

National Workshop on Scale-up of Community Based Environmental Health Promotion Program (CBEHPP)

PROGRESS TOWARDS IMPLEMENTATION OF CBEHPP AND CHALLENGES/LESSONS LEARNED



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PRESENTATION OUTLINE

- Process indicators
- Outcome and impact indicators
- Program achievements
- Favorable environment for CBEHPP
- Best practices
- Challenges
- Way forward

CBEHPP PROCESS INDICATORS

S/N0	Indicator	Target 2012	Current status	Target 2018
1	CBEHPP intervention in 30 Districts	100%	66%	100%
2	Establishment of Community Health Clubs (CHCs) in 14,841 villages	100%	90%	100%
3	Percentage of functional CHCs versus established 13,472 CHCs	100%	40%	100%
4	CBEHPP National Core team of Trainers	100%	83%	100%
5	Percentage of CHC Facilitators (Village in Charge of Social Affairs - ASOC) attend CHC training	100%	30%	100%
6	Percentage of people practicing open defecation (DHS 2010)	0%	1%	0%
7	Percentage of households using improved toilets (EICV 3 -2011)	100%	75%	100%

CBEHPP OUTCOME INDICATORS

S/N0	Indicator	Target 2012	Current status	Target 2018
8	Percentage of households using hygienic toilets	80%	33%	100%
9	Percentage of households with water and soap in the proximity of toilet	80%	31%	100%
10	Mothers washing hands with soap before feeding a child	-	28%	100%
11	Percentage of households washing hands with soap after visiting a toilet	80%	46%	100%
12	Percentage of households cleaning the toilet every day	80%	33%	100%
13	Percentage of caretakers of children disposing children's feces in the latrine/toilet	80%	27%	100%

OUTCOME AND IMPACT INDICATORS

S/N0	Indicator	Target 2012	Current status	Target 2018
14	Percentage of caretakers keeping the children's clothes clean	-	26%	100%
15	Percentage of households keeping domestic utensils clean	-	23%	100%
16	Percentage of households with a rack for kitchen utensils	80%	13%	100%
18	Prevalence of Diarrhoeal diseases among under fives	7%	11%	5%

Data from MoH, UNICEF 2014

Status of CHCs establishment & functionality per District

District	Number of Villages	CHCs established	Fully functional CHCs
GASABO	494	365	6
KICUKIRO	327	326	326
NYARUGENGE	355	342	0
GISAGARA	524	345	0
HUYE	508	508	48
KAMONYI	317	317	62
MUHANGA	331	497	0
NYAMAGABE	536	356	152
NYANZA	420	420	0
NYARUGURU	332	332	124

Conti...			
District	Number of Villages	CHC established	Fully functional CHC
GAKENKE	617	621	80
GICUMBI	630	353	62
MUSANZE	432	432	342
RULINDO	494	771	494
KARONGI	538	619	55
NGORORERO	419	243	0
NYABIHU	473	513	472
NYAMASHEKE	588	862	292
RUBAVU	525	750	525
RUSIZI	596	184	194
RUTSIRO	485	560	0

Conti...			
District	Number of Villages	CHCs established	Fully functional CHCs
BUGESERA	581	683	315
RUHANGO	533	533	118
BURERA	571	571	571
GATSIBO	606	603	500
KAYONZA	421	424	164
KIREHE	612	612	0
NGOMA	473	473	0
NYAGATARE	629	630	0
RWAMAGANA	474	522	474
TOTAL	14,841	13,472 (90%)	5,433 (40%)

PROGRAM ACHIEVEMENTS

- ❖ Establishment of CHCs 90%;
- ❖ CBEHPP has been implemented partially in 20/30 Districts;
- ❖ Functional CHCs: 40% (trained CHCs and supported with training and dialogue tools, conducting weekly club meetings and timely reporting).



MONITORING AND EVALUATION

MoH had devised three levels of M&E to measure CBEHPP '**Golden Indicators**' to ensure **Quality Control of CHCs:-**

- ❖ **Community:** A paper-based **Household Inventory** is maintained at CHC level to track behaviour change.

MONITORING AND EVALUATION

- ❖ **District:** Cell phone/Mobenzi survey conducted by Environmental Health Officers with the help of a smart-phone embedded with a data collection app.



MONITORING AND EVALUATION

National: Use of the **CHC website** where all CHCs are registered and activities captured monthly and quarterly. Baseline, Mid-line and End-line data are captured for each & every CHC at national level.

The information on the website:

- Village
- Town
- CHC Report
- Analytics report
- Hygiene indicators report
- Health Facility report
- Training material
- News

FAVORABLE ENVIRONMENT FOR CBEHPP

- ❖ Availability of political will - all levels
- ❖ Supportive DPs;
- ❖ Availability of qualified personnel to implement CBEHPP;
- ❖ CBEHPP Roadmap though a review is needed;
- ❖ Existence of Health Clubs in all Villages
- ❖ Positive involvement of the Media

- ❖ Construction of latrines for poor and vulnerable families, *chuma ikirenge* in *Rusizi District*;
- ❖ Making soaps for HW;
- ❖ CHCs contributing money for buying corrugated iron sheets for toilets;
- ❖ Contributing money for handwashing facilities, water filters, water treatment, and mattresses;
- ❖ Constructing the kitchen gardens and creating savings and loans



CBEHPP BEST PRACTICES cont'

- ❖ CHCs is becoming a key channel to use for community mobilization;
- ❖ CHC members don't only deal with health and hygiene issues, but they became a family and support each other in any social problem;
- ❖ Constructing the kitchen gardens and creating savings and loans



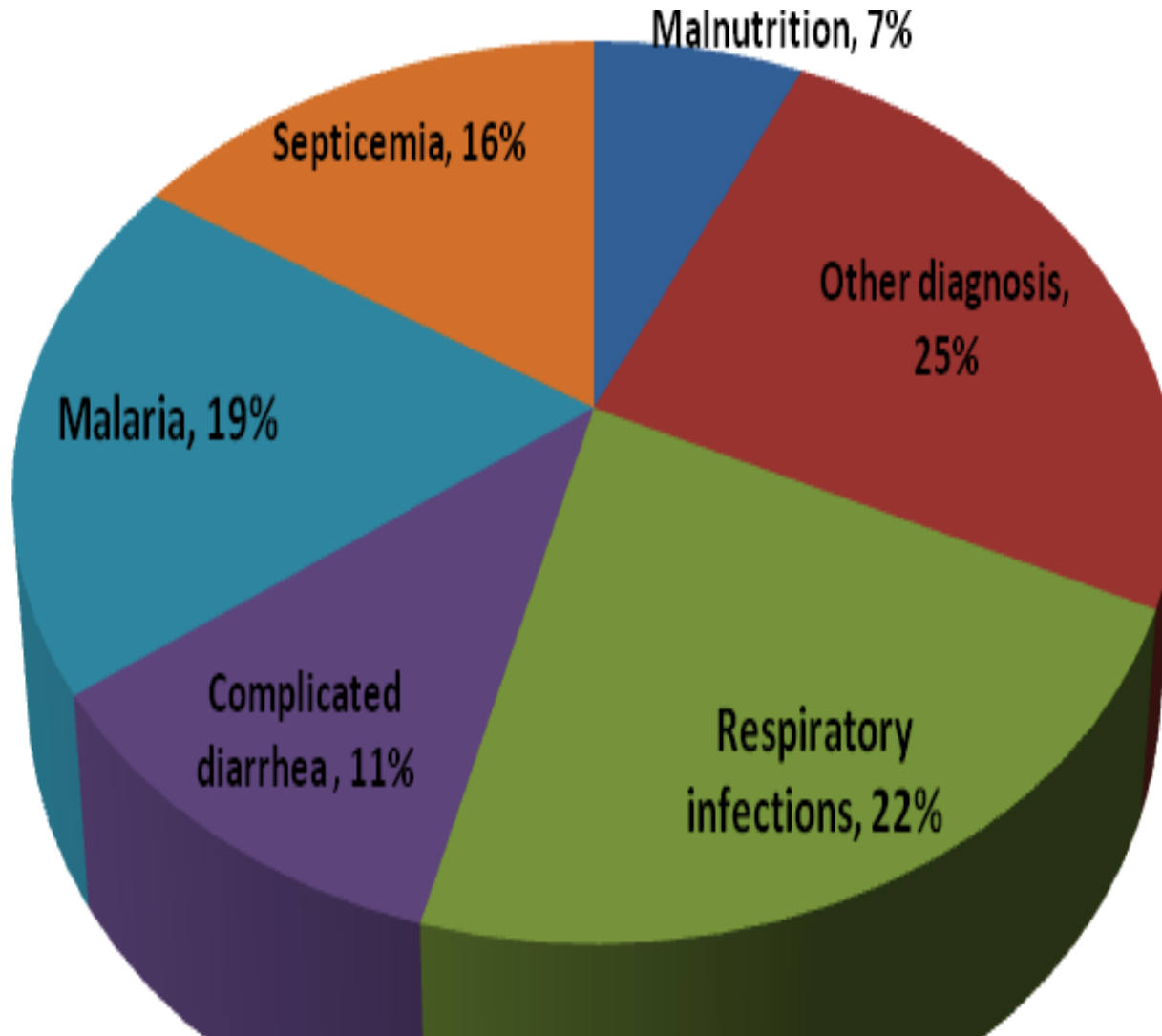
CHALLENGES

- ❖ Lack of adequate funds to scale up CBEHPP implementation in all districts, sectors and villages;
- ❖ Insufficient information on coverage of sanitation and hygiene at district level;
- ❖ Information sharing/reporting by partners;
- ❖ Inadequate monitoring and evaluation interventions – **paper data collection, manual data analysis and reporting;**
- ❖ Lack of dedicated WASH mobilizer at district level.

Unsafe water and inadequate hygiene



Prevalence of Public importance Diseases (MoH annual report, 2013)



WAY FORWARD

Scaling up CBEHPP to 30 districts

THANK YOU
MURAKOZE