Decreasing communicable diseases through improved hygiene in Community Health Clubs

October 2005. Kampala. 31st WEDC Conference
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Two Main Questions:

- Can health promotion persuade people to change their hygiene behaviour?
- Can people sustain this behaviour permanently after the intervention ceases?
This paper demonstrates that …

….. if ‘high priority and adequate resources’ are given to the ‘software component’ of water and sanitation programmes

If a ‘culture of health’ has been established …
by a critical mass of people practicing good hygiene…

hygiene behaviours are likely to become permanent…

and can reduce communicable diseases.
Fig 1. Map of Zimbabwe, showing 3 Zimbabwe A.H.E.A.D Community Health Clubs Districts
The Community Health Club Methodology:

- an innovative method to improve family health
- uses health promotion as the entry point
- effectively changes hygiene behaviour
- creates a demand for sanitation
MAKONI DISTRICT PROJECT

1st YEAR: COMMUNITY COHESION

- using health promotion as an entry point
- Knowledge of all communicable diseases
  - diarrhoea
  - bilharzia
  - worm infestations
  - skin diseases

2nd YEAR: SANITATION PROGRAMME

- eye diseases
- malaria
- acute respiratory infections
- HIV/AIDS.

1,800 latrines built in 18 months
Makoni District

By 2000 ….. after one year

382 health clubs

18,044 members  108,264 beneficiaries

Over 60% of members

• completed weekly health sessions
  • on 20 different health topics
    • 50 recommended practices
      • addressing all preventable diseases
Weekly health sessions for six months:

Provide correct health information, through participatory activities

People change their behaviour
NOT because of knowledge

BUT because of PEER PRESSURE

• Applied knowledge: recommended practices
• Encouraged and advised each other
• Visits from house to house
• Dramas, songs and slogans
• Health quiz; song and drama contest
Ministry of Health Environmental Health Technicians (EHTs).

- 30 EHTs were trained
- Based at rural health centre in each ward
- Responsibility of public health training
  - Water and sanitation programmes
  - Use participatory training materials
- Transport and allowances provided
Makoni District: Difference in behaviour between health club members & control group

- 33% individual plates
- 23% use of a ladle
- 32% use of Individual cups
- 29% more VIP Latrines were built
- 14% Cat Sanitation (covered faeces)
- 41% more pouring of water for hand washing
- 19% more Nutrition Gardens were made
<table>
<thead>
<tr>
<th>Community</th>
<th>Year</th>
<th>CHCs</th>
<th>% CHC</th>
<th>Hold mem</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ruombwe</td>
<td>1995</td>
<td>18</td>
<td>80%</td>
<td>2,224</td>
</tr>
<tr>
<td>Nyamidzi</td>
<td>1996</td>
<td>13</td>
<td>113%</td>
<td>1,358</td>
</tr>
<tr>
<td>Tanda</td>
<td>1996</td>
<td>14</td>
<td>24%</td>
<td>2,773</td>
</tr>
<tr>
<td>Tikwiri</td>
<td>1998</td>
<td>6</td>
<td>68%</td>
<td>753</td>
</tr>
<tr>
<td>Mutanda 1</td>
<td>1998</td>
<td>9</td>
<td>43%</td>
<td>1,186</td>
</tr>
<tr>
<td>Sangano</td>
<td>1998</td>
<td>10</td>
<td>20%</td>
<td>1,558</td>
</tr>
<tr>
<td>Dumbamwe</td>
<td>1998</td>
<td>6</td>
<td>78%</td>
<td>936</td>
</tr>
<tr>
<td>Ngowe</td>
<td>1998</td>
<td>12</td>
<td>56%</td>
<td>2,000</td>
</tr>
<tr>
<td>Weya</td>
<td>1998</td>
<td>15</td>
<td>90%</td>
<td>1,700</td>
</tr>
<tr>
<td>Mutunga</td>
<td>1999</td>
<td>7</td>
<td>78%</td>
<td>947</td>
</tr>
<tr>
<td>Inyati</td>
<td>2000</td>
<td>5</td>
<td>9%</td>
<td>2,900</td>
</tr>
</tbody>
</table>

**Totals:**
- 96 CHCs
- 53%
- 18,335 hold mem
- 9,712
Figure 3. Tikwiri Ward. 1995-2003. Reported cases of communicable diseases

<table>
<thead>
<tr>
<th>Number of health clubs</th>
<th>Period of Health Promotion</th>
<th>h/hlds</th>
<th>coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 health clubs</td>
<td>1998 - 2001</td>
<td>516</td>
<td>68 %</td>
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</table>
Figure 5. Nyamidzi Ward. 1995-2003. 
Reported cases of communicable diseases

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<tr>
<td>13 health clubs</td>
<td>1996 - 2001</td>
<td>1,540</td>
<td>100 %</td>
</tr>
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Source: Ministry of Health, Makoni District Hospital, Zimbabwe
Reported cases of communicable diseases

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<tr>
<td>18 health clubs</td>
<td>1995 - 2001</td>
<td>1,777</td>
<td>80 %</td>
</tr>
</tbody>
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Source: Ministry of Health, Makoni District Hospital, Zimbabwe
In the past 9 years since health clubs were started

25,198 cases saved in Rumbwe ward alone

In most of the 10 wards reported cases at Health Centres declined significantly during implementation period (1999 –2001)

They started to rise slowly thereafter

They still remained below 1999 levels
CONCLUSION

The longer health clubs have been active in an area and the higher the density of Community Health Clubs the more there is a likelihood of preventable diseases being significantly and permanently reduced.

- This may be attributable to Health Club activities and positive behaviour change of members.
Creating demand for sanitation and hygiene through Community Health Clubs: a cost-effective intervention in two districts of Zimbabwe.


WEDC papers:


