

GOAL Learning & Review Paper
(Specify department: Health and Nutrition)

Title of Project / Date and Objectives]

Title: Community Centered Prevention of Malnutrition

Objective: To learn from the Community Led Total Sanitation (CLTS) integration into NIPP in the 4 villages of Makoni Rural Health center.

Pilot design

Community Led Total Sanitation (CLTS), referred to locally as Zimbabwe Community Approaches to Total Sanitation (ZimCATS) is a community-led and demand-driven approach to access of safe sanitation facilities. The ultimate objective of ZimCATS is to help communities become Open Defecation Free (ODF). This is done through generating local demand and leadership for improved sanitation and behavior change within a community. The idea also is to empower communities to be responsible for their health and hygiene.

An integration of CLTS into NIPP project was piloted in Makoni district to learn how the two approaches interact in contributing towards the achievement of results and impact. The DFID Community Centred Prevention of Malnutrition (CCPM) project which is being implemented in Nyanga, Makoni and Hurungwe includes WASH components mainly focusing on positive practice behavior change. CLTS was designed in such a way that it targeted the same participants (male & female) who were admitted into the NIPP project in cycle 6 & 7. The intervention was piloted in 4 villages under Makoni Rural Hospital in Makoni District. A total of 12 NIPP circles, (4 male and 8 female) participated in the pilot.

The pilot started in August 2015 with sensitization meetings for the community leadership, and then for the broader community. The sensitization meetings were facilitated by GOAL and the environmental health technician (EHT) for the respective areas.

Summary Breakdown:

Materials Needed (do not detail every item, i.e. if setting up a health centre list: drugs/med' equip' x 4 sites, 2 x vehicles etc)

- a) flip charts
- b) one vehicle

Personnel Required (include a summary list of the number of GOAL and / or partner(s) / volunteers utilised, with positions)

GOAL Zimbabwe:

One project officer
One District Nutrition Trainer

Ministry of Health and Child Care

One Environmental Health Technician

Planning & Implementation Timeframes (planning time includes non-implementation time used to plan project activities)

Planning: one month of inception phase
Implementation: three months

Problems/Challenges Encountered

Challenge	Solution Employed
<ul style="list-style-type: none"> Late response/slow response by the targeted groups 	<ul style="list-style-type: none"> There was continued support provided by NIPP volunteers, EHTs and GOAL staff. Village heads were also engaged to mobilise communities
<ul style="list-style-type: none"> The builders were demanding payment for the service of constructing the toilets 	<ul style="list-style-type: none"> Builders were encouraged to construct toilets for free in the participating villages as part of their practical sessions of NIPP. They were then presented with certificates by the Ministry of Health and Child Care so that they can construct toilets in other villages and get paid.
<ul style="list-style-type: none"> The timing of the pilot was not the best because it coincided with the period when the households were busy preparing the agriculture season. As a result, households were not prepared to spend money on the purchase of cement for toilet construction. They prioritised agriculture inputs instead. 	<ul style="list-style-type: none"> The period of triggering was extended to two months to try and make the communities understand the importance of having toilets at their households. Participants were also encouraged to form VSLA groups with the objective of constructing toilets at their home steads however the component was not fully implemented in the area.
<ul style="list-style-type: none"> Three months period too short to achieve Open Defecation Free villages. There wasn't enough time for the households to mobilise the necessary resources required and start the construction of toilets 	<ul style="list-style-type: none"> The NIPP volunteers together with local leadership, Village Health workers and the Environmental Health Technician were encouraged to continue monitoring the project and offering support to project participants
<ul style="list-style-type: none"> Monitoring of project activities was quite a challenge because it was a double cycle where cycle 6 and 7 were being implemented at the same time 	<ul style="list-style-type: none"> Sanitation action groups were formed to enable communities monitor their project activities. Village Health Workers together with local leadership were engaged to assist in monitoring CLTS activities

In Hindsight – What Should Have Been Done Differently

- The CLTS should have been introduced well ahead of the NIPP. CLTS was targeting the whole village while NIPP selected a few households. It was a challenge to mobilize everyone because those who had already declined to participate in the NIPP were reluctant to participate in CLTS but the reasons for declining to participate were not investigated.
- More time should have been allocated to implement CLTS for effective behaviour change.
- To achieve a greater impact, CLTS should have been introduced just before harvesting so that the participating households could have included the purchase of cement when budgeting for the profits realised after selling of surplus produce.

List any Unintended Outcomes (positive or negative) from the program

- The CLTS approach created solidarity in the communities, villagers are now engaged to achieve a common objective, and this was portrayed by some households who are now sharing toilets with their neighbours in a bid to achieve “ODF” village.
- The approach stimulated desire for other non-participating communities who are now hiring the trained builders to construct the upgradable Blair Ventilated Improved Pit (uBVIPs) for them.

Overall Success of the Program

- A total of 29 toilets were constructed without external financial support across the four villages.
- Training of builders was successfully held with 22 male builders trained on how to construct an upgradable Blair Ventilated Improved Pit (uBVIP) latrine.
- There was strengthened coordination between the Environmental Health Technician and village health workers under the MoHCC.

Lessons Learnt: (CLTS)

- Peer to peer support increases the spread and scaling-up of CLTS.
- The community solidarity and sense of achievement from a successful CLTS can be an entry point for other low cost programmes.
- CLTS did not integrate well with the NIPP circles as the targeting approaches are different, CLTS targets everyone in the village while NIPP target specific groups in the village.
- The approach focuses on behaviour change so more time is needed for participants to meet regularly and encourage each other to construct and use toilets. The NIPP cycle was too short for this to happen. Therefore the CLTS did not integrate well with NIPP.
- The approach encourages and enables the community involved to get into the sanitation ladder at the level that they can afford.
- CLTS can promote development of natural community actors/facilitators who can then transfer/cascade it to other communities.
- Effective triggering enhances community understanding on the importance of using toilets. One village reported that households are now sharing toilets in an effort to reduce open defecation.
- If CLTS is implemented after NIPP, every household in the village is reached and more toilets will be constructed to achieved open defecation free villages and hence a greater impact on the reduction of diarrhoeal diseases.
- Households are willing to construct toilets at their homesteads but some lack the financial resources.
- Formation of Sanitation Action Groups makes monitoring of project activities easier.

What Recommendations Would the Team Make in Relation to Lessons Learned?

- For the initial stages, much support is needed to ensure high quality of community mobilization, and sensitization, and triggering since the success of CLTS relies much on this. So the CLTS triggering should be done before the NIPP sessions commence to reduce pressure on staff and communities.
- After having confirmed that the community is now mobilised and they have expressed interest and commitment to achieve ODF villages, it is prudent to form a committee that helps the communities come up with an action plan to achieve the set targets.
- Village Savings and lending's associations can be established to in the participating villages so that households can use the savings to construct toilets
- Linking communities to credit facilities may be a viable option in overcoming financial challenges faced.
- There is need to produce IEC materials to help spread the key messages