

# Community Strengthening for a People Centred Primary Health Care System: The Case of Casa Banana Community in Zimbabwe

## Second Community Meeting Report

22<sup>nd</sup> March 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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**Cite as:** ZADHR, ZNNP+, TARSC (2014) PRA Report: Community Strengthening for a People Centred Primary Health Care System: The Case of Casa Banana Community in Zimbabwe. Second Community Meeting Report 22<sup>nd</sup> March 2014. TARSC, EQUINET, COPASAH. Harare

## 1.0 Background

This report documents a follow up meeting to the first community meeting held in Cassa Banana Community, Zvimba District, on 15<sup>th</sup> February 2014. The meeting is part of a programme facilitated by the Zimbabwe Association of Doctors for Human Rights (ZADHR) and the Zimbabwe National Network of People Living with HIV (ZNNP+), with support from the Training and Research Support Centre (TARSC). The programme aims to use participatory reflection and action (PRA) methodologies to strengthen community focused, primary health care oriented approaches to social accountability in health. The work in Cassa Banana follows a training in PRA undertaken by TARSC in October 2013 undertaken in collaboration 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).

Cassa Banana community is a marginalised informal settlement, populated by over 300 families, situated in Zvimba Rural District Council (ZRDC), approximately 30km west of Harare. While the community is part of the ZRDC, the residents live in wooden cabins which are the property of the Harare City Council who collect rents and rates from every household. This has resulted in a lack of clarity as to which one is the duty bearer responsible for the informal settlement, with both councils not taking seriously the health challenges in Cassa Banana. The absence of a clear-cut duty bearer has meant that the community remains underserved in terms of basic rights, such as health, water and sewage collection, despite the fact that these rights are embedded in the new Zimbabwe constitution.

During the first community meeting, participants identified diarrhoea, gastro intestinal parasites and HIV as the major health challenges besetting the Cassa Banana community. In order to address such health challenges, the participants agreed to establish a support group for PLWHIV, to identify youths who would volunteer to be trained and to work as peer educators, as well as to establish a Community Health Committee (CHC). Community members also resolved to conduct a de-worming exercise and to invite key duty bearers - namely the councillor the headman, the local Member of Parliament, the Harare City Council and officials from the Zvimba Rural District Council - to the next community meeting.

28 women and 12 men from the community participated in this second community meeting. It was facilitated by Calvin Fambirai and Tatenda Chiware from ZADHR, Masimba Nyamucheta from ZNPP+ and Mevice Makandwa from TARSC. The objectives of this meeting were as follows:

- To review actions undertaken since the last meeting and implications for follow up work;
- To introduce the programme to various duty bearers/stakeholders for the purpose of improved dialogue and identifying collective action in strengthening and resourcing service delivery in Casa Banana;
- To finalise and review progress markers - 'are we on track?'
- To develop follow up actions

## 2.0 Opening, Introductions and Recap

The meeting commenced with an opening prayer and a recap of the previous meeting. It was observed that the first meeting, attended by 26 participants, had successfully set the tone for future activities and actions. In reviewing the objectives of the meeting, however, facilitators and

participants noted that the facilitation team had failed to secure the presence of the identified duty bearers. This was despite the fact that the relevant duty bearers had been invited. As a result, the meeting agreed to carry forward to the next meeting activities on the programme that required the presence of these officials.

### 3.0 Review of Work Undertaken Since the Last Meeting

#### 3.1 Formation of the Community Health Committee

There is no primary healthcare facility within the vicinity of Cassa Banana Community. The nearest healthcare centre is in Dzivarasekwa and the other is in Norton, both of which already have health centre committees but with no representation from Cassa Banana. This is the reason why meeting participants indicated that there was a need to establish a Community Health Committee (CHC) to deal with the health challenges faced in Cassa Banana. The Community Health Committee gave itself the mandate of monitoring the health situation in Cassa Banana Community and alerting the relevant authorities. The participants also felt that they could benefit from receiving training from the Community Working Group on Health (CWGH) on how to run a CHC in their area. They agreed to invite CWGH to the next meeting.

The committee comprises 7 volunteers, constituted as follows:

	<b>NAME</b>	<b>POSITION</b>	<b>SEX</b>
1.	Martin Musodza	Chairperson	Male
2.	Rambisai Marire	Vice Chairpersons	Female
3.	Thomas Chivese	Secretary	Male
4.	Pamella Wachipa	Vice Secretary	Female
5.	Milton Ncube	Treasurer	Male
6.	Charles Masvosva	Committee Member	Male
7.	Auxilia Muzondidya	Committee Member	Female

With the guidance of the PRA Facilitators, the committee established its own functions which were articulated as follows:

1. To educate the community on health issues.
2. To contribute to the improvement of the health conditions of people in the Cassa Banana Community.
3. To collaborate with the local clinic and hospital in improving the health situation in Cassa Banana.
4. To conduct monitoring and evaluation of the health situation in Cassa Banana Community.
5. To conduct health rights monitoring and documentation of Health rights violations.
6. To fight for quality health services in Cassa Banana Community.
7. To strive for the establishment of a code of ethics in the health sector
8. To participate in health related programmes.

### 3.1 Support Group of PLWHIV

The meeting reported that a support group for PLWHIV had successfully been established with the help of ZNPP+. A total of 12 HIV positive persons from the Cassa Banana community had subscribed to the support group, 10 females and 2 men. This was the first support group to have been established at Cassa Banana, indicating that up to now the community had been excluded from participation and decision making in relation to HIV issues. The objectives of the support group are

- To give psycho-social support to PLWHIV in Cassa by affording them a platform of interaction and solidarity.
- To assist PLWHIV to be self sufficient by capacitating members with skills that help them to secure better livelihoods.
- To help in fighting stigma and discrimination and
- To foster positive living.

It also emerged that the support group will need capacity building as they need further knowledge on how to function and sustain the group in the absence of facilitators.

The support group comprises of the following persons:

	<b>NAME:</b>	<b>SURNAME</b>	<b>SEX</b>
1.	Edmore	Chikaka	Male
2.	Austin	Watch	Male
3.	Siphikile	Banda	Female
4.	Patience	Mapundu	Female
5.	Tracey	Matibiri	Female
6.	Scolar	Mujiko	Female
7.	Muchanyara	Denhere	Female
8.	Auxilia	Muzondidya	Female
9.	Rambisai	Mbarire	Female
10.	Elisy	Rembani	Female
11.	Ntokozile	Mateveko	Female
12.	Chipo	Mahodobi	Female

#### **Challenges Faced by members of the Support Group:**

Members of the newly established support group for PLWHA indicated that they face several challenges which need to be addressed:

1. Stigma and discrimination.
2. Poor nutrition due to poverty.
3. Defaulting on ART due to lack of funds to collect the ART. The ART is collected from Norton and the journey to and from Norton requires \$2.00.
4. Prostitution is also rife amongst the infected as they resort to commercial sex in order to earn a living.
5. At times the PLWHA are diagnosed with other opportunistic infections and they cannot afford the medication or the medical procedures required to cure such infections. As such PLWHA in Cassa Banana require extra additional support for their medical requirements.
6. Children of PLWHA are not going school due to poverty as the parents are unemployed.
7. Multiple concurrent sexual partners exist in the community and the cycle spreads HIV faster.

### 3.3 Youth Peer Educators

The first community meeting in Cassa Banana agreed to establish youth peer educator groups which would teach other youths on health issues and HIV. The participants called upon members of the community and young members of the group undergoing PRA training to volunteer as youth peer educators. The peer educators' committee comprises of the following persons:

	<b>NAME</b>	<b>SURNAME</b>	<b>SEX</b>
1.	Misheck	Mharadze	Male
2.	Leroy	Dhumikwa	Male
3.	Nomatter	Nyabani	Female
4.	Stella	Mutasa	Female
5.	Elice	Raubani	Female
6.	Shupikai	Sinhali	Female

The participants indicated that there is need to conduct capacity building of the peer educators before they commence work in the community. The facilitators suggested that TARSC arrange such capacity building of peer educators using the Auntie Stella Toolkit.

### 3.4 Deworming exercise

The De-worming exercise was not successful as ZADHR had failed to secure emergency funding for the exercise. ZADHR does not have a readily available fund meant for the treatment of intestinal parasites but was in the process of sourcing such funds. However, the doctors at ZADHR are ready to conduct the de-worming exercise as soon as medication is secured. ZADHR noted that there they will need to undertake an assessment of the situation in the form of consultations before medication is administered. The exercise is therefore likely to exceed one day as initially planned.

### 3.5 Engagement of duty bearers

At the first meeting held in February participants agreed to engage duty bearers responsible for service delivery in Cassa Banana Community. Harare City Council was identified as the proper duty bearer as the community members pay their rates to Harare City Council. Efforts had been made, during the days preceding the meeting to, invite the local Councillor responsible for Porta Village and the Director of the City Health Department. Both had initially indicated their assent but gave excuses at the last minute. It was resolved by the meeting that they would be invited to the next PRA meeting, but this would be done formally through official letters of invitation.

### 3.6 Legal action against the Harare City Council

Consultation with a legal practitioner from the Zimbabwe Lawyers for Human Rights had been done to find out if any legal avenues existed to assist the community members of Cassa Banana community. The consultations indicated that a class action type of litigation was suitable if the community members wanted to enforce their rights which are now enshrined in the constitution of Zimbabwe.

## 4.0 Review of Programme Progress

The participants were broken into three groups of men, women and youths to assess progress to date and to fine-tune them to ensure that the project remains on track and achieves its intended objectives. Overall, three groups after their presentations indicated the following:

1. The project had successfully facilitated the identification of the challenges besetting the Cassa Banana Community, and that is an indication of progress and a step in the right direction.
2. Structures for community action have been successfully established, namely, the Community Health Committee, the Peer Educators, and the support group for PLWHA.
3. There has been progress since the first meeting in clarifying the functions and roles of the community committees.
4. Engagement with duty bearers has not been successful to the anticipated extent. There is need to step up efforts in this regard to ensure project success.
5. The following duty bearers, Ministry of Health and Child Welfare, Harare City Council, the Member of Parliament, and the Local Counsellor must be engaged to interface with the community at the next PRA meeting.
6. It is now clear that the Harare City Council is the responsible Duty Bearer in relation to health issues in Cassa Banana community. The VHW is employed by the HCC and the Health Inspector also comes from Harare.

## 5.0 Future Actions

- The Support Group committed to meet in the absence of the PRA facilitators on the 5<sup>th</sup> of April 2014.
- Community representatives will arrange meetings with the following duty bearers to voice their concerns and to encourage the duty bearers to attend the next meeting:
  1. Councillor
  2. Member of Parliament
  3. City Health Department
  4. Director of Health Services
  5. Well Wishers and civic organisations
- The next meeting will be held on the 26<sup>th</sup> of April and duty bearers are expected to participate at this meeting.

## 6.0 Closing Remarks

The participants suggested that the third meeting should be held after the Independence and Easter holidays. Communication of the date of the next meeting would be done through the Chairperson of the Community Health Committee. A closing prayer was made and the participants were thanked for their commitment to the project.

## Appendix One: Acronyms

CHC	Community Health Committee
HCC	Harare City Council
SRH	Sexual Reproductive Health
STI	Sexually Transmitted Infection
TARSC	Training and Research Support Centre
VHW	Village Health Worker
ZADHR	Zimbabwe Association of Doctors for Human Rights
ZNNP+	Zimbabwe National Network of People Living with HIV
ZRDC	Zvimba Rural District Council



## Appendix Two: Participants List

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

## Appendix Three: Activity Programme.



### Community Strengthening for a People Centred Primary Health Care System Meeting

**Date**            **22 March 2014**

**Venue**            **Casa Banana Community (Norton)**

- To review actions undertaken since the last meeting and implications for follow up work;
- To finalise and review progress markers - 'are we on track?';
- 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 healthcare provision and accountability by duty bearers in Casa Banana Community
- To introduce the programme to various duty bearers/stakeholders

Time	Activity	Facilitator
0900 - 0930	Registration of participants	All
0930 - 1000	Introductions Welcome remarks Overall goal of the programme <b>Programme background</b>	Ward Councillor  Masimba
1000- 1030	Meetings already done (City council, 1 <sup>st</sup> community meeting) Meeting objectives Recap of 1 <sup>st</sup> meeting deliberations (summary of the report/minutes)	  Edmore
1030 – 1100	Review of action/work undertaken since last meeting <ul style="list-style-type: none"> <li>• Support group formation</li> <li>• Health Committee formation</li> <li>• Engagement of duty bearers</li> <li>• De-worming exercise</li> <li>• Legal re-course action against the Harare City vs Casa Banana residents</li> </ul>	Tatenda
1100 - 1120	Plenary session	Mervice
1120 - 1140	Health Break	All
1140 - 1210	Refinement and review of programme progress markers	Masimba

1210 – 1230	Presentation of key project health priorities to duty bearers present	Tatenda
1230 - 1300	Feedback/Commitment speeches from duty bearers; <ul style="list-style-type: none"> <li>• Ward Councillor</li> <li>• Ministry of Health and Child Care</li> <li>• Harare City Council</li> </ul>	Edmore
1300 - 1330	Plenary session and further identification of duty bearers	Mervice
1330 – 1400	Follow up action for improvement of service delivery and accountability by duty bearers	Masimba
1400 - 1405	Closing remarks,	MP/Harare City Council
1405+	Lunch and departure	All