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**TRANSFORMATION TOWARDS SUSTAINABLE
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**Community health clubs growth monitoring: experience
from Zimbabwe's Small Towns WASH Programme**

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The Government of Zimbabwe and UNICEF are implementing a Small Towns WASH Programme in 14 small urban towns of Zimbabwe. Hygiene Promotion is one of the key programme components and activities are being delivered through community, school and market health clubs. An adaptation of a tool, known as the Group Maturity Index for tracking the development and growth of the health clubs by measuring progress of the clubs across five domains of objectives, governance, systems, resourcing and impact has been developed; two assessments of clubs have been done in October 2015 and May 2016 respectively. This paper compares the results of the two assessments and looks at the usefulness of the tool for programming. It provides a basis for development workers to adapt and obtain an objective means of tracking areas of weakness and strengths when working with health clubs and community based groups.

Introduction

In March 2013, the government of Zimbabwe formally launched the Small Towns WASH Programme (STWP), managed by UNICEF under the leadership of the Ministry of Environment, Water and Climate (MEWC) and the Ministry of Local Government, Public Works and National Housing (MLGPWNH) using 28.96 million Australian dollars grant from the Government of Australia. The overall goal of the programme is to reduce the burden of diarrhoeal diseases, including the risk of cholera, and improving productivity amongst most vulnerable population groups in 14 small urban towns; namely Bindura, Chipinge, Chiredzi, Chivhu, Gokwe, Gwanda, Hwange, Karoi, Mutoko, Mvurwi, Plumtree, Rusape, Shurugwi and Zvishavane.

The STWP is a follow up of the "WASH Emergency Rehabilitation and Risk Reduction (ER&RR) Programme", whose main interventions included support to supply of essential water treatment chemicals, rehabilitation of water and sanitation systems, institutional capacity development for water utilities, and strengthening of WASH policy and institutional frameworks in order to contribute to equitable and sustainable provision of water, sanitation and hygiene services. This was in response to the 2008/2009 nationwide cholera epidemic that began in Chitungwiza, the urban epicenter of the outbreak and which, by the end of May 2009, had 98,424 suspected cases, including 4,276 deaths (Case Fatality Rate of 4.3%). (World Health Organisation, 2009). The underlying cause of the outbreak was recognised as the inability of vulnerable populations to access safe water and sanitation which compromised safe hygiene practices.

As the WASH Programme transitioned from emergency recovery to development, STWP was therefore launched to respond to the underlying causes of WASH decline in small towns, through: (a) rehabilitation works on water and sewerage infrastructure, (b) hygiene promotion and customer care and (c) institutional strengthening. The focus of the cholera epidemic had been the urban areas (Brocklehurst et al, 2013). The hygiene promotion component of the STWP was anchored on the use of the Community Health Club (CHC) approach, which is a Participatory Health and Hygiene Education (PHHE) methodology developed by Zimbabwe Applied Health Education and Development (AHEAD) in 1995 (Waterkeyn and Cairncross 2005), that has been recognized as one of the most cost-effective approaches to WASH education and service provision (United Nations Development Program, 2008). The hygiene promotion component of the STWP was implemented by nine NGOs through Programme Cooperation Agreements (PCAs) with

UNICEF and working in close collaboration with the respective local authorities. The major activities undertaken included: 1) Reactivation of defunct health clubs and facilitating formation of new health clubs; 2) Clean up campaigns and 3) PHHE and awareness activities such as road shows and door to door hygiene promotion.

Given the key role of health clubs in the hygiene promotion component of the programme and additionally that the health clubs approach is been implemented in an urban setting, as opposed to rural areas where the approach has more widely being used in the past, it became necessary to have an objective way of tracking the performance and growth of the health clubs. This provides periodic information on areas that the club need support and measure progress gained due to corrective action.

The health clubs formation have been primarily through NGO facilitation in collaboration with Local Authorities (LA) and membership is open. Major hygiene promotion activities of clubs include clean up campaigns, road shows and house to house visits. Although no direct funding was provided to the clubs under the STWP, materials for cleaning and visibility were made available as well as a 2 weeks hygiene training for members. Clubs also undertake income generating activities and are generally recognized by the LAs as partners although most of them do not have a legal status; however, some have progressively now secured legal standing as associations.

A tracking system using a Group Maturity Index (GMI) was thus implemented for an objective and evidence based tracking of health club growth, performance and sustainability thus contributing to the STWP output, of enhancing community participation and responsiveness to WASH. The system also aimed to build capacities of implementing NGOs and Local Authorities to periodically monitor and take informed actions to improve the support to and performance of health clubs.

The GMI concept

Group dynamics influence the behaviour of both individual group members and the group as a whole, (Toseland and Rivas , 2005). Groups are like social systems, and are continuously changing with time from their existence (Adam, Akram and Akram , 2013). A thorough understanding of group dynamics within Community Health Clubs (CHC) is thus useful to understand the developments within the group with the passage of time.

The STWP thus undertook an adaptation of the GMI by GRM International Zimbabwe to track the growth and development of health clubs through measuring selected group attributes. The GMI is an innovative monitoring tool that is used to assess and determine the growth or maturity of a group by providing insight into the status of a group through assessing five group growth domains, namely “**Governance, Resources, Objectives, Systems and Impact**”. By measuring these domains, the tool helps in determining the level of maturity of a group and point the way forward for the group to achieve optimum maturity.

The index assumes that each of the five components describing the group passes through four stages of development, namely **formation (low index), growth (medium index), managed (high index) and mature (optimal index)**. Each of the GMI key components are examined via a number of searching questions that are subsequently scored and the sum of the scores is converted to a percentage, which is used to classify the group domains through the use of the GMI scale. The average of the five component scores becomes the Overall GMI score and is again interpreted in terms of the development stages using the same GMI scale (GRM, 2009).

GMI Level	GMI Scale	Group Growth Stage
Low	0% - 39%	Infancy/Formation Stage
Medium	40% - 59%	Growth Stage
High	60% - 89%	Managed Stage
Sustainable/Optimal	90% - 100%	Mature Stage

The Index is calculated by assessing the strengths of the five domains, to determine their joint contribution to the success of a group as an entity on its own right. The index helps in assessing the increase in community participation in setting their priorities for and taking ownership of interventions and also in establishing the sustainability of the interventions.

On **Governance**, the GMI tool assesses existence, establishment processes and application of group constitution and leadership structure in the group management. The group **Objectives** domain is assessed to determine the existence of clear objectives that guide the mandate of the group and the level of understanding of the objectives of the group by members to function as a single unit. The **Resources** domain is used by the tool to determine the group's capacity to identify the group's resource needs, sources of the resources, availability of the resources and whether the resources were purchased by the group or were provided by external organisations. The resources domain also seeks to establish stewardship of the resources and plans for sustainable mobilisation of appropriate resources for the group. Group transparency, information management and use through critical management tools such as minutes of meetings, activity records, financial records and membership registers are assessed within the **Group Systems** domain of the GMI tool. **Impact and sustainability** of the groups' activities focus on the impact that the group has on the individuals in the groups and the community that they operate in.

The ideal situation, from a programmatic perspective, is to have communities taking more control and ownership of programmes and hence a graduated withdrawal of the development agencies from the community. A group that graduates successfully should be able to demonstrate higher levels of participation in setting their priorities for, and taking ownership of, interventions.

STWP GMI assessment methodology

In 2015, a consultant was engaged to develop GMI tool specific for the STWP health clubs, train NGOs and Local Authorities (LAs) on data collection, cleaning and analysis; 36 persons were trained from 16 to 18 September 2015 on what GMI is and how to use the tool. Data collection was subsequently done by the NGOs and 9 LAs from a total of 121 clubs in the 9 towns in October 2015. The data collection period ranged from 5 to 10 days. This was followed by training on data cleaning, analysis and reporting for 33 participants.

The methodology for data collection consisted of club level Focus Group Discussions (FGDs) using a structured FGD guide. For each of the targeted groups, separate FGDs were conducted, one with the executive committee and another one with the general members for the governance domain scoring. Scores from the two FGDs were averaged to come up with the Governance Domain score. Data capturing was done using CSPro software and analysed using Microsoft Excel and SPSS.

A second assessment was done from 9th to 20th May 2016: this paper covers the assessment of 124 clubs in 9 towns. The process was led by the local authorities with NGOs providing technical backstopping support as part of the STWP overall exit strategy. The STWP Programme Management Team conducted monitoring and support visits.

Assessment limitations

Data analysis and reporting done by 5 of the local authorities for the second assessment conducted in 2016 did not adequately cover growth outcomes across all the domains, resulting in analysis for the two assessments being done using information from 9 out of the 14 towns. This is attributable to low capacity within 5 of the local authorities, following the phase out of the International NGO partners' support to the local authorities in June 2016.

STWP GMI assessment findings

Findings on the number of clubs assessed

5 new clubs were formed after the 2015 assessment, and all these were found to be in the Infancy Stage during the 2016 assessment. 2 of the 26 clubs that were in infancy during the 2015 assessment disintegrated before the 2016 GMI assessment as membership numbers continued to drop. The number of clubs assessed therefore increased from 121 in 2015 to 124 in 2016.

GMI results by domain

The classification of the results from the two rounds of assessments by the five domains indicated that the majority of the clubs were in the Growth Stage across four of the five domains, with the Resources domain recording the lowest performance, with the majority of the clubs, 67% in 2015 and 41% in 2016 being in the Infancy Stage. Figures 1 and 2 below show the distribution of the clubs by growth stage and domain for the two assessments.

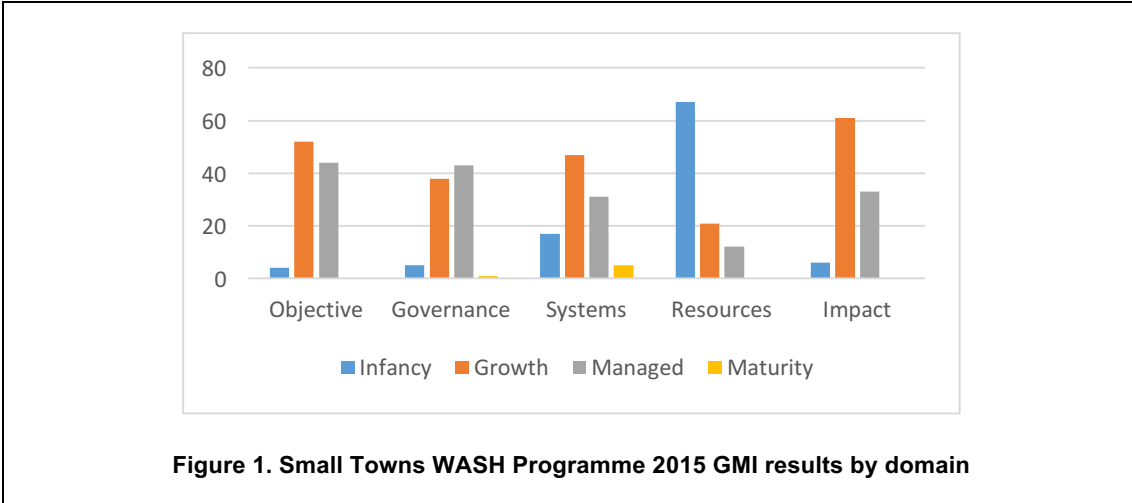


Figure 1. Small Towns WASH Programme 2015 GMI results by domain

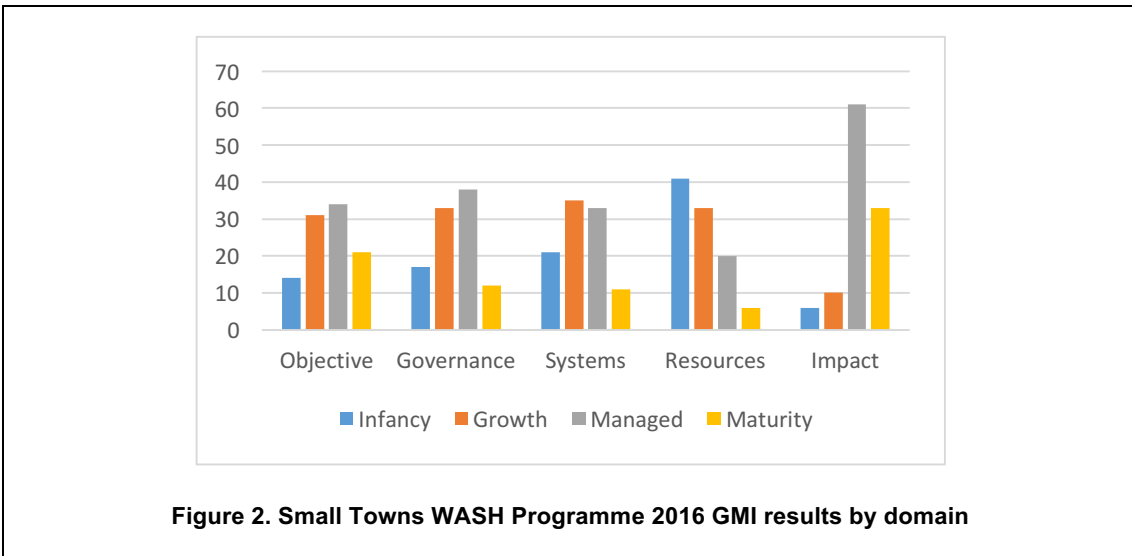


Figure 2. Small Towns WASH Programme 2016 GMI results by domain

Overall GMI results

The two GMI survey results revealed that a significant proportion of the clubs, 63% after 10 months of establishment (September 2015 GMI assessment) and 47%, after 19 months of establishment (June 2016 GMI) were within the Medium GMI level or Growth Stage. For the 2015 GMI assessment, the second largest number of clubs, 21% were in the Low GMI or Infancy/Formation Stage, whilst for the 2016 GMI survey, the second highest number of clubs, 41% were in the High GMI or Managed Stage. There was a drop in the proportion of clubs in the Low GMI or Infancy/Formation Stage, from 21% in 2015 to 9% in 2016. Increases of 24% and 3% were recorded in the Managed Stage and in the Mature Stage respectively, between the two surveys.

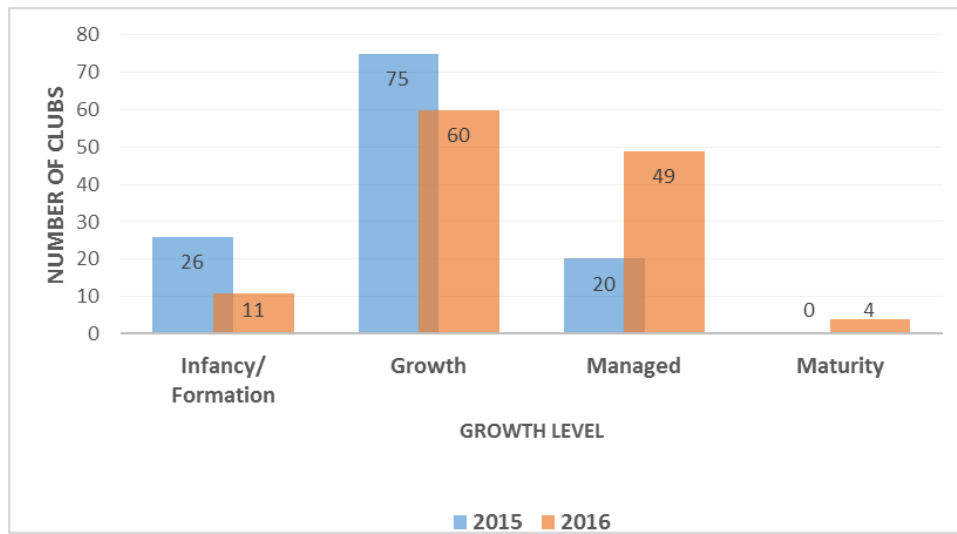


Figure 3. Small Towns WASH Programme 2015 and 2016 Overall GMI

Discussion

The results indicate a general overall positive growth in development of the clubs; there is a 27 percent increase in the clubs in combined managed and maturity stages between the first and second assessment. Additionally, there has been an increase in the perception of health clubs on the impact of their activities, with this domain scoring the highest classification as mature in 2016. Thus on the whole, with facilitation, health clubs can be made to function in urban settings and can contribute to increased community awareness and ownership of the WASH programme interventions.

The resource domain however remains the worst performing, with 67% and 41% of clubs in the infancy stage in 2015 and 2016 respectively. Clubs are constrained by lack of their own resources and/or capacity to self-mobilise such resources for them to reach the Managed/High and Maturity/Sustainable Growth stages as well as for use in conducting activities aimed at achieving the clubs' Hygiene Promotion goals.

The achievement of the STWP of having the majority of the Community Health Clubs achieving the Growth Stage, the Medium GMI level with minimum resource support provided to the health clubs is a positive sign that in the urban set up, the Community Health Club Approach can also promote sustainable and holistic community development by providing a structured learning environment for health promotion and WASH activities, as opposed to it only being used in rural set ups.

There has been an increase in the proportion of clubs in the infancy stage for the governance and systems domain. This may be due to the group internal dynamics as individuals jostle for positions and influence as the perception of the impact of the club increases.

Conclusion and way forward

The GMI tool proved to be an effective growth monitoring tool for Community Health Clubs informing programming; the resource domain clearly identified as a weak area has seen all the 14 local authorities in the programme provide concessionary measures to health clubs, namely preferential purchase of goods and services from clubs, allocation of council land to clubs for income generation activities. The involvement of local authorities in the GMI use has contributed to the evidence for local authorities to support resource allocation for hygiene promotion and developing local authorities' internal capacity for hygiene promotion.

For achievement of optimum benefits from Community Health Clubs in urban settings, the planning of future programmes need to mainstream appropriate and sustainable community based urban livelihoods initiatives, such as provision of seed money for Income Generating Activities. A third GMI assessment is scheduled for 2018, with further in-depth data analysis to track individual health club growth paths. Local authorities will be provided with training and support to institutionalise GMI as part of their routine monitoring and support tools for health clubs.

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Note

Disclaimer: the views expressed in this paper are those of the authors and do not necessarily reflect the views of the government/organisations they work for.

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