

TRAINING REPORT ON CBEHPP ACTIVITIES IN GIHEMBE CAMP (18th-21st December 2018

1. Introduction:

Avoidable environmental risks cause almost 13 million deaths every year, and approximately a quarter of the global burden of disease. This is an unbearable cost in lives, health, and human development, and economic growth, particularly for the poor and vulnerable population. In the Africa Region, environmental risks account for 23% of the burden of diseases and 695 million people in the Sub-Saharan Africa region do not have access to improved sanitation facilities 217 million of whom practiced open defecation. 26% of people in sub-Saharan Africa use safely managed water services representing some 257 million people.

While important gains were made to increase access to improved sanitation facilities during the SDGs era. Today, only 68% of the world's population has access to basic sanitation, and only 39% of people have access to safely managed sanitation (which includes containment through safe collection, treatment, and end use/disposal). Further, 70% of people in Sub-Saharan Africa and 53% of people in South Asia still lack access to basic sanitation services (i.e., an improved toilet/latrine). The world missed the MDG target for sanitation by almost 700 million people.

2. Rationale:

The SDG 6.2 on safely managed equitable sanitation, hygiene for all and end open defecation focuses on the need for increasing the proportion of population using safely managed sanitation services, including a hand-CBEHPPing facility with soap and water. The Government of Rwanda, through the Ministry of Health, launched the Community Based Environmental Health Promotion Programme (CBEHPP) on December 17th 2009 with the objective of improving personal, domestic and community hygiene practices towards reducing the national disease burden and alleviating poverty among the Rwandan population.

The CBEHPP empowers communities to identify and solve their personal and domestic hygiene and environmental health related problems (including safe drinking water and improved sanitation) and have used the holistic Community Health Club (CHC) approach, as a means of rapidly attaining hygiene behavior changes that are both sustainable and cost effective.

The Programme prioritized; Improved household and institutional hygiene practices and sanitation, food safety and improved nutrition, minimizing indoor air pollution to reduce Acute Respiratory Infections (e.g. promote fuel-efficient stoves with chimneys) and Improved Vector Control.

2. Purpose

The national Community Health Worker (CHW) programme was subject to an extensive external evaluation in 2016 and the recommendations need to be implemented to ensure that these key health workers are used optimally.

The evaluation found that there is a high turnover of CHWs (10 per cent on average) and usually overloaded and being asked to work on a range of interventions.

As a response to the issue, the government of Rwanda planned to support the Community Health Workers in order to improve health services: (Resolution 11 from 15th Leadership Retreat 2018) through training, development of business case for sustainability of the program.

The in charges of Community Health Workers at Health Center level were not trained thereafter MoH/RBC planned to train on the community health package in order to build their capacity so that they can accomplish their responsibilities as well as training of community health workers.

In the first phase the staff from the 13 Districts implementing Stunting Prevention and Reduction Project SPRP (supported by World Bank) will be trained.

3. Main Objective

The overall objective of this training is to equip in charge of CHWs at Health Center level with knowledge, skills and attitudes so that they are able to deliver and supervise the implementation of the Community based on Environmental Health Promotion Program.

4. Specific Objectives

- ✓ Build the capacity of TOT on Community based on Environmental Health Promotion Program (CBEHPP) and Health Care West Management (HCWM) to be capable to train in Charge of CHWs
- ✓ Build the capacity of in charge of CHWs in establishment of integrated community health package with CBEHPP and (HCWM) in their package.
- ✓ Improve monitoring systems to track implementation of integrated community health Environmental Health Promotion Program and Health Care West Management

5. Expected results

Both TOT from District level and in charge of community health workers are trained on Community Health Environmental Promotion Program and are able to deliver integrated services and Train CHWs.

6. Main activities

Procurement procedure on Training preparation

Training of TOT on CBEHPP and HCWM of in charge of CHWs

Collect supportive documents and ensure payments of participants.

7. Dates: Camp Training of Trainers – December, 17th-20th, 2018

8. Venue: GIHEMBE REFUGEE CAMP

9. Facilitators;

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10. Training Activities

During 4 days, participants learned different topics related to water, sanitation and hygiene. At the end of the training, the participants came up with a consensus that the CBEHPP will help them in their role of Hygiene and sanitation facilitators in behavior change of the community level in camps .

Below are the details:

Tuesday – December 18th December 2018

- Introduction of participants and facilitators
- Introductions and historical background of CBEHPP program
- Expectation and fears of trainees
- Community Mapping – Facilitators work in District groups to map their local communities and learn how to facilitate the process of Community Mapping to their village-level Facilitators.

Friday – December 19th December 2018

- Practice CBEHPP Lessons – Lessons practice co-teaching with Facilitators, using The Ministry of Health CBEHPP Manual (lessons 1-5)
- Hand washing CBEHPP Demonstration – Facilitators practice proper hand-CBEHPP, using the CBEHPP Manual guideline.

Saturday –December 20th December 2018

Practice CBEHPP Lessons – Lessons practice co-teaching with Facilitators, using The Ministry of Health CBEHPP Manual (lessons 6-10) Diarrhea, Infant Care, Intestinal Worms, and Food Hygiene Nutrition.

Sunday – December 21th December 2018

- Practice CBEHPP Lessons – Lessons practice co-teaching with Facilitators, using The Ministry of Health CBEHPP Manual (lessons 11-15) Food Security, Water Sources, Safe Drinking Water, Adequate Sanitation, and The Model Home.
- Practice CBEHPP Lessons – Lessons practice co-teaching with Facilitators, using The Ministry of Health CBEHPP Manual (lessons 16-19) Good Parenting, Respiratory Disease, and Malaria Bilharzia

- Overview – Facilitators review all of the lessons and complete an overview of the CBEHPP Implementation Plan and ask any lingering questions.

7. CHALLENGES

- As the training had no lunch facilities, the time was very limited because we were obliged to close the day session at 14h o'clock. The action plan for trainees was not done and the ARC WASH facilitator will arrange one day with them for this purpose.
- Inefficiency fees of trainers especially transport and government calculation for accommodation fees

8. CONCLUSION

In General, the training of CBEHPP was adequately performed. The big number of attendance have shown how the CBEHPP could be a good program for avoiding communicable diseases, the participants became aware that every household should have a hygienic latrine and be maintained properly so that people do not defecate or urinate in the open as well as other behavior change related to Hygiene and sanitation.

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SOME PICTURES OF TRAINING

