

APHA Handout

Partnering Institutions

University of Texas Health Science Center at San Antonio

- Top 3% of all institutions worldwide receiving NIH funding.
- 5 schools/departments: Medicine, Nursing, Dental, Biomedical Sciences, and Health Professionals.
- Mission of the Center for Medical Humanities & Ethics: to teach ethics & professionalism to medical students & health professionals while nurturing empathy and humanitarian values.
 - Community Service Learning: a structured learning experience combining community service, mentored preparation and reflection. Projects include:
 - Student Run Free Clinics
 - Breastfeeding Education and Support for Teenage (BEST) Mothers
 - Global Health: combines a global health curriculum and Community Service Learning opportunities in international settings so as to address the stated needs of program partners, to deepen student's knowledge about global health, and to encourage scholarly activities. Program sites & partners include:
 - Aleta Wondo, Ethiopia: Common River
 - Guatemala City, Guatemala: Clínica Familiar de Luis Angel Garcia (CFLAG) HIV/AIDS Clinic
 - Chennai, India: The Banyan
- For more information visit the Center for Medical Humanities & Ethics at <http://www.texashumanities.org/>.

Universidad Iberoamericana

- Private, non-profit university established in Santo Domingo in 1982.
- 16 undergraduate programs and over 25 masters programs with students from over 46 countries (20% of the student population is international).
- School of Medicine is listed in the International Medical Education Directory within the Educational Commission for Foreign Medical Graduates and students are allowed to take the United States Medical Licensing Examination.
- Service Learning is integrated into the School of Medicine. Projects include:
 - 'Adolescentes Multiplicadores' (Teenage Trainers) in Elias Pena
 - HIV education & testing in Santo Domingo
 - Mosquito breeding research in Santo Domingo
- For more information please visit <http://www.unibe.edu.do/>.

Children of the Nations

- Organization founded in 1995 that partner's with nationals to provide holistic, Christ-centered care for orphaned and destitute children, enabling them to create positive and lasting change in their nations.
- Community-based ministry provides opportunities for partnership, empowering nationals with the resources and training to raise and provide for their own children and better their communities.
- Operates programs in 4 countries: Malawi, Sierra Leone, Uganda & the Dominican Republic.
- 5 Village Partnerships initiated in the Dominican Republic in 1997.
- For more information please visit <http://www.cotni.org/>.

What is the Community Health Club approach?

- An approach to structured Participatory Health and Hygiene Education developed in Zimbabwe in 1999.
- Utilizes positive peer pressure to cultivate community cohesion and a ‘culture of health’, so as to alter communal norms and behaviors, and encourage maintenance of improved hygiene practices.
- Has consistently achieved measurable and sustainable behavioral changes in a variety of different contexts: Internally Displaced Camps in Northern Uganda¹, post-conflict environments in Sierra Leone², isolated rural villages in Guinea Bissau, rural communities and urban informal settlements in South Africa³, the national cholera control program in Zimbabwe in 2009-2010⁴, and the model for the nation-wide Community-Based Environmental Health Promotion Program in Rwanda.
- Stimulates latent demand for improved water and sanitation infrastructure and improves the operation and maintenance of those resources once constructed^{5,6}.

What are Community Health Clubs?

- Voluntary organizations of 50-100 people, free to any member of a community to join, regardless of wealth, age, gender and education.
- For 6-8 months, registered Club Members and a trained health promoter/educator meet weekly to engage in participatory learning using a picture-based curriculum and traditional participatory activities.
 - Members are assigned homework at the end of each weekly meeting, requiring application of what has been learned.
- Provide a forum for learning, discussion and localized problem solving.
- A vehicle for a sequence of development initiatives where each stage builds upon the successes and lessons learned from the previous.



Figure 1: Community Health Club in Dominican Republic

Community Health Clubs in the Dominican Republic⁷ & Haiti

- March 2011-January 2012: conducted formative research and developed a culturally appropriate, picture-based curriculum.
- Trained 6 community-based facilitators in March 2012 who initiated CHCs in 5 communities in the Barahona Province of the Dominican Republic.

Community	Registered Members	Club Name
Los Robles	38	Club de Salud Juvenir de Buen Samanitara
Algodon	42	Club de Salud Preventiva
Altagracia	45	Club de Salud de Vida Para Todos
Pueblo Nuevo	45	Club de Salud de Comunidad
Don Bosco	63	Club de Salud de Vida y Paz
	8	Club de Salud para Bienestar de la Comunidad

Table 1: Barahona Community Health Club Membership & Club Names

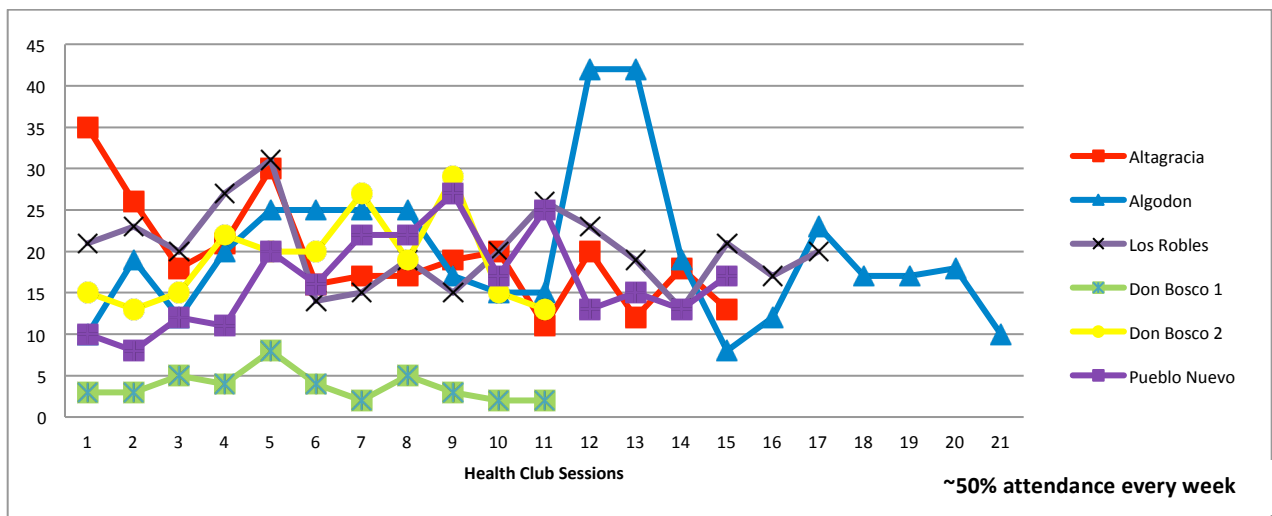


Figure 2: Weekly Attendance by Club (Dominican Republic) after 21 Weeks, as of Oct. 11, 2012

- Observed behavioral changes:
 - Clean kitchens
 - Safely stored drinking water
 - Hand washing facilities and soap near latrines
 - Improved environmental management: removal of standing water and weekly clean-up campaigns
- Also collaborating with 2 Pan American Health Organization supported International EcoClub volunteers who have started 6 CHCs in 6 communities in Port au Prince, Haiti.

¹ Waterkeyn, J., Okot, P., and Kwame, V. (2005). *Rapid Sanitation Uptake in the Internally Displaced People Camps of Northern Uganda through Community Health Clubs*. Kampala. 31st WEDC Conference.

² Azurduy, L., Stakem, M., and Wright, L. (2007). *Assessment of the Community Health Club Approach: Koinadugu District, Sierra Leone. Final Report*. CARE International.

³ Rosenfeld, J. (2010). *Stimulating incremental improvements to community water supply systems through community health clubs in the Umzimkhulu Local Municipality*. WISA 2010 Conference and Exhibition. Durban, South Africa, Peer Reviewed Paper.

⁴ Waterkeyn, J. and Matimati, R. (2009). *Scaling up the Community Health Club model to meet the MDGs for sanitation in rural and urban areas: Case studies from Zimbabwe and Uganda*. Mexico City, Mexico. International Water Association Conference.

⁵ Evans, B., Colin, J., Jones, H., and Robinson, A. (2009). *Sustainability and equity aspects of total sanitation programmes: A study of recent WaterAid-supported programmes in three countries. Global Synthesis Report*. WaterAid.

⁶ Waterkeyn, J. and Cairncross, S. (2005). *Creating demand for sanitation and hygiene through Community Health Clubs: a cost-effective intervention in two districts of Zimbabwe*. *Social Science & Medicine*. Vol 61, pp.1958-1970.

⁷ Rosenfeld, J., Berggren, R., Mencia, F., and Drennan, P. (2012). *A Health Promotion Partnership: Cholera Mitigation along the Haitian-Dominican Frontier*. UNC Water & Health. Poster.