

A Model Household in a CHC Programme

The Value of a Membership Card

The membership card is the key to the success of a CHC. Those who try to run a CHC without membership cards are not using the CHC model but only doing PHAST. The reason we use a membership card is that it has multiple advantages:

Identity: gives members a sense of identity that they belong to an identifiable group with certain standards and values.

Mobilisation: a membership card has the effect of persuading others to join. When a person shows their friends their membership card, their friends also want to join the club because they can see that this is a serious project.

Good Planning: The list of topics helps the facilitator to plan with the CHC members what topic they are going to do and when. The sessions do not have to be done in the order on the card. For example, if the rains are about to begin, it is advisable to do the topic on Malaria as this will be the main sickness in the next period.

Accountability: When a member sees the syllabus printed on the card, they have some confidence that the promised sessions will in fact be done. So often the 'community' have been let down by NGOs making promises which never materialise, but this gives them confidence.

Sense of Achievement: We all want to feel the satisfaction of completing a task and the filling of the membership card gives the feeling that something has been achieved, much like taking an evening course. We maintain that there is an 'intellectual starvation' in some rural areas with not much opportunity for self-improvement and so we hope this course gives rural women some intellectual stimulation.

Motivation to complete the course: by getting the card signed each time, it encourages the gaps to be filled much like the stamps on a buyer's card at a supermarket encourages us to complete the card and fill the gaps. Those who complete the course are recognised at a public Graduation Ceremony and given a certificate. For many this is their first qualification.

Monitoring: the main value of the card from a programmatic perspective is that it allows management to check if the CHC are being trained as claimed, because the community would not allow the facilitator to sign a card for a session that has not been provided. Spot checks by project officers to the CHC enable them to collect the cards and verify which sessions have been completed.

Fairness and accountability: Only those who complete all the sessions can continue to the next stage which may involve income generation. This is a fair method of preventing gate-crashers trying to reap the benefits of the next stage when they have not done the preliminary stage.

The objective of a CHC

The ultimate aim of the programme is to get all CHC members to have a 'model house', by doing small changes to their hygiene standards and facilities which will enable the prevention of most common diseases and family health to improve.

A Model Household includes a number of recommended practices which are standard behaviour for a CHC member, as outlined on the Membership card. The Secretary and Chairperson of the CHC must monitor the households to encourage conformity to CHC hygiene standards. However, lasting improvement often takes time to achieve, as behaviour change is a slow process. We therefore recommend a ***small change each week as 'homework' for every CHC member***. 'Homework' and the membership card are the hallmark of a proper CHC programme. The incentive to improve is the public recognition received when all 24 sessions have been completed and all recommended practices are being adhered to by the CHC member and family.

Example of the Inside of a Generic Membership Card (A5 size on Board/Folded)

	Topic	Date	Signed	Recommended Practices(Homework)
1	Mapping			Household on village map
2	Handwashing			Hand wash facility with soap
3	Personal Hygiene			Bathing shelter
4	Respiratory Diseases			Clean bedding / ventilation
5	Diarrhoea /Dehydration			Knowledge of SSS
6	Water Source			Protected water source used
7	Drinking Water			Clean covered containers / ladles used
8	Zero Open Defecation			No open defecation around home
9	Improved Sanitation			Clean hygienic latrine
10	Food Hygiene			Pot rack for drying / Individual cups
11	Balanced diet			Healthy growth of children
12	Nutrition Garden			Access to veg and fruit grown
13	Solid Waste			Clean swept yard / recycling of waste
14	Care of Infants			Children all immunised
15	Worms			No worms evident in children
16	Skin disease			Clothes line / no skin disease in children
17	Malaria			Use of insecticide treated mosquito nets
18	Bilharzia			No bilharzia in family / no use of river
19	HIV/AIDS			Abstinence, be careful, condom
20	Model Home			All the above / vector control
21	Family Spacing			Understanding of birth control
22	Teenage Pregnancy			Understanding of Conception
23	Gender Based Violence			Understanding of Gender Rights
24	Substance Abuse			Management of substance abuse

Below: Folded A5 size Card Back

Front

VISITS TO HEALTH CENTER			
Reason For Visit	Date of visit		
		<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid blue; border-radius: 50%; padding: 10px; text-align: center;">MoH Logo</div> <div style="border: 1px solid blue; border-radius: 50%; padding: 10px; text-align: center;">NGO Logo</div> </div> <div style="border: 1px solid black; width: 100px; margin: 10px auto; padding: 5px; text-align: center;">CHC Code</div>	
		Name of Community Health Club:	
		Name of CHC member:	
		Name of CHC Facilitator:	
		Village & District :	
		Date of start of training:	
		Date of Graduation	

Enough cards must be printed in advance so that every member is given one on registration in the CHC