

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**

5. Project Areas

Chiredzi (SE) Chipinge (SE) Mutoko (NE)
CHCs; CLTS; 1 community with BOTH approaches



4. Method

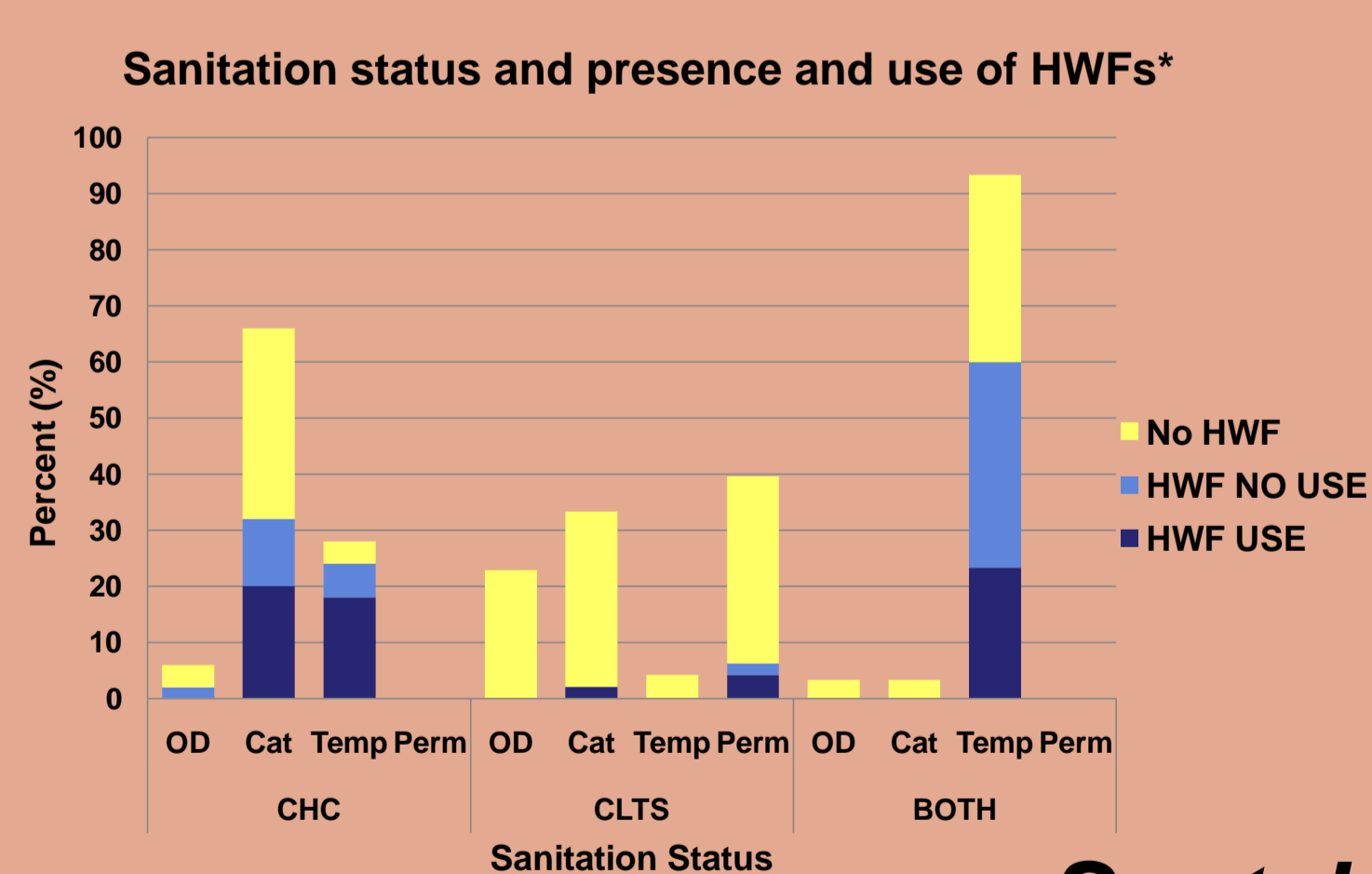
- A Survey** for the presence, use and maintenance of **latrines** and **hand washing facilities (HWFs)**
- Semi-structure interviews** with key informants from Gov, NGOs, project beneficiaries
- Focus groups** with project beneficiaries

3. Objectives

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

6. Results

Effectiveness



Influenced by:

- Seasonality and time pressures
- Location
- Health status of village
- Competitions (CHCs)
- No post-triggering follow up (CLTS)

Motivation for Change

CHCs

- Prevent disease
- Competition with club members
- Sense of achievement
- Sense of belonging
- Promise of future income generating projects

CLTS

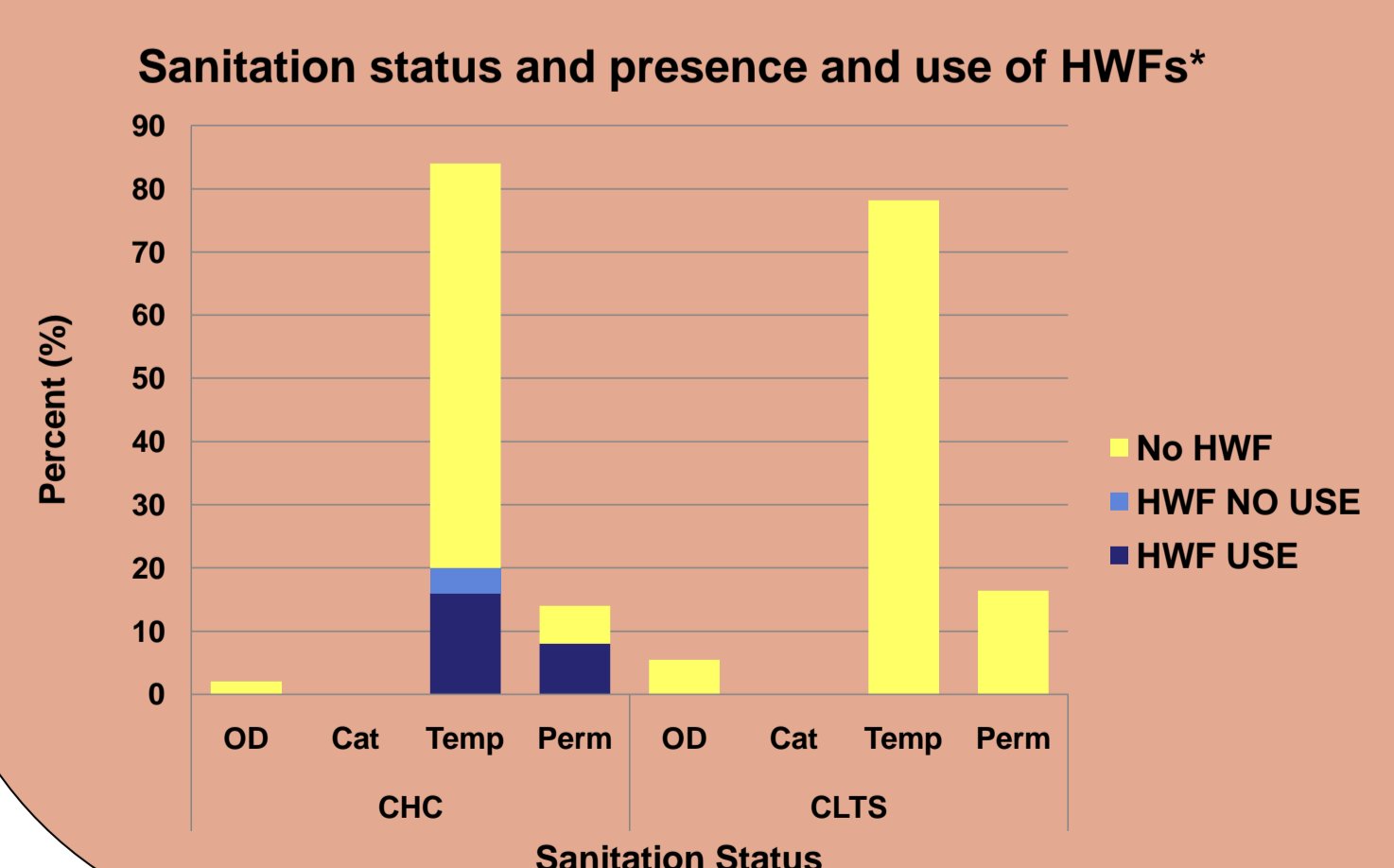
- Shame, disgust, embarrassment
- Prevent cholera

*Some Key Stats from Survey:

•Effectiveness – latrines with cover on: CHCs 31%, CLTS 48%; latrines built since approach: CHCs 100%, CLTS 0%

•Sustainability – latrines maintained: CHCs 45%, CLTS 60%; latrines built since approach: CHCs 53%, CLTS 79%

Sustainability



Influenced by:

- Follow-up, and reinforcement of good practices over time
- Donor and Gov policy
- Destruction of temporary latrines and HWFs
- Affordability

7. Conclusions

- When approaches conducted effectively **significant latrine construction** occurs
- An emphasis on **hand washing** is essential if any sanitation approach is to prove effective in **disease prevention**, **CLTS** does **not** achieve this
- Knowledge is not enough, behaviour change requires **other motivational factors** – here periodic monitoring and support proved especially important
- The **sustainability** of both approaches is dependant upon moving up the **sanitation ladder**
- There may be scope for these approaches to **complement** one another

