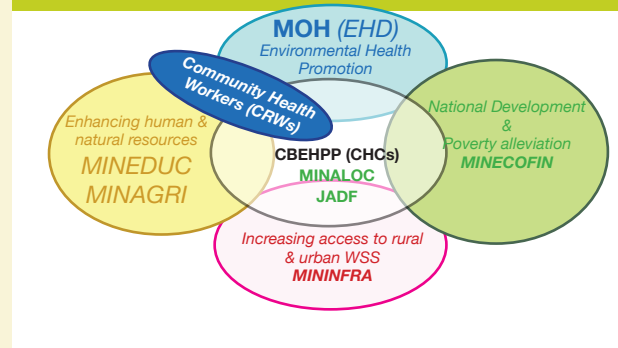


9. Integrated Environmental Health Promotion in Rwanda



3. Improved safe drinking water access and handling in schools and homes to increase to 80%
4. Establishment of Community Hygiene Clubs (CHCs) in every village to increase to 100%
5. Achieve Zero Open Defecation in all villages: 100% ZOD!!
6. Safe disposal of children's faeces in every household (from 28% to 100%)
7. Households with bath shelters, rubbish pits, pot-drying racks and clean yards to increase to 80%

8. Sector collaboration through CBEHPP

Water and Sanitation

Whilst safe drinking water can reduce diarrhoea by about 15% improved personal and domestic hygiene practices can reduce diarrhoea by over 65% (e.g. hand-washing with soap at critical times is estimated to reduce diarrhoea by 47%).

Hygiene Behaviour Change, as proposed under CBEHPP, is critical to all water and sanitation initiatives to ensure they meet their enormous potential to improve national health and living standards.

CBEHPP absolutely complements the Ministry of Infrastructure (MININFRA) efforts to provide safe drinking water & sanitation infrastructure by ensuring that the potential health & poverty reduction outcomes can also be achieved and sustained.

Local Government (MINALOC)

The Programme provides a practical opportunity for the Ministry of Local Government (MINALOC) to achieve even greater collaboration & coordination at the district and sector levels that will result in increasing synergies through the efficient mobilisation and deployment of existing human & material resources.

Joint Action Development Forums (JADF) at District and Sector levels will have a role in monitoring progress and sharing best practices between the communities.

10. What next after the launch?

Post-launch activities include:

- Develop and print Community Hygiene Club (CHC) training materials & Membership Cards
- Build on previous behaviour change experiences and lessons learnt in Rwanda including the use of the PHAST & HAMS approaches
- Arrange National & Provincial Orientation Workshops that will identify 'start-up' districts
- Establish and train a national core team of 'Master Trainers' in the CHC approach that is based on the already familiar PHAST methodology
- Train & mobilise Environmental Health Officers (EHOs) and School Health Officers in every district starting with the selected 'start-up' districts
- EHOs then roll-out CHC training to all CHWs in the imidugudu within the catchment area of 'their' respective Health Centres
- Eventually CHCs supported to establish local 'Village Health Posts'

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Photograph by Joseph Katarwa

Improving Hygiene Behaviour of Communities throughout Rwanda

Community-Based Environmental Health Promotion Programme



REPUBLIC OF RWANDA
 MINISTRY OF HEALTH
 Environmental Health Desk

1. The Community-Based Environmental Health Promotion Programme (CBEHPP)

is a hygiene behaviour change approach to reach communities and empower them to identify their personal and domestic hygiene and environmental health-related problems (including access to safe drinking water and improved sanitation) and to solve them. The Programme is being launched by the Ministry of Health, in December 2009.

2. Purpose of the Programme

By 2012, the CBEHPP aims to reduce Rwanda's existing disease burden by at least 50% and thus contribute meaningfully to poverty reduction and EDPRS outcomes. The Programme further seeks to place Environmental Health firmly on Rwanda's Development Agenda.

3. Priorities of the CBEHPP

Based on an assessment of the prevailing environmental health threats to the Rwandan population, the achievement of national and global development targets requires the following to be prioritised:-

- ▶ Improved household and institutional hygiene practices and sanitation:-
 - Safe excreta disposal with zero open defecation (ZOD) and hygienic use of toilets / latrines
 - Hand-washing with soap and water
 - Safe drinking water handling
 - Safe disposal of solid and liquid wastes
- ▶ Food safety and improved nutrition
- ▶ Minimise indoor air pollution to reduce Acute Respiratory Infections (e.g. promote fuel-efficient stoves with chimneys)
- ▶ Improved Vector Control

The Programme seeks to build on the strong foundations and successes of the PHAST and HAMS experiences and will also encompass similar 'best-practice' initiatives currently being undertaken by NGOs.

4. Implementing CBEHPP

The Programme will be implemented in three phases, with the first two lasting 6 months each, before rolling out

the program to the rest of the country. The capacity of all 45,000 Community Health Workers will be strengthened, under close mentoring and supervision by Environmental Health Officers who are based at Health Centres. The health promotion training focuses on the most common diseases dealt with by local Health Centres as long as they are preventable, namely:- diarrhoea, acute respiratory infections, skin diseases, eye diseases, intestinal worms, bilharzias and malaria (i.e. 80% of the national disease burden).

The Community Health Workers will facilitate the formation of Community Hygiene Clubs (CHCs) in every village as a means towards rapidly achieving sustainable and cost-effective hygiene behaviour change in every homestead. The CBEHPP will also target institutions (schools, clinics and prisons) for hygiene behaviour change.

5. How the Community Hygiene Club (CHC) Approach works

▶ Syllabus and certification

The Community Hygiene Clubs will cover 20 preventative health topics during a six-month course of weekly, 1-2 hour sessions. This syllabus is listed on the CHC Membership Card and includes safe water chain (safe storage and use of water); sanitation ladder (avoiding faecal-oral diseases); sanitation planning and improving household latrines; environment (garbage pits and faecal-free yards); and self monitoring (CHC self-monitoring tools in use).

The CHC Facilitator (i.e. the Community Health Worker) signs off the Health Topics on each member's card as soon as these topics and the associated 'homework' have been completed. The CHW also has his/her membership card signed off by the CHC Chair for verification. This procedure empowers the Community and strengthens the 'contractual obligation' to mutually follow through with the whole syllabus.

▶ Governance of the Club

The CHC Executive Committees (Chair, Treasurer and Secretary) should be established as soon as all members in a Club feel confident enough to vote for committee members who are trusted and well respected in the community.

▶ Members' Graduation

When every Health Topic plus related 'Homework' (the tasks listed above like improving household latrines and ensuring

safe storage and use of safe water) have all been completed by CHC members (each representing a household); they are eligible to receive a CHC Graduation Certificate at a ceremony officiated by high-ranking district and provincial dignitaries. Other than the certificate, NO physical subsidies are provided to households, just reasons to improve their family health and livelihoods at minimal cost and effort!

6. Why the Community Hygiene Club Approach?

The CBEHPP focuses on basic development down to the family level and the Community Hygiene Club approach has been proven to strengthen social capital and build trust and cohesion within communities. Further, the approach is beneficial for the following unique features:

Positive peer pressure to create a culture of health:-

The CHC approach appeals to an innate need for health knowledge, which is then reinforced by peer pressure to conform to communally accepted standards of hygiene. This creates a '*Culture of Health*'.

Sustainable WS facilities through community and women's empowerment:-

The approach empowers communities, especially women, to take responsibility for village-level operation, maintenance and management of rural water & sanitation facilities such as gravity systems, hand-pumps, protected springs, piped supplies and collective latrines.

Each Community Hygiene Club (usually consisting of 100-150 households) will thus ensure the long-term sustainability of 'their' water & sanitation facilities. At the same time, the Clubs will rapidly gain the health, strength, confidence and ability to also embrace food security, improved nutrition and a whole raft of incoming generating development projects.

7. Improved monitoring of behaviour change

The CHC approach can quantify behaviour change using community self-monitoring tools as an integral part of the process of change. Seven 'Golden Indicators' to be achieved by CBEHPP:-

1. Increased use of hygienic latrines in schools and homes (from 28% to 80%)
2. Increased hand-washing with soap at critical times (from 34% to 80%)