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# COMMUNITY SERVICE PROVIDERS SUSTAINABILITY STUDY

## AMALIMA LOKO STUDY REPORT

August 8, 2022

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**Research and report conducted internally by Amalima Loko program**

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## ACRONYMS AND ABBREVIATIONS

AGRITEX	Department of Agriculture, Technical and Extension Services
BHA	Bureau for Humanitarian Assistance
CGV	Care Group Volunteer
CA	Conservation Agriculture
CHC	Community Health Club
CSP	Community Service Provider
DVS	Department of Veterinary Services
DFAP	Development Food Assistance Project
DRR	Disaster Risk Reduction
FGD	Focus group discussion
FFP	Food for Peace
GMB	Grain Marketing Board
GOZ	Government of Zimbabwe
IDA	Institutional Dynamics Assessment
IMC	International Medical Corps
KII	Key informant interview
MT	Metric Ton
NGO	Non-governmental organization
NRM	Natural resource management
ORAP	Organization of Rural Associations for Progress
PHHE	Participatory Health and Hygiene Education
RFSA	Resilience Food Security Activity
RDC	Rural District Council
RDDC	Rural district development committee
TMG	The Manoff Group
ToC	Theory of Change
USAID	United States Agency for International Development
USD	United States dollar(s)
VIDCO	Village Development Committee
VAC	Village Agriculture Coordinator
VHW	Village Health Worker
VS&L	Village Savings and Lending
WADCO	Ward development committee

# EXECUTIVE SUMMARY

The Amalima Loko program is a five-year USAID/ Bureau for Humanitarian Assistance (BHA)-funded Resilience Food Security Activity (RFSA) designed to improve food and nutrition security in Zimbabwe through increased food access and sustainable watershed management. The program is implemented in Matabeleland North by a consortium led by CNFA and comprised of the Organisation of Rural Associations for Progress, Dabane Water Workshops, The Manoff Group, International Medical Corps, and Mercy Corps.

## Introduction

The purpose of the Community Service Provider (CSP) Sustainability study was to validate the sustainability of volunteer and fee-for-service CSPs as an approach to providing last mile extension of knowledge and skills, and demonstration of good agricultural, health, and nutrition practices to underserved rural communities. The former Amalima program and current Amalima Loko program both rely on CSPs to support program delivery, with the understanding that building local capacity that remains within the community after the program ends is a sustainable approach. This study targeted former Amalima program areas to understand the experience of CSPs after the close of the program. The findings will inform Amalima Loko's strategy for sustainably engaging, modifying, or limiting engagement with CSPs based on evidence of motivational factors and sustainability.

The **key research objectives** were to explore:

- Which Amalima CSPs have continued to perform their duties in the community beyond the life of the program and why.
- Whether there have been any changes in the type, quality, and quantity of services provided by the various CSPs since the program ended.
- The nature and perception of the working relationship between CSPs and relevant government departments since the program ended.
- The motivational factors, thresholds, and barriers affecting delivery of service by CSPs after the program ended.

## Methodology

A research team made up of Amalima Loko staff, hired enumerators, and former Amalima field officers conducted a mixed methods study in September 2021. The team collected quantitative data through structured questionnaires and qualitative data through focus group discussions (FGDs) and key informant interviews (KIIs). Research participants were comprised of Amalima CSPs, community members who received services from Amalima CSPs, community leadership, and government staff. The study was conducted in Gwanda district (Matabeleland South) and Tsholotsho district (Matabeleland North). The research team collected data from two wards in each district. Both wards and districts were randomly selected from the Amalima program area. Study participants were purposively selected to include different types of CSPs, community members receiving different CSP services, and those in relevant leadership and government roles.

### Quantitative

Structured questionnaires were administered to 131 respondent CSPs. The study selected respondents that were CSPs in the Amalima program regardless of their continuing status after the Amalima program ended. Thirty-four of the respondents serve multiple CSP roles and responded to the questionnaire for their different roles. Thus, the questionnaires collected data on 179 CSP roles from 131 respondents.

Since some of the data was specific to the respondent (such as demographic information) and other data specific to the CSP role, the study report will specify how each data point is presented and analyzed.

The breakdown of the 179 responses by CSP role is as follows:

- Lead Farmers: 50
- Village Agricultural Coordinators (VACs): 14
- Paravets: 15
- Care Group Volunteers (CGVs): 26
- Lead Mothers: 39
- Community Health Club (CHC) facilitators: 14
- Village Savings and Loans (VS&L) cluster facilitators: 10
- Disaster Risk Reduction (DRR) committee members: 11

All the CSPs received incentives in the form of program-branded t-shirts and hats, as well as certificates of recognition from Amalima. The CSPs were mostly volunteers without compensation with a few exceptions. Paravets charged a fee for services such as vaccination, dehorning, and castration. Most of the CGVs and some of the Lead Mothers and CHC facilitators were also Village Health Workers, which are government roles that receive a monthly cash allowance from the Ministry of Health and Child Care. This cash allowance was specific to their responsibilities as a Village Health Worker and not as an Amalima CSP.

### Qualitative

The research team conducted 23 KIIs with community leadership and government staff. Community leadership included Village Heads and Ward Councilors. Government staff included Agritex officers, Department of Veterinary Services officials, Ministry of Health (MOH) officials, and Environmental Health Technicians. The research team conducted a total of 15 FGDs. Nine FGDs were with community group members who received services from Amalima CSPs. These groups included VS&L groups, garden/irrigation schemes, livestock groups, and CHCs. Six FGDs were with Amalima CSPs.

The quantitative data was analyzed using Microsoft Excel. The qualitative data was transcribed, coded, and analyzed using Dedoose software.

### **Key Findings**

Table 1 summarizes the key study findings in terms of the research questions.

**Table 1: Key findings by research question**

Research question	Key findings
<b>I. What proportion of Amalima Service providers and which categories of service providers have continued to provide services to the community</b>	<p>Ninety-four percent of the CSP roles analyzed (169 of 179) say they have continued to provide services after Amalima ended, which suggests that the approach of working with CSPs is sustainable. The proportion of each CSP type continuing services after Amalima is as follows:</p> <ul style="list-style-type: none"> <li>• Lead Farmers: 98 percent (49 of 50)</li> <li>• Lead Mothers: 85 percent (33 of 39)</li> <li>• CGVs: 96 percent (25 of 26)</li> <li>• Paravets: 100 percent (15 of 15)</li> </ul>

Research question	Key findings
<p><b>beyond the life of the program and why?</b></p>	<ul style="list-style-type: none"> <li>● VACs: 100 percent (14 of 14)</li> <li>● CHC facilitators: 93 percent (13 of 14)</li> <li>● DRR committee members 91 percent (10 of 11)</li> <li>● VS&amp;L facilitators: 100 percent (10 of 10)</li> </ul> <p>Lead Mothers had the lowest continuing rate with 85 percent continuing after Amalima. Of the six Lead Mothers that did not continue, five of them were youth (age 35 or younger). Four of the five non-continuing young Lead Mothers mentioned Covid-19 and one mentioned demotivation after the end of Amalima as specific challenges and barriers to continuing services.</p>
<p><b>2. What motivational factors, thresholds, and barriers affect continued delivery of service by community service providers after program end?</b></p> <p><b>Are government linkages a substantial contributing factor for sustainability?</b></p>	<p>Continuing CSPs described motivational factors and challenges affecting service delivery in both the structure questionnaires and FGDs. Non-continuing CSPs cited barriers to continuing service in the structured questionnaires.</p> <p><b>Motivational factors</b> (for continuing CSPs)</p> <ul style="list-style-type: none"> <li>● Community recognition.</li> <li>● Income from providing services (applicable only to paravets)</li> <li>● Social and community benefits in the form of perceived improvements and tangible results (e.g., toilet construction, reduced malnutrition).</li> </ul> <p><b>Barriers to continuing services</b></p> <ul style="list-style-type: none"> <li>● Of the ten CSPs that did not continue services, six cited Covid-19 as the reason, one said they were demotivated after Amalima ended, one relocated, and two did not give a reason.</li> </ul> <p><b>Challenges affecting service delivery for continuing CSPs</b></p> <ul style="list-style-type: none"> <li>● Covid-19 restrictions</li> <li>● Lack of transportation to cover longer distances for certain CSPs</li> <li>● Lack of materials and other resources</li> </ul> <p><b>Government linkages</b></p> <ul style="list-style-type: none"> <li>● CSPs reported that government linkages remained strong after the program ended and that this was a contributing factor to their motivation to continue service provision.</li> <li>● This finding is further supported by the Institutional Dynamics Assessment (IDA), another Amalima Loko study, which states that public institutions have established community structures through which they relay information to communities, receive feedback, and deliver some services.</li> </ul>

Research question	Key findings
<p><b>3. What are the socio-demographic characteristics of community service providers who continued and did not continue providing support?</b></p>	<p><b>Continuing CSPs</b></p> <ul style="list-style-type: none"> <li>• Seventy-two percent of continuing CSPs were female, which similarly reflected the sex breakdown of all CSP respondents (73%).</li> <li>• Women participate more in volunteer service provision due to gender norms and the local demographics with more women living in the rural communities than men.</li> <li>• There was low female youth participation (five percent, 8 of 169 continuing CSPs) and no male youth participation. This study focused on sampling from CSPs, local leadership, and participants in community groups and as such, the sample did not include sufficient youth to draw any conclusions. However the most mentioned reasons by non-youth CSPs and community members for low youth participation were that they were highly mobile and lack the incentive. This finding is supported by the Income, Migration, and Remittances study, another Amalima Loko study, that estimates that 70 to 80 percent of the migrants in Matabeleland North are youth who leave their communities in search of more livelihood opportunities.</li> <li>• Most were either married, living common law, or widowed.</li> <li>• Most achieved some level of education, mostly primary and secondary.</li> </ul> <p><b>Non-continuing CSPs</b></p> <ul style="list-style-type: none"> <li>• All ten non-continuing CSPs were female. Half (5 of 10) were youth.</li> <li>• Lead Mothers had the highest number of non-continuing CSPs (6 of 39).</li> <li>• Five (38 percent) of the 13 youth CSPs (all 13 being Lead Mothers) did not continue services, citing Covid-19 challenges and demotivation as barriers.</li> </ul>
<p><b>4. What changes have occurred in the type, quality, and quantity of services provided by the community service providers since program end?</b></p>	<p><b>Type</b></p> <ul style="list-style-type: none"> <li>• While most services remained the same, some changed due to Covid-19. Lead Mothers, CGVs, and CHC facilitators expanded services to include promoting safe practices like mask wearing and social distancing, as well as assisting with hand sanitization at community events.</li> <li>• Livestock groups confirmed they are still receiving the same services from paravets.</li> <li>• Community members in VS&amp;L groups said they still have regular meetings and fundraising events, one of which was witnessed by the research team.</li> </ul>

Research question	Key findings
	<p><b>Quality</b></p> <ul style="list-style-type: none"> <li>• CSPs continue to provide good quality services according to their self-assessment. Most, 94 percent (59 of 63), of the continuing Lead Farmers/ VACs self-reported their quality of service as ‘good’ or better. This self-reporting was supported by FGDs with community members and key informants, including a Ward Councilor and Agritex extension officer.</li> <li>• VS&amp;L facilitator services increased in quality according to VS&amp;L group members, community members, and community leaders, all of whom cited tangible achievements such as new goat projects, gardens, and being able to deliver grain to the Grain Marketing Board (GMB).</li> </ul> <p><b>Quantity</b></p> <ul style="list-style-type: none"> <li>• Despite Covid-19 restrictions limiting some activities, 93 percent of Lead Mothers, CGVs, and CHC facilitators continued to regularly organize training sessions in monthly, bi-monthly, and weekly intervals.</li> <li>• Quantity of work (trainings) has increased since the end of Amalima for Lead Farmers. This increase is partly attributed to the Government of Zimbabwe (GoZ) Intwasa program, which delivers Conservation Agriculture support through the Lead Farmers. The majority (83 percent, 52 of 63) of Lead Farmers and VACs claimed they provide services either ‘consistently with prescribed schedules’ or ‘often, but not consistently’.</li> <li>• All ten of the continuing VS&amp;L facilitators reported that they continued to conduct monthly VS&amp;L meetings.</li> </ul>
<p><b>5. What is the nature and the perception of the working relationship between the community service providers and relevant government departments since program end?</b></p>	<ul style="list-style-type: none"> <li>• CSPs have continued working with relevant government departments and report that these linkages remained strong after Amalima ended.</li> <li>• Lead Mothers, CGVs, and CHC facilitators worked closely with the government and played a critical role in health and hygiene promotion and services during Covid-19 (according to both CSPs and government officials)</li> <li>• Ninety-seven percent (61 of 63) of continuing Lead Farmers/ VACs have been working with government stakeholders since Amalima ended.</li> <li>• The study identified Agritex as one of the main government departments with a strong and functional relationship with Lead Farmers and works with them to provide communities with inputs, trainings, and extension services.</li> </ul>
<p><b>6. What is the extent to which service providers remain</b></p>	<ul style="list-style-type: none"> <li>• Community members receiving services, local leadership, and government officials indicate that they anticipate CSPs will remain effective change agents in the future.</li> </ul>

Research question	Key findings
<p><b>effective change agents after the life of Amalima?</b></p>	<ul style="list-style-type: none"> <li>• The study identified the following themes as reasons for sustained CSP effectiveness: <ul style="list-style-type: none"> <li>- Motivation from positive activity outcomes.</li> <li>- Strong sense of community ownership and self-reliance.</li> <li>- Services continue to be needed and valued in the community.</li> <li>- Strong government linkages.</li> </ul> </li> </ul>

### **Key Recommendations**

- Provide bicycles for certain CSPs (paravets and VS&L facilitators) and consider expanding on the provision of this resource as appropriate.
- Continue linking CSPs with relevant local government staff and provide training material so CSPs can provide an adequate quantity and quality of services to the community.
- Strengthen linkages between VACs and private sector input suppliers and agrodealers (local input dealers).
- Promote the visibility and community's recognition of CSPs as resource people.
- Empower communities to lead the CSP selection process. Program staff should work with relevant GoZ departments to provide criteria to guide the communities on the desired profile for CSP selection.
- Manage community expectations and emphasize self-reliance and community ownership of service provision.
- Strategize ways to better engage and retain young women and men as service providers through youth mobilization activities to increase participation in different community action groups. Activities could include integrating mobilized youth into the village and ward development committees, training youth on community governance processes, and coaching through youth-led activities. Intentional opportunities for intergenerational and gender dialogues could also be promoted to tackle harmful social norms hindering the meaningful involvement of youth and women in the community development process.

# I. Background and Introduction

The purpose of the Community Service Provider (CSP) Sustainability study was to inform whether the use of CSPs is a sustainable model for extension of knowledge, skills, and demonstration of good agricultural, nutrition, and health practices in the community. The former Amalima program and current Amalima Loko program both rely on CSPs to support program delivery, with the understanding that building local capacity that remains within the community after the program ends is a sustainable approach. This study targeted former Amalima program areas to understand the experience of a CSP after the close of the program. This will inform Amalima Loko's strategy for sustainably engaging CSPs based on evidence of effective motivational factors. The **key research objectives** were to explore:

- Which Amalima CSPs have continued to perform their duties in the community beyond the life of the program and why.
- Whether there have been any changes in the type, quality, and quantity of services provided by the various CSPs since the program ended.
- The nature and perception of the working relationship between CSPs and relevant government departments since the program ended.
- The motivational factors, thresholds, and barriers affecting delivery of service by CSPs after the program ended.

## I.1 Amalima Loko

The Amalima Loko program is a five-year (2020 - 2025) USAID/ Bureau for Humanitarian Assistance (BHA)-funded Resilience Food Security Activity (RFSA) designed to improve food and nutrition security in Zimbabwe through increased food access and sustainable watershed management. The program is implemented in Matabeleland North by a consortium led by CNFA and comprised of the Organisation of Rural Associations for Progress (ORAP), Dabane Water Workshops, The Manoff Group, International Medical Corps (IMC), and Mercy Corps.

Amalima Loko's Theory of Change and implementation approach plans to engage CSPs to perform a variety of necessary functions for their communities and fill critical gaps in service provision by the government and private sector. Building on the model and experience from the Amalima program, Amalima Loko plans to engage individuals of good standing and with leadership qualities as CSPs. They will be selected through community engagement and in consultation with local officials such as Agritex officers, as appropriate, to receive training and support from Amalima Loko to perform specific functions. They will take up leadership, communication, and facilitation roles with the community, linking community members with government, private sector, and the other stakeholders. Amalima Loko plans to work with the following types of CSPs:

- Lead Mothers
- Lead Farmers
- Village Savings and Loans (VS&L) facilitators
- Community Health Club (CHC) facilitators
- Care Group Volunteers (CGVs)
- Village Agricultural Coordinators (VACs)

- Paravets
- Pump mechanics
- Watershed Champions/Mapping technicians

## **1.2 Amalima**

Amalima was a seven-year (2013-2020) USAID Office of Food for Peace funded Title II Development Food Assistance Program designed to address the causes of food and nutrition insecurity in western and southwestern Zimbabwe, building on existing communal initiatives and solidarity to strengthen resilience. This program was implemented in Tsholotsho district in Matabeleland North, and Bulilima, Gwanda, and Mangwe districts in Matabeleland South.

Amalima was implemented by a consortium led by CNFA and comprised of the ORAP, IMC, The Manoff Group, Africare, and the Dabane Trust. With these partners and local community members, Amalima sought to improve agricultural productivity and marketing, reduce disaster risk, and strengthen the adaptive capacity of households and communities in Matabeleland North and South.

Amalima trained and worked through CSPs including Lead Farmers, Village Agriculture Coordinators, Paravets, VS&L facilitators, Community Health Club facilitators, Male Champions, Lead Mothers, Care Group Volunteers, DRR committee members, and Asset Management Committee members. The Amalima-supported CSPs were a key component of the program's success, extending the reach of the program and building local capacity. CSPs brought knowledge, skills, and services closer to the targeted local communities and empowered community members to take responsibility for working together and training each other in production techniques, health, and nutrition. CNFA appreciates the opportunity with this study to revisit CSPs from the Amalima program to evaluate the sustainability of this approach and identify best practices to incorporate in the Amalima Loko program.

## **2. Methodology**

A research team made up of Amalima Loko staff, hired enumerators, and former Amalima field officers conducted a mixed methods study in September 2021. The team collected quantitative and qualitative data from Amalima CSPs, community members who received services from Amalima CSPs, community leadership, and government staff. The study was conducted in Gwanda district (Matabeleland South) and Tsholotsho district (Matabeleland North).

### **2.1 Sampling**

The research team used random sampling for the study sites and purposive sampling for the study participants. The team randomly selected two districts from the former Amalima program area: Gwanda district in Matabeleland South and Tsholotsho district in Matabeleland North. In each of these two districts, two wards were randomly selected. The team collected data from a total of four wards: wards 14 and 17 in Gwanda district, and wards 9 and 10 in Tsholotsho district.

There was a total of 399 Amalima CSPs in these four study wards. The research team used purposive sampling for the study participants and aimed to reach at least 30 CSP respondents per ward (120 respondents total). The quantitative data collection through structured questionnaires were targeted at Amalima CSPs. Structured questionnaires were administered to 131 respondent CSPs. The study selected respondents that were CSPs in the Amalima program regardless of their continuing status after the

Amalima program ended. Thirty-four of the respondents serve multiple CSP roles and responded to the questionnaire for their different roles. Thus, the questionnaires collected data on 179 CSP roles from 131 respondents. Since some of the data was specific to the respondent (such as demographic information) and other data specific to the CSP role, the study report will specify how each data point is presented and analyzed. About 50 percent (89 of 179) of the CSP roles analyzed were Lead Farmers and Lead Mothers, which was expected since they were the largest group of volunteers in the Amalima program.

For the key informant interviews (KIIs), the team targeted community leadership (Village Heads, Ward Councilors, etc.) and government staff (Agritex, Department of Veterinary Services, Environmental Health Technicians, Ministry of Health and Child Care (MOHCC)). For the focus group discussions (FGDs), the team targeted community members receiving CSP services and conducted the FGDs by type of service received. Six FGDs were also conducted with Amalima CSPs after participating in the structured questionnaires to provide additional information on their experience as a service provider. Former Amalima field officers worked together with the community, its leadership, and local government staff to identify and mobilize the study participants for data collection. Refer to table 2 for a breakdown of study participant sampling.

**Table 2: Number of structured questionnaire responses, KIIs, and FGDs by type**

<b>QUANTITATIVE</b>	
<b>CSP role</b>	<b>Number of responses</b>
<b>Total Structured Questionnaire Responses</b>	<b>179</b>
Lead Farmers	50
Lead Mothers	39
Care Group Volunteers (CGVs)	26
Paravets	15
Village Agricultural Coordinators (VACs)	14
Community Health Club (CHC) facilitators	14
Disaster Risk Reduction (DRR) committee members	11
Village Savings and Loans (VS&L) cluster facilitators	10
<b>QUALITATIVE</b>	
<b>Method and Targeted Participants</b>	<b>Number conducted</b>
<b>Total Focus Group Discussions</b>	<b>15</b>
Livestock group members	2
Irrigation scheme group members	2
VS&L group members	4
Community Health Club	1
Amalima CSPs	6

Key Informant Interviews	23
<p>Community leadership key informants:</p> <ul style="list-style-type: none"> <li>• Village Head</li> <li>• Ward Councilor</li> </ul> <p>Government staff key informants:</p> <ul style="list-style-type: none"> <li>• Agritex officers</li> <li>• Department of Veterinary Services officials</li> <li>• Ministry of Health officials</li> <li>• Environmental Health Technicians</li> </ul>	

## 2.2 Development of data collection tools

Amalima Loko program staff developed the scope of work (SOW) and the data collection tools for this study. The research team developed the structured questionnaire and FGD and KII guides based on the research questions detailed in the SOW. The team designed the structured questionnaire to determine the proportion and type of Amalima CSPs that continued providing services, their socio-demographic characteristics, the motivating factors and barriers affecting service delivery, and the income for their services (applicable only for paravets). The questionnaire was largely quantitative and close-ended, however there were some qualitative, open-ended questions on motivations and barriers. The questionnaire used skip logic to tailor the questions to each CSP type.

FGD questions were designed to assess the visibility and activities of the CSPs, as well the changes that have taken place since the end of the Amalima program. KIIs with community leadership were designed to better understand the roles and status of Amalima CSPs since the program ended and how their services have changed, both in quantity and quality. KIIs with government officials were designed to assess the relationship between the government and CSPs. Both FGDs and KIIs validated data collected from the Amalima CSPs.

### Research questions

1. What proportion of Amalima service providers and which categories of service providers have continued to provide services to the community beyond the life of the program and why?
2. What motivational factors, thresholds, and barriers affect continued delivery of service by CSPs after the program end? Are government linkages a substantial contributing factor for sustainability?
3. What are the socio-demographic characteristics of CSPs who continued and did not continue providing support?
4. What changes have occurred in the type, quality, and quantity of services provided by the CSPs since program end?
5. What is the nature and the perception of the working relationship between the CSPs and relevant government departments since program end?
6. What is the extent to which service providers remain effective change agents after the life of Amalima?

## Testing and finalizing the tools

The research team tested structured questionnaire with CSPs in a ward in Gwanda that neighbors one of the study wards. The questionnaire, which was administered with Kobo on tablets, was then finalized and prepared for data collection in the study wards.

## 2.3 Data collection and analysis

The research team collected data in September 2021 in line with the guidelines stipulated in the SOW with respect to ethics, confidentiality, safety, and Covid-19 protocols. Former Amalima field officers, hired as consultants to help facilitate the study, mobilized the research participants for both quantitative and qualitative data collection in liaison with community leadership.

### Quantitative

Hired enumerators conducted the structured questionnaires. There were six hired enumerators in each district (12 total). This quantitative data was imported into Microsoft Excel and cleaned for analysis. The research team used pivot tables to analyze the data to produce descriptive statistics, cross-tabulation tables, and data visualizations. Cross-tabulation was particularly useful to identify trends and patterns in the characteristics of the CSPs who continued versus those that did not continue. The quantitative data was then triangulated with the qualitative data to validate the findings.

### Qualitative

Amalima Loko program staff conducted, and audio recorded, the FGDs with consent from the participants. These recordings were then transcribed and translated from Ndebele into English. Both FGD transcriptions and KII notes were generated by a note taker and reviewed by a facilitator to ensure quality. The research team then uploaded the FGD transcriptions and KII notes into Dedoose, a web-based application for organizing and analyzing qualitative or mixed methods data. The team used Dedoose to code the qualitative data, develop a codebook, and conduct a systematic and thematic analysis of the data. In total, 15 FGDs and 23 KIIs were coded and analyzed.

## 2.4 Ethical Considerations

The research team deliberately implemented measures to mitigate risks of causing harm and to safeguard study participants. An informed consent was conducted with each participant. The research team provided a copy of the consent form and the questionnaire to each study participant. Additionally, the research team obtained consent when recording interviews when applicable. Most government key informants preferred that the researcher take written notes rather than an audio recording, which the research team complied with. Participants were assured of anonymity, and their names and any other identifying information were not appended to transcripts. The datasets were properly safeguarded and only accessible by the Amalima Loko research team.

## 2.5 Study limitations

The study recognizes there is potential bias in the qualitative data given the self-reporting nature and perceived knowledge of expected responses. For example, the study collected data on the quality of services by asking the CSPs to rate their own quality of service. However, the team validated these findings by triangulating qualitative data from government stakeholders and the community members receiving CSP services. Key informants like a Ward Councilor, a council chair in Tsholotsho, Agritex officers,

Environmental Health Technicians, and Village Heads in Gwanda and Tsholotsho all attested to the continued service delivery and supported the self-reported assessments of CSPs' quality and quantity of work. FGDs with members of Care Groups and CHCs, as well as livestock, irrigation, and VS&L groups, further supported the data collected from the CSPs.

The study was conducted a year after the Amalima program ended in September 2020. Beginning in Year 6 of the 7-year program, there was a gradual reduction in direct program support to CSPs, so the results of the study reflect the sustainability of CSP activities during the period one to two years after the end of direct program support. The team recognizes that results of the study provide insights into the sustainability of CSP activities in this near-term time period after the end of the program and may not be indicative of longer-term sustainability. Further research would be needed in the future to monitor longer-term results.

### 3. Findings

This section presents the findings of the study organized by the research questions on which the study was based. Most of these findings are specific to distinct CSP roles, which are described in the table below.

**Table 3: Description of Amalima CSPs**

<b>CSP Type</b>	<b>Description</b>	<b>Recruitment, Selection, and Supervision</b>	<b>Amalima Support (training, materials, etc.)</b>	<b>Government of Zimbabwe Support (trainings, materials, etc.) and Compensation</b>
Lead Farmers	<ul style="list-style-type: none"> <li>• Lead Conservation Agriculture (CA) demos and train community farmers.</li> <li>• Monitor CA groups.</li> <li>• Promote adoption of CA.</li> </ul>	<ul style="list-style-type: none"> <li>• Recruited in consultation with communities and Agritex officers.</li> <li>• Supervised by Amalima field officers.</li> </ul>	<ul style="list-style-type: none"> <li>• Received CA training and job aids from Amalima. Ongoing coaching and mentoring from Amalima field officers.</li> </ul>	<ul style="list-style-type: none"> <li>• Received CA inputs, training, and job aids through the GoZ Intwasa Program.</li> <li>• No other form of compensation.</li> </ul>
Lead Mothers	<ul style="list-style-type: none"> <li>• Train care group members and serve as a resource person for health and nutrition information and support for</li> </ul>	<ul style="list-style-type: none"> <li>• Selected by community members and MOHCC to represent their village and cascade health and nutrition</li> </ul>	<ul style="list-style-type: none"> <li>• Received regular refresher trainings from CGVs and ongoing coaching and</li> </ul>	<ul style="list-style-type: none"> <li>• Received training by MOH staff.</li> <li>• Lead Mothers work with Village Health Workers (VHWs)<sup>1</sup> on health and nutrition related</li> </ul>

<sup>1</sup> Village Health Workers are employed and compensated by the Government of Zimbabwe. While some Amalima CSPs are also VHWs, any compensation they receive from the government is specifically for their responsibilities as a VHW, not as an Amalima CSP.

	<p>mothers and caregivers within the village.</p> <ul style="list-style-type: none"> <li>• Conduct monthly home visits to care group member homes to promote adoption of key health and nutrition practices.</li> </ul>	<p>trainings in care groups</p> <ul style="list-style-type: none"> <li>• Supported by Care Group Volunteers (CGVs)</li> </ul>	<p>mentoring from Amalima staff.</p> <ul style="list-style-type: none"> <li>• Received job aids for use during and after the program.</li> </ul>	<p>activities at community-level</p> <ul style="list-style-type: none"> <li>• No other form of compensation.</li> </ul>
Care Group Volunteers (CGVs)	<ul style="list-style-type: none"> <li>• Train Lead Mothers and serve as a resource person for health and nutrition activities.</li> <li>• Consolidates growth monitoring data for the villages.</li> </ul>	<ul style="list-style-type: none"> <li>• Selected in consultation with MOH.</li> <li>• Supervised by Amalima field officers and MOH staff.</li> </ul>	<ul style="list-style-type: none"> <li>• Received regular refresher training, coaching, and mentoring from Amalima throughout program.</li> </ul>	<ul style="list-style-type: none"> <li>• CGVs do not receive any compensation for their role as CGVs. However, most CGVs are also VHWs, which is a government role compensated only for their duties as VHWs (providing basic health and medical care in their communities).</li> <li>• Received training from MOH.</li> </ul>
Paravets	<ul style="list-style-type: none"> <li>• Provide animal health services i.e., vaccinations, diagnosis and treatment, deworming, castration etc.</li> <li>• Provide training on animal health, nutrition, and breed improvement.</li> </ul>	<ul style="list-style-type: none"> <li>• Selected by community in consultation with the Department of veterinary services and program staff.</li> </ul>	<ul style="list-style-type: none"> <li>• Received refresher trainings, coaching, and mentoring from Amalima throughout program.</li> <li>• Received paravet kits and job aids.</li> </ul>	<ul style="list-style-type: none"> <li>• Received training from Department of Veterinary Services.</li> <li>• Compensated by clients for their services.</li> </ul>
Village Agricultural Coordinators	<ul style="list-style-type: none"> <li>• Connect farmers with relevant government and community services, thereby increasing access to goods and</li> </ul>	<ul style="list-style-type: none"> <li>• Selected by community and Agritex officers; most were already Lead Farmers with proven skills and</li> </ul>	<ul style="list-style-type: none"> <li>• Received training, coaching, and mentoring from Amalima throughout program.</li> </ul>	<ul style="list-style-type: none"> <li>• Do not receive any allowance.</li> <li>• Received trainings from the Ministry of Agriculture through Agritex officers.</li> </ul>

	<p>services at the village level.</p> <ul style="list-style-type: none"> <li>• Promote behavior change as they engaged with farmers to identify barriers and facilitators to adoption of promoted practices and technologies.</li> <li>• Serve as a channel for information flow.</li> <li>• Host crop and livestock demonstrations.</li> </ul>	<p>reliability to deliver trainings and take up this role.</p>		
<p>CHC facilitators</p>	<ul style="list-style-type: none"> <li>• Form Community Health Clubs (CHCs) and mobilize communities to join CHCs</li> <li>• Train community members on Participatory Health and Hygiene (PHHE) issues.</li> <li>• Conduct household inventories on health and hygiene.</li> <li>• Provide update reports to Amalima on CHC members and hygiene enabling facilities.</li> <li>• Conduct monitoring and supports visits to members of CHCs.</li> <li>• Site latrines for community</li> </ul>	<ul style="list-style-type: none"> <li>• Selected by community in consultation with MOH staff, mainly Environmental Health Technicians (EHTs) who oversee CHCs.</li> <li>• Supervised by Amalima field officers and EHTs (still supervised by EHTs post-Amalima).</li> </ul>	<ul style="list-style-type: none"> <li>• Received refresher trainings, mentoring, and coaching from Amalima throughout program.</li> </ul>	<ul style="list-style-type: none"> <li>• CHC facilitators do not receive any compensation for their role. However, some CHC facilitators are also VHWs, which is a government role compensated only for their duties as VHWs.</li> <li>• No other allowances for CHC facilitation roles or assistance from government.</li> </ul>

	<p>members who want to build latrine.</p> <ul style="list-style-type: none"> <li>• Held regular scheduled meetings for CHCs.</li> </ul>			
<p>DRR committee members</p>	<ul style="list-style-type: none"> <li>• Generate and lead in development of community DRR plans.</li> <li>• Conduct monitoring visits to assess potential hazards.</li> <li>• Cascade early warning information to communities.</li> <li>• Assist Asset Management Committees as needed.</li> </ul>	<ul style="list-style-type: none"> <li>• Selected by the community in consultation with Amalima program staff.</li> <li>• Supervised by Amalima field officers.</li> </ul>	<ul style="list-style-type: none"> <li>• Received training, mentoring, and coaching from Amalima field officers.</li> </ul>	<ul style="list-style-type: none"> <li>• Receive early warning information and coordination assistance from Civil Protection Unit members (GoZ committee for addressing disasters).</li> <li>• No other form of compensation.</li> </ul>
<p>VS&amp;L cluster facilitators</p>	<ul style="list-style-type: none"> <li>• Promote VS&amp;L concept among communities.</li> <li>• Train VS&amp;L groups on record keeping.</li> <li>• Promote innovations in the VS&amp;L, such as organizing fundraising events and encouraging groups to invest share outs in productive assets.</li> </ul>	<ul style="list-style-type: none"> <li>• Selected by the community in consultation with Amalima program staff.</li> <li>• Supervised by Amalima staff.</li> </ul>	<ul style="list-style-type: none"> <li>• Received training, mentoring, and coaching from Amalima throughout program.</li> </ul>	<ul style="list-style-type: none"> <li>• Do not receive any training, or compensation from GoZ. However, they sometimes assist Agritex officers in training farmers on VS&amp;L, which is a financing mechanism for agriculture activities.</li> </ul>

### 3.1 What proportion of Amalima service providers and which categories of service providers have continued to provide services to the community beyond the life of the program and why?

Ninety-four percent of the CSP roles (169 of 179) analyzed in the study say they are continuing services after the Amalima program ended, which suggests that the approach of working with CSPs is sustainable for the one to two year period after the program ends, and hopefully for much longer. These findings were triangulated through KIs and FGDs. A Ward Councilor attested to the continued service delivery: “All the CSPs are active. As the WADCO [ward development committee] chair I meet with the CSPs, and I have an assurance that they are still active.” During an FGD, a livestock group in Gwanda stated: “All the volunteers we stated are still working. Even after the program ended, we have not faced a problem. We only have a challenge with the paravet who passed on a few weeks ago and currently do not have a paravet.”

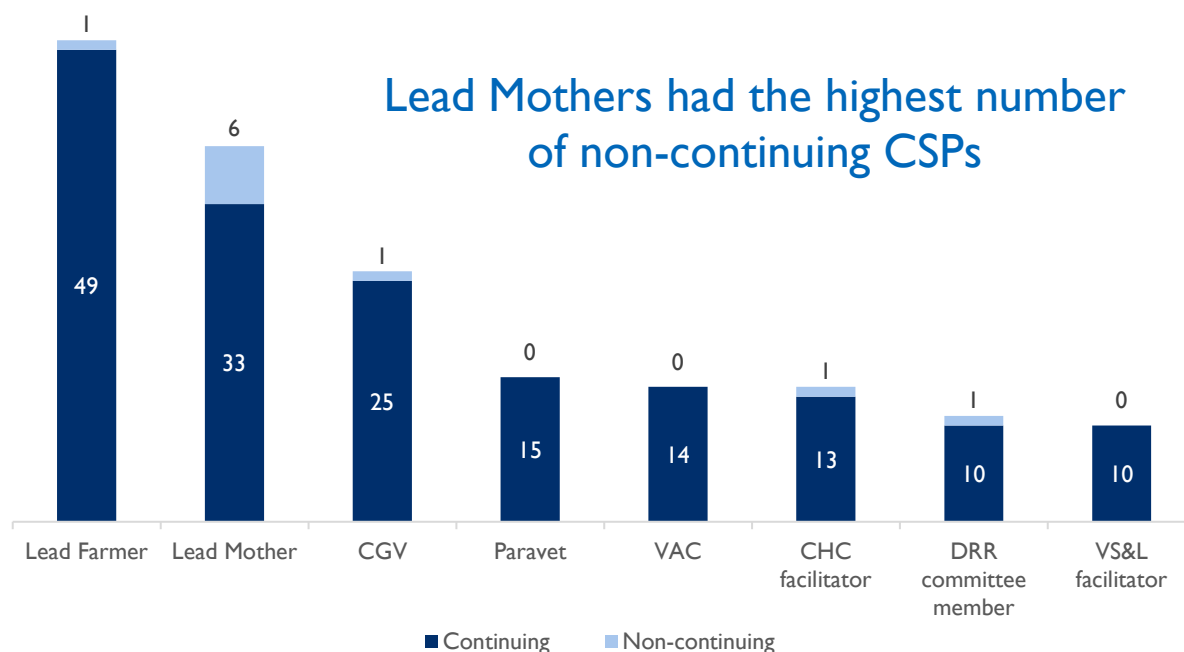
Refer to table 4 for the breakdown of CSPs that continued by type. Note that Lead Farmers and Lead Mothers made up about half (89 of 179) of the CSP roles analyzed, which was expected since those roles had the highest number of volunteers in the Amalima program.

**Table 4: Proportion of CSPs who say they are continuing vs not continuing services after Amalima by type**

CSP Type	Percentage Continuing	Number Continuing	Number Not Continuing	Total Number of CSPs Surveyed
Lead Farmers	98%	49	1	50
Lead Mothers	85%	33	6	39
Care Group Volunteers	96%	25	1	26
Paravets	100%	15	0	15
Village Agricultural Coordinators	100%	14	0	14
CHC facilitators	93%	13	1	14
DRR committee members	91%	10	1	11
VS&L cluster facilitators	100%	10	0	10
<b>Total</b>	<b>94%</b>	<b>169</b>	<b>10</b>	<b>179</b>

All the paravets, VACs, and VS&L facilitators surveyed have reported continuing services since the end of Amalima. Among the Lead Farmers, CGVs, CHC facilitators, and DRR committee members, only one in each category reported that they no longer provide services. Six of the 33 Lead Mothers surveyed (85 percent) reported that they no longer provide services (figure 1).

**Figure 1: Number of continuing vs non-continuing CSPs by type (self-reported)**



### Lead Mothers

Lead Mothers organize and facilitate care groups, which are groups of up to ten of mothers or other caregivers for children under two years of age<sup>2</sup>, who meet monthly. Lead Mothers share key messages on infant and young childcare and feeding practices through a participatory, interactive sessions with a behavior-centered approach and also conduct home visits with care group members to offer one-on-one tailored support, reach other family members with key messages and strengthen adoption of practices. Eighty-five percent of Lead Mothers surveyed reported that they are continuing services after Amalima. Several KIs and FGDs supported this finding. A Ward Councilor in Tsholotsho stated that all the CSPs are continuing services and in particular: “Lead Mothers are still continuing.” A Village Head in Tsholotsho stated: “Lead Mothers are working... [they] also participate in the preschool programs in the area.”

KIs and FGDs also provided examples of how the Lead Mothers are continuing services. Another Ward Councilor stated: “Lead Mothers distribute pamphlets and information dissemination to mothers, caregivers of children in communities.” An FGD with an irrigation group claimed: “Lead Mothers are conducting cooking demonstrations and child nutrition... [they] encourage antenatal care visits, promote breast feeding...” A VS&L group in Tsholotsho stated: “Lead Mothers assist with linking community members to health services...[and] assist during immunization and growth monitoring.”

Despite the majority of Lead Mothers continuing services, they had the highest number of non-continuing CSPs and the highest number of youth CSPs. During an FGD with Lead Mothers, participants suggested that the younger Lead Mothers have younger children and as such “take part more for the benefit of the children.” Specific barriers to continued service delivery are detailed below in section 3.2.

<sup>2</sup> In the Amalima program, caregivers were encouraged to participate from pregnancy until their child turned two years old. The Amalima Loko care groups will target caregivers of children under five years old.

## **CGVs**

Care Group Volunteers are Village Health Workers, supported by the Ministry of Health through refresher trainings and teaching materials. CGVs mentor and support up to ten Lead Mothers. Ninety-six percent (25 of 26) of the CGVs surveyed reported that they continued services after Amalima. CGVs continued growth monitoring, Lead Mother trainings, and providing support to the Ministry of Health in terms of maternal and child health and nutrition. The CGVs trained Lead Mothers on child health and nutrition. A Ministry of Health nurse in Tsholotsho supported this finding: “CGVs are continuing and are involved in the cascading of trainings to Lead mothers and ultimately these end up with pregnant and lactating women and caregivers.”

## **CHC facilitators**

Community Health Club facilitators were trained by the Amalima program to lead CHCs, which focused on Participatory Health and Hygiene Education (PHHE). CHCs raise awareness and advocate for community health and hygiene services within their community, including building self-supply latrines. Ninety-three percent (13 of 14) of the CHC facilitators surveyed reported that they continued services after Amalima ended. These CHC facilitators conduct monthly meetings to provide participatory health and hygiene lessons to health club members.

## **Lead Farmers and VACs**

Lead Farmers are the top farmers within the community who received additional capacity building and support from the Amalima program. Lead Farmers used this knowledge to conduct trainings, demonstration activities, and mentoring for farmers within their communities. The Village Agriculture Coordinator role was introduced by the Amalima program in FY18 to connect farmers with relevant government and community services, thereby increasing access to goods and services at the village level. VACs worked with the farmers to identify and overcome barriers and to use their facilitation skills to encourage adoption of key behaviors. All 14 of the VACs and 98 percent (49 of 50) of the Lead Farmers surveyed reported that they continued services after the end of Amalima. Lead Farmers and VACs have continued training community members and carrying out demonstrations on Conservation Agriculture (CA). A Ward Councilor in Tsholotsho, when asked if CSPs were continuing services, said that “farming activities are continuing.” A Village Head in Tsholotsho said that Lead Farmers were continuing their work and are “going to *‘emalimeni’* (working together).” In an FGD in Tsholotsho, community members in garden and VS&L groups stated: “The Lead Farmer trained us in Conservation Agriculture.”

Lead Farmers and VACs are also supporting the Government of Zimbabwe implemented Intwasa program by using their technical expertise in CA, which they learned under Amalima. CA is integral to the Intwasa program as it is a low input sustainable approach to enhance household food and nutrition security, as well as boost crop yields and smallholder farmer’s resilience. The Intwasa program started in the 2020-2021 farming season to climate proof agriculture by adopting conservation farming techniques and applying the correct agronomic practices for higher returns.

## **Paravets**

Paravets are part of the Department of Veterinary Services (DVS) structure and were supported by the Amalima program with training and equipment. They are CSPs tasked with last mile delivery of basic veterinary services. All 15 of the paravets surveyed reported that they continued services after Amalima. Paravets continued to provide primary health services to livestock, driven by the demand for these services from farmers and producer groups. Paravets also charge token fees for their services, which include primary health (castration), vaccination and pest treatment, and training on animal nutrition and breed improvement. An FGD of community women noted that service providers are effective and that “paravets are able to provide primary health care for livestock.”

### VS&L cluster facilitators

VS&L cluster facilitators promote the VS&L concept among communities, train existing VS&L groups on record keeping and help form new groups, and promote innovations in the VS&L, such as organizing fundraising events and encouraging groups to invest share outs in productive assets. All ten of the VS&L facilitators surveyed reported that they continued services after Amalima. They continued to monitor existing groups and form new ones. A VS&L cluster facilitator in Tsholotsho highlighted: “We have three new groups which were established after Amalima.” VS&L groups continued to save and participate in group fundraising activities. They mitigated the Covid-19 related gathering restrictions by sending group representatives to VS&L activities. An FGD in Tsholotsho with community members in a garden and VS&L group supported this continued activity: “We were trained in VS&L and started saving, then we went on to start the garden project...The VS&L cluster facilitator assisted in checking our books and interest calculation.”

### DRR committee members

DRR committees are established at the ward and village levels, supported by the Civil Protection Unit. Amalima provided training and mentoring to DRR committees to be better prepared to reduce the impact of hazards. Ninety-one percent (10 of 11) of DRR committee members surveyed reported that they continued services after Amalima. DRR committee members continued to identify risks and carry out conservation work.

## 3.2 What motivational factors, thresholds, and barriers affect continued delivery of service by community service providers after program end? Are government linkages a substantial contributing factor for sustainability?

Working with CSPs is an important strategy for sustainably building community-level service delivery and resources and for fostering people’s participation in social change and development. As such, understanding the motivations and barriers to continuing service delivery is important for Amalima Loko to know what types of behaviors to promote and which ones to manage.

The most common **motivational factors** identified by study participants were:

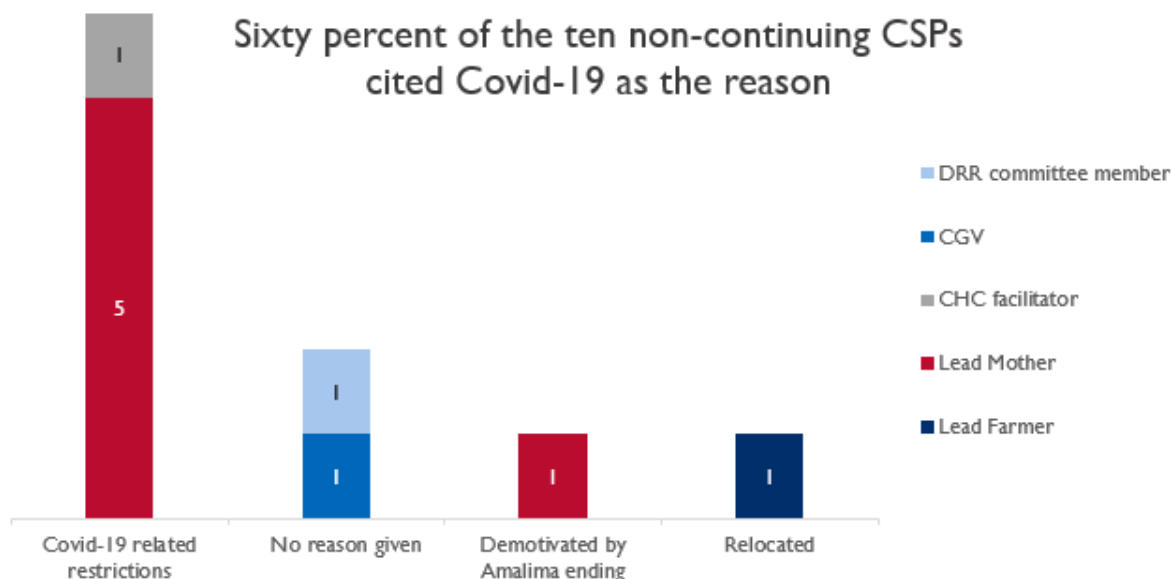
- Community recognition.
- Social and community benefits in the form of perceived improvements and tangible results.
- Access to resources like visibility material (e.g., hats, shirts) and ‘tools of the trade’ (e.g., training material).
- Income for services provided (only applicable for paravets).

The most prevalent **challenges affecting service delivery** identified by study participants were:

- Covid-19 restrictions.
- Lack of transportation to cover longer distances for certain CSPs.
- Lack of materials and other resources.

Covid-19 was one of the main **barriers to continuing service delivery**. Figure 2 shows the breakdown of reasons for not continuing service delivery for the ten non-continuing CSPs.

**Figure 2: Reasons cited for not continuing services after Amalima, by CSP type**



**Government linkages** are a substantial contributing factor for sustainability and allow for government officials to utilize CSPs as entry points into working with communities. Both government officials and CSPs reported that they continue to have strong linkages to one another. Section 3.5 in this report will go into more detail on the relationship between CSPs and the relevant government officials and departments. The rest of this section will detail the motivating factors and challenges for effective service provision by CSP type.

### **Lead Mothers, CGVs, and CHC facilitators**

The main motivator for Lead Mothers, CGVs, and CHC facilitators is social and community benefits, which suggests that these CSPs are driven by a sense of duty and pride. An Environmental Health Technician (EHT) from Gwanda stated that a contributing factor to the continuity of some CSPs is that they are passionate about voluntary work. A Ward Councilor in Gwanda suggested that CSPs continue their work because they are “dedicated and are sure of [the] program” and they also get “a status and sense of pride [that] makes them continue.”

The motivating social and community benefits include community recognition as a resource person, as well as perceived improvements and tangible results because of their service provisions (e.g., reduced malnutrition cases). All the study participants acknowledge there is a need for CSPs to continue their work in their communities and this need can motivate CSPs to continue service provision. A Lead Mother in Tsholotsho indicated that Lead Mothers “continue mobilizing for training... which lessens the burden on health center staff.” A group of CGVs stated that they are continuing their work and “can never stop, as development cannot stop but must continue.” CHC facilitators in Gwanda said that the uptake of hygiene practices was a motivating factor since it resulted in less disease in the community.

Covid-19 was the key challenge for effective service provision for Lead Mothers, CGVs, and CHC facilitators. Meetings and home visits were limited due to gathering restrictions and people not being vaccinated yet. Care groups were particularly affected since it was unsafe to hold meetings with pregnant and lactating women. These CSPs, particularly Lead Mothers, also faced the challenge of decreasing community participation once the associated benefits from Amalima, like food, shirts, and hats, ended. Community members in Gwanda pointed out that these benefits were a big incentive for participation in

community activities and without these benefits, people will be looking for other sources to sustain their families.

Another barrier to effective service delivery was the lack of materials and transport. A nurse in Tsholotsho stated that CGVs do not have adequate material to work, such as tools to collect anthropometric measurements. CGVs cited lack of transport as a challenge since, due to Covid-19 restrictions on gatherings, CGVs had to travel and conduct more home visits rather than gather everyone for a meeting all at once. Lastly, Lead Mothers, CGVs, and CHC facilitators in a FGD in Gwanda raised the issue of some religious groups that do not visit health centers nor have their children immunized sometimes “chase away” the CSPs that come to raise awareness or conduct growth monitoring.

### **Lead Farmers and VACs**

The two main motivating factors that Lead Farmers and VACs cited were social and community benefits and a demand for services. Lead Farmers and VACs said they were also motivated by the availability of resources like visibility and training materials (e.g., hats, shirt, training guides), as well as a passion for farming and wanting to promote the improved practices they learned.

Fifty-six percent (35 of 63) of continuing Lead Farmers and VACs cited as a motivating factor social and community benefits, which include community recognition and perceived improvements and tangible results around Conservation Agriculture (CA) due to their service provision. A Village Head from Gwanda illustrates this point through the success of CA: “The success of the program or the impact on the people’s livelihoods and food security was improved. Conservation farming was successful and resulted in a bumper harvest this year. Even the improvement in livestock quality and breed was a motivational factor.” A Ward Councilor in Tsholotsho also attested to the improved yields of CA plots being a motivating factor for Lead Farmers, VACs, and community farmers.

The surveyed Lead Farmers and VACs who reported an increased quantity of work since Amalima ended (39 of 63) continuing Lead Farmers and VACs also mentioned the increased community participation in CA, due at least in part to the GoZ Intwasa program which provides free CA inputs. These Lead Farmers and VACs assert that due to improved yields and harvests, interest in CA has increased in both former Amalima participants and those who were not a part of Amalima. Forty-six percent (29 of 63) of continuing Lead Farmers and VACs cited the demand for services, CA training in particular, as another motivating factor. It is important to note that through Intwasa, the government provides free agricultural inputs for CA, which likely contributes significantly to their motivation to continue providing services as a Lead Farmer practicing CA.

Covid-19 restrictions negatively affected service delivery by exacerbating the challenges with communication Lead Farmers and VACs faced. When there was a lockdown due to a surge in Covid-19 cases, people relied on using WhatsApp on smartphones to communicate effectively, which many of the CSPs did not have. An Agritex officer noted communication issues as a major barrier to effective service delivery for Lead Farmers and VACs since they “have been mobilizing farmers but have been facing network challenges.” A few Lead Farmers and VACs also cited a lack of resources as a challenge. Lead Farmers in Gwanda stated that delays in receiving agricultural inputs result in late planting, and that they did not have the crop protection products needed to control the fall army worm outbreak. A Village Head in Gwanda suggested that Lead Farmers are affected by the seed supply managed by the Government of Zimbabwe (GoZ) and that “the land has been prepared but the delay in the seed could undermine the good work and early start of activities for this season.”

### **Paravets**

The key motivating factor for paravets was the income they earned providing this service, which was \$14.73 per month on average. However, several FGDs and key informants stated that paravets do not always charge a fee. An FGD of VS&L group members in Tsholotsho said that previously paravets were

not charging fees for service, but they are now due to expenses and to replenish their inventory. A Ward Councilor in Gwanda claimed that in most cases, paravets do not charge for services and goes on to suggest that paravets are motivated by the privilege of working rather than by money. A Village Head in Gwanda also claimed that paravets do not charge for services and that appreciation is enough since “the paravet kit is for benefitting the community.” These claims of altruistic motivating factors were widely believed among study participants. However, paravets mentioned that although they sometimes provide free services, they generally charge a fee. For example, a paravet may not charge for certain services, but will charge for services involving things like vaccination and medicine.

The most mentioned challenge for effective paravet service provision is the lack of transport since they cover a large area with long travel times as paravets often walk to reach their clients. Paravets and key informants from the DVS said their travel radius can be three to four kilometers. A paravet in Tsholotsho explained how the long distances and travel time means they cannot attend to emergencies in good time: “For example, if a cow giving birth has complications such as dystocia, if I had a bicycle I would arrive on time before the calf dies.”

Another challenge for paravets is the lack of resources. Paravets in Gwanda described their challenges in replenishing the vet kit: “Sometimes livestock dies when there are no funds to purchase medication and vaccinations.” A Village Head in Gwanda suggested that since paravets do not have the necessary medications for livestock, the government could supply certain medications seasonally.

Lastly, many key informants and FGD participants noted that there is a disconnect between paravets and the communities they serve. While paravets are still providing services, they are not very active in the community. An Agritex officer in Gwanda explained that since paravets are “passive”, Lead Farmers have been offering them mentorships to “bridge the gap between them and the community.”

### **VS&L cluster facilitators**

Both continuing VS&L cluster facilitators and VS&L group members are highly motivated by the perceived social and community benefits from their group activities. According to FGD participants and key informants, the VS&L groups have been very successful and have evolved since the end of Amalima. VS&L facilitators in Gwanda described how these positive results, due to their service delivery, have become a significant motivator: “The VS&L [group] has reduced poverty and helps us to diversify livelihoods. Parents have been able to buy school uniforms. The knowledge is ours forever. Communities have been able to buy small livestock, household property, and utensils... I have been able to progress from grade 1 to Ordinary level.” VS&L facilitators are respected and trusted as group members see the benefits of working in these groups. Another VS&L facilitator in Gwanda explained that they get more motivated when they see activities progressing and see “tangible results, and [they] wish to hold onto these and pass this on to [their] grandchildren.”

The two main challenges to effective service delivery cited by VS&L cluster facilitators were lack of transport and Covid-19 restrictions. Like paravets, VS&L facilitators can cover several villages, increasing the distance they need to cover. Several VS&L facilitators in Gwanda reported having to walk long distances over poor road networks to meet group members and monitor groups. Covid-19 restrictions on gatherings disrupted ongoing VS&L activities and meetings. VS&L facilitators in Tsholotsho mitigated this by sending group representatives to attend cluster fundraising activities. These restrictions also affected VS&L members not currently in the village in that they could not continue with their businesses. Several VS&L facilitators in Gwanda also indicated a lack of materials for VS&L trainings, e.g., books, pens, etc.

### **DRR committee members**

DRR committee members lead the implementation of conservation works in their communities. A potential motivator for DRR committee members is the need for services. A group of CSPs in Tsholotsho

stated that the DRR activities to help with water issues and soil erosion reduction, and to mitigate land degradation and gully formation, in the community are essential and cannot be stopped. DRR committee members in Tsholotsho indicated that it was a challenge to influence behavior and some community members do not participate in DRR activities.

There was limited data on this CSP type in this study since DRR committee members rotate every couple years and do not have a permanent role. Their roles and responsibilities are also less defined than the other CSP types in this study.

### **3.3 What are the socio-demographic characteristics of community service providers who continued and did not continue providing support?**

The study collected data on sex, age, marital status, and level of education for all the surveyed Amalima CSPs to assess if there are any significant differences in socio-economic characteristics between the 169 Amalima CSPs that continued versus the 10 that didn't. In this study, youth was defined as those 35 and younger.

#### **Non-continuing CSPs**

The key findings around the demographics for non-continuing CSPs were:

- All ten non-continuing CSPs were female.<sup>3</sup>
- Lead Mothers had the highest number of non-continuing CSPs at 15 percent (6 of 39).
- Five (38 percent) of the 13 youth CSPs did not continue services. All five of the non-continuing youth were Lead Mothers.

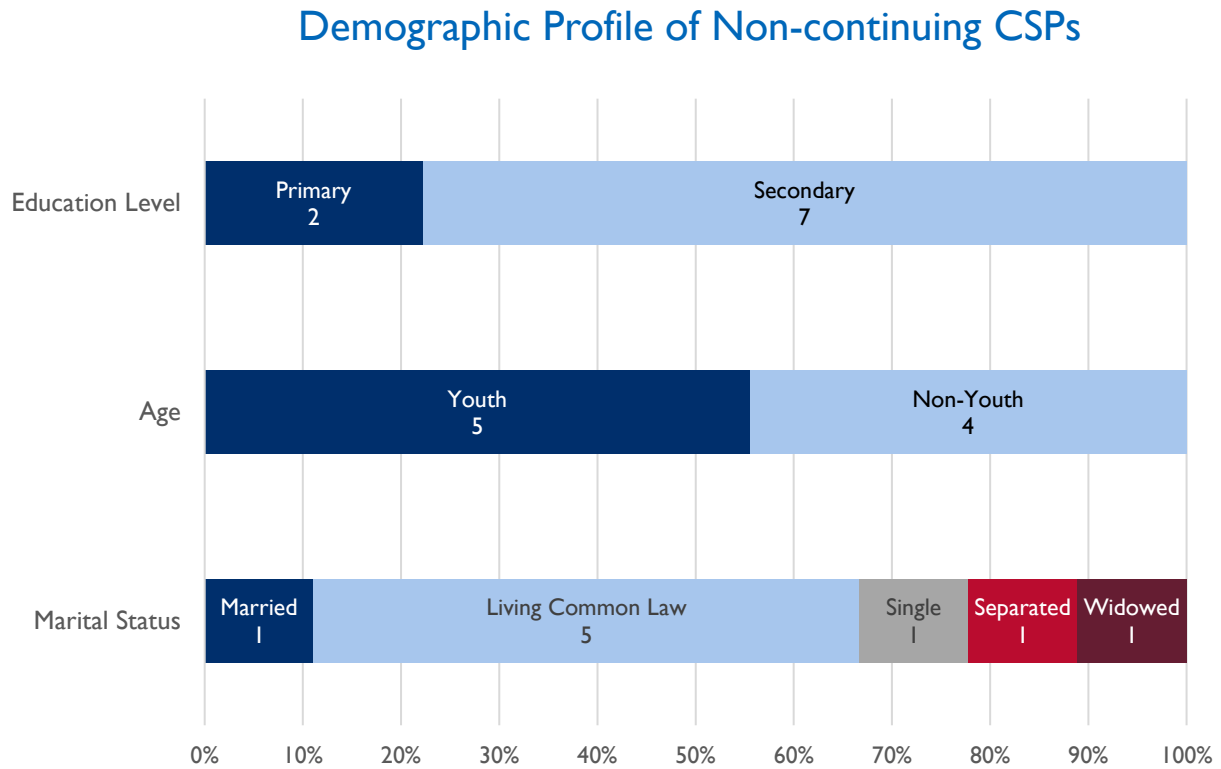
Findings from the Community Visioning process; Gender, Youth and Social Dynamics study; and Income, Migration, and Remittances study (ongoing) indicate that migration among youth may be a factor in their lower continuation rate. There were only 13 youth Amalima CSPs surveyed, all of whom were Lead Mothers. A group of older Lead Mothers in Tsholotsho asserted that the younger Lead Mothers were only participating when their children were eligible to receive rations (CSB+ and vegetable oil).

Due to the small sample of non-continuing CSPs, there were no significant observations regarding marital status and level education. Figure 3 displays the breakdown of non-continuing CSPs by education level, age, and marital status.

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<sup>3</sup> Ten of the non-continuing CSP roles analyzed were female but two of these roles were done by the same respondent. So in terms of respondents, nine of the non-continuing CSPs were female.

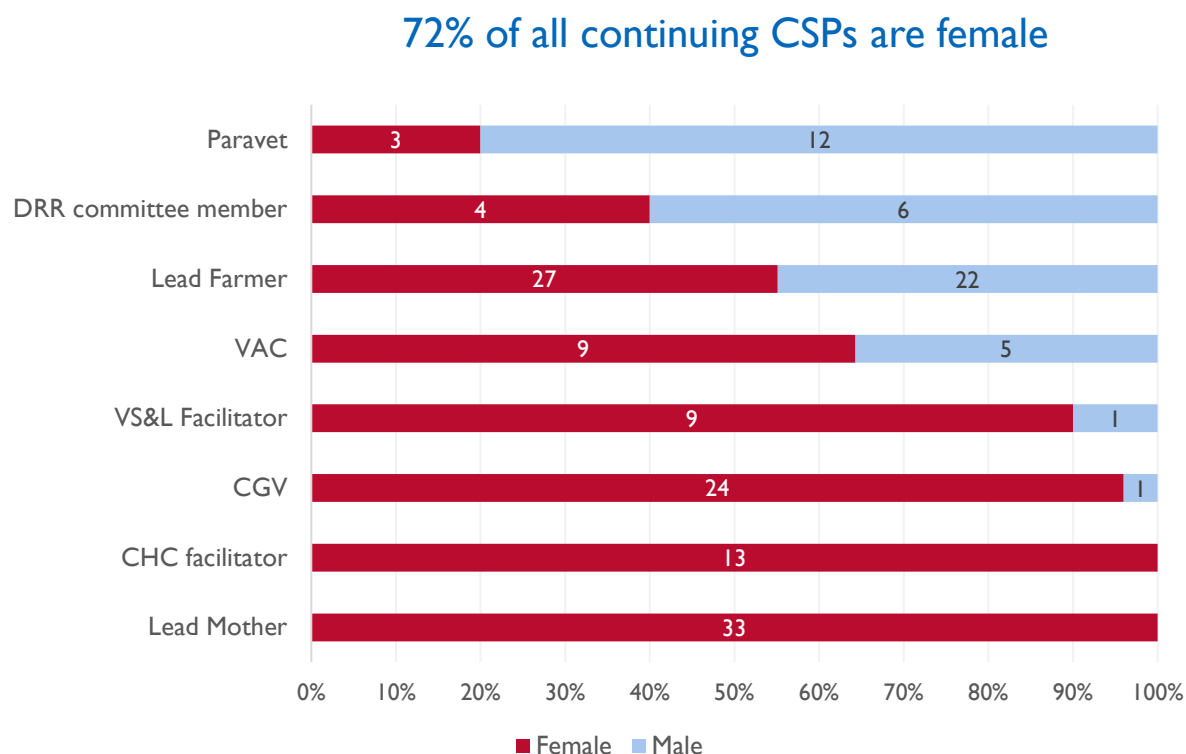
**Figure 3: Number and percentage of non-continuing CSPs by education level, age, and marital status**



### Continuing CSPs

The majority of the CSPs surveyed were female (74 percent of the 179 CSPs) and this was similarly reflected in the sex breakdown of continuing CSPs (see figure 4). This was supported by all the study participants. Women participate more in volunteer service provision due to gender norms and local demographics with more women living in the rural communities than men. Community members in Tsholotsho stated: “Women are the most active CSPs. This is because of gender norms as women are expected to participate in activities that relate to the welfare of the households. Even in other social institutions such as churches, men are few.” Members of a DRR and VS&L group in Tsholotsho suggested that “men procrastinate whilst women are more responsive.”

**Figure 4: Number and percentage of continuing CSPs by CSP type and sex**



According to community members in both Tsholotsho and Gwanda, there are more women than men in these communities, so women are more available to take on CSP roles. A Ward Councilor in Gwanda explained that men are always out herding cattle or away from home working in South Africa, Botswana, and Bulawayo. Community women in Gwanda also explained that men are often “in the diaspora, leaving women with the burden of household chores and child rearing.”

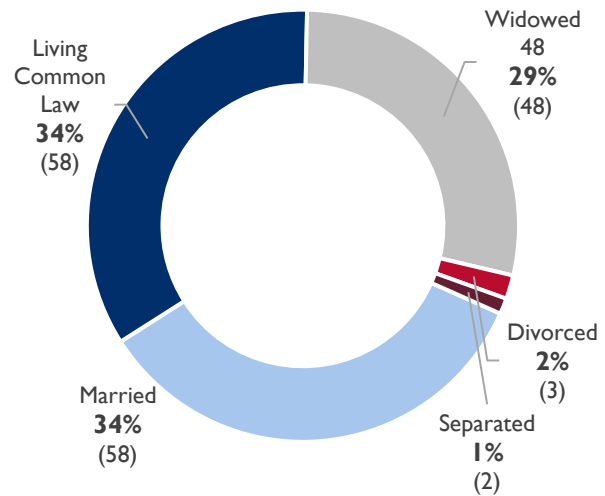
Men were more likely to take on a CSP role for an income rather than as a volunteer. Members in a VS&L group in Tsholotsho suggested that men do not want to volunteer because “their wives request for financial support from them. If the man does not have the money, it may cause them to feel inadequate.” This is reflected in the sex breakdown of CSP roles. Women take up the majority of these roles except for paravets and DRR committee members. Men take up 12 of the 15 paravet roles, which are the only compensated positions. DRR committees are elected positions integrated with local government structure, which may contribute to higher male participation.

There was low female youth participation and no male youth participation at all among CSPs included in the study sample. Only eight young women were continuing Amalima CSPs, all of whom were Lead Mothers. The most mentioned reasons for low youth participation were that they are highly mobile and lack the incentive. A DRR and VS&L group in Tsholotsho stated that youth are not chosen for CSP roles because they are mobile and anticipate quick benefits and returns. Community women in Gwanda stated: “The rural to town migration has affected the inclusion of youths in community activities. Some youths exclude themselves from community engagements. They want fast cash like money and technology. Some are chosen but are not sustainable in a few months [when] they migrate.”

Community leadership in both Tsholotsho and Gwanda had similar explanations for low youth participation as well. A VS&L cluster facilitator in Gwanda suggested that the reason more young women participate compared to young men is because “male youths tend to be shy. Their peers tend to laugh at them, and this makes them shun community activities.”

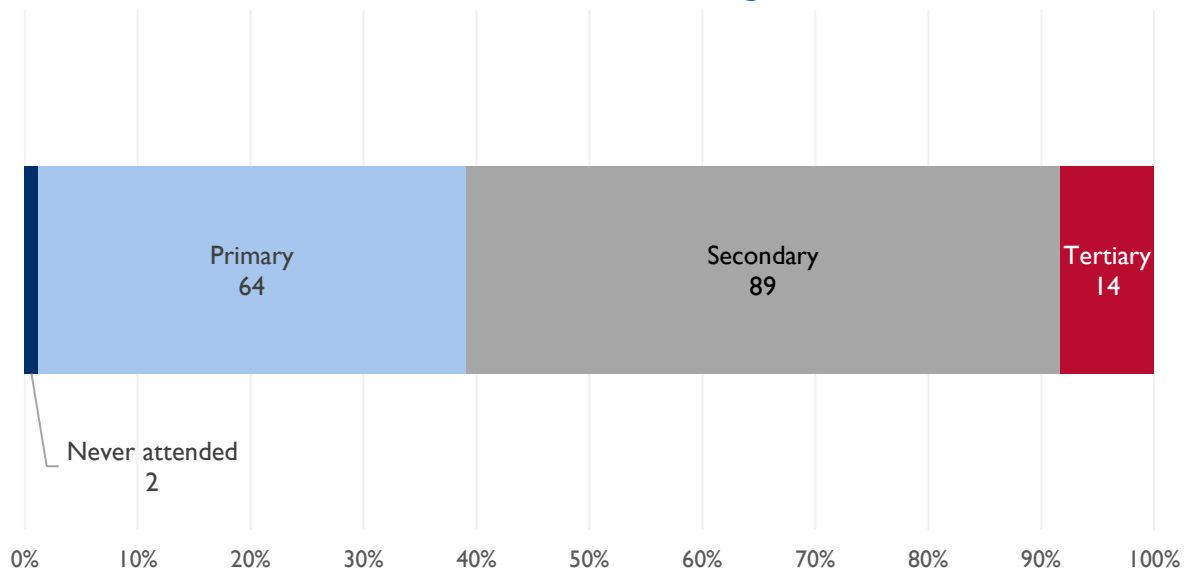
Most of the continuing CSPs were either married, living common law, or widowed (see figure 5). Nearly all the CSPs have achieved some level of education, mostly primary and secondary (see figure 6). Only two continuing CSPs never attended school.

**Figure 5: Breakdown of marital status of continuing CSPs**



**Figure 6: Breakdown of education level of continuing CSPs**

### Education Level of Continuing CSPs



### 3.4 What changes have occurred in the type, quality, and quantity of services provided by the community service providers since program end?

After Amalima ended, CSPs were expected to continue working with the communities as part of the sustainability strategy. The current frequency, quantity, and quality of these services were assessed to

measure the change since the end of Amalima and to better understand which services have been sustained.

The study suggests that based on the CSPs’ self-assessments with subjective support from the KIIs and FGDs, services have not changed significantly and were still provided, despite barriers and challenges. Changes in quality and quantity of services were determined by analyzing the self-reports from the Lead Farmers and VACs, triangulation with KIIs and FGD participants, and by assessing the outcomes of group activities, which can reflect the quality of relevant services. A Village Head in Gwanda stated: “Quality and quantity of service has continued and has been maintained.” A Ministry of Health staff member from Gwanda said that “quality has improved” and attributed this improvement to these CSPs continuing to work with other NGOs thereby increasing their knowledge and skills. As detailed below, the most notable change in type of service was related to Covid-19.

Other programs also tapped into the experience and knowledge of Amalima-supported CSPs in the provision of services to the communities (e.g., Intwasa working with Lead Farmers on Conservation Agriculture). Another example was highlighted in a KII in Tsholotsho: “Christian Care also came in with another program, so we have not seen much change. Christian Care focuses on children aged two to five.” Christian Care worked with Lead Mothers and CGVs to provide services to the community.

The specific frequency, quantity, and quality of services post-Amalima are detailed below by CSP type.

### Lead Mothers, CGVs, and CHC facilitators

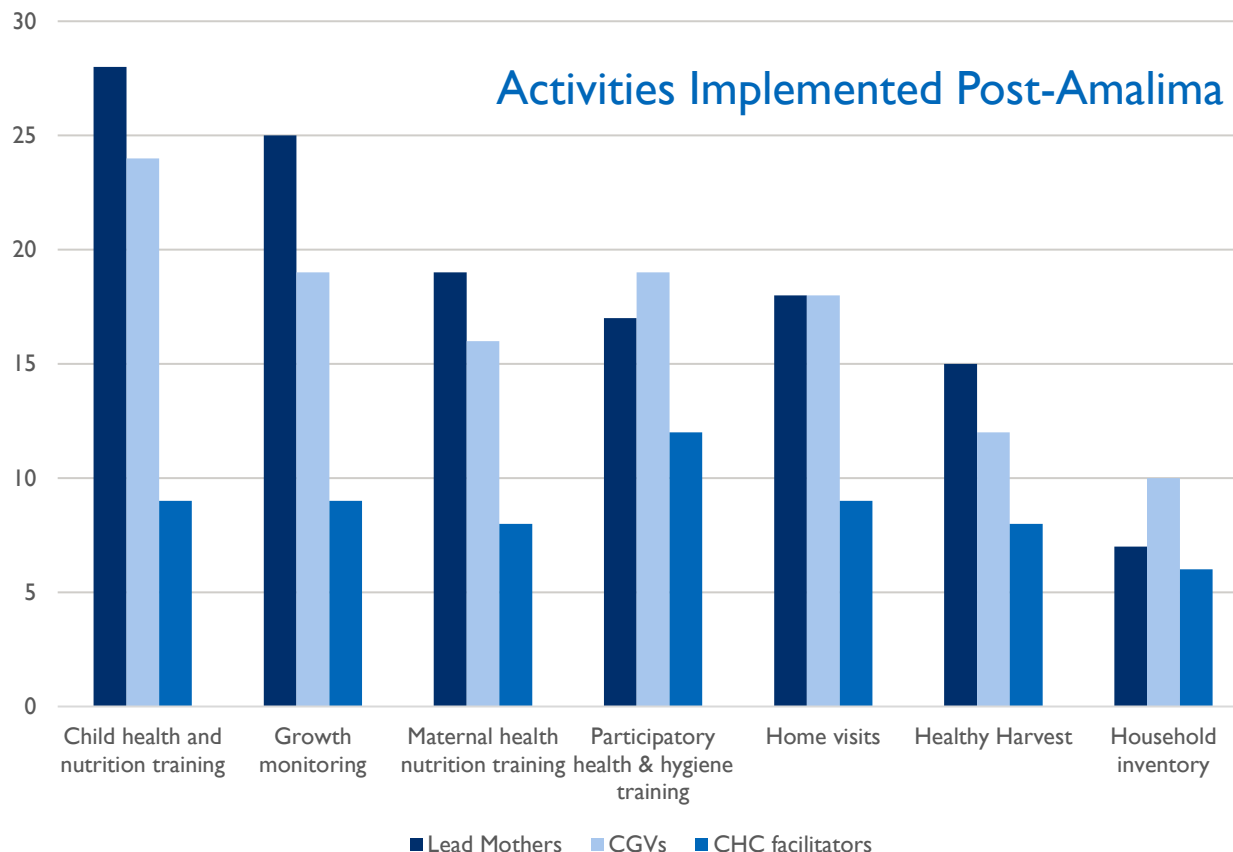
Most of the continuing Lead Mothers, CGVs, and CHC facilitators continued to conduct regular meetings and training sessions, as they did during Amalima. However some activities, particularly home visits, were limited due to Covid-19 restrictions. Covid-19 related challenges and barriers to service delivery included gathering restrictions and being unable to safely meet with others until everyone was vaccinated. Despite these challenges, 93 percent of Lead Mothers, CGVs, and CHC facilitators continued to regularly organize training sessions in monthly, bi-monthly, and weekly intervals. Refer to table 5 for the breakdown by CSP type.

**Table 5: Self-reported training quantity and frequency by Lead Mothers, CGVs, and CHC facilitators**

CSP Type	Number Continuing	Regularly organizes training sessions (#)	Regularly organizes training sessions (%)	Interval of training sessions:		
				Monthly	Bi-monthly	Weekly
Lead Mother	33	30	91%	26	2	2
CGV	25	23	92%	21	1	1
CHC facilitator	13	13	100%	10	0	3
<b>Total</b>	<b>71</b>	<b>66</b>	<b>93%</b>	<b>57</b>	<b>3</b>	<b>6</b>

Lead Mothers, CGVs, and CHC facilitators stated they implemented the following activities: child health and nutrition training, growth monitoring, maternal health and nutrition training, participatory health and hygiene training, home visits, Healthy Harvest training, and household inventories. Refer to figure 7 for the breakdown of these activities implemented post-Amalima by CSP type.

**Figure 7: Activities implemented by continuing Lead Mothers, CGVs, and CHC facilitators**



Lead Mothers primarily implemented growth monitoring, home visits when Covid-19 restrictions allowed, and conducted care groups to train pregnant and lactating women on exclusive breastfeeding and maternal and child nutrition. CGVs support the Lead Mothers in growth monitoring and conducting care group training on child and maternal health and nutrition. Lead Mothers and CGVs mostly conducted these trainings monthly (see table 5). In an FGD of Lead Mothers in Tsholotsho, they reported that they “are training households on tippy taps, construction, and promoting exclusive breastfeeding.” In two separate FGDs, community women and VS&L members in Tsholotsho noted that there was a ration distribution project for children two to five and while Lead Mothers were not involved in the distribution, they did assist the project in administering vitamin supplements and immunizations to children. Lead Mothers did not report a self-assessment on the quality of their service delivery, but nearly all of the FGD participants and key informants confirmed high quality service provision when discussing the work that Lead Mothers and CGVs do. An EHT in Gwanda stated: “Lead Mothers are working well and are continuing providing health and nutrition trainings.” An FGD of community women receiving services stated: “Lead Mothers are working well on educating on nutrition and health eating for children... Quality has improved as well.”

Covid-19 was the main factor in the change in type and quantity of services by Lead Mothers and CGVs. While Covid-19 restrictions limited gatherings and home visits, the pandemic also provided an opportunity for an expansion of services by Lead Mothers and CGVs. These services included promoting safe practices like mask wearing and social distancing, as well as assisting with hand sanitization at community events. A Ward Councilor in Gwanda described the type of services Lead Mothers and CGVs provided during Covid-19 (see quote excerpt). An EHT in Gwanda and several other key informants suggested that another factor in the change in quantity is the decreased participation due to rations no longer being distributed. They estimate that there were many young mothers that only participated while their children were eligible for rations (under age two) and stopped once the food distribution benefits stopped.

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*“Lead Mothers are very engaged during the Covid-19 era, they were teaching on the importance of hand washing and keeping hygienic practices. Lead Mothers have gained respect in the community because of the work that they’re involved in. They are still continuing their work for example, the CGVs and Lead Mothers assisted during Covid-19 in funerals and events and have worked with the police and other stakeholders to provide sanitation services. These people are the frontline workers... At gatherings, Lead Mothers were assisting with temperature checks, sanitization, encouraging communities to maintain social distances, and mandatory wearing of masks.”*

- Ward Councilor in Gwanda

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All 13 of the continuing CHC facilitators reported that they continued providing training sessions, primarily monthly participatory health and hygiene training to CHC members. About half (6 of 13) also continued conducting household inventories to assess whether the promoted health and hygiene infrastructure is in place at the household level, e.g., refuse pits, pot racks, toilets, and handwashing facilities. CHC facilitators also formed new clubs since the end of Amalima. An EHT in Tsholotsho confirmed that CHC facilitators formed about three new clubs. CHC members in Tsholotsho stated that they are working well with CHC facilitators and that their work was “commendable.” An EHT in Gwanda said that the quality of CHC facilitator service delivery has improved since Amalima. However, a different EHT in Gwanda claimed the quality of service has dropped a bit due to Covid-19 pausing all the trainings and suggests that the CHC facilitators engage in a refresher training.

### **Lead Farmers and VACs**

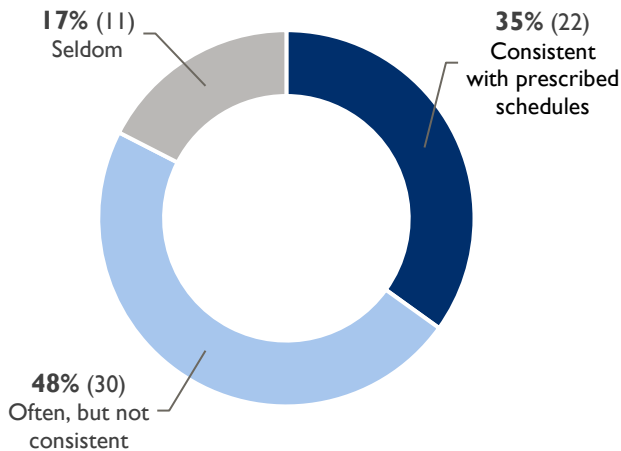
The type of services Lead Farmers and VACs provide to communities have generally stayed the same. Lead Farmers train farmers, lead CA demonstrations for farmer groups in the community, monitor CA groups, and act as a link to Agritex for service delivery. VACs assist in promoting CA adoption and linking farmers to government input supplies.

More than half, 62 percent (39 of 63), of continuing Lead Farmers/ VACs said they have more work now compared to when operating under Amalima. This is largely due to Intwasa, a government program that utilizes the Lead Farmers’ technical expertise in CA. The increased quantity of work could also be due to more farmers getting involved for the free government agricultural inputs.

According to their self-assessment, the frequency of service for Lead Farmers and VACs have largely been maintained. The majority (83 percent) of continuing Lead Farmers and VACs claimed they provide services either ‘consistently with prescribed schedules’ or ‘often but not consistently’. A Ward Councilor supported this and said Lead Farmers “are working throughout the year and [are] effective.” See figures 8 and 9 for the self-reported frequency and quantity of service delivery by Lead Farmers and VACs.

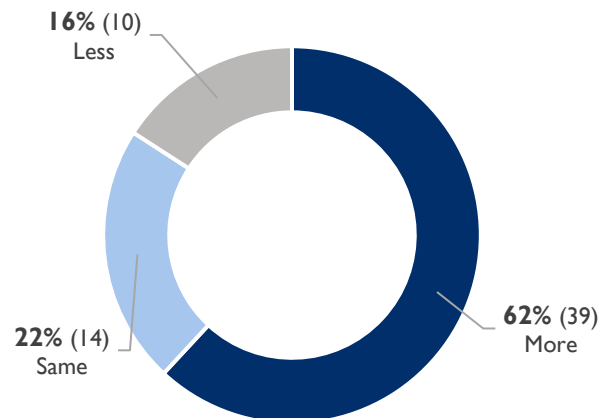
**Figure 9: Self-reported frequency of services by Lead Farmers and VACs**

### Frequency of Service Delivery by Lead Farmers and VACs



**Figure 8: Self-reported quantity of services by Lead Farmers and VACs**

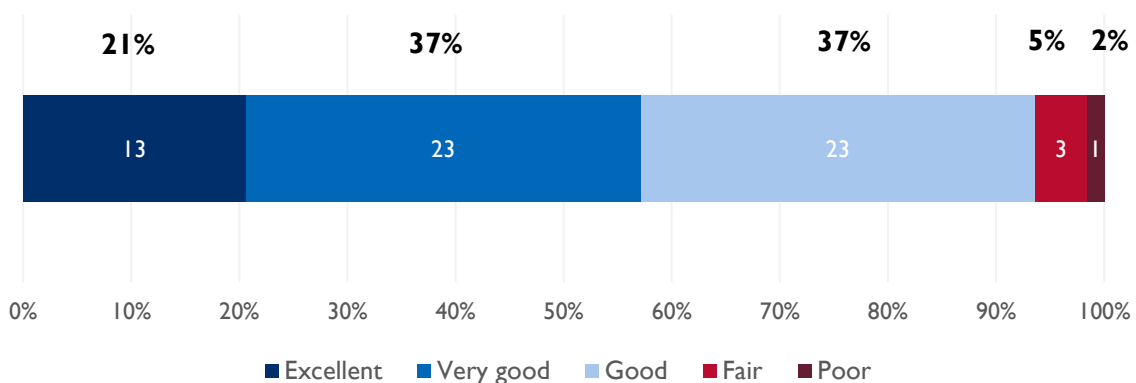
### Quantity of Work Compared to during Amalima



More than half, 57 percent (36 of 63), of continuing Lead Farmers and VACs self-reported the quality of their service after Amalima as either 'excellent' or 'very good'. One Agritex extension officer asserted that the quality has improved and the "increase in numbers of volunteers has been greatly noticeable, leading to improvement in communities' lives." He goes on to mention the effective participation of women and youth in agriculture: "Most Lead Farmers are women, and youths have recently started to be engaged." When asked about the quality of Lead Farmers and VACs, community members in Tsholotsho revealed that "some areas have improved post Amalima as they saw the results of CA... [Earlier] they criticized us as Lead Farmers saying it is labor intensive and with no need, but now the uptake is high as more farmers visit us asking to be assisted." Figure 10 displays how Lead Farmers and VACs reported the quality of their own services.

**Figure 10: Self-reported quality of Lead Farmers/VACs services post Amalima**

### Self-reported Quality of Lead Farmer/VACs Services

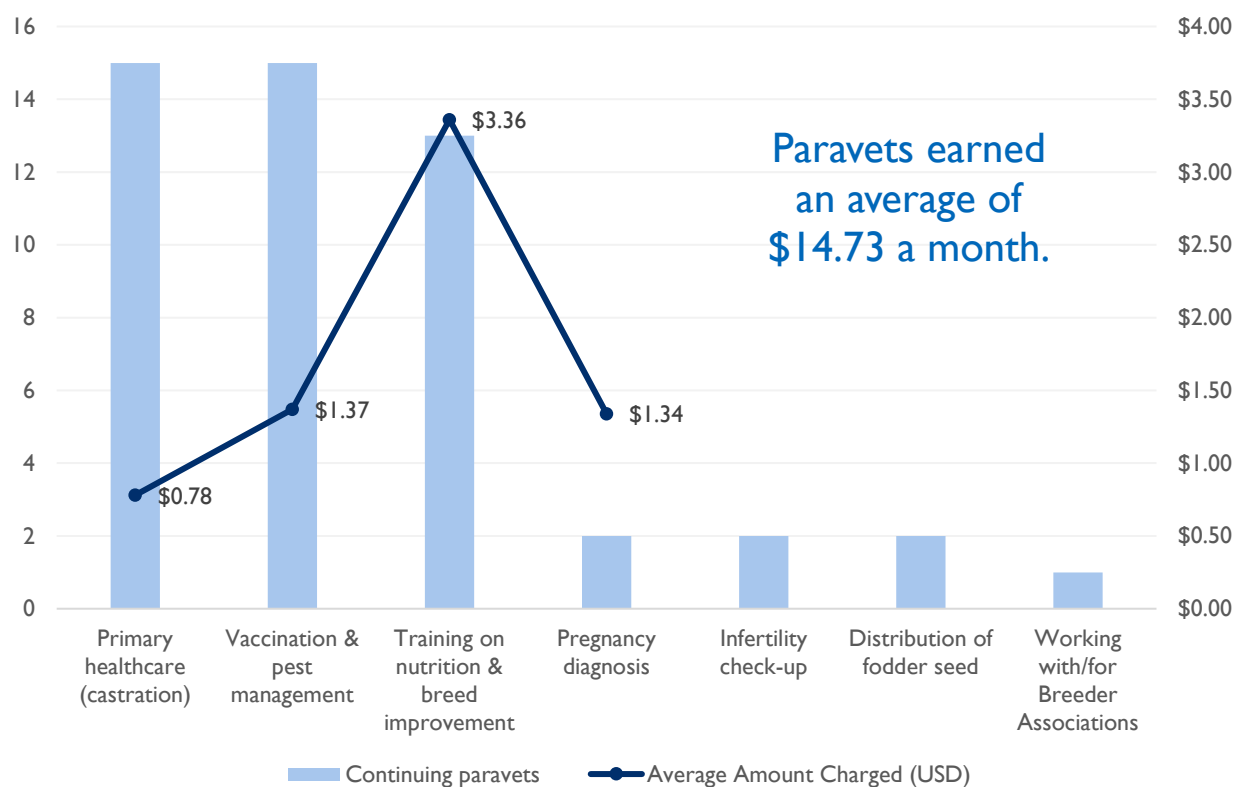


## Paravets

All (15) continuing paravets report that they are continuing services after Amalima with mostly the same quantity, quality, and frequency. Paravets provide primary health care (e.g., castration), vaccination and pest management services, and treatment of sick animals. They also train farmers on livestock management, animal nutrition, and breed improvement. Irrigation scheme members in Gwanda corroborated paravets' continued service delivery: "Paravets provide training to farmers on good livestock management practices, vaccination as well as feeding. They provide first aid in terms of primary health care to sick animals. They refer farmers to the DVS on issues beyond their reach." An EHT in Gwanda also supported this claim and said that despite Covid-19 challenges, paravets are still working with DVS on livestock disease control in the community.

Paravets also reported that they encourage farmers to keep livestock feed, fodder granaries, and how to avoid poverty deaths. A Village Head in Gwanda attested to paravets working hard and that the quantity and quality of their services have been maintained. The Village Head also stated that paravets are "working well with local leadership including the councilor, which leads to progress within the community." Figure 11 displays how many continuing paravets provide each service and the average amount charged for them.

**Figure 11: Number of paravets providing each service and the average amount charged (USD)**



Ten paravets reported their earnings in the survey. Of those ten, seven paravets reported that their earnings were the same as they were during Amalima because the same types of service are still in demand and the amount charged hasn't changed. One paravet suggested that their earnings were the same (and not higher) because "transport is a barrier. There may be jobs in further areas, but mobility is a limitation." One paravet that claimed their earnings were less than during Amalima suggested it was because Covid-19 led to reduced clients since most of them lost their jobs.

Several key informants noted that paravets do not always charge for their services. A Ward Councilor in Gwanda claimed that in most cases, paravets do not charge for the services especially if the client is providing the medication. A Village Head in Gwanda also claimed that paravets do not charge a fee and suggested that they “can be thanked or appreciated by farmers after they have rendered a service.”

### **VS&L cluster facilitators**

All (ten) of the continuing VS&L cluster facilitators reported that they continued to conduct monthly VS&L meetings to monitor and train the groups, form new VS&L groups, and mobilize VS&L groups for fundraising events. There are about ten members in each group and seven VS&L groups in each cluster. An FGD in Tsholotsho with VS&L and garden group members confirmed that the VS&L facilitators are still checking the group records and assisting them in calculating interest on loans they issue out. The research team also helped confirmed continued fundraising activities when the survey team came across a VS&L fundraising event involving seven groups in Tsholotsho during data collection. When discussing VS&L activities during Amalima, community members in Tsholotsho stated that they did not stop conducting activities. VS&L facilitators are also responsible for assisting in forming new VS&L groups, however this has slowed as certain areas reached saturation. One VS&L facilitator in Tsholotsho mentioned having formed three new groups after Amalima.

A VS&L and garden group in Tsholotsho indicated that the quality, quantity, and frequency of VS&L facilitator services has been maintained and went even further to suggest that “it has actually increased because people have managed to deliver sorghum and millet to the GMB [Grain Marketing Board]. For the past ten years that I have stayed here I have never seen farmers delivering grain to the GMB. The education that we have is my degree and the garden is my bank.” A VS&L group of women in Tsholotsho also attested to the quantity and quality of VS&L facilitator service delivery when describing their experience. The existing and new VS&L groups have evolved since the end of

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*“We have continued with the VS&L as we have seen the benefits of the group. The group is now more active. The garden is speaking for itself. Farmers have delivered grain to GMB from 0.5 MT to 1MT, mostly millet and sunflower. The knowledge that we have is equal to a university degree.”*

- Community women in a Tsholotsho VS&L group

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Amalima to take on new activities and create new types of groups. Section 3.6 describes this change in VS&L groups in more detail and how it relates to VS&L facilitators as effective change agents after Amalima. VS&L facilitators also established different types of VS&L groups. An EHT in Gwanda mentioned new VS&L groups of HIV positive community members that have one representative collect their medication.

### **DRR committee members**

There was limited data on DRR committee members since there is regular turnover in this CSP role.

## **3.5 What is the nature and the perception of the working relationship between the community service providers and the relevant government departments since program end?**

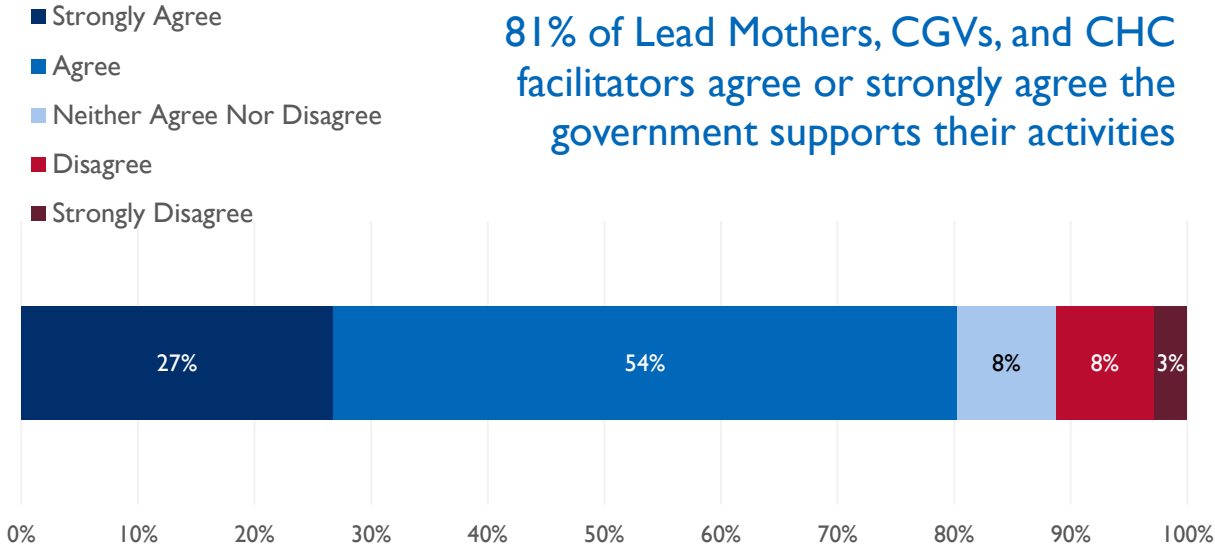
Findings from the study indicate that a strong working relationship between CSPs and relevant government departments is a key element for the sustainability of service provision. In Zimbabwe, government departments typically reach communities through CSPs with training and extension services. CSPs have continued working with government stakeholders and report that these linkages remained strong after

Amalima ended. Government departments heavily depend on and utilize CSPs as entry points, through which they relay information to communities, receive feedback, and deliver some services. This finding is further supported by the Institutional Dynamics Assessment (IDA), another Amalima Loko study, which stated that public institutions rely on community members to provide “last-mile” services through established community structures. Detailed findings on the relationship between CSPs and the government post Amalima are discussed below.

### Lead Mothers, CGVs, and CHC facilitators

Since Amalima, Lead Mothers, CGVs, and CHC facilitators have continued to work closely with the government and played a critical role in health and hygiene promotion and services during Covid-19. They assisted in managing Covid-19 related precautions at community events and funerals by ensuring mask wearing, hand sanitization, and social distancing. These CSPs were well positioned—and well equipped due to their Amalima training—to aid in health related rapid responses and were consistently utilized by the relevant government departments. Although the Covid-19 response was the overarching concern post Amalima, government departments normally work with the health related CSPs for service provision. This existing relationship was confirmed by the IDA study. The majority of these CSPs agree or strongly agree that the government supports their activities (see figure 12).

**Figure 12: Percentage of continuing Lead Mothers, CGVs, and CHC facilitators who agree that the government supports their activities**



Government officials from the MOHCC confirmed they are working well with these CSPs to conduct interventions and trainings around health, hygiene, and nutrition. Several EHTs in Gwanda also confirmed that government staff and other organizations have maintained a good working relationship with CHC facilitators, who report relevant community challenges to them. Lead Mothers, CGVs, and CHC facilitators in Tsholotsho claim to have a good relationship with government health staff and collaborate on ways to promote certain practices better.

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*“Lead Mothers are recognized by MOHCC, and the relationship was created by Amalima. Whenever there is a meeting at the clinic, Lead Mothers are invited, and they work well with the Village Health Workers [government staff] ... The relations are good and strong. Government staff, when they come to the communities, they use these cadres as their entry points as stated in funerals; police and other stakeholders work hand in glove with these volunteers.”*

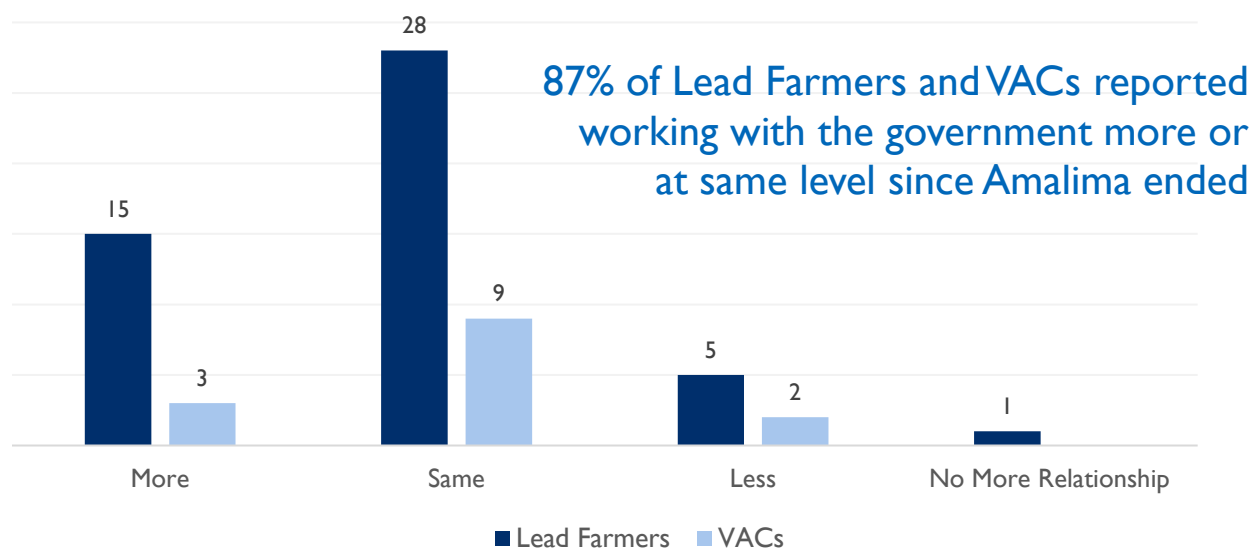
- Ward Councilor in Gwanda

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### Lead Farmers and VACs

After Amalima, relevant government departments continued to work with Lead Farmers and VACs to provide extension services. According to the 63 Lead Farmers and VACs continuing services, 97 percent of them have continued working with government stakeholders since Amalima ended. Most of the surveyed Lead Farmers and VACs reported working with the relevant government departments the same amount or more compared to during Amalima (see figure 13). A group of CSPs in Tsholotsho said their relationship with government departments increased after Amalima because when government staff come to visit, they are satisfied with what they see and happy to have local partners to work with. This sustained government linkage indicates a high level of sustainability of service provision through these CSPs.

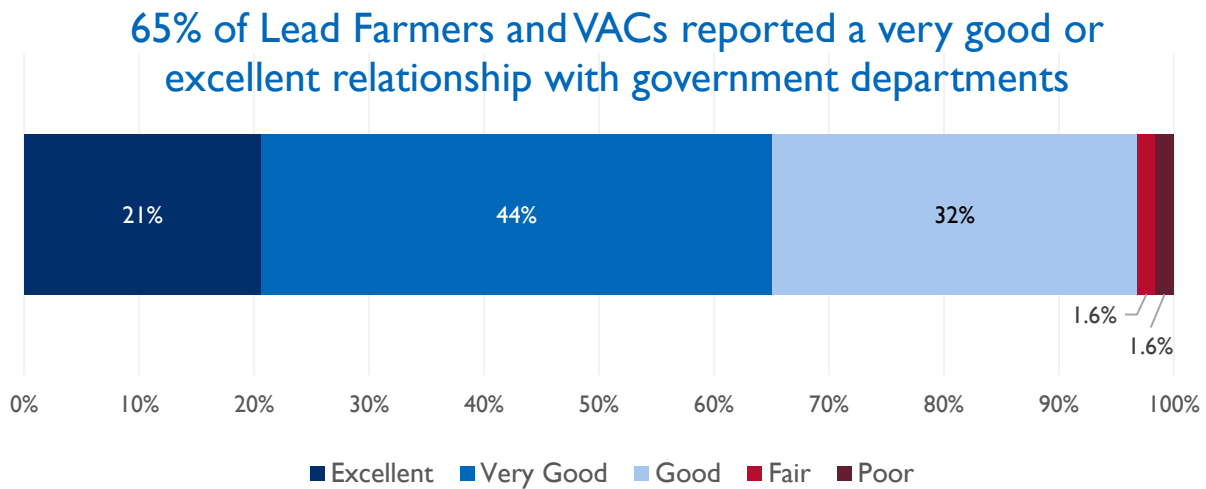
**Figure 13: Current level of relationship with the government compared to during Amalima, according to the 63 continuing Lead Farmers and VACs surveyed**



Most of the continuing Lead Farmers and VACs (97 percent of 63) reported a good or better relationship with relevant government departments post Amalima (see figure 14). A Village Head in Gwanda observed that the Lead Farmers are working well with government staff and are included in their meetings and trainings. The study identified Agritex as one of the main government departments with a strong and

functional relationship with the Lead Farmers and works with them to provide communities with inputs, trainings, and extension services. Another Village Head in Gwanda noted the “good working culture” between Agritex, Lead Farmers, and VACs. The IDA study also mentioned that Agritex relies, in part, on Lead Farmers to relay information to their communities.

**Figure 14: Quality of government relationships according to the 63 continuing Lead Farmers and VACs**



Study participants also attributed the strengthened relationship to government implemented programs after Amalima, namely Intwasa. This program utilized the Lead Farmers and VACs for the role they had in their communities and the knowledge they had on CA. These CSPs are service providers for the Intwasa program and assist in training, awareness raising, and input distribution. An Agritex officer in Gwanda stated: “We make use of Lead Farmers and not bypass these at community level. They have participated in successful projects such as Intwasa.”

Only a few of the continuing Lead Farmers and VACs had a negative perception of their relationship with the government. Eight of these CSPs (12.6 percent of the 63 continuing Lead Farmers and VACs) said their relationship with the government decreased or ended. Two of the CSPs (three percent) reported a fair or poor government relationship post Amalima. The study did not reveal any significant insights as to why these relationships deteriorated; however, an EHT in Gwanda suggested that there is confusion around what VACs do and how they can collaborate with them.

### **Paravets, VS&L cluster facilitators, and DRR committee members**

The study had limited survey data on the relationship between the Paravets, VS&L cluster facilitators, and DRR committee members CSP roles and the government due to a high non-response rate. However, several key informants and FGD participants acknowledged there was a good relationship between government staff and paravets and VS&L facilitators. Paravets claimed to liaise with DVS regularly and refer cases beyond their expertise to DVS extension staff. A Village Head in Gwanda stated that paravets are working well with relevant government staff.

VS&L facilitators claim they work well with and get assistance from Agritex officers. According to VS&L group members, an Agritex officer in Tsholotsho supported the VS&L facilitator and group members in starting a garden project through technical support and guidance. The study was unable to assess the

relationship between DRR committee members and government officials. There was limited data on this CSP type since there is regular turnover in this CSP role.

### **3.6 What is the extent to which service providers remain effective change agents after the life of Amalima?**

While the sustainability of service provision through CSPs is largely determined by their motivation and effectiveness once a project ends, ongoing training and external support, through strong government linkages, is essential for CSPs to continue providing services. The CSPs that have continued post Amalima have demonstrated their effectiveness through the positive outcomes of their activities and the relationships they have built and maintained. Community members receiving services, local leadership, and key informants in the government indicated a high degree of faith that these CSPs will remain effective change agents. One hundred person of the 63 continuing Lead Farmers and VACs stated they believe their roles continue to remain effective after Amalima.

The study identified the following themes when analyzing the suggested reasons for sustained effectiveness of CSPs:

- Motivation from positive activity outcomes.
- Strong sense of community ownership and self-reliance.
- Services continue to be needed and valued in the community.
- Strong government linkages.

#### **Motivation from positive activity outcomes**

Observing and experiencing positive outcomes from their development activities was a significant motivator for CSPs to continue service provision. This also motivated community members to continue requesting services and increase their level of trust in these CSPs, thus contributing to their effectiveness. The success of VS&L groups was a notable example.

VS&L cluster facilitators worked with their groups to not only maintain activities post Amalima, but also to increase in scope. A VS&L group in Gwanda successfully started their own goat project and used the funds they've raised to "help with school fees and alleviating food insecurity." They stated that Amalima did not foster a dependency syndrome and believe that "the more you work is the more you gain." When asked about the effectiveness of CSPs, another VS&L group in Gwanda shared their successful experience and how it has evolved:

*"We are earning income as opposed to working individually. We had 131 goats and we sold 46 in order to dig a 9 metre well to ensure that goats have access to adequate water. We also constructed the goat pen. The growth that has been experienced over the years is motivating us to continue working as a group. The group started as a CHC and then formed a VS&L club, then we progressed to goat rearing... When we shared our money from VS&L we managed to pay school fees for our children. We also gave each other one goat each and we have those at our homesteads. We have also established a burial society in order to cover members in case of bereavement. We now have an associate with other groups within the ward so that we create market linkages. This is meant to assist us with marketing the goats rather than selling as individual groups."*

#### **Strong sense of community ownership and self-reliance**

Community ownership of development activities was a prevalent theme when discussing the effectiveness of CSPs after Amalima. Several local leaders attributed the effectiveness of service provision to a strong

sense of ownership. A Ward Councilor in Gwanda stated: “The bottom up approach introduced by Amalima has contributed enormously to [the] program lifespan.” Another Ward Councilor stated they “take ownership of all community programs such that when the donor goes, the activities continue to be implemented.”

Community members recognized the importance of taking ownership over their own progress and have increased their sense of self-reliance as they realize they can successfully implement their own activities. For example, community members in Tsholotsho believe CSPs are effective because “we are now self-reliant and assertive. We are now able to organize ourselves and repair infrastructure that has broken down... [we] have built our own toilets.” An irrigation group in Gwanda discussed having empathy for other community members and that the sense of ownership ensures development in their community. They called the knowledge they gained from Amalima “a life pension” and noted their use of indigenous knowledge.

### **Services continue to be needed and valued in the community**

Community members often mentioned that they continue to need the services that these CSPs provide. Community members in an irrigation group in Gwanda said CSPs are effective in disseminating information, knowledge, and skills to community members, particularly to new households and those who had a harder time adopting the practices promoted during Amalima. In Tsholotsho, community members said they still need CSPs to provide technical guidance. A livestock group in Gwanda said CSPs providing information and services to newcomers in their village and now also target the youth.

The Covid-19 response was another opportunity for CSPs to remain relevant as they assisted the government and other NGOs in promoting safe practices and monitoring for compliance and new cases. An EHT in Gwanda stated: “CHC facilitators remain effective and relevant. Due to the Covid-19 pandemic, the CHC facilitators are needed to work with rapid response teams, even in funerals, to ensure Covid-19 protocols are observed.”

Community leadership value the CSPs and the work that they do. A Ward Councilor in Gwanda noted they remain effective, and their services are still essential and provided examples: “Lead Mothers and Lead Farmers are working throughout the year and are still effective. Most of the services they offer are important in improving the livelihoods of the community... VACs have started mobilizing farmers for the next farming season. All these roles [have] some permanence in the community.” A Village Head in Gwanda stated that the CSPs work well with local leadership “which leads to progress within the community.”

### **Strong government linkages**

The CSPs serve as an extension of government programs to ensure that interventions reach community members. These strong government linkages (a theme further explored in section 3.5 of this report) contribute to the effectiveness of CSPs and sustainability of service provision.

## **4. Discussion and recommendations**

The research findings demonstrate that the CSP model is sustainable for the one to two year period after the program ends, and hopefully for much longer, given the very high number of CSPs who have continued providing services after Amalima ended and have been engaged by other programs and actors for their unique skills and roles in communities. As such, Amalima Loko feels confident continuing the CSP approach to provide services to their communities. CSPs are highly motivated to continue providing services and

the community members receiving services are motivated to continue participating so that they can all continue to see progress and improvement in their livelihoods.

This study has identified the following recommendations for Amalima Loko to help ensure the sustainability of service provision through CSPs:

- Provide bicycles for certain CSPs (paravets and VS&L facilitators, as they have a larger coverage area) and consider expanding on the provision of this resource as appropriate.
- Continue linking CSPs with local government staff and provide training material so CSPs can provide an adequate quantity and quality of services to the community. For example, Amalima Loko should continue strengthening the linkages between 1) Lead Farmers, VACs, and paravets, with Agritex and DVS; and 2) CGVs, Lead Mothers, and CHC facilitators, with MOH and EHTs.
- Strengthen linkages between VACs and private sector input suppliers and agrodealers (local input dealers).
- Promote the visibility and community's recognition of CSPs as resource people.
- Empower communities to lead the CSP selection process. Program staff should work with relevant GoZ departments (Agritex, MOH, etc.) to provide criteria to guide the communities on the desired profile for CSP selection.
- Manage community expectations and emphasize self-reliance and community ownership of service provision.
- Strategize ways to better engage and retain young women and men as service providers through youth mobilization activities to increase participation in different community action groups. Activities could include integrating mobilized youth into the village and ward development committees, training youth on community governance processes, and coaching through youth-led activities. Intentional opportunities for intergenerational and gender dialogues could also be promoted to tackle harmful social norms hindering the meaningful involvement of youth and women in the community development process. Lower retention of young Lead Mothers is not a surprising or particularly concerning finding because higher turnover is expected since this role is tied to a particular life stage. However, Amalima Loko will closely monitor non-continuing CSPs. It will be particularly interesting to monitor Lead Mother participation in young mother-only Care Groups that are planned to begin in FY23.

## ANNEX A: Key Informant Interview Guide

<b>Facilitator</b>		<b>District</b>	
<b>Note taker</b>		<b>Cluster</b>	
<b>Key Informant Title</b>		<b>Ward</b>	
		<b>Village</b>	
<b>KII Code</b>		<b>Date</b>	

**Introduction: Greeting and introduction to the study – purpose, objectives etc. Ethical considerations- permission to record and use the information, anonymity.**

1. Which services are being offered by community service providers in the community?
2. From your opinion, which group/category of service providers are still and most active after the end of Amalima Program? Probe further with regards to gender, age and type of community service provider.
3. State any factors/drivers which you think have contributed to the continuous activity of Community services provider beyond the life span of Amalima program?
4. May you share changes that you have noticed in the type, quality, and quantity of services provided by the various community service providers since Amalima program ended? If so have the changes been positive or negative? Share examples?
5. What are your views regarding the relationship between community service providers and relevant government departments since Amalima program end? What support has been rendered by the government departments to community service provider after the Amalima program ended?
6. What do you think motivated the continued delivery of service by Amalima service providers after program end? What do you think are key factors that enable community service providers to continue working after the end of Amalima program?
7. What barriers/challenge that hindered the continued delivery of service by Amalima service providers after program end? What are the key factors that negatively affected community service providers to continue working after the end of Amalima program?
8. What is the extent to which service providers remain effective in delivering their work after the life of Amalima?
9. Kindly share your suggestions/recommendation for future programs to promote community service providers as social behaviour change agents?
10. Which behaviours do you think should be promoted to ensure that community service provider model is sustainable?

**End: Thank the participant**

## ANNEX B: Focus Group Discussion Guide

<b>Facilitator</b>		<b>District</b>	
<b>Note taker</b>		<b>Cluster</b>	
<b>Group</b>		<b>Ward</b>	
		<b>Village</b>	
<b>FGD Code</b>		<b>Date</b>	

**Introduction: Greeting and introduction to the study – purpose, objectives etc. Ethical considerations- permission to record and use the information, anonymity.**

1. Which Community Service providers do you have in the community that were trained by Amalima program? From the Service Providers that you mentioned which ones are still and most active after the end of Amalima Program? Probe further with regards to gender, age of the service providers?
2. Which Services have you received from the community service providers after the end of Amalima program?
3. What factors/drivers have contributed to the continuous activity of Community services provider in your community beyond the life span of Amalima program?
4. What changes have you noticed in the type, quality, and quantity of services provided by to you by the various community service providers since Amalima program ended? Have the changes been positive or negative? Share examples? Why has the changes occurred?
5. What are your views regarding the relationship between community service providers that work with you and relevant government departments since Amalima program end? What support has been rendered by the government departments to community service provider after the Amalima program ended?
6. What motivated the Community Service providers to continue delivering services to you of service by Amalima service providers after program end? What are the key factors that enable community service providers to continue working after the end of Amalima program?
7. What barriers/challenge that hindered the continued delivery of service by Amalima service providers after program end? What are the key factors that negatively affected community service providers to continue working after the end of Amalima program?
8. What is the extent to which service providers remain effective in delivering the service to you after the end of Amalima?
9. How best can programs promote community service providers as social behaviour change agents in your community?
10. What behaviours should be promoted to ensure that community service provider model is sustainable?

**End: Thank the participants**

## ANNEX C: CSP Structured Questionnaire

Date of questionnaire administration (day, month, year) .....

Name of data recorder .....

Geo-reference of location

Longitude ..... Latitude .....

Name of district (Gwanda & Tsholotsho) ..... Ward (9,10,14&17)

Village .....

Name of respondent .....

Sex of respondent (M/F) ..... Contact cell number .....

Marital status of respondent (Tick the Applicable)

Divorced		Living common law		Married	
Separated		Single		Widowed	

Level of Education

Primary		Tertiary	
Secondary		Never attended school	

Gendered household type of respondent (Tick appropriate response)

Household has both Male & Female adults (Over 18 years) Resident (M&F)		Household has Female adult(s) (Over 18 years) & no Male adult(s) Resident (FNM)	
Household has Male adult(s) (Over 18 years) and no Female adults' resident (MNF)		Resident members of the household are all children (Below 18 years) (CNA)	

Respondent year of birth .....

I. Which Amalima interventions did you participate in and which ones were you most involved in?

Amalima intervention	Partaken	Most involved
CA training		
Garden/irrigation training		
Livestock management training		
VS&L group member		
Food ration beneficiary		
Care group training		
Community health club member		
DRR training		
Male champion		
Household asset voucher		
Matching grant recipient		
Cash/food for assets		
Agrodealer		

2. Which facilitator/leadership roles did you have in the **Amalima** program (tick all that apply)

<b>Amalima intervention</b>	<b>Facilitator/leadership roles in Amalima (Tick all that apply)</b>	<b>Facilitator/leadership roles currently performing (after Amalima) (Tick all that apply)</b>
Lead Farmer		
Village Agriculture Coordinator (VAC)		
Paravet		
Village health worker		
Care group volunteer		
Lead mother		
Community based facilitator (CHC facilitator)		
VS&L facilitator		
DRR committee member		
Asset management committee member		

3. Are you involved with other programs/government/church/NGO etc in a leadership/facilitator capacity?  
 Yes/No. *Elaborate*

**Lead Farmer and VAC include non-functional**

1. Have you continued to work with the farmers and communities after Amalima Program ended?  
 Yes/No

**If yes** How often have you provided services to the farmers of communities?  
*Never/ Rarely/ Sometimes/ usually/ all the time*

2. How does your work as a Lead farmer/ VAC compare now, with what it was like before the Amalima program ended?  
*More/ Less/ Same/ work ended when Amalima program ended (circle one) Elaborate why?*

3. Indicate the level of quality of services that you are offering now when compared to the services during Amalima Program?  
*Poor/Fair/Good/ Very Good/ Excellent*

4. If Lead farmer/ VAC has continued to work beyond the Amalima program, probe what motivates him/her  
*Social and Community Benefits*  
*Demand for services*  
*Availability of resources (Visibility and Training Materials)*  
*Personal benefits*  
*Other (Specify)*

5. If Lead farmer/ VAC stopped working or are working less now compared to during the Amalima program, ask why?  
*Lack of Transportation*  
*Lack of support from government stakeholders*  
*Physical Health*  
*No personal benefits*  
*Competing demands (Household& Community)*  
*Decreased demand for services*  
*Other(specify)*

6. Have you been working with government stakeholders after Amalima program ended?  
 Yes/No

7. What relationship do you currently have, as a Lead farmer/ VAC, with government stakeholders (Agritex, DVS, etc)?  
*Poor/Fair/Good/Very Good/Excellent*

8. How does your current relationship with government stakeholders (Agritex, DVS, etc), compare with what it was like before the Amalima program ended?  
*More/ Less/ Same /no more relationship (circle one).*

9. Referring to your role as a Lead farmer/ VAC after the Amalima program, tell us how much you agree or disagree with the following statements

	<b>Strongly Agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly Disagree</b>
My role and responsibilities are clear to me				
I am aware of the proper chain of command for my role				
I am aware of whom I go to if there is a concern				

10. Overall, how would you rate your level of confidence in performing the work you were assigned to do?  
*Very Confident/ Somewhat Confident/Not Very Confident/ Not Confident at all*

11. Do you think your role as a Lead farmer/ VAC remains effective after the end of Amalima program?  
 Yes/ No/ I don't Know

12. If said no on Q10, what factors/ barriers are preventing you from being effective in your role as a Lead farmer/ VAC?  
*Feedback from community*  
*Lack of support from Community Leaders*  
*Lack of support from government stakeholders*  
*Competing community events*  
*Other (Specify)*

13. If yes on Q10, What factors/enablers have enhanced your effectiveness as a community volunteer after Amalima Program Ended?

- Participation of communities*
- Linkages with service*
- Support from Community Leaders*
- Responsiveness of Government stakeholders*
- Participation in other NGO activities with similar role*
- Other (Specify)*

**Paravets including non-functional**

1. Which organisations provided the initial training to be a Paravet?

- Government (DVS)*
- Amalima*
- Other NGOs (Specify)*

2. When were you last trained?

3. What services do you provide to the community as a paravet?

Services Provided	Amount charged (state currency)	How does the charge compare with during the Amalima program
Primary Health Care (Castration and technology dissemination)		
Pregnancy diagnosis for animals		
Infertility check-up for animals		
Vaccination/ Dipping		
Door Step Insemination		
Training on animal nutrition and breed improvement		
Distribution of fodder seed and other fodders available		
Working with and for Breeder Associations		

4. How much money do you earn **per month** (roughly in USD), from providing paravet services to the community?

5. How does the current amount earned (per month) from providing paravet services compare to earnings when Amalima program was running?

*More/ Less/ Same/ No more service (circle one). Elaborate why*

**Care group volunteer /Lead mother/CHC Facilitator**

1. Do you organise training sessions to enhance the understanding of Health Issues in the community?

*Yes/ No*

2. If answered yes, how often do your organise training sessions?
  
3. If Answer is No, what are the challenges?
  - Feedback from community*
  - Lack of support from Community Leaders*
  - Lack of support from government stakeholders*
  - Competing community events*
  - Other (Specify)*
  
4. Which activities have you managed to continuously implement after the end of Amalima Program?

<b>Services Offered</b>	
Growth monitoring	
Child health and nutrition training	
Maternal health Nutrition training	
Healthy Harvest	
Participatory Health Hygiene Education training	
Home Visits	
Household Inventory	
Other (Specify)	

5. Cultivating connections with Key Stakeholders

	<b>Too Little or No Extent</b>					<b>To a very greater Great extent</b>		
	1	2	3	4	5	6	7	N/A
1. Government Stakeholders are supporting activities								
2. There is regular communicates with community leaders.								
3. Community leaders are involved in activities								
4. Community members are passionately committed to the activities								