TARSC
ANNUAL REPORT

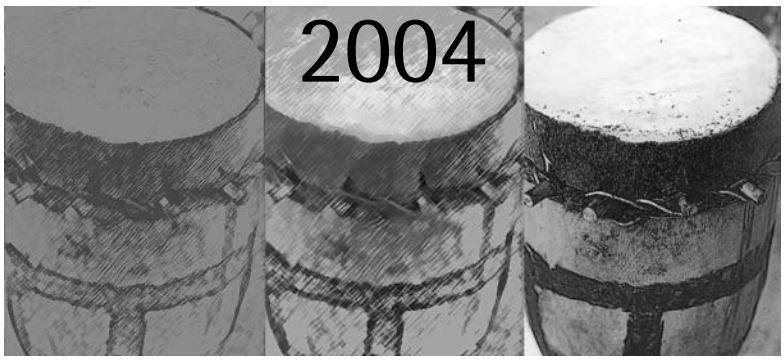
2004

Training and Research Support Centre

TRAINING AND RESEARCH SUPPORT CENTRE

(TARSC)

ANNUAL REPORT



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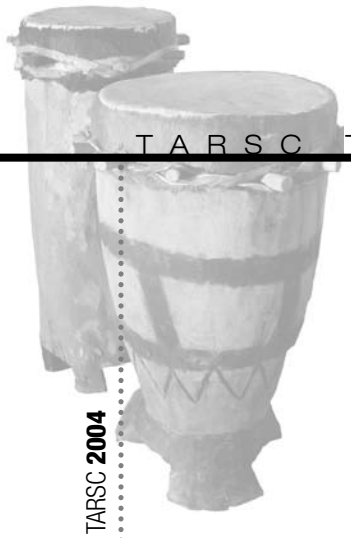

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1.
TARSC MISSION AND SERVICES

Training and Research Support Centre (TARSC) Zimbabwe is a non profit company registered in 1994 in terms of Sub-Section 4 of Section 13 of Statutory Instrument 178 of 1984 by the Minister of Justice, Legal and Parliamentary Affairs in terms of Section 26 of the Companies Act (Chapter 24;03). The full objectives of the company may be examined at the office of the Registrar of Companies, Electra House, Samora Machel Avenue, Harare.

The principal objective of TARSC is to provide training, research and support services to develop social and organisational capacities within state and civil society organisations to interact on areas of social policy and social development.

In 2004 TARSC has now a ten year history of work in this area, implemented through

- Research, particularly analytic and participatory research
- Capacity building and mentoring in research methods, particularly participatory action research and community based research methods, to inform social and economic policy debates
- Compilation, analysis and review of information on social and economic development
- Training, skills development and mentoring of organisations working in areas of social and economic development
- Technical advisory services and support to networking and engagement between civil society, private sector and state on specific areas of social and economic policy.

TARSC is a small organisation that works with other organisations and areas of expertise to fulfil its goals.

Over its first ten years of operation TARSC has provided technical support, mentoring, cadreship building and organizational development to a range of membership based civil society organizations, to organizations in the state, in local government and in parliament, particularly on areas of health and social development. It has provided direct research and information and capacity support and documentation to civil society, state and professional institutions, in Zimbabwe in the SADC region and in the UN system. The work has been built through partnerships with organizations in civil society, with parliament and with public sector and academic institutions. To support research and capacity building work TARSC has developed a range of training materials and electronic data bases of publications on areas of social and economic development and made these publicly available through the internet.

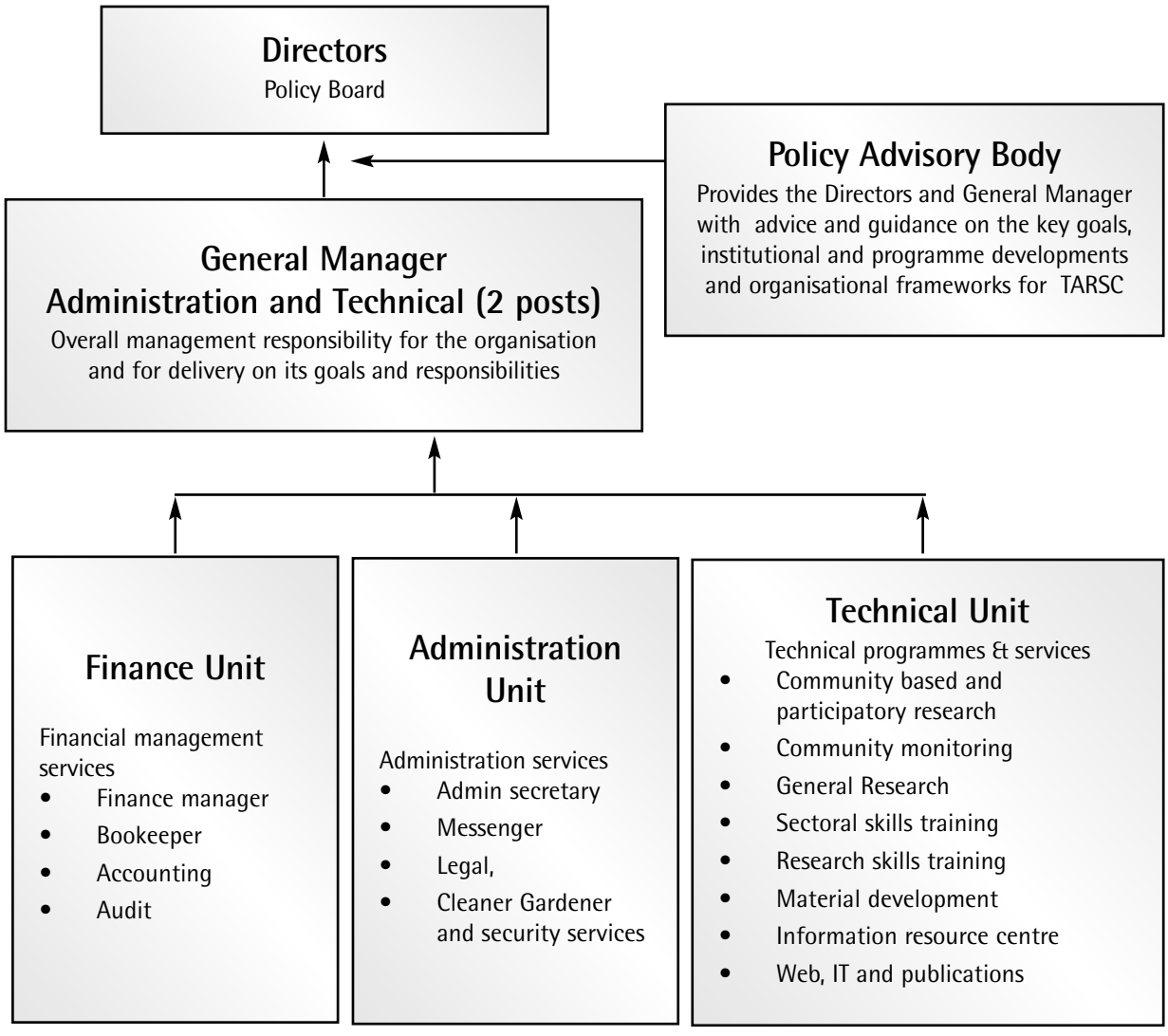
The organization has responded to demand in its research and training work and over the past decade covered areas of

- Occupational health and safety
- Health and working environments in insecure employment: in the informal economy, in women workers, in farmworkers and in export processing zones
- Globalisation and occupational and public health
- HIV and AIDS in employment
- Health sector responses to HIV and AIDS
- Company and union responses to HIV and AIDS
- Mechanisms for strengthening community participation in health
- Local government health systems and financing
- Civil society roles in health, education and social development
- Health budget analysis
- Various dimensions of Equity in health and health systems
- Equity in health sector resource allocation
- Prevention and management of child sexual abuse
- Child heath and nutrition
- Reproductive and adolescent health
- Methods for sentinel surveillance and community monitoring
- Prevention and management of Sexual harassment in employment

- Affordable accommodation and low income housing
- Food security and nutrition

This work is documented in a range of research reports, training materials and other documents, with about 700 documents produced directly by TARSC and available in hardcopy at the TARSC library. The resource centre at TARSC also has over 5500 publications to support the technical advisory services and research and training programmes. Work was commenced in 2004 and is underway in 2005 to make relevant TARSC publications and a variety of other materials, and particularly the training, skills building and research resources, publicly available through the internet. The revision of the TARSC website (at www.tarsc.org), initiated in late 2004 and to be completed in early 2005, aims to use the site as a resource for the skills, knowledge and research needs that TARSC has capacities and experience in.

TARSC is a learning and knowledge organization, with a particular focus on skills building and methods to support community based work, and with a commitment to long term national capacity building in the public sector and in civil society. Through reflection and consultation with various partners the recommendation was made that the centre now deepen its capacity support, knowledge building and research work in the coming period, particularly in the public interest and community focused organizations that TARSC has had a longstanding relationship with. The institution has organized its programmes, resources and capacities in 2004 to strengthen the institutional focus on these core areas with an organisational structure as shown below.



In 2004 the organisation involved the following personnel:

- Directors: Dr Rene Loewenson and Dr Nikki Jazdowska
- General manager (Administration): Zvikomborero Mlambo
- Project managers and researchers: Barbara Kaim, Rosemary Tindwa, Thomas Chikumbirike, Godfrey Musuka, Elizabeth Shoko
- Library, information and secretarial: Mevice Makandwa
- Bookkeeper: Jacob Chakupwaza
- Office clerk/ messenger: Francis Chakupwaza

Any activity in the organization is an outcome of the combined inputs of the technical, administration and finance departments. The administration unit provides a conducive workplace, functional communications systems, supplies, copying, printing and other inputs. There is a spirit of togetherness and mutual respect among the personnel in all departments for the role they each play.

In 2004 TARSC formally co-operated with a range of institutions in its various areas of work, including representation on the Board of the Community Working Group on Health (CWGH). The range of areas of institutional co-operation are noted in the reports in the following section. In its service provision TARSC has an association with Dr Firoze Manji, Fahamu for its website and electronic media work, and with Regis Makwarimba, Designmark and Ian Pugh, Blue Apple Design for its printed materials. TARSC works with a network of University, CSO and civic researchers. The centre contracts accounting and legal services, an auditor, computer, printing and selected secretarial services. TARSC accounting uses ACCPAC, an internationally recognised accounting package and finances are governed by a finance procedures manual reviewed annually. The TARSC (Zimbabwe) financial year is July 1-June 30 and audit statements have been prepared for the financial year ending June 30 2004, audited by Ziumbe and Co. TARSC reports have been submitted to the Registrar of Companies at the end of each financial year.

TARSC aims to deepen the capacities of people who work in the organisation through formal training and through in-service mentoring. In 2004 TARSC personnel pursued formal training in personnel management, business administration and accounting and skills workshops in a range of technical areas. All TARSC staff are computer and email literate.

A policy advisory committee has been established comprising I Rusike CWGH, M Mushayabasa Zimbabwe Congress of Trade Unions, G Kanyenze Labour LEDRIZ, Y Tandon SEATINI, G Woelk UZ Medical School, W Chikuvanyanga Civic Alliance for Social and Economic Progress. The advisory body provides guidance on emerging challenges and areas where TARSC capacities and skills can be effectively directed. The advisory committee met three times in 2004 to review and advise on the focus of future programmes and work. The proposed focus included building research capacities linked to community based research activities, capacity building in participatory research methods and in community monitoring, deeper skills training in areas of health and social policy, and in areas of organisational development, continued research and documentation in key areas of health equity, HIV and AIDS, food security and fair financing in health and strengthening the information and resource support to these activities, including in the TARSC website.

This section has outlined our institutional development. The next section outlines our major areas of work in 2004, within the areas of:

- Research activities and resources
- Capacity Building activities and resources
- Information resources

We recognise the massive challenges to economic and social justice that still need to be faced in Zimbabwe. In TARSC we seek to support the knowledge, analysis and capacity within communities and in the public sector to respond to these challenges at all levels, towards building a just and equitable society.

2. OUR WORK IN 2004

This report briefly outlines some of the key areas of TARSC work over its ten year history, with particular emphasis on activities in 2004. More detailed reports of the work are available from TARSC and training and research resources are available from the TARSC website (www.tarsc.org)

2.1: Research activities and resources

The work we do is organised within three main areas:

- Participatory and community based research
- Community monitoring and sentinel surveillance
- General research

Our research programmes have involved technical inputs in TARSC from Thomas Chikumbirike, Barbara Kaim, Rene Loewenson, Godfrey Musuka, Elizabeth Shoko and Rose Tindwa. Consultant inputs have been provided by Shepherd Shamu, Memory Zulu, Itai Rusike, Sunungurai Chingarande, Tafirenyikwa Makandwa, R Pointer. We have worked and co-operated in these programmes with a range of institutions and personnel from those institutions, noted in the reports.

2.1.1 Participatory and community based research

Since its inception in 1994, participatory action research has been the cornerstone of much of the work undertaken by TARSC. Drawing on our experiences and skills in the use of participatory methodologies, we have worked with numerous community based organizations and social groups to incorporate their knowledge and abilities in the development of programmes and training materials in specific areas. Our work on the prevention and management of child sexual abuse with community organizations and government drew information from community level on thls issue that formed the basis for a longer term legal, education and social programmes on the prevention and management of child sexual abuse, now under the leadership of government and of the Child and Law Foundation.

In the 1990s TARSC carried out a range of participatory research initiatives with the Zimbabwe Congress of Trade Unions (ZCTU), the Organisation of African Trade Union Unity (OATUU) and the Southern African Trade Union Co-ordinating Council (SATUCC), TARSC trained and worked with health and safety shopstewards to carry out participatory research assessments of workplace hazards in a range of sectors and to compare the findings with traditional occupational hygiene measurements. These assessments were used to identify priorities for safe work interventions by the unions. TARSC has also carried out a participatory research programme with the ZCTU to identify HIV and AIDS information needs of shopfloor workers as the basis for the development of shopsteward's training materials and for negotiations to introduce HIV and AIDS interventions at workplaces.

TARSC has used participatory and community based research methods to explore a range of **health related issues**, including community perceptions of health priorities in 1998 (launching the Community Working Group on Health); assessments of local government and community roles and health, with Ministry of Health, Ministry of Local government, local government associations and the Community Working Group on Health, to strengthen council- community links in community health programmes; in 2003 and 2004 assessments of the performance of health centre committees, with Community Working Group on Health, to propose areas for strengthening such mechanisms for community participation in health and in 2004 with Community Working Group on Health, assessments of the costs of a 'health basket' ie a minimum basket of basic needs inputs to health, and of the impact of inflation on the consumption of health needs by low income rural and urban households.

Box 1: Participatory, community based research on health centre committees with CWGH

In February 2003, with support from EQUINET, TARSC and CWGH sought to analyse and better understand the relationship between health centre committees in Zimbabwe as a mechanism for participation in health and specific health system outcomes. The research was proposed as a result of national policies promoting decentralization of health services, and active efforts by CWGH to strengthen representation of community interests in health planning and management at health centre level and to promote provision of and access to primary health care services and community health knowledge and health seeking behaviour.

A Case-Control study design was used, with four case sites with health centre committees and control sites selected in the same districts where there are no health center committees with sufficient distance between catchment areas to avoid spillover of results. A community survey was carried out with 1006 respondents carried out, and participatory methods used to identify concerns of communities and perceptions of the performance of HCCs in the different areas. Key informant interview and health information system analysis was also implemented. The study showed that public sector clinics are the primary source of health care for communities in Zimbabwe, but are not well resourced in terms of basic supplies and staffing. Health Centre Committees appeared from the study findings to be associated with improved health resources at clinic level and improved performance of the primary health care services.. Communities in areas with HCCs had a better knowledge of the organization of their health services from the indicators assessed, making services more transparent to them. There was also evidence of improved links between communities and health workers in these areas.

The study suggested an association between HCCs and improved health outcomes, even in the highly under-resourced situation of poor communities and poorly resourced clinics. This positive contribution of HCCs to health outcomes was discussed with the communities, with the local government and health services in the areas studied and with the Ministry of Health to explore ways of strengthening community - health service relations at primary care level. The findings from Zimbabwe are also being shared with similar initiatives in the SADC region to identify and support follow up work.

Source: Loewenson R, Rusike I, Zulu M (2004)

Quarterly monitoring on health and education implemented through the **Community Monitoring Programme** was implemented in March 2004. Data was collected from all provinces and the report widely circulated, including to the relevant Zimbabwe parliamentary portfolio committees. The findings were presented and discussed at the CWGH National meeting in early July 2004 involving district and national representatives. The issues raised by the findings led to lively debate on how to respond to the issues, particularly of rising medical costs, of The findings were commended and a decision was reached at this meeting that

- A CWGH 'health basket' be set up with items relevant to health (eg soap, safe water, food, health care etc) and districts survey the prices of this basket for negotiation on budget issues
- Districts be trained to carry out basic research on costs of drugs and medical care and how people are responding to these costs

With support from Oxfam Canada and IOM, TARSC provided training to district level representatives of the CWGH in research and analysis skills in August 2004 with 11 CWGH districts. The stage 1 training covered research and survey methods and was held in Harare from 28 to 29 August 2004. The training was used to identify the research questions to be addressed in the research on the health basket. The field work was carried out in September/ October 2004 and a second stage training on analysis and reporting was held from 28 to 29 November 2004 in Bulawayo. The reports from the research will be finalized in early 2005 for presentation to the communities and relevant authorities.

Box 2: Community based research on the cost of the 'health basket' with CWGH and the Community Monitoring Project

At the CWGH National meeting held on July 2 2004 the reports from districts provided evidence of severe shortfalls in people's goals of adequate food, water and sanitation, shelter and transport. The March 2004 Quarterly Community Monitoring Programme report further verified this position. Families are reported to have stopped using basic commodities like toothpaste and soap because they have become unaffordable to rural and urban households, food production and household costs have risen sharply, health care services are rising in cost. It was resolved at the CWGH eleventh national meeting that the CWGH co-operate with the CMP and TARSC to outline and measure the costs of a 'health basket' similar to the CCZ food basket, to make visible the costs of maintaining health for different Zimbabwean households. This would be accompanied by assessment of the 'drivers' of the rising costs of medical care.

The research aimed to identify the composition of the health basket, (Eg: shelter, food and safe water, clothing, proper sanitation, safety and security and health care), identify the changing costs of medical care for different care providers and communities to assess the main elements that are driving up the cost of medical care, and build skills in research and survey methods and work, in managing data and in reporting and using findings amongst district level CWGH members, and use the reports to take up issues around these costs as CWGH in discussions with MPs, councilors, health authorities and officials at district and national level.

Eleven districts requested to be a part of this programme: Insiza, Chipinge, Victoria Falls, Hwange, Gweru, Chitungwiza, Arcturus, Plumtree, Kwekwe, Chinhoyi and Bulawayo, ie a mix of rural and urban districts. The costs of the items identified in the health basket were collected for each indicator from households in the district and prices from outlets and institutions serving that community. A simple random sample of 30 households per district was used to collect household information with 270 households covered. The majority of household respondents (69%) were in the 21-45 year age group, married (56%) and female (57%). Over two thirds (68%) had high school level education or higher, 45% were employed and 46% semi-skilled, skilled or professional. The health basket covered food, hygiene, medical care, preventive health commodities, shelter, water and transport. The total cost of the 35 items in the health basket ranged from Z$620 000 in Insiza to Z$1 150 010 in Goromonzi. (at the time US$1 = Z$6200). Items that 30% or more households reported that they had stopped purchasing in the past month included bath soap, toilet rolls, toothpaste, condoms, fresh milk, eggs, chicken, margarine and peanut butter. Stopping these purchases could lead to dental problems, diarrhoeal diseases, sexually transmitted infections, and undermine nutrition, especially of small children who need high energy foods. In the households with unskilled occupational status, nearly double the number of households reported that they had stopped purchasing these items than in the households with skilled employees. In households with unemployed heads 62% reported stopping these purchases, compared to 46% in employed households. The researchers discussed the findings and agreed to repeat the research across more districts and periodically to assess changes in these health costs over time.

Source: CWGH, TARSC and CMP (2004)

TARSC has also carried out **participatory research on adolescent health**. In 2002, in cooperation with four community-based organizations in the Matabeleland area, TARSC identified 24 youth peer educators who were trained in participatory research and then sent back into their communities to undertake research on the reproductive health needs of their peers. This research, and subsequent actions, are documented in the monograph *'Let us fly: How youth from four Zimbabwean communities mobilized to research and design their own reproductive health programmes'* (TARSC/ARHeP monograph 2/2003)

Box 3: Participatory research on adolescent health

The TARSC Adolescent Reproductive Programme (ARHeP) aimed to strengthen the capabilities of young people at community, district and national level, to define and take control of their own reproductive health, increase their participation in civil society, enlarge their access to opportunities, and provide them with supportive environments in order to achieve these goals. In 1996, a literature review was implemented by TARSC on reproductive health rights in Zimbabwe (Loewenson, Edwards and Ndolvu-Hove 1996) and following this in 1997 research was carried out among secondary school youth that sought to identify their reproductive health information, perceptions and concerns and the ways of providing information and technical support to this age group. Participatory research approaches were used with selected groups of youth in and out of school, in collaboration with the Ministries of Education, Sports and Culture and Health and Child Welfare. This led to the development of a classroom based activity pack called '*Auntie Stella: teenagers talk about sex, life and relationships'* which has been distributed within Zimbabwe and the southern African region as well as internationally and is available on the TARSC website.

With support from SAIH, TARSC undertook an appraisal of youth reproductive health and HIV and AIDS programmes in Zimbabwe in 2001-2002, in four communities in Matabeleland (Bulawayo, Hwange, Umzingwane and Insiza districts). The appraisal reviewed youth participation in decisions and actions related to their reproductive health and how they are supported by civil society organizations and health services. The research found that despite the number of youth service organizations in Zimbabwe, youth remained disempowered and isolated from each other. Follow up Participatory Action Research by youth in the same four communities in Matabeleland in 2002 identifed adolescent reproductive health problems facing youth in these communities. The research findings were discussed by youth teams through community based organizations and action plans developed by these organizations and teams to address the identified problems. This has led to a programme of capacity support and training of the organizations working with youth that is further described elsewhere in this report.

Source: Kaim (2001); Nemarundwe (2002); Umzingwane AIDS Network (2002) Young Peoples Development Coalition (2002); Insiza Godlwayo AIDS Council (2002); TARSC (2003); Tindwa R, Kaim B, Rusike I, TARSC, CWGH, ZYPDC (2004).

These and other experiences within TARSC have consolidated our understanding of the necessary link between community involvement in research and the uptake of research findings in the design and implementation of community programmes. We have built a range of methods that aim to integrate the systematic inclusion of community knowledge in our research work. In particular, we have aimed to promote skills within the organisations that we work with in state and civil society in research methods that give voice in the process of knowledge production to community groups. We have also raised the profile of such methods in scientific forums and publications, such as in the International Commission for Occupational Health, World Health Organisation and International Epidemiology Association (see for example *Loewenson, Laurell and Hogstedt 1999; Loewenson (2004) International Journal of Epidemiology; Kaim B, Ndlovu R 1999*).

While we understand that not all areas of knowledge generation lend themselves to such methods, it is our intention in our future work in the next ten years to deepen our development and application of participatory and community based research methods, and through practical research activities directed at priority issues identified by communities, to widen their application within the scientific community and within community groups. In 2005 we will continue to work with partners nationally and regionally to build skills for and implement community based and participatory research activities. We plan in 2005 to work with Ifakara Tanzania and CHESSORE Zambia (both health research institutions) to further develop training materials, hold skills workshops on participatory methods and provide mentoring support to such research at regional level under the umbrella of the southern African Regional Network on Equity in Health (EQUINET).

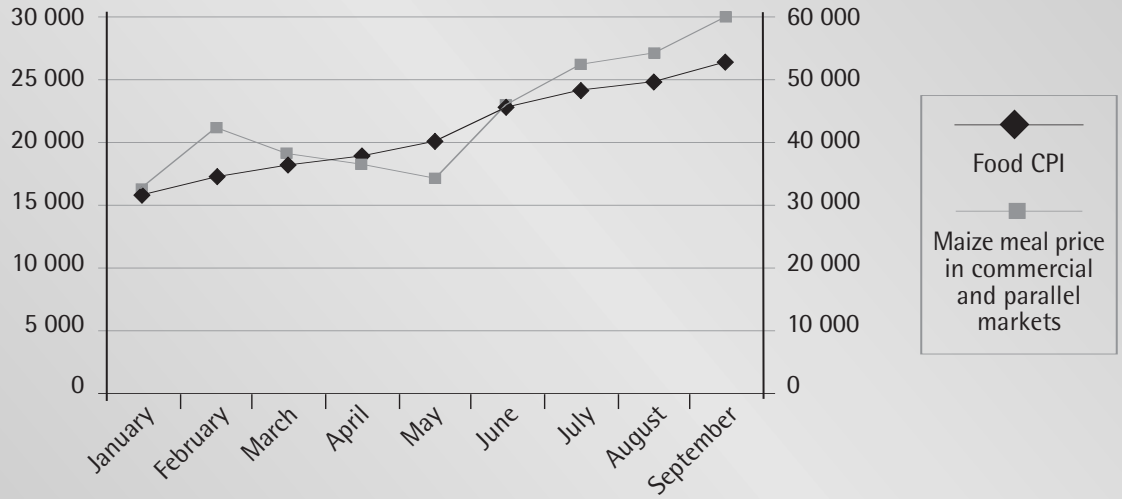
2.1.2 Community monitoring and sentinel surveillance

TARSC has worked on sentinel surveillance activities in the past through involvement of its technical personnel in the sentinel surveillance programmes implemented in the 1990s on the Structural Adjustment Programme in co-operation with Government of Zimbabwe and UNICEF. In 2002, TARSC was commissioned by civil society organisations in the National NGO Food Security Network (Fosenet) to build a system of community monitoring of food security. This system was initiated in July 2002 through the civil society organisations in the network and collected and processed information monthly of an agreed set of indicators within district level relating to food security. In July 2003, drawing from the understanding that community wellbeing, including food security, was affected by and impacted on a wider range of social and economic conditions, the civil society groups widened the monitoring to cover a wider range of areas of social and economic progress at community level. The civil society organisations commissioned TARSC to implement a Community Monitoring Programme with guidance from a steering committee of civil society organisations working in social and economic sectors. These organisations include the Civic Alliance for Social and Economic Progress (CASEP), Community Working Group on Health (CWGH), Fosenet, Zimbabwe United Residents Association (ZURA), Women's Action Group (WAG) and Zimbabwe Peace Project (ZPP). This programme is based on the understanding that efforts by state and civil society to improve conditions at community level demand an evidence base.

The **Community Monitoring Programme** compiles information from about 160 sentinel sites monthly on key areas of social and economic progress. The areas to be monitored are identified by monitors, by participating organizations, by feedback from national institutions and from other technical and survey programmes. The monitoring system is subjected to scientific and peer review in various technical platforms and has been presented for feedback at the International society for equity in health and the International meeting on Epidemiology in Occupational health. Such presentation aims to develop the scientific role of community monitoring as a means to bringing community voice into formal science. The system has many features of other participatory approaches that organise the experience of ordinary people for quantitative analysis, such as the participatory action research models described earlier in this report.

The CMP has made persistent effort to ensure data quality improvements through peer review of the findings; monitor review of the findings; feedback from field personnel; and through training and follow up of monitors. To enhance data quality four rounds of monitors training were held. These training sessions aimed to increase the number of monitors per district, to fill in vacant sites and strengthen participation of the new organisations in the monitoring activities. The training workshops were held in all provinces and two hundred and two monitors were trained in total. In the

Box 4: Maize meal prices January 04 - September 04 from CMP community and Central Statistical office data



Source: CMP reports January - September 2004, CSO Consumer Price Index 2004

final two training workshops specific attention was paid to including members of womens civil society organizations to strengthen gender equity in the monitors and in the information collected.

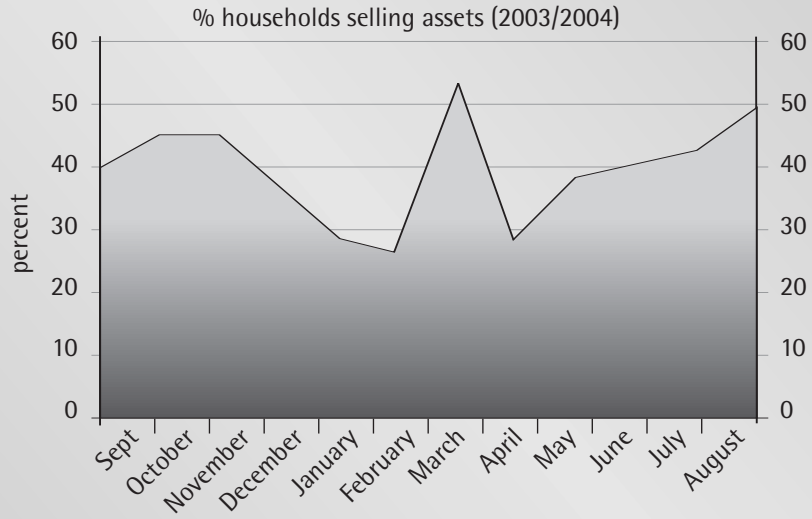
Over the past year, with support from Oxfam Canada, the CMP has run ten monthly monitoring rounds and produced reports for each month. The reports provide a rapid assessment of changes at community level. As a form of *sentinel site surveillanc*e they provide an indication of the relative distribution of social and economic conditions between different areas and of changes over time, such as the maize meal price indicators shown in Box 4. They do not provide data on absolute levels of indicators, such as food produced, which would need to be drawn from quantitative household surveys sampled in a manner to provide this sort of evidence. It is important for the credibility of the CMP that it has not attempted to use its evidence beyond the specific possibilities that the methodology permits.

The monthly reports are made available to the participating civil society organisations and monitors, to the relevant national parliamentary committees and the summary is placed in the national financial weekly. The reports are mailed to recipients who request to be on the mailing list, currently at 400 primary users. They are also used by related development initiatives such as Zimvac, Southern African Regional Poverty Network, UN and Fewsnet.

In 2004 quarterly monitoring was introduced and this will now be the major form of monitoring in 2005. Key areas of social and economic conditions are identified by the participating civil society organizations to guide the quarterly monitoring. The first round of quarterly monitoring on health and education was implemented in March 2004. The second quarterly monitoring implemented in June 2004 was on economic and employment issues. The third was implemented in September 2004 and was on household and sectoral production. This last round focused on rural and informal sectors, to better understand the constraints to farm and non farm production in these sectors, and to inform interventions aimed at supporting productive capacities.

The report of the health and education monitoring was circulated and the findings presented and discussed at the CWGH National meeting in early July 2004 involving district and national representatives. The issues raised by the findings led to lively debate on how to respond to the issues, particularly of rising health and medical costs, and the decision taken at that meeting to develop a 'health basket' of items relevant to health (eg soap, safe water, food, health care etc) for districts to survey the prices of this basket for CWGH follow up within local and national budget debates. This follow up programme has been the basis of community based research presented in Box 2 and the research training activities reported later.

Box 5: Share of Households selling assets, September 03 to Aug 04



Source: CMP reports September 03 to August 04

2.1.3 Other research

While the major focus of research has been community based and participatory research, TARSC has also implemented and reported on a number of other **formal research** activities in 2004, adding to a research portfolio in occupational health, public health, HIV and AIDS, health equity, social security, food security and nutrition, gender equity, child and adolescent health and social development, reproductive health and various areas of social and economic progress.

In 2004 with the civil society organisations in the CMP, TARSC has implemented

- A time trend analysis of the food security indicators monitored by the CMP since July 2002 to date, relating these trends to other sources of evidence (Zimvac, FEWSNET, UN WFP, UNICEF etc) as a basis for policy analysis on the data.
- An assessment from available literature of the impact of recent movement and migration on food security and livelihoods (CMP/ TARSC 2004).
- Protocol development for a community assessment of orphan households to provide clearer evidence on how orphan households are coping with social and economic needs, particularly given the impact of HIV and AIDS and what forms of support they need and are getting.

In 2005 further deeper assessments of areas of social and economic vulnerability will be implemented based on demand for these.

We have been implementing research **on public participation in health systems** for many years. The programme has to date explored the factors affecting public participation in health systems at national and local government level, working with Ministry of Health and local government health departments and local government associations. It has provided evidence to inform the Community Working Group on Health CWGH) activities on community participation in health and training of health centre committees to strengthen for community- health service interaction.

Research initiated in 2003 on the impact of participation in health centre committees on resource mobilisation, integration of community preferences in health planning and primary health care outcomes was concluded and reported on in 2004 at community and national level, to integrate the views of the communities and key informants from local, district and national level on the findings and the barriers and potentials to the functioning of health centre committees. The CWGH with support from TARSC is using the work to discuss with parliament, local government and health authorities ways of formalising the role of the health centre committees.

The **Network for Equity in Health in Southern Africa (EQUINET)** is dedicated to influencing both national and regional policies of the countries of the Southern Africa Development Community (SADC) to ensure equity in health. It does so by networking professionals, civil society and policy makers to promote policies for equity in health, undertaking research, initiating conferences, workshops, and discussions through the internet, and providing inputs at the SADC forums. Equinet was initiated in 1997 after the Kasane Meeting on Equity in Health in southern Africa by a network of southern African Institutions. EQUINET is a consortium of a much larger number of institutions and its work programme extends well beyond TARSC activities. TARSC provides secretariat and technical support to the network. Further information on the network and its participating institutions and supporting partners in specific areas of work can be found at www.equinetafrica.org.

EQUINET has implemented research in areas where evidence is needed to support equitable public policy and where debate exists on paths to improving health equity. To date this has led to work in a number of theme areas co-ordinated by lead institutions in the region, including in macroeconomic policy, trade agreements and health, fair financing and equitable resource allocation, equitable and ethical policy on human resources for health, health systems approaches to treatment access, and participation in health systems. TARSC expertise has been used to guide and support research on equity in health systems responses to HIV and AIDS, on human resources for health, trade and health and on participation in health systems.

TARSC has provided technical support to co-operating centres in southern Africa to produce country and regional papers on equity in health sector responses to AIDS, and to develop principles for strengthening health systems approaches to treatment access and for monitoring and sharing good practice in this area. This work has been reported at SADC and WHO meetings, inputs on health systems issues made to the Pan African Treatment Access Movement (PATAM), to the Southern African Trade Union Co-ordinating council (SATUCC), SAfAIDS, Parliamentary Committees on health, and partnerships built with PATAM, Oxfam GB and other organizations working on HIV and AIDS. As the

secretariat of EQUINET, TARSC has presented research findings in these areas at international, regional and national meetings, and has been involved in technical support to WHO AFRO and Headquarters, SADC, and to various national and regional consultative meetings.

EQUINET has built links beyond research and academic and public sector state institutions with various key constituencies in health including SADC, parliamentary committees on health, health civil society and trade unions. TARSC has provided technical and institutional support for these linkages for the programmes of skills building, research and information skills, peer review and publication of work on equity in health. The EQUINET website at www.equinetafrica.org, designed by Fahamu, is maintained by TARSC, together with the database of publications and an annotated bibliography on equity in health for the network. TARSC role as secretariat has also been to organise and facilitate the EQUINET steering committee meeting in Dar es Salaam in February 2004, to support the steering committee to host the EQUINET regional conference in Durban South Africa in June 2004, to contribute planning support to the June 2004 Conference of the International Society for Equity in Health, and to assist in the planning and facilitation of national country meetings on health equity held in Tanzania and Malawi.

Through its training work, TARSC has also provided support to capacity building programmes in equity in health, particularly to student research and to training for writing for peer review journals. This is outlined in later sections on training. The research projects completed under this programme of student research include work on access to continued professional education among health workers in Malawi; the living situations of orphans in periurban Malawi, content analysis of debates on health in parliament in Malawi and evaluation of the hemoglobin colour scale in anaemia screening in Schistosomiasis [S.haematobium] infected school children at community level in rural Zimbabwe.

Box 5: Extract from the Resolutions of the EQUINET Regional Conference, June 2004

We affirm that we stand for:

- Equity and social justice in health;
- Public interests over commercial interests in health;
- International and global relations that promote equity, social justice, people's health and public interests;
- Increased unconditional resource flows from the North and fairer terms of trade;
- Reduction and where possible restitution of flows of resources, including human resources from South to North;
- Equitable health systems that provide healthcare for all and redistribute and direct resources towards those with greatest needs;
- Rising investments in the state and public sector in health;
- Health (care) systems which promote collective, population oriented strategies for health and comprehensive primary health care;
- Trade and agricultural policies that ensure food sovereignty and household food security through land redistribution and investment in small holder farming in ways that promote gender equity and sustainable food production;
- At least 15% of government budgets invested in the public health sector, as committed in Abuja, together with debt cancellation;
- Progressive tax-based funding of health systems;
- Fair financing for health, in which the rich contribute a greater share of their income to health than the poor, with strengthened cross subsidies for solidarity and risk pooling.

EQUINET 2004. Full resolutions at www.equinetafrica.org

2.1.4 Research materials produced in 2004

- Community Monitoring Programme (2004) Community assessment of food security and the social situation in Zimbabwe, February 2004.
- Community Monitoring Programme (2004) Community assessment of food security and the social situation in Zimbabwe, March 2004
- Community Monitoring Programme (2004) Community assessment of food security and the social situation in Zimbabwe, April 2004
- Community Monitoring Programme (2004) Community assessment of food security and the social situation in Zimbabwe, May (2004)
- Community Monitoring Programme (2004) Quarterly Assessment of the Socio-economic Situation in Zimbabwe : Health and Education , March 2004
- Community Monitoring Programme (2004) Community assessment of food security and the social situation in Zimbabwe, June/July(2004).
- Community Monitoring Programme (2004) Community assessment of food security and the social situation in Zimbabwe, August(2004)
- Community Monitoring Programme (2004) Community assessment of food security and the social situation in Zimbabwe, September2004)
- Community Monitoring Programme (2004) Community assessment of food security and the social situation in Zimbabwe, October (2004)
- Community Monitoring Programme (2004) Quarterly Assessment of the Socio-economic Situation in Zimbabwe: Income and Employment , July 2004
- Community Monitoring Programme / TARSC (2004) The Social impact of recent Migration in Zimbabwe a Literature review produced with support from IOM, Mimeo, August 2004
- Community Monitoring Programme (2004) Community assessment of food security and the social situation in Zimbabwe, December 2003/ January 2004
- EQUINET, TARSC (2004) Principles, Issues And Options For Strengthening Health Systems For Treatment Access And Equitable Responses To HIV And AIDS In Southern Africa, EQUINET Discussion paper 15, Hunyani Printers Bulawayo,
- EQUINET, TARSC and Oxfam GB (2004) Strengthening health systems for treatment access and equitable responses to HIV and AIDS in Southern Africa, Meeting report, Harare, February 16-17 2004.
- EQUINET steering committee (2004) Reclaiming the state: advancing peoples health, challenging injustice. Paper presented at the Third Southern African Conference on Equity in Health Durban, South Africa, 8-9 June.
- EQUINET, TARSC (2004) Strengthening health systems to expand treatment access. Produced for SAFAIDS Toolkit, September 2004
- EQUINET, TARSC (2004) EQUINET Steering Committee Meeting Report, Equinet, TARSC, Dar Es Salaam Tanzania February 23-25 2004, Mimeo, Harare
- EQUINETA (2004) Country meeting: Health systems approaches to treatment access in Tanzania, EQUINETA, CEHPRAD, TPHA and the Southern African Regional Network on Equity in Health (EQUINET), Report of the Tanzania National Meeting on Equity in Health Sector Responses to AIDS Lutheran Conference Center, Dar-Es-Salaam, 26 March 2004, EQUINETA and TARSC
- Loewenson R, Rusike I, Zulu M (2004) Assessing The Impact Of Health Centre Committees On Health System Performance And Health Resource Allocation, TARSC and CWGH Final Project Report, Produced under the GovERN n Programme Southern African Regional Network on Equity in Health (EQUINET) With support from IDRC Canada, February 2004.
- Loewenson R (2004) Epidemiology in the era of globalization: skills transfer or new skills? International Journal of Epidemiology, Vol.3 No.3 pp1-7, May 6 2004.
- Loewenson R, McCoy D (2004) Access to antiretroviral treatment in Africa New resources and sustainable health systems are needed, BMJ 2004;328:241-2
- MHEN (2004). Country Meeting; Malawi Health Equity Network, Lingdazi Hotel, Lilongwe, 6 October 2004 Mimeo EQUINET/TARSC
- Shamu Shepherd (2004) Current monitoring of anti-retroviral therapy programmes in Southern Africa. Prepared for the Regional Network for Equity in Health in Southern Africa (EQUINET), Mimeo, TARSC, Harare
- TANESA, CEHPRAD and TPHA with EQUINET (2004) Country meeting: Tanzanian Network on Equity in Health TANESA, CEHPRAD and the Tanzania Public Health Association Tanzania National Meeting on Equity in Health Bahari Beach Hotel, Dar es Salaam, 26 February 2004 Mimeo EQUINET/ TARSC
- TARSC, Community Working Group on Health and Community Monitoring Programme (2004) Research results workbook, Health basket research, Mimeo November 2004

2.2: Capacity building activities and resources

Our capacity building activities are reported within three main areas:

- Training and skills building programmes
- Material development

Our capacity building programmes have involved technical inputs in TARSC from Thomas Chikumbirike, Niki Jazdowska, Barbara Kaim, Rene Loewenson, Zvikie Mlambo, Godfrey Musuka, Elizabeth Shoko and Rose Tindwa. Consultant and institutional inputs have been provided by Caroline Mubaira, Itai Rusike, Blessing Kamutonda, Nonjabulo Mahlangu (CWGH), Lois Lunga and a range of institutions in the SADC region and internationally identified within specific programme areas.

2.2.1 Capacity building activities

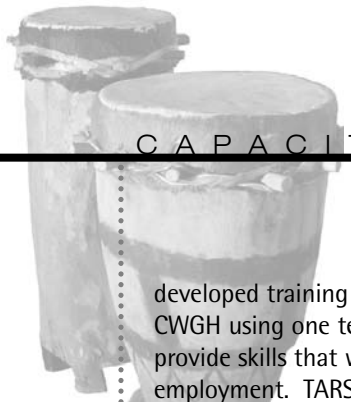
TARSC has since 1999 been involved with **capacity development for young people in adolescent reproductive health**. The early programme support capacity in four organizations working with youth in Matabeleland, viz: Community Working Group on Health (Bulawayo), Community Working Group on Health (Hwange), Insiza Godlwayo AIDS Council (Insiza) and Umzingwane AIDS Network (Umzingwane). Youth in these community based organizations, received training in different fields, including leadership skills, HIV/AIDS & STIs, report writing, participatory action research and participatory monitoring and evaluation. In 2003 TARSC consolidated this programme through a memorandum of co-operation with CWGH to provide capacity support through an umbrella CWGH youth programme that would extend to a wider number of districts and youth organizations and link with wider community health activities. In 2004 TARSC provided technical support to the CWGH youth programme with the aim of strengthening youth participation in reproductive health and wider health programmes in their communities.

The work was based on a CWGH/ TARSC strategic planning meeting held in March 2004 with participants from key youth and community organization representatives, where the vision, mission and goals of the project were outlined, together with the roles and responsibilities of the stakeholders and institutions involved and a five year plan for the programme was mapped. The approach to capacity building has been a mix of mentoring and review of youth activities, more formal training, and

The ZYPDC Team

active learning built into specific youth activities. Hence talk shows, debates, talent shows, group discussions using Auntie Stella, 'Stepping Stones' workshops, sports galas, video shows and peer counseling have been used to impart health information and relevant skills. The programme has also used these activities to build support to CWGH organizational capacities to network youth with other youth groups, with wider CWGH structures and community and health service activities, including Zimbabwe AIDS Network (ZAN) in Bulawayo, Matabeleland AIDS Council (MAC), and the Bulawayo office of the Zimbabwe National Family Planning Council (ZNFPC). Youth in the programme have been given training in key skills for organizational development. About 40 youths in each district have been trained in peer education and counseling on reproductive health issues using participatory methodologies. This has enabled youth to integrate adolescent reproductive health activities into their other activities such as theatre, drama and skills development. The youths were expected to continue with their varied activities and co-operations and apply skills learnt to these activities. A review meeting with stakeholders to assess the training was held in each of the four communities Further a one day national youth meeting was held in late 2004 to share experiences, review progress and strengthen partnerships within the programme.

It is proposed that the training programme be continued in 2005, particularly on primary health care, adolescent reproductive health and HIV and AIDS. Such training includes discussions on health, youth, statutory rape, reproductive health and family planning policies and how these impact on young peoples' everyday lives. Youth will also be provided with continued support in basic peer counseling skills to enable them to counsel their peers in matters relating to HIV/AIDS and RH. As a new innovation on the programme TARSC will in 2005 develop with support from SAIH youth skills training in savings and entrepreneurial skills. The programme will pilot TARSC-



developed training in three communities identified by CWGH using one tested methodology. The training will provide skills that will equip groups with skills for self-employment. TARSC will also support CWGH to carry out an assessment of priority areas for 2006 and beyond.
In 2004, TARSC developed and implemented a two stage research training course that brought together its materials and previous experiences of community research training into one consolidated programme (See Box 6).

The training programme, which was implemented through the CMP, provided training in research methods to district level representatives of civil society in research, analysis and reporting of evidence and presentation and use of evidence. The first round was initiated in August 2004 with 11 CWGH districts working on the health basket, with training provided in August and November 2004 and research implemented in between. A course evaluation completed at the end of each training round is now being reviewed and the materials and course further developed for another round of training in early 2005.

Under the EQUINET umbrella, TARSC and the University of Zimbabwe Medical School have developed a proposal for consolidating training on various areas of equity in health within existing training institutions in the region (university and colleges). It is proposed that an assessment will be done in 2005 of current training capacities in key areas of health equity and a needs assessment be carried out of government, civil society and academic institution priorities for training to focus future work on identified priorities. As part of this capacity building programme, in June 2004 TARSC provided secretariat and technical support to a joint workshop with University of New South Wales on skills building in writing for peer reviewed journals. This workshop was designed to support capabilities for effective dissemination of the significant body of research results coming from EQUINET activities through scientific journals and publications. It built skills for writing in peer reviewed journals and in understanding how the peer review process works. At the workshop facilitated peer review and feedback on a set of equity-focused papers was given to a group of southern African researchers and practitioners, using draft papers submitted by them before the workshop.

In 2004, in response to expressed demand, TARSC established a co-operation with the University of Zimbabwe Medical School to fill a gap in the provision of short course training to certificate level in areas of public health and health systems aimed at strengthening capabilities of field practitioners in public sector and civil society institutions working at district level. Such programmes are not unusual- 'summer school' public health training is offered through a number of institutions including in South Africa, Australia and Europe. The two institutions have developed a programme for piloting such training in 2005, starting with a needs and capacity assessment to identify the needs, capacities and administrative inputs for the medium term implementation of such courses and the priority areas of public health and health systems indicated by needs and capacities.

Box 6: The level one research training programme

In 2004 TARSC implemented a first level research training programme that links skills building with mentoring and support of research in areas identified as priorities by the participants. The training programme is structured in two stages, with the first providing basic skills in research and survey methods, and support to develop research questions, field tools and protocols. The field work is then implemented and a copy of the results sent to TARSC to prepare the materials for the second stage training. In this second round the training course covers analysis and reporting, working with the data generated in the field research.

Stage 1: Research and survey methods (before the research)
Two day training programme covering:

- Research questions and the research process
- Research designs
- Samples and Sampling process
- Forms of data and data collection techniques
- Sources of bias and error

Field work: Mentored research field work

Stage 2: Analysis and reporting (after the research)
Two day training programme covering:

- Simple data analysis
- Pictorial and Graphical data representation
- Presentation of findings
- Assessment and certificate

The participants complete a test at the end of the course and submit written research reports. They are awarded certificates based on their performance on both the test and the reports.

2.2.2 Material development

TARSC has through its programme developed a range of research and training materials, such as the level one research training course, the leadership training materials for organisational development, materials for youth peer counsellor training, and the materials used in the writing skills workshop. This builds on a portfolio of training materials developed since the early 1990s on civic education on health, on occupational health and safety, HIV and AIDS at the workplace and social security. In 2005 TARSC will provide these training materials through its website for wider access and use.

One major focus of TARSC work on material development in 2004 was in the **updating of our adolescent reproductive health pack**, called 'Auntie Stella: Teenagers talk about sex, life and relationships' (Kaim 2004) (See Box 7).

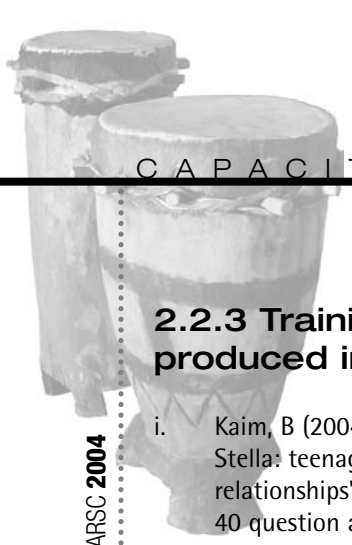
In 2004, we began the process of updating the pack to take into account new developments in the HIV and AIDS discourse and lessons learnt in the use of the pack over the last few years. The new version now includes 40 question and answer cards, covering a range of topics including: Physical and emotional changes in adolescence, relationships and communication with parents, peers and partners, sexual abuse, social and economic pressures to have sex, safer sex including information on STIs, HIV and AIDS. The cards also emphasise the importance of building social networks and working to create a more supportive and youth-friendly social environment through advocacy, collective action and involvement in community and health services.

As was the case with the original pack, the development of the new version of 'Auntie Stella' has involved youth and youth-serving organizations in all stages of production. The questions reflect real life experiences of young people gathered through participatory research with in and out-of-school youth in Zimbabwe. In November 2004, with support from John Snow International and SAIH, a draft of the new version of the 'Auntie Stella' pack was pilot tested through 7 organisations in 10 sites in the region. During pre-testing of drafts, youth have contributed artwork, poems and proverbs which will be incorporated into the final adaptation of the pack. The final copy of the pack will be available for distribution by March 2005. We will in 2005 focus attention on distribution of the material, monitor its use and impact and with support from HIVOS, SAIH and John Snow International (U K) translate the material into Shona, Ndebele and Portuguese.

In 2004 TARSC established a co-operation with CHESSORE Zambia and the Ifakara Health Research and Development Centre programme to strengthen capacities in researchers, health system and civil society personnel working at community level to use **participatory methodologies for research, training and programme support**. The institutions developed an agreed programme of work to review through TARSC participatory methodologies for health research and prepare a tool kit on these and develop through Ifakara a review of participatory methodologies for health training and skills support on community participation in health planning and prepare a tool kit for this. The institutions then plan in 2005 to hold a four day skills workshop on participatory methodologies for health research and training drawing on the two toolkits and resource personnel above, to build skills, exchange experience and obtain critical feedback on the toolkits. On the basis of this feedback the toolkits will be finalised and further training planned.

Box 7: Auntie Stella: Teenagers talk about sex, life and relationships'

'Auntie Stella', first produced in 1997, arose out of participatory action research with school-going youth, drawing on and reflecting their experiences, stories and concerns in relation to their reproductive health. The pack and website use a series of 33 letters, written in the style of a missive to a newspaper agony aunt. Letters are accompanied by a reply from Auntie Stella, questions for small-group discussion and back-up material for teachers and/or facilitators. Both the pack and website have been widely used in Zimbabwe and the southern African region, as well as in countries as far afield as India, Nepal, Ethiopia, Sierra Leone, and through internationally-based organizations (see www.tarsc.org and www.auntiestella.org).



2.2.3 Training materials produced in 2004

i. Kaim, B (2004) Draft of the new version of 'Auntie Stella: teenagers talk about sex, life and relationships' - Facilitators and Adaptation Guide, 40 question and answer cards, in progress

ii. Kunaka I, CWGH (2004) - Report on the review meetings and book keepers training held in Filabusi, Bulawayo and Hwange, April, 2004

iii. Loewenson R (2004) Current regional challenges in HIV and AIDS - Union responses. Presentation for the SATUCC Regional meeting, Botswana, September 2004

iv. Mahlangu, N (2004) - Peer counselors training on reproductive health issues Umzingwane AIDS Network, Umzingwane, September, 2004

v. Mahlangu M, CWGH- TARSC (2004) "Report of the Youth review Meetings" Matabeleland April 2004

vi. Mahlangu, N , YPDC (2004) "Peer counselors training on reproductive health issues, Njube, July 2004

vii. Moyo, M, Gumbo, K (2004) IGAC- CWGH "Peer counselors training on reproductive health issues, Filabusi August, 2004

viii. TARSC: Auntie Stella (2004) Report of the 'Auntie Stella' Technical Review Meeting, Cresta Oasis Hotel, Harare. 2nd November 2004

ix. TARSC: Auntie Stella (2004) Report of the 'Auntie Stella' Technical Review Meeting, JSI (UK) London, UK. 29th June 2004

x. TARSC: Auntie Stella (2004) Report of the 'Auntie Stella' Consultative Meeting, TARSC, Harare. 22nd February 2004

xi. TARSC, and Community Monitoring Programme (2004) Research training workshop report, Harare, August 2004

xii. TARSC, CWGH and Community Monitoring Programme (2004) Research training workshop report, Bulawayo, November 2004

xiii. TARSC (2004) TARSC research training level 1 course materials, November, TARSC Harare

xiv. TARSC, University of New South Wales, EQUINET (2004) Workshop report: Writing for peer reviewed journals, Durban, 4-7 June 2004, Mimeo

xv. Tindwa R, Kaim B, Rusike, I TARSC-CWGH -ZYPDC (2004 - 2009) - report of the 5-Year strategic planning meeting, March 2003

xvi. Tindwa R, Mahlangu N, TARSC-CWGH (2004) "ZYPDC Leaders training in Organizational Development, Bulawayo December 2004

2.3: Information resources

Our information resources have involved technical inputs in TARSC from Mevice Makandwa, Rene Loewenson, Francis Chakupwaza and Barbara Kaim. Consultant inputs have been provided by Fahamu and Rebecca Pointer.

TARSC maintains an information resource centre that is widely used by its co-operating partners and other organisations. The information resource centre provides:

- Publications on major areas of social and economic policy complementary with TARSC activities sorted by category, captured in an electronic data base using ISIS and retrievable as hardcopy publications
- TARSC publications within its major areas of activity, captured in an electronic data base and retrievable as hardcopy and in some cases electronic publications

A website with an information listing of TARSC publications and selected publications downloadable as pdf files (www.tarsc.org).\

The library of publications held by TARSC on key areas of social and economic rights includes publications on:

- Occupational health,
- Public participation in health,
- AIDS and Employment,
- Equity in health,
- Reproductive health
- Zimbabwe health,
- Zimbabwe social and economic policies, and
- Food security and nutrition

Apart from the data bases that are Zimbabwe specific, all others include information from the southern Africa region and other international sources. These data bases are searchable by author, subject area and year and have been used by researchers, academic institutions, civic, state and international organisations and others in work on the areas covered.

TARSC's own publications are organised within the following categories

- Occupational health and safety
- Economic and Employment Issues and HIV/AIDS
- Community and Public health
- Health equity
- Child health and child welfare
- Gender and reproductive health
- Socio-economic policies
- Food Security and Nutrition

The full list is available from TARSC.

TARSC with web design and construction support from Fahamu, has also developed and maintains three databases of publications to support research and training work:

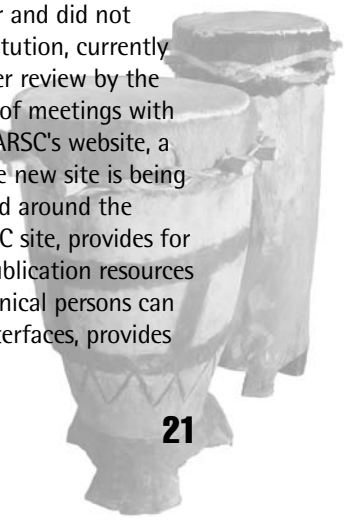
- a web based searchable data base on civil society and health (see www.tarsc.org/WHOCSI/)
- a web based searchable data base of publications by or about civil society in Zimbabwe (was at www.zimciv.org and will be available at www.tarsc.org after March 2005)
- a web based searchable database of publications on equity in health (at www.equinetafrica.org)

In addition to the training materials that are downloadable from the site, TARSC has also developed web based training materials available at its website, including

- 'Working with civil society in health' developed by TARSC and WHO and compiled in web form with Fahamu (at www.tarsc.org)
- Auntie Stella: Teenagers talk about sex, life and relationships' at www.tarsc.org and www.auntiestella.org

Publications produced by TARSC are available for purchase at replacement printing costs (about US$3 / publication). Please direct requests to the TARSC Information Resource Centre to obtain information on prices). Email: tarsc@mweb.co.zw or Ph: 263-4- 705108 / 708835 Fax: 737220. TARSC provides its materials on an exchange basis with other major libraries as well as to the National Archives.

The TARSC website was evaluated in 2004 to support its redesign. The review indicated that the old site suffered from accumulated problems with its architecture; additional material has been 'bolted on' to an outdated framework without proper consideration for the user. The website was out of date, did not easily enable information to be posted; did not profile newest publications, did not make the work and resources of TARSC apparent to the first-time visitor and did not adequately profile the work of the institution, currently reflected across a number of sites. After review by the policy advisory committee and a series of meetings with Fahamu, the technical institution for TARSC's website, a new site was designed and planned. The new site is being developed in early 2005. It is structured around the information needs of users of the TARSC site, provides for rapid updating of new activities and publication resources by TARSC, is designed so that non-technical persons can update content through simple web interfaces, provides



relevant TARSC publications will be available for downloading as pdf files and provides all web databases and materials that TARSC works on at the site.

The information centre resources, library, website and web based databases will be maintained in 2005 and further skills development in TARSC staff implemented so that the institution is better able to provide knowledge based services and skills support in Zimbabwe, regionally and internationally.

In TARSC we seek to support the knowledge, analysis and capacity within communities and in the public sector towards building a just and equitable society.

The principal objective of TARSC is to provide training, research and support services to develop social and organisational capacities within state and civil society organisations to interact on areas of social policy and social development. In 2004 TARSC is ten years old! We now have a ten year history of work in this area, implemented through research, capacity building and mentoring, training and skills development and technical advisory services and support.

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