Community strengthening for a People Centred Primary Health Care System: The case of Casa Banana Community in Zimbabwe

First Community Meeting Report

15th February 2014

Zimbabwe Association of Doctors for Human Rights (ZADHR)

Zimbabwe National Network of People Living with HIV (ZNNP+)

and the

Training and Research Support Centre (TARSC)

with the

Community of Practitioners in Accountability and Social Action in Health (COPASAH)

and the

Regional Network for Equity in Health in East and Southern Africa (EQUINET)

With support from Open Society Foundations

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Background

In October 2013, the Zimbabwe Association of Doctors for Human Rights (ZDHR) and the Zimbabwe National Network of People Living with HIV (ZNNP+) attended a five-day training workshop organized by the Training and Research Support Centre (TARSC) through the Community of Practitioners in Accountability and Social Action in Health (COPASAH) and the Regional Network for Equity in Health in east and southern Africa (EQUINET). Thirty participants from seven countries in the eastern and southern African region attended the workshop. The five-day training aimed at providing participants with skills in the use of participatory methods, and especially Participatory Reflection and Action (PRA), to be used in programmes and projects that seek to strengthen community focused, primary health care oriented approaches to social accountability (see meeting report at http://www.copasah.net/training-workshop-on-participatory-methods-for-a-people-centred-health-system-in-zimbabwe.html). As a follow up to the training, participating organisations were presented with an opportunity to design and then implement a small project, with technical support from the Training and Research Support Centre.

This report outlines the first community meeting undertaken by ZADHR and ZNPP+ with TARSC in an informal settlement called Casa Banana, approximately 30 kms west of Harare, Zimbabwe, and where there is a dispute over which local authority is responsible for providing services to the community of about 300 families. The settlement, also known as Porta Farm, is under the administration of Zvimba Rural District Council (ZRDC) but the houses belong to the Harare City Council to which the occupants pay rates amounting to $16.00 a month. However, when there are challenges like disease outbreaks there are always disputes between ZRDC and Harare City Council as to who should take responsibility.

The project began in February 2014 and will run up to May 2014. It will involve at least 3 rounds of community meetings in which representatives from the community, the health facility and other stakeholders will engage in discussions

1. To identify and prioritize health problems and expose the underlying causes of these health challenges in Casa Banana Community.
2. To facilitate community actions and initiatives aimed at redressing health challenges in Casa Banana
3. To facilitate meaningful community-stakeholder engagements and assumption of responsibility and action by duty bearers who are responsible for the health of Casa Banana informal settlement.

In between each meeting, ZNNP+, ZDHR and TARSC will support community actions to meet these objectives, thus facilitating a series of reflection and action cycles.

The first community meeting was done after preliminary research had been conducted in the Cassa Banana Community. The research entailed consultations with organisations that had worked in the community, such as the Combined Harare Residents Association (CHRA) and the International Organisation for Migration (IOM), and interviews with some of the community members. Mr. Carter Muchada a Programmes Officer with CHRA and Mr. Simbarashe Moyo the CHRA Chairperson, indicated that they had sought to have Cassa Banana community integrated into the

Harare City Council. During the preliminary research, the Village Health Worker (VHW) and 5 other women from the community were interviewed and they highlighted the squalid and unhygienic conditions under which they lived.

The first community meeting was attended by 28 community representatives, of whom 12 were male and 16 were female. Participants were selected by the VHW based on gender equality and youth representation.

The meeting was facilitated by: Tatenda Chiware (ZADHR), Masimba Nyamucheta (ZNPP+), and Mevice Makandwa (TARSC) with technical input in the design of the programme provided by Barbara Kaim (TARSC). The meeting used a series of participatory methods, including social mapping, ranking and scoring, problem tree and other interactive activities.

Opening and Workshop Objectives

The meeting started with an opening prayer followed by welcome and introductions by one of the facilitators, Masimba Nyamucheta. He thanked the group for affording time to come to the meeting. Masimba gave an overview of the project and highlighted the purpose of the programme (as outlined above), and the objectives of this meeting as follows:

- To identify and prioritise health problems and their causes
- To identify possible solutions aimed at improving priorities health needs
- To identify relevant duty bearers for improved dialogue and collective action in improving and resourcing service delivery in Casa Banana
- To develop follow up action aimed at improving primary health care provision and accountability by relevant duty bearers in Casa Banana

Participants discussed their expectations, noting that they supported the objectives of the meeting, and were also particularly interested in looking at ways to improve the health situation in their area, in looking at the issue of building toilets to deal with the sanitation problems and in mobilising resources to build a clinic in the area. It must be noted, however, that some these expectations, such as the construction of toilets and a clinic by the end of the 4 month period of this project, are not achievable within the short term but can only be achieved within the long term. The project thus places more emphasis and identifying health challenges and community actions that are within the community's capacity to achieve.

Identifying and prioritizing health problems

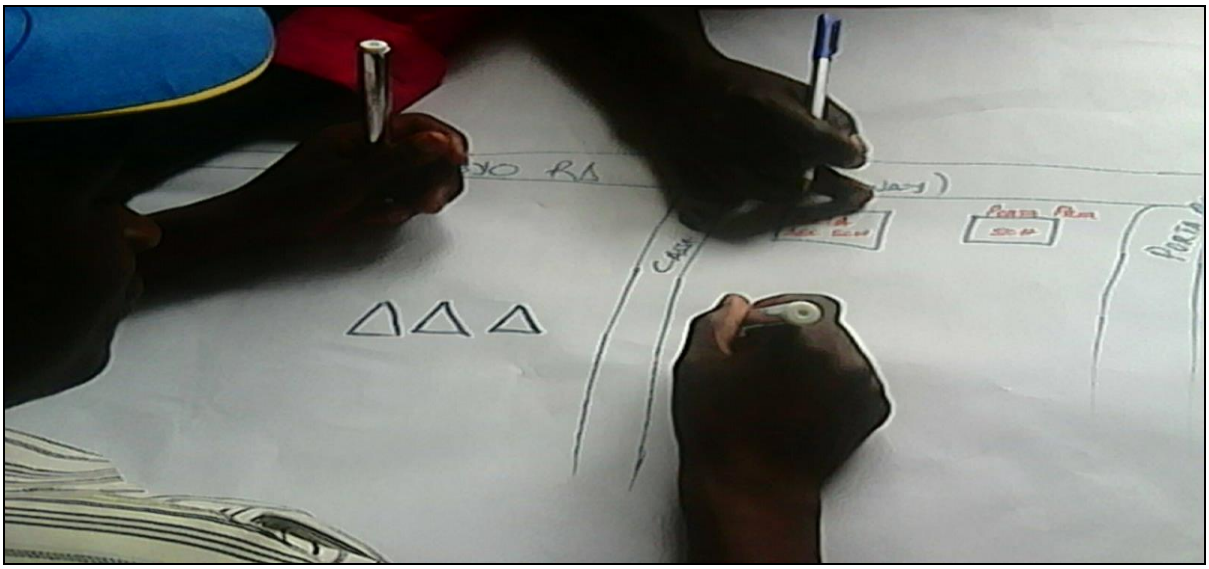
1. Community mapping

The Facilitator introduced the community mapping tool and explained its importance and how it works. The facilitator then gave the participants an opportunity to do a mapping exercise on Flip charts which had been supplied. The community mapping tool assesses a community's understanding of its own environment in relation to health issues. Community mapping also helps participants to identify major characteristics of their community, such as its boundaries, social infrastructure (clinics, schools, etc), social groups and other features. Mapping is a powerful tool to identify and analyse key geographic and social issues in a community. It provides a visual way of

communicating those patterns to a broad audience, quickly and dramatically. The central value of a map is that it tells a story about what is happening in our communities. This understanding, coupled with other participatory techniques, supports decision-making and consensus-building and translates into improved program design, policy development, organizing, and advocacy. Participants were divided into three groups according to their age and sex, namely; youths, men and women to do the exercise. The task was to identify the various social groupings in Casa Banana village as well as show their geographical distribution on a map and to depict the distribution of health issues on the map.

Youths' presentation

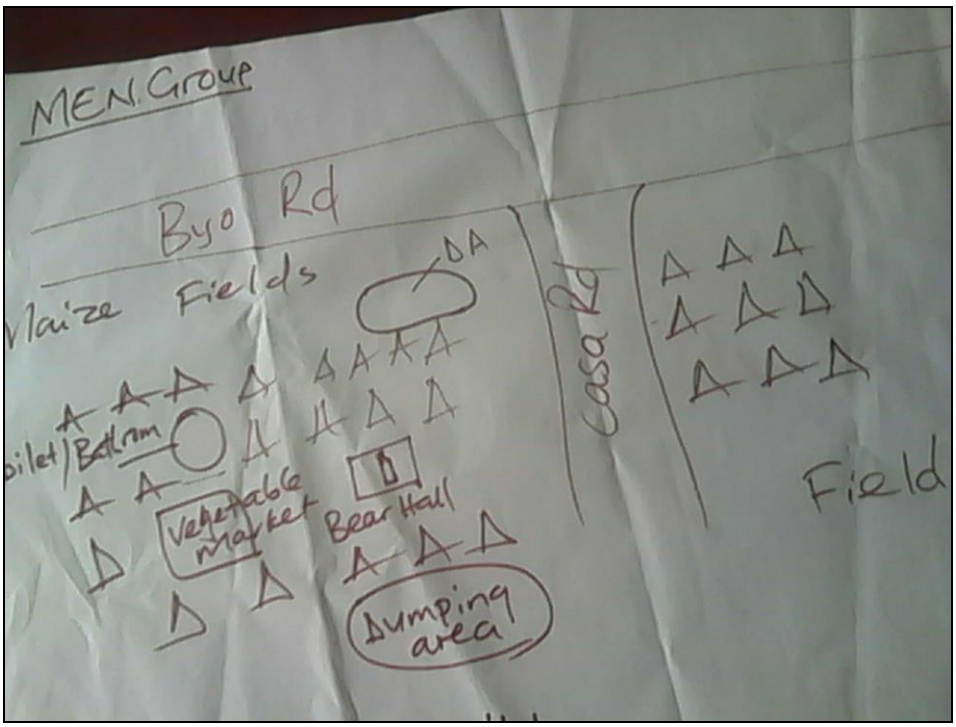
The youths' social map depicted Lake Chivero where the majority of youths spend most of their time fishing not for leisure but to earn a living. They also identified a grinding mill which is about 4 km away from the compound, the Village Health Worker's place, communal toilets and bathrooms which are in a very bad state with ever overflowing water passing through the compound. They further noted that there is a dumping area very close to the compound which they say is a health hazard.



Youth group working on their community map

Men's Presentation

The men's social map revealed that a private clinic, called Bevking Clinic, is situated about a kilometre from the compound. A beer hall where the men drink alcohol and a vegetable market are close to the bathrooms. The men's map also depicted communal toilets and communal bathrooms with septic tanks which are close to the toilets and these septic tanks are constantly overflowing with sewage effluent which then flows through sections of the informal settlement. The sewage effluent and the overflowing septic tanks were explained as being important in that they once caused a health hazard in 2013 where there was an outbreak of intestinal parasites and bowel related illnesses amongst both the adults and children. The map also depicted a rubbish dump site and maize fields which surround the informal settlement.



Above shows a map drawn by men's group

Women's Presentation

The women's map depicted a stream nearby, where children go swimming, a dumping area very close to the compound, a small health facility situated about a kilometre away from the community, and primary and secondary schools about 2 kilometres to the west of the community.

Analysis of the Community Maps

In summary, the maps showed that:

- all three groups (youths, men and women) were concerned with problems of poor sanitation in their community. The youth and men both pointed out that sewage was flowing through the compound; the youth identified the problem as originating from the communal toilets and bathrooms, while the men expressed concern that sewage pipes were breaking. The youth and women pointed out that there is a dumping area very close to the compound. These environmental hazards, they said, attract flies and result in numerous health problems, exacerbated by the fact that the food market is situated close to the bathrooms.
- There is Village Health Worker in the community.
- Both the men and women noted that there was a small private health facility called Bev King Clinic about 1km away from the compound. The private facility is rarely used by the community members as they cannot afford the services provided there. It also emerged that Bev King Clinic was established by the previous owner of the farm who used to grow flowers before the land reform programme. Bev King clinic was established for farm workers as a free service. However, since the eviction of the previous farm owner, the clinic now requires payment for its services.

2. Identifying and prioritising health problems – Ranking and Scoring

The facilitator introduced the spider diagram technique to assist in identifying key health challenges. Participants returned to their three groups; namely men, women and youths, to identify the major and most common health challenges in their community. Each group drew a spider diagram on flip chart paper with the body of the spider labelled 'Health problems in Cassa Banana'. Each leg of the spider identified a health problem.

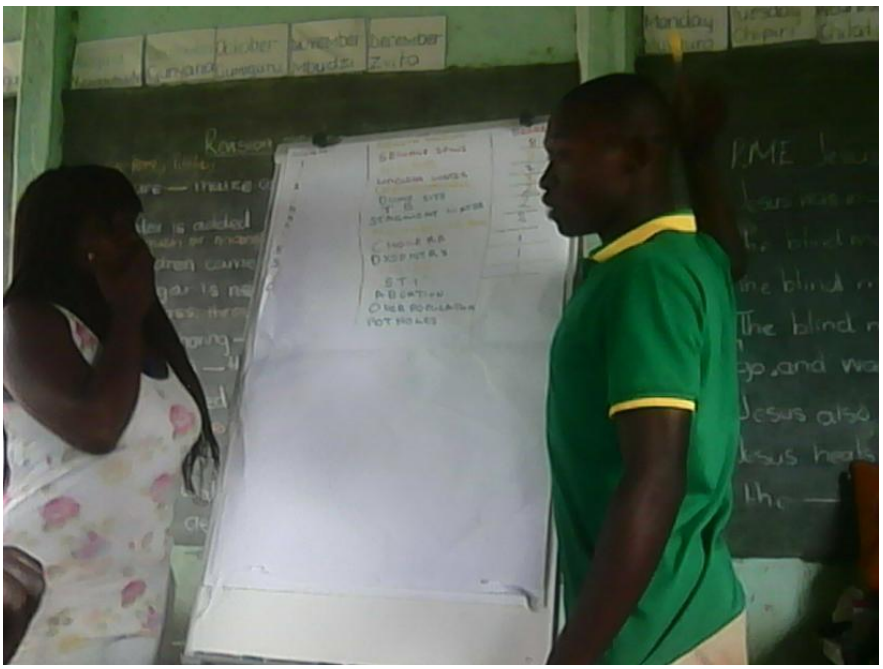
After participants had completed their spider diagrams, each participant took a seed or small stone and placed it on the problem which they thought most affected the community. (Later, facilitators recognised that it would have been better to give each participant 3 seeds, rather than one. This would have given a better range of the problems they are facing.)

The diagram above shows health challenges from the men's group

As shown in the table below, most people in the community stated that they were most affected by water borne diseases and HIV.

Table depicting the presentations of the three groups:

Men		Women		Youths	
Disease	**Vote**	**Disease**	**Vote**	**Disease**	**Vote**
Diarrhoea	3	Diarrhoea	4	Diarrhoea	6
Intestinal worms	2	Intestinal worms	3	Intestinal worms	4
HIV	2	HIV	2	HIV	2
STI	1	TB	1	Sewage	1
Cholera	0	STI	1	TB	0
Dysentery	0	Malaria	1	STI	0
Malaria	0	Dysentery	0	Dump site	0
TB	0				



Leader of the Youth Group Ranking their findings

Ranking the Health Challenges in terms of overall votes.

The three groups then collectively conducted the ranking and scoring of health challenges in Cassa Banana community terms of their priority and urgency. The purpose was to identify three key health issues that require urgent attention and require immediate solutions by the community members. The table below is the final result showing which areas require urgent attention from the community. Diarhoea, Intestinal Parasites and HIV were depicted as being the top three issues requiring attention by the community members.

Disease	Vote	Priority
Diarrhoea	13	1
Intestinal worms	9	2
HIV	6	3
STI	2	4
TB	1	5
Malaria	1	5
Cholera	1	5
Dysentery	0	0
Typhoid	0	0

Priority must be given to these three health issues and immediate steps such as a de worming exercises must be conducted in the short term. ZADHR made an undertaking to seek assistance and conduct the de worming exercise.

Problem Tree - Identifying the causes and action to be taken

The facilitator introduced the problem tree analysis. The Facilitator explained that the problem tree technique helps to expose the causes of health challenges in a community and demonstrated how the participants can order these problems into cause-effect relationships. In their three groups, participants were tasked to identify the causes of diarrhoea, intestinal worms and HIV using the problem tree.

Women presenting the Problem Tree depicting Health challenges and their causes in Cassa Banana Community.

The participants having drawn their problem trees and having identified the health problems, their causes and effects then tabulated the information as follows:

Cause	Action	Responsible
Diarrhoea		
Sewage spilling	Maintenance of pipes	Harare City Council
Septic tank overflow due to overpopulation	Need replacement	Harare City Council and community
Shortage of accommodation	New stands allocation	Harare City Council and Zvimba Rural District Council
Gastro-Intestinal Parasites		
Ingestion of undercooked meat, drinking infected water, and skin absorption.	Spraying and de-worming	Community and Ministry of Health
Dumping	Bin collection	Harare City Council
Overflowing sewer	Drainage and pipe replacement	Harare City Council
Corruption	Councillors must stop corruption especially on stand allocation	Local Councillor

HIV		
Unprotected sex	Distributing condoms	Local Village Health Worker
Ignorance / lack of information about HIV	Education and awareness	Local Village Health Worker, ZNNP+
Unemployment	Income Generating projects and creating jobs	Government, City Council, CSOs, community
Absence of support groups for PLHIV	Establish support groups	ZNNP+

It must be noted that the table above places most of the responsibility on duty bearers, without sufficient reflection on the role various members of the community can play in resolving some of these challenges. In the view of the participants, identifying the duty bearers responsible enables them to meaningfully engage the precise duty bearer in seeking a resolution of the identified challenges. The next meeting will need to review this table to identify community roles.

Plenary Discussion

Having utilised the PRA techniques to identify the health challenges faced in Cassa Banana Community, the participants agreed to identify themselves as the Cassa Banana Community Health Forum. The participants gave themselves the duty of championing the provision of health, sanitation and HIV education in their community. The village health worker was tasked to conduct awareness campaigns on HIV working in collaboration with a District Focal person from ZNNP+ and report any HIV and TB cases.

The participants committed to taking a leading role in supervising the treatment of patients living with HIV and TB to ensure that they take their medication correctly and regularly, and that they act as counsellors and health care educators in providing necessary health information and knowledge to the community. During the Plenary Discussion the participants also formulated an Action Plan as depicted below:

Action Plan

Participants agreed on the following Action Plan;

Action	Responsible	Time frame
Creating and HIV support group in Casa Banana	ZNNP+	End of March
Health Committee formation	Casa Banana Health Coordination Forum	1 March
Identifying Peer educators and training	Headman and VHW	1 March
Engagement of duty bearers i.e councillor, headman, local MP, City Council, Zvimba rural district council	Health committee, ZDHR, TARSC, ZNNP+	7 March
De-worming and bilharzias	ZDHR, Casa Banana health forum members	15 March

Conclusion

With the above action points and date for the next meeting set, the meeting came to an end. Participates agreed to work hard and break barriers to improve their community. On behalf of the participants Chipo had this to say, "I would like to thank our facilitators for enlightening us on the health challenges we are facing in Casa Banana, I would like to assure you that we are going to do our best as a team for the betterment of our community, once again thank you."

Appendix One: Meeting programme

Time	Activity	Facilitator
0930 - 1000	Registration of participants	
1000 - 1030	Introductions Welcome remarks Participants' expectations and meeting ground rules Overall goal of the programme **Programme background** Meetings already done with community leaders/City Council Meeting objectives The possibility of an additional 3 meetings over the next two/three months, with action plans being developed and reviewed	Masimba Nyamucheta
1030-1100	Health Break	
1100-1300	**Identification and prioritization of health issues, their causes** **Community Mapping** To identify major land marks , where people live, water points, toilets, veg gardens, etc, existing social groups, existing health and other services (both formal and informal),including how people are organised,which social groups are most affected/most vulnerable, distance from residence to the health centre, and other community information **(Refer Activity 4 of the PRA toolkit)**	Mervice Makandwa
	Ranking and Scoring To identify and prioritise the top 3 health problems in the community. Divide by age and gender, rank and then compare each group's list to come up with the three combined priority problems in the area **(Refer to Activity 12 of the PRA toolkit).**	Tatenda Chiware
	Problem Tree Part 1 To identify the reasons behind these health problems (3 mixed groups, each working on one of the 3 health problems identified above), looking at it from the immediate to environmental to structural (Refer to Activity 14 of the PRA toolkit).	Masimba Nyamucheta
1300-1400	Lunch Break	
	Problem Tree Part 2 Review what the **constitution** says about the right to health and the relevance of this right in Casa Banana, esp in light of what surfaced during discussions in the previous session in relation to	Tatenda Chiware

	structural problems	
1400-1530	**Market Place and Action Planning** To identify what actions need to be undertaken by whom in improving health service provision in Casa Banana (see note at end of this field guide)	Mervice Makandwa
	Development of progress markers to set markers on progress between now and May	Tatenda Chiware
	Planning for the next meeting Agenda for the next meeting Logistics Dates	Masimba Nyamucheta
	Closing	

Appendix Two: List of participants:

	NAME	SURNAME	SEX	PHONE NUMBER
1.	Naume	Madho	Female	0772 819 726
2.	Sithokozile	Moyo	Female	030 48524
3.	Brenda	Tauro	Female	0775 409 336
4.	Shupikai	Sinhali	Female	0736 850 610
5.	Mishek	Mharadze	Male	0739 569 501
6.	Thomas	Chiseve	Male	0777 557 417
7.	Milton	Ncube	Male	0738 514 104
8.	Mark	Chipunga	Male	0733 603 101
9.	Mitchel	Ncube	Female	0779 257 123
10.	Jeniffer	Gara	Female	0773 136 258
11.	Felder	Chimanga	Female	0775 612 552
12.	Fumisai	Hlanga	Female	0776 968 510
13.	Stella	Mutasa	Female	0771 519 394
14.	Charles	Masvosva	Male	0773 032 591
15.	Rambisai	Mbarire	Male	0773 710 622
16.	Nyama	Percy	Male	0733 704 482
17.	Betty	Chipangura	Female	0739 309 397
18.	Tinashe	Motsi	Male	0774 415 652
19.	Martin	Musodza	Male	0776 754 270
20.	Talkmore	Rwanyanya	Male	0739 476 500
21.	Mathews	Watch	Male	0775 568 957
22.	Pamela	Wachipa	Female	
23.	Elish	Rembani	Female	0773 302 818
24.	Beauty	Rwanyanya	Female	0773 361 325
25.	Nomatter	Nyakoni	Female	
26.	Muzondidya	Auxilia	Female	0772 273 693
27.	Milliam	Ncube	Female	
28.	Leeroy	Dhumukwa	Male	0738 999 457

Appendix Three: List of Acronyms

ART	Anti-retroviral Therapy
COPASAH	Community of Practitioners in Accountability and Social Action in Health
EQUINET	Regional Network for Equity in Health in east and southern Africa
HRC	Harare City Council
PLHIV	People Living with HIV
SRH	Sexual and Reproductive Health
STI	Sexually Transmitted Disease
TARSC	Training and Research Support Centre
VHW	Village Health Worker
ZDHR	Zimbabwe Doctors for Human Rights
ZNNP+	Zimbabwe National Network of People Living with HIV
ZLHR	Zimbabwe Lawyers for Human Rights
ZRDC	Zvimba Rural District Council