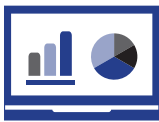
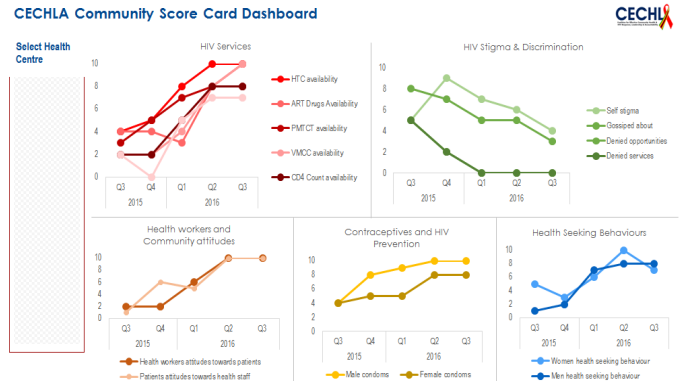


HOW DATA IS STRENGTHENING COMMUNITY HEALTH SYSTEMS IN ZIMBABWE

In Zimbabwe, district health executive (DHE) teams are using community scorecard data to understand major health challenges facing local communities and taking action to reduce barriers to care.

Each quarter, seven community-based organizations use a community scorecard to assess community health issues at 17 clinics in Zimbabwe. These organizations are part of the Coalition for Effective Community Health & HIV Response, Leadership, and Accountability (CECHLA), a PEPFAR grantee supported by the Advancing Partners & Communities Local Capacity Initiative (APC/LCI).



“WHEN PEOPLE LOOK AT THE TRENDS, THEY START TO ASK QUESTIONS.”

– CECHLA M&E Officer

LCI was established by the U.S. Government in 2013 to strengthen sustainability of national HIV and AIDS responses through increased advocacy capacity of local civil society organizations (CSOs). LCI directly funds and supports CSOs that advocate for key and vulnerable populations. APC works with country LCI teams to assess and strengthen organizational development and advocacy capacity of grantees through technical assistance.

The data provides a detailed snapshot of issues including supply, demand for services, quality of care, and stigma

and discrimination. Local health system and community leaders review the data, and develop plans to overcome problem areas.

Trends in select indicators are presented in a simple Excel dashboard, designed and built by the CECHLA M&E officer with support from APC.

The dashboard allows DHEs and the CECHLA organizational partners to view data from any of the clinics.

Having the data dashboard made the major issues and challenges at given clinics visual and reinforced the urgency of local advocacy on specific health issues.

After seeing the scorecard dashboard and how useful the data is for overcoming challenges, the DHEs have asked CECHLA to expand its interventions to additional clinics within the districts.

DHE team	Advocacy issue raised on scorecard	Response
Marondera Rural DHE 3 clinics	Shortages of STI and infant ART drugs	The DHE immediately phoned the respective nurse in charge of each clinic to request the drugs. The district pharmacist taught each nurse in charge how to order the drugs on time.
Chegutu Rural DHE 1 clinic	Community/artisanal miners claimed shortage of STI drugs	The DHE responded by highlighting that the drugs were not in short supply; The problem was non-adherent patients who later needed second-line STI drugs that were not available at the local clinic. The DHE and the CECHLA team conducted drug and treatment literacy interventions in areas served by this clinic.
Makonde DHE 3 clinics and 1 hospital	One clinic was not receiving results-based financing monies	Because it did not receive the funds, the clinic struggled to procure drugs in a timely manner. After the issues were presented to DHEs and RBF agents, the clinic received its first RBF disbursement.
SEKE DHE 1 clinic	User fees unaffordable Shortage of STI drugs	DHE promised to improve the supply of drugs and reduce user fees when patients are prescribed drugs and the clinic is stocked out.
Hopley Clinic	Negative attitudes of staff toward sex workers	The nurse in charge at the local clinic and the HCC met and relationships between sex workers and health staff have improved.

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