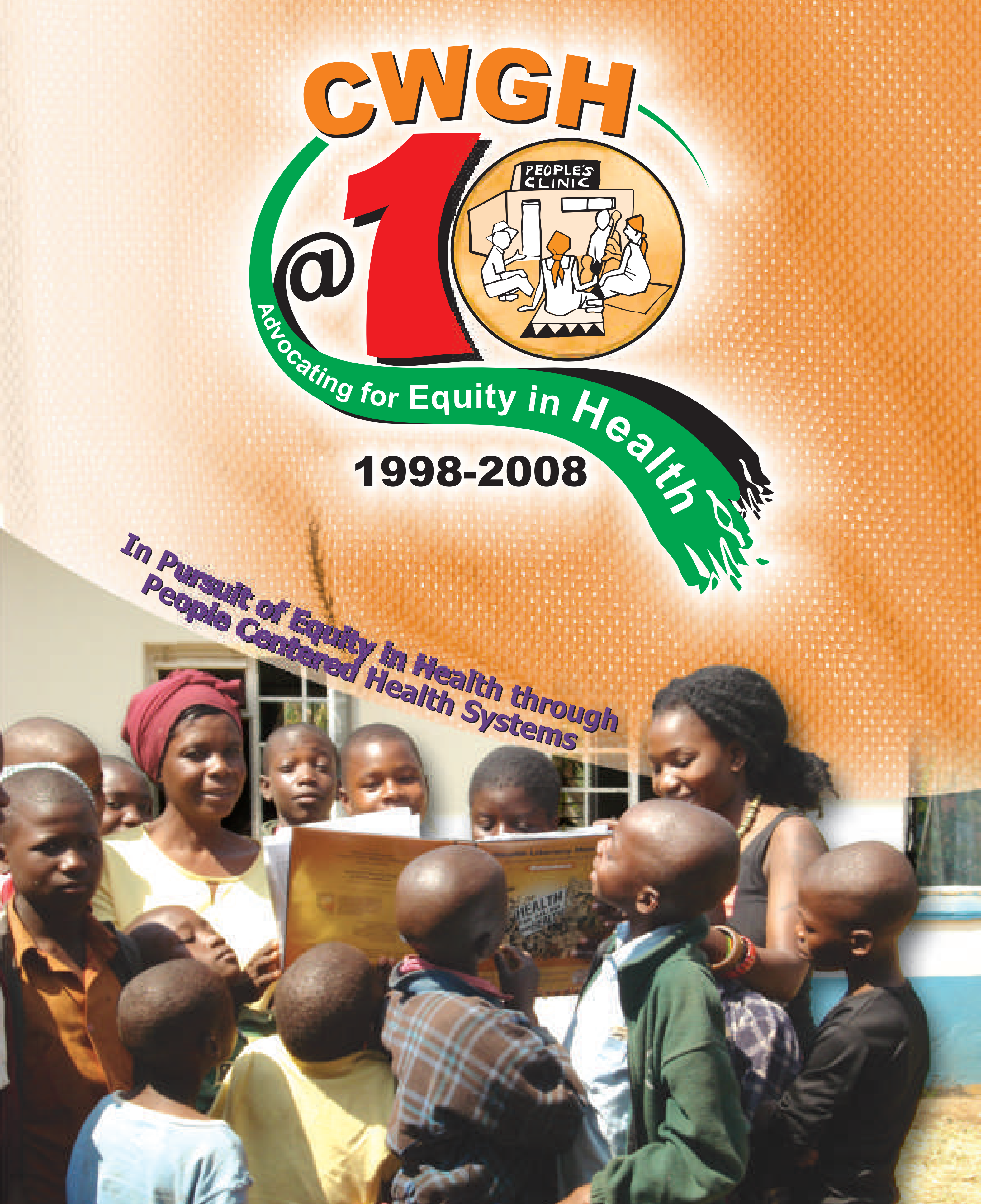
Community Working Group on Health

2008

ANNUAL REPORT



The Community Working Group on Health *(CWGH)* was formed in early 1998 to take up health issues of common concern. There are approximately 35 organizations in the CWGH. These include national membership organizations that have branches across the country, whilst others have area- specific memberships such as residents associations, informal traders, workers' unions, students and youths, women's groups and churches.

In 1998, the CWGH embarked on a programme to disseminate information and organize civic group members on health issues. The programme helped to achieve increased community awareness and participation on health issues. Over the years the CWGH has grown more focused and informed in its health activities, and has become deeply rooted in the community where people are, and is now a major voice of the voiceless on health issues, and a resourceful partner of the State on national health issues. The CWGH seeks to ensure that the health sector ism rebuilt from the bottom up, not the top down, and the lowest income communities are the first to see improvements.

The CWGH celebrated 10 years of existence and service this year, under the theme: **CWGH @ 10: *'In Pursuit of Equity in Health through People Centered Health Systems.'*** Over these years, CWGH has established itself as an icon in the fraternity of organizations that fight for health in the country. CWGH has achieved 10 years of existence bearing the torch to that cause.

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Values, Vision, Mission & Motto

CWGH Values

People within CWGH live by the following values:

1. Being visionary and resourceful in understanding and meeting the health and wellness needs of our members and their communities
2. Treating each other with mutual respect and trust, and behaving in a self-disciplined, professional, nonpartisan manner
3. Maintaining the highest levels of transparency, accountability and participatory democracy in all our activities
4. Delivering excellent services in the most effective way whilst continuously learning and developing ourselves and our work
5. Celebrating our differences as members of a coherent team
6. Willingly sharing ourselves, our power and our resources with the people we encounter within CWGH
7. Demonstrating a willingness to stand in solidarity with people who are suffering and persevering until needs are properly met.

Vision

CWGH is a network of organizations that is a leader in the achievement of equity and accessibility in health and wellness for communities through an empowered membership.

Mission

CWGH achieves its vision in the following four ways:

i) Member organizations have the capabilities and capacity necessary to empower and mobilize their communities with regard to equity in and access to health and wellness

ii) Health structure at all levels are influenced through collective lobbying and advocacy to ensure the best possible systems and service delivery on issues related to health and wellness

iii) CWGH grows as an organization that enjoys high levels of credibility locally, regionally and internationally.

iv) The possibility of partnerships with business in wellness programmes is explored.

Motto

Health is your right and responsibility

Governance Structure

Board of Trustees
Mr. J. T. Mawire *(Chairperson)*
Sr. M. Savanhu *(Vice Chairperson)*
Mrs. E. Chitsungo *(Committee Member)*
Mr. A Phiri *(Committee Member)*
Dr. R. Loewenson *(Committee Member)*
Mr G. Moyo *(Committee Member)*

Executive Committee (Management)
Mr. S.W Moyo (BURA) *Executive Chairperson*
Mr. J. Ngirazi (ZCTU) *Vice Chairperson*
Mrs. E. Masiyiwa (WAG) *Treasurer*
Mr. S. Tondori (ZHPF) *Committee member*
Mr. J. Wilford (SAYWHAT) *Committee member*
Mrs. F. Cherera (NCDPZ) *Committee member*
Mr. A. T. Sibanda (CARELITE) *Committee Member*

Staff and Interns 2008

Itai Rusike **Executive Director**
Caroline A. Mubaira **Program Manager**
Ivor Kunaka **Finance Officer**
Nonjabulo Mahlangu **Youth Officer**
Talent Jumo **Gender Officer**
Jimmy Wilford **National Coordinator**
Albert Makone **District Follow Up Officer**
Tafadzwa Chigariro **Health Education Officer**
Plaxedes Mutizwa **Secretary** *(Harare)*
Mandy Mathias **Secretary** *(Bulawayo)*
Tendai Kanonge **Finance Clerk**
Moreblessing Chibaya **Admin Assistant**
Tariro P. Mavi **Intern**
Rumbidzayi Masiyiwa **Intern**
Tayson Mudarikiri **Intern**
Rachel Goba **Intern**
Nyaradzai Changamire **Intern**
Edgar Mutasa **Intern**
Kudakwashe Mubaira **Intern**
Christina Hungwa **Housekeeping**
Wellington Mathias **Security**
Mathias Karuma **Security**

Organisational Staff & Interns

Itai Rusike
Executive Director

Caroline A. Mubaira
Program Manager

Ivor Kunaka
Finance Officer

Albert S. Makone
District Follow Up Officer

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Rachel Goba
Intern

Tariro P. Mavi
Intern

Nyaradzai Changamire
Intern

Edgar Mutasa
Intern

CWGH Board of Trustees & the Executive Director

CWGH & TARSC Staff members

Top: CWGH district members & participants from the SADC Region

Below: CWGH National members & development partners

"We demand the inclusion of the right to Health in the new Zimbabwe constitution!"

This was the slogan at the Community Working Group on Health 15th national conference. The conference was held in October 2008 in Harare and coincided with the organization's 10th anniversary celebrations.

The CWGH was born in early 1998, to lead and give visibility to community processes in health. Ten years later over ninety participants attended the conference, including CWGH national members, partners, activists, health cadres and Health Literacy facilitators from 21 of the 25 CWGH districts. The conference reviewed the path that the CWGH has walked through the past ten years. We noted that as much as the CWGH has over the years positioned itself as a voice in the health sector and built community power, the health sector has still continued to deteriorate. The current socio-economic and political environment has not only perpetuated the deterioration, but has also made it increasingly difficult for civil society to offer alternatives for health problems. It was thus noted that the network needed to not only strengthen the existing structures and processes in the network, but also to re-strategize on how best to use these to advance under the prevailing harsh environment.

At the conference our health literacy facilitators from 21 districts reviewed the work they were doing to widen social awareness and action on health. Despite the political volatility, we heard from districts of actions being taken, including their engagement with the political leadership on health issues. The work of the facilitators has increased the involvement of communities in health actions within communities and around Primary Health Care, either on environmental health, or mobilising resources to support health centers. These are being done through community level initiatives with the limited external support. It was clear to us that we need to strengthen the programme and these cadres, to cement the work we are doing at community level and translate information into action.

Itai Rusike
(Executive Director)

One of the clearest messages was to revive the Primary Health Centre (PHC) concept and comprehensive PHC, if there is hope for change in the health sector. Mary Sandasi, a CWGH national member pointed to the relevance of PHC even 30 years after the Alma Ata declaration to rebuild the declining health sector, particularly as it puts the people at the centre of the health system. The CWGH will consistently engage with stakeholders and government to make PHC a more central policy principle. We will strengthen hospital community structures such as health centre committees, boards and committees at district and national level to organize public efforts to achieve this principle.

As the health sector deteriorates, the gap between rich and poor has continued to widen. Poor people struggle to access health, and higher income groups claim a larger share of public health sector resources. We see EQUINET's "Reclaiming Resources for Health" book as a resource to inform how we can address unfair, avoidable differences in health. For example, the CWGH has over the past decade taken up equity issues with the Parliamentary Portfolio Committee on Health (PPCH), the Ministry of Health and Child Welfare (MoHCW) and other stakeholders. The main objective was drawing attention to the need for more resources for disease prevention and to ensure that we have safe living environments and ultimately, healthy communities.

While we commemorated our tenth anniversary, it was difficult to call it a celebration given the collapse of our health care delivery system. What we did celebrate was the dedication and commitment that people have put into the organization and the struggle for health in the past ten years. The CWGH has grown to be a prominent voice in health, has won hearts of many to champion people's health issues and has given greater profile to the positive force that people provide in dealing with health problems. We have grown from strength to strength, but so too, have the challenges we face.

Zimbabwe has been hit by a cholera outbreak that the UN says has killed more than 3000 people since August 2008 and infected over 60 000 across the country – the worst ever death toll in Africa from an outbreak of the normally preventable disease in 15 years.

To back our efforts to address these, the CWGH membership unanimously endorsed that the network champions the 'Right to health' and push its inclusion in the production of a new Zimbabwe constitution. Taking the theme of the year; 'CWGH @ 10: In Pursuit of Equity in Health through People centered Health Systems' we see that embedding the right to health in our constitution will give us the bottom line we need: to make it clear that everyone has a claim to health care, regardless of the economic, socio-political status, race, creed, gender or other features. It will be a right that we will fight to include and that we will ensure is not left on paper, but protected and promoted, through social action.

The 2008 report covers work implemented in partnership with SAIH (Norway), Oxfam, Novib, Plan Zimbabwe, Medico International, MS Zimbabwe, EQUINET and Kellog Foundation through TARSC.

Board Chairman's Report

The year 2008 was a year of commemorations as the World Health Organisation (WHO) celebrated 60 years, the Alma Ata Declaration 30 years of Primary Health Care and our own CWGH celebrated its 10th Anniversary under the theme **"In pursuit of equity in health through people centered health systems"**.

The CWGH 15th National Conference, AGM and 10th Anniversary commemorations were held from 22-24 October 2008 as a way of consolidating the work of the CWGH and its relationship with partner organizations in the health sector. As a reminder, the CWGH National Conferences (15) were more than its age (10) as at last year. This is because during the formative years, we had more than one National Conference per year. This was necessitated by the challenges that go with setting up a membership-based organization as big as the CWGH. No wonder why the 10th Anniversary commemorations brought with them a sense of unparalleled victory amongst the organisation's membership countrywide.

Sadly, the year 2008 witnessed total collapse of the public health sector, with almost 60 000 cholera cases and more that 3 000 deaths having been reported officially. What is most painful is that the disease is preventable and treatable but because the heath system had deteriorated drastically, Zimbabweans lost their lives in thousands. This is one of the darkest moments in our history as a nation. It is hoped that our political, business and civic leaders, as well as the communities themselves learnt an unforgettable lesson about the sanctity of human life. The same can be said about the collapse of our economy, education system and social services and welfare in general.

In the wake of these challenges, the CWGH is very grateful to its development partners who supported our community-centered response to the humanitarian crisis by providing the financial support and non food items for the cholera response. We are confident that in a small way we made a huge difference.

Reflecting once more on the CWGH AGM, where all the challenges faced by Zimbabweans were discussed from a health perspective (these discussions are going to be covered in more detail elsewhere in this report) I note that this gathering was a huge success. I would like to thank all the stakeholders, particularly the CWGH Board, the Executive, the Secretariat, delegates from Malawi, Uganda and South Africa, local delegates and resource persons for their concerted efforts in ensuring that the AGM and 10th Anniversary were a success. I would also like to thank everyone who supported my Chairpersonship over the past 10 years. As I passed on the button, I felt overwhelmingly contented. I also extend my gratitude to Mr. Gideon Moyo for having been at the helm of the Board's financial portfolio for the past ten years. His retirement from the Board left a yawning gap which I hope will be filled by an equally competent person. We all wish him well in his career.

The year 2008 also witnessed the weaning of SAYWHAT from the CWGH. Having supported and nurtured SAYWHAT since its formation in 2004, we are happy to note that SAYWHAT became a stand-alone organization as at 31 December 2008 and we at the CWGH supported the smooth transition by donating furniture and equipment for use by the SAYWHAT. Lets all congratulate the CWGH and the SAYWHAT for this positive development. On behalf of the CWGH Board, I challenge the two organizations to continue working together for the interests of their members. After all, the mandates of both organizations are heath-centered.

As regards the CWGH staff, the Board has always recognized that this is primarily the Executive's portfolio. However, the Board realized the harsh economic meltdown which called for the continued revision of the organization's policies, especially the members of staff's conditions of service. In this respect, the Board worked together with the Executive and a three-day workshop on Internal Staff Conflict Resolution and Management was conducted and staff members were encouraged to revive their Workers Committee. It was also recommended, among other measures, that the staff job descriptions and the code of conduct be reviewed and updated.

In conclusion, I would like to reiterate what I have always preached; that whether or not we are going to enjoy a positive health heritage in future depends on what we invested yesterday, what we do invest now and most importantly what we shall invest tomorrow. The past, as has already been noted, had its teething challenges, but we soldered on. Today we are grappling with some equally challenging challenges, and our structures are busy and have managed to keep the mandate on. Tomorrow looks very promising with the advent of a new government. Let us all take part in rebuilding our battered nation. It has been said that *"the world is a stage"* where everyone plays his part. Zimbabwe is part of that world and let us play our allocated parts honestly and diligently and advocate for health equity, equality, justice and fairness. Our health is our right and responsibility.

God bless you all

Johnlife T. Mawire
(Board Chairperson)

Executive Chairperson's Report

In recent years, there has been considerable economic hardship in Zimbabwe. In a seven-year span between 2000 and December 2007, the national economy contracted by as much as 40%; and there were persistent shortages of foreign and local currency, fuel, medicine, and food. GDP per capita dropped by 40%, agricultural output dropped by 51% and industrial production dropped by 47%.

Zimbabwe has continued to experience severe foreign currency shortages, worsened by the difference between the official rate and the black market rate. On May 1, 2008, the Reserve Bank of Zimbabwe (RBZ) announced that the dollar would be allowed to float in value subject to some conditions.

On July 30, 2008, the RBZ announced that the Zimbabwe dollar would be redenominated by removing 10 zeroes, with effect from August 1, 2008. ZWD10billion became 1 dollar after the redenomination.

Inflation rose from an annual rate of 32% in 1998 to an official estimated high of 231,000,000% in July 2008 according to the Zimbabwe's Central Statistical Office, a state of hyperinflation by all applicable standards. Local residents, business and other entities have largely resorted to buying essentials from neighboring Botswana, South Africa and Zambia.

The above gives an overview of the current economic situation in Zimbabwe and efforts being made at national level to sustain a makeshift economy typified by sudden changes in fiscal and monetary policies whenever one policy is deemed impractical. Coupled with failure to access funds due to a poor or a low supply of foreign currency and a temporary suspension of activities, the administration of the institution had to rely on other principles of business that varied with organization policies. In other instances a total deviation from policy position.

The above is an indication of the downward trend and the shrinking of a once thriving economy which eventually succumbed owing to a despicably inefficient use of resources.

Being an institution that strives to employ the most ethical business means to derive our set objectives, accomplished purposes and an effective functioning, the national systems particularly in the banking sector often collapsed and left many institutions exposed and vulnerable. More often than usual CWGH would have to deviate from set out institutional policies to suit or comply with the ever-changing and rampant fiscal and monetary policies.

In addition, we failed to access program and administration funds as the banks failed to deliver the currency. Sadly the currency had not been availed yet during the reporting period. Consequently, the administration and program support initiatives suffered enormously and thus as an institution we are saddened that we could not meet all our objectives.

District activities were also suspended during the harmonized elections and the defective presidential runoff as violence reared its ugly head that left scores dead, injured and maimed.

Undoubtedly a phenomenal year of uttermost economic hardship and political tension, Zimbabwe has seen a total collapse in health care delivery or service provision and ironically undermined the capacities of this institution to perform in this great time of need. In late 2008, problems in Zimbabwe reached crisis proportions in the areas of living standards and public health with a major cholera outbreak which started in August affecting more than 60 000 people by December and left over 3 000 dead. This is a very sad development as cholera is a preventable and treatable disease.

Despite all these challenges, CWGH was celebrating 10 years of existence which coincided with the traditional Annual General Meeting, National Conference and the official launch of the EQUINET book on "Reclaiming Resources for Health, a Regional Analysis of Equity in Health in east and southern Africa' and the Global Health Watch 2 , an alternative World Health Report.

The 15th National Conference of the CWGH was held from the 22nd of October 2008, and the grouping of community and national representatives launched discussions based on the theme, "In Pursuit of Equity in Health through People Centred Health Systems". The first day was a joint meeting with the Training and Research Support Centre (TARSC) which brought in Health Literacy facilitators from the 25 districts including regional participants from Uganda, South Africa and Malawi. The second day was the national conference; around 80 representatives took part in the discussions, in the course of which contributions were made by many individuals and distinguished speakers: a key note speech by The Ministry of Health

S. W. Moyo
(Executive Chairperson)

In late 2008, problems in Zimbabwe reached crisis proportions in the areas of living standards and public health with a major cholera outbreak which started in August affecting more than 60 000 people by December and left over 3 000 dead.

& Child Welfare Permanent Secretary, Dr. E.T. Mabhiza who spoke on the subject, *"PRIMARY HEALTH CARE IN ZIMBABWE- RESPONDING TO THE CHALLENGES AND OPPORTUNITIES."* and other presentations by Dr. O. Mbengeranwa, Executive Chairperson of the Health Services Board who shared his experiences on the, *"Primary Health Care in Zimbabwe, its challenges and opportunities"* and Dr. Rene Loewenson of Training & Research Support Centre (TARSC) who presented on the, *"ZIMBABWE EQUITY ANALYSIS"*. A joint evening session was also organized by TARSC and CWGH to commemorate the CWGH 10th Anniversary and the launch of the EQUINET book. An AGM was held on the last day where the following organizations were elected into the executive to fill in the vacant posts:

1. *Zimbabwe Congress of Trade Unions (ZCTU)*
2. *Women's Action Group (WAG)*
3. *National Council of the Disabled Persons of Zimbabwe*

Voting for the vice chair and treasurer was also conducted and these were the results:

- ZCTU – Vice-Chair
- WAG - Treasurer

The Annual General Meeting (AGM) was indeed another success where constitutional and other issues were once again tabled for discussion. The outgoing Board Chair, Mr. Johnlife Mawire led the proceedings for the last time in that capacity.

Among issues discussed, was the nomination of new board members to complement the existing board. Imperative to note is the fact that the board had five unfilled vacancies when the constitution requires at most ten board members. Since the inception of the institution only 5 members served on what should have been a 10 member board. It was resolved that members may submit their nominations for new board members by year end.

Another recommendation was that the relationship between the district structures and the secretariat needed to be streamlined in line with the need for increased autonomy at district level. The recommendation was that the Secretariat be seen as Technical Service Providers.

On another front, we are happy to report a smooth transition of the students and Youth Working on Reproductive Health Action Team (SAYWHAT) who have since been registered independently and shall operate in that capacity from the first of January 2009. This sees off 5 years work of building and capacitating of this young and yet promising institution. Their mandate is to effectively enhance the active participation of in and out of college youths to respond to their reproductive health issues. We envision SAYWHAT becoming a leader in tackling these issues and CWGH will continue to support technically whenever possible. We wish them well in their future endeavors.

We are delighted to report the arrival of the new Health Education Officer (HEO) Mr. Tafadzwa Chigariro who joins the organization after having served as an intern. He replaces Ms Linda Mashingaidze who relocated to South Africa.

We express gratitude to the various institutions and strategic partners who stood by CWGH throughout the year and have kept the faith that together we can further the message of hope through an empowered community. It is through the consistent support of these strategic partners notably SAIH, Oxfam NOVIB, Plan International, Medico International , MS Zimbabwe and TARSC whose contributions propped up the administration of the organization in these very harsh times. Not forgetting Oxfam GB who gave us Non Food Items (soap and aqua tablets) in support of our community centred response to the cholera epidemic. A special thank you should be extended to Medico International for the emergency funding in the fight against cholera .

The CWGH is a key stakeholder in the health civil society movement within the region and abroad. The Executive Director and his team of program officers including interns participated in a number of regional and international meetings including the Stop TB Campaign in Uganda, Regional Meeting of Parliamentary Committees of Health in eastern and southern Africa held in Uganda, Strengthening the Development Results and Impact s of the Paris Declaration through work on Gender Equality, Social Exclusion and Human Rights in London, Global Ministerial Forum on Research for Health in Bamako, Mali, the International AIDS Conference in Mexico and a number of other important meetings.

CWGH continues to support University students by offering them places for attachment and internship. The following joined the organisation as interns to serve the Harare office: Ms Nyaradzai Changamire, Mr. Edgar Mutasa and in the Bulawayo office was Ms Rachael Goba.

On a sad note the CWGH was robbed of one of its founder members Mr. Cleopas Watama from the Chinhoyi Residents and ratepayers Association who passed on in December 2008. May his soul rest in peace.

On behalf of the entire Executive Committee, I would like to thank the Director and his support team who have diligently served the institution through hard work and commitment. It was indeed an impeccable performance considering the economic and political situation that bedeviled this country. ***I thank you.***

Head Office:
114 McChlery Avenue, Eastlea, Harare.
PO Box BE 1376, Belvedere, Harare.
Tel: (263-4)-788100, 788099, 776989.
Fax: (263-4)-788134
E-mail: cwghadm@mweb.co.zw
cwgh@mweb.co.zw.
www.cwgh.co.zw

The Community Working Group on Health is a network of civic/community based organisations who aim to collectively enhance community participation on health in Zimbabwe. It is a registered Trust with the Deeds Office Registration No. MA185/2002

Regional Office:

CWGH Bulawayo
PO Box 3207
Bulawayo
Zimbabwe
Cell: +263-11 863 188
+263-91 386 102
+263-91 924 731
www.carol@cwgh.co.zw

11 December 2008

The Director General
World Health Organization
Geneva
Switzerland

Dear Dr Chan

An appeal to the World Health Organisation; on the health situation Zimbabwe

We, the members of the Community Working on Health *(CWGH)* in Zimbabwe, with a membership of about 35 civil society organizations representing a wide range of constituent groups, from Residents Associations to Community Based Organizations are writing to you to express our deepest concern at the severe decline in heath and in the health system in Zimbabwe, with negative consequences for people- high mortality, extremely low life expectancy, and significant risk of untreated communicable and chronic disease. We do this because we understand public health, as articulated in the Millennium Development Goals, to be a global public good, and a matter for international solidarity.

We recognize that the current health crisis does not emanate from the health sector- it comes from wider economic collapse and the increasing extent to which people are not accessing basic public services like education, transport water and electricity. Education is a major determinant of health, but many public sector schools are now closed. Public transport has all but collapsed and private transport services are unaffordable for many. Many urban communities including Harare have gone weeks and month without adequate water supply in a situation that has now declined over several years, leaving people vulnerable to diseases like cholera. People have not been able to access seed and fertilizer to produce food, and are unable to afford commercial supplies of food. Our assessments indicate that basic supplies for hygiene like soap, toothpaste and sanitary towels are unavailable or unaffordable for poor communities. People in this situation are facing a public health crisis of considerable proportions.

Zimbabwe's public sector health services have since independence been a buffer between people and the impoverishing and fatal impacts of ill health caused by such conditions. The massive decline in our public health sector is thus a major crisis for poor people in the country, and leaves people starkly exposed to severe risk. The cholera epidemic that the country and the international community is responding to is a sign of this. While this has obtained significant international attention, we are concerned that more chronic problems like maternal mortality, reproductive illness and malnutrition are less obvious, but equally meriting of attention. People with chronic diseases like diabetes are struggling to meet costs of their treatment. Such groups have difficulty taking medications when they do not have adequate food to eat. We are concerned that the same lack of information and silence that concealed the cholera epidemic in its early stages is also leading to inadequate recognition of other health problems. This depresses an early response to preventing ad managing these responses in the community.

While we have a significant health infrastructure and a highly literate population, these assets are wasted for health in the context of lack of medicine, equipment, services and staff, leaving public hospitals and clinics non functional with consequences in preventable loss of life. Again the alarming death toll from cholera is a warning of wider risks to health and of wider failures to mange these risks. The fact that this disease, which has been successfully prevented and managed in past years, is now rampant and high fatal, is a warning bell of the severity of the problem. We hope that the public health community, and the WHO, will respond to this not only with an emergency response to cholera, but with a public health response and measure to rescue our public sector health system, especially our primary health care and services.

We are aware that the World Health Organization Assistant Director General for health Action in Crisis Eric Laroche has been in Zimbabwe to identify how to scale up the existing UN and WHO responses. At a time when the global community is marking 30 years of Alma Ata we hope that these responses will not stop with a vertical response to cholera. We urge WHO to more widely address what needs to be done and what resources and support are needed to rebuild our health systems from primary health care level upwards. While much attention is focused on the cholera situation there needs, for example, to be UN attention to providing inputs now during the closing window of opportunity for people to grow food, to prevent the widening of the current hunger and malnutrition situation; to prepare for supplementary feeding using local foods, to distribute bed nets and resources for spraying to prevent malaria and to ensure drug availability for malaria treatment at clinics so we do not also face a malaria crisis with the rains.

In all of this we urge you to bring people back into the centre of focus and to involve communities in your deliberations and plans on the way forward. Zimbabweans are not numbers of cholera cases or fatalities. We are people who have responded to an increasingly difficult situation, who are entitled to health as a right and who should be central in any response and rehabilitation of our system. We were concerned that WHO has not drawn us into consultations on the response to the current situation, despite our long experience and network at community level of people with abilities to organize and support primary health care, even, even under harsh conditions. We have a network of people trained in health literacy who with minimal resources and support from social partners have organized people to improve health with what resources are available. Community, health workers have cared for ill people and supported local health issues with minimal support. While we have, with the public sector health system, mobiles teams of our members in 25 districts to support the response to the cholera epidemic and have begun actions at community level, this could be scaled up if these roles were recognized and supported. We, as national membership based civic society, are an essential element in a primary health care oriented rehabilitation of our health system.

We welcome your intervention as World Health Organization, urge that you intervene in a way that addresses our wider public health crisis, including in our public sector health system, and that you involve us as communities and health civil society in your planning on this. We look forward to your earliest response.

Yours Faithfully

Mr. Itai Rusike
Executive Director

A rural cholera treatment centre

15th National Conference Resolutions

The delegates attending the Community Working Group on Health (CWGH) 15th National Conference held at the Crown Plaza Monomotapa Hotel in Harare from 23 to 24 October 2008 having:

- Shared experiences on Primary Health Care in Zimbabwe, its challenges and opportunities;
- Assessed the performance of the Health Services Board (HSB) since its inception in 2005;
- Discussed and analyzed people's right to essential medicines, water and health;
- Considered Zimbabwe's Equity analysis as means of how do deal with Primary Health Care and;
- Explored solutions to the challenges facing Primary Health Care in Zimbabwe.

Further Noting:

- What has been achieved and various challenges facing Primary Health Care in Zimbabwe;
- Efforts by the Health Services Board to improve the conditions of service for health worker personnel and the challenges it faces;
- That the Right to Essential Medicines, Water and Health in Zimbabwe is not absolute;
- The continued deteriorating of quality care in health institutions.

RESOLVED AND RECOMMENDED THE FOLLOWING:

1. **On reclaiming the right to health**
   - The Right too heath should be included in the New National Constitution;
   - CWGH raise awareness on the right to health;
   - Ministry of Health must fulfill its mandate by abiding by all its declarations on health;
   - There is need for the CWGH to lobby the government to give the Health Services Board more autonomy, clout and control in decision making;
   - CWGH should mobilize and educate the community to demand the right to medicine and water;
   - CWGH lobby for the implementation of health policies, including monitoring set equity targets
   - CWGH must set up an Equity Watch every year

2. On strengthening Primary Health Care and district systems
   - CWGH's capacity to lobby for health rights should be strengthened;
   - There is need for CWGH to encourage people's participation at community level through HCC structures;
   - CWGH must mobilize and lobby for community health actors to ensure that they get some form of incentives (non-financial) in order to retain staff.
   - CWGH must develop capacities of HCC to monitor and track distribution of medicines and drugs.
   - Government and community must work together to motivate community workers
   - CWGH must lobby communities to work together with health institutions on setting up fees
   - CWGH must lobby government to put in place a clear, relevant, effective guidelines and policies to retain Health workers

3. **Improving Environments for health systems**
   - CWGH must lobby for the Government to subsidies water tariffs
   - CWGH should embark on a massive campaign on the right to health

4. Fair financing for health
   - CWGH must sensitize communities on the Abuja Declaration;
   - CWGH must continue to lobby the Parliamentary Portfolio Committee on health for increased funding;
   - CWGH must encourage people centered health delivery system;
   - CWGH should continue to lobby for the fair allocation of resources at national level and also to tap resources from those who are at the top *(who have vast resources)* to strengthen the bottom.

5. **Participation and people's power in health**
   - CWGH Strengthen existing structures, through capacity building, for effective and sustainable engagement with the government;
   - CWGH be proactive rather than be reactive and set agenda on health issues;
   - CWGH must forge and strengthen strategic partnerships locally and regionally;
   - CWGH must capacitate districts to enable them to monitor and evaluate the budgetary making and implementation process; and
   - CWGH must work towards de-politicization of the health delivery system.

Tafadzwa Carlington Chigariro *(Health Education Officer)*
With: Nyaradzai Changamire, Tariro Mavi, Rumbidzayi Masiyiwa, Edgar Mutasa *(Interns)*, Albert S. Makone *(Monitoring and Evaluation Officer)*

In cooperation with:
TARSC and EQUINET: Dr Rene Loewenson, Fortunate Machingura, Senele Dhlomo

'Moving towards equity in health, involves the reduction in inequalities in health status that are avoidable and unfair. It is more than just spending the same (equal) amount on health care (although that is part of the route to equity); rather, it is about redressing the power differentials that underlie health inequalities both within and beyond the health sector.'

(Professor L. London, University of Cape Town)

Background

The Civic Education on Health Programme arose out of the deterioration of key social indicators during the 1990s, in comparison to a commendable improvement in the same indicators during the 1980s and expressed demands for information and participation raised by civic groups in 1998 on a range of public health, health systems and organizational issues. It builds and draws inspiration from the principles of Primary Health Care (PHC), as outlined in the Alma Ata Declaration of 1978. The programme aims to exchange information between the public and health system on common health problems, their management and on public participation in health systems, as a means of addressing health priorities, facilitating links between civic groups and health providers and supporting community and civic group initiatives on health.

The programme has over the past 10 years grown from strength to strength, exploring new grounds and has expanded its coverage, in-spite of the huge challenges in the operating environment, due to the core existence of growing inequalities in health, political and economic quandary. The continually shrunken public health delivery system and the increasingly marginalizing private health delivery system have made it essential for the programme to exist and to scale up.

This year, the programme continued to engage innovative approaches to champion public participation in health, ensure the sustenance of an accessible and affordable people centered public health delivery system. The processes within the programme have resulted in various community led interventions being implemented in the 25 CWGH health forums. Various participatory methodologies, mainly endowed within the Health Literacy framework, were used to drive the wheels of the programme.

In 2008 the programme broadly aimed to strengthen CWGH structures, support community initiatives and create sustainable linkages within the institution, with the following specific objectives:

- To strengthen CWGH structures through training and capacity building at all levels
- To increase community capacity in advocacy and lobbying
- To establish and support 25 HCCs in the 25 CWGH districts
- To support community initiatives in the 25 CWGH districts
- To raise community awareness on priority health problems
- To review and build from the progress made in the past 10 years

Activities, Events, Comments, Success stories, findings 2008

In-spite of the soaring challenges we faced in 2008, a significantly high number of events and activities took place within the programme. These include:

Planning and Review Meetings
Planning and review meetings have continued to bring stakeholders, local authorities, health cadres and communities together. The meetings provided a platform for districts and local structures to review progress made by CWGH and the health delivery system at large, to prioritize health issues or needs in those areas, plan for the future and to create linkages. 44 meetings were organized in 22 of the 25 CWGH districts. 2 more meetings were held in the presence of the secretariat in Bindura (Nyava) and Hwange chapters respectively. 24 districts managed to share minutes of their meetings and work plans with the secretariat. In Arcturus, networking with stakeholders yielded positive results: The Mine management, chiefs and the Moslem society in Arcturus assisted with the procurement of maize for the People Living With HIV AIDS (PLWHA) in the community. Collaboration and networking with different ministries and other CBOs to help with health actions was fruitful. While in Chiredzi, the health committee has networked with organizations like Family AIDS Caring Trust (FACT) and International Organisation of Migration (IOM) and as a result, IOM provides the CWGH with a free venue to conduct Health Literacy (HL) Community meetings training workshops.

Whilst almost all the districts were content with the progress they have made, particularly with regards to building relations with health staff, organizing community meetings and taking action on priority health issues, there was general consensus on the need to continually capacitate committee members, train facilitators, and to update themselves on current health trends. The need to make CWGH processes sustainable and increase the capacity of districts to mobilise locally available resources was also noted.

Capacity Building and Networking
In response to the request by districts, a number of opportunities aimed at building the capacity of both committee members and the secretariat were created. Two CWGH district members benefited from the TARSC/EQUINET Regional Participatory Reflection and Action training workshop held in Bagamoyo - Tanzania, whilst 4 more attended the Public Health Winter School Short Course Training, conducted by

the Training and Research Support Centre in collaboration with the Department of Community Medicine (UZ). There has been a significant improvement in organisation of activities, use of participatory methodologies, documentation and networking by members who attended training this year. The Health literacy follow up meetings showed that the facilitators improved their communication skills. They showed more confidence during the meetings, listened more to the participants and did not act as teachers but as facilitators.

Chishawasha Health Centre Committee members also benefited from a 1 day capacity building training course conducted by the secretariat late in December. Since then, the HCC Chairman has reported notable changes as far as the budget process is concerned. This has led to a profound improvement in dialogue between communities and district health authorities.

Community Meetings and Actions on Priority Health Issues

The Health Literacy Programme has continued to

CWGH Chikwaka

grow and its processes have become part of the communities in which it is being implemented. Beneficiaries of the programme have become a resource in their communities. The role being played by these cadres in the response to the cholera outbreak speaks volumes about the capacity nurtured by the programme. The programme has also continued to gain respect and momentum in the health circles, as shown by the continued support and recognition gained from the parent ministry and other local institutions.

Awareness raising and information dissemination has remained at the centre of the programme. The birth of the Health Literacy Programme in 2007 has resulted in an increase in the number of educational and awareness activities at community level. This year a total number of 16 Health Literacy community meetings were held with support from the Kellogg Foundation through TARSC and the CWGH , whilst 10 more meetings were conducted at community level using locally available resources. The agenda of the meetings held varied depending on the level at which the districts were in the implementation of the programme, following the training of trainers workshops held last year. Different Participatory tools were used to encourage sharing of health information, introduce new ideas and concepts and to nurture participation.

A total number of 17 districts managed to carry out community health literacy meetings. Whilst some of the districts were at the introductory stages of the Participatory Reflection and Action cycle, most of the districts were at the Action stage and these districts managed to carry out various community actions. The actions were a response to the priority health needs and aspirations noted by the communities during community meetings. Some of the actions carried out includes lobbying of local authorities to prioritize home based care patients when distributing food hand outs, sponsored walks to mobilise funds to buy drugs, clean up campaigns, establishment of nutritional gardens and awareness campaigns on priority health problems such as malaria, TB and cholera. Changes due to these actions.

The Chitungwiza community conducted clean up campaigns and the HL facilitators have reported that the community members who were involved do not throw litter anywhere in the streets and also encourage people who throw litter to pick it up and dispose of it in bins.

In Arcturus, street vendors who were educated on the dangers of selling uncovered food have been seen covering flour, buns and home made bread. When the District committee made home visits in Arcturus, they observed that residents have begun to boil water for drinking. A community in Victoria Falls made a collective effort to fill up holes/pits filled with water which were insect breeding areas. Mutare came up with a committee for collecting garbage with support from the municipality. Community members are now involved in all the decisions on action plans for example in Chiredzi, each ward is represented by 2 members at all the strategic meetings. Awareness campaigns planned at health literacy meetings have resulted in people taking health matters as their responsibility. Some communities were able to go to the district authorities to demand their right to good health care and sanitary services e.g. in Chiredzi, the youth approached ZINWA to demand their right to clean and safe water. During a follow up visit in Chikwaka following a TB campaign, a health worker had this to say,

'There has been a significant change in health seeking behavior in the community. People have begun reporting early for treatment at the clinic….'

(Mr. Viano, Sr. in Charge, Mwanza Clinic)

Health Day Commemorations

CWGH participated in the National Occupational Health and Safety Day 2008 commemorations held on June 6 at Kamandama in Hwange; the World AIDS Day Commemorations in Bindura on 1 December, and the World AIDS Day district Commemorations organized by Arcturus district on 2 December. Various messages were developed and disseminated, to raise community awareness and to advocate for increased commitment by relevant authorities on these issues. The community leadership made a commitment to lobby the government to allocate more resources to HIV and AIDS patients' nutritional needs in the community.

Advocacy and Lobbying

The Civic Education on Health Programme has also continued to provide a platform for communities to voice their concerns and views on health. In the absence of a seating parliament, the programme provided other forums to engage various leaders at national and at local level, in a bid to positively influence decisions on health. The organisation presented its positions on health to the political leaders, health authorities and other stakeholders through the media and informal meetings. On top of the agenda was the call for government to prioritise health, the revival of the Primary Health Care concept and the total realisation of the Abuja commitments, in the face of a collapsed public health delivery system. The need to increase resource allocation towards prevention services and to strengthen the role being played by community health workers in the face of massive brain drain in the sector was also highlighted.

Health Literacy facilitator at the CWGH National Conference

The CWGH noted during these platforms that; ‘Health is not only a rights issue, but also an important underlying determinant to economic growth.’ It is also on this background that the CWGH has felt the need for a campaign to push for the realisation of health as a human right in the new Zimbabwe Constitution. This campaign is expected to magnify in 2009, as we continue to call for broader commitments on health by our leaders.

The programme’s Health Education Officer also participated in the Access to Essential Medicines (AEM) seminar held in Nairobi Kenya, in October. The seminar discussed the situation with regards to access to essential medicines in East and Southern Africa (ESA) and strategies that need to be put in place, to improve access to essential medicines. As a result of this seminar, CWGH is going to launch a campaign, known as the ‘Stop the Stock Outs’ Campaign early next year. This is a regional campaign to push for improved access to essential medicines.

The steady increase in the percentage allocation towards health from the national budget allocation, reaching 12.1% this year from 8.71% and 8.65% in 2006 and 2007 respectively, is evidence to the impact of advocacy and lobbying by the CWGH over the years. The trend shows significant strides as we work towards the Abuja targets of 15% budgetary allocation towards health. However the increases do not mean much and are not enough due to the hyper-inflationary environment and reliance on supplementary budgets.

National Meetings and Conferences

The CWGH in collaboration with the TARSC held a Health Literacy review meeting in January for the northern region. The meeting reviewed experiences or lessons learnt in implementing the Health literacy programme since the initial training of district health literacy facilitators in October 2007. The facilitators shared progress made to date, key results noted at community levels and challenges encountered. Facilitators were also trained on Module five *(Healthy lifecycles)* from the Health Literacy Manual. It was noted that the programme was making significant strides at community level, and was receiving support from both community members and the local leadership.

A national Health Literacy Programme Review Meeting was also held on 22nd of October 2008. The meeting drew participants from the 25 CWGH chapters, comprising of 20 Health Literacy Facilitators and 5 national members. It reviewed the health literacy work at community level and the participants celebrated the programme as a strategy to enhance community ownership of health services. The participants got an opportunity to learn from each other on how they can resolve challenges on health areas. For example, In Tsholotsho, most PLWHA had stopped taking ARV’s because of lack of food. The Tsholotsho Health literacy facilitator learnt from Arcturus HL Facilitator that when the Arcturus district was in a similar situation they embarked on nutrition gardening project and herbal project to address the problem. The Tsholotsho facilitator stated that he would encourage his community to adopt the idea and generate income which will help them buy food.

An Information and Research committee meeting was also held on May 16 and took an audit of information dissemination and research activities within the organisation. Committee members noted the need to share results of researches conducted with community members, particularly the *‘Health Basket’*. The meeting also reviewed future work within the organisation, including the 10th anniversary commemorations, amid calls for the institution to scale up documentation and record keeping.

On 23 October, the CWGH’s 15th National Conference was held. The conference drew participation from various stakeholders in the health sector including the CWGH district and national membership, civic groups, Ministry of Health and Child Welfare, students, health workers, regional partners and parliamentarians. The delegates attending the conference discussed the health challenges facing the nation, implications on the communities and passed very several resolutions. Key among the resolutions made was the call for the institution to advocate for the inclusion of the ‘right to heath’ in the New Zimbabwe Constitution and to strengthen existing structures, through capacity building, for effective and sustainable engagement with the government.

Civic Education on Health Programme

EQUINET Book Launch

On the 23rd of October 2008, the Regional Network for EQUITY in Health in east and southern Africa (EQUINET) with TARSC and CWGH launched the Reclaiming Resources for Health book. The book drew in about 600 published documents, case studies, policy positions and databases to map and outline the major dimensions of and trends in documenmted inequality in health and health care in the region to identify the policy and economic context for these trends, and the elements of health equity oriented responses to these trends. EQUINET is a consortium network , bringing together academic, government, non state research centres, civil society and parliament institutions in east and southern Africa *(see http://www.equinetafrica.org)* on the basis of common values and a shared program of work, in cooperation / interaction with regional policy institutions. The CWGH is a member of the EQUINET steering committee.

Look and Learn visits

Two exchange visits were conducted, under the Health Literacy programme. The programme officer was in March involved in the pilot testing of the Draft Health Literacy Manual in Malawi as part of the exchange programme organised through TARSC and EQUINET. The exchange visit, involved Dowa district, Blantyre, Ntshisi and Lilongwe districts. It was aimed at facilitating the exchange of ideas and experiences between the 2 implementing countries Zimbabwe and Malawi). Following the National Review meeting in October, 2 colleagues from the Coalition of Health Promotion and Social Development in Uganda (HEPS Uganda) participated in 2 community health literacy meetings held in Chikwaka and Arcturus districts, as part of the exchange programme. MHEN from Malawi, HEPs Uganda and Peoples Health Movement (PHM) South Africa also participated in the National Health Literacy Review meeting and the CWGH's 15th National Conference. Look and learn visits fostered peer learning.

Information Education and Communication (IEC)

IEC development and dissemination remains one of the cornerstones of the programme. Various messages were developed to raise community awareness, raise positions on priority health issues and to market the institution. Different channels were used to disseminate the messages, and these include Posters, banners, T. Shirts, leaflets and the organisation's website **(www.cwgh.co.zw)**. These materials were distributed or flighted during national health meetings, health day commemorations and community meetings. At the network's tenth anniversary, the theme on all IEC materials read: ***CWGH @ 10-In pursuit of Equity in Health through People Centred Health Systems***. This message captures the essence of the organization's main aim as it seeks to raise the voices of all communities in health matters to equitable access to health services.

Community Centered Responses on the Cholera Outbreak Cholera

2008 saw, the country experiencing a massive cholera outbreak which started in August, affecting many parts of the country, threatening the whole population, public health and development work. An estimated 1 435 cholera deaths and over 24 000 cases were reported by the United Nations by December 24. CWGH took a pro-active stance in response to the epidemic. The CWGH mobilized resources towards the cholera response from different funding partners including MEDICO international and Oxfam GB. CWGH's response focused on the prevention of cholera through Water, Sanitation and Hygiene (WASH) promotion. Through this project, Health Literacy facilitators conducted cholera awareness campaigns and at the same time distributing aqua tablets, soap and disinfectants (Non - Food Items) to communities. The distribution of NFIs helped to ensure that the information disseminated was translated into action. CWGH also actively participated in the civil society cholera response cluster, sharing ideas and resources towards the fight against the cholera epidemic. Communities targeted by the project in Kariba have reported increase in hygiene practices such as hand washing and use of safe water through the use of aqua tablets, as they now have the means to do so. There also has been reported increase in the need for NFIs, particularly aqua tablets and soap in the implementing districts, indicating an increase in awareness levels. Demand however, continues to out source supply.

Health Centre Committees (HCCs)

HCCs were introduced by government in the 1980s, under the Ministry of Health to ensure public participation in local health systems. This was a response to the need for concerted community participation in the health delivery system. Although HCCs operate almost the same way as hospital advisory boards, they are not included in the Statutory Instrument 141 of 1991. HCCs serve as a

mechanism by which people get involved in local health service planning and budgeting of local health resources. As health deteriorated in Zimbabwe towards the late 1990s, HCCs set up by government became dysfunctional and the interests of the public in health matters were again pushed into the background.

In response to the demise of HCC, the CWGH, through the Civic Education on Health Programme initiated a process of setting up or revitalizing health centre committees (HCCs) to strengthen their capacities to demand resources for these levels of the health system. CWGH facilitated the establishment or resuscitation of HCCs in 5 districts. This programme of work is aimed at *"Strengthening HCCs in the achievement of equity and accessibility in health."* HCC members were trained on Roles and Responsibilities of HCCs, Community Participation and Resource Mobilization, Budgeting, Accounting and transparency, National Budgeting and Budget Tracking, Report writing, presentation and documentation. HCCs in Bindura Nyava, Chikwaka, Chitungwiza and Zhombe carried out various activities in response to priority health needs identified during HCC meetings. Activities carried out ranged from awareness campaigns, drilling protected wells for health workers at local health centres, to resource mobilisation. HCCs have resulted in a wide improvement in the appreciation of the role that communities can take in a health system. This has been witnessed by increased involvement of communities in health planning and implementation by health authorities in areas where CWGH is active. The continual engagement and call to action of CWGH cadres at district and local levels by the Ministry of Health and Child Welfare and other health stakeholders, is also evidence of the impact that the programme has made over the years.

Notable is continued support given to health workers by the communities through these mechanisms. In Bindura Nyava the HCC spearheaded a project to build a toilet for its health staff, whilst Mwanza clinic HCC dug a well for its health staff. These efforts have become very important in retaining staff, in the face of massive brain drain of health workers.

The programme also began a new initiative, aimed at *'Strengthening Public Participation and Accountability in Mission Hospitals'*. The project is targeted at Zhombe Mission Hospital in Zhombe and St. Theresa Mission hospital in Chirumhanzu. Two HCC Stakeholders' sensitization meetings were held in the two districts, and stakeholders attending the meetings, agreed to set up HCCs at the hospitals. The HCCs set up comprised of Health workers, police, civic groups, community based organizations, community members, political and traditional leadership. The project is a response to the need for communities to participate in the management of mission hospitals, resource and to improve accountability of these hospitals. It also builds on the findings that health centres with HCC are more responsive to the community needs. The CWGH and TARSC plan to conduct training of the HCC members in 2009 covering different areas necessary for the effectiveness of an HCC at Mission Hospitals.

Major Challenges

- The deterioration of the health delivery system and the absence of health workers as the strike by health workers become perennial have made it difficult to implement the programme at local level. The already overwhelmed health delivery system could hardly spare time to respond to communities needs outside the medical realm. Demand for preventive services has also increased as the health sector continued to dwindle and to drift beyond the reach of many.

- The prevailing macro economic environment has made it difficult for communities to resource for health, and at the same time the resource base for the programme continued to shrink as inflation hits the hard currencies. Cash shortages and the unavailability of basic commodities also made it very difficult to organise meetings and other activities.

- The volatile political environment made it difficult to conduct meetings and workshops. The events preceding the June 27 presidential run-off election even made it impossible to hold any activities at community level, as political intolerance peaked. A lot of time was lost between March and September as it was difficult to implement programmes.

Future Work

The Right to Health Campaign

The programme will seek to launch the Right to Heath Campaign in 2009, with the aim of putting health on top of the development and national recovery agenda. Various activities and events will be supported at local and national level, to build up the campaign. Assessment of the Right to Health and Health Care is in progress.

Cholera Response

As cholera continues to threaten humanity, the Civic Education on Health programme hopes to scale up its Community Centred Response Project in line with the predicted demand. Various interventions will be put in place to fight the epidemic, whilst at the same time pushing for concerted efforts by all stakeholders to end the epidemic.

Access to Essential Medicines

As non-availability of essential medicines in both the public health sector and the private pharmacies continues, the programme will also launch a campaign that aims to improve access to essential medicines in the public sector.

Revitalization of Organizational Structures

The programme will also aim to revive organizational structures at district and local level, in a bid to strengthen the capacity of the organization and to improve community representation.

HIV & AIDS Prevention & Control Programme

Talent Jumo *(Gender Officer)*

In cooperation With: Rumbidzayi Masiyiwa, Tariro Mavi, Tafadzwa Chigariro *(Health Education Officer)*, Albert S. Makone *(Monitoring and Evaluation Officer)*

Although Zimbabwe is faced with huge socio-economic and political challenges, communities are still committed to the agenda to curb the spread of HIV and AIDS, and to reduce its negative impact. The CWGH mission is to collectively promote and support active community participation in health issues through advocacy in order to improve the quality of human life. In the light of this mandate, CWGH in 2008 supported various community-centered initiatives under the HIV and AIDS Prevention and Control Programme (from a gender and sexuality perspective) at National and District levels.

Project goals

The goal of the programme is to 'empower', and strengthen community participation and responses to HIV and AIDS, with special attention to interventions that support women's issues and reduce their (health-care) burden. Our strategy towards empowerment focuses on improved access to information, through meaningful involvement, participation and capacity building for member organisations and their constituent groups. Empowerment implies the expansion of freedom of choice and action so that communities and individuals can effectively participate in, control, negotiate with, influence and hold accountable all institutions that affect their health and wellness. Specifically, the HIV and AIDS programme promotes women and girls' empowerment, so that they are better equipped to take advantage of opportunities; access services; and exercise their rights. The programme is built towards achieving the following milestones:

- *Improved legal literacy with regards women and girls' rights*
- *Reduction and/or open condemnation of harmful practices and stigma in communities and by traditional leaders*
- *Greater negotiation power of women and girls in sexual relations*
- *Increased access to, and usage of condoms*
- *Radical change in language and expression within the family, between sexual and non sexual partners, making it possible to explore sexuality issues and reduce impact of HIV and AIDS*
- *Improved health seeking behavior among men and boys*
- *Reduced incidence of gender based violence/ violence against women*
- *Increased participation of men in Home Based Care to reduce the burden of care that falls on women and girls*
- *Reduced stigmatization of people living with HIV and AIDS*
- *Sustained community dialogue on HIV and AIDS as gendered; building up to a constant review of a community driven response/plan of action*
- *Police and legal structures and communities are sensitised on the DVA, and matters of abuse are not trivialized but are dealt with expediently.*

Training of trainers

The importance of investing in organic intellectuals cannot be overemphasized. These are individuals who have a presence in the community, have a thorough understanding of the issues, the language, culture, beliefs and institutional arrangements influencing the behaviours and attitudes towards HIV/AIDS, gender and sexuality. Hence community based facilitators were identified and attended a National level trainers' workshop in Harare. Central to this process was the need to:

- *Generate new knowledge and information on prevalent behaviours and attitudes regarding HIV and AIDS, in order to influence the project content and strategy*
- *Increase and widen the human- resource base at the District level.*
- *Develop and support skills acquisition in community based learning and teaching/ facilitation methods towards positive behavior change*

The Training of Trainers workshop was followed up by 3-day refresher courses for community based peer educators in Acturus, Kwekwe and Rusape, Hwange and Chitungwiza where 187 peer educators participated. The focus here was to rekindle the energy and enthusiasm generated in previous workshops. Group discussions focused on how the first training had influenced peer educators at a personal level, and also how useful the skills and information acquired had been for their outreach programmes within their respective communities. Milestones set from the onset were reviewed, challenges and obstacles discussed; and a roadmap for effective peer learning drawn up.

The peer educators report that the overall response of communities has been encouraging. The peer educators believe that there certainly have been some remarkable shifts in men's, women's, and young people's behavior, beliefs and attitudes around issues of sex, sexuality and GBV that enhance women's protection against HIV/AIDS infections.

These are some of the positive results that the youth programme has yielded:

- *Through training, dialogue and counseling, the sex and reproductive health programmes have contributed to an increased awareness and understanding of gender, sex, sexuality and reproductive health*
- *Myths, beliefs and stereotypes are challenged and as a consequence, communities, families and men have started to perceive and recognize sex and sexuality as a social issue.*
- *Increase in the uptake of Voluntary Testing and Counseling services, hence a subsequent increase in the number of support groups where members access psychosocial support, sharing on positive living and the implications of adherence or non-adherence.*
- *Increase in reported cases of violence against children and women. Communities have begun to name and shame perpetrators of sexual violence and this is a positive development.*

Generally, communities have adopted assertiveness and taken more personal, social and community-wide responsibility for their actions. In Hwange, Chitungwiza and Acturus for example, the CWGH organized legal education seminars on the Domestic Violence Law, in response to increasing reports of violence against women and girls in their communities.

Apparently, perhaps due to mounting socio-economic pressures, communities report that cases of child abuse and Domestic violence have been on the increase. There is a general consensus that the DVA cannot be effective unless women, girls (and men) in Zimbabwe are conversant with its contents and are able to use it to access justice and protect themselves. One may consider that the decision to focus on the DVA as evidence that the programme (and obviously rigorous efforts by other actors) have indeed been effective in raising consciousness on the interrelations between Violence against women, and the HIV/AIDS, i.e. the gendered dimension of the epidemic.

CWGH District Activities

As antiretroviral treatment (ART) is scaled up, there is a growing realization that merely providing ART and training health providers is not sufficient. CWGH in 2008 supported treatment literacy initiatives where efforts were made to engage communities and individuals to improve their knowledge and understanding of HIV, AIDS, and ART, as a way of attaining efficiency in universal access to treatment.

Peer educators in *Chitungwiza, Filabusi, Chipinge, Hwange, Zvishavane, Rusape, Kwekwe and Zhombe* continued to utilize available platforms such as community/ward meetings, commemorations, women's/youth clubs, sporting galas, and church meetings; to disseminate information using tools participatory methods acquired through the Stepping Stones Training and other initiatives.

CWGH Arcturus District Committee, with support from local stakeholders such as the Acturus Mine Management, Mercy Corps, the Zimbabwe Republic Police (ZRP), Ministry of Education, Kunzwana Women's Association, and Raramai Support Group organized and commemorated the International World AIDS Day under the 2008-9 running theme *Proven Leadership in HIV Prevention: Scale up Treatment, Care and Support Now!*

Commemorations offer an invaluable opportunity for stakeholders and community based educators to present themselves and share their institutional objectives and experiences with communities. Similarly, this becomes a platform for communities to amplify their voices on issues of concern before relevant stakeholders. For example, Raramai Support Group from Arcturus , shared their experiences on *'the roadmap from testing to treatment'*, highlighting the procedures and processes involved before one is able to access Anti-Retroviral Therapy, *(the HIV tests, CD4 count, viral load, TB, Liver function tests, counseling etc)*. They challenged the community to utilize voluntary testing and counseling facilities, encouraging adherence among PLWHA and those on TB medication, early treatment of Opportunistic infections, good nutrition, and healthy living. In other words, this became an opportunity to educate, share, and challenge individuals to become part of a support group regardless one's HIV status.

CWGH Kwekwe, the Ministry of Women's Affairs, ZRP Kwekwe, Ciphac, ZNPP+, the Young Women's Christian Association, Mbuya Saunyama Orphanage, Zimrights, the District AIDS Coordinator's Office and other stakeholders organized a march on Dec 11, a day after the International Day for Human Rights, under the theme…*"Women's Rights are Human Rights: Stop Violence against Women Now!"* The main objective was to sensitize the community on the Domestic Violence Law, highlighting what the law entails and how it can be used to access justice by survivors as well as the community at large. The linkages between Gender based violence and high HIV prevalence rates were also explored at this platform. Evidently, most stakeholders do appreciate HIV/AIDS as gendered, an analysis that should also influence responses to the pandemic.

In Chipinge, the Stepping Stones peer educators participated in the Governor's Trophy Competitions, a joint initiative of the local CSOs. Edutainment activities such as drama, sport, and music were showcased during the two days, with particular emphasis on HIV/AIDS prevention and control messages such as abstinence, correct & consistent use of condoms, faithfulness in relationships; VCT and adherence in TB and HIV treatment.

HIV & AIDS Resource Centre Launch in Arcturus

HIV/AIDS is not static, and so have been our responses to the epidemic. One important strategy that has contributed to a decline in the HIV prevalence rate to the current 15.6%, (NAC: 2007); is the investment towards building a strong information base. On 4 December 2008, the Arcturus community celebrated the launch of the Arcturus Resource Centre, a joint venture of the CWGH and Arcturus Mine. Such initiatives offer communities the opportunity to constantly access important reports and updates on issues and developments in the realm of HIV/AIDS. So far, the local committee has been able to mobilize support from organizations such as the Southern Africa HIV & AIDS Information and Dissemination Service (SAfAIDS), Training and Research Support Centre (TARSC) and the Zimbabwe AIDS Network (ZAN). Other CSOs present during the launch i.e. Mercy Corps *(through Child Protection Committees)*, Save the Children; pledged their support towards the development and sustenance of this information hub that will keep youth and adults engaged and informed on critical health and wellness issues.

Plans for the future

HIV and AIDS prevention and control remain central to the CWGH goal towards the empowerment of women and girls in Zimbabwe. In order to be effective, our strategic direction should be informed by the needs on the ground. Outlined below is a list of priority areas *(as identified by participating communities and implementing partners)* for the coming year: 2009-10.

- *Strengthen prevention efforts: continue to build capacities of local communities to implement homegrown and gender sensitive programmes targeted at TB/HIV/AIDS prevention and control*
- *Scale up advocacy initiatives on universal access to treatment and care by supporting treatment education efforts in collaboration with member organisations such as WASN, ZNPP+ etc*
- *Set up or support existing information centers, in addition to supporting good information seeking behavior within communities.*

Adolescent Reproductive Health Programme

Nonjabulo Mahlangu *(Programme officer)*

In Cooperation with: Mandy Mathias *(Secretary)*, Kudakwashe Mubaira and Rachel Goba *(Interns)* Albert Makone, Talent Jumo , Tafadzwa Chigariro, Rumbidzayi Masiyiwa *(Intern)*, Nothando Moyo *(Plumtree AIDS Project)*, Lincoln Ncube *(DAAC; Plumtree)*, Mark Zulu and Mhlanga *(Bulawayo City Council)*, Douglas Moyo *(DAAC Bulawayo)*

Acknowledging: Insiza Godlwayo AIDS Council, Umzingwane AIDS Network, Hwange Urban District Aids Action Committee, Plumtree AIDS Project Students Partnership Worldwide (SPW), National AIDS Council, Tsholotsho District Council, Bulawayo City Council – Youth Services Department, Sports and Recreation Commission, Frontline Development Trust and REPSSI.

Executive committee: Michael Sibanda *(Chairperson)*, Cheziyeni Phiri, Clayton Chehore, Richard Ncube, Alois Damson, Newman Gomendo, Amwi Ncube

Background

The CWGH Youth Program started in 2004 as a response to the research that was undertaken by Training and Research Support Center (TARSC) in the area of Sexual and Reproductive Health. The research was aimed at identifying the concerns of youths regarding their Reproductive Health and whether they can easily access information and services on Reproductive Health.

The programme equips youths with information and skills on Sexual Reproductive health issues and Rights. Youths are empowered to advocate and lobby for their sexual and reproductive health rights. It strengthens young people's participation in decisions and actions related to Reproductive Health. The programme enhances civic society responses to youth reproductive health needs through increasing the young peoples capacity to articulate and organize themselves around those needs.

Once youths are trained they come up with locally initiated activities which use participatory methodologies to disseminate information to peers and the community. The programme mainly targets in and out of school youths.

CWGH supports a youth organisation Zimbabwe Young People Development Coalition (ZYPDC). ZYPDC aims to create a platform for youths to advocate and lobby for their needs in the field of reproductive health, social, cultural and economic services for all youths in Zimbabwe. ZYPDC seeks to address these through capacity building, networking and implementation of youth programmes.

The program operates in ten CWGH districts, Bulawayo, Hwange, Filabusi, Esigodini, Victoria falls, Tsholotsho, Chikwaka, Acturus, Plumtree and Mutare.

Activities undertaken in 2008

The year 2008 was a difficult time for most of the Non Governmental Organizations in Zimbabwe. The year was characterized by a lot of political constraints and due to the elections most of the field activities were disturbed from March to August. As a result CWGH was only able to carry out a limited number of activities throughout the year. Despite this, the organisation was able to achieve some of its objectives.

Activities carried out included reproductive health education programmes, capacity building trainings and edutainment. These activities were carried out through youth centers, schools and AIDS clubs. These activities were implemented in response to the CWGH strategic objectives which put emphasis on support of membership organisations, Lobbying and Advocacy , Marketing and Growth.

Membership organizations

There has been a notable increase in the number of youth groups that have joined the network at district level. At least each district now has seven youth groups in their membership noting a 10% increase in membership. The ten districts of implementation were maintained. The organization has continued to give the youth membership support to enable them to implement their programmes effectively. The network members have been empowered with information and skills to deal with reproductive health issues. This has created a platform for youths to articulate their views on issues affecting their Reproductive Health.

The 4th Annual General Meeting was held in Bulawayo where a new committee was elected into office. Through its youth programme the previous committee provided youths with appropriate information about positive sexual health, and of more accessible and integrated sexual health services that they shared in their networks. The programme also improved young peoples confidence and aspirations, and increased youth participation in decision making in matters relating not only to their sexual health, but also to the wider social and community environments within which young people's sexuality is negotiated. This has been achieved through the capacity building activities, youth led initiatives, awareness campaigns in the form of edutainment.

Capacity Building Trainings

Auntie Stella has continued to be used as a tool that encourages young people to discuss key teenage issues, and also gives information that teenagers find hard to get elsewhere. Five Auntie Stella training of facilitators and one refresher course was conducted. 180 peer educators were empowered with knowledge and skills to deal with reproductive health issues. The peer educators were equipped with facilitation skills which enabled them to disseminate information to peers.

Following the training, awareness campaigns were conducted by the peer educators to increase the level of knowledge on RH issues amongst youths. A wide variety of activities were held, these included talk shows, debates, edutainment, Auntie Stella discussion sessions and discussion forums on reproductive health. RH issues on abuse, puberty, alcohol and drug abuse, peer pressure, teenage

pregnancy, HIV and AIDS were discussed. Peer education sessions were held in at least ten schools reaching 1000 youths. An increase in the level of knowledge on RH issues amongst youths was noted as observed in the quality of responses during discussions. In-school peer educators were empowered to disseminate information to their peers.

Youths reported that they are now able to make informed decisions. This was evidenced by decreases in the number of school dropouts due to pregnancy and substance abuse as shown in school records. The quality of youth participation has improved and youths initiated many activities and successfully implemented them. Youths were also able to network with other NGOs, governmental and peer groups.

Auntie Stella Training of Facilitators Workshop

Stepping stones has proved to be an effective tool in improving communication between young people and adults in the community on issues of Reproductive Health. This is evidenced by the support which youth led initiatives is being given by adults. Young people can now easily approach adults if they are in problems and openly discuss issues affecting them.

Two stepping stones workshops were held in Insiza and Hwange. Eighty participants were reached through this training. These participants were engaged in activities so as to mobilize the community and sustain dialogue on gender , sex and sexuality around HIV and AIDS. Community awareness campaigns have been effective in combating the ignorance that causes people to discriminate against others.

Cases of the stigma and discrimination were reported to be on the decline in the community. HIV-related stigma and discrimination remains an enormous barrier to the fight against AIDS. Fear of discrimination often prevents people from getting tested, seeking treatment and admitting their HIV status publicly. Through the Stepping Stones programme, the barrier of stigma and discrimination has been broken and records have shown that more people are getting tested, seeking treatment and openly admitting their HIV status.

An increase in the number of people especially young people accessing VCT services has been noted. At least 65% of people seeking VCT are young people. An increase in the number of youths openly discussing reproductive health issues in different settings like schools and churches has been noted. Youths are more confident about themselves and are making informed decisions. A decrease in intergeneration relationships has also been noted. The number of youths having multiple sexual partners was reported as having decreased. Most youths indicated that they are practicing safer sex. Condom uptake has increased and a decrease in the number of youths presenting with STIs as per statistical records at most local clinics was noted.

As a way of strengthening the youth programme especially orphans and vulnerable children (OVC), CWGH adopted the mainstreaming of psychosocial support (PSS) approach in the programme. This was done in partnership with Regional Psychosocial Support Initiative (REPSSI).

Two officers attended a 10 day Master trainers training in Mozambique. The training empowered the officers with PSS knowledge and skills, strengthened the organizational capacity for mainstreaming PSS and also helped in providing PSS tools which can be used for working with communities. The Officers trained 20 participants from the 10 CWGH districts in mainstreaming PSS in youth programmes. The participants of the training included programmers who are involved in youth programmes. Being able to mainstream PSS enhances the psychosocial wellbeing of OVC and youth.

Adopting the mainstreaming approach helped maximize the reach of children with quality psychosocial care and support, as well as to ensure that approaches to OVC programming become more holistic, sustainable and adequately embrace the voices and concerns of the target population. *"We were concerned with paying fees only or just feeding the OVC, so this training has enriched our program"* commented one participant after the training.

Lobbying and advocacy

Major difficulties and challenges faced in the practice of achieving access to reproductive health information and services for young people has led to a recognition of the need to broaden the focus of efforts to improve access to health to all. Youths have been identified as key stakeholders in attempts to achieve health equity, and the importance of strengthening their capacity to influence relevant government policy and practice.

Zimbabwe Young People Development Coalition (ZYPDC) is a national member of the CWGH network. Its being a member ensures youth participation in CWGH district and National structures. This enhances the youth voices when it comes to policy formulation. District committees have youth representatives to guarantee stronger participation of young people in CWGH fora and other forums.

As a way of creating a platform for youth participation in reproductive health, ZYPDC held a youth conference under the theme *"STAND UP AND SPEAK on Reproductive Health issues!"* The conference was attended by 83 participants from 10 districts which ZYPDC is operating in. The conference offered youths an opportunity to discuss Reproductive Health issues that affect them such as; meaningful involvement of youths in RH programming, gender based violence in relation to RH rights, RH rights and responsibilities. The conference empowered the youths with skills on how to stand up and speak on RH issues. Youths were provided with a platform to discuss how young people can actively participate in reproductive health matters and why it is important for youths to participate.

The youths, therefore, called upon the responsible

authorities to:

a. **On Meaningful Involvement of youth in RH programs**
   - *Ensure meaningful youth involvement in development, implementation, and evaluation of reproductive health programs*
   - *Involve youths in the policy making and development of constitution regarding RH issues*
   - *Strengthen young people's capacity to influence relevant government policy and practice.*
   - *Develop capacity building programmes that increase young people's knowledge and skills on reproductive health*

b. **On Reproductive Health and Rights**
   - *Ensure that reproductive health rights are included in the educational system*
   - *Ensure all young people are made aware of the Reproductive Health Rights*
   - *Promote peer to peer learning on RHR*

c. **On Gender based violence in relation to RH**
   - *Promote gender equity*
   - *Empower youths especially the girl child with communication, self awareness, negotiation, assertiveness and responsibility skills.*
   - *Enforce stiffer penalties for offenders of gender based violence*
   - *Educate more youth on GBV, Domestic Violence and effects on RH*

Marketing and growth

Networking meetings, exchange visits, exhibitions and commemorations have provided a platform for CWGH to market itself and strengthen its activities at district and national level. Community awareness of programs has been strategically raised through the media. Publications on different activities have been done in local newspapers.

ZITF – 2008

For the fourth time CWGH in collaboration with the National AIDS Council and other AIDS service organizations (ASOs) exhibited at the ZITF from the 22nd-26th of April 2008. The theme for the exhibition was *"Zimbabwe takes the lead in HIV prevention in Africa and the World"*.

ZITF 2008 provided a great opportunity to raise public awareness on issues concerning HIV and AIDS. At least 20 organizations exhibited under different thematic areas. These areas included prevention programmes, workplace programmes, behavioral change programmes, home based care programmes, support groups, ART programmes, Orphans' and Vulnerable Children (OVC) programmes for women and girls. The exhibition also provided the public with Voluntary Counseling and Testing (VCT) services. The exhibition provided the crowds with the whole package on HIV and AIDS. At least 10 000 people were reached by the different organizations.

The objective of the exhibition was to advocate for behavior change as the cornerstone for HIV prevention. In pursuit of the theme, the public were being encouraged to take the lead in HIV prevention by protecting themselves and others from being infected, avoiding stigma and discrimination of the infected and affected. Every person who came to the stand was made to understand the significance of the red ribbon. Almost all the visitors received the red ribbon to show that they also wanted to be part of the fight.

In the prevention cubicle at least 1661 people ranging between the ages of 9-69 were reached with the youth being more dominant amounting to the number of 1082. There was a higher turnout of females as compared to males. Although the number of visitors to the ZITF was slightly lower as compared to the previous years, the targeted beneficiaries were reached.

ZITF provided CWGH the opportunity to showcase their ideas and experiences to other organizations dealing with health related issues and to the public. As various organizations where grouped together under different themes, the exhibition provided the public the complete range of services offered regarding HIV and AIDS. It also helped CWGH in getting to know the different programs offered by other organizations so as to create an opportunity for partnership with other organizations in implementing programs regarding HIV and AIDS.

WORLD TB-DAY COMMEMORATIONS

An estimated two-thirds of Zimbabweans with TB are also infected with HIV. Consequently, Zimbabwe has a staggering six times more TB cases than it did 20 years ago. According to statistics, the success rate of directly observed treatment is just 54%. Against this background, it was seen crucial for Zimbabweans to commemorate TB day as a way to bring awareness to the community on Tuberculosis and its effects.

CWGH together with Bulawayo City Council and other stakeholders commemorated the World TB day on the 24th of March 2008 at Sekusile in Bulawayo. The commemorations ran under the theme *"i am stopping TB, so can you"*. The event started with a march from different wards of Bulawayo to the main arena at Sekusile. The march was a way of informing the public on what was taking place and also in the process bringing awareness to the community on TB through the use of banners, singing and distribution of IEC material.

The commemorations emphasized the importance of working together nationally and locally to stop tuberculosis (TB). The event provided a platform to remember and thank those who are helping to care for and cure people affected by TB. The community was reminded of the importance of having TB treated early to prevent complications associated with late treatment. When a person with TB is not treated adequately or stops taking their treatment before the time set for them by the health practitioners, the patient put him or herself at risk of developing resistance to TB drugs. To avoid spreading the infection to other people, TB patients were encouraged to practice good hygiene such as covering the mouth when coughing, especially in closed environments with poor ventilation and avoid spitting.

During the event advocacy materials, such as

brochures, posters and T-shirts, were distributed to the audience, to create awareness among the community about TB, its ways of transmission, its symptoms and its treatment.1000 pamphlets and brochures on Tuberculosis were distributed. Testimonies from those living with TB were given. At least 1500 people were reached.

WORLD AIDS DAY and INTERNATIONAL VOLUNTEER DAY COMMEMORATIONS

The World AIDS Day (WAD) is an annual event celebrated on the 1st of December. This day seeks to bring awareness to the public that AIDS is real and still remains the highest epidemic that is claiming millions of lives throughout the world. This year Zimbabwe commemorated the day under the theme ***"ZIMBABWE- Proven leadership in HIV Prevention: Scale up Treatment, Care and Support now"***. This came as a call to increase efforts in improving treatment, care and support for people infected and affected with HIV. CWGH in partnership with NAC and other stakeholders joined the nation in celebrating WAD. Bulawayo commemorated the WAD on the 12th of December at the Amakhosi Theatre. The day started with an awareness march through the city centre to the venue where the commemorations were being held. Pamphlets with information regarding the HIV, AIDS and its effects were distributed to the public during the march and at the venue. Of great significance this year was that the WAD was held in conjunction with the International Voluntary Day which is also celebrated annually on the 5th of December. The day seeks to recognize all the people across the world carrying out voluntary work. At least 2500 people were reached.

Youth Education through Sports (YES)

The YES programme aims to mainstream peer education into sports. The programme empowers youths with appropriate knowledge and skills to enable them to deal with reproductive health issues and also impart RH information to their peers. Youths have been greatly involved in the YES programme at District and National level. Through the YES programme, the youth have managed to reach out to in-school youths using edutainment in the form of drama, song and dance. The level of knowledge on RH issues was increased and they can now openly discuss with their peers and dispel any myths and misconceptions. The peer educators have assisted in the implementation of the peer education sessions in the district competitions.

Zimbabwe National Youth games

The 6th edition of the games was hosted by Gweru in Midlands Province. CWGH and other stakeholders provided edutainment to the youths from the 10 provinces of Zimbabwe. Edutainment refers to educational entertainment through the use of drama's, song's, poetry, videos and other methods. Peer educators from CWGH and other organizations educated the youth on HIV and entertained the youths during the day and evening for one week. A total of 3000 direct beneficiaries were reached during the five days. Peer educators did not only provide edutainment but also psychosocial counseling to the athletes on issues like stress and menstrual problems. Through this programme, the levels of knowledge and confidence of athletes has increased. Girls reported that they were more assertive and are able to say NO' to what they do not want. Youths are now responsible to protect themselves and hence reducing their vulnerability to HIV infection. Athletes reported that they are in control of their feelings and actions ever since the programme started.

For the first time this year CWGH participated in the youth Paralympics games in Zimbabwe in the Bulawayo province from the 27th –28th of August 2008. A total of 800 young people were reached directly and 1500 indirect beneficiaries were reached. There was an increase in the level of confidence amongst the youths because they were able to reach out to people with different disabilities. There was also an improvement in communication amongst the peer educators seen through the way they communicated with the athletes. There was also an improvement in the skills that the youths use during peer education as they had to be creative so as to reach out to all the athletes with different disabilities.

In a bid to help the community, the youths carried out some community work at Ekuphumuleni Old Peoples Home. For a month the youths visited the old peoples home, to clean the grounds and chat with the elderly. The results of the community work motivated the youths to also implement the same activities in their communities. This initiative also encouraged other youths in neighbouring communities to do the same. Making a change in ones community instills a sense of ownership and pride in their area.

WAD Commemorations in Bulawayo

Future Plans

In 2009 CWGH will continue to strengthen the capacity of youth to communicate on sexual and Reproductive Health Rights, HIV and AIDS issues. The project will specifically target the 15 to 35 age group with special emphasis to girls and young women. The program will address provision of knowledge and skills on SRHR and HIV. The issue of behaviour change, emotional, mental and social well being will be addressed. This programme will use the following participatory methodologies Stepping Stones, Journey of Life, Talk Time and Auntie Stella tool kits amongst others. The programme will also strengthen psychosocial activities on HIV/AIDS to communities mostly affected by the HIV/AIDS pandemic. The programme will build the capacity of the youth groups in program planning, managing and communicating on SRHR and HIV at different levels from grassroots to policy makers. CWGH will continue to support the coordination and information dissemination needed by the youth groups.

Albert Makone *(Monitoring and Evaluation Officer)*

In Cooperation With: Caroline Mubaira *(Programmes Manager)* and Talent Jumo *(Gender Officer)*

Introduction

Malaria is a behavioral as well as a medical problem. Social, cultural, and economic factors must be understood and incorporated into the design and implementation of malaria control programs. A top-down approach alone will not work. Rather, a community-based strategy must be employed recognizing that individuals are already making decisions for themselves and their families regarding malaria prevention and control, and only programs that are consistent with their interests will ultimately be sustainable. Malaria morbidity reduces a household's ability to accumulate human and health capital because it interferes with schooling of children .

According to Roll-Back Malaria, over 40% of the world's children live in malaria-endemic countries. Each year, approximately 300 to 500 million malaria infections lead to over one million deaths, of which over 75% occur in African children under five year of age. There were an estimated 247 million malaria cases among 3.3 billion people at risk in 2006, causing nearly a million deaths, mostly of children under 5

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years. 109 countries were endemic for malaria in 2008, 45 within the WHO African region. Over 3 million people contract malaria in Zimbabwe at least once a year and it is the second commonest cause of death and a major contributor to the high under-five mortality rate of 125/1,000 (WHO World Malaria Report 2008)

The launch of Roll Back Back Malaria (RBM) in 1998, the United Nations Millennium Declaration in 2000, the Abuja Declaration by African Heads of State in 2000 (part of the African Summit on Roll Back Malaria), the World Health Assembly in 2005, and the RBM global strategic plan 2005– 2015 have all contributed to the establishment of goals, indicators and targets for malaria control.

Strengthening community participation is one of the pillars of RBM initiative in Zimbabwe. It is with this background that the CWGH, Plan Zimbabwe and the Ministry of Health and Child Welfare (MoHCW) came together in partnership in the Community Based Enhanced Malaria Prevention and Control Project in 2007. The project is being implemented in six districts with the highest malaria burden namely Chiredzi, Chipinge, KweKwe rural, Mutare rural, Mutasa and Mwenezi.

Programme Objective

The overall objective of the action is to reduce mortality, morbidity, and social and economic losses due to malaria in six of the highest malaria prevalence in Zimbabwe over a period of three years.

Specific Objective

To reduce the incidence of Malaria related deaths in vulnerable groups through the implementation of the NSP-RMB in 164 wards within the six target districts (Chiredzi, Mwenezi, Chipinge, Mutasa, Mutare, Kwekwe).

Why Community Action for Malaria Prevention and Control?

The Alma-Ata declaration of 1978 underscored the need for concrete and effective community action in setting priorities, making decisions, planning strategies and implementing them to achieve better health. Community participation is critical to the success and sustainability of health programmes because involving people actively in the planning and implementation of activities encourages the development of skills, institutionalizes appropriate decision-making capacities within communities, and creates a sense of ownership. Community action for malaria control is based on the premise that long term change in several key behavioural patterns can be implemented in partnership with communities and families for the control of the disease. Such change in specific behaviours can lead to early, appropriate recognition and treatment of malaria in addition to undertaking preventive and promotive activities.

The basic objectives of involving communities in malaria control are to:

- Ensure ownership of malaria control activities by communities;
- Improve quality of home care;
- Build capacity for communities for implementation and sustainability of activities;
- Link malaria control with other development activities;

Activities For 2008

District Sensitization Meetings

Sensitization meetings were held in Mutare, Mutasa, Chipinge and Mwenezi to give an overview of the CWGH and its programmes. The roles of the three participating partners were highlighted. The meeting drew stakeholders from various ministries, government departments and other civil society organizations in those districts. The meetings helped to create awareness among local authorities on the programme, the role of communities in the fight against malaria and how the programme will benefit

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the community. This is the first time that the CWGH introduced the programme in the districts. The prevailing political situation on the ground made it imperative to hold a sensitisation meeting.

Formation of Community Malaria Committees (CMCs)
In five of the six participating districts CMCs were formed in at least half of the required wards except in Mutasa because the district had no designated Malaria coordinator who would speed up the process and does the ground work before the formation of the committees. CMCs coordinate activities that focus on the measures that can be taken by households, jointly or individually, in order to reduce their risk of infection. There is an emphasis on community members participating and being empowered to engage with the formal health structures at various levels in order to represent local interests. Establishment and maintenance of CMCs has been identified as core means of enhancing full community participation and empowerment in the fight against malaria.

The CWGH spearheaded the formation of the CMCs, with technical support from both PLAN Zimbabwe and MoHCW. Participatory approaches were employed at every level so as to ensure full community participation at every stage of the programme. Tools such as the animal exercise and picture codes were used to introduce topics. Most of the tools used borrowed from Participatory Reflection and Action approaches. This made introduction of issues simple, whilst at the same time highlighting the importance of team work and community involvement in the programme in illustrative ways. Two CMCs were formed in each ward to increase their efficiency as most of the wards are too large to be covered by a single committee.

The CMCs drew their composition from a diverse pull of community representatives. Village heads, Zinatha, Home Based Care Givers, Women clubs, Youths representative Secretary of villages, Village health worker, Chloroquine holders and Arex Officers commanded a greater fraction of the committees formed. The community had the opportunity of highlighting to the chosen committees some of their roles which include educating the community on malaria issues, looking for mosquito breeding sites, production of IEC material as well as distribution of Insecticide Treated Nets (ITNs).

A total of 18 CMCs were formed in 9 wards between the 4th and 14th of March 2008 in Mutare. In Chiredzi, a total of 27 CMCs were formed whilst 16 CMCs were formed in Mwenezi since the district had no designated Malaria coordinator specifically for that district as the coordinator for Chiredzi was handling the two districts. The CMC formation drew a lot of people as each workshop was expected to bring about 60 participants but most of the time the number would go above 100 participants. This showed that people were very keen to take part in community activities as they would also benefit in the long run. Over 4260 people participated in the CMC formation in the 5 districts.

IEC Material Development
CWGH participated in the development of the manual for training CMCs and school health masters (SHM). CWGH secretariat ensured that the manuals had participatory methodologies as this will encourage community participation in all the activities. The manuals covered the following information:

- Malaria prevention and control methodologies
- Verification of beneficiaries and record keeping
- Book-keeping and financial management
- Leadership skills
- Negotiation and conflict resolution skills
- Advocacy and lobbying skills
- Accountability and gender equity
- Programme planning methodologies

CWGH took advantage of its website to market the work that it is doing with the other two partners in the prevention of malaria and control programme.

Lessons Learned

During the implementation of the programme, a number of lessons were learnt which include:

- Active participation by communities in the assessment of their needs, planning, management and implementation is very important
- The importance of building functional partnerships
- Developing the required technical capacity plays an important role in community participation in health programmes.
- To enhance participation in malaria control activities, the roles and responsibilities at the various levels (community, district and national) need to be clearly spelt out.
- Communities should be involved in planning and implementation of activities; mobilizing resources and community financing; supervision, monitoring and evaluation of planned activities.
- Community action for malaria control offers an opportunity for working in partnership with individuals, families and communities for malaria prevention and control.

Challenges faced during the year

- Meetings in some areas were cancelled due to campaigns that were going on and the high political volatility
- Unstable economic environment – the US dollar continues to lose value due to inflation, resulting in budget constraints. On the other hand, CWGH has not been able to access funds from Plan Zimbabwe on time as they took long to release the money and by the time the money comes, it will not be enough.
- The Presidential and parliamentary elections of March made the operating environment to be politically volatile which made it difficult to conduct any meetings and workshops. The events preceding the June 27 presidential run-off election even made it impossible to penetrate communities. Political intolerance has also made it difficult for communities to engage with the elect leadership, particularly in areas were either the MP or the councillor are from different political parties

Community meeting on health

Future Plans

The challenges facing the health sector are both large and complex, being tied to broader economic and governance challenges facing the country. As such, it is important to frame any response in terms of immediate, short-term, medium term and long term actions. The project on Community-Based Enhanced Malaria Prevention and Control Programme is expected to increase its pace in implementation as the problems between the partners have been ironed out. Civil society has an important role to play in terms of overseeing and helping to hold governments to account for progress towards national health goals. Better tools and strategies have been developed to help in the monitoring of the progress in 2009 in all the programmes. There is need to strengthen existing interventions and scale-up interventions that will have greatest impact on reduction of mortality and morbidity from malaria. There is still need in the participating districts to empower communities to be catalysts in malaria control. The CMCs that were formed in 2008 need to be trained to avoid demotivating them by taking long before they are trained.

The 5 districts which have fully started implementing the programme have shown high levels of commitment in the implementation of the programme. Execution of the programme by District Malaria Teams without or with their own resources, as shown in Chiredzi is a clear testimony to this commitment. However, there is need to improve the flow of resources to peripheral levels and to reorient the programme, if set goals are to be achieved on time. There also is need to prioritise Mutasa district which have not started forming CMCs, as the implementation resumes, if the future activities are to build on what has already been set on the ground.

Conclusion

As noted in the report, the project has not been able to meet all the set goals. This has mainly been a result of a repressive operating environment. This status quo may result in some of the programme goals being shifted into the next project year. It is however hoped that the operating environment will improve with time, allowing the project to progress faster, and as a result more ground will be expected to be covered within short periods of time. The health delivery system in Zimbabwe has crumbled, leading to increased demand for community participation to as the only hope for a healthy life.

Jimmy Wilford *(Coordinator)*

In cooperation with: Tayson Mudarikiri, Sendisa Ndlovu, Moreblessing Chibaya, Langalethu Nkala, Patience Pazvakavambwa, Tariro Mavi.

Introduction and Background

The Students and Youth Working on reproductive Health Action Team ***(SAYWHAT)*** seeks to deepen tertiary college students' understanding of sexual, reproductive health and rights (SRHR), at the same time enhancing responses of students and youth to the challenges they face in this regard.
SAYWHAT in 2008 operated under four broad objectives which are the following;

- Institutional development
- Promoting information sharing on sexual and reproductive health (SRH)
- Networking and advocacy
- Providing support to students on sexual and reproductive health matters.

However, it is crucial to note that the socio-economic and political environment in Zimbabwe was not conducive to enable smooth attainment of the intended objectives. The challenges presented various challenges and opportunities that shaped the course of SAYWHAT work and informed programming during the period under review. The challenges encountered should be considered as offering valuable feedback for future programmes in the next partnership between SAYWHAT and SAIH contributing to a reproductively healthy student sector in Zimbabwe.

Institutional development

SAYWHAT, since inception was operating as a project at CWGH for the purposes of capacity building through strengthening of the different structures. As part of capacity building, a lot of work was done under the institutional development. 2008 being the last year at CWGH, a lot of progress markers were drafted to guide and keep track of progress being made in preparation of the weaning off process. Some of the progress markers included the opening of bank accounts, coming up with a strategic plan, coming up with financial policies, strengthening of the secretariat by recruiting competent personnel and broadening the resource base of the institution. Significant progress has been made in a number of areas hence with the effect from 1 January 2009; SAYWHAT will be operating as a stand-alone institution from a different base with continued guidance from CWGH. SAYWHAT has since secured some office space at No. 52 Northampton Crescent, Eastlea.

During the last year at CWGH, SAYWHAT strengthened the secretariat by recruiting an Administration Assistant, Information & Advocacy Officer, Research & Capacity Building Officer. In addition two interns were engaged to assist with the implementation of the activities.

Strategic planning

In 2005, SAYWHAT had a strategic plan which came up with the vision, mission and the strategies to be followed in order to attain the objectives and mission. This was a three-year strategic plan which was done to prepare the ground for the institutional development process. When such a strategy was developed, other structures like the Board of Trustees and Secretariat were not there. It was therefore imperative to formulate another strategy that also looks on how the different structures can work together in the best interest of the students' health.

As a result the SAYWHAT Board of Trustees, National Coordinating Committee, Local Coordinating Committee, Secretariat and stakeholders took time to re-look at the SAYWHAT vision, mission, values and strategic objectives through a strategic planning process. This process was done in order to come up with a road map that will be used by SAYWHAT in the next five years with annual reviews of the strategy. A detailed report for this process is available on the SAYWHAT website, www.saywhat.org.zw

It is however important to highlight that at the end of the process, SAYWHAT came out with a new set of values and objectives that will ensure the attainment of the SAYWHAT vision and mission. This was done through a collective engagement of the representatives of the Board, secretariat, NCC and stakeholders.

Outreach Programmes

During the year SAYWHAT undertook some outreach programmes meant to take reproductive health services to student communities. Such services include information, HIV Voluntary Counselling and Testing (VCT), contraceptives and sanitary wear among others. The following outreach programmes were undertaken:

1) **Agricultural Colleges Sporting Gala**
Agricultural Colleges hold an annual Sporting Gala where students from across the country gather. The students take part in various disciplines of sport. This sporting event presents an opportunity for information sharing and dissemination because the gathering of students at one place makes it easy to reach out to large numbers of students concurrently.

This year's gala was held at Gwebi Agricultural College from the 26th of February to the 2nd of March 2008. Thirteen (13) colleges, out of the initial target of 16, took part in this event with over 2 000 students taking part. SAYWHAT undertook several activities meant especially to promote information sharing and dissemination on SRHR among students. These activities were spearheaded by the SAYWHAT trained peer educators from the various colleges that SAYWHAT work with. The activities did not only benefit the students but also the teaching and non teaching staff including the community of Gwebi College of Agriculture and the farming area surroundings. There is high STI and HIV prevalence within the farming communities of Zimbabwe due to a number of factors including the absence of information and entertainment.

SAYWHAT participation in this sporting event

involved the following activities;

- An information booth that was jointly attended to by SAYWHAT and its partners –PADARE, the Women and AIDS Support Network (WASN) and a sanitary wear manufacturing private company, Clovit Investments. Over 200 different publications were distributed including literature on HIV and other SRH issues to the participating students. These publications included publications of the partners there represented and those of other partners like SAfAIDS which could not be physically present but managed to sent literature for distribution. These materials represented a variety of pamphlets, posters and newsletters which were given to individual students and some to the college to start information corners on SRHR.
- Discussion groups and talk shows were held concurrently with the sporting activities. Various issues including contraceptive use and positive living were discussed in these discussion groups. Over 300 students attended the discussion groups during the gala.
- Sanitary pads were also sold to students at a subsidized price. This activity was undertaken being informed from baseline

research that indicates that female students face several challenges in accessing sanitary wear because it's either highly priced or not available. The purpose of engaging in this activity was to ensure that sanitary wear was conveniently accessible to students. SAYWHAT also negotiated a considerable discount with Clovit Investments (manufacturers of sanitary wear) to ensure that students buy the product at an affordable price. This distribution of sanitary wear presented an opportunity for addressing other reproductive health issues. A notable trend is that addressing female students' practical needs provides an entry point for education on SRH. Peer educators took the opportunity to undertake education on sanitary wear hygiene, STIs, including HIV and contraception use.
- Provision of VCT through a mobile unit did not materialize on this particular gala because the hosting college did not have enough logistical space for this activity. In the previous year close to 200 students received counseling and testing during the gala.

SAYWHAT participation in this gala was supported by Clovit Investments, who provided sanitary pads, PADARE Men's Forum on Gender, Women AIDS Support Network (WASN), SAfAIDS, Media Institute for Southern Africa (MISA) and the Youth Empowerment and Transformation (YET). A separate detailed report on this activity was prepared and circulated widely among the stakeholders. It can also be downloaded from our website; *www.saywhat.org.zw*

2) Exhibitions

SAYWHAT participated in two national exhibitions during the year. These include; the Zimbabwe International Trade Fair (ZITF) and the Harare Agricultural Show in April 2008 and August 2008 respectively. Exhibition tallies indicate that SAYWHAT reached out to over 3 000 students with publications, referral services and one to one discussions on SRH. Visitors to the stands sought information mostly in the area of HIV and AIDS more than any other SRH issues. Other topical issues included contraceptive use with a growing interest in the female condom.

However, there are many others who sought information on SAYWHAT activities and other information about the institution. In Bulawayo, there was demand for the growing visibility of SAYWHAT activities. Since the region has one agricultural college, most students in the region expressed interest in SAYWHAT programming but said they had not been offered the opportunities for participation.

Despite offering an opportunity for information dissemination, the exhibitions further strengthened SAYWHAT networking through joint exhibitions with the National AIDS Council (NAC) and the National Young People's Network on HIV and AIDS (NYPNHA).

3) Leadership Development Workshops

SAYWHAT's challenge working with students is that no leadership base can be created to last forever. As students graduate and leave school, there is need to ensure that new leaders are developed from the present crop of students to stir success of SAYWHAT SRH programming.

In the period under review, SAYWHAT held two leadership development workshops. One was held in January for the National Coordinating Committee (NCC) that was elected in December 2007 which served throughout the year 2008. The second was held in December 2008 for the NCC

that will serve in the year 2009.

The objectives of the leadership development workshops were;

- To equip the new NCC with leadership skills requisite in fulfilling their duties as the executive leadership of SAYWHAT
- To facilitate a handover process from the old NCC to the new NCC in order to ensure continuity of activities
- To initiate a process of capacity-building the NCC in the areas of Sexual and Reproductive Health, the knowledge of which is necessary in executing their leadership duties
- To orient the newly elected NCC with SAYWHAT structures, activities and help them appreciate the organisation's mandate
- To facilitate the process of coming up with the NCC work plan for the years 2008 and 2009 respectively

The January workshop was meant to be the first in a series of workshops and other activities meant to develop a leadership foundation for SAYWHAT programming. Although in the period under review no any other follow up training was organized, mainly due to the prohibiting political environment that made civil society organizations' operations difficult, there are indications that the process contributed to the success of programming for the greater part of this year. Judging by the activities planned and implemented with the current NCC, this process made a difference.

However, since this process was not enough in developing leaders considering that no follow up trainings were done, some gaps were visible pointing out to the fact that there was need to make this training more comprehensive, covering more issues of leadership and SRH. Such comprehensiveness could be achieved by increasing the days of the training or ensuring immediate follow up trainings.

The lessons learnt in this process have been applied to the later leadership development workshop held in December. The leadership for 2009 elected at the December 2008 Annual General Meeting underwent the leadership development course sooner in order to allow more time for training during the course of their tenure.

Publications

SAYWHAT worked on three publications in the period under review. These include two editions of the newsletter, the SAYWHAT Observer, and a SAYWHAT Training Manual on SRHR.

The Newsletter

The SAYWHAT Observer is a thematic newsletter that focuses on contentious Sexual and Reproductive Health and Rights (SRHR) issues of students. Two editions were published this year – one in June and the other in December with a total print run of 1 250 copies. Initially, four quarterly editions were planned. The cut down to only two editions was necessitated by the political and economic situation – especially access to funds and limited withdrawal limits – which made working difficult during the first half of the year. SAYWHAT could not access its organizational funds for the better half of the year until mid-year when the June edition went to the printers.

The June edition covered the issues of rape, investigated the students' role in the responses to SRHR challenges faced by tertiary institutions and also provided a platform for students to share best practices in peer education.

This was the first edition to carry 12 pages, an increase from the previous 8 pages in order to accommodate more students' voices in the sharing of college experiences in SRH. A total of 500 copies were produced for this particular edition. To date, 450 copies have been distributed and shared with stakeholders that include students, college authorities, government departments, civil society organizations and youth and student movements among others. Notable positive development in this project is the increasing student voices as more students submitted articles for writing. This edition has raised some advocacy issues and has acted as a viable strategy of engagement with the authorities. Advocacy issues were raised in the need for providing support services to rape survivors and demanding equal opportunities of education for HIV positive students.

The December edition had a print run of 750 copies and focused on HIV prevention, particularly sharing a balanced assessment of research evidence that Male Circumcision may have a protective effect from contracting HIV for men. This was an opportunity to rekindle discussion on HIV prevention, an area that youths and students have of late found monotonous to discuss because they think that they have enough knowledge about the existing prevention strategies. This edition also presented an opportunity to communicate with young men whose engagement with reproductive health has tended to label them as part of the problem and never addressed male vulnerability. Discussion on male circumcision has presented an entry point to discuss, with young males, the role that they can play in addressing SRHR challenges of the community. Only 200 copies of this edition have since been distributed.

Feedback received after sharing these newsletters indicates that SAYWHAT is covering an area of need. College authorities appreciated SAYWHAT work through the newsletter by thanking SAYWHAT 'for the good work that you are doing in disseminating sexual and reproductive health knowledge to students in all institutions in this country,' to put in the words of Engineer Chiuswa, the Principal of Rio Tinto Agricultural college.

With spaces for expression and advocacy having been closed in Zimbabwe, due to the politically polarized media, the SAYWHAT Observer opened these spaces by providing a platform to air out their views on health and make their voices heard with policymakers making it an integral conduit of advocacy. Other stakeholders in health have approached SAYWHAT for collective efforts after following the plight of students from the newsletter.

Plans for the coming year include increasing the print run in order to reach out to more students with this

publication. The cost effective way of attaining this increase is to use cheaper paper in printing and moving away from the expensive full colour product. Savings made from this migration may be used to increase the number of copies that are printed.

The SAYWHAT Manual

SAYWHAT is currently in the process of developing a manual that shall be used to train SAYWHAT peer educators and other students interested in SRHR issues. This is being developed with the assistance of a consultant. The manual has several modules covering issues of HIV and AIDS; contraception, STIs, pregnancy, sexual harassment, legal and rights issues surrounding SRHR, gender among other issues. The manual has reached the first draft stage and is pending finalisation.

The manual shall have an accompanying Trainer's Guide that shall be developed during the course of the year. The manual shall ensure uniformity in imparting knowledge on SRHR among students in the colleges that SAYWHAT operates. The challenge inherent in SAYWHAT programming is that there has been no standard training procedure that defines the comprehensiveness of covering SRHR issues when working with students. As such, it has been difficult to make the desired impact in improving knowledge levels of students on SRHR, trigger advocacy and promote service-seeking behaviour among students. The Training Manual comes in to cover this gap.

Website Development

The internet has become an important tool for information dissemination and a quick source of reference. Many individuals are beginning to know SAYWHAT from the cyberspace, initiating a need for a stand-alone comprehensive and interactive SAYWHAT website. SAYWHAT engaged a consultant to develop a standalone website since all along it has been running a page from the CWGH website.

The new website is designed to have interactive features that enhance the objectives of SAYWHAT in information sharing and dissemination. The website is also a vital networking tool. Again as SAYWHAT goes through a process of institutional development, it is imperative that it improves on its communication and reach. The website is a communication tool that offers such an opportunity. Another cutting edge feature of this website is the possibility to keep it regularly updated since, unlike the current page; the SAYWHAT officers will be able to update the sections of the website without getting them through the web developer. The current system where all updates went through the hands of the consultant developer was slow and not cost effective. Once the website is up, the responsible officers would be trained in using the Content Management System, special software that allows SAYWHAT authorized people to update the website as long as they have internet connection.

The website is expected to reach out to a thousand (1, 000) new visitors including students and youth in Zimbabwe, the donor community, other stakeholders and prospective partners both at home and abroad within the first quarter of 2009. The new website will also keep track of visitors to the website, making it possible to monitor and evaluate the institution's impact in information dissemination through the website. The website URL is www.saywhat.org.zw and is already running. In January 2009 SAYWHAT personnel will be trained to use the Content Management System to update the website and moderate discussions from the platform.

Resource Centres and Material Distribution

SAYWHAT set out to initiate a process of developing state of the art resource centres that would close the SRH information dissemination gap. A target of five institutions was earmarked. Although no new Resource Centers were set, after realising that such an exercise would cost more resources than budgeted for, a decision was made to contribute material to the existing libraries. SAYWHAT supplied a number of tertiary institutions with reading material.

During the course of the year, SAYWHAT sourced and distributed material to all Agricultural colleges. Besides these, some teachers' colleges benefited from this exercise. These materials went towards collection development for the Resource Centres of these institutions.

SAYWHAT also signed a Memorandum of Association (MoU) with SAfAIDS to be a distribution hub of HIV and AIDS material produced by this organisation among students and youth in Zimbabwe. SAfAIDS is a leading regional organisation in HIV and AIDS information dissemination. This guarantees the Resource Centres that SAYWHAT is already supporting and those that are going to be established a steady supply of material to keep them abreast with developments in the field of HIV. This programme answers to the information needs of students as established in the baseline survey done with Agricultural colleges in 2005 and the resolutions of the 2007 National Students Conference on SRHR convened by SAYWHAT. In all these baseline activities access to information on SRHR and HIV and AIDS came out as a pressing need. SAYWHAT has distributed over 1500 copies of SAfAIDS material to students in Zimbabwe in the period under review with some copies going towards the development of Resource Centres.

The material collection can in future be augmented with technology driven facilities to ensure that there are state of the art resource centres of SRH information in tertiary institutions. Equipment such as televisions and computers could be sourced in future for this purpose. The budget for the 2008 activities did not have support for the purchase of such equipment.

Research on the state of SRH responses in tertiary institution

Evidence-based programming is central to responsive programming. Zimbabwe lacks in baseline information on the SRHR issues of students. SAYWHAT initiated a process that shall culminate in the compilation of a research report on the state of SRHR programming and responsiveness ability of

Saywhat students at a luncheon

tertiary colleges in Zimbabwe to reproductive health concerns of students.

SAYWHAT visited ten (10) colleges across the country and is still to visit 15 more carrying out Focus Group Discussions, administering questionnaires and having interviews with key informants. All the 25 colleges that were selected as part of the sample could not be visited during the course of the year since the process was started late. This was because of the prolonged election period in Zimbabwe which at the time directly affected the operations of civic societies. The prolonged election period and the economic meltdown disrupted the academic years of many targeted colleges with some failing to open due to absence of lectures. Again, access to funds was made difficult with the central bank holding on to organizational funds. The remaining colleges shall be covered in 2009 and a final report will be produced. A preliminary report based on the findings from the visited colleges is currently under compilation.

Male Circumcision Programmes

In October of 2008, SAYWHAT entered into partnership with, Zimbabwe HIV/AIDS Partnership Project and received a grant for the purposes of cascading the outcomes of the national survey on male circumcision. The grant shall run for six months and during this period SAYWHAT shall undertake activities with students meant to hear the voices of students on Male Circumcision (MC) as an HIV prevention strategy. Zimbabwe as a country has adopted MC as part of the HIV prevention strategies package. A situational analysis study has been done in the country to assess acceptability and feasibility of MC as a public health intervention for HIV prevention.

SAYWHAT is undertaking feedback meetings with students in all the provinces to get their views on MC and what they think on the emerging evidence of MC's protective effect on HIV. The purpose of this exercise is to become a leading advocacy voice on rolling out of MC programmes amongst students and youth in Zimbabwe. SAYWHAT's position is that the youth and students offer the window of hope for HIV prevention. As such the organization is undertaking advocacy work in ensuring that youthful voices are heard on HIV prevention and every response that is undertaken, considering that urgency for HIV prevention is mostly felt among young people.

In November, SAYWHAT held its first feedback meeting on MC research findings both at global level and national level. The feedback meeting provoked debate on the subject and lessons learnt indicate that MC discussion captures attention of students and offer an opportunity to discuss HIV prevention through other strategies in a way that is refreshing. Students confess that they have heard enough on the ABC strategy that is currently being promoted and have since developed fatigue. However, research evidence indicates that knowledge on condom use is still low. Talking about MC offers an opportunity to discuss condom use since MC works as part of the broader prevention strategies including condom use, abstinence etc.

SAYWHAT has since been nominated by the Ministry of Health and Child Welfare representing youth groups in the National Steering Committee on MC, working in the Communication and Advocacy Steering Committee.

The Female Students Conference

SAYWHAT held its second female students conference on SRHR. This is a convention that is an exclusive platform that allows female students to express themselves in the absence of males in a society that is ruled by males. This year's conference ran under the theme ***"Time running out to deliver for Female Students' Reproductive Health:*** *Let's change our perception!"* The conference served as an advocacy platform to ensure that commitments made in respect to women's reproductive health are fulfilled. The conference is also used to monitor whether the benefits will trickle down to young women and female students.

Presenters at this conference were drawn from diverse backgrounds of women's movements and reproductive health institutions including the Women's Action Group (WAG), Women and Aids Support Network (WASN), Swedish International Development Agency (SIDA) and the Zimbabwe National Family Planning Council (ZNFPC). The convention noted that despite the work that has been done, students still face various SRH challenges in

colleges. The knowledge levels on contraceptive use remain pathetically low. The conference revealed that there is need to emphasize on the use of dual methods of protection in order to prevent both pregnancies and STIs including HIV. Female students reported that they have challenges in accessing sanitary wear because of affordability issues. Stripped of options and unassuming of the possible dangers, they resort to unhygienic substitutes to sanitary pads.

The conference resolved that a great amount of work has to be done in order to enhance positive living for female students. The challenges of stigma and discrimination inhibit female students' access to VCT, treatment and other forms of support. Arguments were presented that disclosure and seeking ART and psycho social support is a culture that is likely to face continued resistance should the status quo in programming be maintained.

Female students realized that much of the responses covering communication, advocacy and action for the delivery of services are better done by the students themselves. The delegates present at the conference felt that it is important to empower female students to enable them to face challenges in an organized manner.

The conference was attended by 45 students from 20 colleges including agricultural colleges, teachers colleges, universities and poly-technical colleges.

Networking and Capacity Building

SAYWHAT underwent various trainings and capacity building processes done by partner organizations. CWGH trained two individuals from SAYWHAT in the Stepping Stones methodology. These include a member of the current NCC and another volunteer. These individuals also do some peer education work on behalf of SAYWHAT in their respective colleges. These individuals have been instrumental in peer education programmes in SAYWHAT through training during the year. Stepping Stones has proved over time, to be an effective methodology of facilitating openness on communication, sex and sexuality issues among communities, especially the young people and students whom SAYWHAT works with. For that reason it is imperative that SAYWHAT peer educators be knowledgeable in the Stepping Stones in order to increase the use of this methodology.

Another SAYWHAT peer educator attended the Youth Empowerment and Transformation Programme (YET), Young Women's Retreat which was held in early March. This was a process of strengthening the leadership skills of young women and also broadening their understanding of the various development issues, including SRHR, from a gender perspective.

The National Young People's Network on HIV and AIDS also carried out a week long capacity building training which a representative of SAYWHAT attended. This training focused on understanding technical issues in responding to HIV and AIDS. It also emphasized on methodologies of working with young people. All these trainings added value to SAYWHAT's work and, most importantly, they strengthen the SAYWHAT's capacity to deliver its mandate at a low cost as the partner organizations meet the costs of these trainings.

SAYWHAT also worked with other youth organizations, with the financial support of YET, to convene the June 16th commemoration held in mid-June. The commemorations that were held under the theme 'One Sun, Many Worlds' celebrated the diverse backgrounds of youth in Zimbabwe and the need to have challenges they face addressed holistically. A hundred youths drawn from over 30 youth organisations in Zimbabwe were invited. SAYWHAT was represented at this process by some members of the NCC, general students and the secretariat.

The purpose of this convention was to cluster youth organisations by the areas in which they work. Five clusters were created including, health, education, governance, gender and entrepreneurship. The event played an integral advocacy role as each cluster was meant to come up with two demands to be brought to the attention of all stakeholders in the welfare of the youth. Besides SAYWHAT playing an important conveners' role, it was also having the facilitator's role for the health cluster. The perceived benefits of this process are an increased network of organisations on which SAYWHAT can work with in responding to students SRHR issues. The involvement of SAYWHAT also testified that the institution is growing as an authority in the health area and is fast becoming regarded as an authority in student health. This networking ensured that reproductive health be realized as residing at the core of challenges that students and young people face in Zimbabwe.

SAYWHAT raised the issue that setting conditions of an HIV negative status in order to get scholarships was tantamount to stigma and discrimination. This advocacy was done through electronic discussion fora and the newsletter. It won some attention and networks for the institution that can be used to build a response. There was some involvement of the Treatment Action Campaign and other international groups interested in eliminating stigma and discrimination in the access to education opportunities. This advocacy has been identified as an ongoing process until justice prevails and every student gets access to scholarships without being discriminated on the basis of their HIV status.

SAYWHAT's inclusion in the National Steering Committee on MC has offered immense opportunities for advocacy due to increased visibility in government circles.

The National Students' Conference on SRHR

On the 12th of December SAYWHAT held its annual National Students Conference on SRHR. This is an education and advocacy platform on SRHR. A total of 60 students and youths converged. These were drawn from various colleges and youth partner organisations. The national conference has always acted as a baseline assessment on the current status of affairs in tertiary colleges with regards SRHR issues of students. This year's conference which is the third such conference revealed that SRHR has lost its place

as a priority for tertiary colleges. This comes at a time when colleges are battling to stay afloat with most institutions closing down and those that remain open battling to provide students with food. As such the conference ran under theme; 'Getting it Right: Making Students Sexual and Reproductive Health Rights a Priority.' The theme spoke overtones of advocacy to ensure that SRHR remains on the agenda of tertiary institutions even when there are other competing priorities. The full report for this conference is being prepared and shall be shared. The report shall be used as an advocacy tool targeted at college authorities, the government, the civil society and other stakeholders.

Peer Education Trainings

Only 45 peer educators were trained in the last quarter of the year. These trainings were done for six agricultural colleges. These trainings are meant to build a voluntary based pool of peer educators who are motivated to respond to SRHR issues on campus. The actual number of the beneficiaries of college level trainings is not clear since college peer educators had not reported back. SAYWHAT peer educators are trained in methodologies such Aunty Stella and Stepping Stones. These methodologies are meant to enhance talk on love, sex and sexuality. They are also trained on content issues on SRHR such as gender, contraception, HIV and AIDS among other issues. They are also equipped with leadership skills because SAYWHAT believes that peer educators are leaders on campus.

Expansion Programme

In the quest to increase the accessibility of SAYWHAT services and activities, SAYWHAT has moved to cover institutions in Mutare and Masvingo provinces. Visits were made to 7 colleges to hold introductory meetings in these institutions. These meetings were done with college authorities and Focal persons responsible for SRHR matters at the institutions. These meetings shall culminate in stakeholder meetings in each of these provinces. The stakeholder sensitisation meetings shall include all concerned stakeholders in the provinces to map out strategies of working together towards attaining a partnership that will bear fruits for students on campus.

Conclusion

Opportunities in Crisis

The SAYWHAT programming in the past year is reminiscent of a fire-fighting exercise. There are a lot of challenges on students SRHR that need redress. These challenges have been exacerbated by the worsening political, social and economic crisis. This however, brings many entry points for addressing reproductive health issues. When addressing issues of the economy, politics and other societal problems, SAYWHAT advocates that all those developmental issues will not be attained without addressing the reproductive health of youths, especially in these days of HIV and AIDS. When most students are frustrated and disoriented because their colleges are either closed or do not have lecturers, they are likely to engage in risky behavior that might result in unplanned pregnancies, STIs and HIV spread. This is the time to seek more resources to strengthen its response. As the challenges continue to bite, not only students but the nation at large, this is the time for SAYWHAT has a lot of work to do in the coming years beginning 2009.

On institutional development, SAYWHAT will continue to make use of the networks built over the years to strengthen the work being done. SAYWHAT shall continue to seek guidance from CWGH and other likeminded institution so that the students can enjoy their sexual and reproductive health rights. This is only possible when all SAYWHAT structures play their roles as it requires shared responsibility amongst the Board of Trustees, National Coordinating Committee, Local Coordinating Committee, volunteers and secretariat.

Current CWGH National Members and Districts

National Members

- General Agriculture Plantation Workers Union of Zimbabwe (GAPWUZ)
- Associated Mineworkers Union of Zimbabwe (AMWUZ)
- Informal Traders Association of Zimbabwe (ITAZ)
- Zimbabwe Homeless Peoples' Organisation (ZHPO)
- Catholic Commission for Justice and Peace in Zimbabwe (CCJPZ)
- Conference of Religious (RC) Zimbabwe
- Zimbabwe AIDS AID Organisation (ZHAAO)
- Zimbabwe Network of People with HIV/AIDS (ZNPP+)
- CHYSAP
- Zimbabwe Farmers Union (ZFU)
- Zimbabwe Diabetic Association (ZDA)
- Mutare Residents and Ratepayers Association (MRRA)
- Zimbabwe Network of HIV positive women
- Zimbabwe Congress of Trade Unions (ZCTU)
- Gweru Residents and Ratepayers association (GRRA)
- Zimbabwe Young People Development Coalition (ZYPDC)
- Zimbabwe Council of Churches (ZCC)
- Bulawayo United Residents Association (BURA)
- National Council for the Disabled Persons of Zimbabwe (NCDPZ)
- Bulawayo Health and Community Welfare Task Force (BHCWTF)
- ORAP
- Rural Unity for Development Organisation (RUDO)
- Women's Action Group (WAG)
- Women and AIDS Support Network (WASN)
- Marondera Residents and Ratepayers Association (MRRA)
- Public Service Association (PSA)
- Consumer Council of Zimbabwe (CCZ)
- Rusape Residents and Ratepayers Association (RRRA)
- Zimrights
- Zimbabwe Youth for Freedom (ZYF)
- Students and Youths Working on Reproductive Health Action Team (SAYWHAT)
- Carelight Counselors
- Shiloh Zimbabwe

Getting down to business at the 10th Anniversary celebrations

Itai Rusike (right) with Claudio Schuftayi at the Global Forum for Health in Mali

CWGH districts as of December 2006

URBAN	RURAL	URBAN	RURAL
Bulawayo	Bindura(Nyava)	Rusape	Chimanimani
Gweru	Chikwaka	Kariba	Arcturus
Masvingo	Chirumanzu	Hwange	Chiwundura
Marondera	Zhombe	Kwekwe	Filabusi
Chinhoyi	Tsholotsho	Chiredzi	
Victoria Falls	Plumtree *(Bulilimamangwe)*	Chitungwiza	
Zvishavane	Chipinge		

Cholera Deaths:
negligence’
prevent CHOLERA!
JIK
prevent

Community Working Group On Health
1998-2008

CWGH: strengthening community participation on health issues

Community Working Group on Health mission statement

The president of the Senate Hon. Edna Madzo[ngwe]
the speaker of the House of Assembly Hon. Lovem[ore]
members of Parliament and staff
would like to congratulate the
Community Working Group on Health (CWG[H])
on the occasion of their attainment of 10 yea[rs]
existence and service.
In Pursuit of Equity in Health through
People Centered Health systems.

Sunday Special

Water crisis: health catastrophe looms in Harare

10 YEARS and Growing!

OASIS

Community Working Group on Health

HEALTH FOR ALL ! ALL FOR HEALTH !

The Directors and Staff of Training and Research support Centre congratulate all in *The Community Working Group on Health* for their efforts to strengthen people's role and power in health over the last ten years.

May the struggle continue!

ZADHR

Zimbabwe Association Of Doctors For Human Rights

CWGH @ 10: In Pursuit of Equity in Health through People Centred Health Systems

The Zimbabwe Association of Doctors for Human Rights congratulates the Community Working Group on Health on 10 years of working towards equity in health in Zimbabwe. Helping Zimbabwean communities to exercise their right to active and informed participation on issues related to their health is essential if the enjoyment of the highest attainable standard of health by all Zimbabweans is to be achieved.

CWGH celebrates its 10th Anniversary against the background of a collapsing health system in Zimbabwe that requires urgent remedial attention. Primary and secondary health centres which should serve the bulk of patients are functioning inadequately or not at all due shortages in drugs, equipment and health workers. The well being of individuals and communities is also being threatened by the unavailability of potable water, food and adequate sanitation, which are key determinants of health.

ZADHR applauds the work that CWGH has been undertaking in this difficult environment and urges them to continue striving for an equitable and people centred health system in Zimbabwe.

Congratulations!!

For Ten Years In Pursuit of Equity in Health Through People Centred Health Systems.

The Students And Youth Working on reproductive Health Action Team (SAYWHAT) wishes to congratulate The Community Working Group on Health (CWGH) on the occasion of their 10th Anniversary to mark a decade of great work with communities in Zimbabwe on health.

The SAYWHAT is a platform for students to discuss their reproductive health so as to take up issues of concern with policy-makers while at the same time taking responsibility of their own health. SAYWHAT activities are centred on information sharing, networking and advocacy and support provision to tertiary education students on sexual and reproductive health.

Serve the Students to Save the Nation! Reproductive Health is a Right and Responsibility of Zimbabwean Students!

WOMEN AND AIDS SUPPORT NETWORK (WASN)

WASN congratulates the Community Working Group on Health (CWGH) on attaining 10 years of tackling health issues.

We are proud to be associated with CWGH as a member and working partner. WASN is committed to championing responses to HIV and AIDS through research, lobbying, advocacy, building capacities, networking and treatment.

Makorokoto Amhlope Congratulation!!

Telephone: 04 791401/2/4; Fax: 04 791401/2/4
E-mail: director@mweb.co.zw
Web- site: www.wasn.org.zw <http://www.wasn.org.zw>
Address: 13 Walter Hill Avenue, Eastlea, Harare or
P.O Box 1554, Harare

Zimbabwe Congress of Trade Unions (ZCTU)

Celebrating a decade of association with CWGH

WHEN the Zimbabwe Congress of Trade Unions (ZCTU) coordinated the formation of the Community Working Group on Health (CWGH) in 1997, it was motivated by the desire to review the state of affairs in the health sector and look at ways in which communities could achieve greater control over their own health.

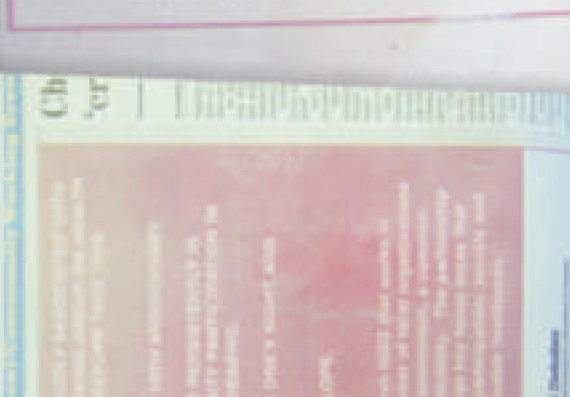
Today, 10 years later, the CWGH has grown to unimaginable proportions as an advocacy group for people's rights. We are proud of our role as a torch-bearer not only on workers' rights, but also on being focused on issues of health, the constitution and politics. We have bred many babies in the country who are making in roads in many spheres of life. We are a father that looks back at its off-springs with pride!

We take pride in that one of our off-spring, the CWGH has come of age.

The ZCTU joins the CWGH network in celebrating 10 years of existence. Congratulations. May the network continue thrive!

An injury to one is and injury to all

Inserted by the ZCTU Information Department



Community Working Group on Health mission statement

Our Vision

CWGH is network of organisations that is a leader in the achievement of equity and accessibility in health and wellness for communities through an empowered membership.

Our mission

CWGH achieves its vision in the following ways:

- Member organisations have the capabilities and capacity necessary to empower and mobilise their communities with regard to equity in and access to health wellness.
- Health structures at all levels are influenced through collective lobbying and advocacy to ensure the best possible systems and service delivery on issues related to health and wellness.
- CWGH grows as an organisation that enjoys high levels of credibility locally, regionally and internationally.
- The possibility of partnerships with ... in wellness programmes explored and pursued.

Our core values

CWGH at 10 in equity in health people centred h...

CWGH Network, the richest and most reliable resource

A product of collective effort, CWGH draws strength from the network which has been arguably its richest and most reliable resource base. Member organisations are applauded for taking the lead in championing the advancement of the people's ...

Patients get raw deal as state hospitals crumble

CASUALTY Philosophy: Our vision is (sic) resuscitation and restoration of all clients cost effectively and efficiently", proclaims a sign on the wall at Parirenyatwa hospital's casualty department.

The grammatical errors aside, visiting Parirenyatwa hospital for the first time, one would expect first-class treatment and a speedy recovery.

But lying next to this sign last week on Thursday when The Standard crew visited the hospital was Gilbert Nyoni, groaning in pain from what appeared to be a boil on his head.

Nyoni, who had been referred here to see a specialist for further diagnosis, is from the mining town of Shamva, about 90km outside Harare. His wife Netsai, tired of standing next to her husband for two hours waiting for the specialist, had sought relief under a tree in the hospital's casualty parking area, a packet of maputi on her lap.

"The ambulance dropped us here in the morning around 8 o'clock but now it's almost 11 and we still haven't seen the doctor," said Netsai dejectedly.

"They keep telling us he is coming. Now the problem is that the ... my husband was given in the morning back in Shamva is wearing off and he is in pain. It's painful ..."

pursuit of
through
ealth systems

Community Working Group On Health

1998-2008

CWGH: strengthening community participation on health issues

IT is not a coincidence that the Community Working Group on Health celebrates its 10th anniversary as the world also celebrates the 30th Anniversary of the Alma Ata as the CWGH was founded on the values of primary health care.

Building a health system on people's power

Cholera Deaths: criminal negligence — lawyers

NOTES

THE CWGH DEMANDS

the inclusion of the

RIGHT

to

HEALTH

in the

NEW ZIMBABWE CONSTITUTION

email: cwgh@mweb.co.zw

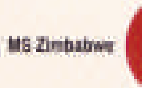
www.cwgh.co.zw

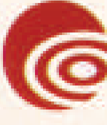
www.cwgh.co.zw

In cooperation with

People's Health Movement

with support from





114 McChlery Avenue, Eastlea, Harare.
P.O. Box BE 1376, Belvedere, Harare, Zimbabwe.
Tel: (263-4) 788100, 788099, 776989. Fax: (263-4) 788134
E-mail: cwgh@mweb.co.zw

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