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<b>PVO/Registration number</b>	PVO 19/2014)
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<b>Project title :</b>	Technical Backstopping of the Standing Together Consortium on PHHE and CHC models
<b>Expected results</b>	<ul style="list-style-type: none"> <li>• 3 Standing Together Partners are trained on PHHE through CHCs</li> <li>• District Stakeholders are trained on support of CHCs</li> <li>• CHCs graduate into resilient Community Based Organizations</li> </ul>
<b>Geographical Areas</b>	Cyclone Affected communities in Bikita, Buhera and Chipinge District of Zimbabwe
<b>Funded component-(US \$ Amount)</b>	US\$30,000
<b>Expected sources of funding</b>	Christian Aid
<b>Duration of agreement</b>	11 Months

Zimbabwe's economy continues to struggle and the Covid-19 pandemic, recurrent droughts, the cyclone and other epidemics like typhoid and cholera make the situation worse for the communities. As the Covid-19 lockdown is relaxed and communities start to find their feet back there is need to adopt a capacity building modality that empowers communities to quickly pick themselves up and restart their livelihood activities while observing and maintaining the lifesaving dictates of the Covid mitigation plan.

There is therefore need to revive sector human resource capacity and at the same time meet the humanitarian needs of communities. Capacity building done strategically, can address this problem in that the trained personnel will outlive the emergency nature of humanitarian assistance. Given that many projects do not survive beyond the sponsored phase, it is imperative that while implementing humanitarian Aid, we must also prepare for a transition period and capacity development as a building pillar for this sustainability strategy.

It is against this background that the Africa AHEAD are offering to provide technical support to the Standing Together consortium whose goal is to reduce extreme poverty, prevent destitution, protect and promote livelihoods of the poor in Zimbabwe. The plan is for Africa AHEAD to offer such support for the implementation of the WASH software components such as PHHE (Participatory Health and Hygiene Education) and Health Clubs and monitoring of both and the subsequent graduation of CHCs it Food Agriculture and Nutrition (FAN) clubs.

***PHHE is an approach that aims to empower men , women, young and old, rich and poor to manage their water and control sanitation related diseases through health and hygiene awareness which in turn will lead to environmental and hygiene behavioural changes all contributing to improvement in livelihoods and poverty eradication.*** PHHE has been used in Zimbabwe since 1994 when the country participated in a regional initiative of pilot testing the approach. A regional review held at Mandel (Harare) in 1994 concluded that the use of participatory methods for health and hygiene promotion was appropriate and effective. Since the adoption of PHHE, the method has been introduced in all the districts of Zimbabwe. Environmental health workers in all the districts were trained and given toolkits. A national field guide to support implementation was also produced. Since its introduction and subsequent scaling up, PHHE has been taken up by NGOs, civic organisations etc. At the operational level, delivery mechanisms have been through the EHTs, the Village Health Workers (VHWs) and the village community workers (VCWs).

PHHE as a methodology empowers the community so that they can identify their health problems, plan for solutions and actually take the necessary action to solve their health problems. In this regard PHHE can significantly contribute towards the realization of the SDGs. Thus PHHE has the following perceived benefits:

- When faced with scarcity, communities will resort to coping mechanism that may put their lives at health risks. They need information and awareness to avoid those risks.
- Hardware facilities alone are insufficient to address issues affecting vulnerable groups. It needs to be complimented with software to ensure hygienic use and benefits from improved services.
- To strengthen social cohesion, a necessary capacity development activity for communities under stress who need to pull their resources together in combating common problems.
- It also assists in triggering demand for hardware facilities as well as strengthening operations, maintenance and management
- Compliments livelihood programmes. PHHE facilitates a process of thinking without the box and communities are encouraged to link health and hygiene with other livelihoods approaches

such as income generation, nutrition and herb gardens, social welfare, Covid-19 and HIV and AIDS among a host of other public health challenges.

- Improvement in hygiene behaviour alone has been shown to have a positive health impact whereas improvement in sanitation alone may not bring health benefits. Greater emphasis should therefore be placed on improving behaviour complimented by technological improvements to enable practice.
- It will also assist in the control, prevention and eradication of WASH related diseases such as cholera, typhoid and Covid-19.

## **2. Project Objectives**

In the WASH component of the Standing Together Consortium, Africa AHEAD aims to

- Train and capacitate implementing partners in the application of PHHE,
- Provide support to partners on the starting and up-scaling of Health Clubs
- Provide technical backstopping support in PHHE
- Review progress, document and disseminate lessons learnt in the implementation of PHHE and Health Clubs
- Work with CA to design and implement a monitoring and evaluation (M&E) framework for software components of WASH.

## **3. Proposed Activities**

Africa AHEAD is proposing to do the following activities;

### **3.1) PHHE Training**

Implementation of WASH requires that NGO and government staff on the ground have an adequate knowledge and resources. In order to make programmes sustainable, it is important that the Standing Together partnership invest in skills to better understand the water and sanitation technology options and to capacitate the communities. Africa AHEAD proposes to address this by developing and/or updating materials and offering training (training of trainers (ToT)) to implementing NGOs. Africa AHEAD aims to strengthen skills in the application of PHHE and also to review additional tools in the context of the changing priorities and emerging challenges (Covid-19, Gender Based Violence, Anti-Microbial Resistance ) . The roll out of the training by the NGOs will focus on enhancing the community members' knowledge of, and practices in, health and hygiene issues.

Particular emphasis in the training will be placed on the Covid-19 pandemic that has devastated the country and the world since November 2019. The PHHE training will aim to strengthen the community's ability to prevent, cope and manage Covid starting with the household level. Covid-19 awareness and management will be mainstreamed in all the training activities.

Before the workshops relevant materials will be developed and reproduced so that each participant can have his own training kit and field guide. Each of the TOTs will have a process report including an assessment of the training and the work plans as identified by the participants.

It is proposed that there are 3 training sessions with 20-25 participants in each session which will allow for close interaction, participation and better logistical arrangements particularly during field visits and group work.

### **3.2) Technical Backstopping for piloting and up-scaling Health Clubs**

Past reviews on PHHE and health clubs have indicated some weaknesses in the approach taken by different partners. In some cases health clubs have been a result of PHHE sessions and in other cases they were a pre-requisite to start PHHE sessions. In all the projects observed in 2019 none were actually taking the Africa AHEAD approach where learning is systematized. The approach is focused on a given number of men and women and takes participants through 12 core health and hygiene subjects and provides certification to members. None of the clubs observed were taking a holistic approach to health and hygiene, with the focus being only on sanitation and hygiene. Africa AHEAD will support and assist the trained personnel to kick start health clubs in a sustainable manner.

### **3.3) Reporting and Monitoring**

Africa AHEAD will carry out visits to the project sites of all the implementing partners so to assess progress, offer advice and document lessons from project implementation. The visits will form an integral part of the project monitoring and evaluation programme.

Monitoring the effectiveness of PHHE has remained a weak point for many implementing NGOs. Once the partners start their own Community Health Clubs (CHC) programmes, it will be important to document the achievements and the process so as to build evidence on the efficacy of the methodology, to ensure standards are maintained and to further improve on the application of this holistic, integrated approach.

### **3.4) Lesson Learning**

Technical review meetings will be held with partners every 6 months to review progress and share challenges encountered during implementation. The main focus of Africa AHEAD is capacity building and therefore the technical support will contribute to learning and capacity development through documentation of the process. Internal evaluations whereby the partners conduct self-analysis to identify what went right, what could have been improved, what were the weaknesses and how best they could be addressed, will be promoted. These will also serve as some sort of process research with lessons able to assist other implementers in the future.

*SCHEDULE 7: LOGICAL FRAMEWORK*

The Logical Framework and associated Workplan, M&E Framework and Risk Management Matrix form part of the contractor approved Technical Proposal presented in the Scope of Activities and Services and may be varied from time to time in agreement with CA to reflect changing circumstances and/or changing requirements of the Client.

	<b>Objective Verifiable indicators (OVI)</b>	<b>Means of verification (MoV)</b>	<b>Assumptions/Risks</b>
<p><b><u>GOAL</u></b></p> <p>-</p> <p>To reduce extreme poverty, prevent destitution, protect and promote livelihoods of the poor in Zimbabwe.</p>	<p>Communities able to run their own livelihoods initiatives without (or with minimal) external assistance.</p>	<p>Notable increase in the household wealth, nutrition, sanitation and health in the participating households in the project areas.</p>	<p>Local governments are willing to let the CHCs approach be implemented in their areas of jurisdictions.</p>
<p><b><u>PURPOSE</u></b></p> <p>To offer technical support for the implementation of the WASH software components such as PHHE (Participatory Health and Hygiene Education) and Health Clubs and monitoring of both.</p>	<p>Health clubs that follow a standard approach, respond to local needs and incorporating health, hygiene and livelihoods.</p> <p>Partners will develop District level work plans on how they will apply PHHE. Tools will be adapted for local specific contexts and needs Support materials will also be developed</p>	<p>Community Health Clubs are set up in the project areas and are supported throughout the project period.</p> <p>ToTs carried out with follow-up and reporting systems for all IPs in the Standing Together program.</p>	<p>Local governments are willing to let the CHCs approach be implemented in their areas of jurisdiction. Funds are made available.</p> <p>Implementing partners in the Standing Together program are willing to participate in the program and comply with the project requirements. Funds are made available.</p>

<b>OUTPUTS</b>				
<b>1</b>	Output 1: Project management by Africa AHEAD.	1.1 Project meetings.	1.1.1 project meetings to be held every 3 months between Africa AHEAD and CA.	1a Project agreements between the funder and project partners are signed and implemented to the letter.
		1.2 Project implementation plan.	1.2.1 Implementation Plan developed and followed by project partners and the IPs.	1b All stakeholders are willing and committed to the project implementation.
		1.3 Project logistics effectively concluded	1.3.1 Project targets met and the LFA followed. Periodic project progress reviews every 6 months.	1c Africa AHEAD have sufficient manpower to carry out the project.
<b>2</b>	Output 2: Train and capacitate implementing partners in the application of PHHE. (Capacity Building).	2.1 PHHE materials developed and reproduced.	2.1.1 Developed materials reflect changing priorities and emerging challenges.	2a There is adequate documentation and reference materials on current challenges and priorities in Zimbabwe and beyond, e.g., information on Covid-19 pandemic, GBV, AMR.
		2.2 ToT workshops carried out.	2.1.2 Each participant (66 total) has his/her own training kit and field guide. 2.2.1 Approx. 22 IPs participate in 3 training sessions with 20-25 participants each. Certification provided to participants.	2b All participants are able to travel to the training venue and are prepared to apply the training lessons.

<p><b>3</b> Output 3: Provide support to partners on the starting and up-scaling of Community Health Clubs.</p>	<p>3.1 Set-up new CHCs</p> <p>3.2 Training of CHC members in the field.</p> <p>3.3 Six monthly progress reports on operation of CHCs by IPs.</p> <p>3.4</p>	<p>3.1.1 No of new CHCs to depend on the project areas of the IPs.</p> <p>3.2.1 12 core health and hygiene subjects taught and certification provided to participating members.</p> <p>3.3.1 At least 4 reports submitted by each IPs.</p> <p>3.4.1</p>	<p>3a Communities are willing to organize around the CHC ideas.</p> <p>3b CHC members are willing to undergo supervised training.</p> <p>3c Implementing partners are prepared and able to prepare reports.</p>
<p><b>4</b> Output 4: Provide technical backstopping support in PHHE to the Ips and established CHCs. (Capacity building). .</p>	<p>4.1 Training workshops.</p> <p>4.2 District level work plans and tools on the application of PHHE developed.</p>	<p>4.1.1 3 training workshops held in in each district inclusive of partners, government extension workers</p> <p>4.2.1 Partners will develop at least 3 District level work plans.</p> <p>4.2.2 Tools are adapted for local specific contexts and needs, produced and distributed by the IPs.</p>	<p>4a Implementing partners in the Standing Together program are willing to participate in the program and comply with the project requirements.</p> <p>4b Local conditions are well understood by the project partners.</p>

<p><b>5</b></p>	<p>Output 5: Review progress, document and disseminate lessons learnt in the implementation of PHHE and Health Clubs. (Lesson learning)</p>	<p>5.1 Technical review meetings</p> <p>5.2 Process documentation reports</p> <p>5.3 Internal project evaluations</p> <p>5.4 Preparations and distribution of Technical briefing notes.</p>	<p>5.1.1 One review meeting every six months. (total of 3 meetings).</p> <p>5.2.1 Reports by each IP and 6 summary reports by Africa AHEAD.</p> <p>5.3.1 6 internal evaluation reports produced.</p> <p>5.4.1 At least 4 briefing notes in mid-term and at the end of the project.</p>	<p>5a The implementing partners and the CHC members are willing and able to prepare materials for the review. Adequate funding is available for the review process.</p>
<p><b>6</b></p>	<p>Output 6: Work with CA to design and implement a monitoring and evaluation (M&amp;E) framework for software components of WASH. (Monitoring &amp; Reporting).</p>	<p>6.1 One M&amp;E system developed, piloted and rolled out amongst all implementing partners.</p> <p>6.2 Generic qualitative and quantitative indicators developed.</p> <p>6.3 Field visits to project sites by Africa AHEAD.</p>	<p>6.1.1 M&amp;E document prepared and circulated.</p> <p>6.2.1 Data capture templates agreed on and circulated by CA to all partners.</p> <p>6.2.2 Completed forms returned by partners to CA and analyzed by Africa AHEAD every 6 months.</p> <p>6.3.1 3 partners visited at least once a year for 18 months.</p>	<p>6a The implementing partners and the CHC members are willing and able to submit monitoring information to the project partners.</p> <p>6b All participating members are able to use the M&amp;E templates and forms.</p> <p>6c Adequate funding is available for the field visits.</p>



