



**Hygiene promotion as an entry point  
for a Process of change  
to address the Sustainable Development Goals  
(SDGs)  
through Community Health Clubs**

**Africa San  
Conference  
Feb 2019**

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Waterkeyn.**

**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





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

start up Community Health Clubs  
Improving Health Knowledge  
Increased skills for Income generation  
Good Nutrition and Food Security  
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
3. 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:**

### **1. ZIMBABWE MODEL: started in 1995**

**Implemented through NGOs to support MoH**

**2,137 CHCs started in the past 20 years in most districts**

**1.5 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)**

# RWANDA



Anthony Waterkeyn  
through WSP/Unicef/ MoH

## Government Endorsement

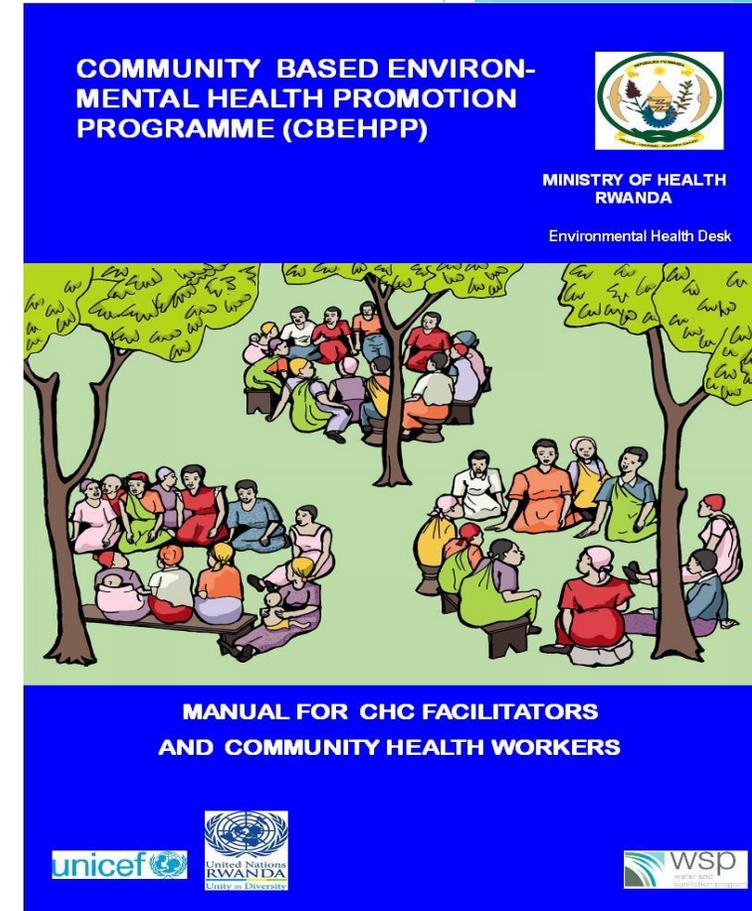
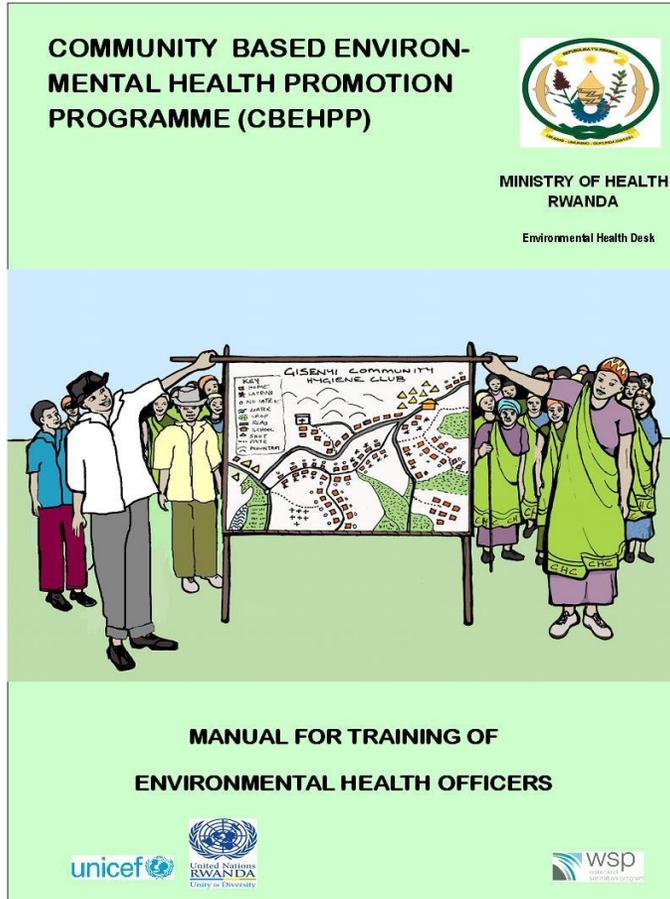
# Developing a Road map for Community Based Environmental Health Promotion Programme



# RWANDA

## Ministry of Health Leadership

## Developing a Training Manual & Tool Kit of Visual Aids



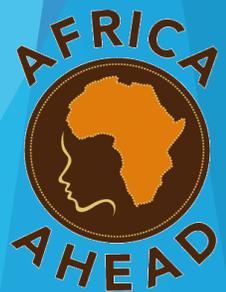
Developed by Juliet Waterkeyn through Unicef/ MoH

# RWANDA



## Training a National of Team CHC Trainers

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



# RWANDA

## Role out of Training in each District



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

# RWANDA

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



2013 -2016, Monitoring system developed



# 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



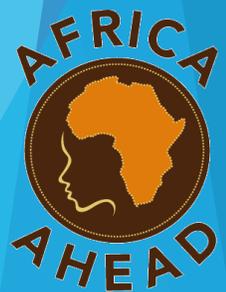
**Pipeline  
supplied in  
Rusizi**

**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%**

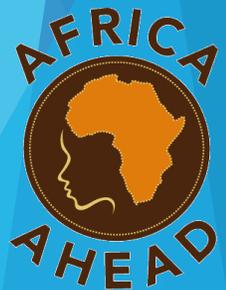
**in 3 years**

## 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



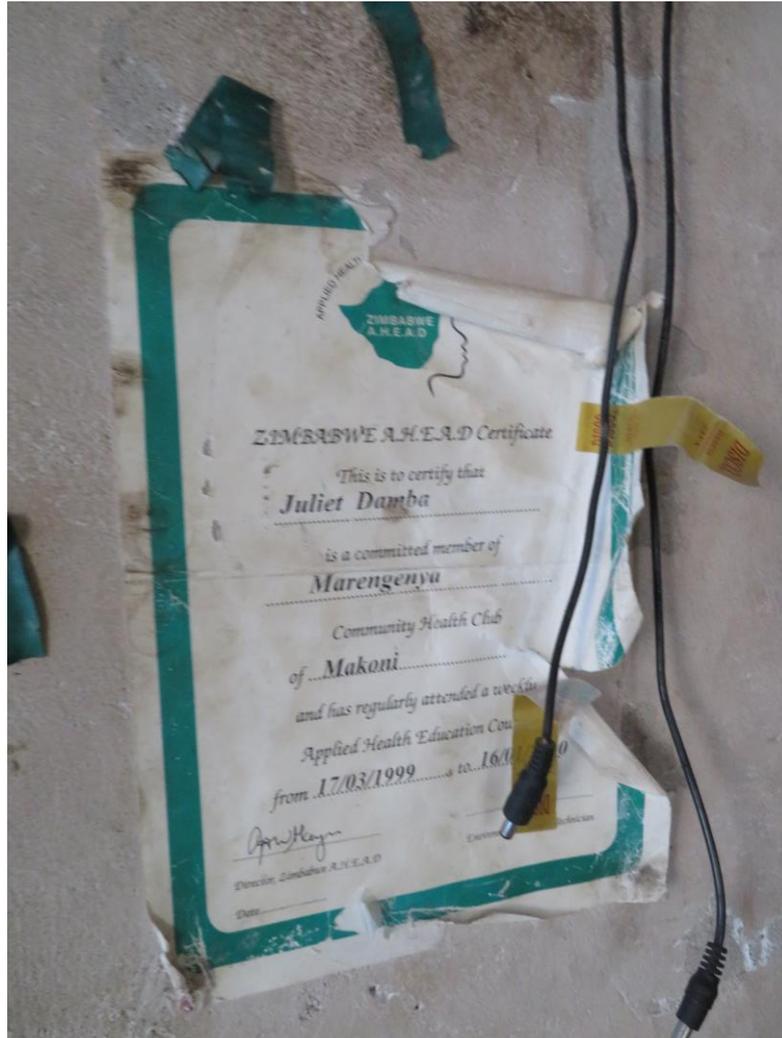
## Lessons learnt from Rwanda:

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 30 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

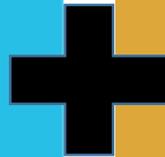
1. A CHC can provide a safety net in times of economic collapse of the country - suitable for fragile states
2. CHC is not donor dependent- owned by members who are self reliant
3. A CHC does not have to remain operational if the objective of hygiene has become ingrained
4. More government coordination 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



**6** Water / Sanitation

A white icon of a glass of water with a single drop falling from it, set against a blue background.

**2** No Malnutrition

A white icon of a bowl of food with three wavy lines above it representing steam, set against a gold background.

**3** Prevent Disease

A white icon of a heartbeat line next to a heart, set against a green background.

**8** Skilled Women

A white icon of a bar chart with an upward-pointing arrow, set against a maroon background.

**5** Empowered Women

A white icon of a female symbol with an equals sign inside a circle and a male symbol to its right, set against a red background.

**1** End Poverty

A white icon of a family consisting of two adults and two children, set against a red background.



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

3



## Stage 1: HEALTH EDUCATION

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.

6



## 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.

2



## **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.

7



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

8



## **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.

1



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

<https://www.africaahead.org>

To watch a short 5 minute video of one Nyambeho village, of the best CHCs in Rusizi: Please use the following link:

<https://vimeo.com/213313981>

For more information and to access this paper

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

For training in the CBEHPP Tools and Monitoring Website

[juliet@africaahead.com](mailto:juliet@africaahead.com)



# Thank You