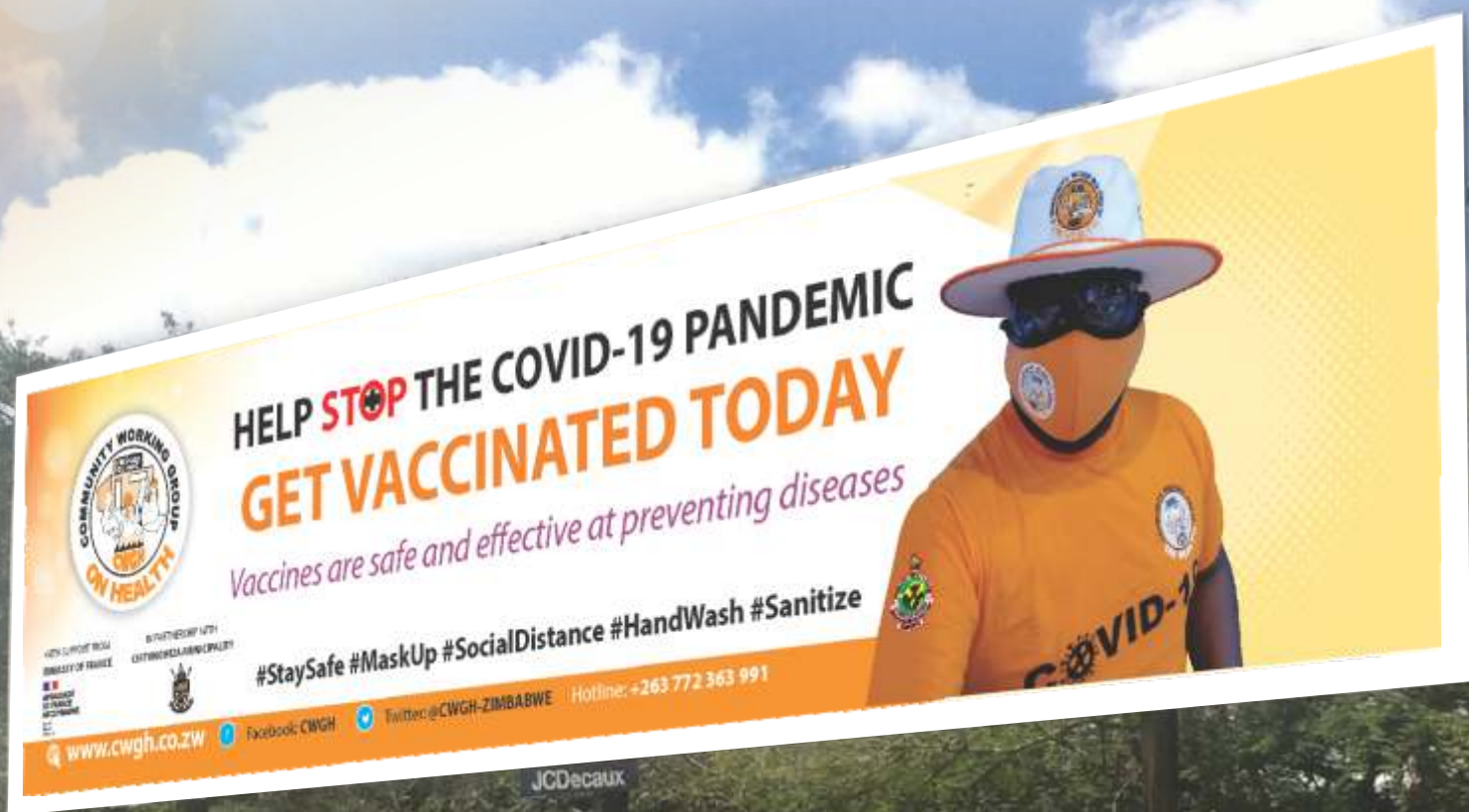


PVO 01/2014

# COMMUNITY WORKING GROUP ON HEALTH

*Health is your Right and Responsibility*



**2021**  
**ANNUAL**  
**REPORT**

# Zim Community News 2021 Awards



Dear Community Working Group on Health Executive Director

**RE: ZCN 2021 Awards notification**

We are glad to inform you that Perfection Media (Pvt) Ltd, a fast-growing licensed community media house in Zimbabwe, is set to honour you for your outstanding work in the community at the second edition of the Zim Community News 2021 Awards.

In particular, our awards recognise organisations and individuals that exemplify excellence in contributing to empowering the community.

Our adjudicating team has found you a deserving choice for the **Outstanding Organisation in Community Healthcare** award.



PVO 01/2014

## 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.

*Health is your Right and Responsibility*





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## 01 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

## 02 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

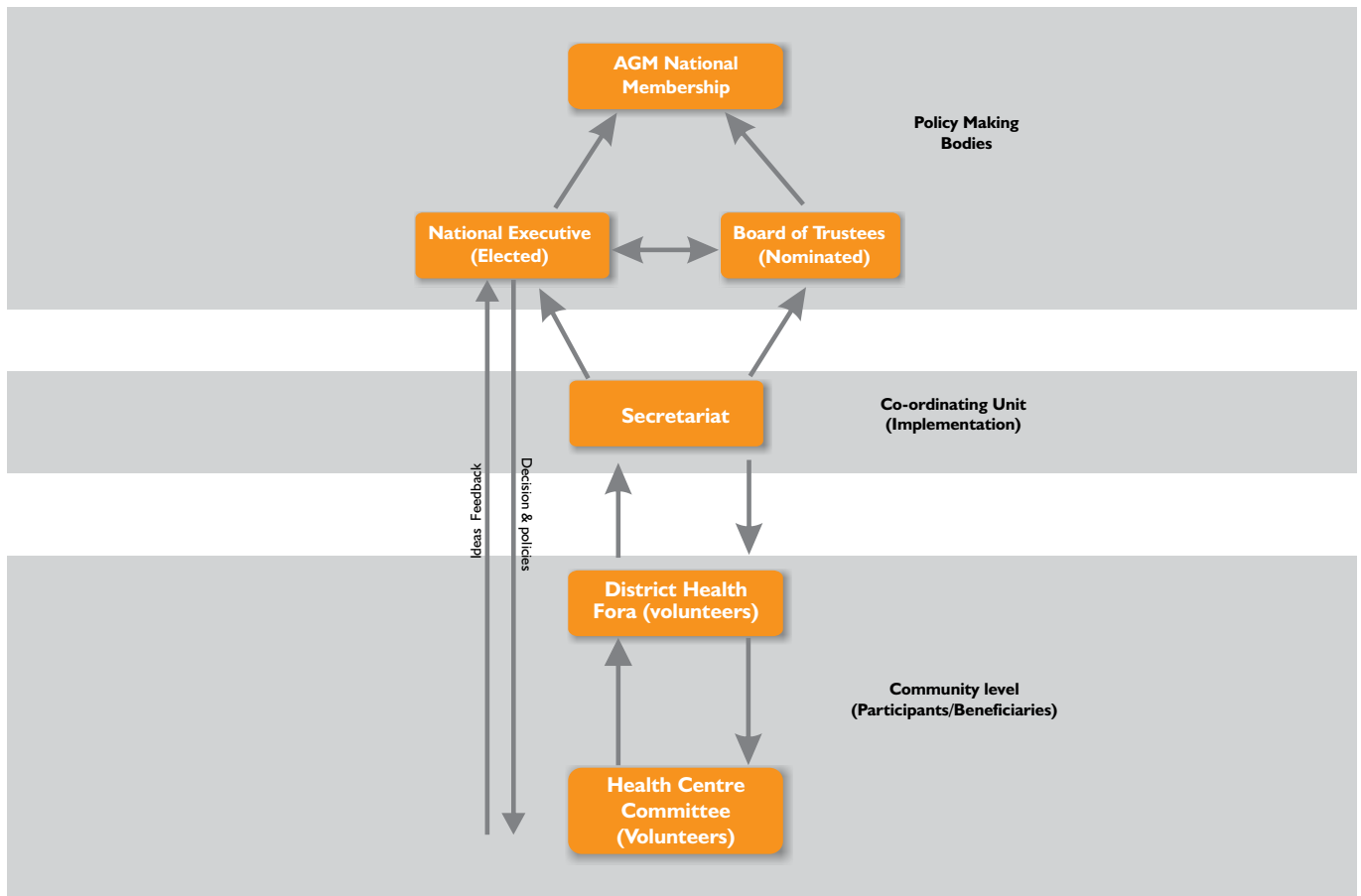
Executive Committee.

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 Committee members elected at the Annual General Meeting*

## 03 Organisational Structure



### Board of Trustees

- Dr Dickson Dick Chifamba** - Chairperson
- Mrs Maria Magdalena Savanhu** - Vice Chairperson
- Mr Shepherd Shamu** - Health Economist
- Dr Portia Manangazira** - Public Health Specialist
- Mr Norbert Dube** - Civil Society Expert
- Mr Rogers Matsikidze** - Legal Advisor
- Mr Farai Edwin Chitsa** - Human Resource Specialist

### The Executive Members

- Mrs Maria Masunda Chiwera** – Chairperson (Women’s Action Group)
- Mr Tonderai Chiduku** - Treasurer (Zimbabwe National Network of People Living with HIV)
- Mr Desmond Ntini** – Committee Member (Zimbabwe Council of Churches)
- Mrs Anna-Collector Penduka** – Committee Member (Women and AIDS Support Network)
- Mr Entrance Takaidza** – Committee Member (Zimbabwe Human Rights Association)
- Mr John Ngirazi** – Committee Member (Zimbabwe Congress of Trade Unions)
- Mr Thomas Chikumbirike** – Committee Member (Counselling Services Unit)



## 04 Staff and Interns



**Itai Josh Rusike**  
Executive Director



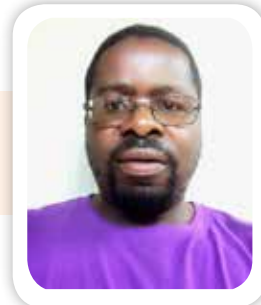
**Nonjabulo Mahlangu**  
Team Leader



**Takada Masiyiwa**  
Finance Officer



**Edgar Mutasa**  
Health Literacy Officer



**Caiphas Chimhete**  
Information and Communications  
Officer



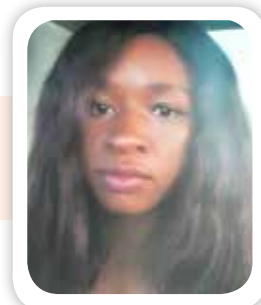
**Tafadzwanashe Nkrumah**  
Programme Officer



**Mandy Mathias**  
Programme Officer



**Tanyaradzwa Munouya**  
Programme Officer



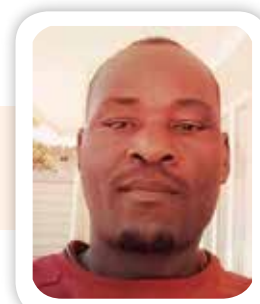
**Moreblessing Chibaya**  
Finance Assistant



**Sandra Machingauta**  
Office Assistant



**Tjedu Moyo**  
Intern



**Tedious Tembo**  
Maintenance Officer



## 05 Foreword: Board of Trustees Chairperson

*Dr Dickson Dick Chifamba*

**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.**

This has been worsened by the COVID-19 pandemic which continues to afflict the country. 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.

While the Covid-19 lockdown restrictions are necessary, they have also disrupted access to essential health care services especially for people with chronic illnesses, maternal and child health care services, denying them their right to health.

It is under this difficult operating environment that CWGH would like to acknowledge and pay tribute to the critical role being played by frontline health workers responding to the COVID-19 pandemic including the Community Health Workers (CHWs), who are critical in the successful implementation of the primary health care (PHC) concept.

The continual shrinking of operational space for civil society organisations caused by restrictive laws and protocols remains a major concern. This has been worsened by the dwindling funding support to most national organisations. Major donors are now focusing on more needy geographical regions.

I am however delighted that as CWGH, we have managed to pull through and registered remarkable successes in a number of areas during the year under review. CWGH continued to register successes in advancing the right to health through vibrant community participation and advocacy to ensure policy change for the benefit of the ordinary Zimbabwean. We have continued to advocate



Dr Dickson Dick Chifamba

for the concept of primary health care as the pillar to achieving Universal Health Coverage (UHC).

As recognition of our sterling work, the MoHCC this year reappointed CWGH to the national Maternal, Perinatal Death Surveillance and Response (MPDSR) Committee. The organisation also contributed significantly to the development of the National Health Strategy and the Health Investment Case. I am proud to point out that CWGH coordinated and hosted the Zimbabwe Mini Biomedical HIV Prevention Forum (BHPPF) Conference in Harare after successfully hosting the Torch Caravan commemorations for the Global Fund 20th Anniversary. Such is the honour the organisation continues to get.

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

I pray for brighter and more prosperous years to come. With team work and determination, I believe 2022 will be a better year for the organization if we continue to work as a family. I wish the CWGH family a bright future.

***I am however saddened by the passing on of our two executive members, Mr S. W. Moyo - (Bulawayo United Residents Association) and Mr Ngoni Chigwana - (Diabetes Peers Educators Zimbabwe).***

## 06 Executive Committee Chairperson's Remarks

Mrs. Maria Masunda-Chiwera

The country continues to experience an economic meltdown characterised by strikes by health workers and high cost of basic commodities including medicines at times charged in foreign currency. Addressing the country's onerous health challenges requires total political commitment towards implementing the Primary Health Care (PHC) concept to achieve Universal Health Coverage (UHC) to ensure that every Zimbabwean enjoys his/her right to health.



Mrs. Maria Masunda-Chiwera

Instead of health for all by the year 2000, we have seen more than two decades of declining health service delivery, worsening health conditions and rising death rates. The people of Zimbabwe need to reclaim their role and rights in relation to health, or our health will continue to decline. We recognize that the current health crisis does not emanate from the health sector - it comes from the wider economic collapse and the increasing extent to which people are not accessing basic public services like transport, water and electricity.

The COVID-19 pandemic, which came with tight restrictions on people's movement, made the situation even worse. The impact was undoubtedly most severe on patients with chronic illnesses such as hypertension, diabetes or HIV/AIDS. A number of those on ART defaulted resulting in serious health complications and at times even death. The disruption of essential health services has reverse some of the health gains that the country had achieved over the last few years.

Every citizen of Zimbabwe has the right to access the healthcare they need and also to enjoy the highest standard of health possible without facing financial ruin. That right is guaranteed in the Constitution of Zimbabwe not only by timely and appropriate health care but also access to safe and potable water, adequate sanitation, and adequate supply of safe food, nutrition, housing and access to health-related education and information.

I am proud to say that CWGH played a critical role during the Covid-19 pandemic through health education using

information and awareness activities in communities; distribution of PPEs and other medical sundries; training of CHWs on Covid-19 literacy; production of advocacy press statements which also reproduced in newspapers, TV, Radio and on social media.

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

Let's continue to raise our bar in resource mobilisation, the future looks bright for us.

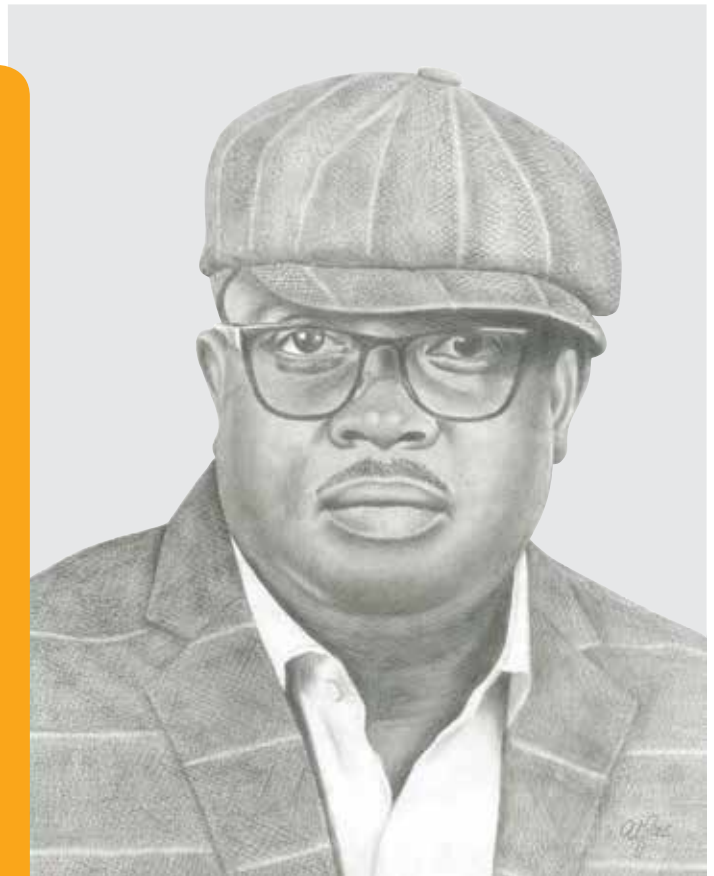


Receiving the ZCN outstanding Organisation in Community Healthcare award.

## 07 Letter from the Executive Director

*Itai Josh Rusike*

Zimbabwe faces the three-fold challenge of responding to and mitigating the COVID-19 pandemic on the population, while striving to maintain the essential health services, and addressing other pressing and emerging health issues; at the same time experiencing a significant economic shock. In addition to the economic shock, health systems in Zimbabwe have experienced significant disruptions. This despite the fact that the system still falls far short of adequately addressing the high burden of communicable and non-communicable diseases in the pre-Covid-19 era. Meanwhile the nation has a very ambitious agenda 2030 national development blueprint. Suffice to say the pandemic has really exposed the human costs of fragile health systems and precarious safety nets. A case in point is the high levels of community and institutional deaths, indicating poor access to comprehensive health services and possibly also poor quality of service to those accessing both public and private health services.



Itai Josh Rusike

(central) levels, to ensure improved geographical coverage as efficiency and effectiveness of the human and material resources.

The Community Working Group on Health has for more than 2 decades advocated for primary health care, (PHC) as a strategy and approach to a comprehensive, people driven health service that has potential to lead the country to attain universal health coverage, (UHC). Zimbabwe having embraced PHC at independence and following the Alma Ata Declaration on PHC in 1978 had made great strides towards implementing PHC as from 1984. Programmes centred on PHC implementation saw communities getting involved in their health and welfare e.g. adopting and building of latrines, protected wells and learning basic health including simple home remedies such as preparation of salt and sugar solution to address childhood diarrhoea. Meanwhile the health service delivery system had to be decentralized in order to address the health needs of the whole population as primary, secondary, tertiary (provincial) and quaternary

The PHC approach saw the previous adverse maternal and child health indicators reverse during the first two decades post-independence. However this progress received a number of shocks due to the Structural Adjustment Programme of the late 1980s, the HIV and AIDS pandemic, the economic crisis which followed the land reform programme and of late has been stalled due to the Covid-19 pandemic and its negative effects on the economy, health and life of the citizens. WHO recommends that every country allocate or reallocate an additional 1% of GDP to PHC from government and external funding sources.

We see the Covid-19 pandemic and the national response to it so far as both huge challenges but also opportunities for restoring an effective, efficient and resilient health system accessible to all nationals as an essential part of PHC and leading to UHC and the





*It is imperative that we act to rebuild the health system from the bottom up*

attainment of the SDGs and the country's agenda 2030 development goals. The current scenario requires identification and special targeting for all vulnerable and marginalized, particularly women, adolescents and children. This is where the community reach and expertise of the CWGH and its networking partners have specialization for both the health and social aspects of Covid-19 and other health challenges that negate the implementation of PHC and UHC attainment.

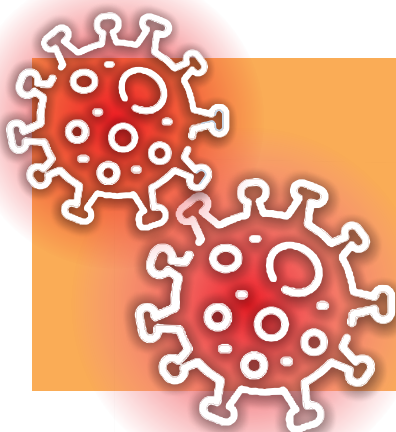
Having been part of the Covid-19 national response especially supporting the community engagement pillar, we intend to now use the learning from implementing various aspects of the response to provide guidance and demonstrate that it remains critical to mount an effective pandemic response while still ensuring continuity of operations. This requires focus on PHC and the UHC, and scrutiny on key health delivery and health financing indicators to ensure favourable health outcomes in the post-pandemic era.

We will continue promoting PHC and UHC goals while advocating for improved public health financing and budgeting by inputting into the national budget, advocating for an adequate and capable health workforce, contributing towards deepening knowledge, (health literacy) and scaling up capacity for achieving the objectives of the Covid-19 national response, the re-establishment and continuity of services and demand by communities, including through innovative use of technology. We will realize that health as defined by the WHO in 1948 requires a comprehensive and whole of society approach but with adequate resources and national leadership.

In our Annual Report 2021, we invite you to read and follow our progress in implementing our advocacy and community work.

**Itai Josh Rusike**

Executive Director



Having been part of the Covid-19 national response especially supporting the community engagement pillar, we intend to now use the learning from implementing various aspects of the response to provide guidance and demonstrate that it remains critical to mount an effective pandemic response while still ensuring continuity of operations.

## 08 Information & Communication

### Background:

The Information and Communication department is the cornerstone of CWGH's advocacy activities to equitable health services among all citizens across the country. Its relevance and importance has become more crucial in the wake of COVID-19 outbreak which requires adaptation to new and innovative forms of communication.

The outbreak of COVID-19 in 2020 in Zimbabwe required a substantial shift from the way people interacted and communicated. In 2021 like in previous year, the health sector went through serious challenges. This included thousands of COVID-19 related deaths including frontline health workers, massive emigration of health personnel into the Diaspora, poor remuneration that led to job stoppages, shortages of medicines, personnel, sundries and medical equipment.

### Social media

Both internal and external were held virtually through various social media platforms such as WhatsApp groups, google groups, Zoom, skype and Microsoft teams.

CWGH social media platforms such as twitter, Facebook and the website continued to play a crucial role in publicizing programme activities, events as they happened as well as the organization's policies and regulations.

Even the 2021 CWGH National Conference, the Torch Caravan to celebrate 20th anniversary of the Global Fund and the high-level Zimbabwe Biomedical HIV Prevention Conference were held as virtual due to the Covid-19 pandemic. CWGH secretariat including the executive directive participated in several local and international meetings advocating for universal health coverage.

A young innovative ICT graduate has been engaged to upgrade the organization's website to give it a modern, appealing and a more interactive look. Another young and enthusiastic intern has been drafted in the department to help to constantly update the social media sites to ensure it always has new and latest health information.

During the course of the year, twitter played a critical informative role to the organization's public especially under the UNICEF's funded *Intelligent Community Health Systems Initiative: Strengthening Community*



*Platform for Health* programme. CWGH trained community health workers and farm workers in Manicaland province on how to effectively use social media.



## Advocacy

CWGH played critical role in raising awareness about COVID-19 which claimed several lives in the country and abroad. The awareness programmes centered on educating communities about the symptoms of the disease, how to prevent it as well as urging them to get vaccinated. People were encouraged to practice physical distance, washing hands and proper wearing of masks. CWGH also distributed masks and sanitisers around the country.

Several articles generated 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. This also further strengthened the CWGH brand, which is now an international brand.

News articles were also published in reputable national newspapers such as the Herald, Sunday Mail, Chronicle, HealthTimes, Spiked, Daily News, News Day, the Standard and Health Matters magazine, attracting huge interest across the country. Health Matters

Magazine, is a publication of the MoHCC, which is distributed to all health institutions across the country.

Strenuous efforts were also made calling on the government to increase budget allocation to the health sector to meet the 15% Abuja target. However, that has not been achieved yet.

## Challenges

The absence of modern gadgets such as smartphones continues to pull back efforts by the department to modernize communication to ensure that people get news or activity updates as they happen. This has made it difficult for the department or programme officers to fully utilize twitter, Instagram and Facebook.

## Future Plans


Plans are afoot to capacitate all staff on new forms of social media to enable them to effectively and productively communicate to ensure CWGH's advocacy efforts produce the desired health outcomes. Effort will also be made to raise enough funds to enable the purchase of modern-day communication gadgets.



*Training Community Health Workers on use of Social Media Technologies.*



## 09 Intelligent Community Health Systems Initiative – Strengthening Community Platforms for Health

With support from   
for every child

in cooperation with  and UZ-DCM-HITRAC

### Background:

CWGH implemented a project The Intelligent Community Health Systems Initiative – Strengthening Community Platforms for Health from April – November 2021 with support from UNICEF. The project aimed at complementing the MoHCC work through supporting ongoing capacity building of subnational structures at district and community levels (ward and village level) to facilitate effective implementation of the National Community Health Strategy (NCHS) recommendations and the community health package by households. It was implemented in two provinces of Zimbabwe namely: Mashonaland West and Manicaland targeting 7 districts. In Manicaland, it was implemented in Mutasa, Nyanga and Makoni districts and in Mashonaland West in Kariba, Makonde, Zvimba and Chegutu. The use of the community scorecards was selected as a tool to capture community feedback. CHWs were capacitated to use the score card to monitor health service provision

### Activities

Key interventions implemented during the reporting period included sensitisation meetings targeting key stakeholders in the relevant sector ministries including the Provincial Development Committee (PDC), the Provincial Health Team (PHT), the District Development Committee (DDC) and the District health Teams (DHTs). The meetings provided a platform for informing the stakeholders of the aims, objectives and project activities.

An assessment on the functionality of community structures HCC, Village Development Committee (VIDCO), Ward Development Committee (WADCO, women's learning and action groups} was done in 26 health facilities (12 in Mashonaland West and 14 in Manicaland) using key informant interviews and focus group discussions (FGDs). The assessment was aimed at reviewing their constitution, composition and terms of reference also taking note of the interaction if any of these various committees. A total of 350 participants (217 males and 143 females) were reached.

### Key findings from the assessment

- Health posts have not been established in most communities
- Most of the representatives of HCC, VIDCO, WADCO and Village Assemblies were not aware of their roles and responsibilities, thereby affecting their involvement in community programmes
- Lack of representation of people living with disabilities, youth, religious leaders in community structures
- Gender imbalances was evident as more men participated in the assessment as compared to the women.
- Lack of feedback from the authorities on advocacy issues raised. This has affected community participation as people have lost faith in the duty bearers.

CWGH developed a community scorecard with input from stakeholders with 10 indicators measuring both facility and community-based services. The organisation then trained 894 community cadres (726 females and 168 males) as community monitors (CMs) on the use of the scorecard, data collection and community feedback mechanisms for social accountability to ensure community monitoring of MNCH services. The trainings were done in collaboration with MOHCC and UZ-DCM-HITRAC. Nurses from the targeted clinics were included in the trainings to provide support to the CMs in their areas.

### Emerging issues from the trainings

- Limited participation of men in health issues as their participation was low both as consumers of health services and as implementers.
- Need for continuous capacitation of CHWs on COVID 19 issues to help dispel fears, myths and

misconceptions about the disease that arise every day.

- Long distances to health facilities continue to contribute to negative MNCH outcomes.
- Need for continuous engagement with religious and traditional leaders on to improve the uptake of MNCH services

Trainings were followed up by monitoring and support visits supported by the DHE to ensure monitoring of health services and community feedback meetings were held. These were followed by community feedback meetings based on data gathered during monitoring and analysed by community level governance structures. The findings were discussed at different levels for actioning. Feedback meetings targeting key stakeholders such as ZESA, Department of Public Works, the District Development Fund, local government and other CBOs were also done. For provincial and national



Strengthening Community Platforms for Health

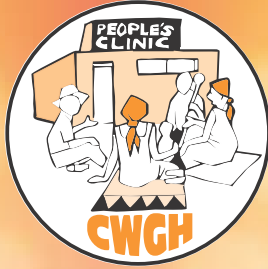
level action, the feedback is elevated from district level using the DHE and local government processes. Issues that need higher level response will be elevated through the existing structures.

## Recommendations

Some of the key recommendations from the implementation of the project are:-

- Need for continuous capacity building of community health structures on their roles and responsibilities as well as on health programmes such as NCHS and community health package
- Need to improve community participation in district budget planning through capacitation of HCCs, VIDCOs, WADCOs
- Need to strengthen the design and implementation of public health programmes that address community needs
- Need for policies that support all disadvantaged and vulnerable groups in the health delivery system
- Improvement in accountability by the health providers in the health delivery system
- Health resources need to be channeled to priority issues
- The scorecard needs to be translated into vernacular languages especially for the digitalized scorecard to enable ease of administration.
- Need for review meeting/feedback with CWGH/MoHCC after three months to assess progress of the project
- Feedback from MoHCC on improvements in service delivery after 6 months – this will assist to motivate communities to continue giving feedback





# COMMUNITY WORKING GROUP ON HEALTH (CWGH)

## PRESS STATEMENT

As schools reopened for examination classes on 30/08/2021 and with the rest of the learners opening on 06/09/2021, it is important to ensure the health and safety of the students, teachers, support staff and the surrounding community.

### COVID-19 PREVENTION

### How to keep children and staff protected at schools

#### DOs ✓



Educate children and staff about COVID-19 symptoms & prevention, particularly the importance of hand washing and respiratory hygiene.



Ensure school grounds and facilities are clean and hygienic.



Promote regular hand washing with soap and running water for 40 seconds, or 20 seconds with an alcohol-based hand rub. Ensure the school is equipped with hygiene products



Ensure students and staff with symptoms **stay away from school**.



If a student suddenly develops symptoms, separate them from classmates and inform the child's parents and a healthcare provider as soon as possible.



Encourage students to **avoid touching their eyes, nose and mouth**.

#### ✗ DON'Ts



**Don't take your child to school** if they are showing signs of COVID-19 symptoms



**Don't promote unnecessary touching among children when greeting**, such as hugging, especially if they are showing symptoms.



**Don't allow unnecessary crowding**: minimize crowding by planning student's exits and entry into classrooms as much as possible.



**Don't allow students to share items if possible**, and encourage them to practice good hygiene.

#### Wash your hands to prevent Coronavirus

Wash your hands regularly for 40 seconds with soap and running water or 20 seconds with an alcohol-based hand rub.

Here are five key moments at school:



When you arrive at school



Before eating food



After touching surfaces



After embracing others and before leaving school



Adapted from

Community Working Group on Health (CWGH) in cooperation with Chitungwiza Municipality and with support from Embassy of France has been responding to the COVID-19 pandemic by promoting community-driven compliance and adherence to WHO recommended public health and social measures of COVID-19 and strengthening community-based surveillance.

With support from

EMBASSY OF FRANCE



In partnership with

CHITUNGWIZA MUNICIPALITY



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Twitter: @CWGH-ZIMBABWE

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#StaySafe #GetVaccinated #MaskUp #SocialDistance #HandWash #Sanitize

# CWGH Media Advocacy and Influencing work

## 'COVID-19 threatens gains made in fight against HIV, TB, malaria'

BY VANESSA GONYE  
GLOBAL Fund Advocates in Zimbabwe's rural areas, the Zimbabwean Health Services yesterday expressed concern that the gains achieved in combating HIV, TB and malaria risk being eroded as the focus has shifted to fighting COVID-19.



## 'Prioritise primary healthcare to revitalise the health system'

BY HARRIET CHIKANDIWA  
ZIMBABWE has been urged to continuously assess healthcare systems in order to close gaps in healthcare by marginalised communities and neglected tropical diseases.

## 'Heads should roll at Parirenyatwa'

BY PHYLIS MBANJE  
HEALTH watchdogs have called for thorough investigations into the recent death of a woman during labour at Parirenyatwa Hospital amid allegations that she was left unattended for too long.

## 'Health budget big, but inadequate'

BY PHYLIS MBANJE  
ZIMBABWE'S health budget allocation has been dismissed as grossly inadequate to tackle the myriad of challenges besetting the sector.



## Address health problems in rural areas, govt told

BY VANESSA GONYE  
PUBLIC Health watchdog, the Community Working Group on Health (CWGH) has called on President Mnangagwa to solve the health problems in rural areas.

## Be part of Covid-19 response, say experts

BY PHYLIS MBANJE  
HEALTH experts have urged Zimbabweans to be part of the COVID-19 response, saying that the country's largest referral hospital is not adequately equipped to handle the disease.

## Girls, women face high risk of HIV/Aids: Rusike

more than 200 000 additional...  
The leadership and management of organisations in...  
Are you happy with...  
The country's largest referral hospital is not adequately equipped to handle the disease.

## Covid-19, collapsing health systems reverse Zim's malaria gains



## 'Promote domestic funding for health'

BY PHYLIS MBANJE  
HEALTH stakeholders have called on government to stop depending on external funding for the sector as it is not sustainable.

## 'Politicians must stop victimising health professionals'

BY WINSTONE ANTONIO  
HEALTH workers in Zimbabwe bear the brunt of savage politics and are victimised for providing professional services to the people.

## Village health workers key in COVID-19 campaign

BY PHYLIS MBANJE  
In Zimbabwe, the role of healthcare workers in the prevention of COVID-19 is vital.

## Village health workers exposed to COVID-19

BY PHYLIS MBANJE  
VILLAGE health workers (VHWs) in Matabeleland North province, Zimbabwe, have been exposed to COVID-19.

## Matabeleland's chronically ill patients neglected

BY PHYLIS MBANJE  
MATABELELAND North province has been criticised for neglecting chronically ill patients.



## 10 COVID-19 – Reopening of Schools: Education, Awareness and Advocacy

Supported by the French Embassy



### Background:

Re-opening of schools in 2021 was done amidst a lot of uncertainty and ill-preparedness with a lot of schools opening without appropriate measures in place to ensure effective infection prevention control measures of COVID-19. Although examinations went ahead, a lot of infections occurred among with teachers and students.

There was a huge gap between prevailing conditions in and out of schools and what needed to be done to safely open the learning institutions in Chitungwiza. Lack of involvement of parents in the preparation process for the schools reopening left most parents worried and concerned about the safety of their children.

During the implementing period, the private schools in Chitungwiza managed to set up sick bays for COVID-19 with support from Chitungwiza COVID-19 Rapid team. They also engaged the Chitungwiza City Health Department seeking assistance in managing the disease within schools.

### Activities

In response to COVID-19, the Embassy of France supported CWGH in strengthening the efforts by the government towards supporting the opening of schools, raising awareness and empowering community health structures on infection prevention and control practices. The activities done under the *COVID-19–Reopening of Schools: Education, Awareness and Advocacy* project promoted linkage between schools and communities breaking the gap between what happens in schools and the broader community. This was directed by the fact that school children come from the affected communities, hence the need to ensure there is also communication of health risks to the population living around the respective schools.

This promoted linking of the schools to local clinics and the department of health through community structures like the HCCs within the target areas. With support from the Chitungwiza COVID-19 Response Team, Chitungwiza City Health and MoHCC, CWGH monitored preparedness of schools in dealing with COVID-19 within the schools.

The objective of the project was to strengthen compliance and adherence to recommended public health and social measures of COVID-19 in the community and schools to reduce transmission, morbidity and mortality.

### Changes brought about the project

- The project promoted the setting up of a COVID-19 sick and isolation bays within private schools where patients awaited to be taken to the health facility.
- Private schools were also included in the awareness programmes. The government had only trained, raised awareness and provided COVID-19 prevention support kits to government schools alone.
- The online education disadvantaged most children due to the poor system set by the government, lack of data and proper gadgets and the teachers and students have not been properly trained



## Infection Prevention and Control Measures in Schools



WHO states that infection prevention and control (IPC) is grounded in infectious diseases, epidemiology, social science and health system strengthening. IPC occupies a unique position in the field of patient safety and quality universal health coverage since it is relevant to health workers and patients. In regards to schools and their learning setups, in this project CWGH considered measures that can contribute to limit the exposure to the disease and reduce the probability of its transmission amongst pupils, students, teachers and non-teaching staff at school. CWGH considered that prevention measures at school, alone, would not prevent the virus from spreading within the schools but increased awareness and hygiene could also contribute minimizing the spread. Most students were not able to access online classes and students in marginalized communities when schools were shut down.

*Seke North HCC Chairperson Ms. Welemu shares her experience during training*

### COVID-19 Compliance in Chitungwiza

Officials from the Chitungwiza City Health department noted the improvement of COVID-19 compliance in schools after CWGH's awareness programmes on the importance of practising the WHO guidelines and following national the lockdown measures.

The demand for the vaccine is now high however, the health facilities are failing to keep up with the increased demand. There was, at one time, shortages of 1st and 2nd doses in some of the facilities. It was also noted that there were some community members were still hesitant and needed more raising awareness programmes.

### Media advocacy

CWGH engaged several media houses and platforms in raising awareness on COVID-19. The organisation gave regular statements and appeared in both print and electronic media highlighting various issues from encouraging communities to adhere to public health preventive measures and holding government accountable over all the COVID-19 donated materials. It also erected a banner in Chitungwiza as a way of raising awareness on the disease.

# 11 Strengthening Health Literacy Programme in the farming Communities in Manicaland Province, Zimbabwe

With support from FOS



in partnership with GAPWUZ



## Background:

CWGH through the Health Literacy programme comprehends the necessity for access to health, which is affordable, available and of high quality in a developing country like Zimbabwe. CWGH joined forces with GAPWUZ to implement the five-year (2017-2021) FOS-funded programme aimed at transforming the health welfare of farm workers in plantation estates of Mutasa (Selborne, Allied Saligna, Dunsinane, Sheba and Stapleford Estates) and Nyanga districts (Erin).

CWGH provided platforms and participatory approaches identifying health issues specific to farm workers and their communities empowering them with skills and home grown solutions. Community participation contributed to the quality, coverage and equality in access to health care and improved health outcomes.

## ACTIVITIES

### COVID-19 Community Health Worker Vaccine Sensitization

CWGH in partnership with Nyanga District Health Team embarked on an intensive COVID-19 Vaccine sensitization programme in March 2021. The organization took provided comprehensive information to CHWs and public dispelling myths and misconception on the COVID-19 vaccines, instill confidence and deal with perceived lack of transparency over the procurement of the vaccines, improve access to information on the COVID-19 management programme. A total of 351 CHWs were reached and they also received their first jab. Most frontline health workers were in the dark about the Chinese Sino pharm drug.

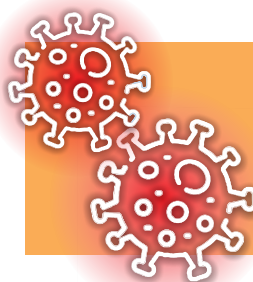
### Mobile outreach COVID-19 Vaccination Campaign

CWGH supported Nyanga district with a vehicle and staff allowances for the mobile outreach national vaccination programme in May and June 2021 in Manicaland. The integrated COVID-19 Sino pharm vaccine as well as Typhoid Conjugate Vaccine, Inactivated Polio

Vaccine, Human Papilloma Virus Vaccine and Vitamin A campaign was conducted to attain high coverage for supplementary immunization activities and improving child survival attaining COVID-19 herd immunity. A total of 571 people (F: 353; M: 208) were vaccinated. Twenty-nine health facilities including one district and 4 mission hospitals participated.

### Community Advocacy Meetings

The meetings created a platform for communities to appreciate the efforts made and herald challenges they are facing in their day to day lives so that sustainable development strategies can be put in place and action plan developed informed by issues raised by the people. Three community advocacy meetings were conducted in Mutasa and Nyanga districts. CWGH and GAPWUZ captured community views and perceptions to input in the 2021-22 national health budget formulation.



## Digitalisation: Adapting to Change

COVID-19 pandemic increased the need for digital literacy as physical meetings were limited. However, lack of gadgets, high costs and lack of knowledge on social media platforms and their uses hindered participation of communities. CWGH built the capacity of farm worker communities including CHWs by strengthening their knowledge and skills on digitalization. A total of 36 participants (M: 16 and F: 20) were trained in August 2021, covering topics such as social media platforms and its impact on health, social and economic sectors; responsible use of social media and how to identify fake news.. After the trainings, participants formed

WhatsApp groups and were able to conduct Zoom meetings.

## HCCs: A Vehicle for establishment of health Posts

Over the five-year period, CWGH set up health governance structures that facilitated the establishment of the first operational health post since the launch of the Community Health Strategy (CHS) at Allied Saligna/ Kubatana in Mutasa District. In July 2021, MoHCC and Mutasa district officials commissioned the operation of Kubatana Health Post situated in Muchena community.



*Supporting Health Literacy Programmes in the Large Plantations / Estates*



## 12 Environment and Climate Change Awareness



Climate change and Global Warming affects many of the social and environmental determinants of health – clean air, safe drinking water, sufficient food and secure shelter. In 2021, CWGH supported by the department of Environment and Management Agency (EMA) embarked on community awareness on issues of environment and climate change ensuring communities in Nyanga and Mutasa districts are well informed on global health trends, including providing participants with basic understanding of environment and climate change concepts, impact of climate change on public health, proposed concrete tools that can support national and regional policymaking processes. The awareness workshops that targeted traditional leadership, estate managers, HCCs, HLFs, CMs, women & men’s forums. A total of 75 people (M: 33) (F: 42) participated.



*CWGH Health Literacy Program establish a Health Post at Kubatana VCT in Mutasa DC*

## 13 Civil Society Organisations Engagement in GFF Processes in Zimbabwe

Supported by PAI



CSO GFF | Hub

### Background:

The Zimbabwe GFF CSO Coalition has strengthened engagement with the Ministry of Health and Child Care and the GFF Liaison Officer. This has ensured that civil society is able to meaningfully engage with the duty bearers responsible for implementing the GFF in Zimbabwe.

The year 2021 saw a series of virtual meetings being held with a lot of critical issues being discussed. Some of the topical issues regarding the GFF in Zimbabwe include; the US\$25 million allocated to Zimbabwe has a US\$5 million Covid-19 response component with the rest aimed at supporting RMNCAH and some innovations embedded within the project. In addition to the US\$25 million grant through World Bank, the GFF also supports some technical activities such as under Health System Issues - public expenditure review, the National Health Strategy (NHS) costing, development of the IC and early warning system for essential services.

Regionally, the coalition has held active interaction and established partnership with other GFF implementing countries such as under the "GFF We Want" campaign. This is part of the ongoing replenishment process for the GFF and the coalition in Zimbabwe is part of the regional resource mobilization core team. Participation has been done via virtual meetings to discuss the various strategies to support the replenishment efforts targeting at least US\$1.2 billion. Zimbabwe GFF Coalition through its Steering Committee has written letters to various embassies including The European Commission, Embassy of Sweden and the Embassy of France. There are other strategies being considered such as engaging the first ladies of countries to be GFF ambassadors due to their influence. The other option is to look at the philanthropists and in Zimbabwe's case this would be individuals like mobile tech mogul Strive Masiyiwa who has been supporting the COVID-19 response.



*Tjedu Moyo - GFF Zim CSO Youth Representative*





*The GFF Zim CSO platform members*

The biggest challenge encountered during implementation of the project was the continuous disruptions caused by national lockdown restrictions necessitated by the COVID-19 pandemic. This had a huge negative impact even on the influence of civil society on influencing and participating in GFF processes as most activities became digitalized with meetings being held virtually. For meetings that were being done physically, CSOs required approved letters to be able to move around and these letters were out of reach for many.

A strong foundation has been established for greater participation by civil society in Zimbabwe's GFF processes. CSOs have collaborated in the advocacy for improved funding for and delivery of RMNCAH+N services through community monitoring, engagement with parliament and the media. There is still more work to be done to

strengthen youth participation through effective and efficient coordination of youth organizations. Zimbabwe through the youth representative organization in the steering committee has been part of the regional and global efforts to improve active youth participation in GFF processes.

Future work will focus on improving the active role of civil society to engage with the government especially monitoring implementation which is a major next step as the country begins to recover from the COVID-19 pandemic and begin implementing the National Health Strategy and Investment Case. Hence there is need to quickly conclude and agree on the monitoring mechanisms such that it coincides with disbursements. Already the fund has been spent on the COVID-19 response and that therefore needs to be audited to check if the funds were used appropriately and in an efficient manner.



## 14 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)

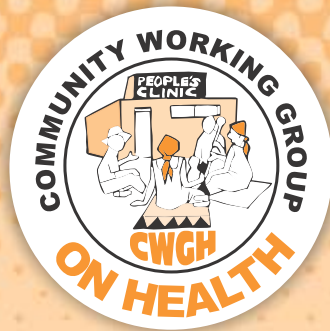
Zimbabwe Young People Development Coalition (ZYDPC)

Zimbabwe Human Rights Association (ZimRights)

## 15 CWGH Districts

Buhera, Bubi, Matopos, Mutasa, Arcturus, Bulawayo, Goromonzi (Chikwaka & Arcturus), Chimanimani, Chinhoyi, Chipinge, Hwange, Kariba, Chiredzi, Chirumhanzu, 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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