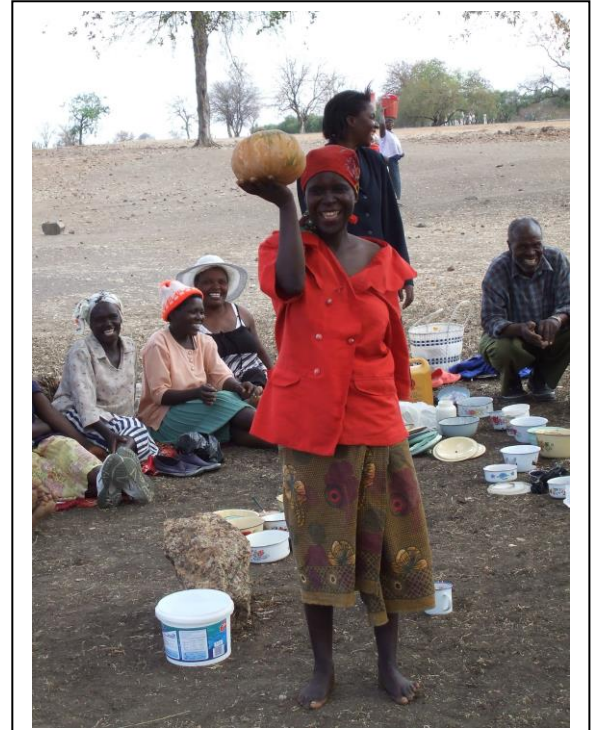


Community Health Clubs in Chipinge District.



Zimbabwe AHEAD Organisation
Mid Term Report
April – September 2007
Submitted to Mercy Corps
Dr. J. Waterkeyn
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Donors: British Lottery Fund



1. Background to Partnership

Mercy Corps was introduced to Zimbabwe AHEAD in November 2006, during an evaluation of the Water and Sanitation programme in Buhera and Chipinge Districts, funded by British Lottery fund (BLF).ⁱ Looking for a feasible health promotion component in the programme, the Mercy Corps team visited the Makoni Community Health Club Programme and were impressed by the use of Community Health Clubs in Makoni District for sustainable development. On the strength of this methodology, Zimbabwe AHEAD was invited to join Mercy Corps as an implementing partner to take over the health promotion component of the BLF Programme. By the end of March 2007, the proposal was agreedⁱⁱ and an MoU signed between the two organisations. In accordance with the proposal, two ZimAHEAD Project Officers for the programme were taken on from the 1st April, and a rapid start up was achieved within two weeks of the funding being received.

2. Summary of Activities

2.1. Training

The health promotion programme started with a training workshop between 23rd – 27th April, 2007 in Chipinge District. There were a total of 34 participants trained, which included the following representatives: the Assistant DA, 2 officers from Rural District Council and 4 Counsellors, Ministry of Education, two from Arex, two from Vet. Dept, one from DDF, one from Womens Affairs and one from Ministry of Health and 4 Environmental Health Technicians (EHTs), 12 Community Health Worker facilitators, and 3 Mercy Corps Officers. Facilitators from Zimbabwe AHEAD were the Director, two Project Officers and District Coordinator from Makoni (for details of this training see Annex 1: Report of workshop).

A second workshop was due to be held the following week in Buhera but this was derailed due to political pressure, and Mercy Corps was directed to cease all activities in Buhera, pending permission from the P.A Manicaland. The Director of Mercy Corps and Chairman of Zimbabwe AHEAD met with the PA and although permission to continue has been given, with the imminent elections within the next few months it was decided by Mercy Corps to defer this training until April 2008.

2.2. Community Health Clubs

The response from the community in joining the health clubs and attending health sessions has been overwhelming and far beyond expectations. The initial target of 12 clubs, one per facilitator, has been long forgotten, as facilitators take on far more than was planned, despite having had no transport allowance or per diems in the first months. Mobilisation began in May, with each month saw a steady increase in registration. By September, some clubs of 100-180 members had to be divided into two clubs to enable participatory training to be more effective. There are now 33 health clubs with 2,506, with an average of 76 per club (See Annex 2.). Clubs are still being formed and a ceiling of 4 clubs per facilitator is now having to be instigated to ensure facilitators can effectively manage their duties. Facilitators are now given US\$1 per session which has of course provided a strong incentive for more health clubs to be started. This is also a strong demand for knowledge from other areas where there were no health clubs which indicates not only the need for health promotion in the area, but also the acceptability of the AHEAD methodology and the ability of the community facilitators to mobilise their communities effectively.

3. Evaluation of Health Promotion in Community Health Clubs

3.1. Zimbabwe AHEAD Staff

Both of the ZimAHEAD Project Officers have therefore been based in Chipinge and this has enabled the doubling up of efforts in this area, and all targets for both areas have now been exceeded within the one district. Following up on the initial training, Project Officers and Environmental Health Technicians have ensured that the health club committees have kept accurate records of all activities and levels of attendance at the health sessions has been carefully recorded. As planned, monthly progress reports were submitted to Mercy Corps by the Administration Officer, with financial statements. Despite the lack of a Programme Manager (who left within two months of start up), the Zim AHEAD team has met all its commitments, and the

project costs are exactly within the budget (See Annex 4.). The Administration Officer has shown her ability to manage the project and has now taken over the role of Project Manager, and will be supported by a book keeper to be engaged as soon as possible. There has been a good team spirit, not only within Zimbabwe AHEAD staff, but also between ZimAHEAD and Mercy Corps staff who work together in Chipinge, 'just like a family', according to the MC Project Officer. This good rapport has enabled high levels of dedication from our staff, despite some initial problems with the second hand motorbikes that were supplied by Mercy Corps for field staff, and our own lack of reliable vehicles to monitor the programme.

Fig 1. Facilitators relative outputs, with EHT comments and recommendations.

Shaded area indicates facilitators monitored by JW at Mid Term assessment (Oct.07)

EHT	Ward	Facilitator	Health clubs	Members registered	Average Attendance	Sessions done	Comments from EHT	Recommendations
			2	282	76	8	JW monitored/ Good, very keen 1 st to start VCW: health trained	Deserves bike
			3	198	57	7	JW monitored/ elderly but very effective Not met by Makoni	Deserves bike
			1	85	64	3	Not met by Makoni	Needs monitoring
			2	274	56	4	Keen, no health background	Deserves bike
			2	188	64	7	Knowledgeable	Needs monitoring
			1 (+1 new)	53	39	5	Not met by Makoni	Needs more training
			1	139	110	4	OK, needs coaching, on maternity leave	Needs EHT backup
			2	212	74	4	JW saw Kushinga. no health background selected by councillor	Needs re training
			2	182	70	2	Family problems/ Absent a lot	Needs EHT backup
			4 (+2 new)	357	41	4	Family problems/ absent a lot	Deserves bike
			2	105	21	6	Only male facilitator! Poor community response / low attendance	Disappointing. More motivation/ Train new female facilitator?
			4	431	79	13	JW saw Batanai Club /V. effective mobilizer	Deserves bike
			29	2,506	56	67		

3.2. Health Club Facilitators

However, whilst the community facilitators have achieved high levels of mobilisation, the **quality** of the training given by them is fairly low, compared to the EHT's ability to facilitate. Many of the facilitators have had no prior health training on this puts them at a disadvantage as they do not have the confidence to run the more complicated sessions on their own. By contrast the EHTs have had a two year environmental health training and are qualified to train others. In chipinge there was shortage of EHTs and so it was agreed to use community facilitators. **The need for these facilitators to have some health background was clearly spelt out in the proposal**, but despite this criteria we find that some facilitators were selected who have no prior training in health. (See Fig. 1. below / Annex 3)

The Village Health Workers who are now CHC facilitators are clearly more effective than those who have been nominated by local leadership for other reasons. In none of the sessions that were reviewed in this Mid Term Assessment (see shaded areas in Fig 1.above), did the facilitators conduct the training alone. Instead they played a support role to either the EHT or PO, as they were not confident to train on their own. As such they can be considered to be still in training, particularly in the more difficult sessions on nutrition, malaria, bilharzia, skin diseases, and worms.

However, it is expected that with time they will learn the issues and next year on their second intake, they should be able to cope on their own, with less support from our staff. EHTs will still needed to monitor and ensure standards are maintained. However the sustainability of continued health promotion in the area, even if the NGO and MoH are not active is the main advantage of this model as each club now has a community facilitator in their own area.

Looking at Fig 1, above we can draw the following conclusions:

- 29 clubs are being operated by 12 facilitators, monitored by 4 EHTs
- There are 2,506 registered members with an average of 97 members per club (excluding the 3 new clubs)
- Average attendance at sessions for all facilitators is 57 members
- 9 facilitators have an attendance rate above the average of 57
- 3 facilitators are below average (Mavave, Madziti and Mupfichana). EHT should assist them.
- 67 health sessions have been done by 12 facilitators in the past 4 months
- With an average of 6 sessions completed by each facilitator, four are above average (Vhusani, Gariswa, Matata and Mariya) and should be congratulated for their efforts.
- Those facilitators that are running 2 or more clubs should be given bikes, particularly if their distances are far between clubs and home village (Vhusani, Gariswa, Chidhakwa, Madziti and Mariya) It is recommended only to give facilitators bikes if they have proved their commitment by high membership and more than 2 clubs)
- The top of the league chart for the first 6 months is Mariya with 13 sessions done, and 4 clubs with a total of 431 members, average attendance 79.
- 2nd position is Vhusani with 8 sessions, 2 clubs with 282, average attendance of 76.
- If we take average attendance as the most effective indicator of a strong facilitator, Hakimela would be the top with 110, but as she has only one club her overall number of members is only 139.
- Gariswa and Matata have both done 7 sessions, with attendance of 57 and 64 respectively.

This type of analysis using a League Table, should be done monthly to stimulate competition and a sense of recognition and achievement between the facilitators. It would also be useful for Project Officers to have a follow up meeting with all facilitators called together to discuss these achievements and further refine the training.

3.3. Environmental Health Technicians (EHTs)

A meeting was held to discuss the activities and perceptions of the EHTs who have been co-opted into this programme. There are three EHTs, two men and one woman, who were all trained in the initial workshop. To begin with they did not have any transport and it is only in the last two months that the two men have received motor bikes and fuel for monitoring, whilst the woman continues to use public transport, frequently having to sleep in villages due to lack of buses. There is a range of involvement between the three EHTs. Mr Makoni received a new motor bike in early September, responsible for Wards 24, 26, and 27 has met four of the six facilitators, and has attended 9 sessions. Mr Chikati, responsible for Wards 25 and 28, started in late September with a new bike and has attended 23 sessions, and visited all but one of the 10 clubs in his area. The lady, Mrs Ndachengedwa is based in Ward 29 which is 38 kms away from wards 26 and 27, where she assists Mr Makoni, who is also TB co-ordinator. Although she is without a motor bike, she has attended 31 sessions in three months. Their enthusiasm for CHCs were also in line with their levels of attendance!

This negative correlation of monitoring related motor bikes would indicate that support for EHTs in terms of motorbikes and fuel does not necessarily lead to more output from them, or perhaps it is related to gender! To stimulate their involvement there should need to be more pressure from the District MoH staff, as with our two PO's very so active they may be abrogating their responsibility. It is unfortunate that the project area is far from Chipinge town (130Kms) as with poor telephone communication, we were unable to secure an appointment with District staff in Chipinge Town within the week we were in the district. The shortage of fuel prohibited a

visit unless we were assured an appointment. It was decided that our Project Officers should attend the monthly EHT meeting to ensure full cooperation of the EHTs and integrate the Community Health Clubs into all MoH activities more effectively. A league table of cost versus outputs should be highlighted at each meeting to ensure that the EHTs are under pressure to perform. This should be prepared by the ZimAHEAD Project Officers and displayed at the office. The response from the EHTs to the Community Health club approach is encouraging and some of the benefits they mentioned are as follows:

- The CHCs help to motivate communities
- Members teach each other
- The EHT 'workload is being eased'

It was also noted that other activities in the area will affect the project. PLAN is to distribute ITNs (Insecticide Treated Nets) to the entire district before the rains in November. Last year there were 3,000 distributed in ward 28, and 388 ITNs distributed in ward 29 and 30 for under 5's and pregnant mothers. There will also be straying of breeding areas, and training for choloquine holders. This will involve all households but it would be better to involve the health clubs in this monitoring usage of nets to ensure these 'hand outs' are properly used. The idea of having community health clubs is to help manage health within the community. It is essential that PLAN is fully appraised of the activities and whereabouts of each CHC so that they can tap into this community structure as a resource to ensure sustainability.

Some interest has been raised by a preliminary look at the household inventories that appear to indicate that some people are voluntarily building latrines without any external assistance. For example the records of Rujeko club (ward) show that in June there were 39 latrines in the area, and by October there were another 39 new latrines, leaving only 13 members without facilities. If this is true it may be a startling response to the training. These records need to be verified by the EHT whose duty it is to record the number of latrines and new constructions within their ward. The EHTs have agreed to do this in the next few months and PO's should follow up and raise this issue in the EHT meetings each month, to ensure CHC activities are fully integrated in MoH reports.

4. Evaluation by Stakeholders

4.1. Zim AHEAD Staff Meeting

A meeting was held with staff to iron out any issues that may be undermining productivity. The following points should be recorded:

- Project Officers are encouraged by the community up-take which is on a par with past experience in Makoni. With two officers they were able to exceed targets. Challenge: facilitators are low standard and need constant supervision and a lot of support and retraining.
- EHTs were slow to get started as there were no motorbikes until the past month. The 3rd EHT needs to be motorised as she is very active and involved.
- There have been no blockages due to councillors or government officials to the programme in Chipinge and the training which involved all stakeholders has enabled 'buy-in' from everyone.
- Staff relations with Mercy Corps are very good, and PO's feel well supported by Programme Manager who has assisted when there has been vehicle problems and helpful in transporting fuel.
- Initially the motor bikes provided by Mercy Corp were unreliable but these have been changed for new bikes and there is now no problem.
- PO's are still sharing an office and computer with MC six months after project start up. It is disappointing that the office allocated to Zim AHEAD is a shabby outhouse, with low tin roof and no insulation/ceiling - likely to be very hot. Nothing has been done to have it painted and it is still unfurnished. There is no dedicated computer for the Zim AHEAD staff as was laid out in the agreement.

- Housing allowance at US\$10 is minimal and officers are not well housed at present but coping.
- The bags for the training materials were supplied but there is a need for facilitators to also be given a bag to transport the materials now that they have more than one club. It would also be good to have T-shirts for health club facilitators to encourage a sense of identity. These should have the ZimAHEAD / Mercy Corp logo on the back with the health club name on the front. They also recommend that the facilitators with 2 clubs or more should be given bicycles.
- There is an urgent request for protective waterproofs for the PO's as the rains are starting shortly.

4.2. Meetings with Mercy Corps

Two meetings were held:

Mutare Office with Programme Manager.

Mercy Corps seems to be very pleased with the efforts of the PO's and there were no issues raised by Mercy Corps. It was noted that all targets have already been exceeded. The absence of a Programme Manager in ZA has not been a problem as this gap was ably filled by the Admin Officer. The EC funding for the next phase has been approved and some planning needs to be done.

The following issues were raised by Zim AHEAD and agreed as follows:

- MC to ask MoH again to provide 3rd motorbike for EHT
- The Zim AHEAD 'outhouse' to be painted and furnished, in the next few weeks by MC
- Bags and waterproofs to be provided as soon as possible
- A quotation to be submitted for the bicycles for the facilitators

Harare Office with Finance Manager/Programme Manager

The spending for the past six months has amounted to US\$36,000 and been within budget. (See Annex 4.) Monthly accounts have been received on time submitted by the Admin Officer. Mercy Corps has had no problems as to our accounts and reporting within the past six months. The ability of the Admin Officer was highly appreciated.

The following issues were raised by Zim. AHEAD

- Software for accounting package and SPSS needs to be installed as soon as possible
- Training for accounting package is needed and PO's computer skills upgraded
- The Admin Officer will be promoted to Project Officer and continue to be responsible for monthly reports and all accounts for Mercy Corps.
- With our Admin Officer becoming the Project Officer exclusively for Mercy Corp projects, there is now no general co-ordinator in the Organisation overseeing all activities and steering the organisation. Although the Project Officer is a well organised manager, she has, in fact, very limited experience of development programmes. As such, she should be supervised by someone in authority, and it is proposed to appoint a Programme Manager for Zimbabwe AHEAD, to not only co-ordinate Mercy Corps project and other projects in Makoni, but also to broaden our funding base. Despite the fact that Mercy Corp funds represent 80% of the budget, Mercy Corps is only being asked to support 50% of this position, and the percentage will drop proportionately dependent on other funding being secured. The Programme Manager will stand in as main representative for the organisation in the absence of a full time Director, with a view to taking over this role in the future.

With Mercy Corps' commitment to building the capacity of local NGO's we feel sure that this role is justifiable. It should be noted that whilst all projects costs are covered for Zimbabwe AHEAD in the EC budget, there is no general administrative percentage given that is normally added to a budget to cover the expense of core costs (usually a minimum of 10%). This should be rightly supported under the % for Administration that Mercy Corps is taking for the EC project, which has a budget of over Euros 2,000,000 for the next three years.

- Transport continues to be severely constrained with Zimbabwe AHEAD still relying on the two old vehicles which have had frequent break downs. However, this is likely to be resolved with the new vehicle brought in with EC support. MC thinks this is likely to be before the end of 2007. Mercy Corps will bring in vehicles and computers for Zim AHEAD using their duty free status.
- The MoU between EC and Mercy Corps has already been signed and funds should be received by November 2007. The MoU between Mercy Corps and Zimbabwe AHEAD should be signed in the next week, and this will be done by the Acting Director on our behalf. As noted there is need for a slight budget adjustment, and it has been agreed that this cannot be done until the MoU is signed. We are taking it on good faith that Mercy Corps will accept the adjusted budget and incorporate it as requested (See Annex 5) in conjunction with the other partners who also need to make some changes to budget lines.

5. Conclusion

The first six months of this project has gone exceptionally well despite the many potential difficulties of new personnel and unreliable transport. Mercy Corps has been supportive and Zimbabwe AHEAD has played its part, and there are no major problems from either of the partners. The output in the field has been remarkable with all targets exceeded. There are now over 3,000 Community Health Club members in 33 clubs within a short period of four months, with an ever increasing demand. The only drawback was the enforced withdrawal from Buhera but this has enabled Chipinge to speed up its project. When Buhera starts next year it will also be 'fast tracked' with two project officers stationed there. The EC programme will allow the AHEAD methodology, with its long term holistic development process to be taken to the full extent, and preparations are underway to start in December 2007 in the two existing districts as well as Chiredzi. ZimAHEAD looks forward to the next half year, and the final report for the BLF funding will be submitted in May 2008.

Annex 1. Report: Community Health Club Training. May 2007. J Waterkeyn

Annex 2: Summary of Community Health Clubs

Annex 3. Assessment of Facilitators. October 2007. J Waterkeyn

Annex 4. Project costs: April – September 2007. B. Ruwodo.

Annex 5. Amended Budget for EC funding

ⁱ Anthony Waterkeyn. Evaluation Report on Water and Sanitation Programme for Mercy Corps, Nov. 2006

ⁱⁱ Zimbabwe AHEAD Proposal to Mercy Corps; 'Health Promotion through Community Health Clubs', Feb 2007