

Community Health Clubs: How do they work?



**A case study of a programme in Gutu
and Mberengwa districts
Conducted by Zim AHEAD 2012**

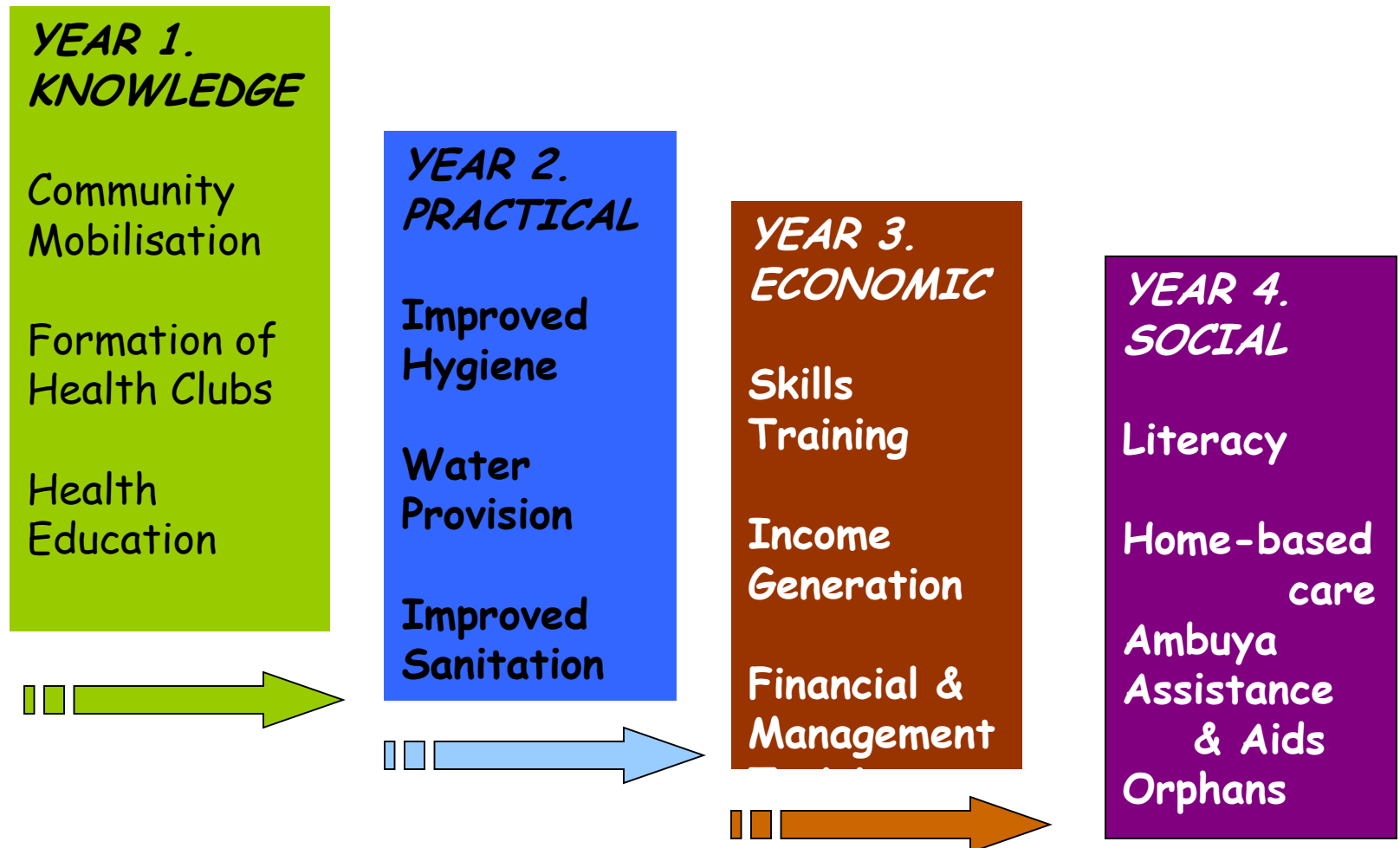
What is Health Promotion?

**‘the process of enabling people
to exert control
over the *determinants* of health
and thereby improve their health.**

**As defined at the
Ottawa Charter for Health Promotion (1986)
1st International Conference on Health Promotion**

An Holistic and Sustainable Strategy:

The 4 Stage A.H.E.A.D. Approach Applied Health Education and Development



The A.H.E.A.D Approach using Community Health Clubs

What is different?

- **Uses health education / hygiene promotion as an entry point**
- **Forms a strong community structure mandated to prevent disease**
- **Builds capacity of Ministry of Health Staff**
- **Leaves a community with informed facilitators**
- **Identifies do-able activities as homework each week**
- **Uses a membership card to provide a structure to the training**
- **Ensures the practical application of knowledge**
- **Demonstrates behaviour change within the home**
- **Quantifies achievements**
- **Quantifies cost-effectiveness of the programme**

CLTS within the CHC Structure

- **Community Led:** Every house hold represented in a CHC
- **Total Sanitation:** all households having safe sanitation

Zero Open Defecation (Dodhi) (ZOD) was the slogan.
It means the same as ODF (Open Defecation Free)

ZOD means:

- No faeces on the ground, or accessible to flies
- Latrine should not allow fecal transmission by flies
 - to be properly covered toilet (Flies cannot enter)
 - or VIP with functional vent pipe (gauze to trap flies exit)
- Self supply of latrines (no external subsidy)
- Wash hand facilities
- Clean kitchen and compound

SCALE: The CHC programme: Gutu & Mberengwa, Zimbabwe,

2012.12
ACF partner
with
Zim AHEAD

	Target	After 4 months August 2012	%	7 months	%
Population	80,864	80,864			
# Districts	2	2			
# wards	11	11			
# villages	429	429			
Actual households	16,255	15,180 (1,075 closed)			
# CHC Holds	80%	13,861	91%		
# Community Facilitators	154	154	100%		
# CHCs	450	454	101%	457	
# CHC Members	13,620	17,329	127%	17,578	
# CHC Committees	454	454	100%	457	
CHC Population	80%	68,160	84%		

Stakeholders viewing the map showing village location



Every CHC has a huge map on the ground, each home marks the type of latrine



Sanitation transparency : CHC Members stand on their village map to show where they live: a rock signifies a latrine, a mudball a temporary



One of the CHC has even constructed this Meeting Place (without any external inputs) to ensure CHC meetings can be held in comfort. A demonstration pot rack is constructed at every CHC Venue



A typical CHC Household:

All members have a least one Tippy tap at home

All members have a pot rack




All members have a rubbish pit

All members have a wash shelter

Toilets at the CHC venue – resourcefulness use of locally available material-ZOD



Membership cards are a critical component of the CHC and stimulate high attendance at the weekly meetings to complete all 20 sessions

ZIMBABWE MEMBERSHIP CARD
for COMMUNITY HEALTH CLUB

78

Zita: Farisi Chivonore

Zita reClub: Nene Mto

Musha/Sabhuku: Mubairusa

Ward: 25

District: Chitungo

Province: MASVINGO

Facilitator: EGNES CHAMUNORWA

Zuva rekutanga: 7105112

Zuva rekupedza Zvidzidzo: _____

Zuva rekupedza Practical: _____

Most sessions have been completed : ZOD competitions are starting

Theory Session	Zuva	Facilitator's Signature
1 Zvakatikomberedza	21/05/12	E. C.
2 Kuona rudzi rwezvirwere	14/05/12	E. C.
3 Utsanana/Kugeza maoko	21/05/12	E. Chams
4 Kuchengedza Misha zvineutsanana	28/05/12	E. Chams
5 Panobva mvura yekunwa	5/06/12	E. Chams
6 Kuchengedza mvura mumba	13/06/12	m. chikwanda
7 Kushandisa mvura mumba	20/06/12	m. chikwanda
8 Mvura yekunwa	27/06/12	m. chikwanda
9 KufambaKunoita utachiona	4/07/12	E. Chams
10 Manyoka	11/07/12	m. chikwanda
11 Mvura yemunyu neshuga	18/07/12	E. Chams
12 Zvimbudzi	25/07/12	m. chikwanda
13 Chipfunga	1/08/12	G. Indega
14 Chimhungwe	08/08/12	m. chikwanda
15 Kudya kunodiwa nemuviri	15/08/12	E. Chams
16 Makonye	22/08/12	m. chikwanda
17 Zvirwere zveganda nemaziso	29/08/12	E. Chams
18 Rurindi nezvirwere zvechipfuwa	05/09/12	m. chikwanda
19 Mukondombera	12/	
20 Kuronga zvekuita	20/09/12	J. Tamba

Who said you cant write if you have no paper? Theory sessions on tree trunk



Visual aids enable CHC members to problem solve around health issues





'Teach the women and you teach the nation'
Julius Nyerere



Community Based Facilitator is selected from each village, is trained with toolkit and then conducts weekly health sessions but is behind not in charge of the CHC .

It is important that the Head man of village is fully involved and gives his full support to CHC

The CHC is run by an annually elected Committee: Chairwoman, vice, secretary, treasurer etc. who keep all records of members and their household facilities, they conduct the base line survey and monitor monthly.



One of the HHs visited during the ZOD competitions



Model Home Competitions stimulate high standards

Swept yards

ZOD

**The Kitchen seen from the
outside**





Inside the kitchen

Safe Water Storage

**Safe storage of kitchen
utensils**

Good food hygiene

Good personal hygiene

Fuel efficient stove

Hygienic latrine





The ZOD Latrine

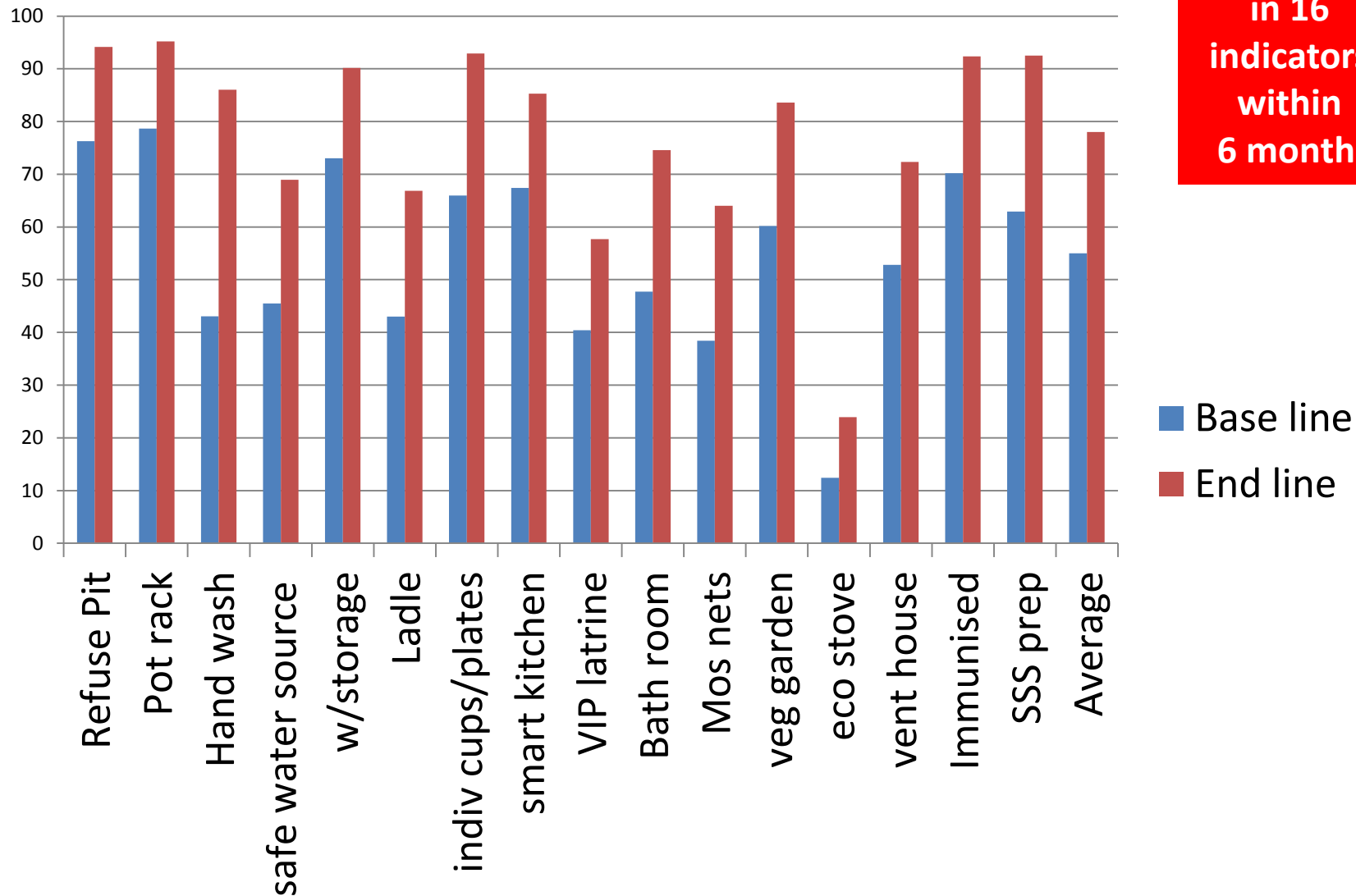
- **Community designed**
- **Community built**
- **Community used**
- **No external inputs**

Monitoring: Household Inventory was collected as baseline and end line is being finalised at present. Therefore % hygiene change in this project but following slide is from a similar project, from 2011 in nearby Masvingo (OXFAM as partner to ZImAHEAD)

MONITORING: OXFAM - ZIMAHEAD Project

% hygiene behaviour change in 5,502 CHC Members, in 121 CHCs
in Masvingo Rural, Zimbabwe, 2011

**23%
improved
hygiene
in 16
indicators
within
6 months**



Fuel efficient stoves are encouraged to protect the environment



NB: THIS ASPECTS NEEDS MORE FOCUS AND COULD BE EMPHASIZED MORE IN FUTURE PROJECTS



Good nutrition is as important as good hygiene

As a demonstration at the CHC meeting place, each members leant to grew their own green vegetables in a sack.

In the next stage each CHC will have a large communal garden.

Sustainability: the next stage

The CHC plans to start a play school in their meeting place and mothers show the toddlers who stand to benefit from this community initiative



CURRENT DEBATE BETWEEN TWO MAIN APPROACHES

CHC Approach: Implementation strategy

- 6 months Hygiene sessions
20 sessions (each week)
- Learning through fun
participatory activities reinforce
good practice (song, drama)
- Informed group decision making
and weekly homework
- Voluntary household
improvements
- Zero Open Defecation (ZOD) &
20+ other hygiene
improvements

CLTS Approach (ZimCATS) Implementation strategy

- One 'Triggering' day +
a few follow-up visits
- Village walk to shock
community that they are
eating their own faeces
- Community shamed into
action
- Leaders enforce change
with fines
- Open Defecation Free
(ODF) Village free ODF
zone

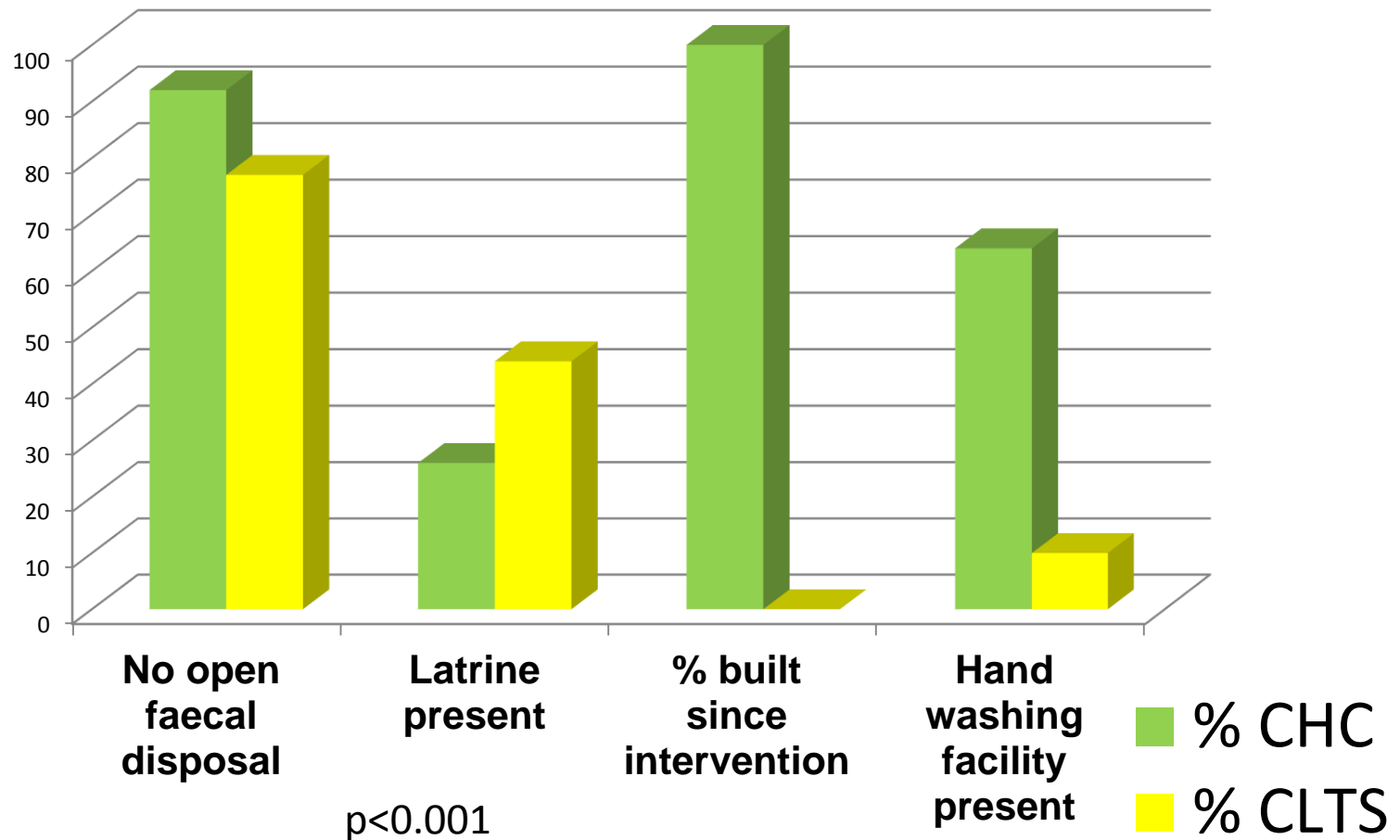
Whaley and Webster: 2010 Comparative study in Zim

Comparing effectiveness: Survey results

CHCs were significantly more effective than CLTS :

1. 92% CHC disposed of their faeces by some method other than OD as opposed to 77% in CLTS
2. 64% in CHCs had and used a Hand Wash Facility versus 10% in CLTS ($p < 0.0001$)
3. 26% of CHC respondents owned a latrine, but **all of them had been built since start of project**. 66% practiced cat sanitation (88% ODF)
4. 44% of CLTS respondents owned a latrine, whilst 57% without latrines **claimed to share** (101%) ?!

Observed Indicators of Sanitation and Hygiene between CLTS and CHC villages in Zimbabwe





Acknowledgements:
Zim AHEAD Team on the ground in Mberengwa and Gutu (2012)
ACF partner in the programme