Investigating the Integration of Village Savings and Lending and Income Generating Activities with Community Health Clubs as a Model for Improving the Uptake of Latrine Construction

1. Introduction

Amalima has implemented Community Health Clubs (CHC)[1] since 2014 in Tsholotsho district in Matabeleland North and Gwanda, Bulilima, and Mangwe districts in Matabeleland South. CHCs are participatory community level hygiene promotion groups that consist of community members. Groups are led by a trained Village Health Worker (Community Based Facilitators) with support from Ministry of Health and Child Care (MoHCC) Environmental Health Technicians. The Amalima CHC model is implemented in collaboration with the MoHCC, a key stakeholder for sanitation and hygiene promotion activities in the country.

Currently, the program has 550 CHCs, each with 15-30 members. Community Health Clubs aim to increase awareness of Water, Sanitation and Hygiene (WASH) practices in communities through Participatory Health and Hygiene Education (PHHE)2, which fosters learning for change through promotion and adoption of recommended WASH practices at the household and community level. Community Health Club members are encouraged to adopt optimal hygiene behaviours and to construct latrines and other hygiene enabling facilities. Amalima recognised a gap in terms of a systems approach to finance household latrine construction. To address this, CHC members were encouraged to diversify into Village Savings and Lending (VSL) and Income Generating Activities (IGA).

To date, 28% of CHCs have diversified into VSL and IGAs such as small livestock and horticultural activities. Amalima undertook an investigation on the integration of savings and lending and income generating activities with Community Health Clubs as a model for improving the latrine construction in the Amalima programming districts of Zimbabwe. Findings from the study will inform future USAID Food for Peace Development Food Security Activities, and other community WASH programs.

2. Research Objectives

The primary objective of the qualitative research was to investigate the integration of Savings and Lending and Income Generating Activities with Community Health Clubs as a model for improving the uptake of latrine construction.

3. Research Questions

- Do CHCs integrating savings and lending and income generating activities have an improved uptake of latrine construction compared to CHC's without integration?

[1] A community health clubs is a community based organisation made up of voluntary men and women dedicated to improving the health and welfare of the community through common knowledge, common understanding and the practice of safe hygiene in the home leading to common unity and common welfare.

[2] Outline PHHE curricular CHCs conduct weekly sessions for a period of 4-8 months using visual aids (PHHE tool kits) and conducting practicals, putting up hygiene enabling facilities and then graduations.

- What motivates CHCs embarking on VSL/IGAs to construct latrines?
- What limits CHCs that have graduated that have not diversified into VSL/IGA to construct latrines?

4. Methodology

4.1 Study area

The research was conducted in two districts (Mangwe in Matabeleland South province and Tsholotsho in Matabeleland North province) across four selected villages. The study employed qualitative research methods, including Focus Group Discussions (FGD) with CHCs that diversified into VSL/IGAs and CHCs that did not. Data from the FDG participants was triangulated with data from key informants including CBFs, MoHCC Environmental Health Technicians and Zimbabwe's Agricultural Technical and Extension Services (Agritex). Observations were conducted in a sample of households of CHC members who have diversified into VSL.

4.2 Sampling strategy

The study investigators strategically mobilised women, men, adolescents/youth, the disabled and the elderly to participate in the study for fair representation from all groups. In order to capture the range of variation amongst the CHCs, the following criteria was used to strategically select CHCs for qualitative assessment:

- Date when CHC was formed (to ensure a fair balance of old and new CHCs)
- Membership profile of the CHC (women, co-ed, youth)
- CHCs with different livelihood activities (livestock, horticultural, VSL activities)
- Proximity to markets/business centre

Study Sample

	Mangwe district	**Tsholotsho district**	**Participants**
Focus group discussions	3	3	CHC members participating in VSL and IGA activities
Focus group discussions	4	3	CHC members **not** participating in VSL and IGA activities
In depth interviews	8	6	CBFs, EHTs, Agritex extension officers
Observations	1	3	CHC member households

5. Key Findings

5.1 Motivating Factors for CHCs embarking on VSL/IGAs to construct latrines

Social capital and community cohesion helps communities build capacities and solve self-identified problems. In the area of community cohesion, the study found that CHCs helped bring communities

together. Community members indicated that CHCs helped to create unity, stimulate a collective spirit, increase women's participation in decision-making, and enable an environment where everyone's ideas were valued. Community members indicated that by illuminating the benefits of working together, CHCs had inspired the formation of other groups within the community. CHC successes also led to the formation or revitalization of many other community groups, including VSL clubs and community gardens. Increased community cohesion is also seen in the CHC's efforts to incorporate everyone in CHC activities and benefits. Non-CHC members are aware of CHC activities and benefit from their impacts, which spread across other villages and wards.

In the spirit of togetherness, club members also joined VSL projects implemented by Amalima. Participants echoed that the savings are intended to address health needs (e.g. construction on BVIP latrines among others) and are a vital source of capital for productive needs.

For these activities, CHC members notify community members about these events, ensure attendance, facilitate activities and use these opportunities to share heath messages. Improved health outcomes have created an atmosphere of enthusiasm, empowerment and motivation to continue with positive health behaviour.

However, some members felt that there was not much difference in terms of hygiene behaviour when comparing those CHC members doing VSL against the CHCs that have not embarked on VSL, since both groups underwent the same curriculum for PHHE. However, those not in VSL/IGAs have financial challenges and could not afford to build latrines.

Therefore, one can conclude that health and hygiene lessons have helped the CHCs to construct their own latrines. The vast knowledge on the importance of having a latrine has been a push factor for the construction of the latrines by the CHCs member.

5.2 Benefits of VSL/IGA to CHCs.

When asked the extent to which VSL/IGA activities contribute to the latrine construction, the CHCs members revealed that:

> *"To a greater extent, VSL helped as I used the money to buy some of the stuff that I needed to construct a latrine. And we do other small businesses such as those of vegetables, poultry, jiggies, airtime, soups and we even bake scones; It helped those who did not have latrines. You can use the money to buy cement and construct the latrine. Some members used money from VSL and others already had the latrines; To a greater extent, we used the money to buy cement and pay the builders*. "

From the above it is clear that VSL/IGAs have helped the members save for their own construction of latrines rather than waiting for donors to do everything for them.

The responses below from the key informants the EHTs shows some of the benefits:

> *Improving the hygiene status of the community. Some now have moulded kitchen plate dressers, more latrines in the ward. Some now have tippy taps*. (EHT 1).

The incorporation of VSL/IGAs in the CHCs have helped in the construction of latrines in Tsholotsho and Mangwe. This is shown below by the key informants' responses. They were asked whether there were any benefits to including VSL/IGAs in the CHC Group training. What are these benefits, if any? To what extent would this contribute to improvements? They said:

> *Those in VSL can buy themselves cement to build their latrines and can also buy livestock and some kitchen equipment.* (EHT 2).
>
> *The VSL component is one of the most important driving factors that makes them meet, it helps them share ideas and with the little they make in those groups they can buy some of the necessities at home.* (AGRITEX officers 1).

Comparing the groups doing VSL/lGA and those not doing those activities, the Agritex officers said that, "*They work together very well and they understand each other more (those in IGAs). They can take their children to school and can buy livestock (chickens, goats, donkeys and cows)".*

5.3 Importance of IGA/VSL on the CHC training.

CHCs members were asked whether the integration of IGA/VSL should be mandatory in CHC training. Respondents said,

> *It has helped us achieve our goals; we now have livestock and have managed to construct latrines in our homesteads. Yes, so that we get money to buy food and pay fees.*

To see the importance of these groups, key informants were asked whether integration of IGA/VSL should be a mandatory part of the CHC training and why? They responded saying:

> *They have to start the lessons at the same time with their IGAs so that they group themselves from the start. Because if they group themselves later, they might end up splitting as a club. The money they will be generating during their lesson can help them buy what is needed especially on the lessons they have covered in their CHCs.*
>
> *Integration should be mandatory so that they can buy things needed e.g. cups and plates and this can also help them build their latrines.*

The CBFs said:

> *Yes, so that they can help each other build their latrines, buy livestock and other necessities. They shouldn't waste time. For the IGA groups to be functional they should group themselves according to how much they can afford for a given time so that they won't split.* (CBF A).

Also, the AGRITEX Officer said,

> *It should be mandatory so that when they graduate, they will not only be having knowledge on hygiene they would also have all the hygiene enabling facilities because some require money for example, the latrines. So, the IGAs will be the source of finance so that they can buy the cement to build them.* (AGRITEX officers 1).

6. Recommendations on best practices for VSL and IGAs integration in CHCs for future programming.

The study shares some testimonials from stakeholders to reaffirm the recommendations proposed as a result of the qualitative research.

6.1 Drilling of boreholes.

We need boreholes so that we embark on our projects e.g. Livestock, farming, making bricks, they also boost our finances. Availability of water makes it easy to do projects. More so, buy pipe so that we get water. (CHC Members)

We need vaccines to treat our poultry. Give us projects to work on for us to cash. Those who take the money on credit should use it on IGAs so that they are able to make more because when they pay it back, we need it with interest. (CHC Members)

6.2 Involvement of all Stakeholders and proper communication.

Working together with the EHTs and the local leadership. (EHT A).

CBFs and other extension workers should offer more support to the Clubs. Make sure all clubs graduate. (EHT B).

If possible, the communities can be helped by drilling boreholes. Build temporal toilets which need a fewer bags of cement. (EHT C).

They should try to involve the local leadership because they are the ones who approve the constitution. (EHT B).

Also, decision makers should be involved:
Programmes should target the decision makers. The VHWs and CBFs should talk to the decision makers when they are around (during the holidays). (EHT C).

6.3 Education

People should be educated more on the importance of being in a Health Club. A few ended up joining because they saw others progressing to IGAs. (AGRITEX Officers 1).

Educate people more on the importance of building the latrines. Give people a few bags of cement only are if they have gathered other building materials on site. (EHT B).

We must continue educating people. (EHT D).

VHWs can also be trained to increase the number of WASH facilitators. Graduation certificates and prizes should be delivered on time. CHCs will continue post Amalima because CBFs and EHTs are there. (EHT B).

6.4 Involvement of men.

Introduce ball games for men so that they can attend lessons. Make men aware of the IGAs which can also help them get money to support their families. Frequency of lessons to be reduced during the farming season. (CBF A).

7. Conclusions

The project concludes the CHC approach has been instrumental in bringing about widespread and positive health changes in the communities in which it has been implemented. With so many of these benefits occurring at the community level, led by the community members themselves, there is strong indication that these benefits will last. Given these accomplishments, there is great potential for this approach to be adapted and expanded as a successful model for health promotion.

As community members reflected on the impact of CHCs on their lives, the increases in their health knowledge was evident and participatory practices were prevalent across the CHCs. CHCs are currently bringing about a multitude of positive change, as the activities initiated by their members are practiced at the community level. Not only have health indicators changed, but more importantly, village members perceptions of their capacity have increased and they feel more able to respond to disease and improve their lives. Finally, they are taking action to prevent disease and share what they have learned with other communities.