

# COMMUNITY WORKING GROUP ON HEALTH

PVO 01/2014

**2020-2025 STRATEGIC PLAN** 

Harare 16 - 18 June 2020

Facilitated by Capacity Consultancy with support from OSISA and FOS









The Strategic Plan was done in the midst of the COVID-19 response with adherence to lockdown measures such as wearing of face masks, temperature screening and social distancing.

# **CONTENTS PAGE**

1.	Corporate Strategy of CWGH	Page 2
2.	History and Constitutional Mandate	Page 3
3.	Core Competencies	Page 5
4.	Key Stakeholders	Page 6
5.	Major Milestones	Page 7
6.	Future Directions - CWGH Objectives 2020-2025	Page 9



# 1. CWGH Corporate Strategy

#### **CWGH VISION:**

A society in which Health Rights and equitable Health Services are realised

#### **MISSION STATEMENT:**

To enhance community participation in health through advocacy, networking, digitalisation, research and development

#### **CORE VALUES**

## a) Accountability:

Being answerable to our beneficiaries, donors, other stakeholders and our structures

### b) Integrity:

Being truthful, reliable, honest with good social standing

#### c) Teamwork:

Ability to work together towards the same goal regardless of personal differences (Cooperation and Collaboration)

## d) Non partisan:

Not aligning ourselves to any political party

## d) Diversity:

Acceptance and respect of individual differences and uniqueness

#### d) Environment Conscious:

Uphold environmental protection

#### **OUR GOAL**

www.cwgh.co.zw

Organised and health literate communities that are able to claim their rights



# 2 History and Constitutional Mandate

## 2.1. History of CWGH

In 1997 several national civic organisations came together to review the current state of affairs in the health sector and look at ways in which communities could achieve greater control on their own health. A research was carried out in 1997 on communities and civic organisations perceptions of health and health services in Zimbabwe. The survey brought up concerns about the inadequacy of public funds for health, the declining quality of public health services, the negative attitudes of providers and the weakness of current mechanisms for expressing community participation in health. After the finalisation of the Survey Report in January 1998, the participating civic groups met to review the outcomes, examine the health and health care priorities and strategies for implementing these priorities, where they decided to form a network organisation called the Community Working Group on Health (CWGH), with a responsibility to add weight to their input in health policy negotiations and maximise the effect of their joint actions in the health sector.

After the establishment of the CWGH, it started working on a number of programs which includes: establishing local CWGH fora at district level, advocating for the establishment of health center committees and district health boards that involve local councilors, civic groups and all health providers to enable participation and effective links between people and health providers, advocating for hospital advisory boards to include civic organizations, particularly those that represent hospital users, seeking to strengthen informed civic representation in national health planning, in the public health advisory board and through a working relationship with the Parliamentary Portfolio Committee on Health. The CWGH has disseminated information and made inputs on a number of specific issues. It also co-operates with the Ministry of Health and Child Care in the review of information, and promotion of strategies around a number of issues, including formulation of new laws relating to health services and participating in the national budget process. The latter is a major and ongoing area of concern to the CWGH.





#### 2.2. CWGH Constitutional Mandate

The Community Working Group on Health (CWGH) is constituted by its member organisations and has the legal status of a Private Voluntary Organisation (PVO) and a legal personality separate from its members.

Subject to CWGH Constitution, the aims and objectives of CWGH are:

- a) To develop collective positions on policy and other issues on health
- b) To raise community concerns, issues and positions with health care providers at local and central level
- c) To facilitate dialogue with health worker organisations to resolve issues of common concern
- d) To identify areas for and ensure provision of information and education to community/ civic organisations and their members.
- e) To carry out health promoting activities within communities

- f) To make inputs of community perspectives, positions and experiences to statutory Health structures at national level, including commissions of inquiry and healthy boards and other such structures and to influence law reform on health in the country.
- g) To create and promote cooperation with other civic organisations on health locally, nationally, regionally and internationally.
- h) To share civic group experiences issues and views on health in Zimbabwe
- i) To obtain and share information on current developments within health and health care
- k) To stimulate the formation of local structures for civic participation in health and support informed community participation in local health structures



# **3** Core Competencies

- **Own property** have stability, guaranteed space for operation with or without funding
- **Skilled personnel** mix of experienced and skilled staff with young, energetic and ambitious team
- Institutional relationship with partner Ministries and other stakeholders
- Competent Governance structure executive, board and management
- Institutional memory through long serving staff, executive members and district members
- **Strong and vibrant network** District Health Forums and Network Members, Regional partners - EQUINET, PHM, MMI, PHC SG, GFAN and UHC2030
- Active participation in platforms of interest Maternal and Perinatal Death Surveillance Response Committee, Health Development Fund, NANGO etc

Core **Competencies** 













5

# 4 Key Stakeholders

Our key stakeholders include:

- Donors
- ZINA
- TARSC
- EQUINET
- Ministry of Education
- Ministry of Home Affairs
- Ministry of Labour And Social Welfare
- STAFF
- GFF, UNICEF, GLOBAL FUND, WHO
- MoHCC
- Beneficiaries
- Network Members
- NANGO
- Parliament
- Ministry of Youth and Ministry of Gender and Women Affairs
- Ministry of Local Government
- Artistes
- Chapter 12 Organisations
- Global and Regional Boards

# **5** Major Milestones

### 5.1. Community Engagement

- Managed to build and maintain structures at grassroots level
- Community Cadres are being recognized and used as resource people
- Community involvement in the Local and National Processes
- Managed to capacitate communities to mobilise resources at community level
- Managed to increase Community Participation at local, regional, national and international levels
- Successfully involving men as agents of change in health programmes
- Involving community leadership to participate in meetings and activities
- Involving parents and guardians in SRHR programmes
- Established exchange visits that have promoted learning

# **5.2. Knowledge Production**

- Produced Health Literacy Manual and Health Centre Committee
  Manual (added new information on maternal health)
- Reviewed Peer education manual
- Carried out a number of assessments and studies e.g. EU (Barrier analysis, Social Accountability) and Amplify Change assessment

- on challenges faced by young people in accessing SRHR service
- Have written and shared a number of Opeds
- Increased use of Website and social media platforms, Posters, pamphlets
- Participated in the distribution of the Patients charter and developed abridged versions for display
- Produced Documentaries that have been shared widely

## 5.3. Policy Engagement

- Successfully hosting National advocacy meetings
- Advocated for the new Public Health Act
- Recognition of the HCC as a legal entity
- Advocated for the right to health in the constitution
- Advocating for the progressive realisation of the Abuja declaration
- Advocated for the subsidy on blood and blood products

### 5.4. Research Development

- Research on barriers and facilitators to accessing SRH services with RTI
- PAR online





## 5.5. Capacity Building

- Trained a critical mass of community volunteers e.g. Community monitors, HLFs, peer educators, Male as agents of change, farm workers
- Training of HCCs in more than 20 districts
- Training of communities in health related issues
- Trained media in media advocacy and positive health reporting
- Training of CSOs in social accountability and monitoring
- Training of VHWs
- Training of staff e.g social accountability, advocacy, PSS

# 5.6. Monitoring and Evaluation

- Developed Monitoring and Evaluation framework
- Developed Monitoring and Evaluation tools

#### 5.7. Resource Mobilization

 Donor base widened as we have received funding from major partners such as EU, DFID, UNICEF



# 6 Future Direction - CWGH Objectives 2020 -2025

### 6.1. Funding

- To establish sustainable funding mechanisms through research, proposal writing and consultancy work
- To fully utilize networks in collaborative funding efforts

#### 6.2. Beneficiaries

- To identify areas for and ensure provision of information and education to community/ civic organizations and their members:
- To raise community concerns issues and positions with health care providers and duty bearers at local and national level
- To carry out health promoting activities within communities
- To impact the health outcomes of beneficiaries through increased health literacy and improved health seeking behaviours
- To develop beneficiary centric programmes/projects/interventions

### 6.3. Operational Excellence

 Popularize policies among staff through induction and regular review

- Total compliance on government regulations, applicable Acts, planned and approved CWGH policies and procedure and activities or plans
- Digitalization of CWGH
- Carry out compliance reviews of policies and procedures yearly

## 6.4. Employees

 To have a motivated, well remunerated, skilled and competent staff that promote the organization's vision, mission and core values and meet CWGH objectives and targets

# 6.5. Partnership and Collaborations

- To create and promote cooperation with other civic organizations on health locally, nationally, regionally and internationally.
- Strengthen existing partnerships and collaborative efforts

#### 6.6. Advocacy

 To facilitate change and the development of new areas of policy in order to tackle unmet health needs and deal with emerging health challenges in communities









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