

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!’***



Challenges in Vietnam

**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*)



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

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