



Africa San
Conference

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**Africa AHEAD** 



# Definition of a Community Health Club

A Community Health Club is a Community Based Organisation

dedicated to improving the health and welfare of the whole community (men, women and children and the most vulnerable)

through common knowledge, common understanding and the practice of safe hygiene in the home and informed development

leading to a fully functional and resilient Community able to effectively manage its own development.



# Cooperation is the key to progress

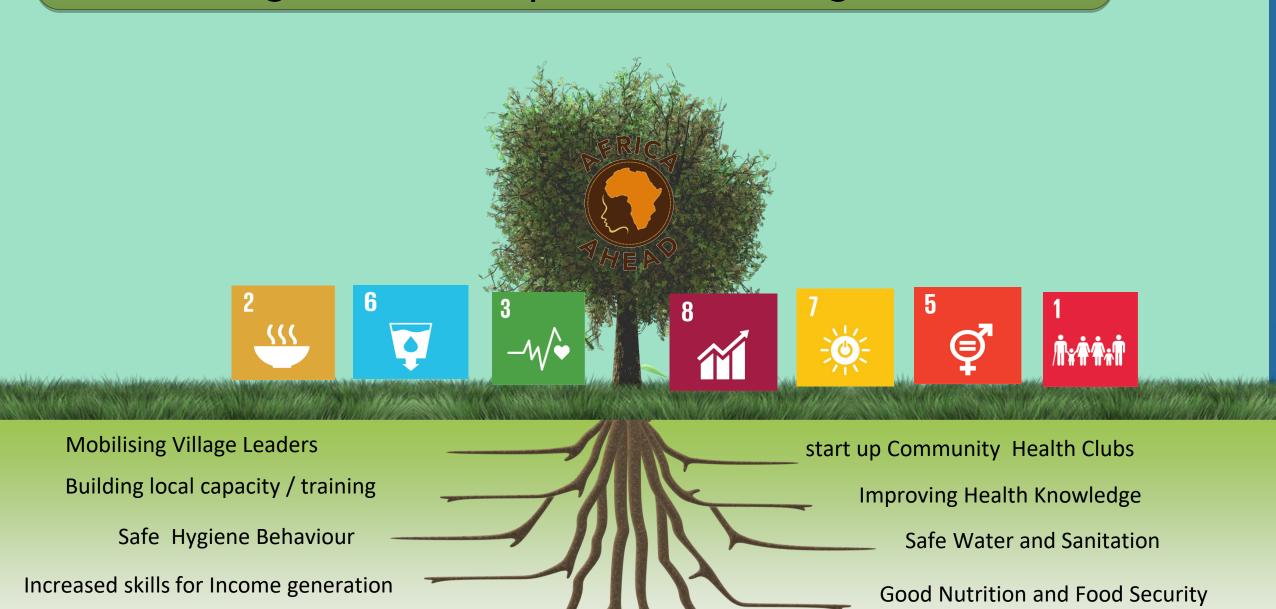
"Cooperation and common understanding are the basis of all progress and this is what makes has made our species so successful."

Yuval Harari – 'Homo Deus' (2016)

A CHC is the glue that binds people together in times of trouble

Community Health Clubs provide the means for good co-operation





**Environment: Climate Resilience** Improved Gender Equity Maternal and Child Survival Resulting in sustainable Livelihoods

#### How does a CHC motivate people?



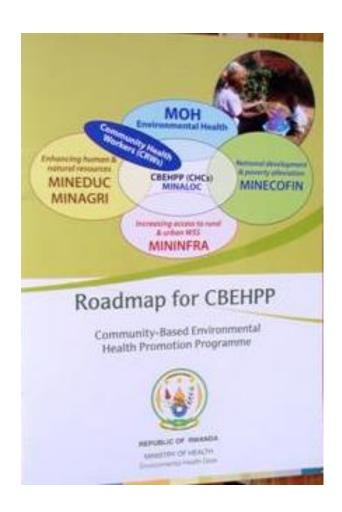
- 1. Provides time to get together
- 2. No material handouts doesn't create division / jealousy
- Sharing Understanding creates common unity
- 4. Regular reinforcement of key messages weekly meeting all year
- 5. Sense of Achievement: a certificate
  - Women's empowerment.

#### Two main methods of replication and scale up:



ZIMBABWE MODEL: started in 1995
 Implemented through NGOs to support MoH
 2,137 CHCs started in the past 20 years in most districts
 million counted beneficiaries – through AHEAD uncounted (25 NGOs) beneficiaries

2. RWANDA MODEL: started in 2010
Led by Ministry of Health in a National Programme with NGOs
Over 14,000 CHCS started in all villages in all 30 districts
Around 8 million beneficiaries (all rural homes)

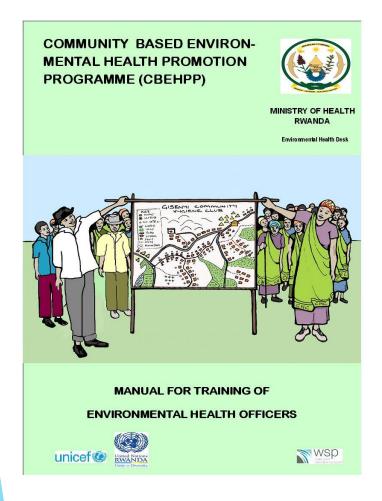


Anthony Waterkeyn through WSP/Unicef/ MoH

#### Government Endorsement

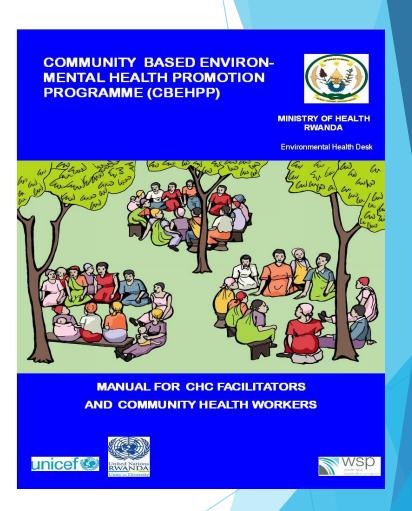
Developing a Road map for **Community Based Environmental Health Promotion** Programme





Ministry of Health Leadership

Developing a
Training Manual
&
Tool Kit
of
Visual Aids





In November 2010 the core team were trained in order to scale up training.

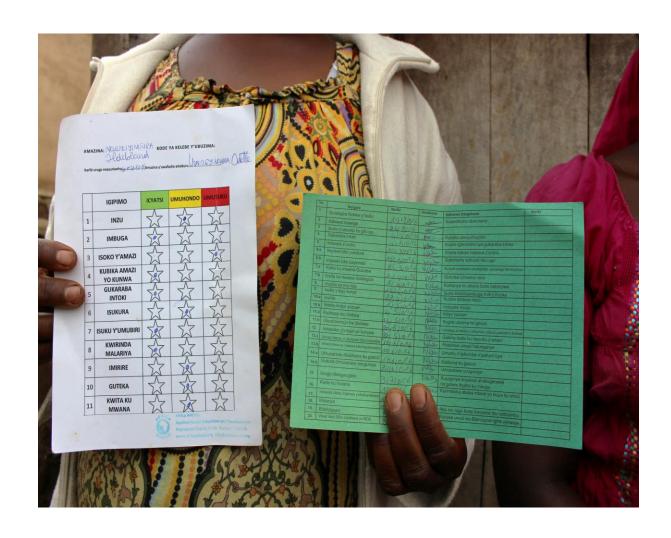
Training a
National
of Team
CHC Trainers





Role out of Training in each District

Roll out of EHO Training in 5 Districts in December 2010, and 4 other districts in 2011.



2013 -2016, Monitoring system developed

- 1. Water Source
- 2. Drinking water:
- 3. Safe Sanitation
- 4. Personal Hygiene
- 5. Hand Washing
- 6. Food Hygiene
- 7. Kitchen Facilities
- 8. Solid Waste
- 9. Green Environment
- 10. Disease Prevention



# Hygiene behaviour change: Rusizi District, Rwanda

Scale: 150 CHCs

4,016 members

Average 80 members per CHC

16 - 24 weeks duration of training in each CHC

Average of 65% of households in village participated



#### 1. Improved Drinking Water Source



Pipeline supplied in Rusizi

Access to
Safe Drinking Water

Increased from

55.9% to 81%

in 3 years



#### 2. Treated drinking water in CHC households



Another Projected
Distributed water filters
in Rusizi during the period

Treated water increased from 39% to 91% in 3 years



#### 3. Structurally complete latrine = floor slab+ roof+ walls



Already very high at baseline

Increased from 89.8 to 97.2%

in 3 years



#### 4. Improved Sanitation in CHC households



Ventilated and Improved Latrine

increased from 6% to 13% in 3 years



#### 5. Zero open Defecation in CHC households



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

Sanitary disposal of children's faeces Increased from 97.2 to 99%



#### 6. Handwashing 'Station' or 'Facility'



Use of a tippy tap
/ step & wash

Increased from 9% to 77% in 3 years



#### 7. Handwashing station + soap in CHC households



Increased from 49.6% to 85.8%

to 95% two years after end of training



#### CBEHPP: Scaling up and becoming integrated

District Authorities want scale up to all remaining villages in Rusizi District.

Rusizi rose from 4<sup>th</sup> bottom to 4<sup>th</sup> top in Imihigo performance nationally in Hygiene, sanitation and security

USAID supporting CBEHPP in an integrated Water and Nutrition Programme INWA in 8 more Districts



UNICEF is supporting a further 30 Districts to scale up CHC

#### Lessons learnt from Rwanda:

- 1. Community mobilisation takes far longer and was more demanding than had been anticipated. More time is needed for start up (one year to train local leaders and lay foundations for training in CHC)
- 2. CHC need to have roll on training for three years to reach 80% coverage of households within a village before change in health can be expected.

#### THE ZIMBABWE MODEL: A Culture of Hygiene

1999 - Juliet's Certificate sustained for 20 years.



Safe water storage and good drinking practice.

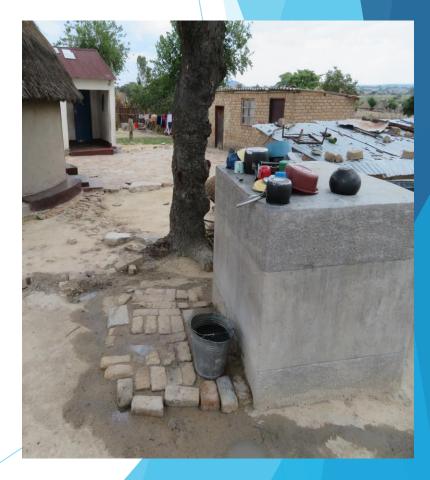
Good kitchen hygiene.



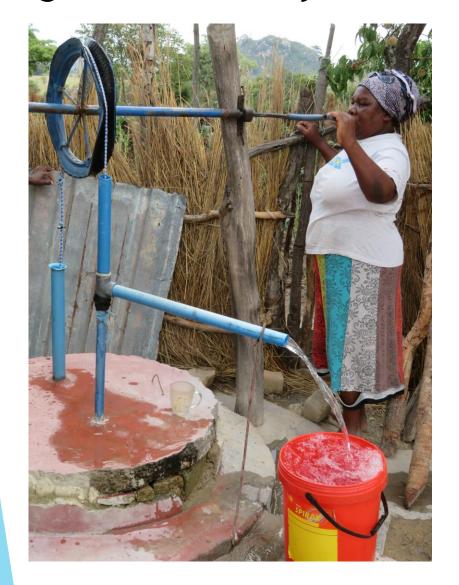
# Clean and function VIP Latrine, hand washing facility with soap, permanent pot rack with paving







Family well upgraded to rope and washer, and productive nutrition garden with 30 year old fruit trees from when she was a member.



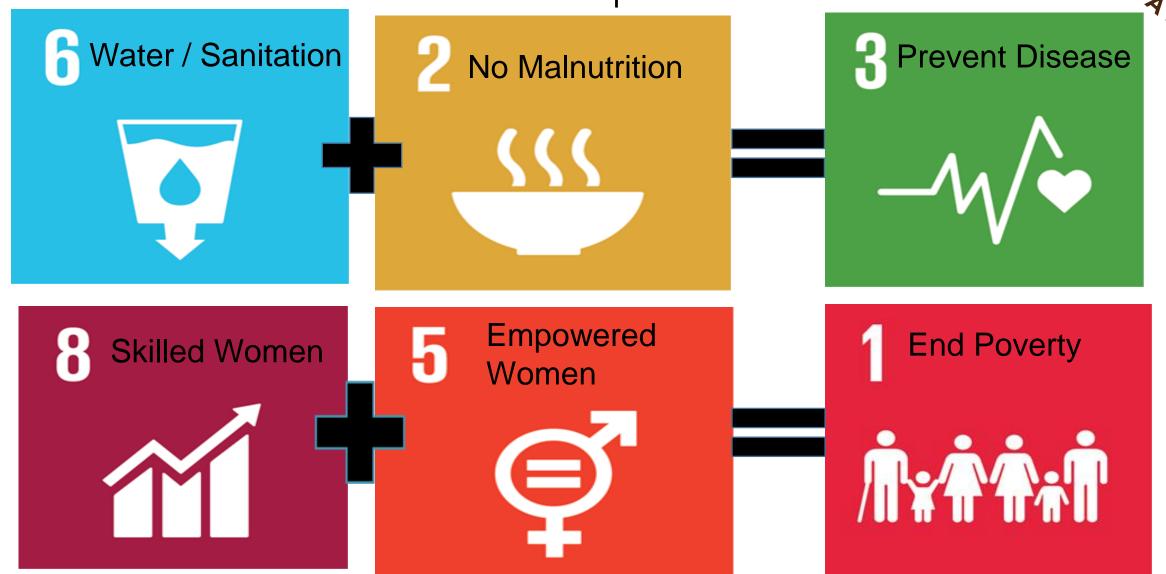


#### Lessons Leant from Zimbabwe

- 1. A CHC can provide a safety net in times of economic collapse of the country suitable for fragile states
- 2. CHC is not donor dependent- owned by members who are self reliant
- 3. A CHC does not have to remain operational if the objective of hygiene has become ingrained
- 4. More government coordination is need to make it a national programme doubling up of NGOs effort over past 20 years.

# Combining Sustainable Development Goals:

How CHC can help meet them





# A.H.E.A.D APPLIED HEALTH EDUCATION & DEVELOPMENT

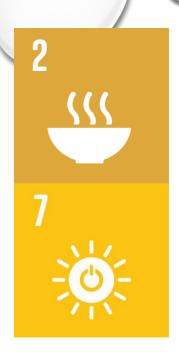


#### **Stage 1: HEALTH EDCATION**

Health education and hygiene promotion is used as the entry point in a six month weekly sessions for all members, to enable them to discuss challenges and local solutions.

#### **STAGE 2: WATER AND SANITATION:**

Health education leads to high levels of hygiene behaviour change, when members APPLY THEIR KNOWLEDGE and ensure they have safe drinking water and practice zero open defecation.



#### STAGE 3: FOOD, AGRICULTURE & NUTRITION (FAN)

CHC morph into FAN Clubs where an opportunity for income generation through the establishment of Nutrition Gardens leads to improved health of all the family.

Organic farming leads to better conservation of land and the use of fuel efficient stoves promoted in the CHCs minimizes deforestation



#### STAGE 4: SKILLS TRAINING FOR SUSTAINABLE LIVELIHOODS

Women are trained in a variety of skills which enable them to process food for their own use and for sale to ensure all round food security.

The ability to earn their own money from growing and selling, crafts and trading enables women to control their own money and alleviate poverty

#### **WOMENS EMPOWERMENT**



The combination of knowledge, understanding, management of health and hygiene in the home and the ability to make money empowers women.



#### Acknowledgements:

This intervention was funded by Bill & Melinda Gates Foundation (2013-2017)

Thanks to all communities of Rusizi District, village leaders and District Authorities and all MoH and Africa AHEAD staff who made this intervention possible.

To watch a video of the %x% challenge. Please look at our website <a href="https://www.africaahead.org">https://www.africaahead.org</a>

To watch a short 5 minute video of one Nyambeho village, of the best CHCs in Rusizi: Please use the following link: <a href="https://vimeo.com/213313981">https://vimeo.com/213313981</a>

For more information and to access this paper <a href="https://www.africaahead.com">www.africaahead.com</a>

For training in the CBEHPP Tools and Monitoring Website juliet@africaahead.com



Thank You