Community-Based Environmental Health Promotion Programme (CBEHPP) in Rwanda

Hygiene Behaviour Change through Community Health Clubs (CHCs)

Waterkeyn, AFRICA AHEAD; Sanitation Partners Workshop, Bill & Melinda Gates Foundation, Hanoi, Vietnam - 2015

Community Health Clubs have been registered in 98% of all villages
Almost 5,000 villages have received CHC training and meet every week.

Although latrine coverage is almost universal in Rwanda, low levels of hygiene have persisted. The Community Health Club (CHC) model was adopted for the national health promotion campaign (i.e. CBEHPP) because previous research at LSHTM had demonstrated CHCs capable of achieving high levels of cost-effective behaviour change (Waterkeyn & Cairnsross, 2006). The MoH (Environmental Health Desk), with TA support from WSP-World Bank & UNICEF, commissioned AFRICA AHEAD to develop the CBEHPP Roadmap plus training materials to support the scale-up of the CHC model nationwide to all 15,000 villages across Rwanda. To-date, CBEHPP training has been undertaken in 20 out of a total of 30 Districts and 33% of all villages have been trained to conduct health promotion sessions using CHC participatory activities that stimulate hygiene behaviour change. CBEHPP continues to expand with increasing levels of support from many implementing partners. As a result, hygiene is improving in Rwanda, which is one of the few countries in Africa to have surpassed the MDG WASH targets. Neighbouring countries (i.e. DRC and Uganda) are currently piloting similar CHC model.

1. INTERVENTION: “Putting women and girls at the centre of development”

RUSI DISTRICT RANDOMISED CONTROL TRIAL

Rusizi District was selected for a Randomised Control Trial (RCT) sponsored by the Bill & Melinda Gates Foundation and conducted by Innovations for Poverty Action (IPA). The 150 villages in the intervention consist of three arms: 50 ‘Classic’ villages that received 20 sessions as shown in the CHC Membership card above which includes most preventable diseases; the 50 ‘Lite’ villages received much less training, similar to the standard PHAST training with just 6 participatory sessions on WASH related topics; and the 50 Control villages with no treatment for two years. At the end of 20, the ‘Lite’ & ‘Control’ villages will receive the full ‘Classic’ CHC training. Africa AHEAD was commissioned by MoH to backstop the intervention and ensure that it was carried out according to the ‘Classic’ recipe as outlined in the Manual designed by Africa AHEAD. There are 8,420 households in the 50 Classic villages of which 60% are represented in a Community Health Club.

This poster does not represent findings from the RCT, which will only be available at the beginning of 2016.

2. HYGIENE BEHAVIOUR CHANGE : Average 41% change of 14 indicators in 3 months

SAFE SANITATION

95% of households have a latrine
82% made improvements to latrines
71% have clean latrines

SAFE HANDWASHING

71% have tippy taps at latrines
41% use ‘pour-to-waste’ method
54% use soap with hand washing

SAFE HOME HYGIENE

60% now take drinking water safely
53% are treating unsafe water
95% use drying racks for pots
50% keep livestock out of kitchens
69% now have ventilated kitchens

SAFE ENVIRONMENT

69% are now recycling solid waste
94% now have safe paths to home
79% use mosquitos nets for all family

BEHAVIOUR CHANGE

8% 15% 2%
55% 9% 11%
32% 11% 8%
15% 58%
29%

Hygiene Improvement in 50 villages in Rusizi, Rwanda, 2014, after 10 hygiene promotion sessions (3 months)

INTERVENTION AREA: RWANDA

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Community Health Club = An Engine for Change

The programme in Rusizi to-date, as described above, is only the 1st stage of a 4 year process of development which could: if the CHC Model is used to its full extent - proceed into other Sectors as achieving ‘Applied Health Education and Development’ – AHEAD. The CHC becomes the engine for change, a structure at community level which can be used to address most development challenges. In Zimbabwe, CHCs have been used for Water, Sanitation, Nutrition, Livelihoods and Energy saving programmes. They are useful for savings/trust schemes and empowerment of women generally. For more information on this integrated and holistic approach to development using health promotion as an entry point to full community development, visit www.africareadhead.com