



PVO 01/2014

COMMUNITY WORKING GROUP ON HEALTH

2022 ANNUAL REPORT



*Health is your Right
and Responsibility*





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
- e) Diversity:** Acceptance and respect of individual differences and uniqueness
- f) Environment Conscious:** Uphold environmental protection

GOAL

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

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1.

Introduction to CWGH

HEALTH has long been one of the most important social concerns of Zimbabwean people.

Major gains were achieved in the 1980s through joint and complimentary action between the health sector and communities. However, the combined impact of AIDS, structural adjustment, and real reductions in the health budget and in household incomes, has reversed many of these gains. The quality of health care has declined, and health workers and their clients have become demoralized. Communities have had to take on more and more responsibility for looking after the ill, by providing home-based care, paying for their health care and dealing with their health problems. But despite this critical involvement, they have been little more than passive observers of changes to the health system itself.

By the late 1990s a wave of strikes amongst health workers signalled that health workers were also not happy with the situation. While a lot of attention was given to the strikes by doctors and nurses, those working at clinic level and in communities also lost wellbeing and morale. As 2000 approached, "health for all" seemed like an empty promise. As a result of this situation several national civic organizations, came together in 1997 to review the current state of affairs in the health

sector and look at ways in which communities could achieve greater control of their own health.

The first step was to carry out research on communities' and civic organizations' perceptions of health and health services in Zimbabwe. This was done in 1997. 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 weaknesses of current mechanisms for expressing community participation in health. After the finalization of the Survey Report in January 1998, a meeting of constituent organizations was held to review the outcomes; examine the health, and health care, priorities they implied; and suggest strategies for implementing these priorities. The participating civic groups decided to form a network of organizations called the Community Working Group on Health (CWGH), with a responsibility to add weight to their input in health policy negotiations and maximize the effect of their joint actions in the health sector. In March 1998 they came together and discussed the feedback they had received. The CWGH members invited the associations of health professionals and representatives of government, churches, the private sector, NGOs and traditional health providers in order to identify conflict or consensus over community views and strategies. The result was a final report and Community Views on Strategies for health in Zimbabwe, which summarized the perspectives and experiences of CWGH and communities organizing for health in Zimbabwe.

After the establishment of the CWGH, it started working on a number of programs including establishing local CWGH fora at district level. These fora comprise representatives of all civic groups in the local authority area and in the immediate surrounding peri-urban, rural and urban areas. They have an elected committee comprising a chair, vice chair, secretary and three committee members from among the local civil society groups. These local CWGH fora co-ordinate local activities including education and health action, and link civil society groups with all health providers (public, private, traditional, NGO) and local authorities on health issues. They inform their members of national and local CWGH activities, policies and issues; promote health actions within their organizations and area; and take up health issues raised by communities with health providers.

The CWGH also advocates for the establishment of health centre committees and district health boards that involve local councillors, civic groups and health providers to enable participation and effective links between members of the public and health providers. It advocates for hospital advisory boards to include civil society organizations, particularly those that represent hospital users. This enables civil society participation in the planning and implementation of health activities in a more substantive manner, including in respect of CWGH activities.

CWGH is a registered PVO - No.01/2014

2. | Governance and Policy

The 40 national, civil society and community based organizations that make up the CWGH constitute the 'national membership' of the CWGH. Each organization nominates a person to represent them in CWGH through their governing bodies. They come together at the Annual General Meeting (AGM) where they elect an executive committee. The AGM brings members to discuss politics of the CWGH and plan future work.

The CWGH also has a Board of Trustees nominated by

the membership. The Executive is the Management Committee of the CWGH and makes decisions on the policies and programmes of the organization. The Board of Trustees oversees the policy formulation to make sure that what is done is in line with the aims and objectives of the organization.

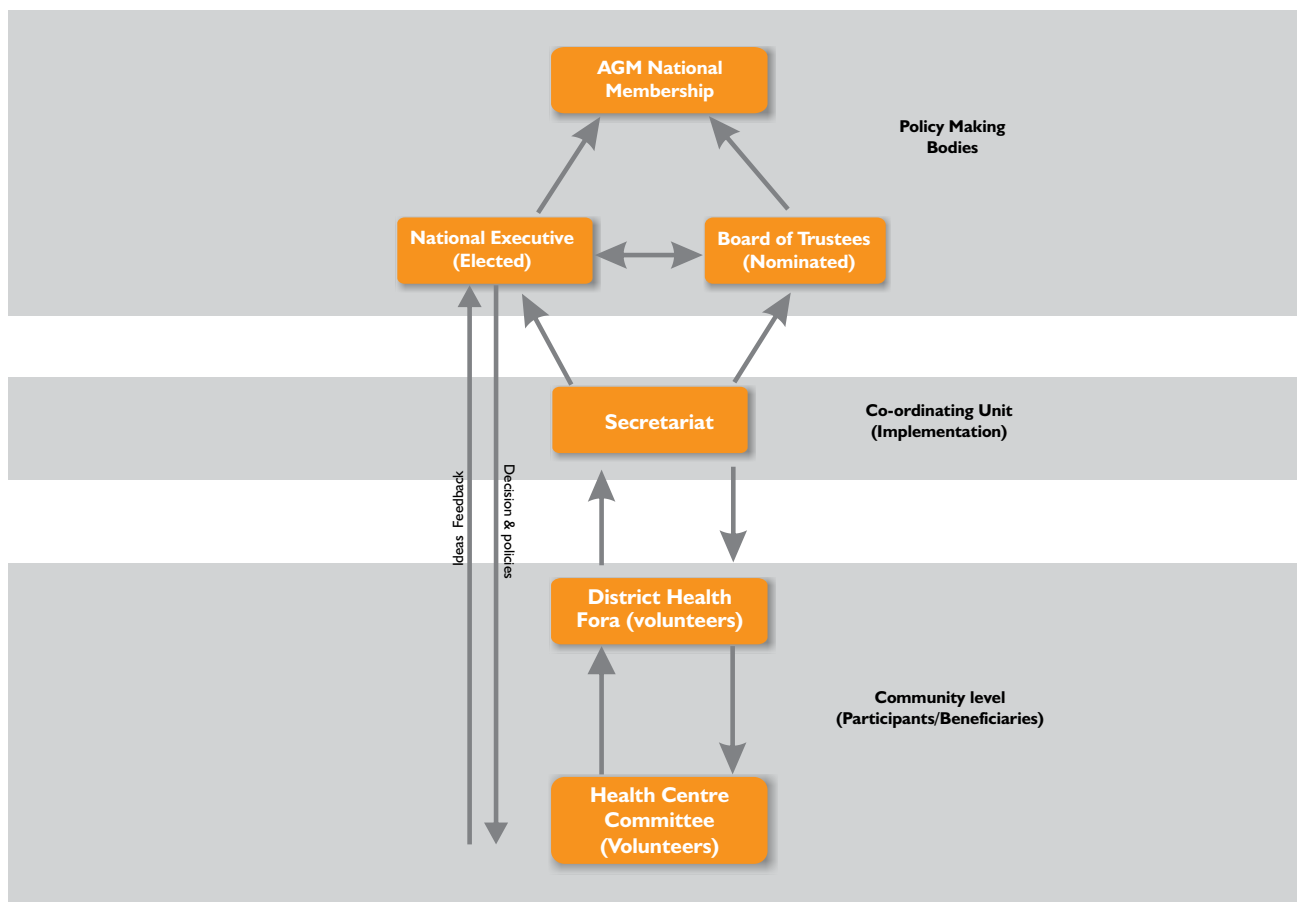
The secretariat is responsible for coordinating and implementing the CWGH programmes in all its districts. The secretariat has full-time staff that provides training, gives logistic support to local activities, and manages the resources to support the programmes. The secretariat reports to the membership through the Executive Committee.

There are also district committees (volunteers) which are made up of a chair, vice chair, secretary and four other committee members chosen from among the local civic groups. The committee is responsible for coordinating local activities, and coordinating with all civic groups, local government leaders and health providers on health issues in their area through joint meetings. The communities update the CWGH secretariat on the steps taken for action on a regular basis. Health centre committees work with the CWGH and help people in the area identify and act on their priority health issues.



CWGH Executive Chairperson Maria Chiwera (extreme left) and CWGH Vice Board Chairperson Maria Savanhu (extreme right) sharing a lighter moment with Village Health Workers from Mashonaland East province at the PHC4UHC stakeholders meeting in Harare

3. | Organisational Structure



1 Board of Trustees

Dr Dickson Dick Chifamba	Chairperson
Sr. Maria Magdalena Savanhu	Vice Chairperson
Mr Shepherd Shamu	Health Economist
Dr Portia Manangazira	Public Health Specialist
Mr Norbert Dube	Civil Society Activist
Hon Rogers Matsikidze	Legal Advisor
Mr Farai Edwin Chitsa	Human Resource Specialist

2 The Executive Members

Mrs Maria Masunda-Chiwera	Chairperson (Women Action Group-WAG)
Mr Denford Vambe	Committee Member (Mutare Residents and Ratepayers Association (MRRA))
Mrs Entrance Takaidza	Committee Member (Zimbabwe Human Rights Association-ZimRights)
Mrs Anna-Collator Penduka	Committee Member (Women and AIDS Support Network-WASN)
Mr Thomas Chikumbirike	Committee Member (Counselling Services Unit-CSU)
Mr Shadreck Tondori	Committee Member (Zimbabwe Homeless People’s Federation-ZHPF)
Mrs Otilia Tasikani	Committee Member (Zimbabwe Network of HIV Positive Women-ZNHW+)

4.

Staff and Interns



Itai Josh Rusike
Executive Director



Nonjabulo Mahlangu
Team Leader



Moreblessing Chibaya
Finance Officer



Edgar Mutasa
Health Literacy Officer



Caiphaz Chimhete
Information and Communications
Officer



Tafadzwanashe Nkrumah
Programme Officer



Mandy Mathias
Programme Officer



Sandra Machingauta
Office Assistant



Tjedu Moyo
Assistant Program Officer



Tedious Tembo
Maintenance Officer

5.

Foreword: Board of Trustees Chairperson

For the past two decades, the country's health sector has been declining sharply, impacting negatively on the health conditions of ordinary citizens, particularly the poor and the vulnerable members of the society.

It has suffered from years of underfunding and investments, with public health spending accounting for a relatively small proportion of the total national cake. For instance, health sector allocation stood at 10.6% in 2022 down from 13% the previous year even though health challenges, which needed more for funding, have continued to mount. Predictably, the poor funding and investment has resulted in shortages of medicines and sundries in the country's health facilities, even at central hospitals. Health workers including critical staff such as doctors and nurses are leaving the country in droves for greener pastures to countries such as the United Kingdom, Australia and to some countries in the region citing depressing and unsustainable salaries, deteriorating working conditions and lack of tools of trade.

The mounting challenges have left many people starkly exposed to severe health risks and failing to enjoy their Right to Health as enshrined in the



Dr Dickson Dick Chifamba

country's Constitution. Many people are dying from avoidable and preventable diseases due to a number of challenges affecting our public health delivery services.

The health challenges have been worsened by the COVID-19 pandemic which continues to claim lives in the country. Reports of increased deaths in countries such as China and USA also an issue of major concern as this has serious ramifications on the local health system. As such, I continue to urge people to mask-up, practice high personal hygiene and physical distance to protect against the deadly disease. COVID-19 is not over; it is still with us.

I am happy to say in line with requirements for good corporate governance, CWGH this year came up with a number of in-houses guidelines and policies that are unquestionable yardsticks of transparency and integrity. Among the policies that we updated are the Child Protection and Safeguarding Policy; CWGH Code of Conduct; Financial Management Policy; the Human Resources Guidelines and Policies as well as the CWGH Whistle Blowing Policy.

I am also delighted that as CWGH, we have managed to pull through and registered remarkable operational successes in a number of areas during the year under review. It is undisputable that we are the champions in advancing the Right to Health in Zimbabwe through vibrant community participation and advocacy to ensure policy change for the benefit of the ordinary citizens. We have continued to advocate for the concept of primary health care as the pillar to achieving UHC.

As CWGH, we continue to strive for excellence even under the most difficult circumstances. It is with this never-die-spirit that see 2023 a better year for the organization as we continue to work as a family unity.

I pray for brighter and more prosperous years to come.

6.

Executive Committee Chairperson's Remarks

THE current massive decline in the public health sector is a major crisis for Zimbabweans, especially for the vulnerable groups. It left many people starkly exposed to severe health risks and failing to enjoy their Right to Health as enshrined in the country's Constitution.

Presently, health facilities are short-staffed as personnel leave the country in droves for greener pastures: there are no enough drugs, equipment and sundries, working conditions are no longer conducive while the infrastructure has total collapsed.

This has been worsened by the COVID-19 pandemic which continues to afflict the country. The relaxation of the COVID-19 restrictions have resulted complacency and general poor adherence to the public health preventive measures and we would like to continue encouraging Zimbabweans to get vaccinated as our vaccination rates are still very low.

I am however delighted that as CWGH, we have managed to pull through and registered outstanding successes in a number of areas during the year under review. We also continue to advocate for better pay and working conditions for Community Health Workers (CHWs) who remain key in advancing the country's efforts



Mrs. Maria Masunda-Chiwera

toward UHC. It should be noted that CHWs played an integral role in informing communities of the integrated vaccination of measles, Vitamin A and COVID-19, thereby preventing avoidable illnesses or deaths in our communities.

It is important to acknowledge the role of CHWs in advancing PHC in the communities and continue advocating for their welfare so that they are fully recognized and well remunerated for all the hard work they put in in ensuring that communities have access to health and the right to health as enshrined in the Constitution.

As the COVID-19 restrictions eased during the year, we resumed our face-to-face engagements and workshops by hosting bigger meetings such as the Pre-Dialogue Meeting on Health Financing for CSOs, Parliament and the Media in partnership with the Parliament of Zimbabwe and Zimbabwe Union of Journalist (ZUJ) with support from the Global Fund and SADC. The meeting was a huge success and was attended by about 12 Members of Parliament.

CWGH also convened the National Stakeholders Meeting on PHC for UHC and SDGs in partnership with the Primary Health Care Initiative with discussions on the Pre-Budget Input Position Paper (Community Views) and the Primary Health Care Policy Brief. A lot of media coverage was received on our budget advocacy. We acknowledge that the 2023 National Budget partly took into consideration concerns raised by communities but the health budget allocation failed to reach the 15% Abuja target as per national expectations. The CWGH hosted UHC Day Commemorations on 12 December in Bulawayo in partnership with the Bulawayo City Health Department.

We were however, once again, not able to bring our members physically to the 2022 AGM because of the resource constraints. We however managed to conduct the election of Executive Committee Members even if majority of our members attended virtually as it was important to get a fresh mandate from the membership as per our tradition.

On another positive note, the CWGH Executive Director continued to shine by being recognized regionally and internationally through his appointment to the various boards, thereby raising the CWGH brand and Zimbabwean flag high.

I believe 2023 will be a better year for the organization if we continue to work as a team. I wish the CWGH family a bright future.

May God Bless our beloved CWGH.



Delegates from SADC, Global Fund and MPs from Parliament of Zimbabwe at the Pre-Dialogue meeting on National Health Financing in Harare held in partnership with CWGH, GF, SADC, ZUJ and Parliament of Zimbabwe

7.

Letter from the Executive Director

Zimbabwe's health sector continues to be in the doldrums due to a plethora of challenges. The weak health delivery system characterized by antiquated laboratory equipment; shortages of medicines, test kits and protective gear; de-motivated health staff, regular power outages at health institutions and ports of entry and the scant information available on public spaces about the disease.

Zimbabwe is currently grappling with a massive health worker exodus due to low remuneration and the poor working conditions in the hospitals among other health system challenges. The once well-performing and envied health system is visibly failing to serve the needs of the citizens, as evidenced by closure of clinics and significant reduction in services offered at hospitals across the levels. Some central hospitals statistics now resemble district or lower level facilities at a time when the need for health services has increased due to huge disease burden and population increase.

We would therefore expect expansion of existing facilities as well as construction of new ones to show the increased need, rather than the contraction we see. This obtaining situation is now in contradiction to the



Itai Josh Rusike

national Constitution, (2013) which gives the citizens the right to health and health care services, the National Development Strategy (NDS) and National Health Strategy (NHS) goals of providing the highest quality of health for all Zimbabweans, and of achieving an upper middle-income economy by 2030.

The CWGH in collaboration with the Primary Health Care Performance Initiative (PHCPI) embarked on a six-month project on the initial bold steps to stimulate the revitalization of PHC implementation in Zimbabwe for her achievement of Universal Health Coverage (UHC) and the Sustainable Development Goals (SDGs). The project seeks to revitalize the implementation of PHC in Zimbabwe, basing on the successes of the past --*National Health Strategy 1997-2007, An Assessment of PHC in Zimbabwe 2009, From the Ground Up – The Social Accountability Imperative for an Equitable PHC System in Zimbabwe, 2020* -- among other measures that demonstrated the country to have developed the best health care system on the continent in the yester year.

The focus of this work was on highlighting the importance of health governance, health leadership, access and availability of health services for the achievement of UHC to enable the country to reach its national development goals enshrined in the Constitution, the NDS, the NHS as well as the SDGs. This will contribute to stimulating the implementation and monitoring of national progress towards the ambitious 2030 targets, while revitalizing the fragile health service.

PHC is a people-centered comprehensive approach that aims to increase access and availability of care in addition to supporting community participation in the health system. In the past years, Zimbabwe's health system has continuously been exposed to many vulnerabilities which worsened during the COVID-19 pandemic. There has been continuing collapse exacerbated by the mass outward migration of health workers from the health institutions and health system, leaving a huge unmet need for health services countrywide.

The CWGH believes that Zimbabwe if assisted can bounce back to be the strong and resilient health system it once was, providing that the national commitment is made to lay a firm foundation through implementing PHC for UHC for the achievement of SDGs by 2030. This project therefore seeks to revitalize the implementation of PHC through engaging with the management and various other players in the health sector, the policy makers and communities, and, creating a policy dialogue on health, PHC and health financing.

The above-mentioned project intends to acknowledge the strengths of people, systems and country, and will therefore stimulate the revitalization of the PHC in Zimbabwe, basing on the successes of the past. We will identify and build up from what worked and learn from what went wrong and thus contribute to monitoring national progress towards the ambitious 2030 targets, while revitalizing the fragile health service.

In our Annual Report 2022, we invite you to read and follow our progress in implementing our advocacy and community work.

Itai Rusike, CWGH Executive Director

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8.

Information & Communication: Advocating for Health Equity



Background

The Information and Communications department spearheads the organization's internal and external communication to ensure that healthcare services are available, accessible and affordable to all citizens without facing financial hardships.

During the year under review, CWGH has been able to bring to the fore community voices and grievances, attracting the attention of policymakers, media, civic society organizations and the general public as a way of seeking solutions to the health challenges bedeviling the country.

Media advocacy has remained an integral part of the organization's work as the different media platforms are used to raise awareness on topical issues and also to push advocacy agendas. Media liaison to capture cases of human rights violation and positive experiences in realizing the right to health and to amplify community voice on rights demands are key aspects of the department's work. CWGH prepares policy inputs on health issues and carry out advocacy on emerging issues in communities regarding primary health care and management of resources to invest in the health sector, using direct engagement and media campaigns.

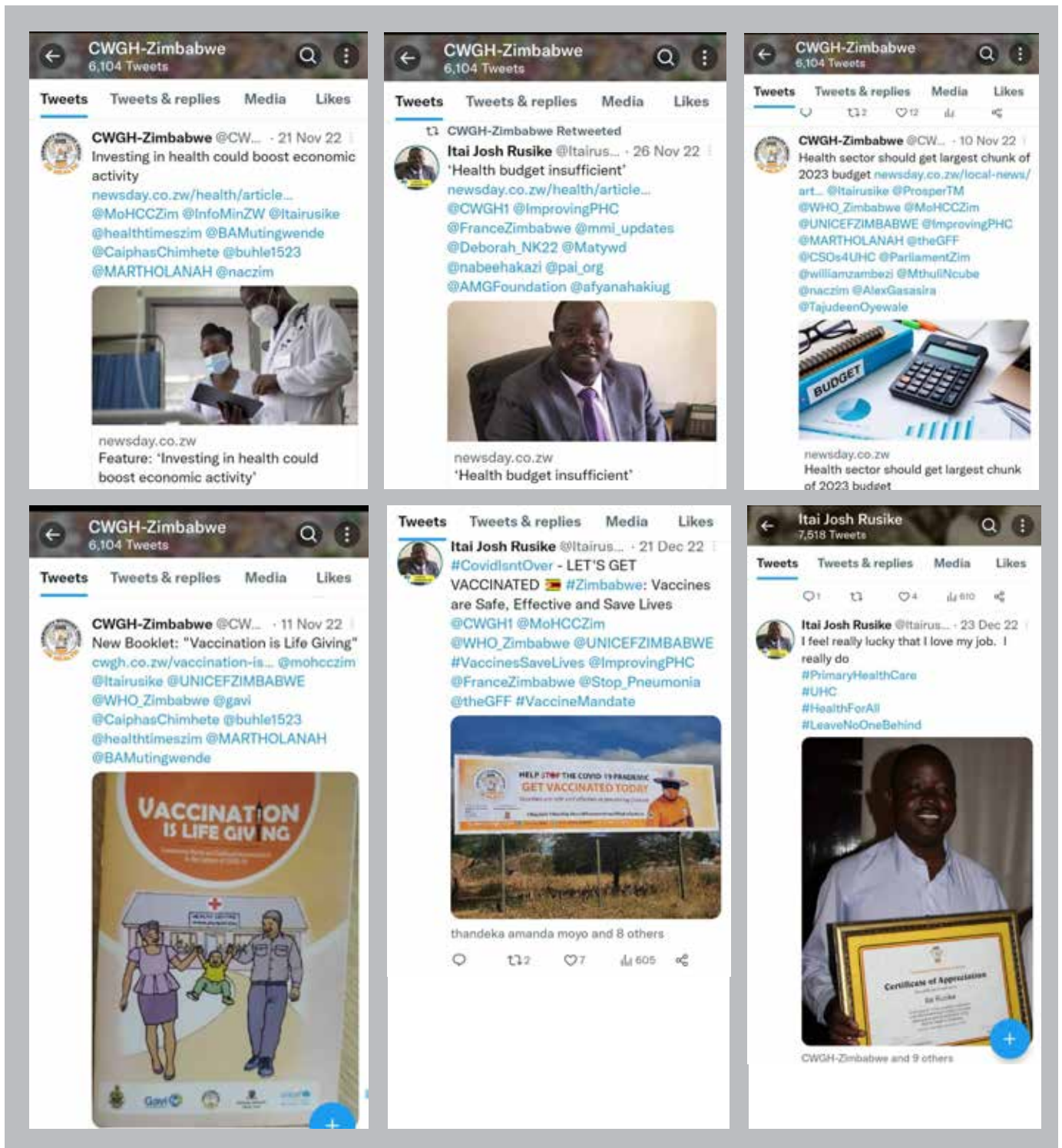
Social media

In line with modern trends, CWGH has mastered the art of using social media platforms such as WhatsApp groups, google groups, Zoom, skype and Microsoft teams and even its interactive website as part of its advocacy weaponry. It is so because on such platforms are now where most policy-makers, decision-makers and the general public spend their time analyzing latest events and forming opinions that will determine the decisions.



PHC Champion Senzeni Ncube, CITE Media, Bulawayo receiving a PHC Champion Award in the Media category

The organization now held fewer physical meetings in preference to virtual ones that are less costly and can include people from other regions without their physical presence to avoid the risks spreading COVID-19. For example, the 2022 CWGH Annual General Meeting (AGM) was successfully held through



the virtual platform. CWGH secretariat including the executive directive participated in several local and international meetings advocating for universal health coverage using the virtual platforms.

As part of advocacy, the department working closely with MoHCC embarked on an awareness raising campaign encouraging people, including members of the apostolic sects, to have their children vaccinated against diseases such as measles, polio and COVID-19.

Hundreds of T-shirts, *zambiyas* and face masks with messages encouraging communities to take their children to the nearest health facilities once they suspected that they might have contracted the diseases and as well as encouraging women to book their pregnancy early were printed and distributed.



Radio Skit and Public Service Announcements

The department also developed some skits and public service announcements (PSAs) on measles that were aired on two community radio stations namely Nyangani Community Radio Station and Diamond FM. The skits -- in Shona and English -- encouraged people, including members of religious sects, to get their children against measles which has killed many children in the country.

Several statements and articles were generated internally while others quoting CWGH Executive Director appeared in several newspapers, radio television and blogs highlighting challenges in the health sector as well as proffering possible solutions. Some of the issues highlighted included the outbreak of diseases such as measles, polio, shortages of health staff and medicines in health facilities, mass emigration of health workers, shortages of equipment and ambulances, strikes by health workers demanding living salaries and better working conditions among others.

Challenges and future plans

The absence of modern gadgets such as smartphones and cameras remains the major obstacle to modernizing the department to ensure that people get real-time news or activity updates. Plans are in place to make sure all staff members are familiar with new forms of social media to ensure effective and productive communication.

9.

CWGH Media Advocacy and Influencing Work





10.

Strengthening Social Accountability to create a Supportive and Responsive Friendly Environment for Women and Children in Manicaland Province

With support from



Background

CWGH with support from UNICEF implemented the project “Strengthening Social Accountability to create a supportive and responsive friendly environment for women and children in Manicaland province” aimed to exploring opportunities to use citizens to hold service providers accountable to deliver on existing state obligations to trigger improvement in quality of care from the beneficiary perspective.

The initiative was aimed at strengthening implementation of social accountability to create a supportive and responsive environment for women and children through defining the RMNCAHN standards to be disseminated to communities, building the capacity of community structures to represent women, girls and boys and empowerment of households to demand for improvements in health care services through community feedback mechanisms.

It was designed to strengthen the role of communities in the planning, monitoring, evaluation, and supervision of health services through using community scorecards that are integrated in the national health management information system.



ACTIVITIES IN 2022

Development of Social Accountability Toolkit and community RMNCH standards

CWGH designed a social accountability toolkit to strengthen health facility teams -- provincial, district and community level --; District Development Committees (DDCs), community leaders, civil society, CHWs and community structures to support community health and promote social accountability in line with the NCHS and NDS1.

The toolkit was reviewed by MoHCC at a workshop that also provided a platform to develop community RMNCH standards and review a proposed scorecard. CWGH with support from UZ

digitalized scorecard, tool used to monitor services, empower citizens, and improve the accountability of service providers.

Capacity Building of Community Cadres

The organisation trained 71 trainers from multi-sectoral teams that went on to capacitate 4 000 CHWs [VHWs, Health Centre Committee (HCCs) including members of VIDCOs and WADCOs] from the 7 districts of Manicaland province to facilitate community monitoring and action including enhancing dialogue of rights holders with duty bearers.

Emerging issues from the trainings were that there was limited participation of men in health issues was low both as consumers and as implementers; need for continuous capacitation of CHWs on COVID 19 issues to help dispel myths and misconceptions about the disease in communities.

It was noted that long distances to health facilities continue to contribute to negative MNCH outcomes and that need for continuous engagement with religious leaders to improve the uptake of MNCH services was also highlighted.

The trainings were done in collaboration with MOHCC and UZ-DCM-HITRAC. Nurses were included in the trainings to provide support to the CHWs in their areas.



Community health workers

Media Advocacy

Media is a powerful tool to reach the communities with topical health information. Some of the multimedia platforms that CWGH uses to disseminate health information included radio, television, social and print media.

Using messages that were developed jointly with and UNICEF and approved by the MoHCC, CWGH embarked on a multi-faceted media campaign that composed of printed T-shirts, posters, skits and PSAs that were aired on community radio stations. This was targeted at women and adolescents to increase demand for RMNCAH+N +HIV +NCD services.

Key messages included the need for communities to actively participate in community governance structures such as VIDCOs, WADCOs, HCCs and village assemblies. Communities were also encouraged to make sure that children are vaccinated against measles, polio and other diseases. CWGH developed some skits and PSA on measles that were aired on Nyangani and Diamond FM community radio stations. The skits encouraged people, including members of religious sects to get their children against measles that had killed many children in the province. Both the skits and the PSAs were aired in English and Shona, languages that are vastly spoken in the province.

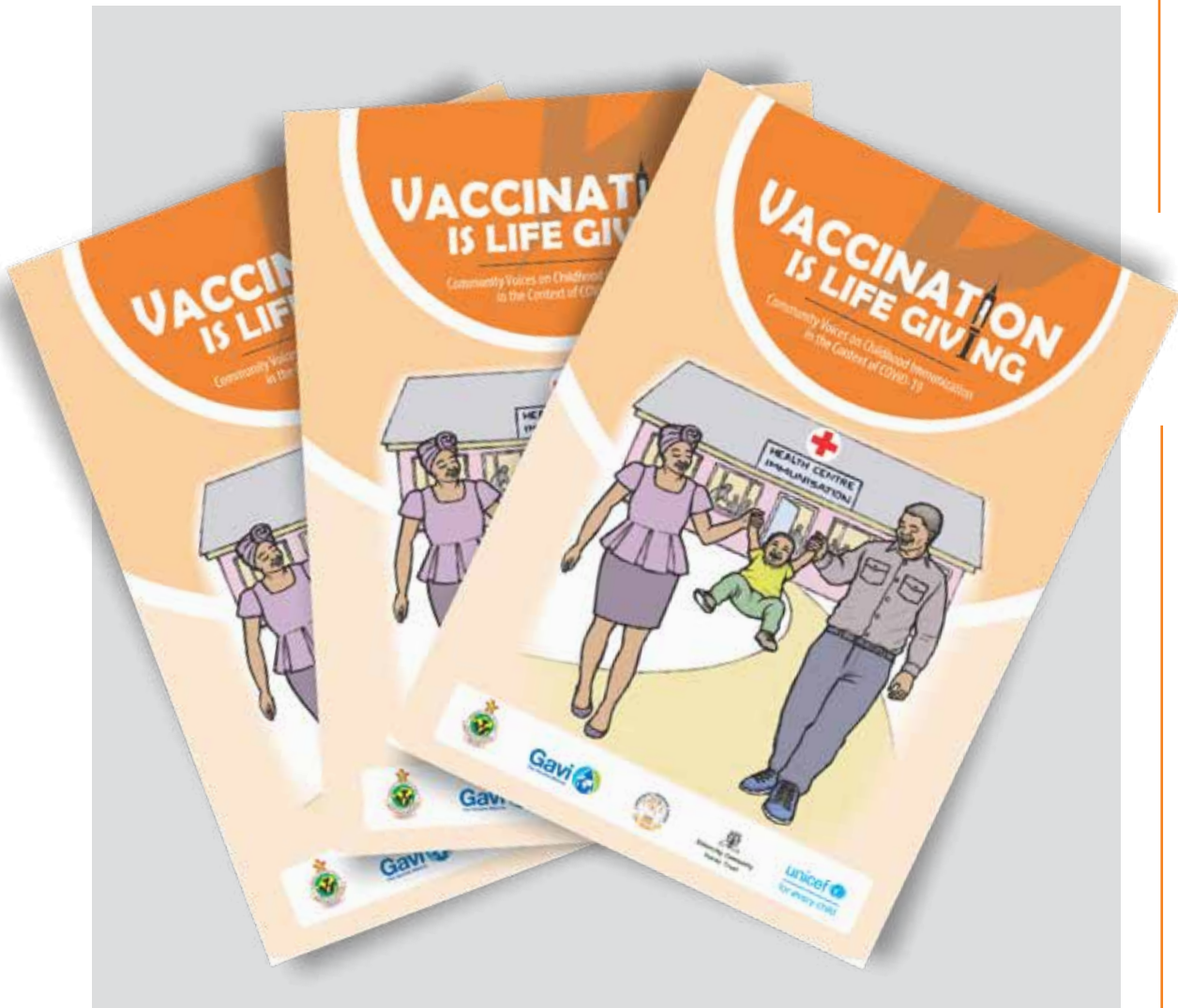
Many advocacy stories on measles and MNCH issues were published by different newspapers and online websites in which CWGH was quoted extensively.

Emerging issues

- i) More measles awareness campaigns are still needed in the provinces especially among the apostolic sects who are reluctant to take their children for immunization or vaccination
- ii) Some members of the apostolic sects, especially women, take their children to clinics at night for fear of victimization by church elders
- iii) There is still need for more information in the province on MNCH, measles, COVID-19 and other NCDS.

Documentation

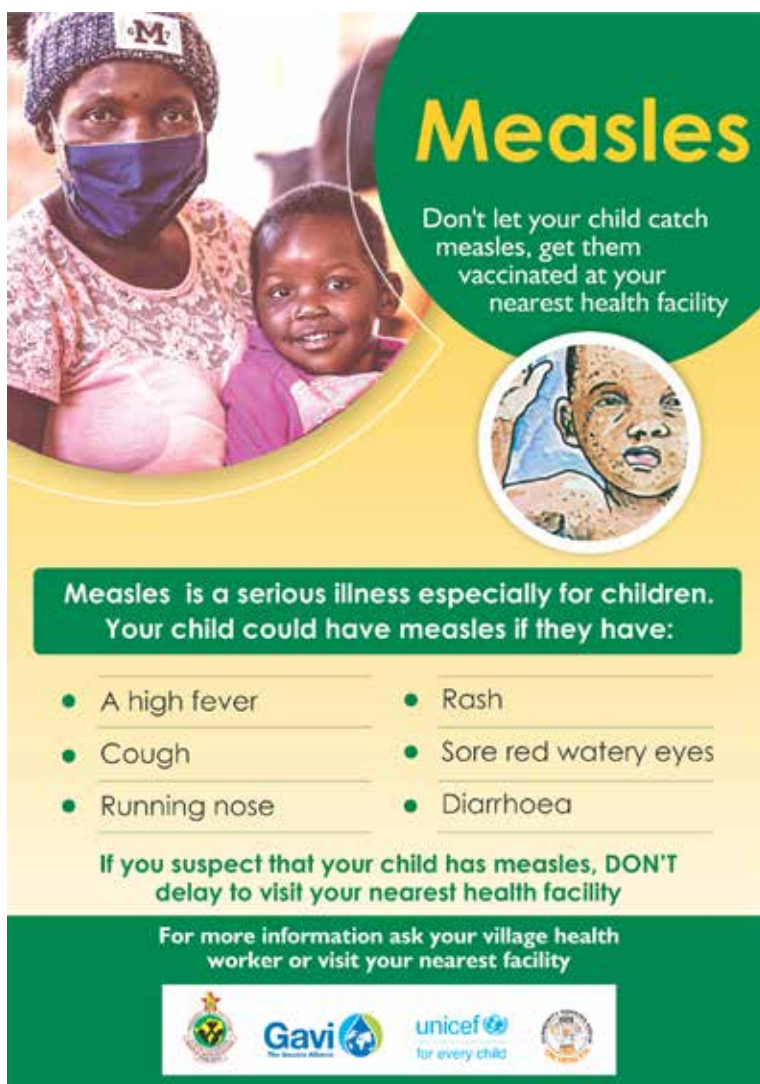
CWGH engaged a consultant Enhanced Children Voices Trust to develop story telling guidelines and conduct caregiver orientation sessions on story telling on caregiving practices and benefits of child immunization. A total of 140 participants were oriented on the communication package and skills to increase awareness on RMNCAHN standards and address hesitancy. The sessions culminated in the production of a story telling booklet detailing positive stories and benefits of immunization as well as vaccination. The booklet chronicles how some members of religious objectors are defying their beliefs to have their children immunized against measles that has killed nearly 1 000 people in Zimbabwe.



The booklet titled "VACCINATION IS LIFE GIVING: Community Voices on Childhood Immunization in the Context of COVID-19, encourages communities to get their children immunized, including those of the religious apostolic sects who discourage their followers from seeking medical services at health facilities. It also shares experiences of young women and girls on their vaccination of HPV2.

Information, Education and Communication Material

For visibility and advocacy purposes, CWGH printed posters and T-shirts with different messages on measles. The messages encouraged communities to take their children to the nearest health facilities once they suspected that they might have contracted the diseases and as well as encouraging women to book their pregnancy early. Some of the messages read: *“Book your Pregnancy at or before 12 weeks for Safe Motherhood”* and *“Vaccines are Safe for Children”*.



The organization also printed *Zambiyas* (wrapping cloths) for women bearing different informative messages on measles and immunization. Some of the *Zambiyas*, which were distributed in Mutasa district, had messages such as *“Prevent Child Illnesses: Get Your Child Vaccinated and Vaccines are Safe for Children”*. All the printed visibility and advocacy materials had CWGH, UNICEF and MoHCC logos on them.

Posters were also printed and distributed in the province

Future work

CWGH with support from MoHCC will continue to monitor and support trained CMs to monitor health services and ensure that community feedback meetings are held. Feedback meetings will target key stakeholders such as ZESA, Department of Public Works, the District Development Fund, local government and other CBOs. For provincial and national level action, the feedback is elevated from district level using the DHE and local government processes.

11.

Strengthening Voice and Accountability in CCM and Health Processes in Zimbabwe

With support from



Background

Civil Society Organisation (CSO) engagement is vital in any response to HIV/AIDS, TB and Malaria. Civil society, community voices and leadership in governance, implementation and oversight of Global Fund supported programs play a critical role in ensuring long lasting impact. In Zimbabwe, there are a number of coordinating bodies and mechanisms that have been set up to facilitate and coordinate community engagement in Global Fund processes. The Country Coordinating Mechanism (CCM) is one such body which is a mechanism for public-private partnership in the coordination of national disease programmes. Its members represent the interests of country-level stakeholders in the fight against HIV, TB and Malaria.

Glaring gaps have been observed in the CCM which include limited engagement among constituencies and absence of tools to monitor the engagement processes. The fight against HIV-AIDS, TB, Malaria and now COVID-19 cannot be effective if communities are left behind.



ACTIVITIES IMPLEMENTED

Mapping of CSO Constituencies

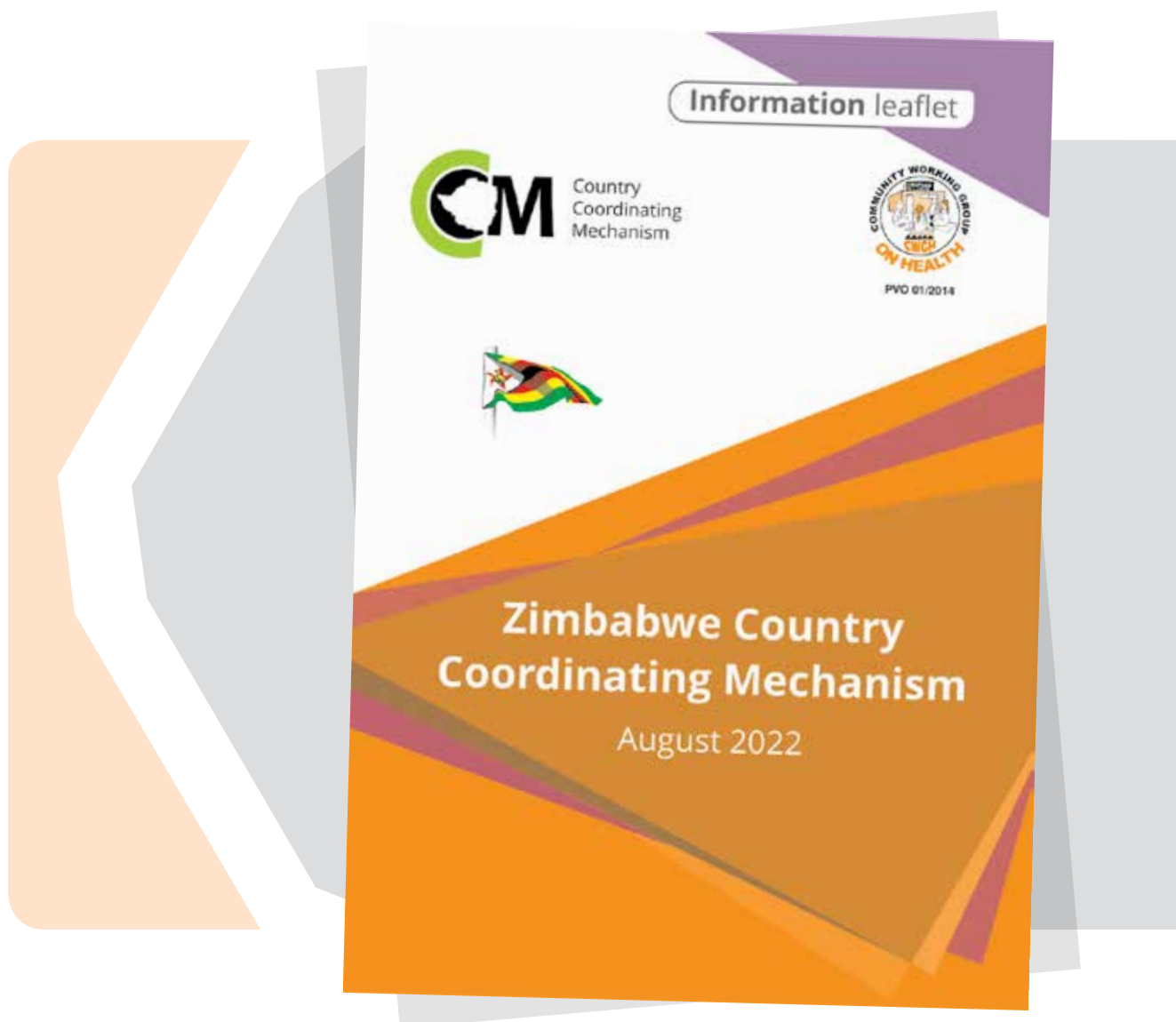
A mapping exercise was conducted to identify the current CSO constituencies including the active sectors and their representation. This process was supported by the CCCM members as well as the CCM secretariat and a database was produced showing all the current members and their representation. Gaps noted in the current membership included the limited inclusion of youth voices in the people living with HIV and AIDS sector and the fact that most constituencies are also not aware of the purpose of the CCM and as such are not participating effectively. Opportunities noted included the presence of GIZ as a partner that is currently conducting training of CSO members to be more active in the CCM process.

Evaluation of the CCM Process

Members of the CCM, CSOs and CBOs were interviewed using a questionnaire that sought to assess the effectiveness and visibility of the CCM with a view of also soliciting recommendations on ways to improve the functioning of the CCM. Issues of interest noted were the need for capacitation of CCM members to ensure they are able to execute their duties, promotion of active participation of CBOs in the CCM, inclusion of the LGBTI community in the CCM and other health processes, production of IEC material for distribution to increase visibility and the holding of funded sessions to enable active participation all members to ensure no one is left behind.

CCM Visibility Pamphlet

A visibility pamphlet showing the aims, composition, functions and roles of the CCM was developed with input from the CCM membership and secretariat. It was shared with CSOs, CBOs and members of the CCM. It was shared on different platforms such as the CWGH website, twitter and Facebook page and in different spaces where CSOs engage.



Quarterly meetings with CCM Civil Society Forum

Meetings were held with the CCM where several issues raised. These included the importance of regular meetings and to ensuring that many CSOs attend to make sure no one is left behind. CBOs also called for capacitation, mentoring and partnership with bigger CSOs so they are able to benefit from grants availed by Global Fund and other big donors.

Engagement with Health Worker Organisations

CWGH has engaged health organisations such as ZNA, ZIMA, ZADHR, AFHOZ to show solidarity to the health workers' plight, discuss possible solutions to the continuous industrial actions and to share strategies for improving health outcomes in the different communities. CWGH utilized these engagements to inform advocacy. Issues raised by health workers include the need to poor remuneration and conditions of service, shortage of medicines and staff establishment among others.

Media Engagements

The organisation continues to use the media to advocate for improved health services using both social media -- CWGH platforms such as twitter, Facebook and WhatsApp groups -- and press releases, articles in different newspapers, slots on television and radio programs to ensure all communities are serviced. Issues of focus on the need to prioritise health rights, alternative health financing models, addressing challenges brought by COVID-19, measles outbreak, the health worker crisis, among others.

Collection of Community Views on the current health status

Community views from CWGH constituencies, development partners and other CSOs on health concerns were collected and analysed. Findings were developed into a Position Paper which was shared with the Parliamentary Portfolio Committee on Health as advocacy towards increased allocation for the MoHCC in the national budget. The position paper called authorities to address health worker incapacitation, to reduce brain drain and improving the quality of service delivery across the country.

Global Fund Advocates Network

During the year under review CWGH, as member of the Global Fund Advocates Network (GFAN) Africa that has been active in mobilizing resources for the Global Fund, actively participated in the Global Fund 7th Replenishment Conference in the USA.

As GFAN members, we applaud the Zimbabwe government for pledging support towards the Global Fund and hope this will become an annual commitment showing the country's leadership will towards addressing health challenges. During the conference the Director had a briefing meeting with the Permanent Mission of the Republic of Zimbabwe and discussed possible interventions towards funding for HIV, TB and Malaria.



French Embassy officials with CWGH Secretariat after a successful meeting at the CWGH offices.

Recommendations

- To expand the work to include the Southern Region to ensure equal geographic representation in the CCM
- To hold additional capacitation sessions with the CSO members to enable them to effectively execute their duties
- To push for the inclusion of more youths and the LGBTIQ community in the CCM
- To continue to push for improved health worker conditions to address the continuing out migration
- To encourage networking and learning partnerships among the CCM members to enable mentoring of smaller CBOs aimed at building their capacity to apply for and manage bigger grants.

12.

Revitalizing Primary Health Care towards Universal Health Coverage for the achievement of the National Agenda 2030 and the Sustainable Development Goals in Zimbabwe



Background

The Revitalizing Primary Health Care towards Universal Health Coverage for the achievement of the National Agenda 2030 and the Sustainable Development Goals in Zimbabwe project sought to revitalize the implementation of PHC through engaging with various players in the health sector. Various players that were engaged included line ministries, key developmental partners, key stakeholders, CSOs and VHWs.

Zimbabwe's health system has continuously been exposed to many vulnerabilities during the COVID-19 pandemic and it continues to collapse with the mass migration of health workers. Access to PHC services has been compromised and the people who depend on public health provision carry the burden. It is against this background that the revitalizing PHC project was designed and implemented.

The project contributed to monitoring national progress towards the 2030 targets while revitalizing the fragile health service. A position paper was further designed as evidence-based advocacy to the Ministry of Finance during the budget consultations carried across the country.



MAIN ACTIVITIES

Inception Meeting

The first Project Steering Committee meeting was held in July 2022 and attended by members from various organizations across the country. Members committed to the PHC for UHC cause in order that the country achieves its own goals and the SDGs. They took the opportunity to deliberate on the state of Zimbabwe's primary health delivery system thus validating work on PHC advocacy countrywide.

The specific meeting objectives were to introduce the various PSC members to each other and to the project for easier and informed engagement throughout the implementation period. The meeting agreed on the terms of reference to guide project implementation as well as approve the plan, deliverables and shortlist PHC champions.



UHC Day commemoration in Tshabalala, Bulawayo in partnership with the Bulawayo City Health

Collecting Community Views

CWGH collected community views on access to PHC in various communities using a standard questionnaire that was developed internally. The views -- gathered via the phone and emails -- gave a picture of the health challenges faced in the communities.

Respondents highlighted challenges such as absence of ambulances, lack of access to medicine, high patient-to-nurse ratios and water scarcity. They called for the identification of innovative health financing strategies to ensure sustainability at community level, for example allocating a percentage from tollgates towards health. The responses from the respondents informed the development of a position paper.

Stakeholder's Engagement and Media Recognition

A Stakeholder's engagement meeting aimed at engaging with different stakeholders whose work is geared around advancing PHC was held during the period under review. It also discussed the Position Paper on the 2023 National Health Budget Input and the PHC Policy Brief for the revitalization of PHC implementation to achieve UHC and SDGs in Zimbabwe. Participants were drawn from various CSOs, VHWS, parliamentarians, journalists and health workers' associations.

Participants had an opportunity to raise their concerns and also make recommendations on how to revitalize



PHC. The meeting also served as a platform to recognize PHC Champions drawn from the media sector. Five journalists from different houses in the country were awarded as PHC champions for the work they do in telling community health stories and connecting communities with health news.

Pre-budget Consultation

A pre-budget consultation meeting, attended by 60 representatives from CSOs, line ministries, media and development partners, was held in Harare just before the 2023 Nation Budget announcement. At the meeting, CWGH shared the position paper that was informed by the community views and PHC policy brief.

Future Plans

The participation of the MoHCC in the project was very minimal highlighting need for continued advocacy to have the line ministries participate and engage meaningfully in community focused health projects.

The national budget allocation still has not reached the 15% Abuja Declaration which Zimbabwe is a signatory to. This therefore calls for advocacy to invest in other innovative health financing strategies to ensure communities have access to PHC.

The project period was not enough to carry a full-blown venture. Therefore, there need to continue with this work so that the government can fully get on board and prioritise PHC to achieve UHC and the Agenda 2030.

There is a need to continue carrying on with the zero budget activities like engaging with the Public Health Advisory Board and line ministries, sharing possible strategies for domestic health financing.

It is important to acknowledge the role of CHWs in advancing PHC in the communities and continue advocating for their welfare so that they are fully recognized and well remunerated for all the hard work they put in in ensuring that communities have access to health.



All Smiles....Village Health Workers and their Councillor at the World Pneumonia Day Commemoration organised by the CWGH in partnership with the local community health workers in Goromonzi District

13. | Fighting Pneumonia an Agenda for Action



Zimbabwe successfully implemented PHC since its independence in 1980. As a result, impactful programmes with a deliberate focus on maternal and child health greatly improved health indicators for mothers and children up to 2000.

Slackening of this momentum was caused by several challenges; notably the structural adjustment programmes of the 1980's, the HIV and AIDS pandemic, sustained under funding for health, management and governance problems, all resulted in marked decline in health services provision. All these have contributed to high morbidity and mortality rates especially for women and children under five.

Respiratory infections have increased and maternal and neonatal conditions remain a major driver of disability-adjusted life years (DALYs). Globally more than 670 000 children under 5 die of pneumonia, surpassing infectious diseases and conditions such as HIV, malaria and tuberculosis annually.

The top four causes of DALYs in Zimbabwe are respiratory infections, HIV/AIDS, maternal & neonatal issues and cardiovascular diseases. Pneumonia in Zimbabwe as in other low income countries is caused by viruses and bacteria, especially streptococcus pneumonia, fungi, and pre-existing conditions such as malnutrition, HIV, measles, asthma, diabetes, among other underlying factors.

The majority of pneumonias in children are both preventable and manageable. However, for a country with multiple health challenges, this has been adequately prioritized, quantified and qualified to make meaningful interventions particularly those aimed at the household or community. Until

recently, the national medicines policy did not allow community based workers to store and dispense antibiotics, anti-virals or antifungals to treat commonly occurring pneumonias in children.

In the past decade, the health delivery system has on a marked decline in health services provision and the most vulnerable remain children and their mothers who are major users of the health system.

Compounded by the COVID-19 pandemic, there has been reduced access and utilization of health services, with downsizing of services at most clinics, district, provincial and central hospitals. Several clinics in Harare closed for lack of staff, medicine and supplies for most of 2022. This imposed a heavy burden on the mothers, families and communities on managing the prevalent childhood diseases such as pneumonia.

14. | World Pneumonia Day Celebrations



Using this opportunity offered by World Pneumonia Day, efforts were made to stimulate the investment in community health as an integral component of PHC by empowering the mothers, families and communities to identify and manage pneumonia in the home and community.

Communities were capacitated to know the effective local remedies, the harmful practices, and where to get medicines for treating simple cases to minimize complications and deaths. The mothers and caregivers working with the CHWs were taught detect the danger and warning signs and make referrals to health facility.

World Pneumonia Day Celebrations in Goromonzi District


The week-long commemoration of pneumonia awareness offered an opportunity to identify stakeholders working to halt pneumonia deaths in the under-5s. These are mothers, caregivers, policy makers, nurses, environmental health workers, nutritionists, nurse aides, HCCs, CHWs, community leaders, media, traditional and spiritual healers.

CWGH used the World Pneumonia Day celebrations to advocate for policies and programmes that improve access to diagnosis and management of pneumonia at household and community levels and ensure continuum of care at all health facilities.

It has therefore been advocating of policies and guidelines that support the detection, diagnosis and management of pneumonia at community level, including access to the right anti-microbials, cognizant of the threat of abuse, misuse, development of anti-microbial resistance against the current high deaths from lack of access to anti-microbials especially antibiotics.

There is need for quantification of the burden of pneumonia among children under five for consensus on the local interventions aimed at preventing, diagnosing and management of childhood pneumonia. CWGH also advocates for more research into preventing and managing pneumonia and aim for its elimination as a public health problem.

15. CSO, Parliament and Media National Pre-dialogue Meeting on Health in Zimbabwe

With support from 



CWGH hosted a two-day meeting which brought together parliamentarians, civic society, media, the community and key players in health into a dialogue on health financing in Harare. This was in preparation for the high level dialogue meeting.



Participants at the CSO, Parliament and Media Pre-Dialogue meeting on Health Financing held in Harare

Also present was the SADC/GF consultant and the GF Advocacy officer.

Itai Rusike, CWGH Executive Director said the objectives of the meeting were to mobilize national stakeholders to review health financing reforms, assess progress, identify challenges and build consensus on health financing reform priorities or actions that are nationally supported, politically feasible and that would accelerate

progress towards achieving four overarching objectives of:

- More money for health (including increased DRM and co-financing)
- More health for the money
- Equity or improved financial protection in health
- Strengthened country leadership of the health financing agenda

CWGH Board member Mrs Maria Savanhu and National Executive Chair Maria Chiwera who co-chaired the

meeting, underscored the important role of the organization play in health and health financing advocacy.

In going forward, they said, the organization needed to firm up monitoring and tracking of health and health financing for the achievement of UHC, disease specific goals, national goals and the SDGs.

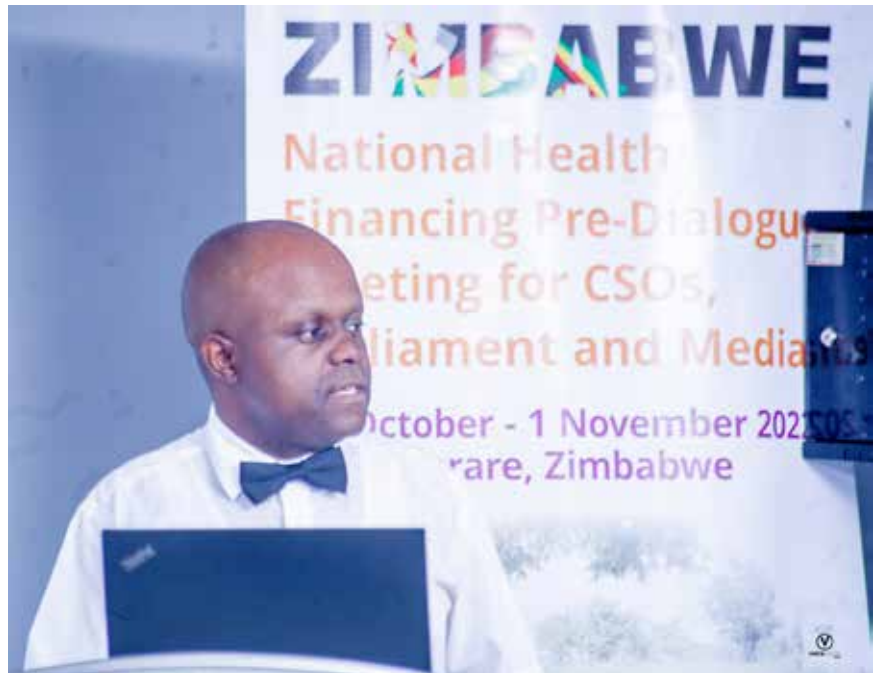
The fully subscribed meeting had candid and rich discussions on HIV and AIDS, TB, Malaria and

general health financing against the background of a collapsed health delivery system in the country. Meeting outcomes:

- Two Position Statements for CSOs and Parliament
- Improved understanding and capacity of CSO/Parliament/Media on health financing (reform) issues,
- A joint advocacy plan for DRM.

The meeting concurred that the health situation in the country was at an all-time low and that there had been gross inadequacies in the funding for health for too long. It was highlighted that the little funding availed to the health sector was being inefficiently used, accompanied by pilferages of medical supplies leading to poor health outcomes and high levels of preventable deaths.

The participants highlighted the disconnect between the key constituencies holding health and its determinants in the country -- that



Dr Prosper Chitambara, Economist from LEDRIZ making a presentation on the Post Budget Analysis for the 2023 health sector allocations

is, those that provide the national mandate and direction, and those that deliver health.

It was noted that there was need for more information sharing, training and coordination among all stakeholders to address the

unfinished health and financing business and embrace the country's 2030 Goals, UHC and the SDGs.

The country has to plan transitions out of donor dependence and look for domestic resources streams that can become major sources of financing for health as global funding was dwindling for various reasons.

It was agreed to explore local financing possibilities such as a health levy, mobile levy, road levy and the various sin taxes, (alcohol, tobacco, sugar) as possible alternative sources of funding.

The meeting was convened by CWGH, Parliament of Zimbabwe and ZUJ with support from the Global Fund and SADC.



Zimbabwe Union of Journalists (ZUJ) Secretary General Perfect Hlongwane at the Pre-Dialogue Meeting on Health Financing

16.

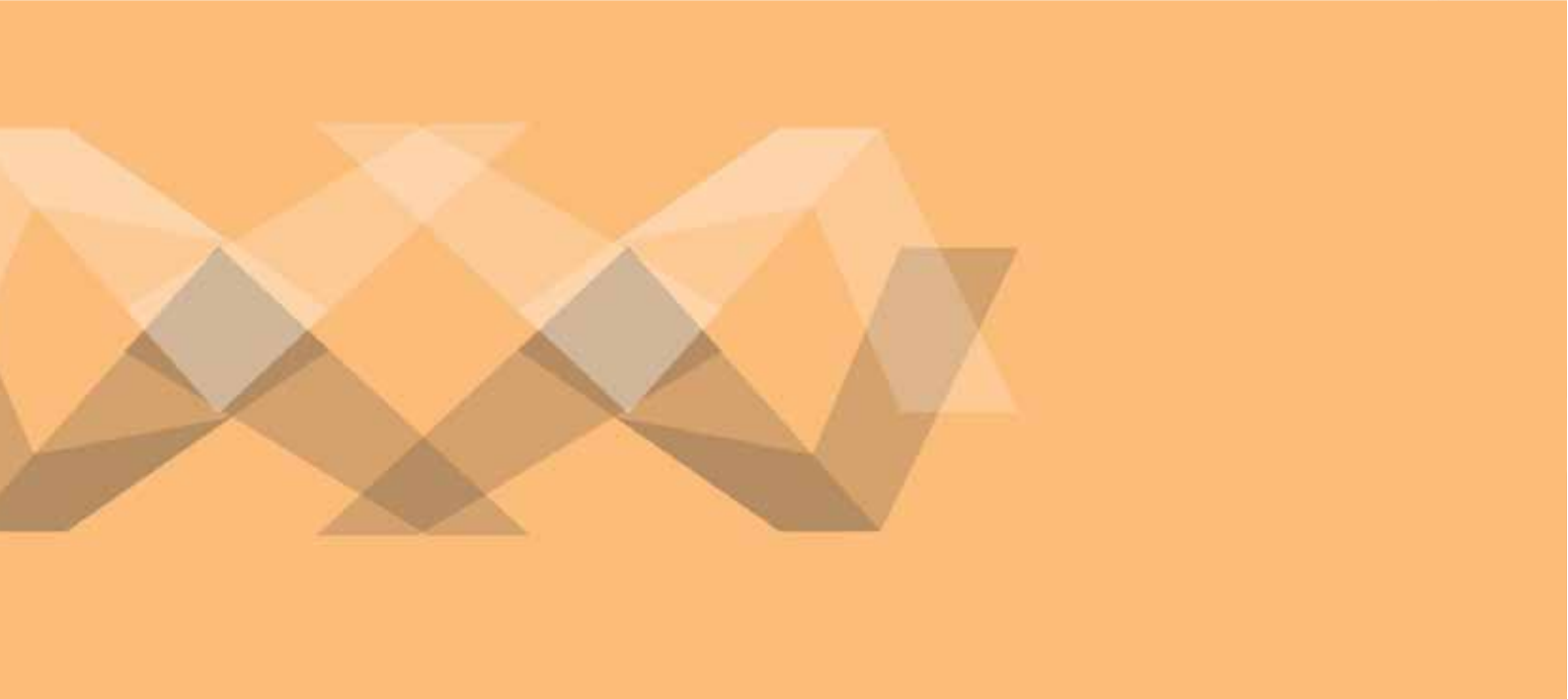
List of CWGH National Members

Associated Mineworkers Union of Zimbabwe (AMWUZ)
 Bulawayo Health and Community Welfare Task Force (BHCWTF)
 Bulawayo United Residents Association (BURA)
 CARELITE Counsellors
 Combined Harare Residents Association (CHRA)
 Chinhoyi Residents and Ratepayers Association (CRRA)
 Conference of Religious RC Zimbabwe
 Consumer Council of Zimbabwe (CCZ)
 Counselling Services Unit (CSU)
 General Agriculture Plantation Workers
 Union of Zimbabwe (GAPWUZ)
 Gweru Residents and Ratepayers Association (GRRRA)
 Harare Residents Trust (HRT)
 Informal Traders Association of Zimbabwe (ITAZ)
 Marondera Residents and Ratepayers Association (MRRA)
 Mutare Residents and Ratepayers Association (MRRA)
 National Council for the Disabled Persons of Zimbabwe (NCDPZ)
 Plumtree Aids Project (PAP)
 Public Service Association (PSA)
 Rusape Residents and Ratepayers Association (RRRA)
 Shiloh Zimbabwe
 The AIDS and ARTS Foundation (TAAF)
 Women and AIDS Support Network (WASN)
 Women's Action Group (WAG)
 Zimbabwe Aids Aid Organisation (ZHA AO)
 Zimbabwe Commission for Justice and
 Peace in Zimbabwe (CCJPZ)
 Zimbabwe Confederation of Midwives (ZICOM)
 Zimbabwe Congress of Trade Unions (ZCTU)
 Zimbabwe Council of Churches (ZCC)
 Zimbabwe Diabetic Association (ZDA)
 Zimbabwe Homeless People's Federation (ZHPF)
 Zimbabwe Network of HIV Positive Women (ZNPW)
 Zimbabwe Network of People Living with HIV/AIDS (ZNNP+)
 Zimbabwe Women's Resource Centre and Network (ZWRCN)
 Zimbabwe Young People Development Coalition (ZYDPC)
 Zimbabwe Human Rights Association (ZimRights)

17. | CWGH Districts

Buhera, Bubi, Matopos, Mutasa, Arcturus, Bulawayo, Goromonzi (Chikwaka & Arcturus), Chimanimani, Chinhoyi, Chipinge, Hwange, Kariba, Chiredzi, Chirumanzu, Chitungwiza, Chiwundura, Filabusi, Insiza, Gweru, Kwekwe, Masvingo, Marondera, Mutare, Plumtree, Rusape, Tsholotsho (Sipepa), Chikomba, UMP, Umguza, Umzingwane, Victoria Falls, Zhombe, Bindura (Nyava) and Zvishavane





Community Working Group on Health

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