Community Working Group on Health (CWGH)

CASES STUDIES

Strengthening of CSOs Social Accountability Monitoring and Responsiveness to Sexual Reproductive Health Rights (SRHR) in Matabeleland and Midlands region

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Introduction

Project Summary and Objectives- Describe the project, what is your response, what are you doing, who are you partnering with, what's your reach. Outline how and why the project was compelling and how it fits into the overall SRP work.	The attainment of Sexual Reproductive Health Rights (SRHR) is largely influenced by the accountability of the State, which plays a pivotal role in ensuring equitable resource allocation and effective service delivery. It is against this background that CWGH is implementing a project aimed at strengthening social accountability monitoring and responsiveness to SRHR in the Matabeleland and Midlands region. The objectives of this project are to eempower civil society organizations (CSOs) with skills to track and monitor HIV resources and services, to strengthen their capacity to engage with relevant authorities on their rights to prevention, quality treatment and sustainable livelihoods, and to further create a conducive and enabling environment for public accountability of HIV resources and services. The project mentors and supports five SRP partners namely Hope for a Child in Christ (HOCIC), UMzingwane Aids Network (UAN), Youth for Today and Tomorrow (YTT), Midlands Aids Caring Organisation (MACO) and Million Memory Programme Zimbabwe. The project equipped the organisations with skills to enable monitoring of SRH and HIV & AIDS resources and services. The organisations were capacitated in evidence based advocacy to engage service providers and duty bearers for quality health service delivery. The project availed spaces for organisations to contribute and influence processes, policies and programmes. The CWGH project feeds into the SRP initiative through strengthening the capacity of

	CSOs to influence policies, design and implement HIV and SRHR programmes.
What was the situation before the project? It is helpful to use baselines to make a comparison.	The demand for HIV treatment resources and services was on the rise making, it difficult to fulfill as more people were in need of these services. Challenges faced by people living with HIV and children born and living with HIV included limited access to resources and services. HIV services such as testing and treatment were a challenge in some targeted areas where there were no CD4 count machines prompting the individuals to travel long distances to seek for such services. Although ARV site centres have been decentralized and people can collect their medication within their communities, most health facilities are not easily accessible due to distances. Further to that, there was limited evidence based advocacy at community level on access to SRH and HIV resources and services.
Project activities List the activity and the number of people who participated. For example, training courses on SRI farming and provision of rice seeds; or three workshops on HIV and AIDS prevention for 300 people.	*Two day training on community monitoring, communication and advocacy for CSOs -20 people *Media advocacy workshop- 25 people *Exchange Visit for CSOs and district committees- 80 people *Parliamentary Portfolio Committee on Health meetings - 5 CSOs representatives *CWGH National Annual Conference- 134 people, 4 CSOs representatives * *Post budget meeting – 1 CSO representative *Media a**d**vocacy review meeting- 25 people

Project outputs What tools and materials were utilised — buffalos, health kits or timber? Outputs should be different to activities and not repeat information. For example, 300 HIV booklets and 100 posters distributed, plus 5 blood testing kits provided.	The following Information Education and Communication (IEC) materials were produced and utilized during the project to disseminate information to our target group and for visibility purposes. -1 banner was produced -50 T-Shirts produced and distributed -150 caps produced and distributed -30 folders produced for the media advocacy workshop -100 posters produced and distributed
Challenges Were there any challenges during the design, implementation or evaluation of the project?	CWGH's strengthening of CSOs project targets Oxfam partners who are already working SRH issues, therefore due to this effect it was rather a challenge to plan and conduct activities as partners would be committed in their own programmes.
What changes, impacts or outcomes were created as a result of the project? You can include an "I story" on the side with a picture**.** For example, rice yields are now 3000kg, there are no food shortages and people have money for school. Also consider if there were any unexpected outcomes.	The programmes brought significant changes in the in work of partners and the communities they work with. Through the strengthening of CSOs on community monitoring, communication and advocacy, partners have been able to identify relevant stakeholders and structures to best engage in their advocacy work to improve access to SRH and HIV resources and services. Sessions conducted by YTT on the patients' charter in ward 10 and 19 of Matobo district with more than 200 young mothers managed to equip these young mothers with skills to demand their rights on access to SRH services and resources. This has led to the improvement of SRH services in these areas evidenced by the improvement in availability of family planning services which were a challenge in the past. YTT has also been able to train some of the mentors in their project as community based monitors to monitor

	and gather information on access to SRH services for advocacy to help improve service delivery. HOCIC`s engagement with the community on problems affecting their health such as the lack of a clinic in the area led to the community lobbying authorities on the need to construct a clinic in ward 1. Households have since contributed $5.00 each towards the building of the clinic. The clinic foundation has been dug as a result of these contributions. Community members are also providing labour which includes water and sand collection and clearing of land. The initiative to construct a clinic in the areas come after the realisation that access to health services was a challenge as people had to travel to Bulawayo for basic health services.

Below: *Participants pose for a photo during a tour at Chiwundura clinic.*

VHWs going through gallery of photos displayed on the wall at Chiwundura clinic

2. Self-help groups change lives in Umguza

My name is Sibongile Siziba, a SRP officer with Hope for a Child in Christ (HOCIC), an organisation founded in 1995 to coordinate the implementation of HIV and AIDS mitigation, advocacy, and prevention, care and support programmes across its growing membership in Bulawayo, Insiza, Gwanda and Umguza districts. Under the Securing Rights programme, HOCIC is implementing a project focusing on empowering communities to establish women self-help groups. The groups help women to discuss and share information on SRH and HIV related issues for the improvement of health seeking behaviours.

CWGH`s community monitoring, communication and advocacy trainings equipped us with skills to train the self-help groups on advocacy and how to best engage local leadership on issues affecting them. As a result, HOCIC has managed to introduce the advocacy programme in ward 1 and 8 of Umguza district in Matabeleland North. Trained members were equipped with skills to gather information on access to health services and to engage leadership on issues affecting them in their communities given the context of their area. The area is peri-urban, with low infrastructural development and no clinic, making it difficult for pregnant women to access health care services. The majority of them to travel to Bulawayo city to access health services, however, this poses a challenge to many because most of them cannot afford the transport fares and high user fees charged in the city.

This problem was highlighted to the local leadership and a resolution to construct a clinic in the ward was adopted. This resolution had a buy-in from the community with villagers committing to participate and make contributions in form of cash, labour and

provision of bricks, sand and water. The self-help groups also managed to engage the local business community and well-wishers for assistance with other materials.

The continued support from CWGH, especially the Chiwundura exchange visit, helped us, as HOCIC, to learn more on community engagement, promoting community participation and leadership support. However, we faced challenges in lack of buy-in from some community leaders as they do not have collective responsibility towards improving health systems in their community. With this, we have learnt that advocacy is not a one day initiative but requires constant revision and monitoring so as to achieve the intended goal.

NAC official facilitating a session on the 90:90:90 Campaign at a Media Advocacy workshop at Wozani Lodge Bulawayo in July 2015

Journalists discussing the role of the media in improving access to SRH resources and services

What does the future holds?

The project will continue to promote community involvement in advocacy, demand creation and service provision through capacitating targeted SRP partners. Through the project, evidence will be collected and used to advocate to policy makers for universal access to SRH services; removal of financial obstacles (such as transport, user fees) to HIV Testing and Counselling (HTC), PMTCT and treatment services as well as the enforcement of national legislation protecting girls and women from violence.

The organisation will hold public dialogue meetings on SRH. These dialogues will provide an opportunity for CSOs to engage different stakeholders and communities to discuss various SRH issues, challenges faced on access to services and resources. Dialogue meetings will help come up with clearly defined community roles in monitoring of SRH resources and services and how they can best engage policy makers for the provision of resources for health.

CWGH will continue support CSOs in the advocacy work in gathering information on health services, documentation and development of position papers. Through the spaces the organization occupies, CSOs will be provided an opportunity to attend national and international platforms for health to enable them to table issues they gather at community level.

The organisation will continue to work with the media in its advocacy work for positive reporting on health related stories. This also includes the revitalization of health desks in all media houses for easy reporting on health issues. Further to that, there is need to invest more resources on media engagement especially editors so that they also prioritise health stories and engage colleges that train journalists to include health reporting in the curriculums to ensure future positive reporting on health. Media plays important role in advocacy work, hence the need for CSOs to fully engage and utilize it in raising awareness and advocating for the improvement of SRH services and resources.

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