APPLIED HEALTH EDUCATION AND DEVELOPMENT
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Comparative Hygiene Behaviour Change and Cost-effectiveness of Community Health Clubs in Rwanda and Zimbabwe.

AFRICA AHEAD

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Hygiene for Human Health and Infection Control (2019)

Cost per person
US$ 13. 13
with 19,063 beneficiaries

Two similar Community Health Club (CHC) interventions to achieve hygiene behaviour change together with improved social capital and family livelihoods achieved high levels of community response:

- The Zimbabwe project was more cost-effective, achieving 100% coverage of all households in the area in 8 months with over 90% compliance in 12 recommended practices at a cost of US$ 4.5 per beneficiary.
- In Rwanda the spread of the intervention reached only 58% coverage of the households in 5 months with 80% compliance in 8 recommended practices at a cost of US$13.13 per beneficiary.

Cost per person
US$ 4.5
with 42,595 beneficiaries

Description of Intervention in Rwanda: The intervention was under resourced and constrained by the time-frame of the RCT, which resulted in training being delayed into the heavy rains and duration being curtailed to 5 months. On average just 16 sessions were completed and only 10 out of the 50 CHCs were considered trained to classic CHC level. Monitoring by EHTs failed due to lack of transport and fuel. There was only one project officer to supervise across an entire district and no dedicated office in the district and no full time management team in Rwanda, therefore there was slower uptake.

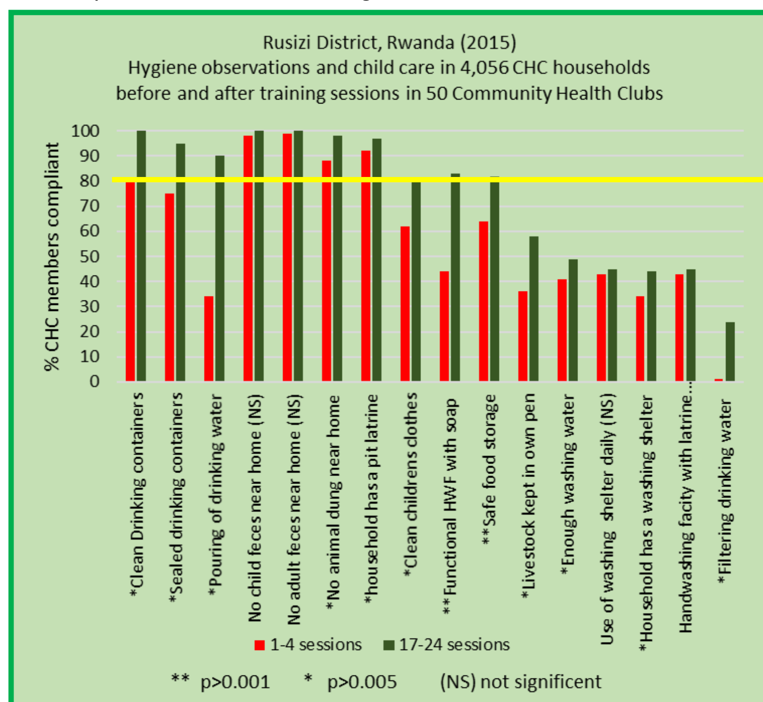
Description of the Project in Zimbabwe: The project was fully resourced and managed by an NGO ensuring correct timing of the training in dry season, with 100% of CHCs receiving the classic 24 sessions of CHC training. Monitoring of CHC facilitators was strong as there were 6 project officers based in the villages each with a motorcycle. MoH was involved although the 3 EHTs were reliant on the NGO for transport. A fully functional NGO office was based in the District with full management team in the capital. All targets were met and some exceeded within 8 months.

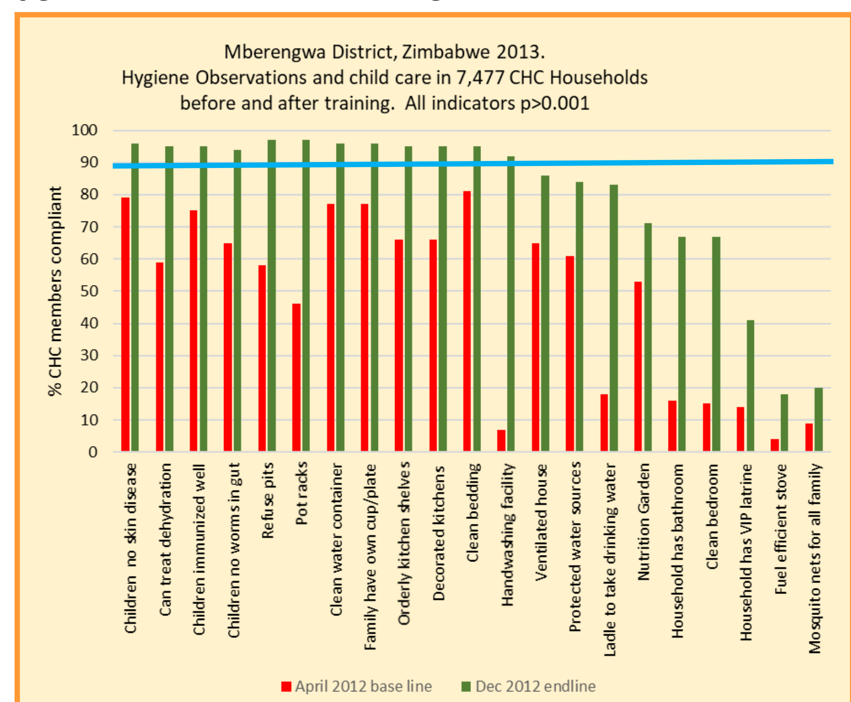
Summary of Community Mobilisation in Rusizi, Rwanda and Mberengwa District, Zimbabwe.

Mobilisation targets	Rusizi, Rwanda: Actual achieved	Rusizi, Rwanda: Expected Target	Mberengwa, Zimbabwe: Actual achieved	Mberengwa, Zimbabwe: Expected Target
# Community Health Clubs (CHC)	50	50	243	237
Average number of members/CHC	81	70	40	34.6
# households in all villages	6,942	n/a	8,208	n/a
Mean of family in a household	4.7	n/a	4.4	n/a
# CHC members in all CHCs	4,056	5,000	9,615	8208
Ratio female: male members in CHC	58:42	60:40	80:20	60:40
% of CHC coverage in a village	63%	80%	117%	100%
Number beneficiaries (family)	19,063	23,500	42,595	36,115
# NGO field officers in field	1	1	6	6
# motor bikes for NGO field officer	0	2	6	6
# Environmental Health Officers	10	50%	3	6
# motorbikes for MoH	5	50%	0	0%
# weeks of training	16	24	24	24
# health sessions held in all CHC	718	1200	4,860	4860
Mean # health sessions / CHC	14.5	24	20	20
Mean attendence / CHC / session	41	50%	26	34
Literacy level women (men)	73%	n/a	80 (85%)	
# (%) of CHC members graduating	42.4%	50%	6,335 (77%)	8208
Cost of Project (field costs only) US$	250,325	n/a	193,529	n/a
Cost in US$ per beneficiary	13.13	5	4.5	5
Cost in US$ per family	61.71	25	22	25

Target achieved in red

Comparative Community Health Club achievements in safer hygiene, sanitation, water usage in Rwanda and Zimbabwe.





Conclusion: The Zimbabwe program showed better Value for Money, being more efficient with resources. However, to prevent slippage of hygiene behaviour change when an NGO moves on, a strong MoH monitoring system is needed which is institutionalised within government and supported by policy.

Recommendation: A sustainable CHC programme is best achieved by building the transport and training capacity of the Environmental Health Department to take responsibility for CHCs in every village in a national programme such as the Community Based Environmental Health Promotion Programme. With policy to develop a national program Ministry of Health could better coordinate NGO efforts through an integrated development program with a more cost-effective use of scarce resources thus achieving long term sustainability in water, hygiene, sanitation leading to poverty alleviation.