I am Not Nobody Now: Empowering Women through Community Health Clubs
World Water Week.
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Slide 2: Child mortality in Africa
I would like to start off by showing you a slide of our grandson, Aidan!
Yes, we are proud grandparents and we almost take it for granted that Aidan is going to survive his infancy. However, if he was the child of poverty stricken family in West Africa he would be 16 times less likely to make it past his 5th birthday.

I start with this because we sometimes lose sight of the basic reason we are all in development: to save lives. All our projects from which ever sector: water, sanitation, health promotion, agriculture or Livelihoods are in fact to ensure that the children of developing countries survive and prosper. This is the reason we are all here at this conference, racking our brains to find the most cost-effective way to achieve this huge undertaking. Given this is funded from our own pockets we are looking for the most cost-effective way too achieve this, to stretch the dollar. Therefore cost per beneficiary is important. However, with our combined efforts since 2015 we still have not made much of a dent in the statistics. I think this is largely due to 'silo mentality' of the funding. We fund vertically ; one does HIV but wont touch sanitation, and visa versa. Its is a waste of resources when there is a means to tick all the boxes for the same cost.

Slide 3: Main Themes

I want to ask you to get out of your various boxes for a moment, and look at development with fresh eyes, as if you were seeing this world for the first time. I am going to look at three themes in this short presentation to give some idea of why CHCs are an appropriate response to ensuring child survival:

1. Empowerment of women to address ignorance
2. Holistic approach to disease prevention to reduce infant mortality
3. Positive peer support rather than negative peer pressure

Slide 4: Facing the Reality of Infant mortality

To illustrate my first point, 'EMPOWERMENT OF WOMEN' I would like to relate an experience I will never forget. I was in a village in Guinea Bissau, one of the poorest countries in Africa looking at local hygiene conditions. All the young mums were begging me to take photos of their pretty little babies. Then one young teenager took my hand and pulled me to the end of the village into a little dark hut where her old mother was sitting nursing what initially appeared to be little bird cupped in her hands.

This little creature turned out to be a one month old baby, called Segni. The mother was no more than a child herself, and had got pregnant unknowingly and was in disgrace. Her father would have nothing to do with the child and left for the town. The baby contracted neonatal tetanus at birth as a rusty blade was used to cut the umbilical cord. She didn't feed, lost weight and had continual diarrhoea. Her uneducated Mum did the only thing she knew and took her to the 'traditional healer'. The protective amulets did nothing. They had no idea what to do else to do for the baby. We took little Segni to the clinic but she died that night.

That child should NOT have died. She died not only of a preventable disease but of IGNORANCE. If there had been a CHC in her village, Segni would not have died. Her young mother may not have even got pregnant, she would not have been afraid to have a safe delivery in a clinic, and She would have known how to prevent dehydration with oral rehydration. Segni would now be a little girl of 7 years, but she is just a sad statistic. Of the 6 million children like Segni under the age of five who died in 2012 in Africa (WHO), more than HALF could have been saved by simple, affordable interventions.

Slide 5: Causes of Child Mortality amongst under 5 in Africa

Mothers face a myriad of threats to the survival of their children.

WHO analyses the main killer diseases like this: Pneumonia, diarrhoea malaria, measles HIV/AIDs and neonatal causes are responsible for 88% if these deaths. It is worth remembering that diarrhoea is only responsible for 17%. What about the others? Why are we ignoring these when they can be reduced at the same time with the same messages. It is estimated that ARIs (pneumonia) can be reduced by 30% by handwashing. Neo natal mortality by 44%. Diarrhoea can be virtually eliminated by safe food hygiene, sanitation and water usage. So just through training in Community Health clubs we can reduce child deaths by

Ensuring that no baby is born with HIV is an essential step towards achieving an AIDS-free generation. An intervention known as "prevention of mother-to-child transmission of HIV," or PMTCT, provides drugs, counselling and psychological support to help mothers safeguard their infants against the virus.

Malaria can be reduced by 50% for those using Insecticide treated nets, and by 30% of others who are not even under the nets, as the chemical kills the mosquitos after contact with the net.

Measles can be completely prevented by vaccination.

So you get all preventable diseases for the price of one… a bargain in fact! Not only can we address some of the killer diseases mentioned above, but we can address cause of child morbidity, which limit a child's growth and productivity. Malnutrition which is responsible for 35% mortality of all the main killer disease. .

SLIDE 6: Prevention of deaths of children under 5 through training in CHCs

If we take the studies to be true and that deaths can be prevented by these non risk behavior then we can estimate how many lives could be saved if mothers were able to prevent these disease. The previous slide shows that 88 deaths per 100 were attributable to disease which could have been prevented. If this was the case, using the 5 prevention rate, we would reduce the number of deaths per 100 to 42, saving 58 deaths. Furthermore if we went on to the next stage in the programme, the Nutrition and Agriculture stage (FAN) then malnutrition would be avoided in the community and those who were sick would not die from malnutrition. This would in theory reduce the number of deaths to 22, with another 36 deaths saved. This through an holistic two year intervention we estimate we can save 66 per 100 deaths of children under 5.

Slide 7: A case study: Reduction of reported Cases in Makoni, Zimbabwe through CHCs

Here is a graph from Makoni District in Zimbabwe were CHCs first started in 1995. We had been her for 7 years, and had reached an 80% coverage of CHC households catchment of this the clinic area. This is the pattern of decrease in Diarrhoea (red) Bilharzia (green) , Skin Diseases (orange), ARI (blue) Eye Disease (light blue) and Malaria (brown) reduction over 7 years of a CHC.

In the Community Health Clubs we have shown that we are indeed able to help mothers to prevent disease through safe hygiene. Community HEALTH is the concept of WELL BEING, a fully functional community that can take care of its ALL basic health challenges.

We can seriously reduce the Morbidity of Children by including basic knowledge of the cause, prevention and cure of what are now known as neglected tropical disease. Whilst not fatal these conditions impact on development of a child... for example bilharzia, which make a child tired at school, skin disease which irritate and prevent concentration, guinea worm and trachoma which can cause blindness, parasitic intestinal worms which steal nutrition from their gut, environmental enteropathy which thickens the gut lining and prevents absorption of nutrients, so stunting the growth of children both mentally and physically.

The interesting point about this graph is that when Zim AHEAD left, the reported cases remain low and continued on the low end. In other areas where we had only done one or two years of CHCs, the cases started to raise the moment we left the area. What do we lean from this? Hygiene behavior change Takes time to become the norm… that is why we advocate a 3-4 year involvement in a community to take it through to a point that hygiene behavior will be sustained.

Slide 8: Emergency CHCs: Preventing cholera in Zimbabwe

The CHC approach is perceived as a long term development strategy, which indeed it is. But it can also be used in emergencies to stop the outbreak of epidemics like Cholera and Ebola.

The Cholera Epidemic in Zimbabwe in 2008, was a good example. This was in the town of Mutare in an area of high density called Sakubva, which was feared could be a hot spot for cholera transmission since it had a large market where cross border traffic from Mozambique. Zim AHEAD started 50 CHCs and School Health Clubs - Each club had about 130 members making a total number of members of approx. 5,000. The response from the high density suburbs was overwhelming and matched the fear that was in the streets. People were dying in droves all over Zimbabwe. There were over 100,000 cases in Zimbabwe and approximately 4,500 people died. In our project district, the CHCs prevented the spread of the deadly epidemic: there were only 4 cases and NO deaths. This is because the participatory sessions every week in the CHC enable people to identify cholera and seek treatment early, thus avoiding death. When Cholera stuck Zimbabwe in 2008 it was found by Centre of Disease Control that in areas where there had been health promotion, i.e. CHCs - there was significantly less death (Morof. 2009).

SLIDE 9: Holistic Health Promotion Training

Community HEALTH is the concept of WELL BEING, a fully functional community that can take care of its ALL basic health challenges. Management of Health means preventing ALL the disease that can be stopped by good hygiene. In the Community Health Clubs we have shown that we are indeed able to help mothers to prevent disease through safe hygiene.

Here we have the topics that are covered in the course of the training. 20 sessions in all, which are flexible to meet the needs of each country. This is the Zimbabwean membership card.
Community HEALTH is the concept of WELL BEING, a fully functional community that can take care of its ALL basic health challenges. Management of Health means preventing ALL the disease that can be stopped by good hygiene. In the Community Health Clubs we have shown that we are indeed able to help mothers to prevent disease through safe hygiene.

CHCs can also address other conditions, the neglected Tropical diseases which causing Child Morbidity such as Malnutrition 35%, Bilharzia, skin disease, intestinal worms, Guinea worm and preventing blindness due to trachoma.
So, given that we address all these topics in a Community Health Club, we would expect to see some reduction of reported cases where there have been a sufficient density of CHCs, for a sufficient period of time. And indeed we do.

SLIDE 10: A PREDICTABLE MODEL: Measuring Hygiene behavior change

For a Theory to be considered a Model it must be able to predict a QUANTIFIABLE result. For our experience to date we can predict a certain LEVEL OF BEHAVIOUR CHANGE in a Community Health Club can predict a

If the CHC method is executed according to the plan, we can expect at the very least to achieve 50% of a range of indicators. However in areas where the base line is low or the community particularly well organized we can expect as much as 80% of members to achieve the standard required for healthy living within two years.

Her is an example of a project in Zimbabwe in 2012, where the objective was to achieve blanket coverage of membership in each village. We started 121 CHCs: with a membership of the 5,502, households. 4041 (80%) of those households complied with recommended practices: with refuse pits, pot racks, hand wash facilities, use of individual cups and plates, smart kitchens, vegetable gardens, immunized children and those able to make sugar salt solution. In other words 80% of each of the 121 CHCs had adopted all these practices in 6 months of being in a CHC. The average for ALL 16 indicators was 79%.

If you follow the CHC **RECIPE** for change … you can expect this type of response from the community.

SLIDE 10: HOW DO CHCS WORK? HOW DO WE GET BUY IN AND THIS LEVEL OF RESPONSE? This is the question I will attempt to answer in the second half of the presentation.

SLIDE 11: COMMON UNITY

Let's look at the origin of by the word, COMMUNITY - it is made up of two parts COMMON and UNITY. Perhaps, a few hundred years ago this definition of a group of people in one geographic area might apply. Not any more. Will the brain drain to the cities, with the westernization of indigenous societies, with the stratification of society into different classes, even in Africa , with different levels of education…. This no longer can be taken for granted. Society in Africa is in flux.

Do all communities you have worked in have this 'Common Unity'? I don't think so.

In reality 'communities' seldom have this common unity, there are competing interests and often great suspicion between neighbors. There is seldom if ever, a forum for debate between those in charge and the povo, and WOMEN seldom have a voice.

SLIDE 13: Women's love of learning

However, there is a given, we can build on. Women flock to Community Health Clubs because they are aware of this, they want to learn how to be better parents and enable their children to survive all the common diseases that claim young lives in the rural areas of Africa.

As Julius Nyerere once said, *"In Africa we sit under a tree til we agree'* and this is what we do in health clubs every week… allow a space to work together
He also said : 'Teach a woman and you teach a nation'.

Every village seems to respond to some degree, from East to West Africa, in Moslem or Christian villages, women have the same enthusiasm for learning, we have countless case studies. Consult our website, I haven't the time to elaborate here. This has been done thousands of times with very few failures. We don't get damp matchboxes! Why? Because our approach resonates with the culture of the people, the true povo, it rebuilds their core values which in Africa are EGALITARIAN and COMMUNAL.

SLIDE 14: A FORUM FOR DEBATE AND SOCIALISING

Women the world over love to get dressed up, meet their friends and drop their chores /draws for a few hours. This is the social attraction of the weekly meeting, not dropping their draws, I add! Through song and dance, through drama and poems, CHC members bond together and have fun. Their slogans give them a clear direction and resolve.

The participatory sessions provide a forum for discussion and debate, allow them the space to truly understand how they can control the survival of their children . They learn not just how to build a latrine, or how to wash their hands but a range of topics including practical demonstrations such as this group making peanut butter for weaning babies.

SLIDE 15: SENSE OF IDENTITY AND ACHIEVEMENT

The membership card what makes the CHC Model so different from most other programmes.
The little green card is the key.
The membership card gives the CHC MEMBER as sense of identity.
It lists the topics that will be covered and the recommended practices associated with each topic.

Every time a member attends a session, the card is signed.
We humans, rich or poor, educated or not, men or women, seem to NEED TO ACHIEVE.
We like to tick the boxes and this accounts for the high rate of completion of sessions.
The last project in Rwanda has shown an average of 85% completion rate of the 20 sessions.

SLIDE 16: PUBLIC RECOGNITION: social capital

Being a CHC member is a similar commitment to belonging to a church group, and attracts people who love to be together.
Whilst a woman on her OWN is fairly powerless in many cases, if women work TOGETHER they are a force that is unstoppable.

Pulling together, through regular meeting is known to increase social networks and by default, Social Capital. So a CHCs real strength is the improvement of trust and reciprocity that helps all in the people in the community, whether they belong to the CHC or not.

SLIDE 17: Tackle Ignorance

Community Health Clubs tackle the IGNORANCE of mothers and their DISTRUST of western style treatment. Community Health Clubs empower mothers to look after their children effectively. The training women receive enable to understand the root cause of infant mortality, and show them the health of their children is in their hands.
The CHC is not a quick-fix 'sticking plaster' approach that treats the DISEASE itself but rather TREATS THE REASON why these children die young. This is why it is sustainable.
So when I hear statistics like 6 million children die in Africa every year, I think of one child… Segni and multiply it up……
As Mother Theresa once said, 'to count to a million you have to start with 1'
Lack of Community which prevents effective action and COODINATION.
Public health needs a GROUP response.

We believe that a key reason for the failure of so many development projects is that the tendency by **well-meaning** donors to approach the 'community' as a functional group, a slightly romantic notion.

Secondly, with our educational elevation we literally cannot see the wood for the trees. We approach a forest as a plantation of trees. We approach a group of people as a collection of INDIVIDUALS. This is the norm in developed countries.

We tend to focus on the individual and ask them to take a decision for themselves. Well-educated people are used to making individual decisions, but less educated are not that confident when it comes to new ideas.
The individual can only go so far before doubt, or lack of ability, cripples the effort. In developing countries and in rural areas in particular, I think we should be targeting the GROUP rather than the individual. Risk taking is a matter of life or death. , there is no margin for error. Remember the first slide. 1:16.

SLIDE 18. Mechanism for successful Hygiene Behaviour Change

This is how I think it works: Every person has their own unique knowledge, personal experience and understanding of an issue. For example: the question of Open Defecation. I may have realized that flies on my food are not very nice, and then I am told that they are the main cause of diarrhoea, and that I have to build a latrine to stop them going from faeces to my food. I am persuaded that it is a good idea to dig a hole and bury my faeces. But that isn't good enough for the project people. They want me to build a latrine. I have no experience of shitting in a little dark room and no one to dig a pit…it is all too much trouble. Left to myself, as an individual, this is where I stop, I know, I understand but can I do it? Probably not…. I am short of money, it's a hazzle, my husband is away so I cant ask him what to do…so I leave it.

This is where the group starts to have an effect. In the CHC we have discussed, understood and decided that everyone should have a latrine… it is now 'cool' to have a latrine, the sign of a progressive person. In fact everyone in the village except for me and a few others have started building latrines. It's the fashion, so I join in. However I am living alone and cant organize it. The CHC realize I need help and come to my assistance and help to dig the pit. I feel so encouraged that I go and collect wood, and thatching grass and finish of the superstructure myself. I am proud to be part of a bigger effort. Every week in the health club we ask each other what changes we have made, and I am proud to say what I have done; I now have a latrine. People can come from town to visit me and I wont be ashamed any longer that they have to use the bush.

SLIDE 17: Empowerment of Women

Community Health Clubs tackle the gaps of knowledge, the IGNORANCE of mothers. I also though peer support, through group decisions helps them to overcome their DISTRUST of western style treatment. Community Health Clubs empower mothers to look after their children effectively.

The training women receive enable to understand the cause of disease, the value of hygiene, and shows them the health of their children is in their hands.

The CHC is not a quick-fix approach that treats not only the **SYMPTOM** of DISEASE but rather CAUSE / REASON why so many children die young: i.e. lack of knowledge understanding and hygiene. This is why the CHC model changes people for good. The practice is sustained because the VALUES that dictate the practice have changed. It is not a sticking plaster approach.

3 million children like Segni could have been saved if their mothers had been health club members. Our ambition is to reach these children

When we start a Health Club we are trying to enhance 'REAL Community', to build a group of people that share a common unity, not only of knowledge, but a shared UNDERSTANDING of the implications of that knowledge, and a sense of PURPOSE to change things for the better.

SLIDE 18: Sense of Achievement: Mrs Toriro's career

Mrs Toriro, started as a CHC Member. Her husband came back from town with AIDS to die in his rural home. He could hardly recognize his homestead. His wife had risen in his long absence from a simple rural woman to becoming a leader of the village, a trainer of the district. In the process she herself had a magnificent nutrition garden, Through the sale of vegetables had raised so much money, she had built an extra bedroom and upgraded their family well, and built a latrine. She had taught hundreds of women in her district how to grow a wide range of herbs and vegetables. She knew the medical uses of over 60 varieties. She had become something in her own right, she was an expert farmer, and could use herbs to treat common diseases. Sadly Mrs Toriro followed her husband and died of AIDS a few years ago but she is on record for saying "I am not Nobody now'. Her life was valued by thousands of people she had trained.

19. CONCLUSION

Public health needs a GROUP response. It needs a program that allows all diseases to be addressed. It needs holistic, integrated thinking on the part of project managers and more importantly the donors who call the shots for how and what gets funded. In areas where there are CHCs, I repeat NO CHILD needs to die from preventable disease.

If there had been a Community Health Club in Segni's village she be alive, aged 7 years old. Segni would also be able to say, 'I am not nobody now!' So would many of the 6 million children who die needlessly due to ignorance. So would the 1,000 + people who have just died in the Ebola outbreak. So would the 4,000+ who died in the cholera in Zimbabwe in 2008. Prevention is possible if there is public knowledge understanding and cooperation. This is why we advocate Community Health Clubs!