



## **COMMUNITY HEALTH CLUB STRENGTHENING**

### **Introduction**

Community Health Clubs (CHCs) help to promote the culture of good hygiene and sanitation practices as club members meet regularly to learn about and discuss ways to improve sanitation and hygiene.

### **Key areas that will be addressed**

- Definition Community Health Club
- Facts about Community Health Clubs
- Steps in establishing a Community Health Club
- Roles of extension staff in supporting Community Health Clubs
- Nsumba Twezimbe Salaam Club- a success story
- Promoting sanitation and hygiene: discussion of PHAST tools
- HIV/AIDS mainstreaming in WASH
- Community Based Monitoring
- Action planning

## **SESSION 1: ESTABLISHING COMMUNITY HEALTH CLUBS**

### **Definition Community Health Club**

A Community Health Club is a community based organisation that aims to promote sanitation and hygiene behavioural change in order to improve the health status in their community.

Several CHCs may exist within one village. The CHC meetings are properly organised sessions with a registered membership, which should represent at least 50% of households in the community. Private behaviour then becomes a public concern. The general consensus is that all individuals are discouraged from poor hygiene behaviour in favour of agreed and doable standards and norms. After each session/ meeting, the members agree 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 Community Health Clubs**

- 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.
- 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 ways** for achieving sustainable sanitation and hygiene improvements. Methods of measuring behaviour change are based on observation **of good hygiene practice**.

### **Steps in establishing Community Health Clubs**

#### **Phase 1: start up activities**

- Mobilisation and sensitisation 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 hygiene and sanitation 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

### **Roles of extension staff in supporting Community Health Clubs**

- 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

## **SESSION 2: NSUMBA TWEZIMBE SALAAM WOMEN'S CLUB – a success story of a Community Health Club in Rakai district**

*(Note: Allow members to raise issues during this session, and facilitate the discussions)*

### **Background of Nsumba Twezimbe Salaam Women's Club BACKGROUND OF NSUMBA TWEZIMBE SALAAM WOMEN'S CLUB**

#### **Location**

Nsumba Twezimbe Salaam Women's club is found in Nsumba village, Kalisizo Sub-County, Kyotera County, Rakai district, Uganda, about 5 kilometres off the Masaka-Kyotera highway.

#### **Vision of the Club**

The vision of the club is to arrive at a 'healthy and wealthy village'.

#### **Description of the Club initiative**

Health extension workers singled out Nsumba village for its adherence to health and sanitation practices that has transformed the lives of its residents. The 12-member women's group has cash rounds (a system of making cash contributions for each other) as a way of improving their livelihood. In 2001, six members of the women group formed the Nsumba Twezimbe Salaam Club under the leadership of Hanifa Najjemba. The Club's aim is to promote hygiene and sanitation in their members' homes. The leader's interest in sanitation and hygiene was triggered at some workshops she had attended. An integrated family/community health promotion approach is being implemented to address income generation, hygiene and sanitation promotion, child immunisation, improved food security, and prevention of HIV/AIDS, malaria and water- and sanitation-related diseases like diarrhoea and common stomach disorders.



Hanifa Najjemba- the Club chair person

### Club membership

The club's present membership is made up of 20 members (11 women and 9 men); there are nine couples and two unmarried members. However, three of the club members are from Nsololo - a neighbouring village. The men in the club were convinced by their wives to join the group to support them with some of the club activities that required physical strength. These include constructing pit latrines, bath shelters and chicken houses. The women take on the lighter activities like constructing drying racks, hand-washing facilities and raised fireplaces, and smearing house floors.

The Club is headed by the **chair person**-Hanifa Najjemba. An **executive committee** of four members (chair person, vice-chair person, secretary and treasurer) coordinates the Club's activities. A **monitoring committee** inspects households on a monthly basis to ensure that all the hygiene and sanitation requirements are in place. A **food security committee** ensures that each homestead has adequate food and a vegetable garden. The **evaluation committee** awards marks to the best performing household.

### Club Objectives

The main objectives of Nsumba Twezimbe Salaam Club are:

- To uplift household sanitation standards of the members
- The economic development of club members as a way of fighting poverty
- To eradicate illiteracy
- To reduce child mortality and improve maternal health
- To combat sanitation-related diseases

### Resources /Inputs



A member who has attained the hygiene and sanitation requirements in his/her home is given a **certificate of recognition** stating that the member has achieved the highest level of hygiene and sanitation. In addition to the certificate, other gifts including a **cash envelop of UGX 200,000**<sup>12</sup> is given as a start up capital (*Entandikwa*). To join the club a **membership fee of UGX 2,000** is paid.

The club has got a **constitution**, which spells out the rules and regulations governing the members. E.g. if a member misses three meetings, he/she is fined **UGX 2,000**.

The group also has a savings bank account to which all monetary contributions from well-wishers and visitors are kept. In place is a simple finance system of a receipt book for all cash contributions received.

### Club activities

Some of the activities include the promotion of household hygiene and sanitation among club members through:

- Home visits
- Conducting health education talks
- Promoting total sanitation in the homes; smearing of the main house, latrine with hand washing facility, improved kitchen with raised fireplace, bath shelter, drying rack, refuse pits and clean compound
- Offering support to the disadvantaged i.e. the widows, the elderly and the orphans by putting up drying racks, bath shelters and smearing of houses for them
- Providing of training on request to other village/areas
- Holding parties for each new member on becoming fully registered
- Promoting the safe water chain
- Promoting Rain Water Harvesting technology
- Mobilising parents for immunisation of children below five years
- Promoting agriculture e.g. rearing of chicken, pigs, growing groundnuts, coffee and bananas
- Carrying out capacity building including on WASH
- Conducting adult literacy classes
- Promoting art & craft
- Offering developmental activities like supporting UPE<sup>3</sup> for disadvantaged children with scholastic materials and HIV patients with foodstuffs

The use of cheaper **local materials** is promoted as alternatives for the more expensive materials i.e.:

- Grass or papyrus for roofing houses in case one cannot afford iron sheets or tiles
- Cementing of floors using loam soil mixed with cow dung in case one cannot afford cement

<sup>1</sup> Each member donates UGX 10,000

<sup>2</sup> Jan-2008: US\$ 1 ≈ UGX 1700 and € 1 ≈ UGX 2450

<sup>3</sup> UPE = Universal Primary Education



- Sand and clay mixed with sap from potatoes leaves and water as an alternative for cement
- Local shrub leaves (*ebikokoma*), for anal cleansing if toilet paper cannot be afforded.
- Use of a stick to kill snakes in case of attack.
- Candle and a match box for lighting inside the latrine
- Squat-hole cover made of wood with a handle
- Brooms made of grass
- Drying racks made of strong logs and banana fibres

#### **The Club plans and strategies for 2008 include:**

- Purchasing a loud speaker for community mobilisation and sensitisation
- Construction of Ecological Sanitation using local materials
- Economic empowerment of club members through agricultural practices (rearing of chicken, cattle, banana and coffee growing)

#### **Main drivers for the success of the Nsumba Twezimbe Salaam Womens's club**

- *An organised women group*, which initiated the process, advocated for sanitation and hygiene promotion, and mobilised support from their husbands and local leaders
- *Involvement of men* in construction of some of the sanitation facilities like latrines, drying racks, bath shelters etc. added more value and acceptance of the initiative in the community
- *Strong leadership qualities* in the club committee
- The club chairperson is a *role model* and *champion* behind the initiative
- *District health extension workers' involvement* helped the women to understand the relationship between better sanitation and health, livelihood and a better life
- *Local council involvement* offered political support
- *Village/community members* appreciated and embraced the initiative
- *Teamwork* among club members
- *Respect* among club members and for the club constitution
- *Motivation by rewarding* every member who meets the 'hygiene and sanitation requirements.

#### **Club achievements**

- There has been a reported reduction in the prevalence of sanitation-related diseases that used to be common among the village community.
- Total sanitation in the whole village; that is, all village members have a pit latrine, drying rack, hand washing facility, rubbish bin, bath shelter and clean compound.
- The club has trained the whole village and the neighbouring parishes and sub-counties in hygiene and sanitation improvement.
- Land has been purchased for the construction of a training/demonstration centre in the village.
- One of the club members has offered four acres of land for constructing a Health Centre, an initiative financially supported by Concern Worldwide.



- The Club has influenced the formation of two other health clubs within the village; Nsumba Twegate (2005) and Nsumba Akujjamubuzibu (2006).
- The Club has contributed to the recognition of Nsumba as a model village in the whole country.
- The Club has hosted visits of a number of high ranking dignitaries, like the chairman of LC V Rakai district, representatives from the World Bank, Danish Embassy, South Africa, World Vision, Concern Worldwide and members of the Uganda Sector Software Working Group.
- The club has been recognised by Innovations at Makerere University (i@mak) and in a nation-wide competition it received an award of UGX 7.5 million (about US\$4,500) to construct rainwater harvesting tanks for Club members. i@mak funded UGX 600 million (about US\$ 350,000) for a community project to develop the whole village on different aspects like building schools, roads and a resource centre that will be used for demonstration purposes.



**One of the Club members' water tanks**

#### **Lessons learned from the Nsumba case:**

- Organised Community Health groups can act as an entry point for sanitation and hygiene improvement.
- Organisational and managerial skills of the group determine the success of the initiative.
- Monitoring committee ensure sustainability of the innovation.
- Existence of a club constitution binds members together and instils respect and responsibility.
- Gender sensitivity may increase acceptance of an innovation in the community.
- Support from district local government to the initiative creates more chances of sustainability.
- The maximum number of members (20, 11 households) makes the Club manageable
- The spill-over effect of the initiative is felt more within the village - and to some extent also in nearby villages - than in further villages, probably due to geographical barriers.
- The successful Club attracts NGOs to further support them.



**Note:** After sharing the Nsumba case, spend more time discussing;

- Activities carried out by the club members, specifically to do with sanitation and hygiene,
- What are some of their challenges,
- what are their success factors and strong points,
- How can they incorporate sanitation promotion activities into ongoing club interventions

### **SESSION 3: PROMOTING SANITATION AND HYGIENE**

#### **Administer PHAST TOOLS**

**(Use PHAST guide developed and PHAST tools provided)**

1. Sanitation ladder
2. Faecal Oral Routes and barriers
3. Hygiene practice selection
4. Gender task and resource analysis tool

### **SESSION 4: HIV/AIDS mainstreaming in WASH (use provided support document)**

### **SESSION 5: Community Based monitoring (use provided support material)**

#### **SESSION 6: Action Planning**

The purpose of this session is to

- Enable participants to appreciate the need to routinely plan and budget for Hygiene and Sanitation activities and facilities.
- Enable participants to have commitment to implement the hygiene and sanitation activities identified.
- Developing a shared vision and understanding on who is going to do what, when and how. So roles and responsibilities for the different activities are defined.

#### **Procedure**

- Divide participants into groups.
- Let each group develop an action plan to promote hygiene and sanitation.
- Identify what is needed to improve the sanitation and hygiene situation. Emphasis on latrine construction/provision of hand washing facilities etc.
- Make a detailed work plan for the next four to six months
- Try not to be over ambitious, start small and expand later on. Use the SMART tool for defining the goals and objectives: ensure that the objectives are: Specific, Measurable, Relevant, Achievable and Time-bound
- Identify main activities and termination date for the long term (develop a long term vision).



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- Make an estimation of the time, resources (e.g. information, skills, hardware) and budget needed for the identified activities and who is responsible for what. Crosscheck whether the activities are still SMART.
- Develop a list of indicators to monitor progress

### **Discussions**

- Discuss the prepared plans and adjust/ advise where necessary.
- Harmonise the work plans from the groups to make a joint plan.

*Note: the facilitator should give participants enough time to fully exhaust this session.*