

Empowerment for Africa not Aid

Waterkeyn, J. (2011)

In 2004, only 59% of the world population had access to any type of improved sanitation facility. The latest report from the Joint Monitoring Programme (JMP) shows that with less than 40% sanitation coverage, Sub-Saharan Africa fares most poorly globally against other regions such as Latin America and the Caribbean and Northern Africa which have each achieved over 70% sanitation coverage. The JMP report points out that if current trends persist up to 2015, the absolute number of people without improved sanitation will decline by 221 million. However, sub-Saharan Africa will end up with 91 million more unserved than in 2004. (AFRIsan)

WSP- Africa estimates that annual benefits for Africa if the sanitation MDG targets are met are:

- Diarrhea cases avoided: 1,239,000
- Hours gained due to closer access to sanitation facilities: 38,616,000
- School days gained (5-14 age group): 1,700,000
- Health sector treatment costs avoided (diarrhea): 1,130,000 US\$

Every fifteen seconds a child dies from diseases largely due to poor water, sanitation and hygiene (WHO/Unicef 2000). An authoritative review (Esrey et al 1991) found that sanitation can lower the rate of diarrhoeal diseases by 35% and good home hygiene by 33%, and that these two interventions alone are more effective in reducing diarrhoea than improvements in either water quantity (20%) or water quality (15%). One of the Millennium Development Goals (United Nations 2002) is to halve, by the year 2015, the number of people who have no sanitation (currently 2.4 billion people, or two fifths of the world's population). This immense task relies not only on substantially scaling-up available funds (Terry & Calaguas 2003) and using effective technologies, but also on the capacity of the unserved population to respond to this international effort.

Whilst there is seldom resistance to improving water facilities in the rural areas of developing countries, there is usually less interest in making hygiene improvements and to date sanitation initiatives have attracted little support. It is clear that this demand can only be created if a more subtle strategy is used to persuade the target population of the benefits of safe faecal disposal. Sanitation coverage in sub-Saharan Africa has not kept pace with population increase, but has dropped from 60% in 1990, to 47% in

2003; in Asia it has fared little better (Cairncross 2003). This trend needs to be reversed by creating a *demand* for sanitation. For this to happen, a proven model for community mobilisation is required that can be rapidly adopted and taken to scale.

Africa AHEAD is the pioneer of a strategy that enables communities to take their health into their own hands by working together as a group to alleviate poverty, through improving hygiene in the home and preventing many diseases such as: Cholera, Diarrhoea, bilharzia, malaria, skin disease, eye disease, worms and HIV/AIDS. All these diseases affect the ability of the poor to earn a living as they are incapacitated by disease, and having to care for those affected. Child headed households and single parents as well as grandparents looking after orphans, struggle to control communicable diseases that can easily be prevented with the correct knowledge and hygiene practice.

Since 1997, Africa AHEAD has been working in countries all over Africa to empower communities to manage their own health:

In **Zimbabwe** where over 700 Community Health Clubs with an estimated 70,000 members and 350,000 beneficiaries, are able to not only survive in a collapsed economy where over half the population is reliant on food aid, but actually prosper, selling vegetables from over 1,000 nutrition gardens.

In war torn **Sierra Leone**, where health clubs were first started in 2003, after years of civil war, to help in the process of reconstructing villages and bringing communities together. The first 50 health clubs had 500 members and 2,500 beneficiaries. There are now health clubs all over Sierra Leone and they are helping to heal torn communities and increase social capital and trust.

In 2005 in one of the worst humanitarian disasters in the world in **Northern Uganda** where the Lords Resistance Army had devastated the land, 89% of the population were crowded into Refugee Camps. Africa AHEAD assisted CARE to start 116 health clubs with 15,522 members and 77,600 beneficiaries.

In 2008 in **Zimbabwe** the worst cholera outbreak in Africa occurred with 100,000 cases and 4,000 deaths. Africa AHEAD started 35 Community Health Clubs in Mutare high density suburb and managed to stop the spread of cholera with no deaths.

In 2006, **Guinea Bissau** Africa AHEAD assisted Effective Intervention to reverse the infant mortality rate in one of the poorest countries in the world where 308 children in

every 1000 die before they are 2 years old, from preventable diseases like diarrhoea and neo natal tetanus.

Currently in **South Africa** Community Health Clubs are starting up in the informal settlements of Cape Town and Durban, with over 100 community facilitators supported to coordinate communities and improve hygiene standards in one of the fastest growing slums in Africa, with estimated 6,000 beneficiaries. In addition Africa AHEAD is assisting government in some of the poorest rural areas in Kwa Zulu Natal where 85% of the people still have to collect drinking water from muddy springs in the ground.

Now in 2011, Community Health Clubs are due to start up in over 4,800 villages in **Rwanda** where the government has asked Africa AHEAD to scale up to cover the whole country.

Community Health Clubs, like the famous Boy Scout Club can bring light and change to a community and enable people to take charge of their own health and prevent common diseases that kill their children. Knowledge can divide infinitely and as Nyerere said, ' In Africa, we sit under a tree until we agree.' This is what Africa AHEAD can do, provide the space to learn and change. With the immense difficulties of meeting the vast demands for Africa, the MDGs cannot be met, and the targets can only be met if the people themselves change their own life. Self reliance brings dignity, not dependence. This is not AID but Empowerment.