



2023 CWGH

PVO 01/2014

ANNUAL REPORT

HEALTH IS YOUR RIGHT AND RESPONSIBILITY

**Revitalising Primary Health Care Towards
Universal Health Coverage in Zimbabwe**



CWGH Vision

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

Mission Statement

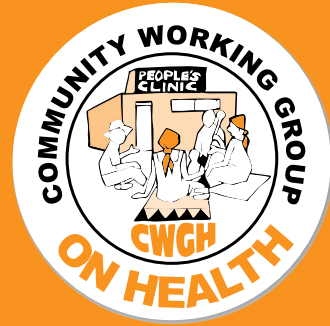
To enhance community participation in health through advocacy, networking, digitalisation, research and development.

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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1.0 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

2.0 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 focal 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.

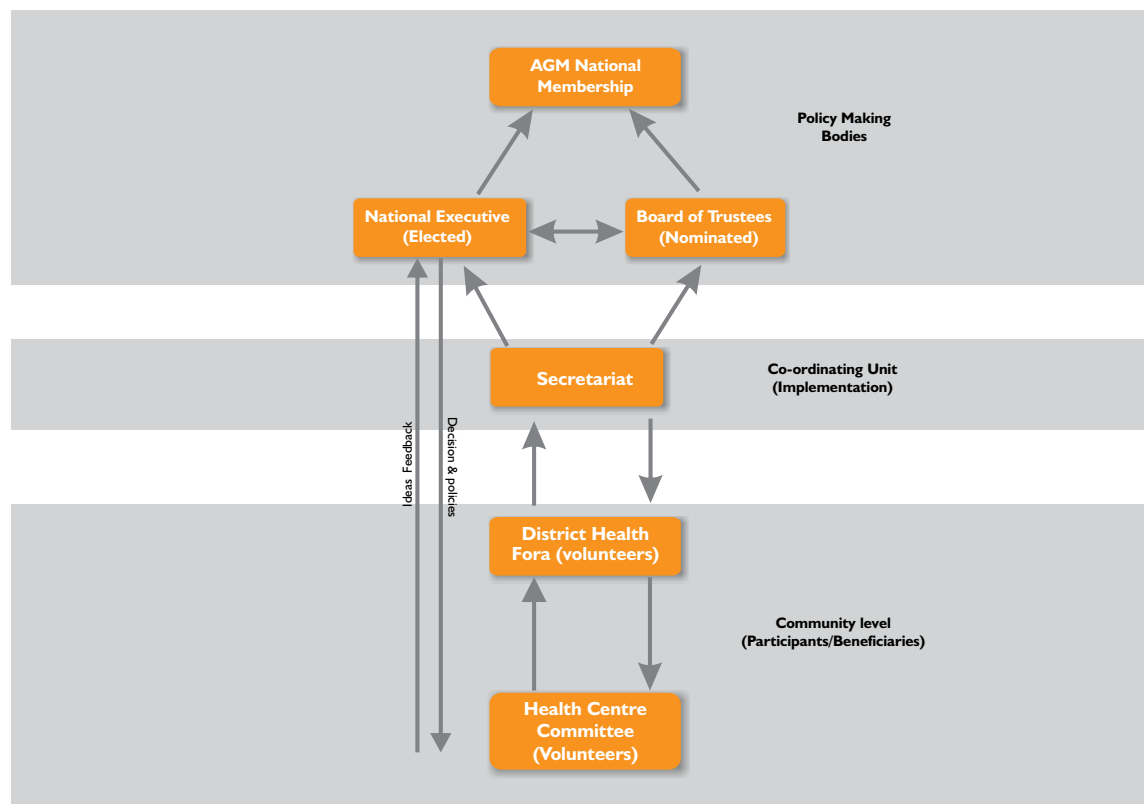
The CWGH also has a Board of Trustees nominated by the membership. The Executive Committee is the Management Committee of the CWGH and makes decisions on the policies and programmes of the organization. The Board of Trustees plays a policy oversight to make sure that what is done is in line with the aims and objectives of the organization. The secretariat is responsible for coordinating and implementing the CWGH programmes in all the CWGH 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.



The new CWGH National Executive Committee elected at the 2023 AGM

3.0 Organisation Structure



I Board of Trustees

Dr Dickson Dick Chifamba	Chairperson
Sr. Maria Magdalena Savanhu	Vice Chairperson
Dr Shepherd Shamu	Health Economist (<i>Outgoing</i>)
Dr Portia Manangazira	Public Health Specialist
Mr Norbert Dube	Civil Society Expert
Advocate Rodgers Matsikidze	Legal Advisor
Mr Farai Edwin Chitsa	Human Resource Specialist
Dr Prosper Chitambara	Development Economist (<i>Incoming</i>)

2 The Executive Members

Mrs Maria Chiwera-Massunda	Chairperson (Women Action Group-WAG) (<i>Outgoing</i>)
Mr Denford Vambe	Committee Member (Mutare Residents and Ratepayers Association (MRRA))
Mrs Entrance Takaidza	Committee Member (Zimbabwe Human Rights Association-ZimRights) (<i>Outgoing</i>)
Mrs Anna-Collettor Penduka	Committee Member (Women and AIDS Support Network-WASN) (<i>Outgoing</i>)
Mr Thomas Chikumbirike	Committee Member (Counselling Services Unit-CSU) (<i>Outgoing</i>)
Mr Shadreck Tondori	Committee Member (Zimbabwe Homeless People's Federation-ZHPF)
Mrs Otilia Tasikani	Committee Member (Zimbabwe Network of HIV Positive Women-ZNHW+) Treasury
Mr Ndumiso Mgutshini	Chairperson (Consumer Council of Zimbabwe - CCZ) (<i>Incoming</i>)
Ms Louisa Mangisi	Committee Member (Bulawayo United Residence Association - BURA) (<i>Incoming</i>)
Mr Precious Shumba	Committee Member (Harare Residents Trust - HRT) (<i>Incoming</i>)
Mr Masimba Ruzvidzo	Committee Member (Informal Traders Association of Zimbabwe - ITAZ) (<i>Incoming</i>)

4.0 Staff and Interns



Itai Josh Rusike
Executive Director



Nonjabulo Mahlangu
Team Leader



Mandy Mathias
Program Officer



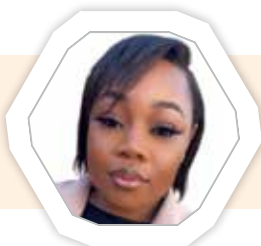
Moreblessing Chibaya
Finance Officer



Mongi Khumalo
Program Officer



Caiphas Chimhete
Information and
Communications Officer



Lorraine Mumba
Legal Desk Officer



Sandra Machingauta
Office Assistant



Teddeous Tembo
Maintenance Officer

5.0 FOREWORD: Board of Trustees Chairperson

Dr Dickson Dick Chifamba

The CWGH mandate over the last 3 decades has been to advocate for the right to health, culminating in its (health) inclusion and clear articulation in the country's 2013 Constitution. This stems from a firm local footing of decades long advocating for access and right to health in Zimbabwe, maintaining a firm commitment to ensure that PHC is kept on the national health agenda and beyond.

The CWGH acknowledges the successes and gains in population health status brought on by government's commitment to the Alma Ata Declaration, at Independence in 1980, whence the health delivery system was premised on the primary health care philosophy and approach.

The deliberate policy directives of Planning for Equity in Health, decentralization of the health delivery system and budget to cover rural areas previously marginalized and underserved by health and social services under the colonial administration, made for significant and noticeable changes in the health service delivery system. So also did the introduction of programmes targeted towards the control of identified killer diseases like childhood pneumonia, diarrhea, (ARI/CDD), and promotion of life saving and promoting practices such as growth monitoring, oral rehydration, breastfeeding, immunization, family planning, (GOBI-FFF).

All these yielded noticeable improvements in population health status, as reflected in much improved maternal and child health indicators, (National Health Information System, Demographic and Health Surveys of 1985, 1990, 1995, 2000); and greatly inspire this work.

Since its formation in 1998, the CWGH has worked closely with the MOHCC and government entities such as Parliament's pre- and post-budget formations, the portfolio committees on Health, Finance and Budgeting in advocating for the right to health, its determinants and improved health financing. We therefore have the government's ear while collaborating with local partners and experts including the WHO, UNICEF, NGOs, CSOs and communities in our work of advocating for the right to health in the country.



The Organization's Executive Director sits on the Primary Health Care Strategy Group, Primary Health Care Research Consortium, Medicus Mundi International Network as the Vice-President, Health Equity Working Group at Global Health Council (GHC), Civil Society Engagement Mechanism for UHC 2030, Afya Na Haki Advisory Board, Member of the WHO Social Participation Cluster, Focal Person for Global Fund Advocates Network (GFAN) Africa in Zimbabwe and is a founding member of the PHCPI Alliance. The Executive Director also sits on the MPDSR, EMTCT, Health Financing TWG and other national statutory bodies, regularly convenes parliament portfolio committee on health and budget committee for pre-budget and post-budget input for health financing. The organization therefore is deemed to have the right thrust and expertise for the scope of this work, which seeks to resuscitate the health service delivery system in Zimbabwe to its previous status of being among the best in the region and enabling the country to achieve the desired but very ambitious 2030 targets. It is indeed possible for Zimbabwe to become the empowered upper middle-income economy and attain the SDGs provided the health delivery system is urgently revived through a deliberate revitalization of primary health care, (PHC for UHC) implementation.



Dr. Prosper Chitambara, Development Economist is replacing Dr. Shepherd Shamu, Health Economist on the CWGH Board who relocated to Botswana.

As envisaged, it is a mammoth task to come up with a roadmap and policy on PHC, given the current health, socio-economic and political environment prevailing in the country, compounded by the disease outbreaks, and the war on Ukraine which has further upset the world balance on fuel, food and supplies among other challenges and insults to the health delivery system and related social services. The new National Health Strategy 2021-2025 prioritizes 10 strategic areas –

- (i) Access to medications and commodities
- (ii) Improved water and sanitation
- (iii) Improved health infrastructure and equipment
- (iv) Improved governance
- (v) Improved health sector personnel performance
- (vi) Improved domestic funding

(vii) Reduced morbidity and mortality

(viii) Improved reproductive, maternal and child health care and nutrition

(ix) Improved public health surveillance and disaster response and preparedness and

(x) Improved hospital care.

Thus, health and all key determinants must be addressed to achieve quality health for the population and in implementing this strategic plan. Given this scenario, the Government needs to find ways of improving health care financing that shield patients from catastrophic expenditure including designing an appropriate health insurance scheme that works for those in gainful employment and for the unemployed.

This is because the current disparities in health and health care access and utilization are systemic and avoidable, and therefore considered not only to be unfair or unjust but contrary to the country's socio-economic development trajectory, health strategic direction, the Constitutional and other legal provisions for Zimbabweans.

The unstable macroeconomic situation has negatively affected the key determinants of health such as levels of household income and economic well-being; access to safe water, sanitation and other basic needs; access to essential food and nutrition; levels of literacy and education, again compromising on the right to health and road to UHC.

These successes would not have been achievable without the resolute support of the CWGH family, from my colleague Board members, national executive, secretariat and partners.

I wish you a prosperous 2024.

6.0 Executive Committee Chairperson's Report

Mrs Maria Chiwera-Massunda

The health sector is currently in a critical situation and has been a victim of the struggling economic situation. Health facilities are short-staffed as personnel leave the country in droves for greener pastures; there are not enough drugs, equipment, and sundries, working conditions are no longer conducive while the infrastructure has deteriorated. This has been worsened by the COVID-19 pandemic which afflicted the country in the past few years.

It is worrying that there has been outbreaks of archaic diseases – cholera, measles, polio, malaria, and bilharzia during the year under review primarily due to lack of funding for the health sector. The rising incidence of non-communicable diseases (NCDs) constitutes a major burden of disease with significant socio-economic impacts of the country. It is worrying that despite the morbidity and mortality caused by NCDs, they have not received requisite attention and funding that they deserve. The treatment cost of NCDs such as cancer remains very high and unaffordable for most people.

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 care services.

I am also concerned that VHWs, the key drivers of primary health care continue to volunteer for work without allowances and basic tools of their trade. It is disheartening that they go for several months, some for years without receiving the allowances although they are the first port of call in the event of any disease outbreak in communities.

We remain committed to our mandate and would therefore continue to propose strategies for enhancing health and the health sector by advocating for increased domestic resource mobilization to ensure the needs of health workers and patients are well catered for.

Ensuring sustainable progress toward UHC means that Zimbabwe's public health financing system must routinely generate sufficient, and largely domestic, resources to achieve health sector objectives within its macroeconomic and fiscal context. It is not only the level of government





The outgoing CWGH National Executive Committee

health spending that matters for sustaining health systems that can meet UHC goals, but also the efficient and equitable use of those funds.

In view of the resurgent Cholera outbreak, the country must improve public investments in water, sanitation, and hygiene. The Global Task Force on Cholera Control considers water, sanitation, and hygiene investments as the foundation to meeting the goal of reducing cholera deaths by 90% by 2030.

Furthermore, several water sanitation and hygiene interventions can be implemented rapidly and cost-effectively; these include point-of-use water treatment and safe storage, community action to end open defecation, provision of soap, and promotion of handwashing. This situation has been worsened by the dwindling funding support to most national organisations. Major donors are now focusing on more needy geographical regions.

We acknowledge that the 2024 National Budget partly took into consideration concerns raised by communities. I am however worried that the 2024 National Budget failed to meet the Abuja target as per national expectations. In nominal terms the health budget appropriation has declined from 11.2% in 2023 to the projected 10.8% in 2024. This is grossly inadequate to fund the critical needs in the health sector.

This month we participated at the International Conference of Aids and STIs in Africa (ICASA) in Harare and held a Domestic Resource Mobilisation (DRM) meeting as a side event. Although the People's March that was scheduled that day was cancelled at the last minute, the event left a positive mark on the organisation's brand internationally.

In line with requirements for good corporate governance, the organisation incorporated a new board member, Dr Prosper Chitambara, who was confirmed at AGM, to replace Dr Shepherd Shamu on the CWGH Board. Dr Chitambara is renowned health economist who has been working with CWGH for a long time.



ICASA 2023 Side Event Panel Discussion from left to right; Lynette Tennis, Acting Finance Director - Ministry of Health and Child Care, Evaline Kibuchi - Stop TB Partnership, Peter Sands, Executive Director - Global Fund and Itai Rusike - CWGH Executive Director

The organisation also reviewed several policies including the CWGH safeguarding policy, human resources guidelines, PSEA and the code of conduct as well as the finance policy. For the organisation, this is a mark of accountability, transparency, and integrity.



In the spirit of supporting network members and Youth Led Organizations, the CWGH donated office furniture to Lunia Centre for Youth the organization that was started at CWGH in Bulawayo and that we are currently providing with mentorship and organizational support so that it can become a standalone organization to support active youth participation on health issues in Zimbabwe.

The Executive Director of Lunia Centre for Youth Network and also the leader for Youth GFF CSO Zim, Tjedu Moyo received a donation of office furniture from CWGH

The Zimbabwe Mini BHPF Conference

The CWGH hosted the Mini BHPF Conference in partnership with WACI-Health and AfNHi. The Mini-BHPF Conference fed into the ICASA Pre-BHPF Conference that was held in Harare ICASA 2023. The Biennial Forum is an official pre-conference of the International Conference on AIDS and STIs in Africa (ICASA). BHPF puts HIV prevention research on the spotlight by providing a unique platform where participants gather to learn about progress made and best practices in biomedical HIV prevention research and development.



The Young Adolescents had their say at the BHPF Pre-conference



Ntando Yola and Dr Nyaradzo Mgodi co-chaired the BHPF Pre-conference - An official side event to ICASA 2023

Domestic Resource Mobilization and Health Financing in Africa

The CWGH in partnership with the Global Fund, WACI-Health, and other regional and international partners, hosted an ICASA 2023 Side Event Meeting on “Domestic Resource Mobilization and Achieving Sustainable Health Financing in Africa.

The objectives of the meeting were to:

- 1) Reflect on the Health financing landscape and the focus of Health R&D in Africa
- 2) Explore opportunities to advance Domestic resource mobilization in Africa.



Vuyokazi and Nombasa ready for the People's March at ICASA 2023

The Peoples Celebration March - ICASA 2023

Despite the CWGH securing a Police Clearance Letter and paying for the Police Escort, the event was cancelled by the police at the last-minute claiming security concerns, and this was very unfortunate and a missed opportunity for Zimbabwe to showcase the role of community and civil society in the national HIV and AIDS response.

THE CWGH Annual General Meeting

Four new members were elected to the CWGH National Executive Committee after the terms of other members ended. New Executive Committee Members are as follows.

1. Consumer Council of Zimbabwe
2. Zimbabwe Network of HIV Positive Women
3. Mutare United Residents Association
4. Informal Traders Association of Zimbabwe
5. Bulawayo United Residence Association
6. Zimbabwe Homeless Peoples Federation
7. Harare Residents Trust



Thomas Chikumbirike presenting the 2023 CWGH Audit Report at the Annual General Meeting.

7.0 Letter from the Executive Director

Itai Josh Rusike

Now that the elections are over, the people of Zimbabwe expect the fulfilment of the election manifesto, in which the government promised massive improvement in health infrastructure; more health personnel; accessible and affordable medicines; free medical care for cancer patients; at least one hospital per district, improved health services in resettlement areas, reduction of hospital fees by 50% and pursuing the Health for All policy, among others.

It is undeniable that the deplorable state of the country's health system requires urgent attention, especially giving priority focus to revitalizing the PHC concept and philosophy that once worked so well and gave Zimbabwe health leadership within the SADC and beyond in the yesteryear.

As enshrined and articulated so well in the Nation's Constitution, (2013) a whole of government approach will ensure adequate addressing of the social determinants of health to achieve UHC, thus enabling every Zimbabwean equitable access to essential and quality health services without facing financial hardships. Zimbabwe in our considered view needs sustained investments in primary health care to rise up to the occasion and attain the health financing, health governance and therefore health care delivery goals and so enable the health system to urgently close the current gaps that may hinder the country's attainment of its set goals and targets.

We wish to remind the government, that Zimbabwe has never achieved the 15% Abuja target since the declaration was signed in 2001, and to also point out that the target then 20 years ago, was to ensure at least 60% access to specific populations in the country to access selected maternal and child health services, AIDS, TB and malaria, diagnostic and treatment services which then were the most compelling health challenges. As we move to UHC, and *"leaving no one behind"* it is important that we come together for a clear and common understanding of the math, metrics and targets, so that the UHC and SDG targets are put in the context of our abilities and shortcomings.

The current quadruple or indeed multifaceted burden of disease and conditions, (communicable, non-communicable, injuries, HIV, maternal, peri-natal, neglected tropical diseases, cancers, mental, dental, substance abuse) is unmatched by





A brief chat on the Health situation in Zimbabwe with his Excellency, President E.D. Mnangagwa

the prevailing institutional capacities, management and health staff skills to adequately detect and manage. These have individually or in combination translated into premature and excess mortalities across the ages, which in our view requires immediate attention.

Zimbabwe is a signatory to the International Declaration on Primary Health Care, co-convened by both the WHO and UNICEF at Alma Ata in 1978, and which inspired and galvanized understanding, analysis, and action on health. Its adoption and implementation at our Independence in 1980 PHC is what gave us an enviable health delivery system which availed quality health services to the majority Zimbabweans that had been marginalized under colonial rule. We therefore strongly recommend revisiting PHC to get our health system back up where it belongs.

In our region, and indeed in this country, the aspirations and content that were included in the 1978 declaration largely informed the early adoption of the PHC concept and philosophy at independence, and just 2 years post Alma Ata. The subsequent policies on health for all by the year 2000 saw Zimbabwe achieving remarkable health indicators just 10-15 years post-independence and assuming a health leader position in the African region. As CWGH we see a semblance of the same energy and are therefore hopeful that the renewed leadership will take us from Alma Ata to the Millennium Development Goals (MDGs unfinished business), to Abuja and all the way to the SDGs within the next 6 years.

In recent years, many countries including Zimbabwe have adopted UHC as national policy priority and have committed to directing government funding towards that goal. Ensuring sustainable progress toward UHC means that Zimbabwe's public health financing system must urgently start generating sufficient, and largely domestic, resources to better finance its ailing health, social and other systems that hold the broader determinants of health. This will enable the achievement of health sector objectives within its macroeconomic and fiscal context, as well as fulfil the Constitutional provisions for all Zimbabweans. It is not only the level of government health spending that matters for sustaining health systems and enable them to meet UHC goals, but also the efficient and equitable use of those funds. Public budget revenues, as well as the public financing systems that manage those funding flows, therefore play a crucial role in directing money efficiently, equitably, and effectively towards UHC goals and other health priorities.

The new Health Services Commission must address the glaring management and governance issues in health, and ensure that the employer of choice for all health workers is central government was the case



Honourable Minister of Health and Child Care Dr Douglas Mombeshora and Secretary of Health and Dr Aspect Maunganidze with the CWGH Executive Director Mr Itai Rusike at the meeting with Development Partners

in the past. Managing a professional workforce requires technical skill and capacity, but also humane traits and compassion that we find missing in the public health sector. This largely accounts for the mass exodus of our highly trained health workers to offer their young productive lives elsewhere. Furthermore, these workers require the tools of the trade, which in turn must be effectively and efficiently managed, be they infrastructure, medicines, equipment, ambulances, service vehicles, and new technologies to make their work less tedious and in line with current best practices than it currently is.

We condemn the current status of unregulated urbanization which demotes rather than promotes health and longevity, and is not in line with the nation's development agenda. People need decent housing, food security, provision of safe and clean water, education, good modes of transport and gainful employment to live normal and healthy lives, free from social evils that include substance abuse and socio-economic strife. We also urge the traditional leaders, churches and other religions to embrace the national health and developmental agenda, identify and remedy the current ills that are affecting especially women and children. Health equity and social determinants are acknowledged as a critical component of the Post-2015 and sustainable development goal (SDG) agendas and for the push towards the progressive achievement of UHC.

We take this opportunity to remind the government that some Zimbabweans when ill still walk over 30 kilometers to the nearest health facilities to seek treatment especially in the remote locations, farming and resettlement areas defeating the noble concept of a clinic within every 10 km radius. Some are transported in wheelbarrows and scotch-carts either because there are no ambulances, or service vehicles, and if available it has no fuel, or the roads are impassable.

When they reach the facility, there are not enough nurses, midwives, surgeons or other trained staff, no medicines, especially for chronic conditions, no gadgets for checking temperature, blood pressure and other parameters, and if requiring some procedure such as plaster, wound care, the capacity at local level may not be there. This means Zimbabweans are being denied their right to health although Section 76 of the Constitution clearly states that: "Every citizen and permanent resident of Zimbabwe has the right to have access to basic health care services, including reproductive health-care services". We therefore advocate for all new appointees to work closely with existing staff, take positions of authority seriously and take the nation to your vision 2030.

8.0 Information & Communications: Strengthening advocacy through Social Media

Caiphas Chimhete

Background

Like in previous years, the health sector in 2023 experienced serious challenges including massive emigration of health personnel into the Diaspora, poor remuneration, shortages of medicines, personnel, sundries and medical equipment. There was also shocking resurgence of once forgotten diseases like cholera, polio, measles that claimed hundreds of innocent lives. The mounting health challenges prompted CWGH through Information and Communications department to scale-up its advocacy activities. Central in most its advocacy agenda, was the calling for the allocation of 15% of the national budget in line with the Abuja Declaration to enable universal Health Coverage (UHC) among others.



Social media Advocacy

In the past few years, the department has shifted from the conventional forms of communication to social media to raise awareness about health issues, promote healthy behaviours, share educational content, infographics and videos to promote and advocate for policy change.

During the year under review, social media platforms such as Twitter (X), Facebook, WhatsApp and the CWGH Website were used to provide real-time support and encouragement, share success stories and offer tips and advice to the organisation's constituency. Information on cholera, measles, polio, Covid-19, tuberculosis and other diseases was shared through social media to raise awareness. As a result, CWGH, was able to build trust and strengthen relationships with its constituency by sharing information, asking for feedback, and responding to their comments and concerns promptly.

CWGH working together with a Bulawayo-based production company, **Flamzee**, produced an educational documentary demystifying rumours, myths, misconceptions and disinformation about Covid-19. The documentary was produced under the Rooted in Trust project.

ICASA 2023

The department also used social media as a platform for advocacy and activism not only to raise awareness but also organise events and campaigns and mobilise support for policy change. One such event is the International Conference on Aids and STIs in Africa (ICASA) which was held in Harare in December 2023, where CWGH together with partners such as WACI-Health and AfNHi, developed a communication

toolkit to publicise the international gathering as well as a side event, the Domestic Resource Mobilisation (DRM) meeting. Well-coined short and impactful messages were shared through various social media channels calling on government to find ways of funding for health.



Dr David Parirenyatwa officially opening Youth Pre-Conference at ICASA

The department was also part of a consortium of organisations that spearheaded “The GFF We Want” social media campaign targeting governments and international donors to scale-up funding for SRMNCAL and nutrition related issues. It also organised and participated in regional webinars on health financing and mobilised our CSO Network members, community members and the media to share their experiences on domestic health financing.

Social Media, Newspaper articles and press statements

Several advocacy articles generated written by CWGH or quoting the executive director appeared in several newspapers, radio, television, and blogs highlighting challenges in the health sector as well as proffering possible solutions. The media in Zimbabwe now considers CWGH as reliable source of health information. Health issues that were of huge concern were shortages of health staff, shortages of drugs, equipment and sundries, poor working conditions, and general collapse of infrastructure as well as the resurgence of diseases such as cholera, measles, polio and bilharzia. Informative press statements focusing on topical health issues were also published some focusing on international health days such as UHC Day, the World Health Day and the World Malaria Day.



Social Media Blitz



Budget advocacy

Several advocacy campaign meetings and activities focusing on specific issues of national concern were held during the year. These include the collection of community news, the pre-budget meeting, the DRM meeting, post-budget meeting where policy makers also took part. Strenuous efforts were also made calling on the government to increase budget allocation to the health sector to meet the 15% Abuja target. Disappointingly, the 2024 national budget once again failed to meet the Abuja target as per national expectations. The health budget appropriation, in real terms, has declined from 11.2% in 2023 to the projected 10.8% in 2024. This is grossly inadequate to fund the critical needs in the health sector.



Hon MP Kwidini, Member of the Parliamentary Portfolio Committee on Health making a contribution at the CWGH pre-budget meeting



CWGH Executive Director at the UN High-Level Meetings on UHC-PPPR & TB at the General Assembly in New York with Global CSO partners.

at Global Health Council (GHC). The GHC has been working closely with CSO partners to understand the advocacy needs of civil society working in Low- and Middle-Income Countries (LMICs) on numerous health equity issues.

Flying High the CWGH Brand

The CWGH brand continues to be a force to reckon with nationally and globally. This has been evidenced by the appointment of the CWGH Executive Director to board of various local and international organisations. The Executive Director was recently appointed Vice President of the Medicus Mundi International, a network of public interest organisations working in the field in international health co-operation and advocacy, Advisory Board member of Afya na Haki, an African research and training institution that advances health, human rights and SRHR. He was selected to join the inaugural Health Equity Working Group

Challenges and Lessons Learnt

The greatest challenge is the absence of modern gadgets such as smartphones to ensure that people get the news or activity updates as they happen. Once these availed, there is also need to avail enough data to avoid a situation where social media sites are only active during working hours as is the current case.

Future Plans

There are plans to increase the number of CWGH social media platforms to include YouTube, Instagram, TikTok, facebook live among others to ensure the organisation's impactful advocacy messages reach far and wide. It is important to capacitate staff on these new forms of social media to enable them to communicate with the organisation's publics effectively and productively.

9 Global Financing Facility Engagement Support (PAI) – RMNCAH+N

With support from PAI and in partnership with GFF CSO Hub

PAI



GFF CSO HUB

Mandy Mathias

Background

In 2022 the Zimbabwe Global Financing Facility (GFF) Coalition received a third grant with the focus on development of the CSO Coalition Strategy, capacity building of media and parliamentarians in advocacy and accountability and RMNCAH+N issues. The grant also aimed to align the national health budget with national, regional, and global commitments as well as to amplify community voices to demand for quality RMNCAH+N services. This work was continued in 2023 to underscore the importance of adequate domestic resources for access and ensuring equity is attainable within an enabling environment of integrated RMNCAH+N services for women, children, and youth to end preventable deaths by 2030.

The project objectives include improved fiscal allocation to health for the attainment of universal access, tracking progress on domestic resource mobilization and the accompanying efficient use of these resources, establishment of the national health insurance scheme as well as monitoring progress on the transition from major funding to domestic resource financing.

Activities in 2023

Meetings for the CSO Steering Committee

Steering Committee meetings were held to review the just ended phase and plan for the new phase by identifying best practices, lessons learnt that can be scaled, discussing the activity plan and highlighting areas of synergy with other sectors. Successes noted included the contribution to key MoHCC documents such as the National Health Strategy (2021-2025), the Investment Case for the National Health Strategy, and the Coordination Framework for the Health Sector.



10 Media Advocacy and influencing Work



NEWSDAY

Hospitals left in ruins as power outages mount

Fears over Health Service Act amendments

Health Service Act amendments feared to be a step back for the sector

More men dying than women: ZimStat

Zim cholera cases rise to 98

'Zim health sector in dire straits'

Experts give COVID-19 warning

Govt takes bilharzia treatment to schools, hotspots

Drop in HIV prevalence encouraging: Health experts

Renewed drive to dispel COVID-19 rumours, misinformation

Standard PEOPLE

Mumps outbreak hits Harare

Harare records 21 cholera cases

Covid-19: Closing the door on a global health emergency

Prioritise health security, African nations urged

Perennial power cuts choke health delivery system

Nurses frog-marched to ideology school



Prioritise primary health care: govt urged

Govt should invest in user-friendly drug rehab centres'

NewsDay 4/10/23



Cholera strikes in Harare

Healthcare targets up in smoke as staff flee Zim



Warning of cholera disaster in Zim

Subsidising cancer treatment, Zim's biggest challenge



SAVE THE DATE

Engage communities in budget, CSOs urge govt



'Declare cholera national disaster'

Collection of community views on SRMNCAH+N for the position paper

Over the past 20 years, CWGH has traditionally collected annual community input to feed into national level advocacy processes for the national budget consultations with the aim of improving the health delivery system and increasing the health budget. This input is collected from CWGH district structures, program cadres, other CSOs, line ministry representatives as well as the general community. A position paper was developed and was used as an advocacy tool targeting the MoHCC and the Ministry of Finance and Economic Development through their parliamentary portfolio committees.

The position paper advocated for the allocation of at least 15% of the National Budget to the health sector in line with the Abuja Declaration target, the establishment of a National Health Insurance Scheme to ensure universal access to healthcare as well calling for the addressing the human resources for health situation by developing a permanent solution to brain drain and investing in rights-based service provision focusing on adolescent girls, children and women.

It called for the strengthening of public health infrastructure including referral, district, and community centres, funding the reviving of reliable and affordable emergency medical services, addressing shortages of essential medicines and effects of climate change through sustainable mitigation and adaptation interventions that tap into indigenous knowledge systems and focusing on the negative impacts on SRMNCAH+N. It also advocated for the retention and motivation of VHWs and other health volunteers as the first line of support for communities and essential providers for PHC.



Hon MP Daniel Molokele Chairperson of the Parliamentary Portfolio Committee on Health from the Parliament of Zimbabwe addressing a CWGH Pre-Budget Meeting.

Reflections from the Position Paper

- i) There is need for increased health funding in tandem with the increasing population, high disease burden and national development goals.
- ii). Healthcare needs to be affordable for all with focus on groups at risk of exclusion such as youths, people living with disability, people living with disease, people in hard-to-reach areas etc. Community groups that are entitled to “free” healthcare will also benefit from increased health funding as they are highly affected by out-of-pocket expenditure.
- iii) The current health financing model is unsustainable and needs to be supported by innovative funding models which mobilise resources domestically.
- iv). Urgent need to address the key determinants of health and ensure they are also funded to reduce adverse effects burdening the health sector.

Pre-budget Meeting

A pre-budget meeting was held prior to the national budget presentation where CSO, community voices, the media met with MPs to share the CWGH Health Budget Input Position Paper. CSOs were encouraged to be consistent in engagement of parliament, budget monitoring, budget consultancy, budget formulation and budget analysis. This engagement needs to be strengthened between parliament, CSOs and the media to ensure ease of communication both top down and lateral to ensure they are representing “real need” and giving regular feedback to their constituencies.



Lynette Tennis, Finance Director - Ministry of Health and Child Care making a presentation at the ICASA 2023 side event on Domestic Resource Mobilization and Achieving Sustainable Health Financing in Africa

Engagements with parliament

Meetings have been held with the new Minister of Health and Child Care, Dr Douglas Mombeshora, the Parliamentary Portfolio Committee Chairperson, Hon Daniel Molokele, the Health Advisor in the Office of the President and Cabinet Dr Agnes Mahomva to sensitise them on the organisation's work, the GFF Zim CSO Platform, and its focus for the year. Health issues of concern were also raised during these official interactions.

Engagements with parliament has been ongoing through direct meetings with the Parliamentary Portfolio Committee on Health, the Budget and Finance Committee, the Clerk of Parliament, Ministry of Finance, the World Bank Country Office, UN Agencies, Donor Embassies as well as the MoHCC through its various departments. This work has strengthened the CWGH's relationship with the ministry which has enabled it to increase its visibility through its presence in influential platforms. Such spaces include attending the quarterly meetings of the Maternal, Perinatal Deaths Response and Surveillance Committee (MPDRS) where CWGH raises community concerns on maternal and perinatal deaths and suggests recommendations to increase access to quality health services. The organisation also attended the post-budget review meeting hosted by parliament where it submitted its post budget analysis.

Dr Patron Mafaune, the GFF Liaison Officer for Zimbabwe at the pre-budget meeting sitting next to a Village Health Worker, Mrs Plaxedes Kaseke from Chikwaka, Goromonzi District.



Media Work

The organisation works closely with the media to share information on SRMNCAN+N aimed at increasing levels of information and knowledge as well as advocating for improved health outcomes. Several media articles were shared including an Open Letter to the President urging him to address the current health crisis. The organisation utilises the media to remind the government of its commitments to ensure access to healthcare as stated in the national constitution. The media is an advocacy instrument utilised for lobbying for increasing the health allocation in the national budget. SRMNCAN indicators were being monitored were also highlighted with recommendations made for improving these outcomes.



GFF Zim CSO Steering Committee Members

Tracking of SRMNCAN+N indicators

Through health volunteers that the organisation works with SRMNCAN+N indicators are routinely monitored, and findings shared with the MoHCC, local authorities and other CSOs for actioning. The findings inform CWGH advocacy work from sub-national, national to regional levels. Issues of note include high patient to health worker ratio, medicines shortages, lack of youth friendly service delivery, low coverage of post abortion care, high unmet needs for family planning, need for sustainable food security programs targeting children and pregnant women.



Hon MP T. Moyo, Dr Fortunate Machingura (GFF CSO SC Member), Hon Daniel Molekele (Chairperson of the Parliamentary Portfolio Committee on Health) at the GFF Zim CSO Stakeholders Meeting.

Health Advocacy Work

The Executive Director attended the IMF and World Bank Spring Meetings in Washington early April and the United Nations General Assembly (UNGA) meeting in New York this September 2023 on UHC under the theme: “Universal Health Coverage expanding our ambition for health and wellbeing in a post COVID-19 World.” Gaps noted on achievement of UHC include limited political will as exhibited by lack of adequate funding for health, overreliance on donor support, limited PHC coverage, health worker exodus. Strategies for address the gaps include ensuring sustainable health security through domestic health financing and revitalising the PHC Approach. The CWGH is attended the Women Deliver Conference in Kigali, Rwanda in July and had an opportunity to engage with the GFF partners during the conference. Attended the launch of the National Health Strategy (2021-2025), Health Investment Case (2021-2025) and the Health Resilient Fund hosted by the Ministry of Health and in partnership with the development partners.

CWGH hosted regional webinars on health financing and mobilised its network members, community members and the media to participate. Experiences on domestic health financing were shared as well as advocating for increased health financing and promoting community efforts in social accountability monitoring.

Also attended a PAI support partner engagement on the Investment Case were countries shared progress on developing and implementing their Investment Cases through their health ministries. CWGH attended MPDSR meetings where it amplified community voice on issues of concern such as poor road networks, unreliable ambulance services, food insecurity, poor reach of immunisation and family planning services and their impact on maternal and perinatal mortality.

It was also active during “THE GFF WE WANT” campaign and tweeted, liked, retweeted, and shared several posts targeting the global world, local CSOs and duty bearers voicing the need for increased funding for RMNCAH+N indicators.

Networking

CWGH, the GFF Network members and other PAI partners attended International Conference on Aids and STIs in Africa (ICASA) in December 2023 and spoke during the Biomedical HIV Prevention Forum Pre-Conference under the theme: “Unlocking the Power of Choice in HIV Prevention.” Issues that were discussed included the need to widen HIV prevention choices for women to increase their options for protection.

Domestic resource financing was highlighted as an ideal strategy for funding choice and options for women. A DRM conference, which was supported by WACI Health, GFAN Africa and the Global Fund, was also held during ICASA to discuss sustainable health financing, sources of local funding as well as documenting best practices from the region. CWGH also commemorated the 16 days of Activism Against Gender-Based Violence (GBV) calling on the prevention of violence against women and girls at community level through information dissemination sessions utilising drama, songs, solidarity messaging and service provision.

Capacity Enhancement

Two members of the secretariat attended a 3-day training supported by the Global Health Advocacy Incubator in Tanzania targeting CSOs from the region. The workshop, which was on *Epidemic Preparedness Advocacy: Building Awareness and Political Will for Sustainable Health Security Programs*, aimed at highlighting the importance of epidemic preparedness and the vital role of advocacy in generating the political will needed to prioritize health security programs supported by adequate and sustainable funding. CWGH also participated an Investment Case workshop conducted by PAI to ensure a common understanding on the health investment cases and how CSOs can actively monitor the process.



Village Health Workers were involved and participated in the various Zim GFF CSO meetings

11 Strengthening Accountability for Health Security Finances in Africa

With support from
Africa Health Budget
Network



Nonjabulo Mahlangu

Background

CWGH with support from the Africa Health Budget Network (AHBN) is implementing a project that focuses on building the capacity of CSOs, health advocates and media to promote accountability and transparency of health budgets in the country. The project uses budget advocacy and accountability to promote improved health service delivery. CWGH advocates for improvements in health budget allocation, spending, transparency, participation, and accountability aimed at increasing greater investment in health sector.

Earlier this year, CWGH produced a detailed media statement and circulated it to different media houses in the country, key government ministries, and other CSOs to launch the project. Several dialogues were held with key stakeholders to promote health security, domestic resource mobilization, promote increased allocation of health budgets and timely and total disbursements of the health budget. CWGH and AHBN also co-hosted a webinar on “*How can we ensure Public Health Resilience for the next Pandemic*”.

The organisation also gathered, synthesized and analyzed evidence on the health status including health budgets and finances for RMNCAH+N, health security, medicines, and health emergencies. The project capacitated CSOs, the media and MPs to engage in advocacy at all levels.



Activities in 2023

Project Launch

At the beginning of the year, a media statement was released to launch the project. This statement was distributed to various media houses, key government ministries, and civil society organizations. It was also posted on social media platforms including the CWGH website, Facebook and X handle to ensure maximum publicity.

Collection of Community Views

Views on the present health status were collected from CWGH constituencies, development partners and other CSOs. The findings were used to engage in dialogue with key stakeholders, including the Ministry of Finance, the MoHCC and the parliamentary portfolio committee on health to advocate for improved budget allocations and its timely disbursement.

Media Advocacy

Media advocacy played a crucial role in the project with more than 20 interviews conducted with both local and international media organizations, covering issues such as RMNCAH+N, health security, medicines and health emergencies. The resulting articles helped to encourage dialogue and promote accountability for public health resources and expenditures. CWGH participated in a webinar hosted by AHBN, where participants shared their experiences of advocacy work to promote domestic resource mobilization and health security in Africa. Using the recommendations from the webinar, CWGH advocated for the government to allocate more resources towards the health sector in the national budget, invest in pandemic preparedness and health emergencies.



The CWGH Information and Communications Officer Caiphos Chimhete with the Director for Spike Media Mr Byron Mutingwende at the media training workshop.



CWGH and AHBN also co-hosted a webinar titled “How can we ensure Public Health Resilience for the next Pandemic,” which was attended by health experts and advocates in Southern Africa. The webinar emphasized the need to strengthen and prioritize domestic health financing, ensure transparency, and accountability in the allocation and expenditure of public health finances. It also participated at a three-day Regional CSOs, and Media Advocacy Summit on Health Security Accountability organized by AHBN in Abuja, Nigeria. As a result, three media stories were published. AHBN established the African Health Security Accountability Learning Hub for summit participants and beyond.



Members of Parliamentary Portfolio Committee on Health from Parliament of Zimbabwe participated at the CWGH Budget Consultation Meeting.

Capacity building of journalists

At least 20 journalists received training in investigative journalism focusing mainly on health security, domestic health resource mobilization and pandemic preparedness. The workshop provided them with the necessary tools to conduct in-depth investigations and shed light on important issues. The training empowered journalists to be able to raise awareness, promote transparency, and contribute to evidence-based policymaking. They were capacitated to understand budgetary processes, and to be able to foster a culture of accountability and responsibility thereby contributing to more effective governance and facilitate informed decision-making.

ICASA side event on DRM

CWGH and GFAN Africa hosted a side event during ICASA in December 2023 on Domestic Resource Mobilization and Achieving Sustainable Health Financing in Africa. The event provided a platform to reflect on the health financing landscape, health research and development in Africa, and explore opportunities to advance domestic resource mobilization. It was attended by about 100 health advocates and activists from the continent. The Global Fund, which gave opening remarks, reminded participants of the need for DRM as donor funding was dwindling.

Key Stakeholder Engagements

During the reporting period, CWGH participated in several engagements with various stakeholders to advocate for improved healthcare in Zimbabwe. As a signatory to various regional and international agreements, Zimbabwe is committed to allocating budgetary funds towards fundamental socio-economic rights. CWGH held bilateral meetings with institutions such as WHO, World Bank, and IMF, Ministry of Finance, Ministry of Health, Parliament, UN Agencies, FCDO, EU, CCM, Health Professional Associations and the Embassy of France to discuss the country's health situation and identify areas that need attention.



Excellent engagement with the newly appointed Honourable Minister of Health and Child Care, Dr Douglas Mombeshora

Some of the key CWGH engagements include:

High-level engagements at the IMF and World Bank's Civil Society Policy Forum in Washington D.C in April 2023. These engagements led to the government's renewed commitment to address the grievances of health workers. CWGH continues to advocate for better working conditions for health workers. A meeting on Human resources for Health (HRH) attended by donors and UN agencies, which resulted in a directive to stop the active recruitment of health workers from Zimbabwe.

A meeting with the Ambassador of France and regional Counsellor for Global Health Southern Africa, Dr Thomas Mourez, to discuss capacitating CSOs on global and national strategies for their meaningful participation in global and national health processes was also held during the year.

Bilateral meetings with the EU and the FCDO at the British Embassy to discuss the importance of health security, the need for a National Health Insurance scheme, and sustainable domestic health financing strategies to achieve UHC.

A bilateral meeting with the World Bank Country Office to discuss the RMNCHN situation in the country and the need for budget allocation to address gaps in RMNCHN programming. Discussions were also on the CSO GFF advocacy strategy that was being designed to strengthen CWGH advocacy capacities for the attainment of UHC. The meeting also discussed the participation of CSOs and youth-led organizations in the GFF processes to ensure community views are represented.

A bilateral meeting with the WHO and UNICEF Country Representatives to update them about the partnership with AHBN and the community perspective on the health situation in Zimbabwe. Challenges faced in accessing healthcare were shared while the need for increased budget allocation to health was emphasised.

CWGH has continued to engage relevant stakeholders to advocate for the establishment of a National Health Insurance Fund that is publicly funded through a combination of individual contributions from the formal and informal sectors.



Dr Anna Mary Nyakabau (Consultant Clinical Oncologist) participated and actively contributed at the CWGH Pre-budget Meeting.

Challenges and Lessons Learnt

These challenges included limited funding, bureaucratic hurdles, and the need for stronger coordination among stakeholders. To overcome funding challenges, there is a need for the organization to explore diverse funding sources and innovative financing mechanisms to support its activities. There is a need for strengthened and improved coordination among stakeholders, including government sectors, civil society organizations, and international partners, which is essential for effective advocacy and implementation of health-related initiatives. There is also a need for CWGH to strengthen monitoring and evaluation efforts to enable the organization to assess the impact of its activities, measure progress and ensure accountability.

Future Plans

In 2024, CWGH will focus on promoting health security and achieving UHC through various activities. It will continue to prioritize its advocacy work on promoting public health security considering the lessons learned from the Covid-19 pandemic, that the importance of investing in emergency preparedness

The organization will work towards advocating for policies and strategies that promote UHC, including the establishment of the National Insurance scheme. This will involve engaging with government ministries, civil society organizations, and international partners to prioritize domestic health financing and ensure the sustainability of UHC efforts.

CWGH will focus on advocating for increased investment in health infrastructure development. This includes improving the physical infrastructure of healthcare facilities, such as hospitals and clinics, to ensure that they are well-equipped to provide quality services. Additionally, the organization will emphasize the need for investment in technology and information systems to enhance healthcare delivery and data management.

CWGH acknowledges the significance of research and development in advancing healthcare and health security. The organization will conduct research and also support local research initiatives and collaborations with academic institutions. This will enable the generation of evidence-based solutions and innovations to address health challenges effectively.

12 Promoting Community Monitoring in the context of COVID-19 and information

With support from and in partnership with



USAID
FROM THE AMERICAN PEOPLE

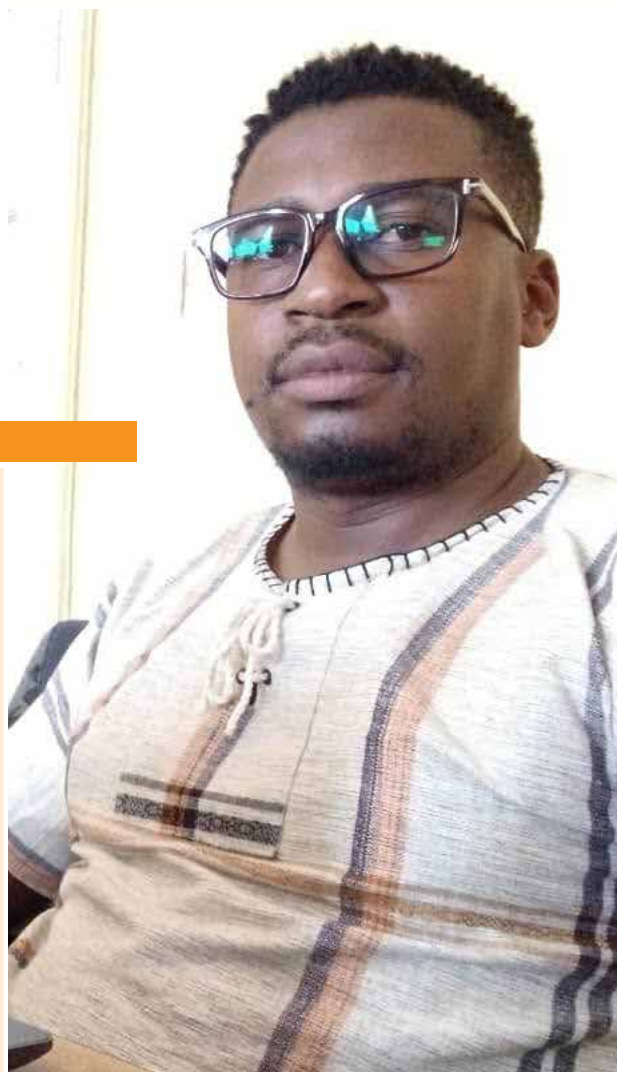


Internews
Local voices. Global change.

Mongie Khumalo

Background

The CWGH in partnership with Internews and USAID under the Rooted in Trust Project implemented a COVID-19 information project titled: *Promoting Community Monitoring in the context of COVID-19 and information*. In the project, community health workers were collecting rumors using mobile phones at community level using the Kobo collect application. The project was targeting the southern part of the country: Bulawayo, Matabeleland North, Matabeleland South, Masvingo and Midlands targeting 1 district per province. The targeted districts were Bulawayo urban, Masvingo urban, Chiwundura, Mangwe and Bubi. These areas were affected by misinformation and disinformation resulting in vaccine hesitancy and low uptake of prevention strategies due to limited access to timely correct and consistent information.



Activities in 2023

Five one-day inception meetings were held in all the 5 districts of Bubi, Mangwe, Chiwundura, Masvingo and Bulawayo targeting at least 15 stakeholders including the MoHCC officials, local government, NAC, other line ministries, CSOs, the security service and CWGH district committees. A total of 83 stakeholders participated in the sensitization meetings which aimed at getting stakeholder buy-in for the project, get assistance in identifying target areas, identify community monitors and share the project workplan among other issues.

A one-day toolkit review meeting was held in Bulawayo, where 10 Community Monitors (CMs) were brought together to interface with the draft Covid-19 toolkit. The platform was an opportunity for CM to share their input in the development of the toolkit. This meeting was facilitated by CWGH with support from Bulawayo City Health Department.

At least 60 CMs (12 from each targeted area) were trained on Kobo community rumour collection and its importance, sharing of information in existing community platforms on Covid-19 and other health issues.

The training was supported by Rooted in Trust Information Management Officer who capacitated cadres on the use of Kobo and administration of the questionnaire. All CMs were given Android phones to enable ease of data collection and a monthly data allowance. After the trainings, CMs collected and submitted the rumours to *Internews*, who managed a database of rumours collected from the communities.

Focus Group Discussions (FDGs)

A total of 55 FDGs were held during the year covering topics derived from collected rumours using the Kobo tool. A lot of issues around SRH were also explored during discussions including menstrual health, maternal health, and fertility issues. Also discussed were issues to do with cholera, measles, dysentery, mumps, and cancers dispelling any myths and misinformation and provide factual information, prevention strategies and symptoms and community's responsibility.

Joint Editorial Meetings

Joint editorial meetings were held every week to share top rumours on Covid-19, chronic ailments, conspiracy theories and treatment/cure of the disease. Other issues that also came out included sexual reproductive health, substance abuse, outbreaks of cholera, waste management. Collection of rumours provided early warning of a potential crisis for example in Mangwe, CMs were able to identify that mumps were becoming an issue of concern, prompting health authorities and CBOs to act and raise awareness to prevent the spread of the disease. Collection and analysis of rumours helped provide insight into community sentiments and inform effective communication strategies. Advocacy stories were also written dispelling the rumours, myths and misinformation.

Various methods were used to disseminate information to communities including face-to-face meetings, Covid-19 toolkit, edutainment, theatre for development, quizzes, and distribution of IEC material. Sports events and road shows were used to mobilize communities to participate in awareness campaigns.

A 30-minute documentary on dispelling Covid-19 rumours, myths, misinformation and disinformation was done by an consultant, Flamzee Productions.



Community members had the opportunity to get Covid-19 vaccination during community awareness activities

Feedback Meetings

A total of 10 district feedback meetings were conducted in all the 5 targeted provinces. The meetings provided a platform for CMs to share feedback on data collected from the community with various stakeholders. District stakeholders included representatives from MoHCC, Ministry of Women's Affairs, RDCs, central registry department, DDC, NAC, religious sector, police, CSOs, and traditional leaders. The second round of district feedback meetings were held to discuss the project exit and sustainability strategy.



Covid-19 Community Awareness on Demystifying Covid-19 rumours.

Capacity Building Training for CSOs

A capacity building training of CSOs doing RCCE work on Covid-19 in the targeted provinces was done with support from RiT 2.0 project staff. Six CSOs capacitated and supported to package and disseminate Covid-19 and other health related information. At least 31 CSOs were capacitated and were given the CM toolkit to adapt and utilise in their different settings.

Commemorations

World Health Day and the National Immunization Week were commemorated in all the five targeted districts in the month of April. These events brought together individuals, communities, and organisations to share information, resources, and best practices for promoting health and preventing disease. More

than 865 people were reached directly during the commemorations. Health talks, quizzes, drama, song, and dance were used to raise awareness. T-shirts, hats, masks, hygiene packs were distributed.

An end of project review meeting, to share experiences, identify lessons learnt, success stories and recommendations, was held in Bulawayo with 73 participants from all five districts. It was attended by CMs, CWGH secretariat, representatives from BCC, Internews and other CSOs.

Challenges and Lessons Learnt

Initially, CMs had challenges in using Kobo tool especially understanding the themes, sub-themes section and ranking of rumours. Mobile Network connectivity for sending rumors was a challenge especially in Chiwundura, Bubi and Mangwe. The introduction of a project was met with a lot of suspicion as communities were unsure what the information was being used for. The word “rumors” raised a lot of suspicion to the extent that some stakeholders wanted the word to be changed. However, sensitization meetings helped to allay fears. The inclusion of key stakeholders in all aspects of the project cycle led to effective implementation as it ensured political will and stakeholder buy in. The project came to an end in June 2023, however our work with community monitors unveiled attitudes and practices prevalent in the communities that have informed current low uptake of health service. Such information will help inform future programs that will address the identified gaps and challenges.



CWGH Finance Officer Moreblessing Chibaya on a Field Support and Monitoring Visit at Mangwe / Bubi in Matebeleland

13 Legal Empowerment and Social Accountability to Enhance Access to Social and Health Justice for Women and Girls with a Special Focus on Introducing Legal Rapid Response and Support in Overseeing the Programme Interventions in Zimbabwe

With support from AHAKI in partnership with LIRA



Lorraine Mumba

Background

Zimbabwe has achieved many public health successes but maternal morbidity and mortality resulting from unsafe abortions remains alarmingly high. In 2016 alone, more than sixty-five thousand induced abortions occurred in Zimbabwe. Restrictive abortion laws and a lack of clarity on these provisions play a key role in limiting women and girl's access to comprehensive abortion services. Most abortions were clandestine, unsafe, and performed outside the formal health system. This has led to a huge limitation in access to SRH services for women and girls in Zimbabwe.

The project aimed to research, document and disseminate positive African narratives on litigating access to SRHR, to identify, create and support network of Zimbabwean experts in advancing reproductive justice and establishing a legal desk at CWGH responsible for the legal rapid response.

CWGH has successfully conducted a situation analysis on the laws and policies on termination of pregnancies. A database of SRHR advocates in Zimbabwe has been created, leading to the creation of a platform which allows for a coordinated SRHR movement with local implementing partners as well as other experts. The establishment of the legal desk has been crucial in providing legal aid assistance as well as monitoring court cases, identifying possible cases and conducting the legal research necessary for strategic litigation.

Activities in 2023

Situation analysis

A study to get the insight and evidence on the availability, accessibility of SRHR, legal and litigative services for women and girls in Zimbabwe was done in April. This information was used to provide a baseline for the Zimbabwe LIRA Project implementation period. It focused on expanding the grounds of legal abortion through strategic impact litigation and rapid legal responses, seeing the current inadequacies and restrictions of an outdated law.

Stakeholders' meetings

Two stakeholder meetings were attended by more than 100 participants including parliamentarians,



CWGH legal Officer Lorraine Mumba addressing an SRHR National Stakeholders' Meeting

media, traditional leaders and other partners such as WiLSA, Katswe Sisterhood and WAG. It was aimed at validating the research and situation analysis conducted in April 2023 as well as present on the strategic litigation case & case monitoring report and setting up an SRHR Movement in Zimbabwe. The meetings created an opportunity for CWGH to inform SRHR experts present of its intentions to establish a database and network for better coordination of the SRHR movement.

Legal desk report

The legal desk with support from the CWGH Research team identified six SGBV cases through the Victim Friendly Unit in Nyanga. The six survivors needed different support services ranging from legal advice to financial aid in order for the to travel to undergo psychiatric evaluation. The support offered for psychiatric evaluations aided in the cases receiving a court date thereby enhancing access to justice for the survivors.

Developing training material

Material will be used to develop a manual to capacitate health, social, sexual health, legal and other intersect persons to advocates, human rights defenders in expedited litigation for SRHR. The material encompasses all major issues concerned with access to SRH and the ways in which all key players can holistically contribute towards enhancing access and ensuring the reproductive justice movement within Zimbabwe takes shape.



Ms Edna Masiyiwa, the Executive Director of Women Action Group (WAG) making a presentation at the CWGH SRHR stakeholders Meeting.

Analysis of termination of pregnancy laws in Zimbabwe

CWGH was able to have the Termination of Pregnancy Act (TOP) analysed thereby bringing the loopholes in the act to light of particular concern was the gestational age limit for termination of pregnancy as age limit works as a barrier to access. From the analysis, a policy brief was developed which highlights the aspects which CWGH will use of in its advocacy initiatives. The policy brief will be shared at meeting of stakeholders to allow partners to input.

Capacitation of the legal desk officer

During the period under review, the legal desk officer attended an intensive five-day course offered by **Afya na Haki** on Advocacy for Reproductive Justice in Africa. Upon completion of the course, participants from the third cohort formed a coalition which is titled “Reproductive Justice Network in Africa”. CWGH legal officer is actively assisting with drafting of the constitution for the legitimization of the coalition.



Memory Makuyana from the UZ Law School's Access to Justice Centre sharing the policy brief on termination of pregnancy act in Zimbabwe.

National SRHR stakeholder meeting

CWGH in partnership with the Access to Justice Centre (University of Zimbabwe) with funding from Afya na Haki and LIRA hosted a National SRHR Stakeholder meeting in Harare on the 19th of December 2023. The meeting was attended by experts on SRH as well as other LIRA implementing partners namely WiLSA, WAG and Shamwari yeMwanasikana.

The meeting discussed SRHR issues as well as the TOP Act. It was noted that grounds for termination of pregnancy remain limited to rape, incest and in instances where carrying



Ivy Chimedza from WiLSA making a presentation on SRHR litigation in Zimbabwe

the pregnancy to full term poses a life threat to the mother being limited. Regardless of the very limited grounds for termination of pregnancy, the government has signed off on comprehensive abortion care guidelines which is somewhat of an acknowledgment that abortions are taking place and post abortion care is crucial and must be provided indiscriminately.

It was recommended that policy must be improved to ensure that survivors do not endure continued hardship whilst attempting to access abortion services and that cost of medication used for termination must be reviewed to ensure accessibility. Participants called for the de-criminalization of abortions as it is imperative to enhance access to services as this will significantly reduce the stigma associated with same.

The meeting also recommended that:

- i) CWGH needs to host a workshop in which the termination of pregnancy act is intricately dissected.
- ii) It was suggested that CWGH develop a position paper on termination of pregnancy which should be shared with stakeholders.
- iii) Awareness campaigns on termination of pregnancy and procedure to attain a legal abortion must be carried out.
- iv) Religious leaders and other community gate keepers must be engaged and capacitated.
- v) Organizations working on abortion issues must feed into the Abortion Coalition to ensure that there is no duplication of issues.



CWGH and AHAKI partners had a catch up meeting during ICASA 2023 conference in Harare



Sipho Lupane from Shamwari Yemwanasikana making a presentation at the CWGH SRHR Stakeholders Meeting on Young Women and Girls.

Challenges and Lessons Learnt and Future Plans

The late disbursement of fund was a major challenge as it resulted in activities being pushed to mid-December. As with court cases, there have been several delays as key state witnesses were not being located which subsequently resulted in the matters being remanded. This affects the right to timeous trial for the accused person as well as access to justice for the survivor, it in turn means the survivor must travel several times to attend court in another city.

CWGH intends to strengthen legal rapid response. Since the legal desk is a new creation, there is need to raise awareness of its existence so as to draw in more SRHR violations relevant to the project. This will be done through co-ordinating the network of organizations including implementing partners to ensure that support is provided, and collaboration can be achieved. Clear protocols and procedures must be developed to guide the rapid response team's activities. This can be done by introducing a tool for receiving and documenting reports or violations and assessing their legality as well as eligibility for strategic litigation.

Introducing a tool will also allow for the team to have statistics and data readily available, which can be fed into advocacy initiatives without much difficulty. Community engagement at grassroot level must also be strengthened. This can be done through awareness campaigns and mobile legal aid initiatives offered after a campaigns or community dialogues.

Community cadres that work with CWGH must be given paralegal training to enable them to work knowledgeably feeding into the legal desk.



CWGH participated at the Women Deliver 2023 Conference in Kigali, Rwanda

14 Breaking Barriers: Promote Sexual and Reproductive Health Rights (SRHR) and Gender Justice for Women, Girls, and People with Disabilities in Mangwe and Bubi Districts

With support and in partnership with Christian Aid



Background

CWGH with support from Christian Aid is currently implementing the Breaking Barriers project, which aims to promote SRHR and Gender Justice for Women, Girls, and People with Disabilities (PWDs). The project focuses on advancing gender justice in Mangwe and Bubi districts to address gender inequality, poverty, and SRHR issues through a three-pronged approach.

It is meant to increase awareness on basic health, hygiene, SRHR, and services in the targeted communities, followed by promoting the adoption of safe practices that promote gender equality, challenge harmful gender norms, address stigma and discrimination at the community level. The project is also designed to create and utilize existing spaces for women, girls, and PWDs to engage with service providers and duty-bearers for adoption, budgeting, implementation, and prioritization of gender-just health services at a subnational and national level.

The project has a deliberate focus on women, girls, boys, and men aged 18 and above, PWDs, and young people in mining communities, with a 60% female and 40% male ratio. The project implementation began in November, and activities that have been carried out, include renewing MOUs for the two districts, a district sensitization meeting in Bubi, and the commemoration of 16 days of activism against gender-based violence in both districts. Capacity building of project staff was also done during this period, both in-house and by Christian Aid.

Activities in 2023

District Sensitisation meetings

A one-day meeting was held in November to update district stakeholders on the project's objectives, duration, rationale, activities, expected outputs and outcomes. The meeting was attended by 25 stakeholders, including representatives from line ministries such as the MoHCC, DDC, Public Service Commission, Ministry of Sports and Recreation, RDC, ZRP Victim Friendly Unit, Presidents Office, National AIDS Council, and local CSOs, including the Ministry of Gender and Ministry of Social Development.



Community sensitization meeting

The district already has a Gender steering committee, which will be utilized to identify partnerships and possible collaborations. The CWGH project will partner with other organizations such as Bekezela HBC, Musasa, SAFAIDS, Trinity, and REPSSI and work closely with the Ministry of Social /Welfare and the Ministry of Gender. A Ministry of Gender training Manual for Community Gender Champions will be used to train Gender champions and Men as Agents of Change. Sensitization meetings play a crucial role in instilling a sense of ownership of the program among stakeholders, ensuring the program's relevance, and avoiding duplication of activities.



16 Days of activism

Events to commemorate 16 Days of Activism against Gender-Based Violence were held in Mangwe and Bubi districts in November and December 2023 respectively. Both events were coordinated by the Ministry of Gender and were also attended by representatives from various organizations such as CWGH, MUSASA, SKIT, YES Trust, Goal Zimbabwe, Jointed Hands, government departments, local authorities, and the business community.

The events were meant to raise awareness of GBV and its causes in communities with the highest cases of GBV in the district. Community leaders, women, youths, and children attended the events and highlighted harmful cultural practices and infidelity as the main factors contributing to the increase in cases of GBV in rural areas.

Challenges and Lessons Learnt

The organization faced challenges in the timely disbursement of funds, which were further exacerbated by delays in renewing Memorandums of Understanding (MoUs), resulting in a delay in the implementation of activities. In Mangwe, the process is still ongoing. New regulations on how NGOs should operate in the province have been shared and will be followed.

Future Plans

The project still has many activities pending for implementation in 2024. A Sensitisation meeting will be held in the Mangwe District to facilitate the start of project activities in the district. Future activities in both districts include assessing the Knowledge Attitude Practice on Gender Dynamics, developing a training toolkit for Gender Justice champions, creating IEC materials, and building the capacity of Gender Justice champions in leadership, community mobilization, health, hygiene, SRHR, and project management. Additionally, community health actions facilitated by community champions and Community Dialogues with stakeholders will be held in the districts to engage people and raise awareness of harmful cultural practices and other factors contributing to GBV.

15 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 (GRRA)
Harare Residents Trust (HRT)
Informal Traders Association of Zimbabwe (ITAZ)
Marondera Residents and Ratepayers Association (MRRA)
Mutare Residents and Ratepayers Association (MRRA)
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 (ZHAAO)
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)

16 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.





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