

Decreasing communicable diseases through improved hygiene in Community Health Clubs

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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.

Intervention Area:



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 PROJECT1stYEAR: COMMUNITY COHESION

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

- eye diseases
- malaria
- acute respiratory infections
- HIV/AIDS.
- 2nd YEAR: SANITATION PROGRAMME 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





Figure 3. Tikwiri Ward. 1995-2003. Reported cases of communicable diseases





Figure 5. Nyamidzi Ward. 1995-2003. Reported cases of communicable diseases



Source: Ministry of Health, Makoni District Hospital, Zimbabwe





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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

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Waterkeyn, J and Cairncross, S. (2005).

Creating demand for sanitation and hygiene through Community Health Clubs: a cost-effective intervention in two districts of Zimbabwe.

61. Social Science & Medicine. 1958-1970

WEDC papers:

- **1999: Structured Participation in Community Health Clubs.**
- **2000: Demand Led Sanitation in Zimbabwe.**
- **2003: Cost Effective Health Promotion: Community Health Clubs.**
- **2005: THURSDAY : 11.30. Session: UGANDA Experience**