



MSF END OF YEAR REPORT

2015





MSF 2015 Year End report

Project Overview

MSF-Belgium aims to improve access to drinking water for people living in the high density areas and outskirts of Harare and as such tries to reduce outbreaks of water-related illnesses.

A basic amount of lifesaving portable water will be offered to people living in

the most vulnerable suburbs of Harare through the rehabilitation of 20 boreholes and installation of water storage tanks.

The program also seeks to ensure that the direct beneficiaries have the knowledge and the correct behavior to protect their water sources, store water, use and practice good hygiene at home. For that, Community Health Clubs (CHCs) will be established in the various selected sites. These clubs will encourage greater involvement in the management of the new water points and facilitate engagement with the institution (church, school or mosque) that is collaborating with the community.

It is against this background that 3 five day training of trainer's workshops were conducted in the city of Harare. The workshops focused on Participatory Health and Hygiene Education and the AHEAD methodology. It was envisaged that after these trainings the Health Promoters with the assistance of Africa AHEAD will establish community health clubs in their respective areas.

Trainings

A total of 70 people were trained from the 3 workshops conducted with 53 Health Promoters, 6 District Health Promotion Officers, 6 Environmental Health Technicians, and 5 interns. The Health Promoters were selected based upon their proximity to the sites where the water tanks were to be installed. The first training [2014] catered for four sites Glen View, Mabvuku, Caledonia and Hatcliffe. The second training catered for 6 sites Mbare and Warren Park both with 2 sites each, and Hopley and Dzivarasekwa with one site each. The third and final training for 2015 catered for 15 sites Glen View, Glen Norah with 3 sites, Mbare 2 sites, Dzivarasekwa with 3 sites, Kuwadzana with 2 sites and Hatcliffe with 2 sites. Making a total of 23 sites which had to have CHCs around them in the period under review.

DHPO and Health Promoter after receiving training of trainers certificates.

Community feedback and sensitization

After the trainings all the Health Promoters were to inform the community leaders in the area about the training they had undergone and their intention to set up Community Health Clubs in their area.

They then to be assisted to call for a community meeting where they would sensitize as to the need for CHCs and register people who were interested to join. Despite being able to give feedbacks and register members for CHCs some areas suffered challenges in terms of setting up the actual CHCs, namely Warren Park and Mbare one of the sites. The 2 new sites for Mbare and Hatcliffe were ready to start conducting sessions but the Health Promoters went for their annual holiday which started when Schools closed for end of year December 2015.

Support in session

All the CHCs were supported during their session delivery to ensure that the facts were consistent with the information they acquired during training. Supporting them during session delivery also served as a refresher for the methods of using the toolkits.



Dzivarasekwa support in session.



Hopely support in session on social problems.

Graduations and figures

LOCATION	CLUB NAME	MEMBERSHIP	Completion/graduated
1st Training			
MABVUKU	Yemurai Chiedza	72	100%
MABVUKU	Mabvuku HP	16	100%
Caledonia	Hutano Health Club	117	100%

Caledonia	Hutano Health Club 2	19	100%
Hatcliffe	Kuwirirana	75	100%
Hatcliffe	Kubatana	75	100%
Glenview	Kubatana Pahutsanana	43	100%
Glenview	Rujeko	9	100%
2nd Training			
Hopely	Hutsanana Health Club	163	100%
Dzivarasekwa	Njere Inopa Sadza	32	100%
Dzivarasekwa	Kupfumaishungu	14	100%
Mbare	Humambo Hwemvura yakachena	50	100%
3rd Training			
Dzivarasekwa	Musha Mukadzi	25	100%
Dzivarasekwa	Kuziwana Women's Club	25	100%
Dzivarasekwa	Arise and Shine	54	100%
Dzivarasekwa	Tanaka	25	100%
Dzivarasekwa	Kushinga Kwemudzimai	32	100%
Dzivarasekwa	Women Of Hope	42	100%
Dzivarasekwa	Kwayedza CHC	75	100%
Kuwadzana	Kuwirirana	54	100%
Kuwadzana	Hupenyu	53	100%
Kuwadzana Ext	Quality Women	15	100%
total		1085	

13 sites with 4 from the first trainings, 3 from the second training and 6 from the last training managed to complete their sessions and graduate within the year under review. A total of 22 CHCs established from the 13 sites. Currently Caledonia has recruited another CHC with a membership of 50 as well as Kuwadzana and Hopley.

The first 4 sites and had 8 clubs which had 426 members graduating and being handed their certificates, the second training had 3 sites completing with 4 CHCs and a membership of 259 graduating, with the last trainings having 6 sites completing with 10 CHCs and a total membership of 400 giving a total of 1085 completing sessions and graduating.



Caledonia graduation



Mabvuku graduation group photo



Mbare graduation.

Timetable

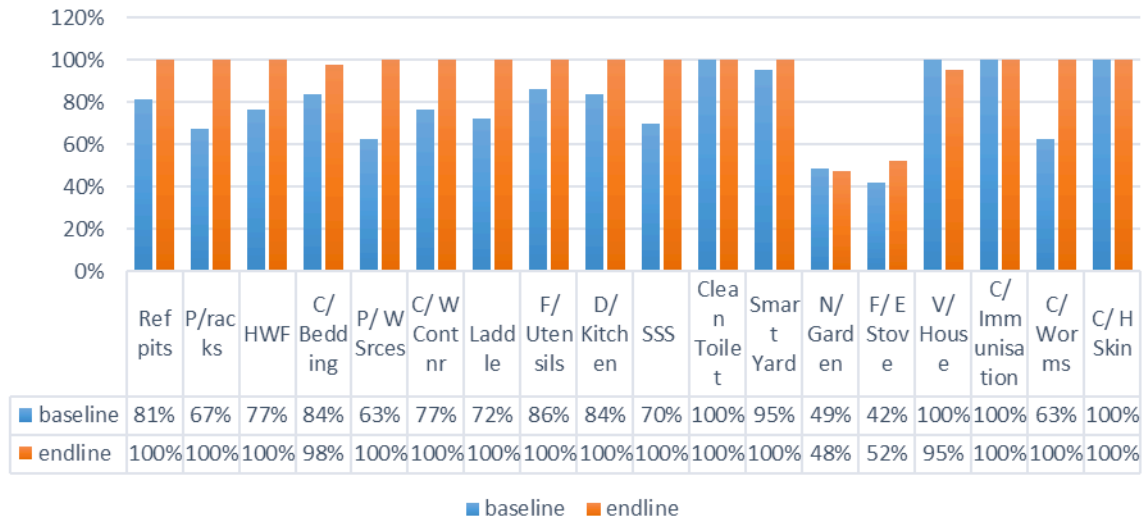
Location	Facilitator	Club Name	Venue	Day of Meeting	Time	GPS Coordinates	Membership
CALEDONIA	Kanotunga & Nyakarize	Hutano 2	Eastville clinic	FRIDAY	10am	S 17° 50.712' E 031° 14.109'	50
DZIVARASEKWA 4	Tsodzo	Arise & Shine	Dzivarasekwa 4 Shopping Centre	WEDNESDAY	11am		41
DZIVARASEKWA 3	M .Mabasa	Kushinga Kwemudzimai	Dzivarasekwa 3 Community Hall	MONDAY	1pm		13
DZIVARASEKWA 3	W . Chisaka	Women of Hope	Dzivarasekwa 3 Community Hall	MONDAY	1pm		21
DZIVARASEKWA 3	L . Ngabu	Tanaka	Rujeko Clinic	WEDNESDAY	1pm	S 17° 48.242' E 030° 55.664'	15
DZIVARASEKWA 3	A .Chinyanga	Kwayedza	Rujeko Clinic	WEDNESDAY	1pm	S 17° 48.242' E 030° 55.664'	109
DZIVARASEKWA 1	W . Mupanduki	Kuziwana	Dzivarasekwa 3 Community Hall	MONDAY	11am		24
KUWADZANA PHAS	W . Mupanduki	Musha Mukadzi	8858 Kuwadzana Phase	WEDNESDAY	1pm		28
KUWADZANA	Khumalo	Kuwirirana	Kuwadzana Poly Clinic	MONDAY	9am	S 17° 49.923' E 030° 55.719'	54
KUWADZANA	Khumalo	Hupenyu	Kuwadzana Poly Clinic	TBA	TBA	S 17° 49.923' E 030° 55.719'	53
KUWADZANA EXT	Mtembe & Dovi		Kuwadzana ext Poly Clinic	FRIDAY	1pm		14
GLEN VIEW	Ziwakayi and Beston	Rangarirai	New Hall	WEDNESDAY	10am		56
GLEN NORAH	Madura	Mukai		Monday	2pm		75
GLEN NORAH	Chikore	Kushinga	Glen norah A Flats	WEDNESDAY	10am		75
GLEN NORAH	Jerahuni						75
MBARE	Kusikwenyu	Humambo Hwemvura Yakachena	CCAP Church	MONDAY	10am	S 17° 51.193' E 031° 02.399'	54
HOPELY	Musademba & Manyong	Hutsanana	Borehole	TUESDAY	1pm		163
HATCLIFF		Kubatana		WEDNESDAY	2pm	S 17°41.413' E 031° 06.533'	75
HATCLIFF	Kaimba	Kuvirana		FRIDAY	2pm	S 17° 41.366' E 031° 06.492'	96

Inventory analysis

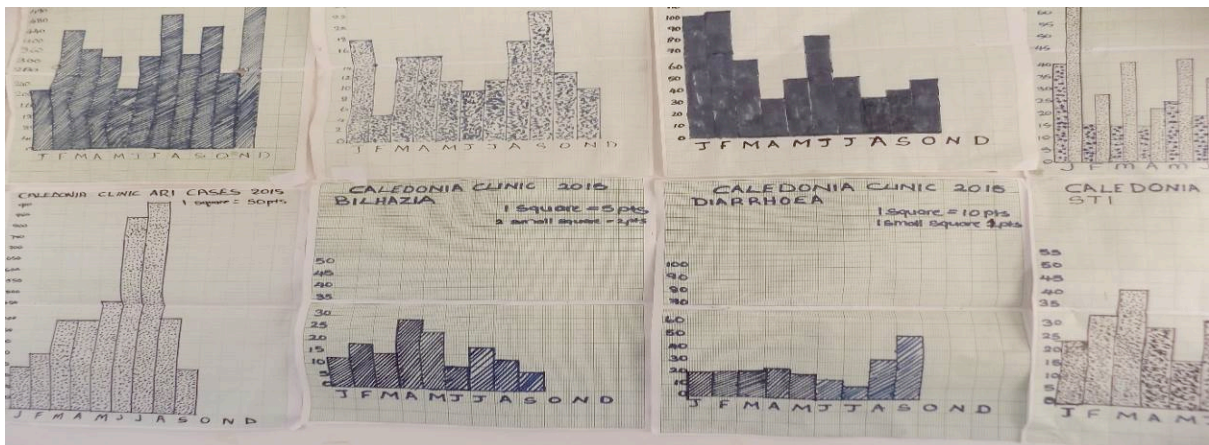
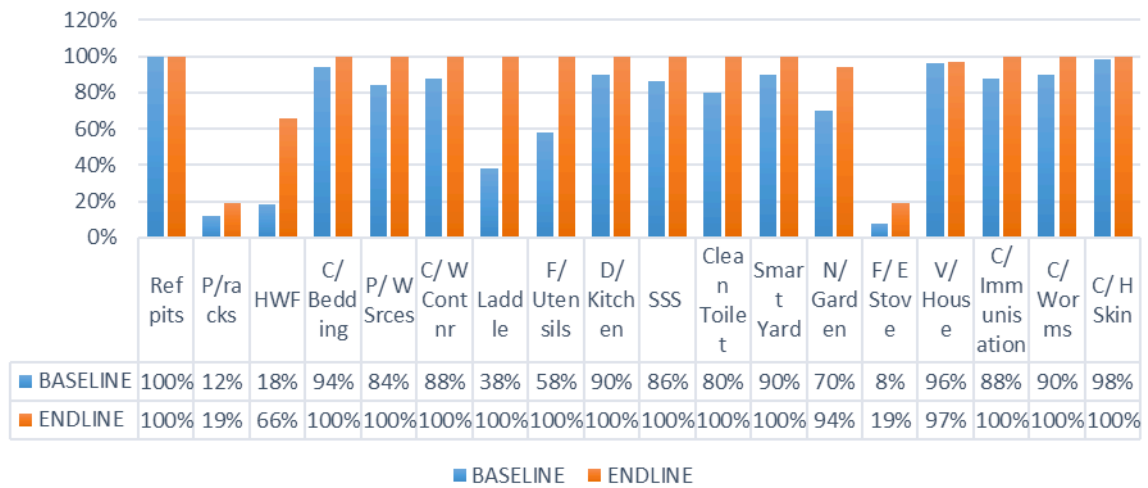
The inventory analysis for the CHCs show a marked improvement across all indicators which is a clear indication of the Applied Health Education and Development (Kunzwa nekuita) methodology. As may be noted on the Hand washing facilities for Caledonia that the baseline was 17% and the endline was 100%. Participants constructed hand washing facilities within their community in line with the sessions they had on hygiene. In areas where there are no council erected facilities for water there was a significant increase of pot racks from 46% to 100% in Caledonia.

There has been a marked improvement across indicators relating to the water supply chain as collection of water from protected sources which, the storage of water and hygiene standards relating to drinking water. This is also reflected in the data on the clinics of Dzivarasekwa, Caledonia, Mabvuku and Hopely which shows a marked reduction in diarrhoeal diseases since inceptions of the

Glen View (Kubatana Pahutsanana)



Dzivarasekwa (Kupfumaishungu)



Caledonia clinic statistics

Clean up Campaigns

Glen View, Mabvuku, Caledonia, Dzivarasekwa, Kuwadzana and Caledonia all held clean up campaigns. In Dzivarasekwa 4 the Club “Arise and Shine,” was supported by their Councilor who managed to liaise with City Council to provide them with a dump truck for their Clean-up Campaign. In Kuwadzana “Kuwirirana,” health club worked in conjunction with EMA to make their Clean-up a success. Africa AHEAD provided dust masks, disposable bins and hard brooms in support of the Clean-up Campaigns.



Kuwadzana clean up campaign

Competitions, Prizes and Visibility

Competitions were held by the Club members to assess who had adhered the most to the AHEAD methodology in applying the knowledge learnt from the CHCs. 3 participants were selected at each club as the ones who had complied. The winners received brooms, mops, buckets with lids and a dust pan set as prizes.

T shirts were distributed to club committees. These were not enough to give club members and the Health Promoters as there were more clubs formed than sites.

Club Membership

As may be seen in figures below there was a low uptake of CHCs in certain areas where the water supply system was installed before the CHCs were established. This was noted in Glen View and Kuwadzana Extension.

The table below shows a summary of clubs established to date and their membership and rate of completion

LOCATION	CLUB NAME	MEMBERSHIP	Completion
1st Training			
MABVUKU	Yemurai Chiedza	72	100%
MABVUKU	Mabvuku HP	16	100%
Caledonia	Hutano Health Club	117	100%
Caledonia	Hutano Health Club 2	19	100%
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Dzivarasekwa	Njere Inopa Sadza	32	100%
Dzivarasekwa	Kupfumaishungu	14	100%
Mbare	Humambo Hwemvura yakachena	50	100%
3rd Training			
Glen norah	Jerahuni and Motokari	75	70%
Glen norah	Kushinga	75	70%
Glen norah	Mukai	75	70%
Glen View	Rangarirai	35	70%
Glen View	Rangarirai	20	70%
Dzivarasekwa	Musha Mukadzi	25	100%
Dzivarasekwa	Kuziwana Women's Club	25	100%
Dzivarasekwa	Arise and Shine	54	100%
Dzivarasekwa	Tanaka	25	100%
Dzivarasekwa	Kushinga Kwemudzimai	32	100%
Dzivarasekwa	Women Of Hope	42	100%
Dzivarasekwa	Kwayedza CHC	75	100%
Kuwadzana	Kuwirirana	54	100%
Kuwadzana	Hupenyu	53	100%
Kuwadzana Ext	Quality Women	15	100%
total		1365	

Achievements

The first 4 Clubs managed to complete their sessions and graduate. As may be noted for the CHCs membership in areas like Kuwadzana, Mabvuku, Caledonia, Hopely, Dzivarasekwa and Hopely there was an overwhelming response to CHCs with club membership exceeding the anticipated numbers resulting in some instance for a second CHC to be formed. In Caledonia has a second club which has started sessions and the membership stands at 50, in Hopely registration for the second club is in progress. Dzivarasekwa and Kuwadzana have started pooling funds together in order to purchase utensils that would improve their homes and livelihood. This came about as a byproduct of the common unity fostered by the CHCs.

In Dzivarasekwa the CHCs which completed sessions have started income generating projects, one group has embarked on making dish washing liquid and toilet cleaners. The CHCs broke down into

units of 10 members in order to start income generating activities. The IGA have just started and there is no clear evidence as yet of their success or profitability.

There has been a reduction in diarrhoeal diseases in Mabvuku, Hopley, Caledonia, and Dzivarasekwa as testified by clinic staff during graduation ceremonies.

Club members got an opportunity to show case their talents resulting in one of them being given \$20 by a Councilor attending the graduation ceremony due to her talent in singing.

Challenges and Recommendations

The overwhelming response to the CHCs got in some areas was then constrained by the way the budget was structured. At a site where 2 or more CHCs were set up the budget would not cater for the prizes nor the t-shirts for the committees.

It would be advisable that the budget be flexible to cater for a large response to CHC that it would leave none of the participants disgruntled.

Three of the Health Promoters who were trained passed away resulting in loss of investment. Due to their advanced age most of them have family commitments which hinder them in giving up the 2 hours a week to CHCs a case in point is in Glen Norah caring for her husband, a stroke victim and in Hatcliffe who had to care for her ailing husband until his death.

There is need to identify young energetic people at the health clubs who can stand in for the Health promoters in cases of tragedies.

Political interference s in some areas like Mbare near the Methodist Church have delayed the setting up of CHCs. The sensitization meetings in Warren Park were done during political elections as a door to door visits which resulted in poor membership recruitment.

Politics is part of the Zimbabwean fabric which need to be taken into consideration.

The setting up of water supply tanks prior to CHC inception causes challenges as the community no longer have a role to play and do not take ownership of the project which affects the sustainability of the project.

The partners in the project need to liaise in setting up of sites and the readiness of the communities prior to setting up of water tanks such that the maximum benefit may be realized with greater community participation.

There were communication challenges amongst partner Organisations resulting in poor representation of partner organisations at the graduations ceremonies. There was mixed messages to the community resulting in not be well attended by partner Organisations and mixed information CHC members anticipating to receive t-shirts.

There is need for monthly meeting with the involvement of City of Harare in attendance.

The Health Promoters left for their annual leave when Schools closed for the end of year term and will only return after the holidays. This created a challenge for the 2 sites in Mbare Edith Operman and Nharira Primary, as well as Hatcliffe's 2 sites where the communities were ready to start CHCs but the Health Promoters had to go on leave.

Identify other capable people at the CHCs who can cover for the Health Promoters during their absence.

There is need to concentrate in areas where there is felt need of water such Hopley than to spread the resources thinly around areas where there are other partners providing the same services. e.g. Warren park and Glenview.

Conclusion

Overall the project managed to achieve its intended objectives in areas where CHCs were started and completed resulting in reduced diarrhoeal diseases and skin diseases in the case of Hopley. There is need to address the challenges for the project to achieve even greater success if it is to be implemented again in the coming year.

From the 23 sites 16 sites managed to have a total of 27 CHCs of which 22 have completed their sessions and graduated with an outstanding of 5 set to complete in January 2016. There are 7 sites which do not have CHCs as yet, 3 sites in Mbare, 2 sites in Warren Park, and 2 sites in Hatcliffe.

Way forward

The Mbare site at the Methodist Church needs the involvement of the Councilor for the CHC to start. Warren Park CHCs need a community sensitisation for there to be a community buy in whereas the other 4 sites 2 from Mbare and 2 from Hatcliffe are ready and willing as soon as the Health Promoters resume their duties after the holidays.

Report prepared by **Moses G Matondo** (M&E Officer)

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