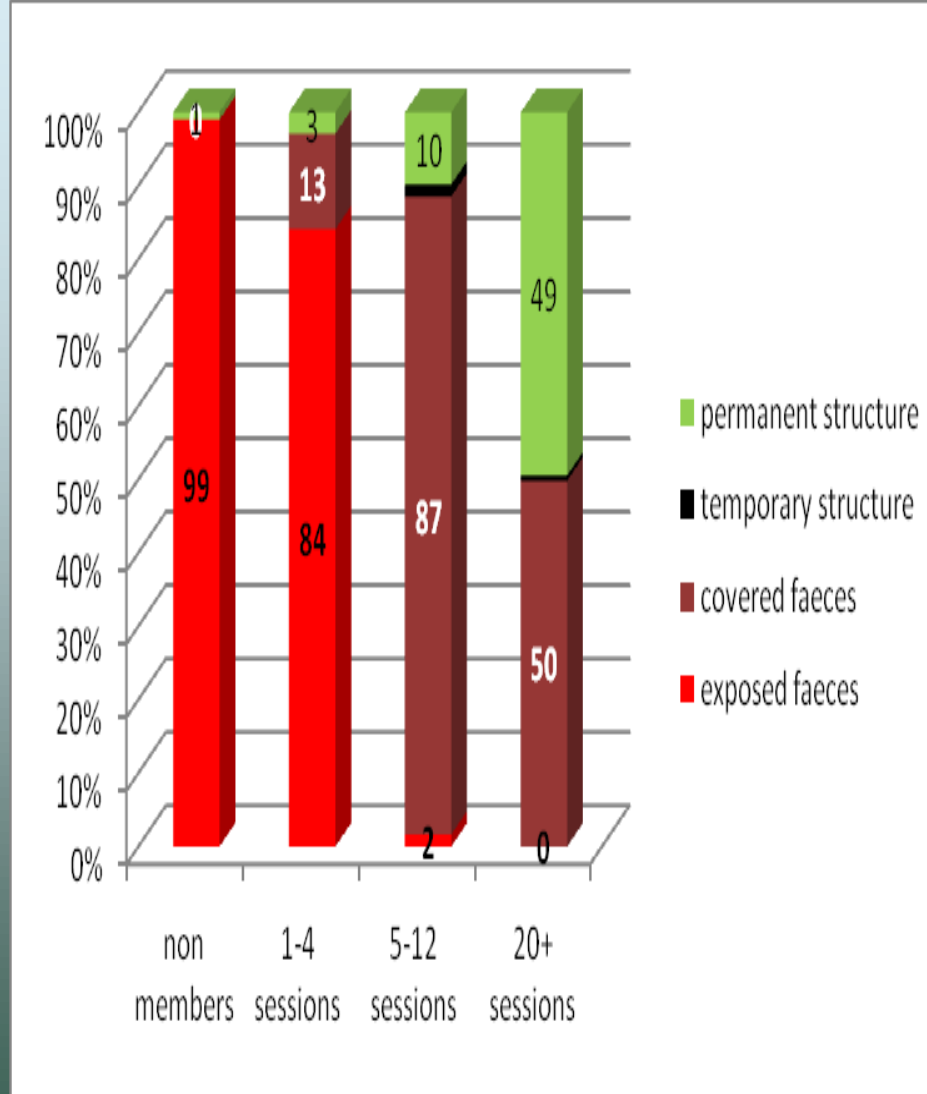
Stage

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



Stage

4



- 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

**SDG CHALLENGE:** End all forms of hunger and malnutrition by 2030, making sure all people have access to sufficient nutritious food all year round.



# 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



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 4: Food Agriculture & Nutrition (FAN)

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

# 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 types of skills, with 518 groups and in one year they raised US\$44.530 through sale of produce

796 with organic farming

42 sewing school uniforms

49 making soap

84 making paper,

31 with agri-inputs business

240 in fence-making



# 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 : Zimbabwe, Makoni District:**
- 946 trained in bee keeping
  - 163 making bee hives
  - 488 planting woodlots
  - 163 making clay bee hives

Livestock breeding  
Poultry rearing  
Traders for Agri inputs



# Stage 5: Income Generation Skills (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.

This tin smith became the district trainer for making 'smokers' for bee keeping and built his mother a house from his earnings

# SUSTAINABLE DEVELOPMENT GOALS: HOW CHC CAN HELP MEET THEM



**6** Water / Sanitation



**2** No Malnutrition



**3** Prevent Disease



**8** Skilled Women



**5** Empowered Women



**1** End Poverty





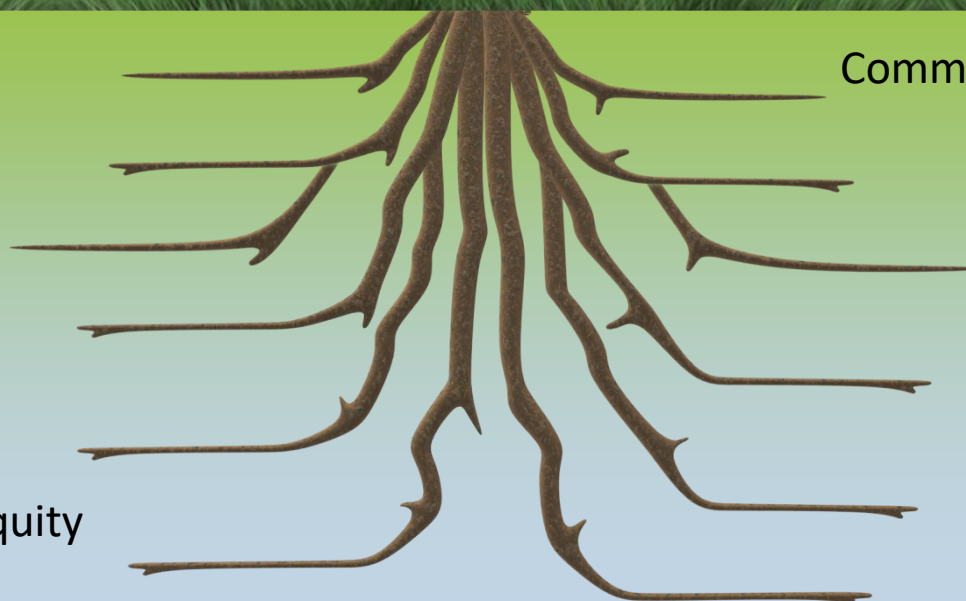


# MOBILISING THROUGH COMMUNITY HEALTH CLUBS

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](http://www.africaahead.com)

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