The Community Health Club approach

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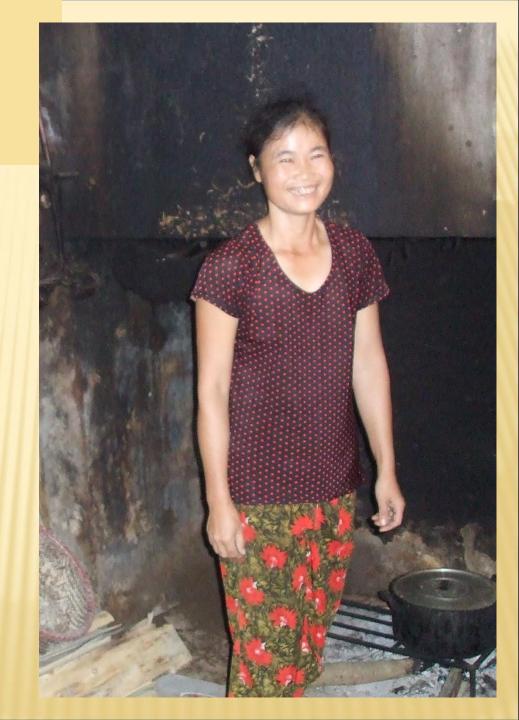
(AHEAD)

Applied

Health

Education and

Development



THE MDG CHALLENGE:

To halve the number without sanitation by 2015.....

MDGs would succeed if people could be persuaded to change traditional sanitation practices.

'You can take a horse to water but you cant make him drink

You can give a man a toilet, but you cant make him Sit!'



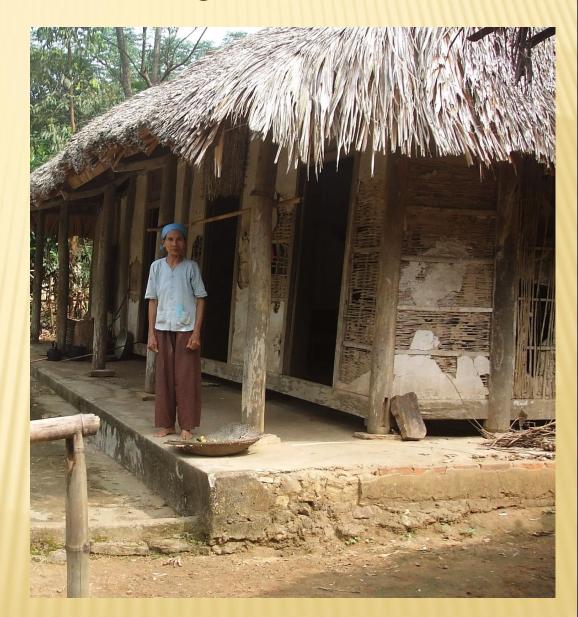
18% of rural HHs have hygienic latrines (Unicef/MOH 2006)

51% rural sanitation coverage (NTP2, 2009)

15.6% of adults, wash hands with soap after defecation (

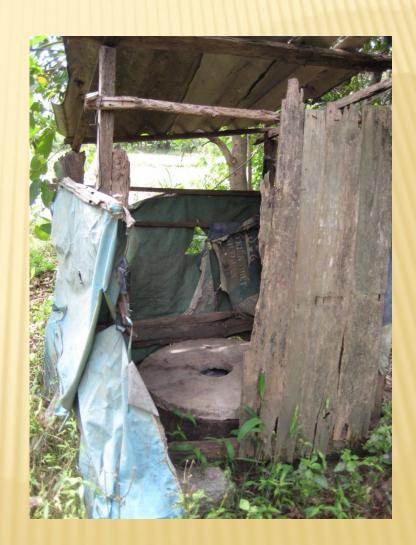
11.5% of school children *Unicef/MOH 2006*)

Challenges in Vietnam



RWSS AND HEALTH

- × ~33% of children in Vietnam suffer from malnutrition
- Diarrhea responsible for 10% of child deaths; 3rd leading killer
- Reuse of human feces in agriculture tied to high levels of helminthes infections
- Other common RWSS-related diseases: cholera, trachoma, typhoid, dengue, hepatitis A, typhoid.



RURAL HYGIENE AND SANITATION IN VIETNAM

Sanitation Issues:

- Close relationship between latrine ownership and income level
- Cultural preference for open defecation in some areas
- Demand for sanitation loans higher than supply (VBSP report 2009)
- Reuse of human feces in agriculture common in many areas

Hygiene Highlights

- Several ongoing HW promotion programs
- VN Women's Union set to main- stream HW promotion into their work in all provinces
- A number of PHAST Tool Kits already developed (Unicef, French Red Cross)

WHY CHCS IN RWSS-NTP2

- MOH (resp. for sanitation and hygiene) has an extensive network of village health workers (VHW)
- VHWs often possess good technical knowledge about RWSS
- Need to focus on sanitation as a behavior, not just as hardware
- CHC use of peer pressure likely to work well in the Vietnamese cultural context
- May tie in well with Cultural and Healthy Village/Family program, which has been very successful
- Increased budgets for sanitation and IEC



SCALE OF THE CHC PILOT

- Provinces: Son La, Phu Tho, Ha Tinh, and Ninh Thuan
- × 12 villages in each province
- Total of 48 Villages
- × 1-2 CHCs per village
- * Between 48-84 health clubs
- × 100-200 members per CHC
- Between 480 840 members
- Total beneficiaries: minimun 2,400

CHALLENGES TO CHC IN RWSS-NTP2

- CHC will be just one of many tasks that village health workers have
- Village health workers are often not paid from NTP2
- VHWs are not familiar with participatory approaches; considerable training required
- Most provinces rely on latrine subsidies as the main way to promote sanitation
- Micro credit for RWSS is often not linked with RWSS-NTP2 activities/IEC
- Provinces are reluctant to rely on IEC to promote sanitation (and hygiene) => reluctant to allocate much budget

Community Health Club Information www.africaahead.com

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