

Cassa Bannana Community Health Committee

ACTION PLAN AND PROGRESS MARKERS

(July - December 2014)

In July 2014, the Cassa Banana Community Health Committee, with support from the Training and Research Support Centre (TARSC), Zimbabwe Association of Doctors for Human Rights (ZADHR) and Zimbabwe National Association of People Living with HIV (ZNNP+), met in Harare for two days to develop a comprehensive community action plan and a set of progress markers to take them forward to December 2014. This Community Health Committee (CHC) meeting followed from 3 larger community meetings¹ held in Cassa Banana (February – June 2014) in which community representatives identified priority health problems in Cassa Banana as diarrhoea, intestinal parasites and HIV, the environmental causes underlying these problems, and challenges faced in working with the relevant duty bearers in the provision of services. Community members elected a Community Health Committee to address these issues.

The action planning meeting identified the following objectives to be implemented by the Cassa Banana Health Committee from July – December 2014:

1. To improve the water and sanitation situation in Cassa Banana
2. To strengthen HIV prevention and support services in Cassa Banana
3. To build alliances with local government and others to improve health and health related services in Cassa Banana

Based on these objectives, the meeting identified strategies, actions and progress markers for each of the above.

Acronyms used in the tables below:

CHC	Cassa Banana Community Health Committee
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
MoHCC	Ministry of Health and Child Care
PLWHIV	People Living with HIV
PMTCT	Prevention of Mother to Child Transmission
SRH	Sexual and Reproductive Health
TARSC	Training and Research Support Centre
VHW	Village Health Worker
VC	Village Committee
VMMC	Voluntary Medical Male Circumcision
ZADHR	Zimbabwe Association of Doctors for Human Rights
ZNNP+	Zimbabwe National Network of People Living with HIV
ZRDC	Zvimba Rural District Council

¹ Community meeting reports and a detailed outline of the Action Planning Meeting are available upon request. They can also be sourced through www.equinetafrica.org and www.copasah.net

1.0 Strategies

Objective 1: Improving the Water and Sanitation Situation in Cassa Banana

1. To ensure safe and clean drinking water in our community

- Replace old water pipes.
- Sink a borehole.
- Awareness campaigns.
- Treatment tablets.

2. To improve sanitation and hygiene

- Construct Blair toilets.
- Dig dumping pits.
- Clean toilets / showers
- Conduct clean up campaigns.
- De-worming exercise.
- Have septic tanks emptied regularly

Objective 2: Strengthening HIV Prevention and Support

1. To educate the community on key drivers of HIV

2. To improve ARV adherence for PLWHIV:

- To improve access to VCT
- To ensure ARVs are easily available
- To educate people on the importance of adherence.
- To engage key stakeholders such as churches, traditional leaders etc in supporting VCT and ARV adherence.

3. To increase access to MTCT and VMMC

Objective 3: Building alliances with local government and others to improve health and health related services in Cassa Banana

1. To engage with local authorities to clarify roles and responsibilities

- inform authorities about actions in Cassa Banana including formation of the new CHC
- seek clarification about which duty bearer is responsible for health and the underlying determinants (water, sanitation) in Cassa Banana
- develop joint actions with local authorities to resolve problems

2. To engage other stakeholders in supporting the activities at Cassa Banana

eg headman, local farmers, private sector.

2.0 Action Plans (to December 2014)

Community meeting to brief and get input from community members on the Community Action Plan					
Action needed	Steps involved	Action by	By when	Expected results	Resources needed
1. Community meeting: <ul style="list-style-type: none"> ✓ To formally introduce the CHC to the community; ✓ To deepen the community's understanding of the root causes of our ill health, esp in relation to unsafe water and sanitation; ✓ To review, discuss and plan for implementation of the community action plan 	<ul style="list-style-type: none"> • Mobilise for meeting • Plan programme • Hold meeting with draft agenda as follows: <ul style="list-style-type: none"> ✓ introduce CHC and Village Committee ✓ community discussions on health problems related to water and sanitation ✓ reporting on action plan meeting: review and discussion of 3 objectives and action plan ✓ plans for implementation (in 3 groups) • Refine action plans based on outcomes of meeting 	CHC VHW	9 th August 2014 9am – 11.30am	Community informed, given input to and organised around plans for implementation of the action plans developed by the CHC	Facilitators (CHC with support from ZADHR, ZNNP+ and TARSC); Stationary Refreshments

Objective 1: Improving the Water and Sanitation Situation in Cassa Banana

Strategy 1: To ensure safe and clean drinking water in our community					
Action needed	Steps involved	Action by	By when	Expected results	Resources needed
1. To conduct awareness campaigns	<ul style="list-style-type: none"> • community meeting (above) to identify health problems related to unsafe water and to mobilise for action • follow up awareness campaigns • deworming exercise undertaken with support from ZADHR 	CHC VHW	Community meeting 9 th August; Deworming undertaken in August and November	Increased knowledge and organisation of community members on link between unsafe water, sanitation, HIV and people's health; Improved health due to deworming exercise	ZADHR doctors to undertake a health review, provide medicines and assist with deworming exercise
2. To repair and eventually permanently fix or replace old water pipes.	<ul style="list-style-type: none"> • identify community volunteers to repair burst water pipes when needed • approach HCC to get them to replace old water pipes with new ones 	CHC VHW	Repairing: as needed Replacing: end Dec	Minimised water loss from broken pipes; water not being contaminated	PVC solvent cement and piping for repairs; New water pipes

3. To acquire water treatment tablets.	<ul style="list-style-type: none"> • approach UNICEF to get a steady supply of water treatment tablets for household use (ZADHR to follow up at UNICEF Urban WASH Coordinating Committee Meeting) 	CHC VHC ZADHR	Meeting with UNICEF by 15 th August	Households drinking purified water	Water tablets
4. To sink a borehole.	<ul style="list-style-type: none"> • Approach UNICEF to request them to sink a borehole (ZADHR as above) 	CHC	December 2014	Alternative access to clean water	UNICEF supply materials

Strategy 2: To improve sanitation and hygiene

Action needed	Steps involved	Action by	By when	Expected results	Resources needed
1. Clean up campaigns	<ul style="list-style-type: none"> • first community meeting (above) to identify health problems related to unsafe disposal of waste and to mobilise for action • clean ups every month (volunteers) 	CHC	monthly	Community increasingly taking responsibility for disposal of litter; campaigns used for further awareness raising	Rubbish bags (HCC, other sources?) Bins situated around the community (Donated by sponsors?)
2. Digging of dumping pits	<ul style="list-style-type: none"> • identify where to dig pits (get technical advice from WASH), find community volunteers to dig dumping pits; access needed resources 	CHC	New pits dug as needed	Households dump their waste in rubbish bins and dumping pits; no litter	Shovels and Picks Wheelbarrows (provided by community)
3. Cleaning of public toilets	<ul style="list-style-type: none"> • identify community volunteers to support the HCC employee • monitoring actions 	CHC	Toilets cleaned every day	No litter in the area around public toilets	Regular supply of detergents, brooms, gloves, etc (HCC and/or community contributions)
4. Emptying of Septic Tanks	<ul style="list-style-type: none"> • approach HCC to empty the septic tanks 	CHC	To be done twice between now and Dec	Positive response from HCC; septic tanks do not overflow	airtime
5. To construct Blair Toilets	<ul style="list-style-type: none"> • invite technical advisors from Harare (ZADHR to organise) to discuss how and where to build Blair toilets and whether need local authority permission • organise community participation in building 	CHC ZADHR	Technical advisors visit by August 2014 Blair toilets build by early 2015	Increased community participation and self help; support from relevant authorities; toilets ready to be built	Community participation in making bricks and building toilets Cement and other materials donated or provided by HCC/ZRDC

Notes for Objective 1:

- ✓ Actions undertaken by the CHC include the involvement of the VHW as an active member of the CHC
- ✓ CHC to explore which is easier to achieve – HCC repairing the water pipes OR sinking a borehole. Strategy to prioritise the one most achievable.

Objective 2: Strengthening HIV Prevention and Support

Strategy 1: To provide the community with information on and the key drivers of HIV and AIDS

Action needed	Steps involved	Action by	By when	Expected results	Resources needed
1. Set up discussion groups based on age (15 – 24 years, + 25 years) and gender	<ul style="list-style-type: none"> Train 12 CHC facilitators/peer educators in Cassa Banana to be able to lead group discussions Set up the groups (some already functioning) Train youth facilitators in use of Auntie Stella (TARSC) Organise and monitor meetings 	ZNNP+ CHC/ VHW Peer Educators TARSC	Train facilitators (date to be confirmed) AS training in Sept Group discussions: 1/month per group	12 trained facilitators; 200 people attend discussion groups and become more informed about HIV and its drivers; Improved access and skills on how to use condoms; Improved understanding of link between living +vely and safe water and sanitation	Stationary; Auntie Stella Kits (TARSC) for youth groups; Condoms ; IEC Material (ZNNP+); Refreshments
2. Door to Door Campaigns	<ul style="list-style-type: none"> Train campaigners Undertake door to door campaign 	ZNNP+ Peer Educators; HIV Support Group; CHC /VHW	Train as above by end July 2 door to door campaigns before Dec 2014 NOTE: Progress markers say Campaigns every month?	200 households visited (50 households per month)	IEC Material – ZNNP+

Strategy 2: To Improve ARV adherence

Action needed	Steps involved	Action by	By when	Expected results	Resources needed
1. Advocate for a mobile clinic to visit Cassa Banana	<ul style="list-style-type: none"> CHC and ZNNP+ to meet to strategise on way forward and to identify which duty bearers to approach Approach duty bearers (councillor, MP, MoHCC) Approach other stakeholders (UNICEF, MSF, churches, other) 	CHC / VHW ZNNP+	???	Mobile Clinic visits Cassa Banana (how often?) providing ARVs and other health-related support	Transport to Harare to meet duty bearers; air time

2. To educate on the importance of adherence to ARV and VCT.	<ul style="list-style-type: none"> • ??? • Treatment Buddies / treatment care givers. 	ZNNP+	???	100 PLWHIV able to access their medication; Number. ?? PLWHIV with treatment buddies	IEC Material
3. To engage key stakeholders to support adherence (and other health issues)	<ul style="list-style-type: none"> • approach churches, traditional leadership, traditional healer; engage in discussions with them on importance of adherence (also VCT, PMTCT, etc) 	CHC/ZNNP ZADHR	???	Major stakeholders informed and willing to be advocates	Transport

Strategy 3: Prevention of Mother to Child Transmission (PMTCT) and Voluntary Medical Male Circumcision (VMMC)

Action needed	Steps involved	Action by	By when	Expected results	Resources needed
To educate the community about the importance of PMTCT	<ul style="list-style-type: none"> • ??? 	ZNNP+ HIV Support Group VHW MoHCC	On-going	150 people 50 pregnant mothers enrolled in PMTCT programme	IEC Material
To educate the community about the importance of VMMC	<ul style="list-style-type: none"> • ??? 	Peer educators ZNNP+ HIV Support Group VHW	On-going	Increased understanding of the importance of VMMC	IEC Material
To mobilise men for VMMC	<ul style="list-style-type: none"> • ??? 	Peer educators ZNNP+ Support Group CHC / VHW	August 2014	30 males circumcised	ZICHIRE and PSI to provide medical services for VMMC

Notes for Objective 2:

- ✓ The Norton rep for ZNNP+ will take a lead in training HIV and AIDS peer counsellors and facilitators, in providing all IEC materials and monitoring progress
- ✓ Actions undertaken by the CHC include the involvement of the VHW as an active member of the CHC

Objective 3: Building alliances with local government and others to improve health and health related services in Cassa Banana

Strategy 1: To identify and engage with relevant local authorities responsible for health-related issues in CB

Action needed	Steps involved	Action by	By when	Expected results	Resources needed
To clarify which local authority is responsible for health in Cassa Banana	<ul style="list-style-type: none"> Organise meetings separately with ZRDC and HCC (John Kandwe) to introduce CHC; to request clarification on roles and responsibilities AND/OR Invite reps from ZRDC/HCC to attend targeted activities eg clean up campaigns, community meetings Provide regular report backs (reports, meetings) to the local authority on progress in CB 	CHC VHW Support from TARSC (to organise meeting with Kandwe) and ZADHR	End September	Identified link person/people in councils; strengthened relationships between CHC and local authority; Clarity on roles and responsibilities	Transport and Communication
To engage the responsible local authority/authorities in addressing needs for improved health, and specifically access to clean water and sanitation in Cassa Banana	<ul style="list-style-type: none"> Plan and strategise with local authority on: <ul style="list-style-type: none"> ✓ fixing water pipes ✓ provision of materials for cleaning toilets ✓ support in providing materials for building Blair toilets ✓ refuse collection ✓ mobile clinic visits 	CHC VHW	As per specific objectives	As per specific objectives	As per specific objectives

Strategy 2: To engage other stakeholders in supporting the work of the CHC

Action needed	Steps involved	Action by	By when	Expected results	Resources needed
To engage and share information with local leadership (headman, etc), surrounding and other private companies and the nearby private clinic	<ul style="list-style-type: none"> Organise a stakeholder meeting to introduce CHC and activities and to identify ways in which they can support CB activities. Follow up on plans Eg rubbish bins (Delta/Coca Cola?) 	CHC VHW	End September	Improved relations, information sharing and support from key stakeholders	Transport and Communication

3.0 Progress Markers

PROBLEM 1: Poor water and sanitation				
DATE:	Not Done	Started	On going	Done
EXPECT To See Progress Markers				
1	New dumping pits dug every two months.			
2	Clean Up campaigns (1 per month).			
3	Community doing short term repairs on water pipes.			
4	Public toilets cleaned every day.			
5	Detergents supplied every month			
6	De-worming exercise done twice before December (ZADHR)			
LIKE To See Progress Markers				
1	Septic tanks drained at least twice before December			
2	Refuse collection done every week			
3	HCC fixes or replaces water pipes			
4	A borehole sunk			
5	Received technical advice on building a Blair Toilet			
LOVE To See Progress Markers				
1	Blair Toilets constructed			
2	Clean, safe and sufficient amounts of water readily available			

PROBLEM 2: HIV prevention and support				
a. Lack of knowledge on HIV/AIDS basic information and key drivers				
DATE:	Not Done	Started	On going	Done
EXPECT To See Progress Markers				
1	12 x CHC facilitators trained on HIV and key drivers			
2	Group discussions held once a month			
3	500 IEC Materials distributed every month. (PMTCT, VCT, VMMC, Adherence to ART)			
4	50 households reached per month through door to door campaigns.			
LIKE To See Progress Markers				
1	Group discussions held twice a month.			
2	Youth facilitators trained in use of Auntie Stella with youth			
3	1000 copies of IEC material distributed every month.			
LOVE To See Progress Markers				
1	Information Centre established in Cassa Banana.			
2	One Youth Friendly Corner established in Cassa Banana.			

PROBLEM 2: HIV prevention and support				
b. Lack of adherence to ARVs				
DATE:	Not Done	Started	On going	Done
EXPECT To See Progress Markers				
1	100 PLWHIV on ART able to access their medication.			
2	CHC have their first strategic meeting for a mobile clinic			
3	One training of Treatment Buddies / primary care givers			
LIKE To See Progress Markers				
1	Mobile clinic visits Cassa Banana at least once a month			
2	120 people on ART able to access their medication			
3	Formation of 5 support groups			
4	Sensitisation meeting with church and traditional leaders			
LOVE To See Progress Markers				
1	Clinic in Cassa Banana servicing all health needs, including HIV-related health concerns			
2	Every person on ART with easy access to ARVs			

PROBLEM 2: HIV prevention and support				
c. Lack of information on PMTCT and VMMC				
DATE:	Not Done	Started	On going	Done
EXPECT To See Progress Markers				
1	200 people reached in both PMTCT and VMMC.			
2	50 pregnant mothers enrolled on PMTCT programme.			
3	Formation of support groups for lactating pregnant mothers			
4	One community group discussion on PMTCT and VMMC.			
LIKE To See Progress Markers				
1	100 pregnant mothers enrolled on PMTCT.			
2	30 males circumcised.			
LOVE To See Progress Markers				
1	Children born free from HIV			
2	PMTCT services at Cassa Banana Clinic.			

PROBLEM 3: Building alliances with local government and other stakeholders				
DATE:	Not Done	Started	On going	Done
EXPECT To See Progress Markers				
1	Meetings with HCC and ZRDC successfully held			
2	Stakeholder meeting successfully held			
3	Community meetings (or sub group meetings) held once every month to report and get input on activities.			
4	CHC meets at least once every month, and more often if necessary, to report and plan.			
LIKE To See Progress Markers				
1	Clarity on which local authority is responsible for health and health-related issues in Cassa Banana (HCC and/or ZRDC)			
2	Clear understanding of roles and responsibilities of local authorities/duty bearers			
3	Increased interaction between ZRDC, HCC and the community			
4	Local authority provides support to community activities			
5	Stakeholders provide financial and other resources in support of community activities			
LOVE To See Progress Markers				
1	Action plan developed with responsible local authority on ways forward in addressing health-related issues			
2	Clinic in Cassa Banana servicing all health needs			

Cite as: Cassa Banana CHC (2014) Action Plan and Progress Markers July – December 2014. Cassa Banana Community Health Committee with support from TARSC, ZADHR and ZNNP+. TARSC, Harare.

Acknowledgements: The Cassa Banana CHC would like to express thanks to Barbara Kaim and Mevice Makandwa (TARSC) and Tatenda Chiware (ZADHR) for technical input and facilitation of the meeting that resulted in the development of the Cassa Banana Action Plan. Special thanks also go to EQUINET and COPASAH for providing the overall guidance to this programme and to Open Society Foundations and OSISA for their financial support.