Regional Meeting of Southern and Eastern Africa Alliance of Parliamentary Committees on Health (SEAPACOH)

Civil Society Experiences working with the Parliaments: The case of Zimbabwe

September 27 -29, 2011, Kampala Uganda

Presented By:
Itai Rusike:
Executive Director
Community Working Group on Health (CWGH) Zimbabwe





About the Community Working Group on Health (CWGH)

• Was born in early 1998, to lead and give visibility to community processes in health in Zimbabwe. Over the years, the CWGH has positioned itself as a voice in the health sector and built community power, organising involvement of communities in health actions within their communities and around Primary Health Care. It is a network of 35 national membership based organisations that aim to enhance community participation on health in Zimbabwe and currently operates in 27 districts across the country.



SADC Parliamentary Reforms

- In 2000, SADC Parliaments including the Parliament of Zimbabwe introduced parliamentary reforms that allow for public and civil society engagement
- Before parliamentary reforms, relationships between civil society, parliament and state were often marked by suspicion and misunderstanding
- The parliamentary Committee Meetings were held in camera and there was no consultation in the legislative and budgetary processes



SADC Parliamentary Reforms Cont'

- The Reforms have ushered in a new chapter. Paving the way for much more responsive parliaments as they strive to make and amend laws, supervise government expenditure, represent the people and debate issues
- CWGH signed an MOU with the Parliament of Zimbabwe
- Technical partner of the Parliamentary Portfolio Committee on Health
- Supports the committee with its annual plan



The Budget

- CWGH position paper on the health budget.
 Community views and input
- The Abuja Declaration
- Organise joint post and pre budget meetings with the committee
- Budget Tracking and Monitoring



Field Visits

- Participate in the committee field visits
- Takes parliament to the people by also organise field visits for the committee



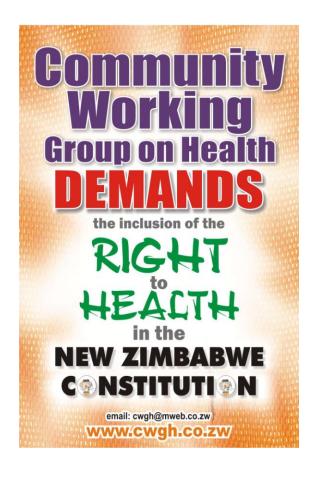


Public Hearings/Consultative meetings

- Have an open invitation to attend all the committee meetings
- Organise community groups to attend the committee out reach meetings



Policy Briefs



The New Zimbabwe Constitution

The Right to Health Campaign

Review of the Public Health Act



Trends in Health Status

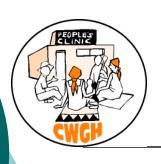
- The Zimbabwean health system has been in decline over the past decade
- The result has been a systematic decrease in the coverage of most basic services
- As a result, the country is off track towards attaining most of its health targets including MDGs
- Maternal mortality levels are at an unacceptably high level of 725 deaths per 100, 000 births (Zimbabwe Maternal and Perinatal Mortality Study, 2007)



Trends in Health Status Cont'

 Child health status indicators are worsening with infant mortality and under five mortality rising from 53 and 77 per 1000 live births in 1994, to 60 and 86 per 1000 births respectively in 2009 (MIMS)





Key Health Challenges

- Inadequate funds allocated for service delivery
- Poor access to health care, especially by vulnerable groups
- Dilapidated infrastructure as well as obsolete and non-functional equipment
- Frequent stockouts of essential supplies and medicines
- Poor quality of care in both public and private sectors



Key Health Challenges Cont'

- Low salaries for health staff in the public sector and lack of incentives to work in remote areas resulting in high vacancy levels
- Low water and sanitation coverage's
- Poor community participation and involvement in health issues



The Maputo Plan of Action

- Revitalization of Maternity Waiting Homes
- Adolescent Sexual Reproductive Health (ASRH)
 Strategy 2010-2015 launched in December 2010
- National Maternal and Perinatal Mortality study conducted in 2007-2008 and results disseminated in 2009
- Launch of the Campaign on Accelerated Reduction of Maternal Mortality in Africa (CARMA) 2010