



Report of the Africa AHEAD – IRC Training of Community Health Club facilitators

Luberizi, South Kivu, DRC.

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There was a three-day training of the facilitators of Community Health Clubs (CSC) in Luberizi, South Kivu, DRC.

Opening of the training by Penninah MATHENGE

The training was officially opened by the Technical Adviser on hygiene and sanitation in IRC from the Republic of Kenya, Ms. Penninah Mathenge. The latter began to thank the participants for presenting on time and she presented the objectives of the training which are as follows:

1. Contribute to the reduction of preventable diseases by the initiation of community health clubs in the villages,
2. Initiating community health clubs in eight villages,
3. Promote hygiene in the population with the help of community health clubs.

Number of participants:

The total number of participants was 21 (6 female and 14 male and one absent). Of this number, some were nurses from the Health centre and the chief medical officer of the Ruzizi Health zone and 16 participants were from the community (two per village) from eight villages i.e. Nyamugali, Mutarule, Sango, Katekama, Rwenena I, II, III and Mataba out of a total of fourteen villages where the IRC works. The workshop was facilitated by Africa AHEAD representatives, Marcie Mberira and Patrick Mutturutza.

A pre-test was given to participants to assess the levels of knowledge about community health clubs. The highest score is 15/20, down to 0/20, whilst the average was 7.5/20.



*Opening of the training by
Penninah MATHENGE*

REPORT ON THE SESSIONS HELD

Participants in the training received various lessons including introduction to the CBEHPP/PPSCE (Community Health Promotion program), the meaning of a community health club, the activities of health clubs Community, the structure of a community health club, registration of members of community health clubs, election of the Executive Committee within the Community Health club, mapping of the village by field visit, hand washing, Common or common diseases, transmission and prevention of diarrhea, overview on Open defecation (improved toilet), and the monitoring and evaluation of Community health Clubs (reporting tools).

1. **What is a Community Health Club?**

CBEHPP: It is a community based Environmental health Promotion Programme which uses CHC as an approach to promote community health.

PPSCE: is the french version of the above i.e. programme communautaire de promotion de la santé environnementale communautaire.

A Community Health Club (CSC) is a group of people responsible for maintaining hygiene, improving public health standards and living conditions in the village.

A CSC is a voluntary non-discriminatory club to which everyone can belong: men, women and children, old, middle-aged or young, rich or poor, educated or not. It is a free non-political and non-religious forum, for the improvement of living conditions and the health of the family through the change in hygiene behavior in order to control all preventable diseases without relying on external help.

2. **Member Registration and Membership card**

There must be a common understanding by Local Authorities and the Community Health officer who should communicate with the community about the beginning of CSC, as they are the ones who will organize the meeting for the health facilitator to explain to the people about the CSC and register the members who want to join the CSC. All households in each village should have at least one person as a member of the CSC and receive the membership card on which all lessons and practices are written. The election of a club committee is made after the registration of the members by vote of the President and Vice-President, Secretary and Deputy Secretary, Treasurer and Assistant Treasurer of the Community Health Club.



Election of the Committee of the Community Health Club.

3. Village Mapping

After the theoretical lessons on the identification of the elements that must be shown on the map of the village, the participants were divided into four groups to practice on the ground in the village of Katekama. From the return, the four groups made presentations on the mapping of the visited Avenues (Mission, Fizi, Kabangila). The observations made in relation to the mappings made are as follows:

- Some households without latrines,
- Households with unimproved latrines (no cover, no roof, no plate, no hand washing station),
- Households without drinking water sources

4. Report back from IRC experience of CHCs in Matongo and Katchungwe in the health zone of FIZI

This visit was made by IRC staff as part of the visit to the Community health clubs initiated by TEARFUND In this health zone. The approach TEARFUND has used is the same as that used by IRC currently by initiating community health clubs in the villages. This approach has produced good results where club members are massively enrolled in the two villages of Matongo and Katchungwe.

Some major achievements have been observed in the two villages:

1. All Members of Clubs have properly constructed latrines with installation of Tippy Tap
2. Monitoring of mosquito nets in households

The difficulties encountered by Community Health Clubs:

1. From the moment TEARFUND departed the clubs have not continued to operate as they had done before they left,
2. LA health zone also did not follow up the Community Health Clubs to ensure the sustainability of their activities,
3. The promises made by TEARFUND were not made especially the distribution of certificates to Community Health Club members.

5. The different partners in the mobilization on behavioural change based on hygiene

Participants identified different partners who will assist them in mobilizing community health clubs. These are the following partners:

1. Local leaders (group leader, village chief, head of Avenues)
2. The pastors, the Imam, the Muongozi, the priests
3. The President of Women
4. The President of the Youth
5. Prefects, school principals, teachers
6. Nurses, Precodea (Presidents of community relays)
7. The presidents of breeders and farmers
8. The Elders of villages
9. Musicians etc.

6. Common diseases

In this lesson, an exercise was done by the Participants using the teaching materials to identify the different preventable diseases. Most of the diseases that are common in the community can be prevented by behavior change i.e. Diarrhea, Malaria, cholera, tuberculosis, skin diseases and sexually transmitted diseases. However, there are others which cannot be prevented.



Identification of common diseases and their prevention

7. The transmission of diarrhea and its prevention

Participants identified the different channels of transmission of diarrhoea and the means to cut the transmission chains.



Identification of the channels of transmission of diarrhea by participants

These transmission chains are identified as follows:

Transmission chain	Cutting the transmission chain
Defecation in the open air	Improved latrine installation
Use of dirty water	Treatment of drinking water and its conservation
Consumption of uncooked and soiled food	Wash the fruits before consuming them and reheat the remaining meals
Food preparation	Wash hands with soap and water before preparing meals

8. Common habits in the community

Participants identified the common habits observed in the community indicating bad behaviours related to à Hygiene:

1. Absence of latrines caused by poverty
2. Defecation in the open air
3. Wash directly in the same water container before eating
4. Eating without washing hands with soaps
5. Drink any type of water
1. Allow children to defecate in the open air even if there are latrines
2. Saying that excreta will be eaten by domestic animals
3. A latrine for more than ten households
4. Improved latrines are reserved for educated people
5. Excreta of children are not contaminants
6. Defecation at the edge of the river while it is the only source of water
7. Uncooked food consumption
8. No washing station on the way back from the toilet.

The avenues of solution in the face of these bad habits

1. Public awareness of good hygiene practices
2. Establishment of community health clubs in all villages.

9. Hand washing

Hand washing should be done properly if not the germs will remain. The steps of handwashing:

- Wet your hands.
- Put soap on your hands Every time we wash
- Lather the palms with soap.
- Rub your hands together.
- Use your fingers and palm to roll and rotate all fingers with the other hand
- Rub the palm of one hand on the back of the other hand
- Rub well between your fingers
- Put the fingertips together to rub the palm of the other hand over and over again.
- Rinse your hands under running water.
- Do not share a towel: shake Your hands dry



Demonstration of hand washing by participants (left) and by the trainer (right)



10. Difficulties encountered in training

1. Unfinished training: Environmental insecurity interrupted training which is the reason why there were lessons programmed that were not given: Zero open defecation, skin diseases, water sources, food hygiene, personal hygiene, post test and other lessons included in the training manual.
2. Teaching materials (images) not in line with the country's reality: incomplete images for the prevention of common diseases.
3. Undesired change in training tools. This has made IRC slow to access the appropriate materials.
4. Too short a period planned for the training of facilitators

11. Recommendations

1. IRC

1. Complete the incomplete lessons: Lessons that have not been presented such as zero open defecation, skin diseases, water sources, food hygiene, personal hygiene, post test and other lessons included in the training manual. These lessons will be given by IRC so that the facilitators can have a complete background.
2. Make the action plan for major activities and send them to Africa AHEAD for monitoring and evaluation
3. Look for ways to sustain the community health clubs after the end of activities by IRC in the intervention area
4. Develop the reporting framework on indicators to be improved
5. Organize health club competitions at the end of the lesson sessions
6. IRC officers should have special training on community health clubs to be able to train community health clubs facilitators
7. Provide sufficient time for training so that facilitators have a complete package on all the lessons provided in the Community Health Clubs Training manual.

2. AFRICA AHEAD

1. Adapting teaching materials (images) in view of the reality of the country
2. Produce documents written in French and on time



Photo of the participants after the training dated 17/08/2018

Report written at Kamanyola

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