The Effectiveness and Sustainability of Two Demand-Driven Sanitation and Hygiene Approaches in Zimbabwe

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1. Background
- Historically sanitation for the poor has been subsidized
- Often no felt need from beneficiaries of such projects to use these new latrines, or wash hands after use
- Responding to this, a number of approaches have arisen that create a demand for sanitation from within the community
- Two such approaches, Community Health Clubs (CHCs) and Community Led Total Sanitation (CLTS), are in operation in Zimbabwe

2. The Approaches
- **CHCs**
  - 6 months, 1 session per week
  - Covers 20 topics, such as HIV/AIDS, malaria and latrines
  - Participatory: involves singing, dancing and drama.
  - Graduation at end of course.
  - Leads to further activities, e.g. nutrition gardens, bee keeping
- **CLTS**
  - 1 day and follow-up visits
  - Disgust, shame and embarrassment ‘trigger’ community into action
  - Achieved through techniques which make community aware they are eating own faeces
  - Community devises a plan to eradicate open defecation

3. Objectives
- 1. A comparison between approaches of select indicators of sanitation and hygiene status.
- 2. Understand the motivation for change by project beneficiaries of the two approaches.
- 3. Understand factors influencing the effectiveness and sustainability of the two approaches

4. Method
- 1. A Survey for the presence, use and maintenance of latrines and hand washing facilities (HWFs)
- 2. Semi-structure interviews with key informants from Gov, NGOs, project beneficiaries
- 3. Focus groups with project beneficiaries

5. Project Areas
- Chiredzi (SE)
- Chipinge (SE)
- Mutoko (NE)
- CHCs: CLTS; 1 community with BOTH approaches

6. Results

<table>
<thead>
<tr>
<th>Effectiveness</th>
<th>Motivation for Change</th>
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<tbody>
<tr>
<td>Influenced by:</td>
<td>CHCs</td>
</tr>
<tr>
<td>Seasonality and time pressures</td>
<td>Prevent disease</td>
</tr>
<tr>
<td>Location</td>
<td>Competition with club members</td>
</tr>
<tr>
<td>Health status of village</td>
<td>Sense of achievement</td>
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<tr>
<td>Competitions (CHCs)</td>
<td>Sense of belonging</td>
</tr>
<tr>
<td>No post- trigger follow up (CLTS)</td>
<td>Promise of future income generating projects</td>
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<tr>
<td></td>
<td>CLTS</td>
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<tr>
<td>Shame, disgust, embarrassment</td>
<td></td>
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<tr>
<td>Prevent cholera</td>
<td></td>
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</tbody>
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7. Conclusions
- 1. When approaches conducted effectively significant latrine construction occurs
- 2. An emphasis on hand washing is essential if any sanitation approach is to prove effective in disease prevention, CLTS does not achieve this
- 3. Knowledge is not enough, behaviour change requires other motivational factors – here periodic monitoring and support proved especially important
- 4. The sustainability of both approaches is dependant upon moving the sanitation ladder
- 5. There may be scope for these approaches to complement one another