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By Brenda Achiro, NETWAS Uganda
Reviewed by Jo Smet, Cate Zziwa Nimanya,
Martine Jeths and Justin Otai

Community Health Clubs

Community Health Clubs, a successful route for a healthy community

The most effective way to reduce the incidence of diarrhoeas and many other sanitation- & hygiene-related diseases is to create a completely hygienic environment, which all members of the community support. Promoting a 'culture of health' means that healthy living is highly valued. The Community Health Club (CHC) is the proven vehicle for village health promotion. This will bring about a change in attitude and behaviour on hygiene and sanitation. CHCs also address other health areas like malaria, HIV/AIDS and respiratory track infections. If supported by appropriate sanitation and hygiene facilities significant and lasting health improvement will be achieved, with improved sanitation giving comfort, privacy and safety as well. Good facilitation and institutional support from local health workers and promoters appears a requirement for establishing successful CHCs. Mobilisation by political, religious and local leaders is another key factor. Enforcement of local byelaws will convince the small but hard-to-change group. However without the people's desire to conform and peer pressure within the community successes may remain behind.

Background of the community Health Club concept

Community Health Clubs (CHCs) help to promote the culture of health because people meet regularly to learn about and discuss ways to improve hygiene. Several CHCs may exist within one village. The meetings are properly organized sessions with a registered membership, which should represent at least 80% of households in the community. Private behaviour then becomes a public concern. The general consensus from the critical mass ensures that all individuals are discouraged from poor hygiene behaviour in favour of agreed and doable standards and norms.

Weekly meetings of CHCs can address up to 30 different environmental health topics over a six-month period. Each session requires members to practise their new learning at home. This can involve simple changes like covering stored water or boiling drinking water, but also more complicated actions as building a better latrine.

Facts about CHC

- CHCs promote a '**culture of health**'. This means that healthy living becomes highly valued by the entire community. In this way it brings about attitude and behaviour change. Community peer pressure and the members' desire to conform to social norms are key factors for success.
- CHCs offer a **structured programme of learning** to be applied in the home environment. Short weekly sessions create group cohesion. Membership cards and

attendance certificates are important incentives to members.

- The **benefits of CHC membership** are wide, ranging from increased social status, especially for women, and opportunities for income generation.
- **External support** comes from Health Workers through *software support* that is promotion and knowledge for learning to improve environmental health; no external hardware subsidies are given.
- Experiences show that CHCs are **cost effective vehicles** for achieving sustainable San&Hyg improvements. **Models for scaling up** this approach **exist**, together with required resources. Methods of measuring behaviour change are based on observation **of good hygiene practice** and allow calculations of cost-effectiveness to be made.

A Community Health Club case in Pader district, Uganda

In Pader district, a hygiene and sanitation promotion project is being implemented by an NGO called Health Integrated Development Organisation based in Gulu district. The aim is promoting sanitation and hygiene in nine IDP satellite camps of Opyelo, Olupe, Kwomkic, Kazi kazi, Lunyiri, Angole, Ogonyo, Agora and Lajeng.

Some of the Community Health Club activities include; home improvement activities like digging latrines, refuse pits, bath shelters and drying racks, formation of drama groups within the clubs, inter and intra club competitions.



Club members standing next to a built drying rack



Club members during one of their drama competitions.

Some of the achievements over a period of two months in the nine camps was the construction of sanitation facilities in large numbers; 500 pit latrines, 108 rubbish pits, 1223 drying racks, 228 hand washing facilities and 658 bath shelters.

Experience from outside Uganda

source: WELL Briefing Note 38

A case study from Tsholotsho District, Zimbabwe

Tsholotsho District is one of the most arid and underdeveloped areas in Zimbabwe, with only 11% of the population having latrines according to Government estimates. In 1999, a water and sanitation programme was started by the Zimbabwean NGO AHEAD. To create a high level of demand for sanitation, it was decided to establish the new concept of CHCs. Within six months 32 health clubs, involving 2,105 households, had been formed, facilitated by three Ministry of Health field workers. A post intervention survey showed that in the non-CHC areas, less than 1% had a latrine, while CHC areas showed 57% had built latrines, with the rest practising 'cat sanitation' (the practice of digging a small hole each time they defecate before covering the faeces with soil), thus eradicating open defecation. In addition, 98% were using individual plates and dishes; 89% were washing hands by the pouring method; and 65% were using a ladle for drinking water.

Steps in establishment and running a CHC

Phase 1: start up activities

- Mobilization and sensitization of the communities by health extension workers.
- Formulating/grouping community members into Clubs.
- Creating Common Unity of purpose.
- Health education through learning sessions/trainings.

Phase 2: development activities

- Hygiene interventions; motivating for improvement of WATSAN infrastructure – construction of water, sanitation and hygiene facilities, e.g. safe water storage, improved latrines, hand-washing facilities.
- Demonstration of feasible, context-specific designs of Hyg&San facilities by health workers
- Possible linkage to local masons or builders for hardware support

Phase 3: advanced activities

- Skills enhancement in agreed fields.
- Promoting income generating activities.
- Improvement of financial management practices.
- Environment management possibly linked to income generation.
- Literacy training.
- HIV/AIDS programmes,
- Other community development initiatives.
- Technical support (by Village Health Team, Health Assistants, local NGOs, other agencies) to CHC

Phase 4: Monitoring activities

- CHC-based and initiated monitoring of activities, outcomes and outputs, and also impact on health and home economy
- Monitoring CHC participation through signed membership cards
- Encouraging CHC to hold regular (weekly) meetings/sessions on health issues.

Some of the Support Activities of a Community Health Club Programme by government Health Workers and local NGOs

- Encouraging of community members to form and group into community health clubs.
- Giving software and technical support
- Identification, documentation and sharing of BOPs (Best Operational Practices).
- Providing other supporting information material upon demand and need by CHC
- Promotion of the use of membership cards
- Encouraging the CHCs to hold regular (weekly) meetings/sessions on health issues;
- Monitoring the CHCs through signed membership cards.

Resources

The costs that may be incurred in CHC are limited to costs on training of facilitators (possibly the VHT and HAs), training-of-trainers/refresher courses for (probably the Health Assistants), transport costs for the facilitators, and health education and promotional material to be used by the CHC. The fact that activities of the CHCs can be integrated with those of other developmental projects, makes the establishment and running of CHCs fairly cheap and cost-effective.

Sustainability of a Community Health Club

This depends on the fact that the community appreciates Sanitation & Hygiene, and environmental health in general, as part of their empowerment and their development trajectory that eventually brings them better health, more comfort and privacy and more income. CHCs have a high potential to improve the livelihoods of the rural people.

Source of information

- WELL (Fisher, J. Compiler) (2007) The consensus approach, Health Promotion through Community Health Clubs, Briefing Note 38; www.lboro.ac.uk/well/resources/Publications/Briefing%20Notes/BN%2038%20Consensus.htm
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- IRC International Water and Sanitation Centre website, presentation made at AfricaSan2008 (www.irc.nl/page/44020) and more www.irc.nl/sanitation
- Africa AHEAD on CHC concept : www.africaahead.org

For more information contact;

NETWAS Uganda- netwasuganda@gmail.com
 Phone: +256 - 414 – 577463
 Uganda WASH RC website:
<http://www.watsanuganda.watsan.net>