



Monitoring Hygiene Behaviour Change Through Community Health Clubs in Vietnam



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BACKGROUND

The Community Health Club (CHC) Approach has been developed by Africa AHEAD Association since 1995. It has been successful in a number of countries in Africa with Community Based Environmental Health Promotion programmes (CBEHPP), achieving highly significant levels of hygiene behaviour change: highest achievement in Tsholotsho, Zimbabwe with a 47% average of 17 observed indicators (Waterkeyn, and Cairncross, 2005). The model requires the formation of a 'club' of dedicated members who undertake a six month course of weekly training in 20 critical topics in order to increase knowledge and prevention of common diseases (diarrhoea, malaria, dengue fever, skin and eye disease, worms, bilharzia). Behaviour change is reinforced by continual support by positive peer pressure between club members. Vietnam is the first country in Asia to pilot this methodology which is being adapted to suit local culture. Research was done in order to compare levels of Behaviour Change to those in Africa. In 2009, 48 CHCs were established in the three Provinces of Son La, Phu Tho and Ha Tinh with an average of 63 members per CHC, a total membership of 2,929 and 12,784 beneficiaries.

ASSESSMENT

A baseline survey of 7,126 was conducted in 2009 and a post intervention survey of 1,200 households was conducted in 2010, with direct observation of proxy indicators of safe hygiene. Monthly reported cases in each Commune Health Centre were compared to see if there was a pattern of disease reduction over the 2 years.

IMPROVED KNOWLEDGE

There is clear evidence that the training in the CHCs has improved knowledge of health issues. Although there were already high levels of knowledge on causes of diarrhoea, how to prevent it showed significant improvement by 42% in Ha Tinh and a 59% increase in Son La.

HYGIENE BEHAVIOUR CHANGE

As shown by the graph, in Ha Tinh, there was significant change in all 16 indicators, with an average of 35% ($p > 0.001$), with a 57% increase of handwashing with soap, 55% increase in orderly clean kitchens, 54% increase in clean water container, and 60% improvement in swept floors, as well as 45% more handwashing facilities. In Son La 70% of CHC members built unsubsidized latrines (387 in one year).

Increase of Home Hygiene indicators from baseline to post survey after 20 health promotion sessions



3%

Increase in treated water 97% - 100%



57%

Use of soap to wash hands 3% - 63%



45%

Increase in hand washing facility 14% - 59%



20%

Increase in Hygienic Toilets 37% - 57%



54%

Increase in Safe Water Storage 35% - 89%



23%

Increase in washing in a bath shelter 75% - 98%



60%

Increase in clean house floor 38% - 95%



30%

Increase in use of fly swat 30% - 60%



54%

Increase in clean water container 35% - 89%



55%

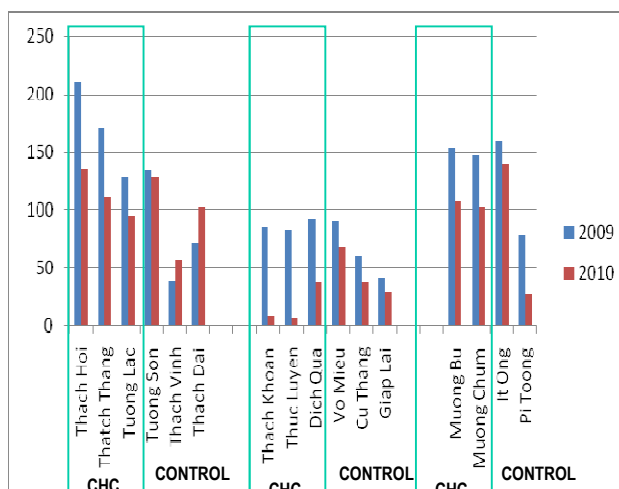
Increase in orderly kitchen area 21% - 76%

COST EFFECTIVENESS

The CHC programme can be measured for cost per beneficiary at only US\$1.80 for one year. This is remarkably cost-effective by any standards and is comparable with similar projects in Africa. As one MoH official from Ha Tinh remarked the CHC Model is 'low cost- high impact'.

CULTURALLY APPROPRIATE FOR VIETNAM

Within an emphasis on group consensus, the CHC Model resonates with cultural norms in Vietnam, whilst the training enables Village Health Workers to run CHCs at very little extra cost within their normal duties. This pilot project should provide Vietnam with a sound methodology that can be predicted to achieve the Millennium Development Goals in CHC districts.

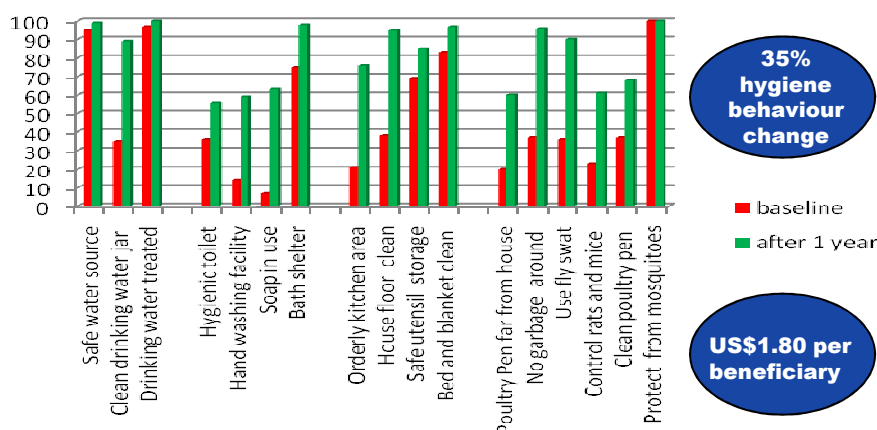


Reduction of reported cases of diarrhoea, dysentery and food poisoning in 7 CHC communes in Vietnam after one year of health promotion activity (2010)

REDUCTION IN DIARRHOEA

Three Health Centres in Phu Tho District have recorded a decrease in diarrhoeal disease by 90%, 93% and 59%. In Thach Ha District there was a decrease by 35% in two CHC communes but a rise of 18% and 31% in two Communes with no CHCs.

Reduction in reported cases of diarrhoeal disease in all communes



35%
hygiene
behaviour
change

■ baseline
■ after 1 year

**US\$1.80 per
beneficiary**

$p > 0.001$

