

Cost-Effective Health Promotion: Community Health Clubs

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WEDC, Abuja, 2003



Fig 1. Map of Zimbabwe, showing 3 Zimbabwe A.H.E.A.D Community Health Clubs Districts



What are Community Health Clubs ?



Weekly participatory sessions deal with everything to do with health and good hygiene

Topics covered include:

- Water protection & storage
- Good home hygiene
- Caring for children
- Oral-faecal route
- Skin diseases
- Eye diseases
- Malaria
- Good nutrition
- Bilharzia
- Tuberculosis
- HIV/Aids
- Alcohol/Drug abuse



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

Date: _____		MOVE A.H.E.A.D. MEMBERSHIP CARD	
1. Health Song	_____	Name:	Bua Ntshondzo
2. Health Drama	_____	Name of Club:	Topsoza
3. Refuse pit	_____	Village/Kraal	Dzulu
4. Covered water	_____	Ward:	Tanda
5. Clean home	_____	District:	Marikani
6. Pot rack	_____	Province:	Madibano
7. Water ladle	_____	EHT:	_____
8. Family cups	_____	Date of Issue:	10/8/96
9. Hand washing facility	_____	Date of Completed Course:	_____
10. Protected water source maintained	_____	Date of Completed Practical:	_____
11. Blair Latrine kept clean	_____		
12. Vegetable garden	_____		
13. Wood lot	_____		

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

Improved Hygiene Practices



- Pour to waste method
- Use of hand washing facility



Safe Sanitation



Improved Home Hygiene



Practical ways to deal with the effect of AIDS



Using herbs to cure opportunistic infections

Fig. 2. Comparison between Districts: May 2001

	Makoni	Gutu	Tsholosho
No of Clubs	230	85	32
No of Members	11,450	4,489	2,105
No of Beneficiaries	68,700	26,934	10,938
No of EHTs supported	14	5	3
No of Health Sessions	1,244	857	182
No with full attendance	6,234	2,823	2,100

Fig 3: Health Promotion Achievements in 8 Months

	Total Number	Average
EHTS	14	1
Active Clubs	141	10
Active Members	10,620	756
Beneficiaries (members x6)	63,720	2,580
Health Sessions	746	53

Fig 4: Project Costs

Start up costs (1999)	US\$
Training (workshop)	1,886
Capital Costs (14 m/bikes)	18,490
Training Material	1,500
Sub Total	21,876
Running costs (March-Sept 2000)	
Mileage (14 m/bikes)	7,088
EHT costs	3,087
Monitoring	2,000
Administration	2,075
Sub Total	14,250
Total Cost	36,126

***Average Costs per Annum for Health
Education and Hygiene Promotion***

Actual Costs	US\$	US\$
	1st year	2nd year
	(with capital costs)	(no capital costs)
14 EHTs	2,580.00	1,017.00
746 health sessions	48.42.	19.10
10,620 Members	3.40	1.34
63,720 Beneficiaries	0 .56	0.22

50 Recommended Practices Reinforced During 25 CHC Sessions

Prevent !! Diarrhoea, Cholera, Dysentery, Typhoid, Hepatitis & TB

1. Covered drinking water
2. Boiling contaminated water
3. Use of ladle for taking drinking water
4. Hygienic handling of drinking water
5. Hygienic handling of water/food containers
6. Washing plates after meals
7. Pot rack for storing clean plates/pots
8. Safe storage of left over food
9. Use of individual cups for each family member
10. Use of individual plates when sharing a meal
11. Clean containers for water storage
12. Washing hands before touching food
13. Washing hands after faecal exposure
14. Safe disposal of toddler's faeces
15. Keeping compound free from garbage/faeces
16. Well managed rubbish pit for solid waste disposal
17. Safe sanitation practices (cat, covered, VIP)
18. Clean well maintained latrine
19. Use of safe water source
20. Use of Hand Washing Facility (HWF)
21. Use of soap for hand washing

Prevent !! Malaria

22. Empty all containers that catch rainwater
23. Fill in ruts and pot-holes
24. Use a mosquito net, specially children
25. Cover up well at night
26. Cut grass and vegetation around homes
27. Use mosquito repellents/coils
28. Use Mosbar/citronella soap for washing every night
29. Use mosquito netting on windows
30. Test & take malaria cure immediately when affected

Prevent !! Trachoma, Scabies, HIV/Aids Tape & Ringworm

31. Washing children's faces regularly
32. Washing children daily
33. Pour-to-waste method of hand-washing used
34. Avoid sharing clothes with infected people
35. Avoid shaking hands with infected people
36. Avoid sharing bedding with infected people
37. Do not use communal towels for drying hands
38. Wash clothes and bedding frequently
39. Wash with soap before sleeping
40. Keep compound well swept
41. Wash uncooked fruit before eating
42. Keep fingernails cut short
43. Provide a well balanced diet for the family
44. HIV/Aids: (ABC) Abstinence, Be faithful, or use a condom

Prevent !! Shistosomiasis, intestinal parasites & Hook worm

45. Cover faeces/use a latrine/ cat sanitation
46. Wash at home not in contaminated water sources
47. Wash plates and clothes at home
48. Do not swim or take water in contaminated sources
49. Use rubber boots when taking water from rivers
50. Test and take bilharzia cure

***Profile of 375 Community Health Club Respondents:
Makoni District: August 2002-2001***

Gender:	86% women (n=322)
Average Age:	47.04 years old (S.D. 13.59)
Married:	98% men ; 72% women
Widows:	25% women (n=81) : 1 man
Household heads:	67% male headed, 33% female headed
Household size:	51% (4-6 children); 26% (7-16 children)
Average Income:	19 US\$ per month (Z\$53: US\$1)
Breadwinners:	70% joint breadwinners
Religion:	72% Christian; 26% Apostolic
Education:	31% 2-4 years primary school only 33% women, 37% men primary 3.7% passed ZJC (3 rd yr Sec) 2% passed O' levels
Ave. Number of Health Promotion Sessions attended :	17

*Difference between health club and non health club members
in prevalence of observed hygiene indicators
of standard Ministry of Health recommendations
that have become commonly practiced throughout the county*

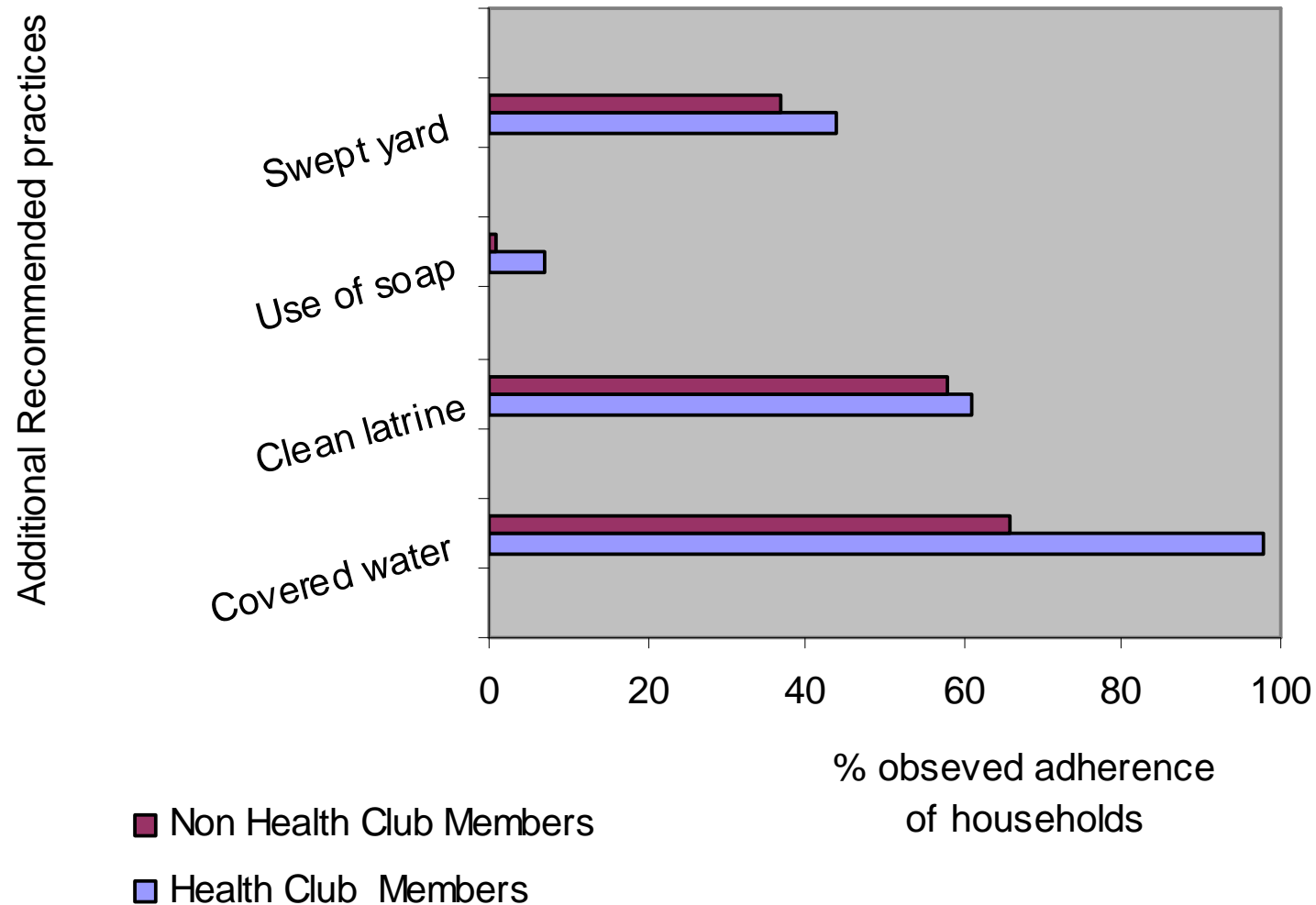
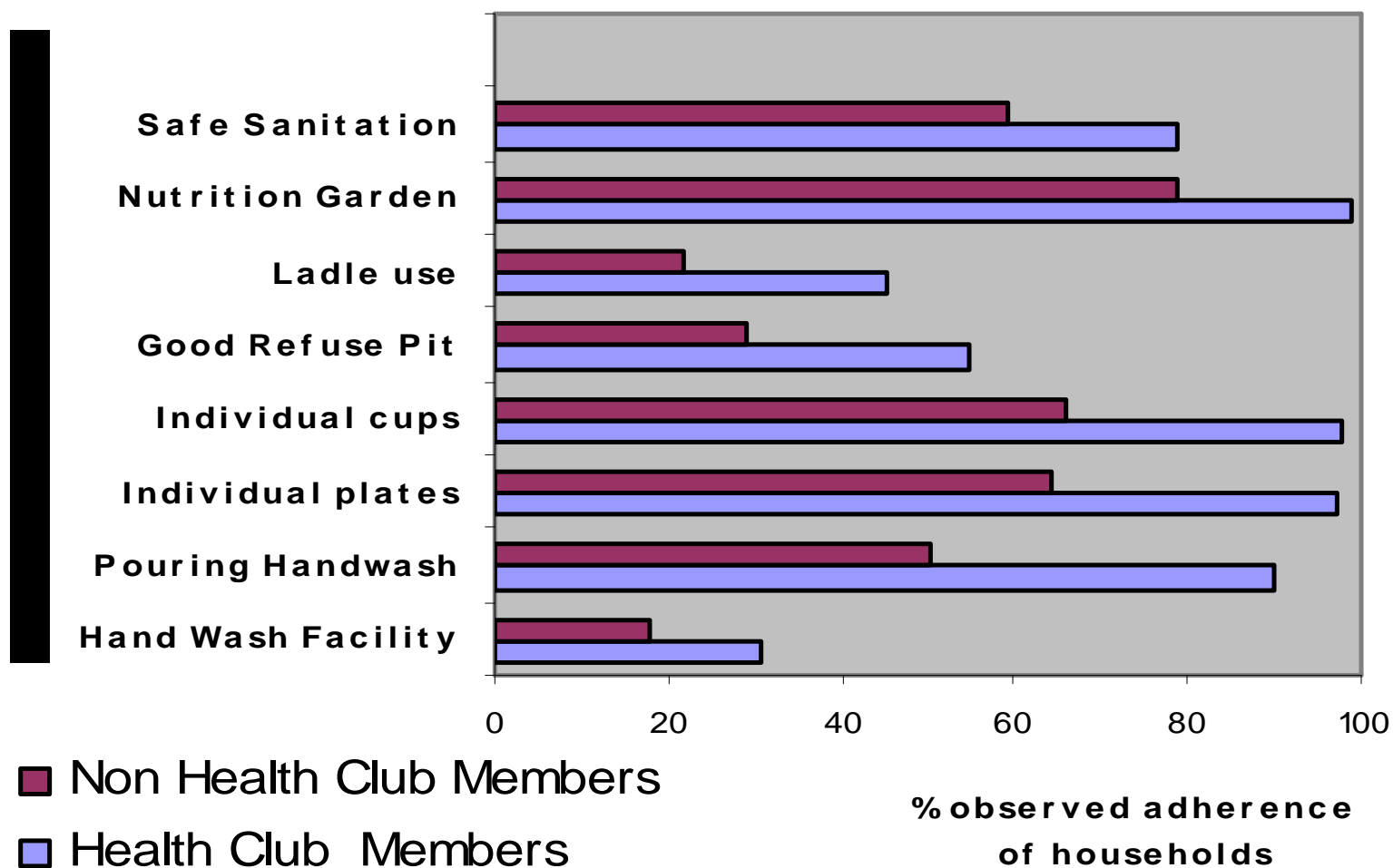


Fig 9: Difference between health club and non health club members in prevalence of observed hygiene indicators of additional practices recommended by A.H.E.A.D



Diarrhoea in particular, has multiple causes :

Remember the “Six F’s” : **faeces, fluids, flies, fields, fingers and food !!**

A whole raft of small interventions is needed to eliminate all risky practices

This is achievable when a consistent group meet regularly and follow up their knowledge with changes in their homes (**Peer Pressure & Consensus !**)

A genuine improvement in family health requires a persistent effort with a wide range of safe hygiene practices and it cannot be achieved if only one or two risky practices are targeted.

In the Community Health Clubs, one topic per week is tackled in a 1 – 2 hour session. After six months (i.e. after completing all 25 sessions as per Membership Card) all preventable diseases will have been covered in depth.

This thorough knowledge is reinforced when peer pressure is exerted between members who compete with each other to be clean and progressive.

Home visits between members, as well as the Hawthorne Effect all contribute to some impressive shifts in practice. (i.e. **Positive Behaviour Change !!**)

Everyone wants a toilet because they want to have :- **a lack of smell & flies;**
cleaner surroundings; **privacy;** **less embarrassment with visitors** & → →
→ → → → **Less disease!!**

Conclusions

A whole Raft of Recommended Practices ???

“Semi-literate women can only be expected to focus on a few key high-risk practices” (Loevinsohn, 1990)

This case-study proves that the opposite is true!

- Six months of weekly meetings
- Constant reinforcement through peer pressure
- Group decisions
- As many as 50 practices can be targeted
- High levels of behaviour change in all practises

This research shows that if communities adopt a whole ‘**culture of health**’ which changes their fundamental norms and beliefs they can be expected to change their behaviour.

This can be achieved at a cost of only US\$ 0.22 per person