Integrated Community Based Projects through Community Health Clubs

IWRM II
Anthony Waterkeyn
19th June 2007
Durban

Rapid Hygiene Promotion & Sanitation through Community Health Clubs

in Northern Uganda

Cost-Effective Disease Prevention

in

Sierra Leone

through

CHCs

6 months of weekly (2hr) health sessions

Community Health Clubs in Zimbabwe

A Community Health Club

is an active group of members in an area

dedicated to developing a Culture of Health in their community

by providing a regular forum for learning about disease prevention

encouraging safe hygiene practices

thereby addressing the determinants of health

and providing social support to the vulnerable.

HABITUAL BEHAVIOUR PATTERNS

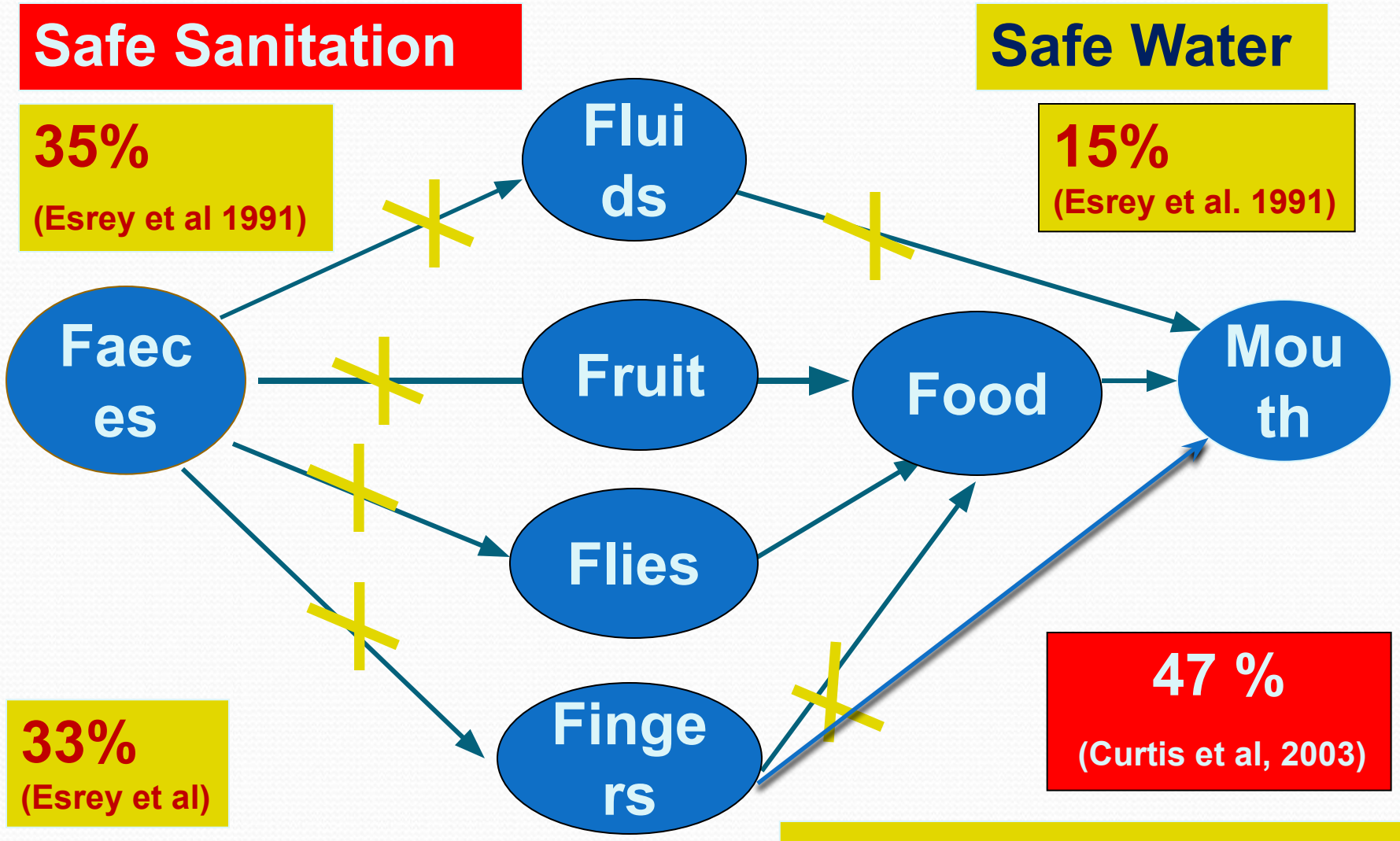
Focus on the prevention of Diarrhoea

Objective : to break Faecal-Oral disease transmission

High risk behaviour :-

- Poor home hygiene
- Contaminated food and water
- Open defecation
- Lack of hand-washing with soap

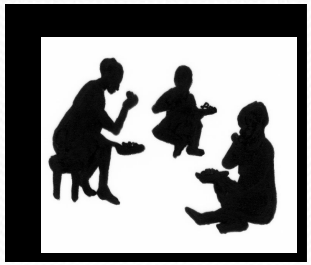
Faecal-Oral Disease Transmission Routes



Source: The F Diagramme: PHAST Step-by-step Guide 1998

Difference in behaviour (Tsholotsho District)

between health club members & control group

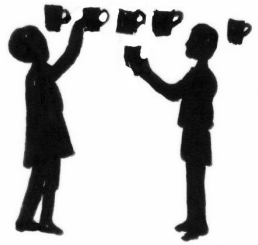


76%

individual plates

75%

use of a ladle

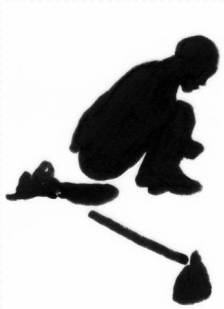


75%

use of Individual cups

40%

more VIP Latrines were built



57%

Cat Sanitation (covered faeces)

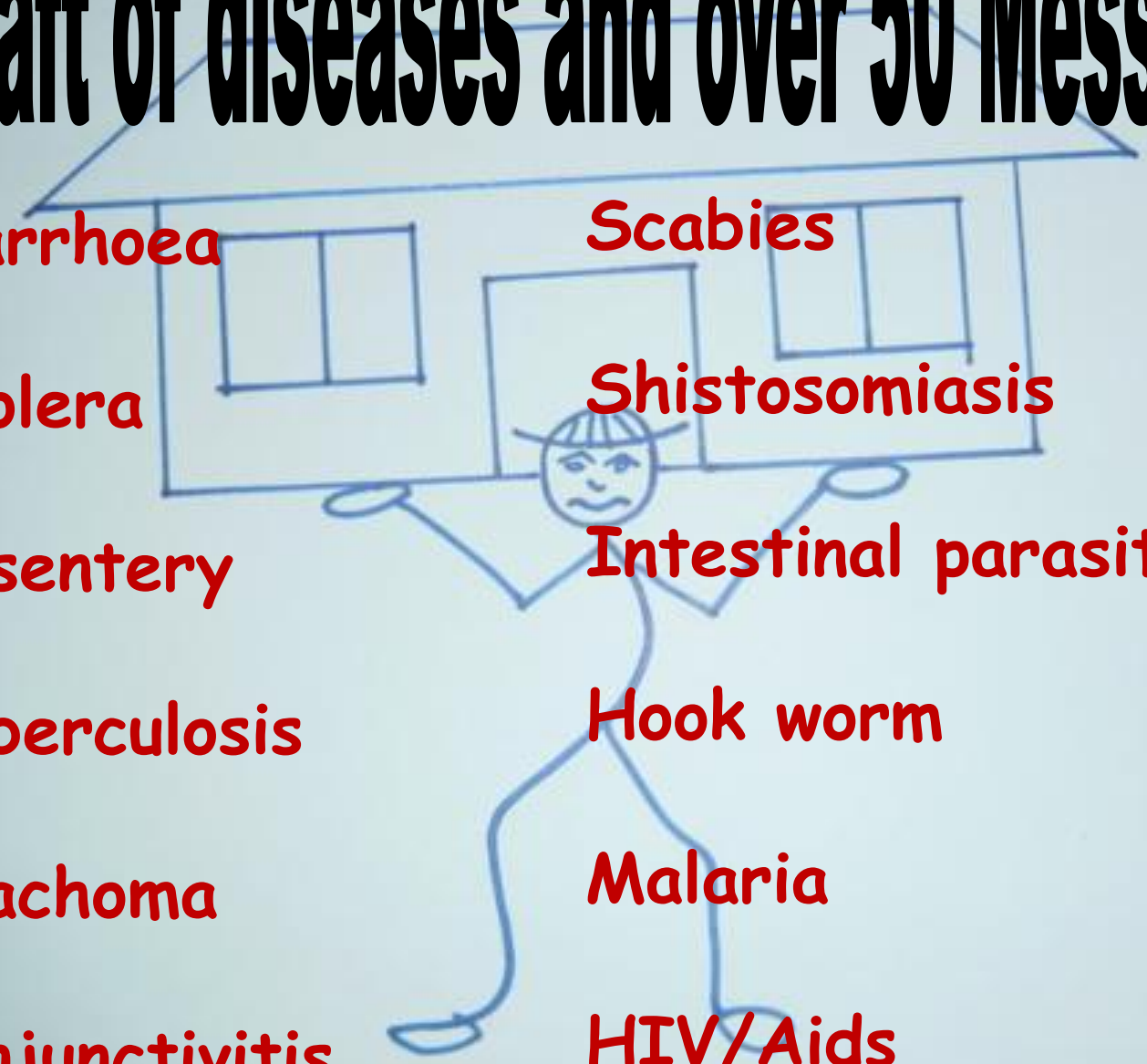
62%

more pouring of water for hand washing

41%

more Nutrition Gardens were made

A Raft of diseases and over 50 Messages



Diarrhoea

Cholera

Dysentery

Tuberculosis

Trachoma

Conjunctivitis

Scabies

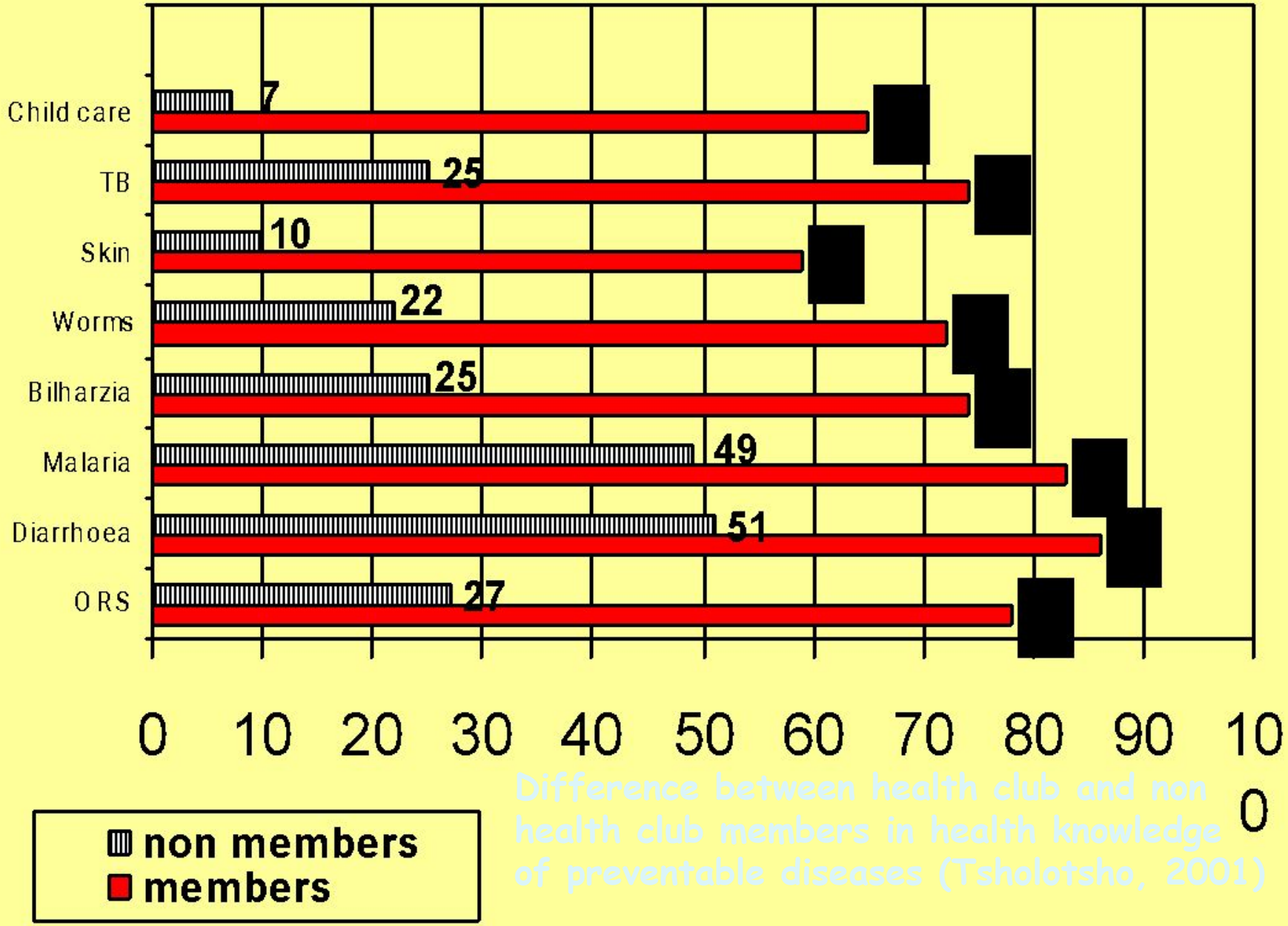
Shistosomiasis

Intestinal parasites

Hook worm

Malaria

HIV/Aids

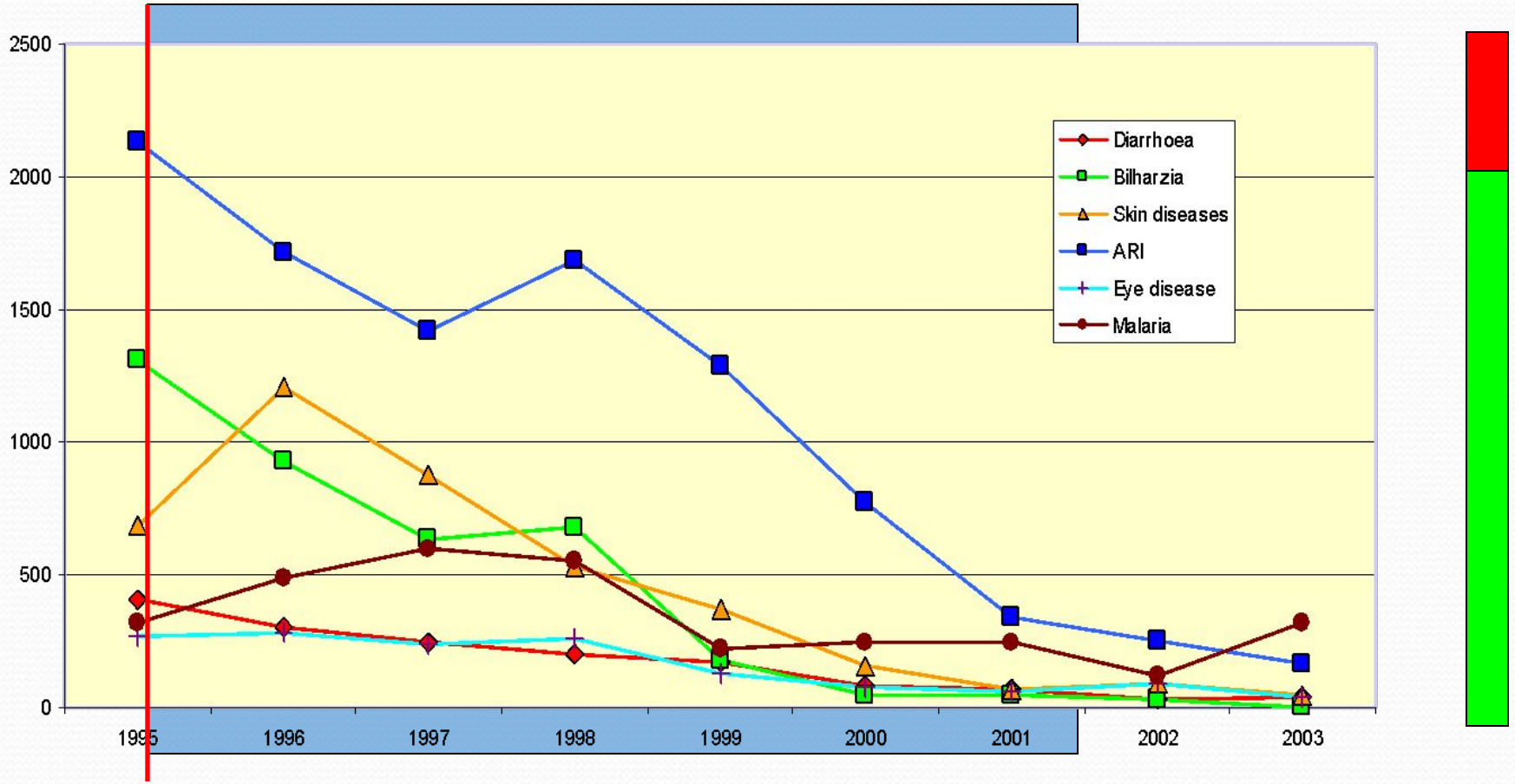


Difference between health club and non health club members in health knowledge of preventable diseases (Tsholotsho, 2001)

Ruombwe Ward. 1995-2003.

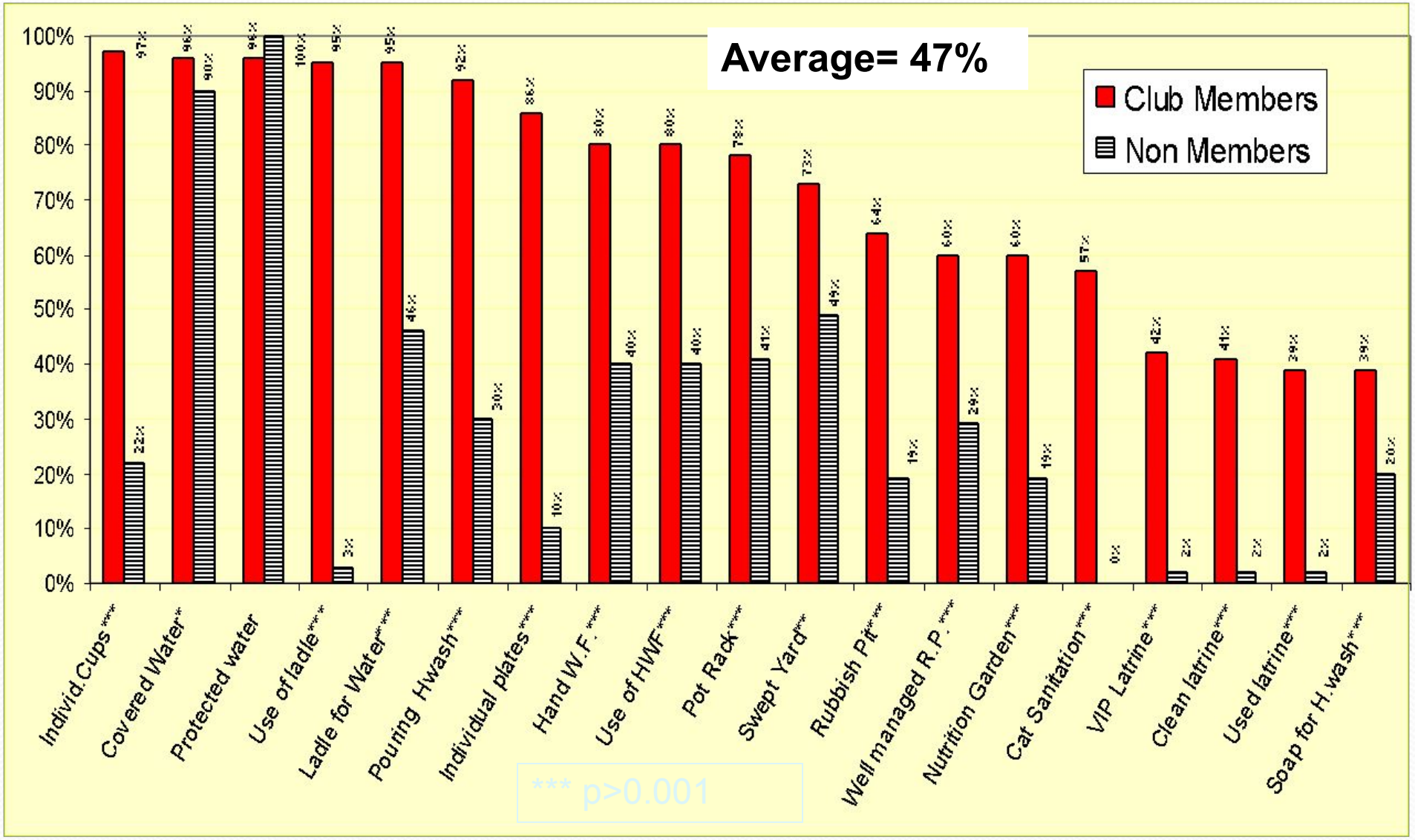
Reported cases of communicable diseases

Number	Period of Health Promotion	h/hlds	coverage
18 health clubs	1995 - 2001	1,777	80 %



Source: Ministry of Health, Makoni District Hospital, Zimbabwe

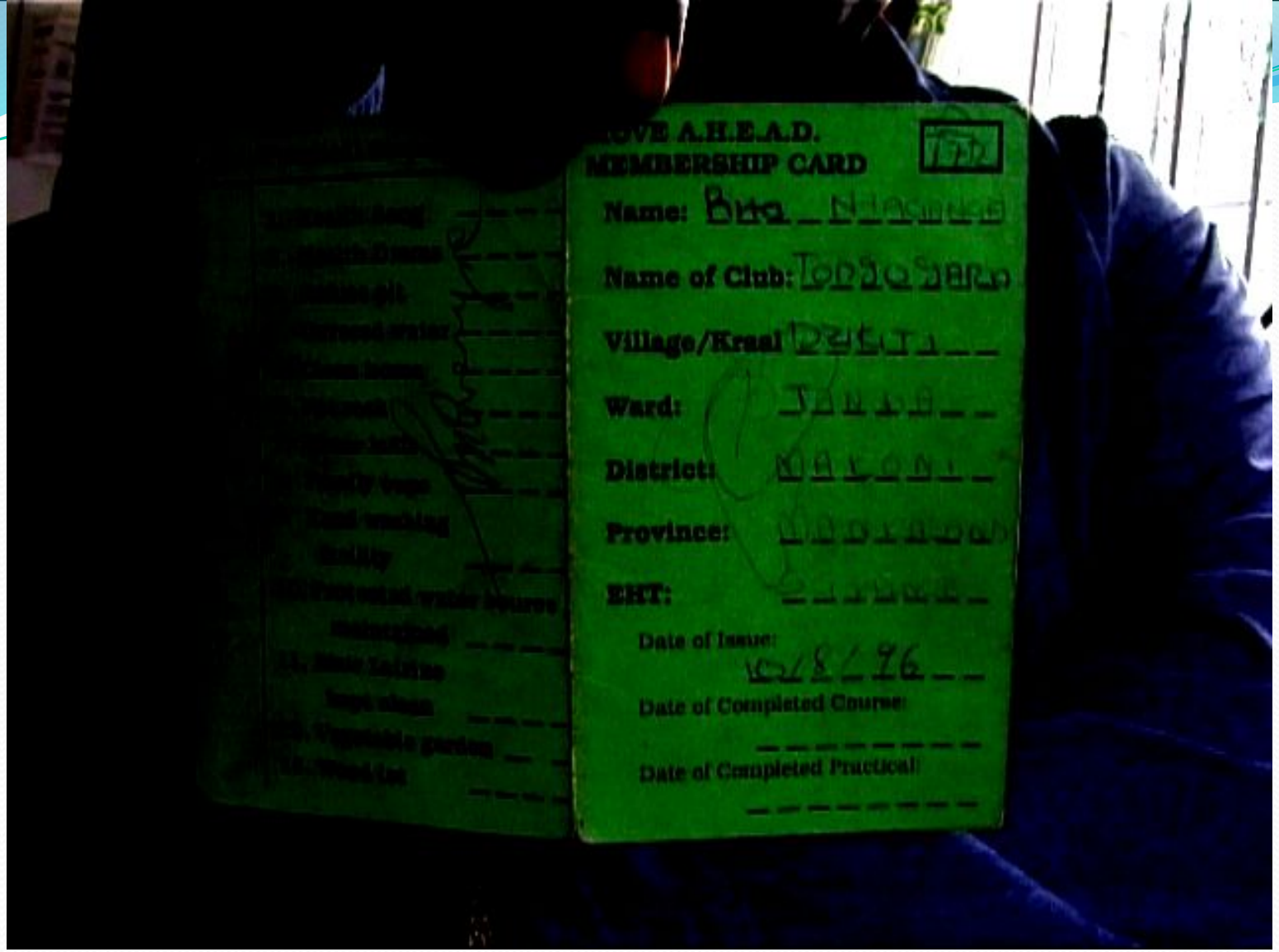
Difference of Prevalence of Observed Hygiene Indicators between Community Health Club Members and non Members in Tsholotsho District, Zimbabwe. 2001



Weekly participatory sessions deal with health and good hygiene

A time for mothers to relax and have fun while learning.

Health Promotion Drama



Everyone gets a membership card which gives them the outline of the course of sessions.
Each time they come it is signed by the facilitator

No.	Topic	Homework
1.	Safe Water Chain	Cover water; 2 cups
2.	Safe Food Chain	Pot rack; hanging basket
3.	Sanitation Ladder	Clean latrine; cat sanitation
4.	Sanitation Planning	Dig pits
5.	Diarrhoea ORS	Build latrines
6.	Hand washing	Tippy Tap
7.	Cholera/ typhoid	Water Source Cleanup
8.	Skin/eye disease	Bedroom Cleanup
9.	Worms	De-worming
10.	Nutrition	Food processing
11.	Good kitchen	Lorena Stove
12.	Drama and songs	Practice drama
13.	Environment	Hay basket
14.	Malaria	Drainage & clearing
15.	Coughs and colds	Mats and ventilation
16.	Bilharzia	Bathing Shelter
17.	TB	Community Project
18.	HIV/AIDS	Community Project
19.	Home based Care	Community Project
20.	Family Planning	Community Project

In IDP camps of Northern Uganda 18,844 people had been registered as active CHC members within just 4 months.

Cards were signed each time a member attended a session

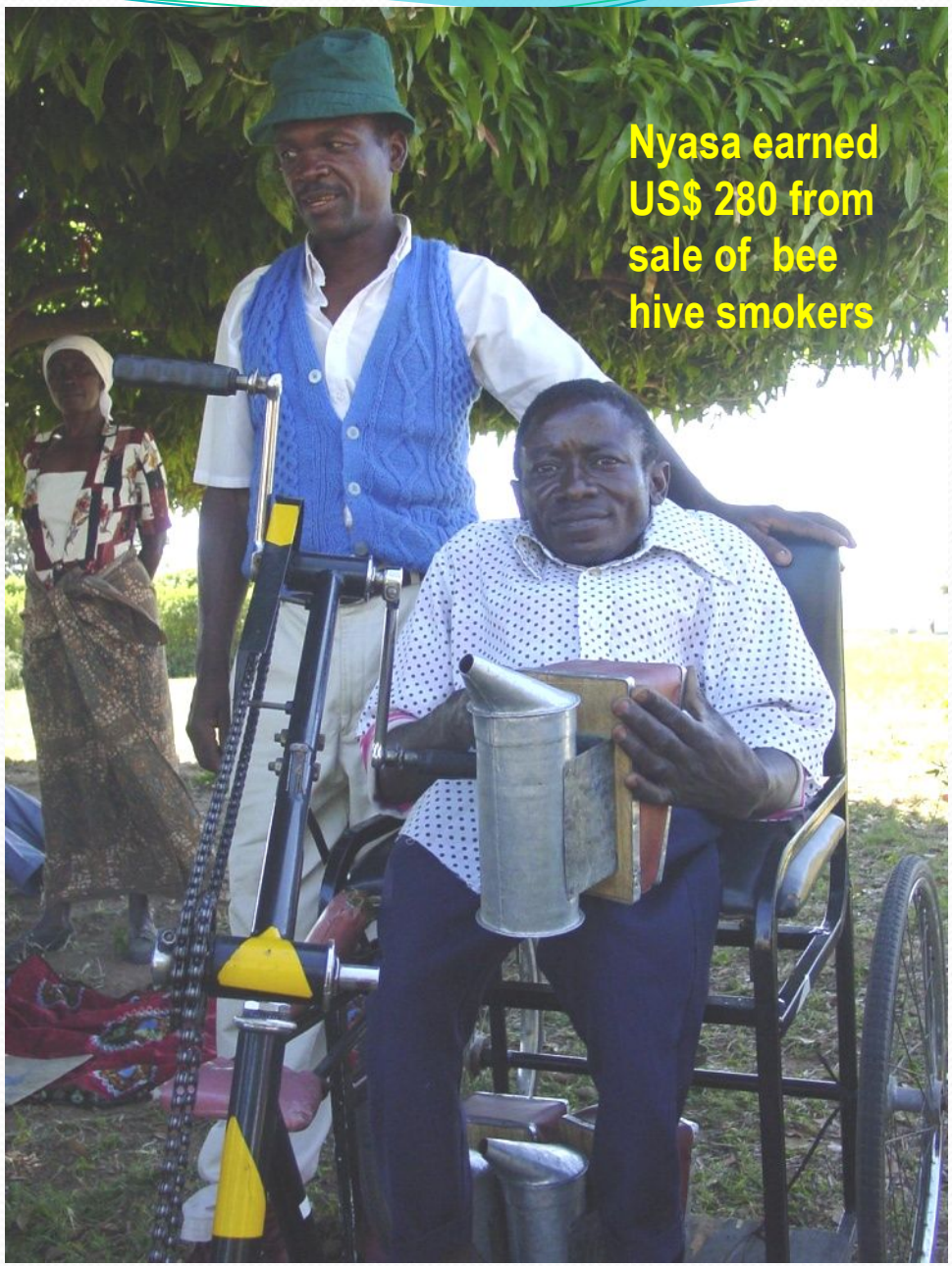
Soap Making

Peanut butter making

Beekeeping

In Makoni:-

- 300 CHCs
- 6,000 bee-keepers
- Reforestation
- Employment



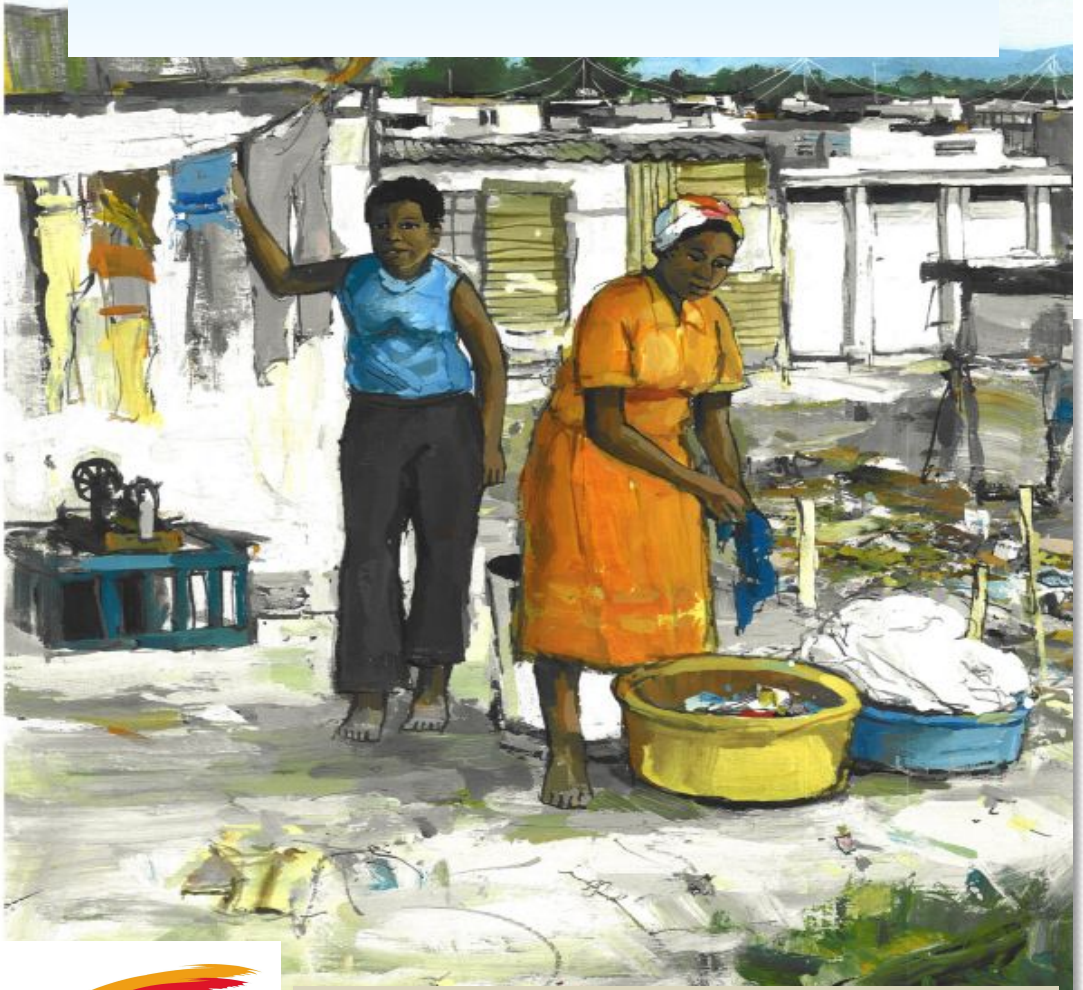
Oil Pressing

Herbs & Vegetables


Improved
Kitchens

10 Health Clubs combined to build a Training Centre & Play School

COMMUNITY HEALTH CLUBS IN INFORMAL SETTLEMENTS



A Training Manual for health workers using participatory activities

CITY OF CAPE TOWN | ISIXEKO SASEKAPA | STAD KAAPSTAD

THIS CITY WORKS FOR YOU

Community Health Clubs starting in Khayelitsha

Pre-testing the visual aids for CHC activities

Module 1.

Background to the Community Health Club Approach

1.1. WHAT MAKES PEOPLE CHANGE?
1.2. 2015 : THE MILLENNIUM DEVELOPMENT GOALS
1.3. STRUCTURED PARTICIPATION
1.4. COMMUNITY HEALTH CLUBS OR WOMENS GROUPS?
1.4. THE LANGUAGE OF COMMUNITY HEALTH CLUBS
1.5. CREATING A CULTURE OF HEALTH
1.7. A GOOD COMMUNITY HEALTH CLUB MEMBER
1.8. WHAT HAPPENS IN A COMMUNITY HEALTH CLUB?
1.9. FREQUENTLY ASKED QUESTIONS
1.10. THE PRO'S AND CONS OF CHCS

TARGET GROUP:

- Programme planners from NGOs or government
- Government or NGO health personnel
- Stakeholders & opinion leaders in the community where CHCs may be started
- Education level: Tertiary with Advanced English comprehension

OBJECTIVE:

- To describe what health clubs are and how they work.
- To provide a rationale for the Community Health Club Approach
- To give simplified reasons why Community Health Clubs are popular

Module 2

Starting Community Health Clubs

2.1. MAPPING YOUR AREA AND SEASONAL PLANNING
2.2. IDENTIFYING PROBLEMS IN YOUR AREA
2.3. PREPARING TO START A COMMUNITY HEALTH CLUB
2.4. OBJECTIVES OF YOUR PROJECT
2.5. PLANNING: STAKEHOLDERS COMMITTMENTS
2.6. TRAINING: MAIN HEALTH ISSUES IN YOUR AREA
2.7. DESIGNING THE MEMBERSHIP CARD
2.8. DESIGNING A HOUSEHOLD INVENTORY
2.9. COMMUNITY MONITORING OF HEALTH CLUBS
2.10. EVALUATION OF THE PROJECT

TARGET GROUP:

- Programme planners in NGOs or government
- Government or NGO health personnel,
- Stakeholders and opinion leaders in the community where health club may be started
- Education level: English speaking; Secondary school education

OBJECTIVE:

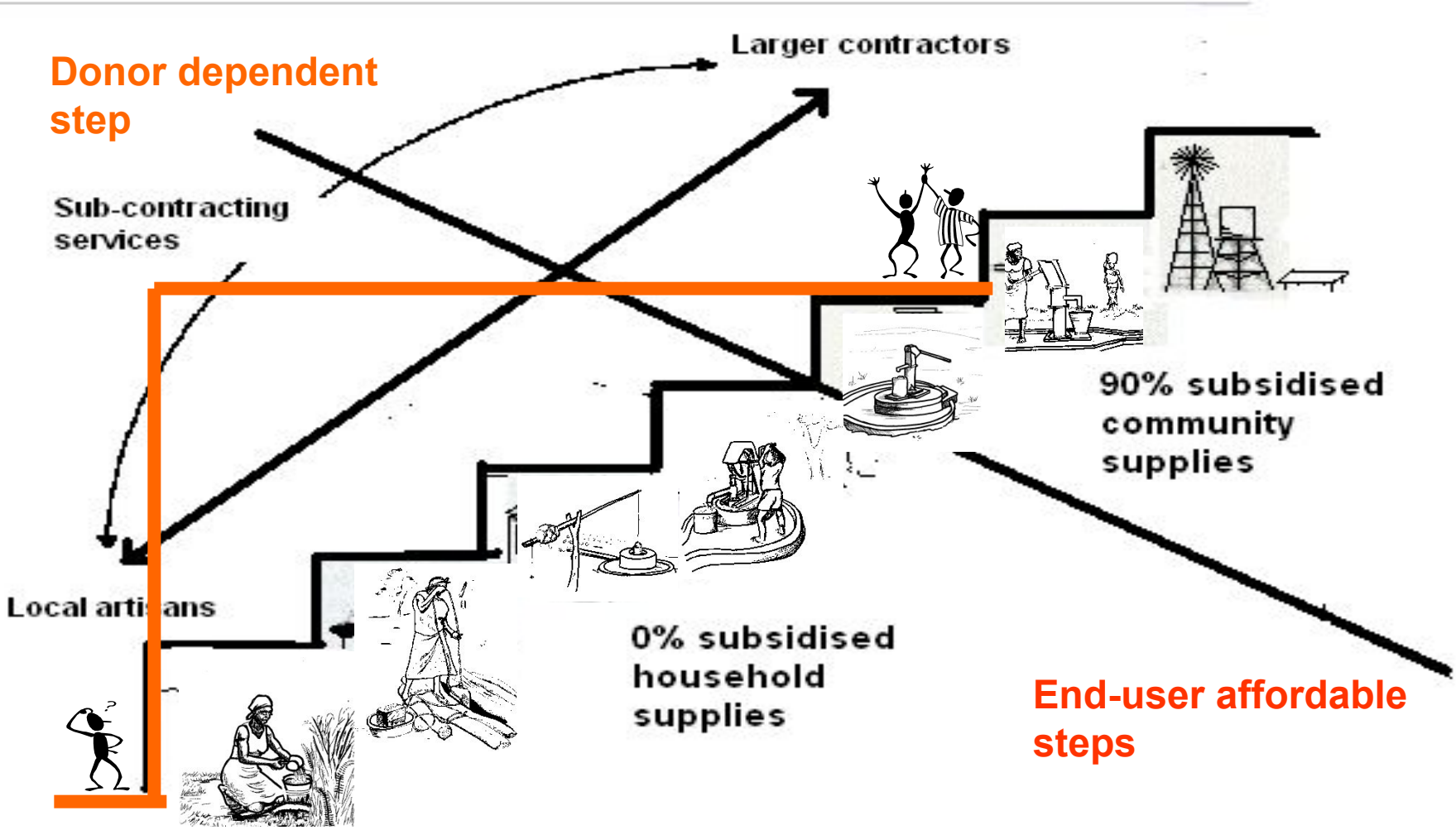
- To identify priority issues and how to adapt the CHC methodology to fit your area
- To plan how Health Clubs can be started in each area
- To design / adapt the Membership card for the particular needs of the project
- To provide a monitoring and evaluation tool to ensure hygiene behaviour is quantified

Module 3.
Participatory Activities for Informal Settlements

USEFUL PARTICIPATORY ACTIVITIES

3.1. DIARRHOEA TRANSMISSION
3.2. DIARRHOEA: FINGERS
3.3. HAND WASHING METHODS
3.4. HOW AND WHEN TO WASH HANDS
3.5. COLLECTING AND STORING WATER
3.6. DIARRHOEA : WATER
3.7. DRINKING PRACTICES
3.8. DIARRHOEA : FLIES
3.9. DIARRHOEA : FOOD
3.10. DIARRHOEA : FRUIT
3.11. THE GOOD FOOD CHAIN
3.12. DEFECATION PRACTICES
3.13. SANITATION COMMUNITY MANAGEMENT
3.14. WATER COMMUNITY MANAGEMENT
3.15. SOLID WASTE COMMUNITY MANAGEMENT
3.16. HOME HYGIENE COMPETITIONS
3.17. PERSONAL HYGIENE
3.18. COMMUNICABLE DISEASES
3.19. PARASITES
3.20. SANITATION LADDER

Water supply ladder, well up-grading



Options Source construction, supply up-grading, water treatment, RWH

Early family wells

- Family owned wells are common across most of Africa.

- Most are unsafe for children and produce water of poor quality

Zimbabwe

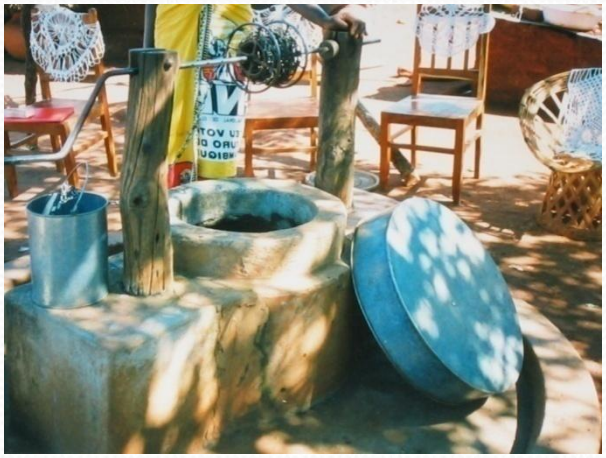
- Between 1993 and 2006 over **150,000 Upgraded Family Wells** have been built in Zimbabwe

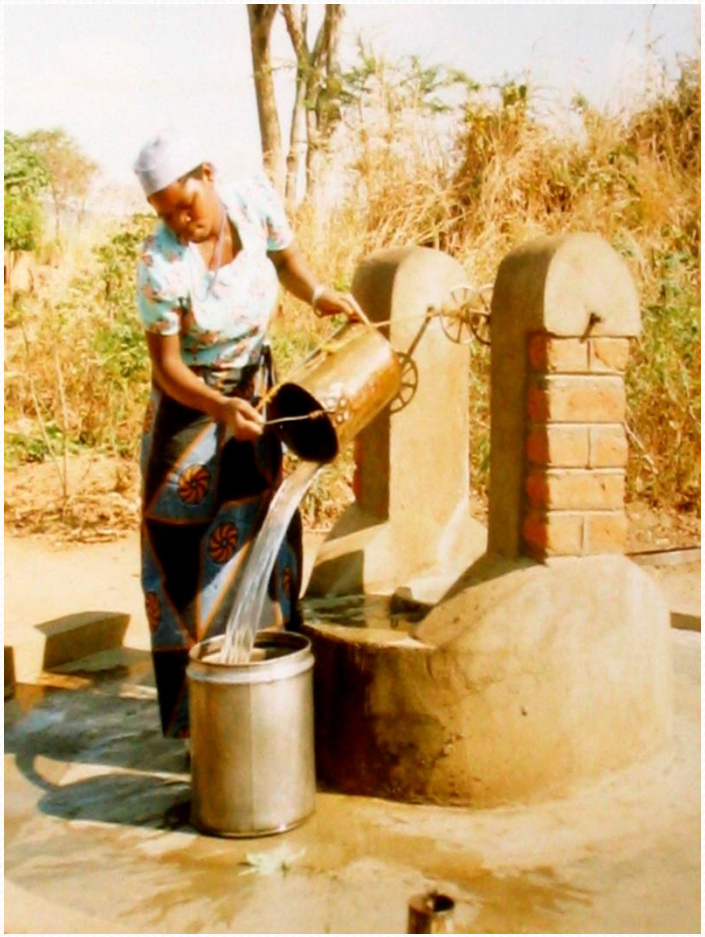
- Serving over **three million** people

The Upgraded Family well – simple & dependable

Sierra Leone & Ethiopia

Mozambique & Uganda





Training & Extension

Income earning opportunities for women

Lessons learned:-

- Build on traditional methods
- Families are the strongest social units
- **Community Health Clubs** facilitate implementation
- Small material incentives do work
- Cost sharing is important
- Water for Production & sustainable livelihoods

Benefits of the family approach

- Water close at hand
- No dispute over ownership
- Self help in maintenance accepted
- More water means improved hygiene
- Method simple and manageable
- More water available for the home garden

The Family vegetable garden

Upgraded Family Wells stimulate home-based vegetable & herb production

- Such gardens have many benefits:
  - **Better nutrition and health**
  - **Income generation**
  - **Self sufficiency**
  - **Sustainable livelihoods**

Employment & Rehabilitation Opportunities

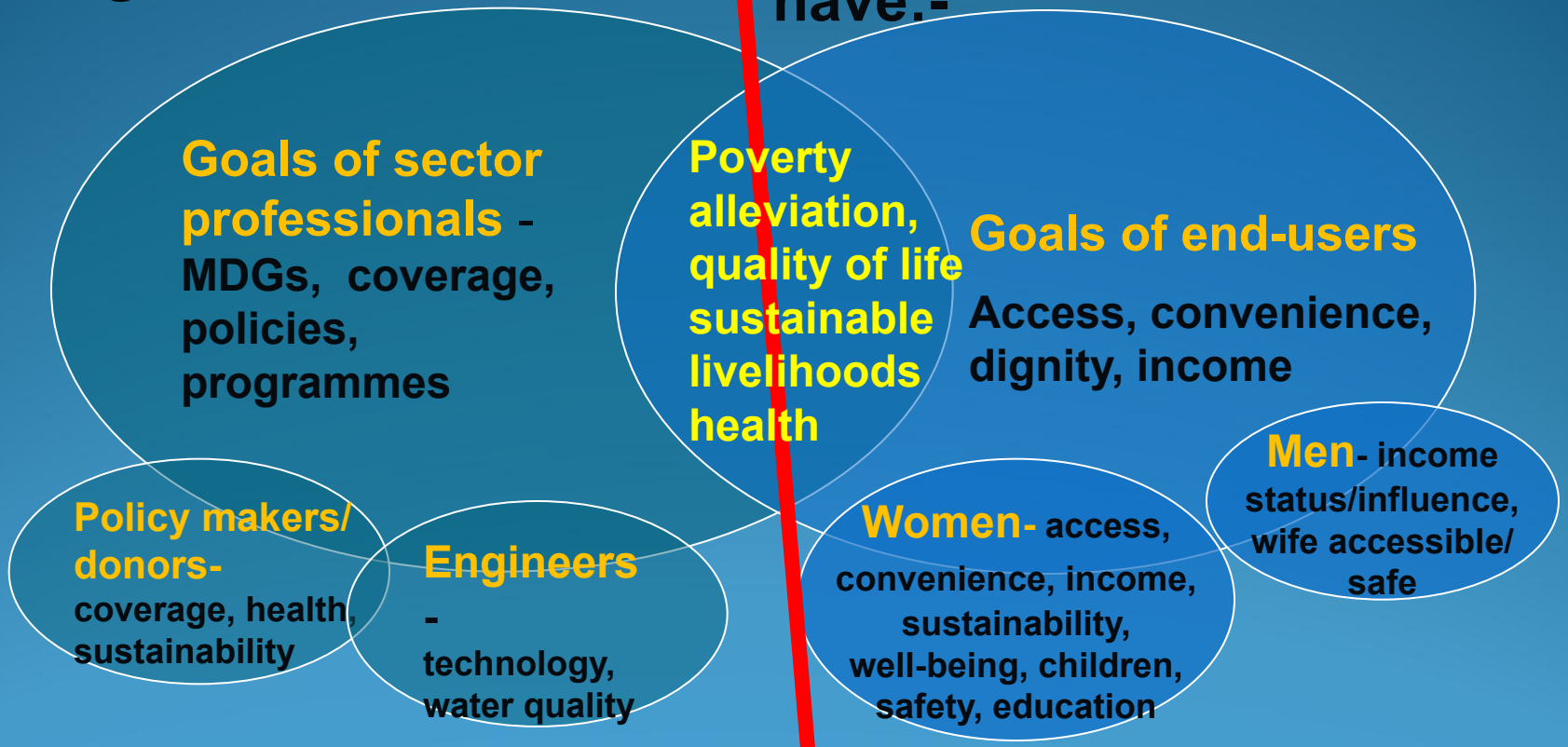
nployment & Rehabilitation

The disconnect?

If there is not a shared goal for users and sector professionals then sustainability is at risk

What sector professionals want to give:-

What end-users want to have:-



Sector professionals need a better understanding of what users want & need

Modified from IRC/Cranfield, Landscaping for Bill Gates Foundation 2006