2023 CLA CASE COMPETITION

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Case Title:

Learning and Adapting for Sustainable WASH Outcomes in Zimbabwe

Name:

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Organization:

CNFA - Amalima Loko

Summary:

Amalima Loko is a five-year (2020-2025) USAID Bureau of Humanitarian Assistance-funded Resilience Food Security Activity implemented by CNFA designed to improve food and nutrition security in Matabeleland North, Zimbabwe through increased food access and sustainable watershed management. One of its objectives is to improve the health and nutrition of women of reproductive age and children under five. A key intervention under this objective is to promote the use of safe water, sanitation facilities, and improved hygiene practices, the lack of which are strongly correlated with acute malnutrition and stunting. Amalima Loko uses the Community Health Clubs (CHC), a holistic WASH behavior change approach, to train communities on Participatory Health and Hygiene Education (PHHE).

Half of the population in Matabeleland North practices open defecation, which is harmful to human health and hygiene. Amalima Loko promotes latrine construction to improve low sanitation. After identifying the lack of cement (or lack of money to purchase cement) as a barrier to latrine construction, Amalima Loko realized it needed more information to determine the most appropriate approach to promoting latrine construction and use. The program implemented two approaches—self-supply latrines and cement subsidy latrines—and conducted a rapid CLA study to make an informed decision.

Through the CLA study, Amalima Loko concluded that while the self-supply approach may be slower, it is more sustainable than the subsidy model and can be scaled up to increase sanitation coverage in program areas. This approach is most effective when amplified with PHHE training; community and Ministry of Health support through the CHCs; and Village Savings and Loans (VS&L) groups integrated into CHCs to help mobilize resources. As a result, Amalima Loko has observed successful CHC and PHHE approaches in latrine construction, a greater sense of ownership, and enhanced community cohesion as groups work together using the VS&L approach as a financing mechanism for latrine construction.

1. **WHAT: What is the general context in which the case takes place? What organizational or development challenge(s) or opportunities prompted you to collaborate, learn, and/or adapt?**

Access to clean water is crucial to human health, however, has limited impact without sufficient sanitation facilities and improved hygiene practices. Half of all households in Matabeleland North, Zimbabwe, practice open defecation (ZimVAC 2022). Defecating outdoors—in fields, forests, bodies of water, or other open spaces—is harmful to the environment, to human health and hygiene, and lacks dignity.

One of Amalima Loko's objectives is to improve the health and nutrition of women of reproductive age and children under five. The program uses the Community Health Clubs (CHC), a holistic WASH behavior change approach, to promote improved WASH practices in communities. A key aspect of Amalima Loko is the Refine and Implement period in Year 1 of the program, during which the program conducts formative research to inform refinements to program design. Amalima Loko conducted a Health Behavior Study as part of this research and learned that one of the main barriers to constructing latrines is the lack of cement or lack of cash to purchase cement and/or pay latrine builders. The economic crisis and drought in Zimbabwe limited households' financial capital to adopt recommended WASH practices, such as latrine construction at household level.

In order to improve low sanitation coverage, Amalima Loko needed more information on what type of latrine construction model to promote. With the barriers to latrine construction in mind, Amalima Loko implemented two approaches to latrine construction: self-supply model and cement subsidy model where three bags of cement are given to select households. This was rolled out in Binga district, where the open defecation rate is the highest in the country at 67 percent.

2. **What two CLA Sub-Components are most clearly reflected in your case?**

M&E for Learning

Decision-Making

3. **HOW: What steps did you take to apply CLA approaches to address the challenge or opportunity described above?**

In 2022, Amalima Loko implemented two approaches for latrine construction: 1) self-supply and 2) latrine subsidy.

1) Self-supply model: CHCs were formed and trained on latrine construction, but not given any material support. Through the CHCs, Amalima Loko trained communities on Participatory Health and Hygiene Education (PHHE). The curriculum promotes recommended water, sanitation, and hygiene practices at household and community level through a set of 20 lessons that CHCs use to improve knowledge and influence the behavior of their members. Village Savings and Loans (VS&L) groups are also integrated into CHCs to collectively raise and save funds so individual members have access to funds for homestead latrine construction.

2) Latrine subsidy approach: In addition to the PHHE training described above, Amalima Loko also provided three bags of cement (sufficient to construct latrine at slab level) each to 200 households that participate in CHCs in the Kariangwe cluster in Binga.

Amalima Loko conducted a rapid CLA study to evaluate the two approaches in order to identify the most effective model to replicate over the course of the program. While the subsidy was the favored approach among households, they indicated that they were now willing to build latrines with or without program support through their own mobilization. The program team learned that PHHE is the vital element in creating demand for latrine construction and a critical component for improved WASH practices in the community. Strengthened awareness from PHHE training and positive peer pressure from CHCs are the key 'push' factors that drive CHC members to construct latrines under the self-supply model.

The latrine subsidy was targeted at poor households likely to face challenges in constructing latrines and was found to act as a catalyst to speed up latrine construction and lower the financial burden. Although the subsidy speeds up the latrine building process, exposure to CHCs and PHHE training was identified as the more efficient factor driving latrine initiatives and as a required support mechanism for improved efficiency. CHCs improve the availability of labor and cash support through VS&L groups, which aid communities in mobilizing resources.

Through the CLA study, Amalima Loko concluded that while the self-supply approach may be slower, it is effective and more sustainable, and can be scaled up to increase sanitation coverage in the program areas. The study also recommended to train more builders on latrine construction; promote mandates with CHCs that members should all have toilets to prevent the sharing of latrines and increase sanitation coverage; and adopt and share costing information through VS&L groups, which can assist in resource mobilization for building latrines. Findings were shared with the program team, the Ministry of Health, and other stakeholders. Amalima Loko decided to end cement subsidies, and instead focus on PHHE training and VS&L integration in the CHCs. The program recognized that in order to promote sustainable improved WASH behaviors and ensure gains in sanitation coverage are maintained, PHHE training and CHC promotion of improved WASH behaviors must continue at the community level.

4. RESULTS: Choose one of the following questions to answer.

We know you may have answers in mind for both questions; However please choose one to highlight as part of this case story

A. DEVELOPM ENT RESULTS

The study firmly established that even though the self-supply latrine construction approach is slower without a cement subsidy, it has wider reach and greater sustainability and is therefore recommended over the subsidized latrine construction approach.

Amalima Loko's intermediate outcomes for access to sanitation are now being realized through the construction of, improved access to, and utilization of latrines. The CHC and PHHE approach has been successful in improving efficiency as it raises awareness in the importance of proper sanitation facilities and motivates households to build latrines. The program has observed a greater sense of ownership and enhanced community cohesion as groups work together using the VS&L approach as a financing mechanism for latrine construction.

In addition, Amalima Loko collaborated with the Ministry of Health and Child Care (MoHCC) to deliver a ten-day training to 66 program participants to support CHC members in latrine construction in line with the MOHCC guidelines for Blair Ventilated Improved Pit (BVIP) latrines. Trainees received post training support and mentoring from MoHCC, with support from Amalima Loko staff. Several households went on to construct modified designs which include a bathroom. To date in FY23 (as of March 2023), Amalima Loko program participants have pro-actively organized community funds and labor to construct 81 self-supply latrines that now provide basic sanitation services to 501 people.

Another key success factor is the degree of collaboration among stakeholders and the community. A critical element of improving awareness of improved WASH practices has been the strong working relationship between the program and stakeholders, such as MoHCC through its local staff (Environmental Health Technicians and Village Health Workers), which has facilitated Amalima Loko's roll out of the CHC model. The support from MoHCC through its ward level cadres has been essential and provides the necessary systematic and technical support for long term sustainability of WASH interventions.

5. **ENABLING CONDITIONS: How have enabling conditions - resources (time/money/staff), organizational culture, or business/work processes - influenced your results? How would you advise others to navigate any challenges you may have faced?**

The success of using learning to inform programming rests upon the shared commitment among Amalima Loko program staff, the communities where Amalima Loko is operating, and other stakeholders (Government of Zimbabwe and USAID) in sharing ideas, trying novel approaches, and refining implementation based on learnings. Amalima Loko purposively recruited a program team with diverse skills and perspectives to ensure a more integrated approach to learning, decision making and adaptive programming. The program allocated adequate resources toward formative research and learning opportunities as part of the program's learning agenda. Amalima Loko has also prioritized strong collaboration with local stakeholders, including the MoHCC, the District Water and Sanitation Sub-Committees, VS&L Facilitators, communities, and local and traditional leaders. The PHHE curriculum was designed and delivered in collaboration with the MoHCC to encourage CHCs to adopt improved WASH behaviors and to construct hygiene-enabling facilities, which contributes to the sustainability of WASH intervention outcomes.

Program leadership encourages open and honest communication about the successes and challenges in program interventions, which cultivates a culture of collaboration, learning, self-reflection, and ultimately adaptive management. Amalima Loko reflects on its programming and challenges through a lens that encourages one to ask questions like "How can communities be supported to provide their own solutions to the challenges they are facing?" and "Which approaches are more sustainable and can be easily scaled up in communities?"