

Disseminating the Community Health Club Approach from Zimbabwe



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Zimbabwe 1995
Graduation Day for this Community Health Club!



Community Health Clubs in Sierra Leone (2002)



Northern UGANDA : IDP Camps (2004)

A CHC in an ethnic Thai community of Vietnam

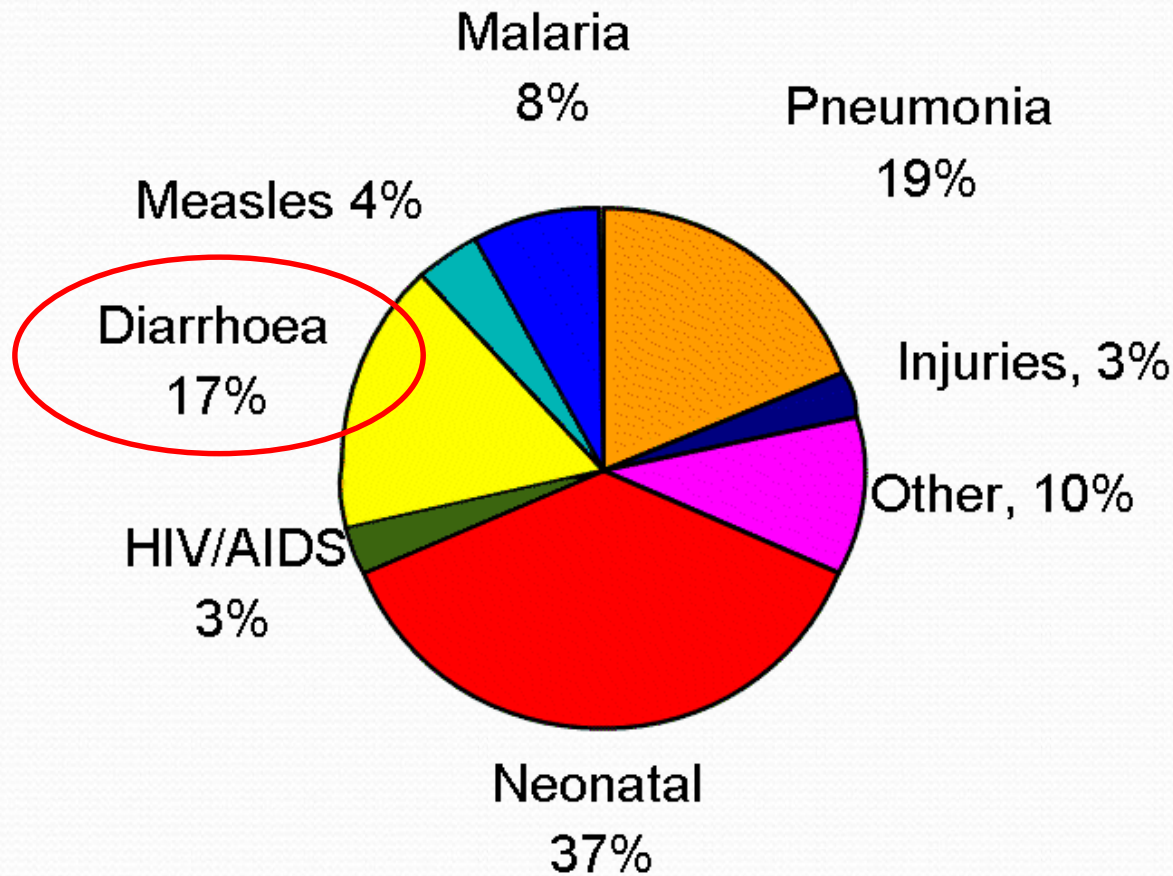


Over 380 Community Health Clubs started in the 200+ informal settlements in Cape Town & Durban, SOUTH AFRICA



HOLISTIC HEALTH:

Which DISEASES / conditions are addressed by health promotion in your model?



11 million children die each year
88% deaths could be prevented by good hygiene



Roll-Out of CHCs since 1995

Zimbabwe: 1995 -2002
2003-2012

Sierra Leone: 2002

Uganda: 2004

Guinea Bissau: 2007

South Africa: 2008

Vietnam: 2010

Namibia : 2011

Rwanda 2012



500 CHCs

1,950

150

150

120

400

48

30

>14,000 Villages

GOOD

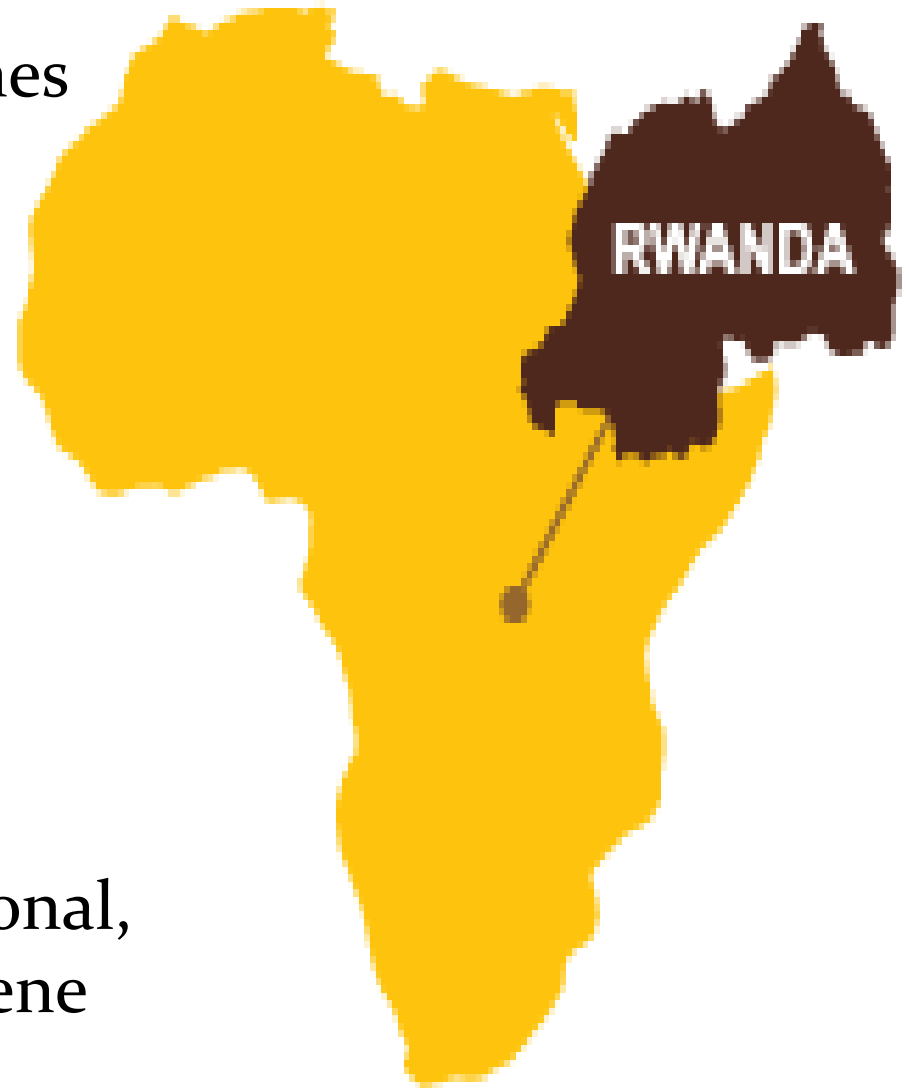
- **85%** households have latrines
- “Culture of Sanitation”

BAD

- **Only 10%** are hygienic

UGLY

- **80% Disease Burden** in Rwanda caused by poor personal, domestic & community hygiene practices



Rwanda has developed policies to address poverty and disease

Rwanda: Background

11 million people; 30 districts, 4 Provinces

Well organized MoH that values & enhances its EHD;

One of few African countries set to achieve MDG WS targets

High coverage of traditional latrines but very poor hygiene standards.

MoH was seeking a practical, holistic & cost-effective strategy, not only to meet sanitation MDGs, but also to decrease the burden of disease and to ALLEVIATE POVERTY in Rwanda.



Poverty, Health, & Environment

Placing Environmental Health on Countries' Development Agendas

Poverty, Health & Environment

Box 6 p33

“Behavior Change can be Cost-effective: DFID funded the Community Health Clubs in rural Tsholotsho District, Zimbabwe. The project increased the proportion of households using a ladle to draw water from 3 % - 93 % and the proportion with an improved pit latrine from 40 % - 80 %, as well as improving other aspects of hygiene behavior, at a cost of \$3.33 per household”.



“Here in Rwanda we have NO time for Piloting.

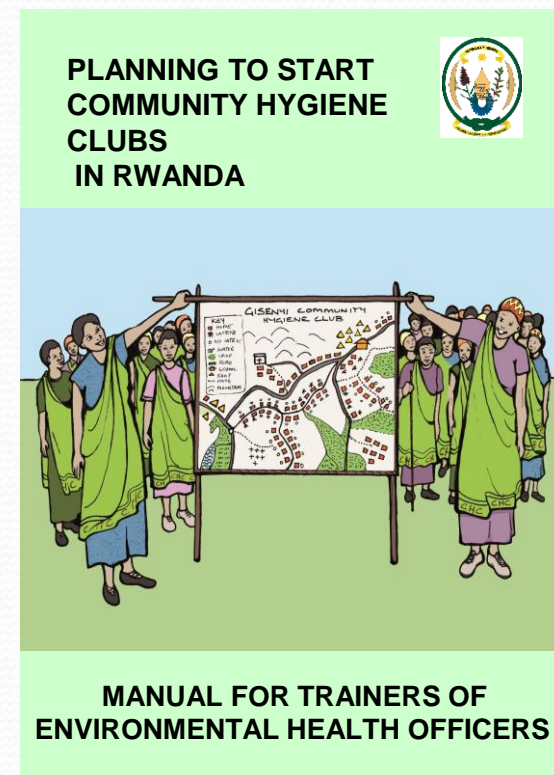
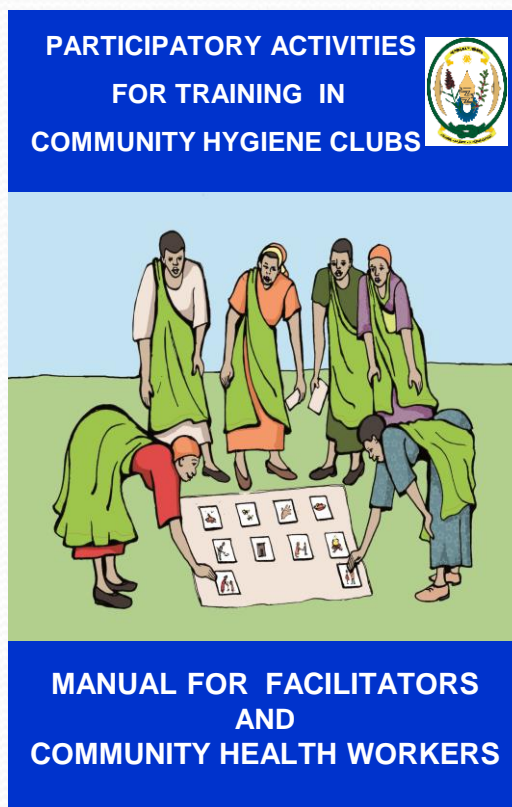
You have been piloting. We want to go to scale!

**Go and develop a Roadmap for national roll-out
of CHCs”**

Minister of Health: Dr Jean-Claude Damascene

Community-Based Environmental Health Promotion Programme

Development of Road Map and Training Manuals
and Tool Kit of >300 cards



RWANDA

Community-Based Environmental Health Promotion Program (CBEHPP)

2009: Roadmap developed for dissemination of CHCs

2010: President Paul Kagame calls for CHCs to be established in all **15,000 villages** across Rwanda

45,000 Community Health Workers in Rwanda now being trained in CHC Approach

Gates Foundation: Evaluation of Health Impact of CHCs (Tom Clasen - RCT 2012 - 2015)

RWANDA WILL BE THE 1ST COUNTRY TO TAKE CHCs TO SCALE THROUGHOUT THE COUNTRY

CHCs : Vehicle for Holistic Integrated Development

Stage 1: Entry point is Health Promotion

all common diseases are addressed

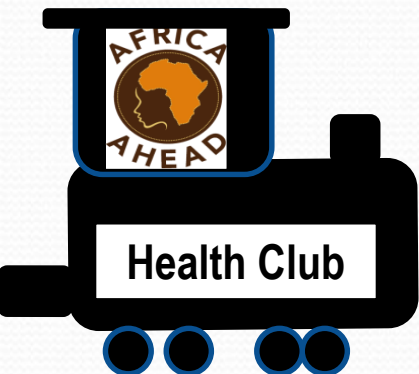
Diarrhoea Worms Bilharzia Skin diseases Malaria

Cholera HIV/AIDS Acute Respiratory Infections

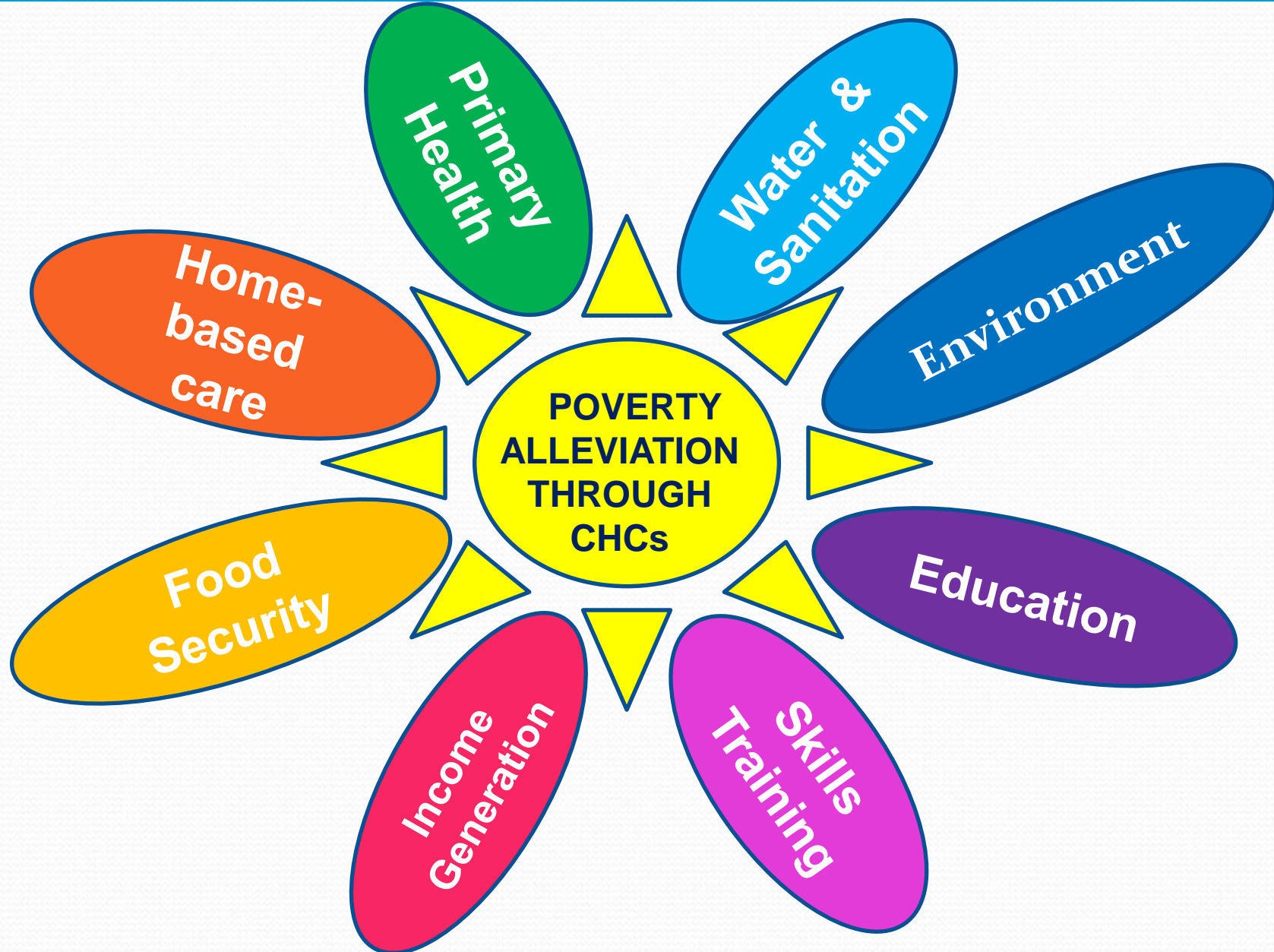
Stage 2: Water and Sanitation

Stage 3: Food and Nutrition

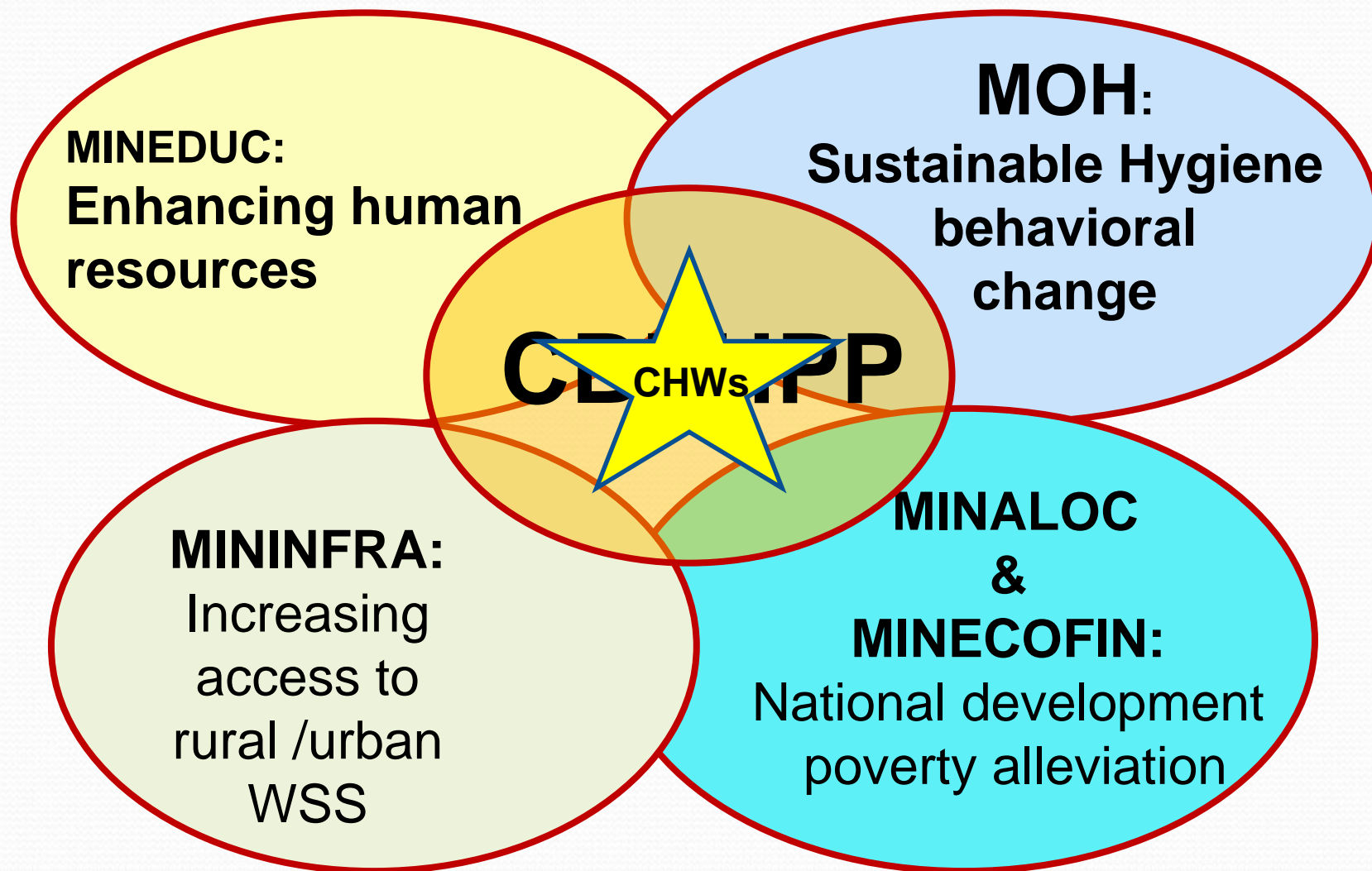
Stage 4: Social development: HIV/AIDS, Human Rights



Integrated Community Development



Community-Based Environmental Health Promotion Programme Cross - cutting Sectors & Ministries



CHC Dissemination

- **Locate HBC within overarching context of achieving preventative health (i.e. national disease burden) & poverty reduction Outcomes.**
- **Provide a practical, low-cost, high-impact approach to enable MoH to generate Political Will and DP support**
- **Provide a model that does not depend on external funding for start-up but can be initiated by LG and MoH extension staff (e.g. CHWs)**
- **Capacity-build and motivate CHWs**
- **Provide appropriate Tool-kits and Training Manuals**

A group of approximately 15-20 women are gathered outdoors, likely in a rural setting. They are dressed in traditional African attire, including colorful headwraps and patterned dresses. Many of the women are smiling and clapping, suggesting a positive and celebratory atmosphere. The background shows lush green foliage. Overlaid on the image are several text elements in yellow and white, including a large 'THANK YOU & GOOD LUCK!!' and various labels like 'Shared Understanding', 'Common Unity', 'Shared norms and values', and 'Community Health Clubs' with an arrow pointing to the group.

THANK YOU & GOOD LUCK!!

**Shared
Understanding**

Common Unity

**Shared norms
and values**

Community Health Clubs