

**Sustainable Sanitation
in East Africa**

– A comparison of two National Sanitation Programmes

**The Community Based Environmental Health Promotion Programme
in Rwanda**

&

The National Sanitation Campaign in Tanzania

Presented by Dr. J. Waterkeyn

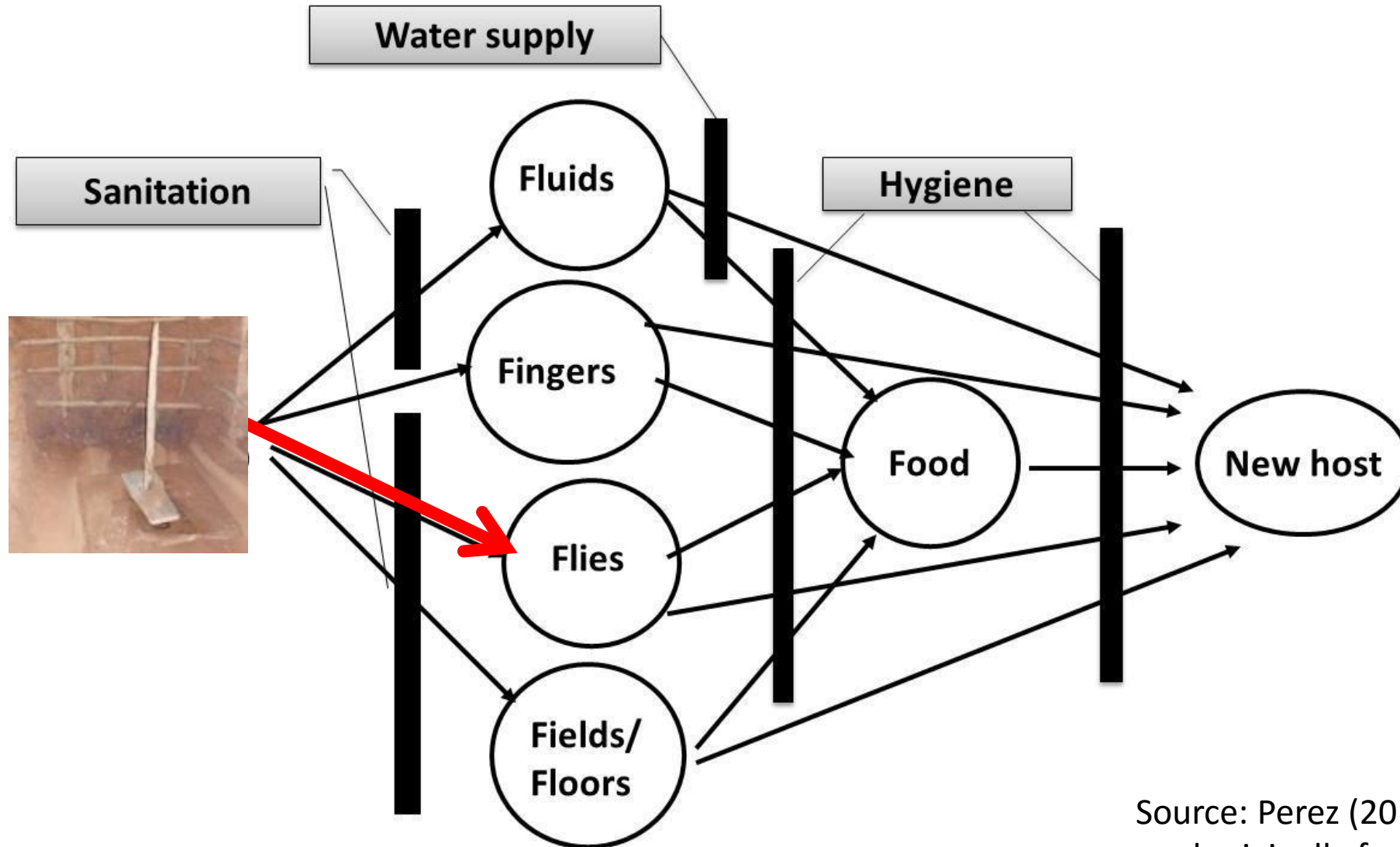
CEO Africa AHEAD

30TH MARCH, 2016



The "F-diagram": fecal-oral transmission pathways and interventions to break them

PURPOSE: TO PREVENT DIARRHOEA



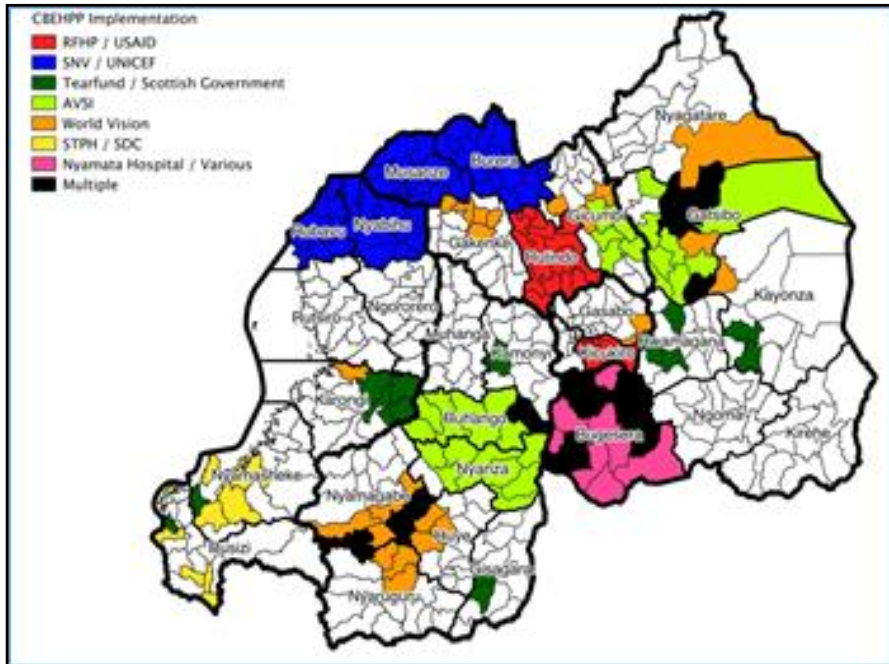
**LITTLE IMPACT
ON REDUCTION
OF DIARRHOEA CAN BE
EXPECTED UNLESS ALL
PATHWAYS ARE
BLOCKED**

Source: Perez (2012). Adapted from Mara (2010) and originally from Wagner (1958).

RWANDA

The Community Based Environmental Health Promotion Programme

Methodology: Community Health Clubs



PERIOD: From 2010 to present (2016)

SCALE: 20 out of 30 districts of

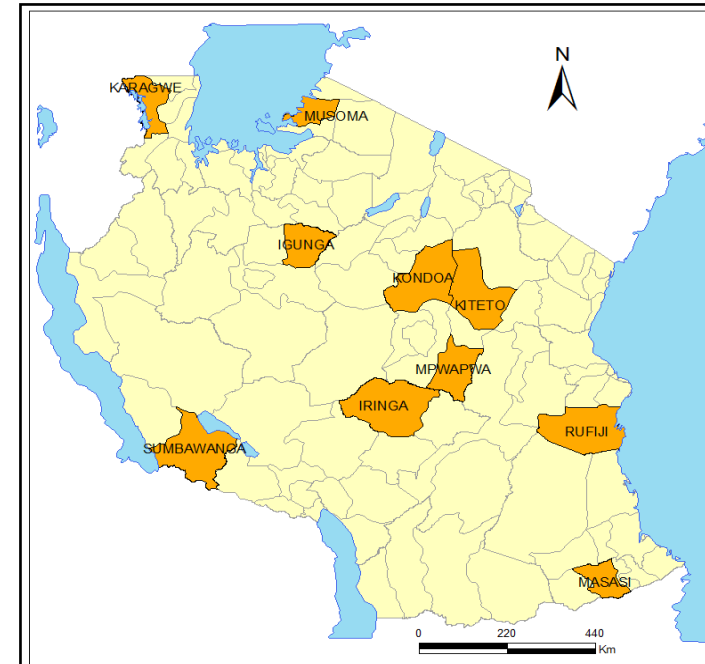
Rural Population: 8,612,288

TANZANIA

The National Sanitation Campaign

Methodology:

Total Sanitation – Sanitation Marketing



From mid-2009 to early 2011

10 out of 139 Districts

Rural population: 37,818,717

RWANDA: 2009

Community Based Environmental Health Promotion Programme Integrated Behaviour Change: The 10 Golden Indicators

1. Establishment of **Community Health Clubs** in every village from 0% to 100%
2. Increased **handwashing with soap** at critical times from 34% to 80%
3. Improved **safe drinking water** access and handling in schools and homes to 80%
4. Increased use of **hygienic latrines** in schools and homes from 28% to 80%
5. Achieve **Zero Open Defecation (ZOD)** in every household from 28% to 100%
6. Safe disposal of **children's feces** in every household from 28% to 100%
7. Households with **bath shelters** increase to 80%
8. Households with well managed **rubbish pits** increase to 80%
9. Use of **pot racks** for drying dishes increase to 80%
10. Households with **clean yards** increase to 80%

RWANDA: 2016

Community Based Environmental Health Promotion

ACTIVITIES

Development of training materials & 350 pictures

30 Core National Team of Trainers trained

15 Implemented partners enlisted and trained

6,102 Village Health workers / leaders trained in districts

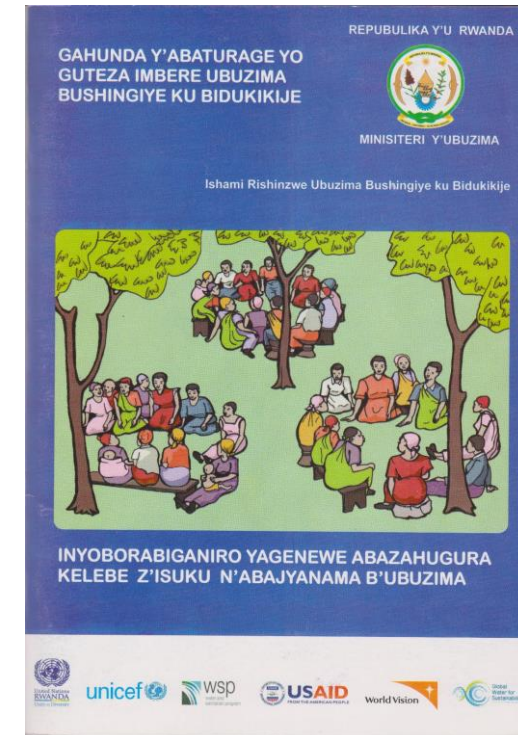
14,529 Community Health Clubs formed executive committees

6,102 CHCs received 20 hygiene sessions in weekly meetings

122,040 Hygiene sessions done (20 per CHC)

427,140 People regularly attended hygiene sessions (70 per CHC)

2,135,700 Family benefitted from improved home hygiene (5)





1. To get all households to improve sanitation from use of unimproved latrines or **Open defecation** to improved hygienic latrines / **Open defecation free villages**

2. Handwashing with soap at 5 critical times



79 wards received posters /fliers

1800 radio jingles on handwashing (45 seconds)

80 episodes of soap opera (15 min) on 2 channels

81 wards received roads shows (180,000 reached)

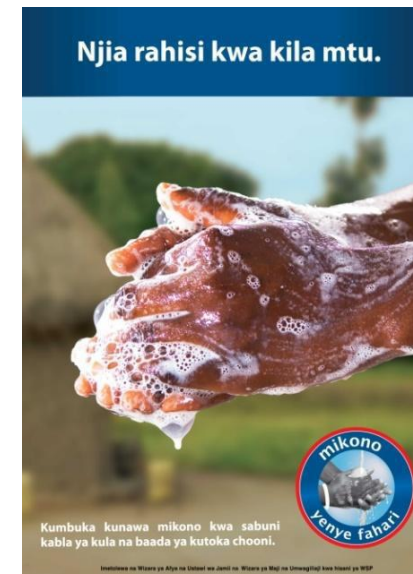
433 Front Line Activists trained in 3 day w/shop

407 Masons trained for latrine construction

282 CLTS facilitators trained

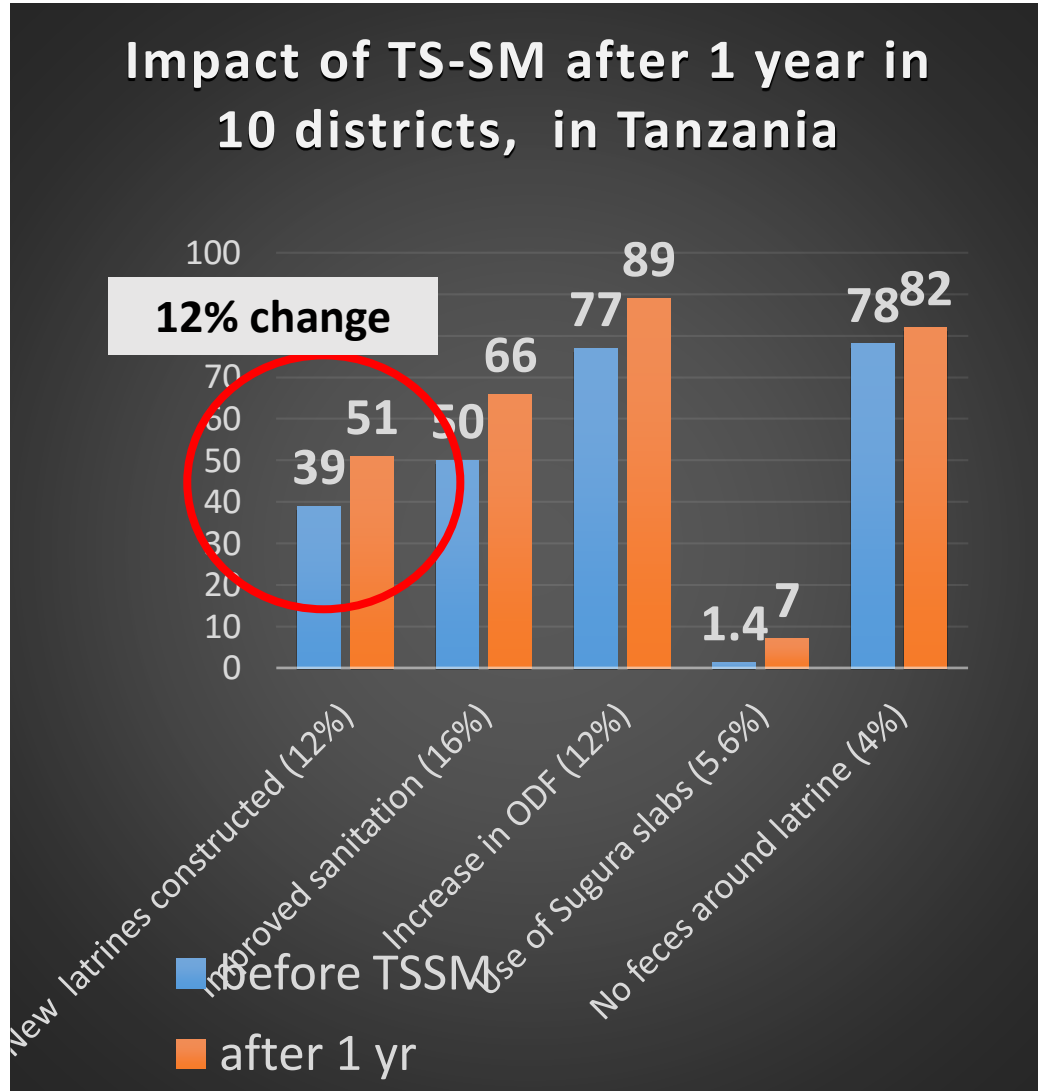
79 wards triggered with CLTS in villages & follow up

Construction of latrines & handwashing facilities



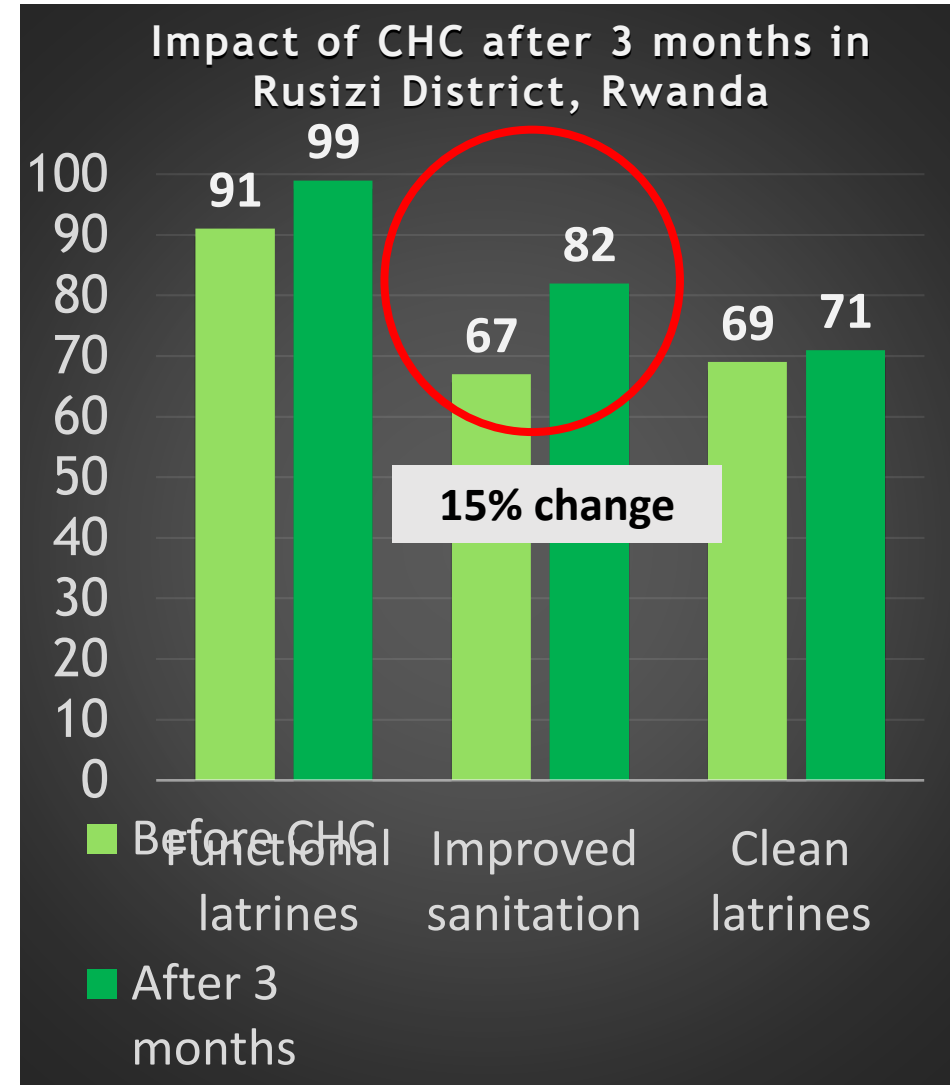
'F' No.1. FLIES

Total Sanitation–Sanitation Marketing



2014 Bricerio et al - RCT

Community Health Clubs



Africa AHEAD Project records - preliminary results

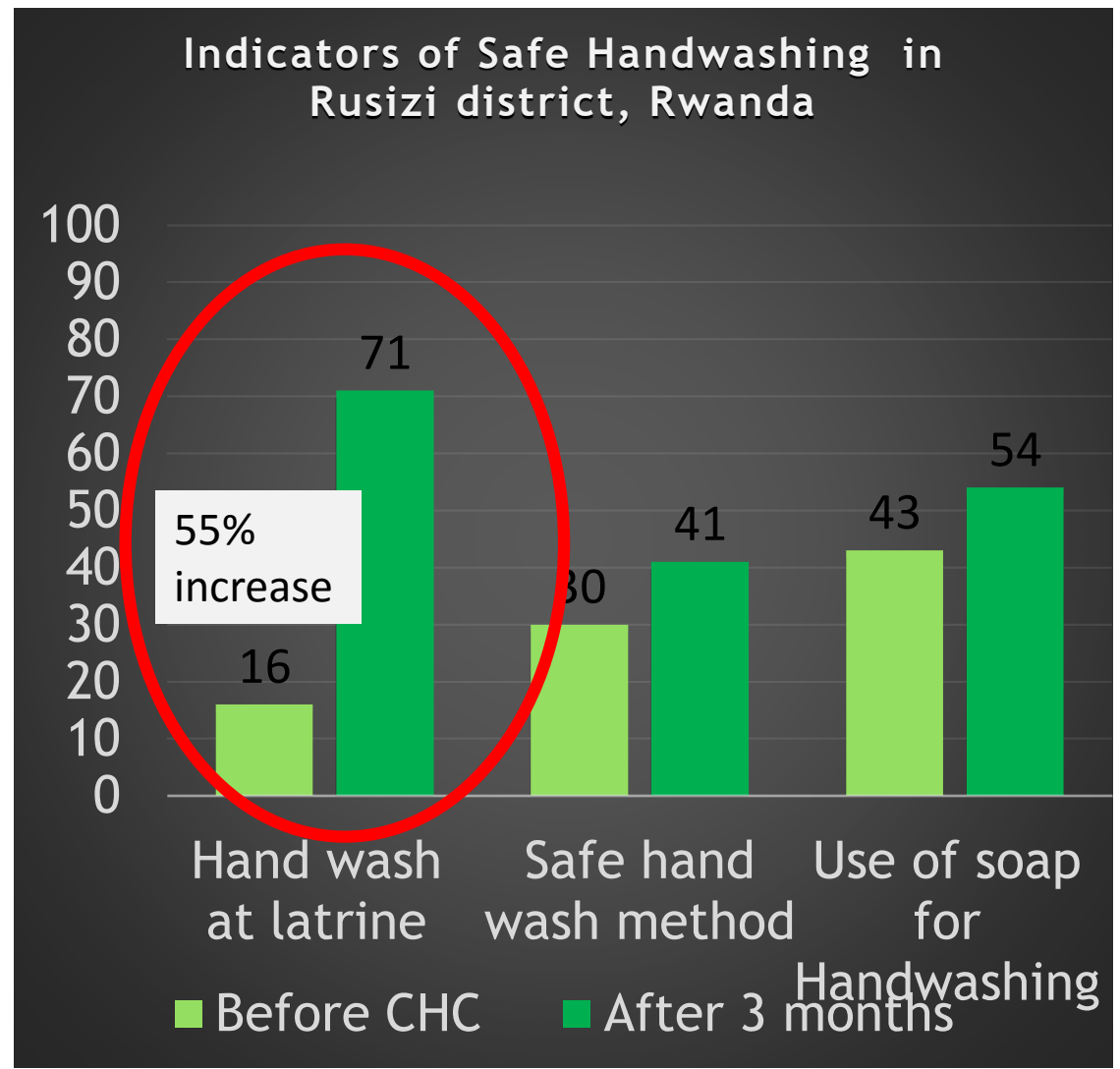
'F' No.2 . FINGERS

Total Sanitation–Sanitation Marketing

NOT SIGNIFICANT



Community Health Clubs



5. FLUID

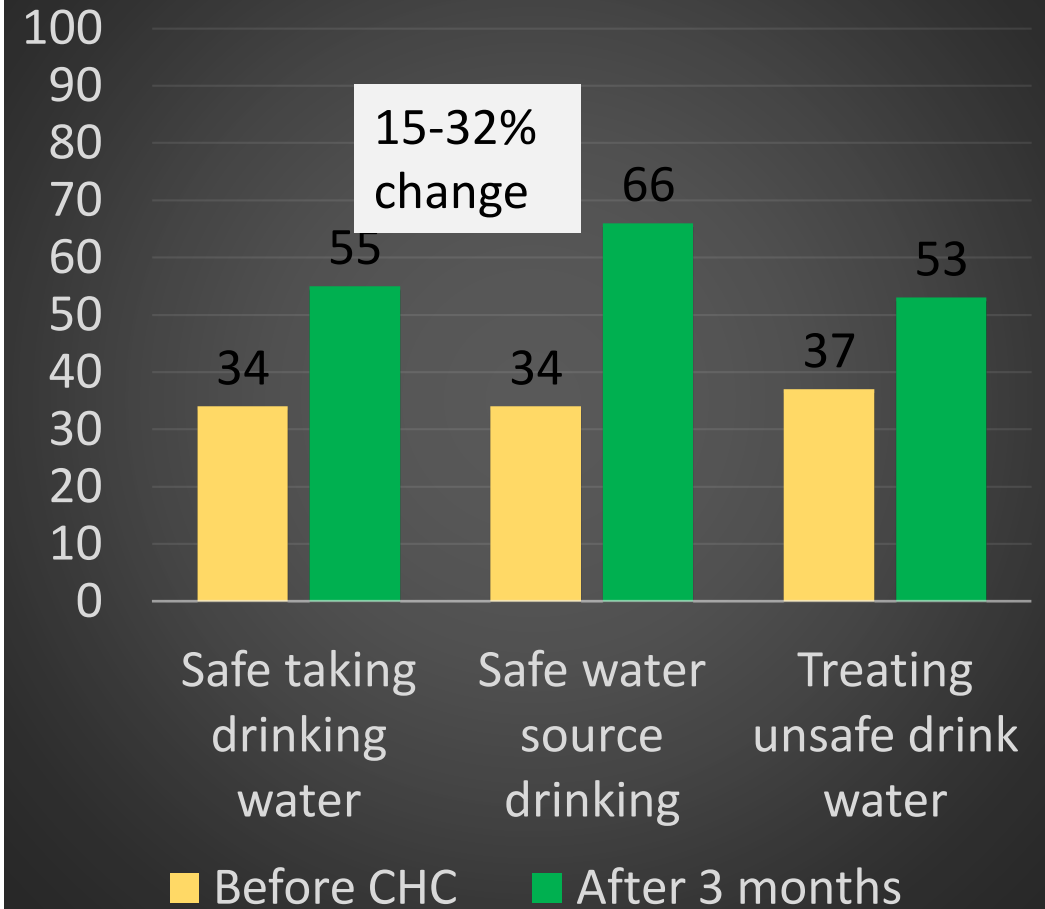
Total Sanitation–Sanitation Marketing

NOT TRACKED



Community Health Clubs

Impact on drinking water in Rusizi District after 3 months of CHC



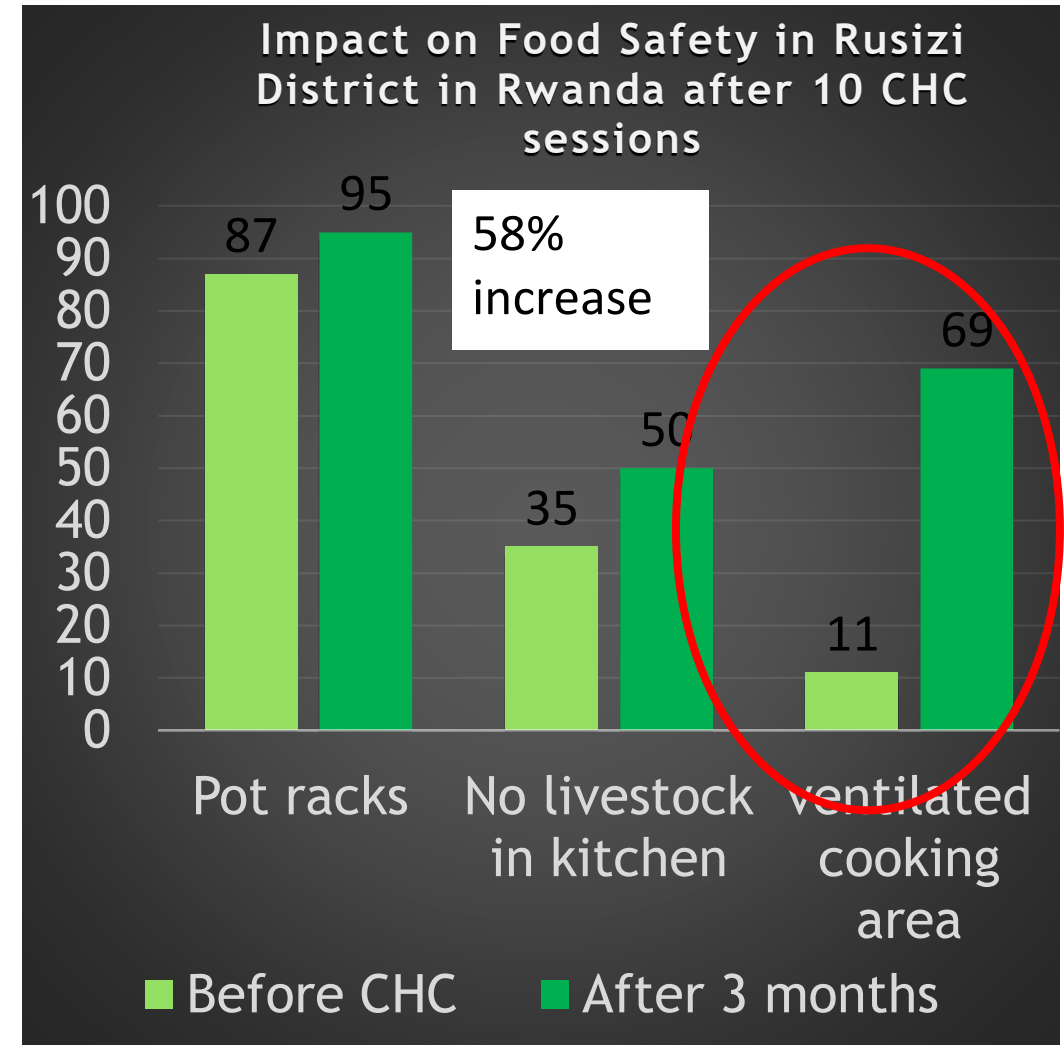
5. FOOD

Total Sanitation–Sanitation Marketing



There is a large and significant increase, however, in the likelihood that food is completely covered from 28.3% of control households, to 35.1% in the combined treatment group.’ ‘

Community Health Clubs



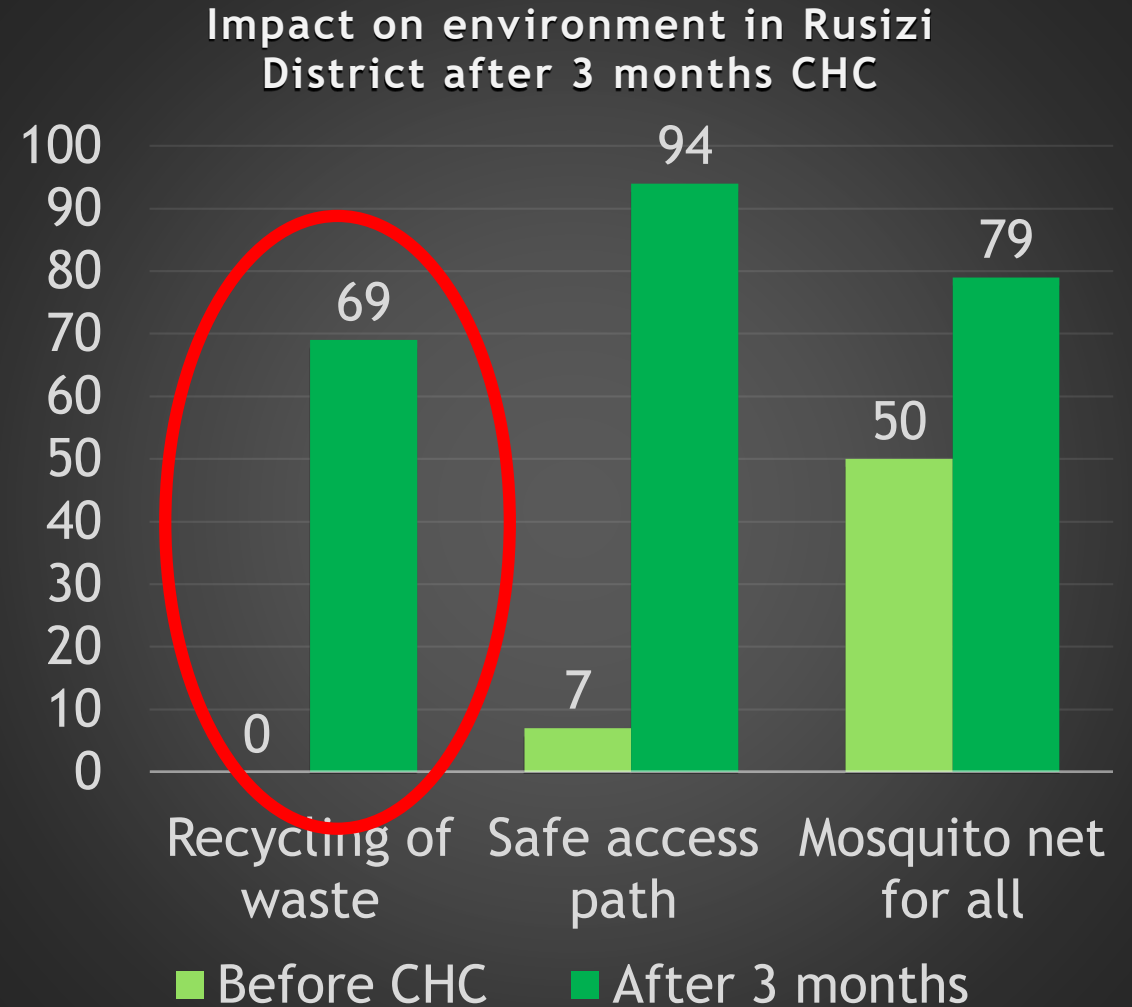
5. FIELDS

Total Sanitation–Sanitation Marketing

We observe no changes in the probability of observing human or animal feces around the home (9% of households), smell of feces around the house (12% of households) or observed loose garbage in the kitchen or house (38% of households).



Community Health Clubs



PROPOSITON: COMBINING THE BEST FROM EACH

CHC Manual & visual aids tool kit for CHC

Develop key messages for posters / fliers

Core National Team of Trainers trained

Promotion of Programme on Radio / TV

Village Health workers trained in districts

Masons trained for latrine construction

Community Health Clubs form up in village

Triggering events in villages to start a CHC

CHCs meet weekly for 20 sessions in health

Village walk to identify health threats

CHC Graduations show case drama & songs

Road shows with winning songs & drama

Health entrepreneurs in each CHC market sanitation and hygiene products

Construction of latrines & handwashing facilities by local artisans in each CHC

Has the programme had any effect on child health?

Total Sanitation–Sanitation Marketing

Final health effects on diarrhea, anemia, stunting and wasting are absent in the single intervention groups.

The combined treatment group produces statistically detectable, but biologically insignificant and inconsistent health impacts. ‘

Community Health Clubs

The results from the Randomised Control Trial in Rwanda are at present being written up and results should be published by the end of 2016.... So what this space!

Summary and Conclusion

- 1. To prevent diarrhoea and reduce stunting requires multiple hygiene changes**
- 2. Therefore hygiene and sanitation programmes need to be holistic & integrated**
- 3. The Community Health Club Model is an holistic programme at national scale**
- 4. By combining strengths of TS-SM and CHC, an integrated and scalable model could reduce address stunting, malnutrition, diarrhoea, control malaria, bilharzia, skin disease and intestinal helminths so reducing infant and child mortality.**

Acknowledgements:

National Sanitation Programme in Tanzania

Promoting Handwashing and Sanitation: Evidence from a large-scale randomized trial in Rural Tanzania

Bertha Briceño , Aidan Coville , Sebastian Martinez. Bricerio et al

Community Based Environmental Health Promotion Programme

CHC Project records in Rusizi District

Africa AHEAD – Rwanda

Rusizi District, Ministry of Health, Rwanda

Randomised Control Trial : Innovations for Poverty Action

Funding by the Bill and Melinda Gates Foundation

Photographs: Anthony & Juliet Waterkeyn, Julia Pantoglou

Africa AHEAD Rwandan Staff: Joseph Katarwa, Amans Ntakarutimana,
Andrew Ndahiro, Mercy Mbirira, Etienne Havumiragira. Vincent Habimana.

Website: www.africaahead.com