



## **Enhancing Community-Led Response Systems in Emergencies and Crisis in Zimbabwe**

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NANGO Secretariat  
National Association of Non-Governmental Organisation  
(NANGO)  
2 McGowan Rd, Milton Park, Harare Zimbabwe  
P.O Box CY 250, Causeway, Harare, Zimbabwe  
**Tel:** +263242708761 / 242703599 / 242749973  
**Email:** [info.nangozim@gmail.com](mailto:info.nangozim@gmail.com)  
**Designed:** Chris Katsaura

## Executive Summary

### “Drawing lessons from COVID-19 and exploring ways of enhancing Community Systems Strengthening and Community Led Response during emergencies and crisis”

**H**ealth disasters and emergency response mechanisms employed globally differ due to fundamental differences in established response structures. This is regardless of the nature of emergencies varying from climate, environmental, health, or manmade disasters. Developing countries in the global south such as Zimbabwe lack both human and financial resources to establish equally efficient disaster response infrastructure which is readily available in their developed counterparts. One clear instance where this was quite evident was during the Covid-19 pandemic. Developed countries had the infrastructure to house and attempt to treat people, develop and distribute vaccines, as well as to reach hard-to-reach areas; the same could not be said of developing countries. Like many

other developing countries, Zimbabwe lacked adequate facilities, resources, and systems to address the challenges presented by the pandemic<sup>1,2</sup>. The pandemic however presented an opportunity to identify and utilise systems that capitalise on the resources and facilities available on the ground through community-led response systems. This policy brief will explore the researched role and impact of community-led response systems during emergencies and crises. It will also assess the impact of already existing community-led structures based on evidence from the recently implemented GIZ Backup Health project, and identify the opportunities that are created by strengthening community-led systems in a developing country such as Zimbabwe in particular relation to health systems.

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1 Murewanhema, G.; Dzinamarira, T.; Herrera, H.; Musuka, G. Ensuring accelerated accessibility and affordability of treatment services for COVID-19 patients in Zimbabwe: An urgent call to action. *S. Afr. Med. J.* **2021**, *111*, 13418. [[Google Scholar](#)] [[CrossRef](#)] <https://journals.co.za/doi/full/10.7196/SAMJ.2021.v111i10.16035> accessed 03 February 2023

2 Chingono N "Doctors sue Zimbabwe government over lack of Covid-19 protective equipment" *Guardian* 9April2020 <https://www.theguardian.com/global-development/2020/apr/09/doctors-sue-zimbabwe-government-over-lack-of-covid-19-protective-equipment> accessed 03 February 2023

## Introduction

The purpose of this brief is to foster strengthened emergency response systems in Zimbabwe by challenging the underutilisation of community-led systems based on the lessons learnt from COVID-19 experiences. Community systems are community-led structures and mechanisms through which community members and community-based groups interact, coordinate and deliver their responses to the challenges and needs affecting their communities<sup>3</sup>. Many community systems are small-scale or informal, commonly referred to as Community-Based Organisations (CBOs). The role of community systems is significant and urgent, particularly in underdeveloped countries<sup>4</sup>. Community-led systems provide readily accessible, less costly access to emergency response support, promote ownership and development of locally led solutions, and have a direct impact on the success and sustainability of programmes<sup>5</sup>. This ranges from access to information, to access to goods and services.

The National Association of Non-Governmental Organisations (NANGO) in January 2022 commenced the implementation of a project aimed at **“enhancing the CSOs coordination and capacity for health systems strengthening”** under the BACKUP Health Project with support from GIZ. The BACKUP Health project is an initiative

targeted at providing technical assistance to public and civil society partners in implementing and coordinating funds from international financing mechanisms, with the main focus being on the Global Fund to Fight AIDS, Tuberculosis, and Malaria (GFATM). Its main objective is to increase the capacity of government and Civil Society Organisations (CSOs) to use global financing effectively to strengthen their health systems. Under this project, NANGO identified amongst its members, CBOs who have been engaged as implementing partners using a community-based monitoring approach. A standard framework was developed with standardised tools of data collection which are analysed to identify advocacy priorities on the impact of GF support in Zimbabwe for health systems strengthening. The input from these implementing CBOs informed the contents of this brief alongside other research methodologies especially desk review and secondary data analysis. The key findings and monitoring observations gathered through this project have largely informed and supported the position that the use of community systems and structures is key to elevating the effectiveness of emergency response in developing countries. This is not only important in times of emergencies and crisis, but as a standard tool for resilient and sustainable systems for health. Community-led systems are however underutilised and

<sup>3</sup> The Global Fund Technical Brief: Community Systems Strengthening [https://www.theglobalfund.org/media/4790/core\\_communitysystems\\_technicalbrief\\_en.pdf](https://www.theglobalfund.org/media/4790/core_communitysystems_technicalbrief_en.pdf)

<sup>4</sup> Community based disaster risk reduction approaches in the context of Covid-19 [https://www.undrr.org/event/community-based-disaster-risk-reduction-approaches-context-covid-19-africa#\\_ftn1](https://www.undrr.org/event/community-based-disaster-risk-reduction-approaches-context-covid-19-africa#_ftn1) accessed 03 February 2023

<sup>5</sup> The road to strengthening community resilience in East Africa Advocacy Report May 2013 by the IFRC [https://preparecenter.org/wp-content/sites/default/files/may\\_2013\\_road\\_to\\_strengthening\\_comm\\_resilience\\_in\\_east\\_africa.pdf](https://preparecenter.org/wp-content/sites/default/files/may_2013_road_to_strengthening_comm_resilience_in_east_africa.pdf) page 22

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therefore require strengthening<sup>6</sup>.

Community Systems Strengthening (CSS) is a process of enhancing the roles of key populations, community actors, community organisations, and community networks, in the design, delivery, monitoring, and evaluation of activities aimed at improving service delivery from a community level. Community-led systems involve a broad range of actors, including community health workers, community champions and cadres, paralegals, chiefs and headmen, neighbourhood networks and grassroots-based Civil Society Organisations (CSOs), and even the private sector. Strengthening the capacity and coordination of these various actors enables them to contribute as partners alongside other formal actors to

the long-term sustainability of interventions at the ground level. Under the GIZ Backup Health project, the community systems strengthening initiative aimed to monitor, evaluate and document gaps, impacts, and good practices on community systems strengthening with a strong focus on CSS modules under the GF Funding Cycle 6 in Zimbabwe. CSS initiatives can therefore be specific to a cause or issue. CSS can focus on a specific need of that community-led structure, and this has traditionally ranged from building human capacity to providing financial resources to establish and maintain smaller grassroots organisations, with the overall aim being to enable communities and community actors to play a full and effective role alongside other emergency response systems.

### Purpose and General Intent of the Policy Brief

This policy brief will attempt to address the following:

- Spotlight the significance of community-led systems in emergencies and crises
- To draw lessons from disaster responses in previous crises such as COVID-19 and cyclones
- Proffer key policy, structural and implementation-related recommendations for better preparedness and response mechanisms in the future.

### Methodology

This brief is based on information gathered through three methods.

The first method included the use of information gathered by monitors from CBOs. A total of 70 monitors seconded by the implementing partners have been

engaged and trained on community-based monitoring. These monitors then administered at least eight questionnaires and community scorecards to community members in their districts of

<sup>6</sup> Howard, A., Rawsthorne, M., Sampson, D. & Katrak, M. (2020) Supporting community led approaches to disaster preparedness: learnings from three pilot locations. <https://frrr.org.au/wp-content/uploads/FRRR-DRFR-Report-Summary-FINAL-for-WEB.pdf> pages 7-9

<sup>7</sup> The Global Fund Community Systems Strengthening Technical Brief Allocation Period 2023-25 [https://www.theglobalfund.org/media/4790/core\\_communitysystems\\_technicalbrief\\_en.pdf](https://www.theglobalfund.org/media/4790/core_communitysystems_technicalbrief_en.pdf) page 3

operation each quarter. The questions were intended to assess different aspects of service provision concerning GFATM including assessing the significance of the role of community-led structures and CBOs in service provision and disaster response mechanisms. The monitors also participated in quarterly feedback meetings in each region where they provided feedback regarding their experiences. Information was also gathered from engagement meetings with Health Centre Committees who were engaged each quarter in each region to also supplement and corroborate the feedback from the monitors.

### Why Community-Led Systems? The Rationale.

Community-based organisations, networks, and structures have a unique ability to interact directly with affected communities, react quickly to community needs and issues, and engage with the affected and vulnerable groups<sup>8</sup>. Beyond increased community engagement, community-based response systems allow for meaningful involvement as actors as well as recipients in health care, advocacy, health literacy, health monitoring, and wider responses to other crises and pandemics. They provide platforms to serve communities directly, they provide real-time responses in emergencies, and therefore they have a real opportunity to influence programming and policy environments.

The second method of information gathering was based on lessons learnt from observations over time. These were lessons learnt from the response mechanisms employed both during and after Covid-19, as well as the overall emergency response strategies employed in Zimbabwe regularly.

Finally, this policy brief employed the use of data captured from an extensive desk review of literature on disaster response mechanisms in the country over the years and literature produced and shared by NANGO members.

This direct access to communities and information, if strengthened through proper recognition, coordination, and documentation, can be utilised to influence the distribution of aid and other services such as medication in times of crisis. The Global Fund's new strategy (2023 – 2028) places communities at the centre of the disease response if we are to end AIDS by 2030. Scientific studies by UNAIDS have warned countries not to risk reversing the gains recorded on HIV Response by leaving the communities behind. The UNAIDS fast track targets of 95-95-95 cannot be achieved without community systems strengthening which has proved to make a difference over time.

<sup>8</sup> Howard, A., Rawsthorne, M., Sampson, D. & Katrak, M. (2020) Supporting community led approaches to disaster preparedness: learnings from three pilot locations. <https://frrr.org.au/wp-content/uploads/FRRR-DRFR-Report-Summary-FINAL-for-WEB.pdf> page 8

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Most significantly, strengthened community systems can serve as a transitional plan as civil society looks to adjust from being a donor-reliant sector to being domestically funded. This is key in light of the program essentials now introduced by Global Fund under the New Funding Model (NFM) 4. One of the key program essential shifts in transition is where countries are encouraged to think about the sustainability of interventions beyond the GF support. Currently, Zimbabwe is yet to meet the 15% Abuja Declaration requirement as it relates to health financing through the national budget<sup>9</sup>. Zimbabwe's health sector is traditionally primarily financed by partners, with over 50% of funds in the health sector being reported to have been supported by external partners from 2016 to 2020. In 2021, 58% of health financing was domestic, most likely due to the reduction of health funding to developing countries since the onset of the Covid-19 pandemic<sup>10</sup>. Moreover, the socio-economic state of the country does not allow for a regular citizen to have medical aid. The result is that the majority of people pay out of pocket for their health needs<sup>11</sup>. The strengthening of community-led systems ensures that an accessible and sustainable system of providing health solutions and disaster response mechanisms is in place.

### Drawing Lessons from the Covid-19 Response Mechanisms

Globally, financing partners are shifting towards strengthening community-led disaster response systems to respond to the varying emergencies from cyclones and tropical storms, to pandemics. In Zimbabwe, World Vision in partnership with two other organisations is implementing a €2.7 million project with support from ECHO titled 'Strengthening Community-Led Actions on Education and Disaster Preparedness', also known as SCALE-DP project<sup>12</sup>; and the EU in 2022 allocated €1.5 million to CARE international Zimbabwe to strengthen disaster preparedness structures and systems in Zimbabwe<sup>13</sup>. In the health sector, the new Global Fund strategy for example aims to support community-led structures and responses. The Global Fund supports CSS as an essential part of Resilient and Sustainable Systems for Health and as a vital element of responses to HIV, TB, and malaria<sup>14</sup>. Response to the pandemic required the use of social distancing measures that inhibited the employment of regular response systems.

9 UNICEF 2021 Health Budget Brief <https://www.unicef.org/esa/media/10211/file/UNICEF-Zimbabwe-2021-Health-Budget-Brief.pdf> page 5  
ibid page 10

10 Mthuli's uninspiring Budget allocation towards healthcare slammed <https://healthtimes.co.zw/2022/11/27/mthulis-uninspiring-budget-allocation-towards-healthcare-slammed/> accessed 03 February 2023

World Vision and partners launch project to strengthen community led actions <https://www.wvi.org/stories/zimbabwe/world-vision-and-partners-launch-project-strengthen-community-led-actions> accessed 13 February 2023

11 The EU allocates €1.5 million to CARE international Zimbabwe to strengthen disaster preparedness structures and systems in Zimbabwe <https://reliefweb.int/report/zimbabwe/european-union-allocates-eu15-million-strengthen-disaster-preparedness-structures-and-systems-zimbabwe> accessed 13 February 2023

12 The Global Fund Community Systems Strengthening Technical Brief Allocation Period 2023-25 [https://www.theglobalfund.org/media/4790/core\\_communitysystems\\_technicalbrief\\_en.pdf](https://www.theglobalfund.org/media/4790/core_communitysystems_technicalbrief_en.pdf) pages 3-5

13 The EU allocates €1.5 million to CARE international Zimbabwe to strengthen disaster preparedness structures and systems in Zimbabwe <https://reliefweb.int/report/zimbabwe/european-union-allocates-eu15-million-strengthen-disaster-preparedness-structures-and-systems-zimbabwe> accessed 13 February 2023

14 The Global Fund Community Systems Strengthening Technical Brief Allocation Period 2023-25 [https://www.theglobalfund.org/media/4790/core\\_communitysystems\\_technicalbrief\\_en.pdf](https://www.theglobalfund.org/media/4790/core_communitysystems_technicalbrief_en.pdf) pages 3-5

Lockdowns restricted movements and create environments conducive to violation of human rights, inaccessibility of services, and misinformation. At the height of the Covid-19 pandemic, community structures were best suited to ensure continued

service delivery, particularly within the health sector, for example, to avoid defaulting within the HIV-positive community. The need for strengthened community-led response systems in the sector is therefore evident.

### Lessons Leant Around Community-led Systems During the Pandemic and Based on the Outcome From the BACKUP Health Project



#### Information Dissemination and Effective Communication –

- The Ministry of Health could have leveraged real-time data and information gathering, and published or received accurate community-based data and feedback through community structures. For example, the Ministry published daily statistics of infections and covid related deaths; statistics which however failed to capture home-based deaths or infection rates of those who failed to go to the hospitals for various reasons
- Rumour harvesting, conspiracy theories, and misinformation could have been addressed if there was the adoption of a top-down approach, and linkages between mainstream response structures and trusted community-based actors/CBOs capable of disseminating correct information through locally accessible means
- Community networks could have been utilised to tackle contradictory messages, promote quicker vaccine uptake, and provide feedback on the efficiency of the response mechanisms in place, particularly in hard-to-reach areas.

#### Community Engagement and Involvement in the Response –

- Dialogue with communities about disaster communication and information increases community ownership, engagement, dissemination, and action.
- It also encourages participation in the development, implementation, and oversight of public systems and policies such as those relating to health targeted under the GIZ Backup health project for more efficient and accountable programming.
- When communities are inactive in their participation, those in positions of power may take advantage and corruption ensues. An illustration of this can be found within the Open Budget Survey (OBS) where shortcuts to implementation were adopted because communities were inactive.



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#### **Explore Home Grown Solutions and local remedies strategies –**

- Strengthened community-led systems are a more sustainable disaster response mechanism for developing countries; they are capable of accelerating the shift away from donor funding to domestically supported systems as they primarily utilise human and social capital already in place.
- Communities are better placed to suggest solutions suited to their community's needs and way of life. Oftentimes, responses to emergencies are geographically blind. Through strengthened engagement with community structures such as CBOs and community health workers, instances of drug stock-outs in one area, whilst another faces the threat of extra drugs expiring for example, can be avoided.
- Communities need ongoing support to build and maintain momentum and continue to expand the inclusion of those at the margins. More effective community engagement and stronger partnerships between communities and mainstream actors are essential to building enabling environments to scale up effective responses by community-led structures.

#### **Easy coordination of efforts and frontline responders for decision-making –**

- Coordination and reach of all response systems can be faster and easier with the advent of technology. This has also meant that the spread of fake news and incorrect information is faster and requires diligent management through the coordination of community-based systems.
- Failure to formulate coordinating central mechanisms that inform community-led actions to tackle the pandemic, cyclones, and other emergencies has often resulted in geographically blind responses.

## **Recommendations to Key Actors for the Strengthening of Community-Led Actions**

To strengthen community-led response systems not only in the health sector but as a whole; the following are some of the policy recommendations from the monitors, observations, and literature used to develop this brief:

#### **Recommendations to development partners:**

- Strengthening Community-led response mechanisms requires financial and human resource commitments from both development partners and local government to develop and/or strengthen the community-based structures and organisations already in place. This could range from providing capacity building of community cadres to the

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development and implementation of institutional policies around good governance and accountability to affected populations by CBOs. This investment will ensure access to readily available human resources, social capital, and evidence-based data to inform programming in times of crisis.

- Capacity building of CBOs and other community-based structures should be prioritised. One gap noted under the GIZ project was that some Health Centre Committees were unaware of their roles and responsibilities in ensuring accountability and good governance within local health facilities as they never received orientation; they, therefore, were not executing their role sufficiently as a community-based structure.
- Community-based organisations are rich in experience and close to communities but they often have very limited financial resources, and outdated or no infrastructure. There is a need to invest in tools of the trade such as phones, tablets, and online systems for data collection.

#### **Recommendations to Civil Society Organisations:**

- CSOs to capitalise on technological advancements and develop centralised systems to coordinate timeous, evidence-based community-led actions and responses, and capture community-based data to inform decision-making at government and funding levels.
- CBOs must adopt governance systems that promote accountability, transparency, and international best practices when implementing disaster response strategies. This can be through receiving institutional strengthening on policies that promote greater accountability to affected persons in times of crisis.
- Communities to be encouraged to improve on participation in community-led response mechanisms and to demand greater accountability from the government on the utilisation of resources allocated for disaster responses.

#### **Recommendations to the government:**

- There should be a change in attitude by emergency management agencies, first responders, and the government towards increased reliance and utilisation of community-based actors to capture real-time responses, provide real-time data and provide information and feedback to base disaster response decisions on.
- There should be mechanisms for improved accountability to affected populations within humanitarian standards to foster greater transparency and accountability in times of crisis.
- Monitors under the BACKUP Health project suggested that the government should ensure an enabling environment for the functioning of community-based response systems through properly and sustainably incentivising community structures/actors who complement the efforts of the government such as the Ministry of Social Welfare's

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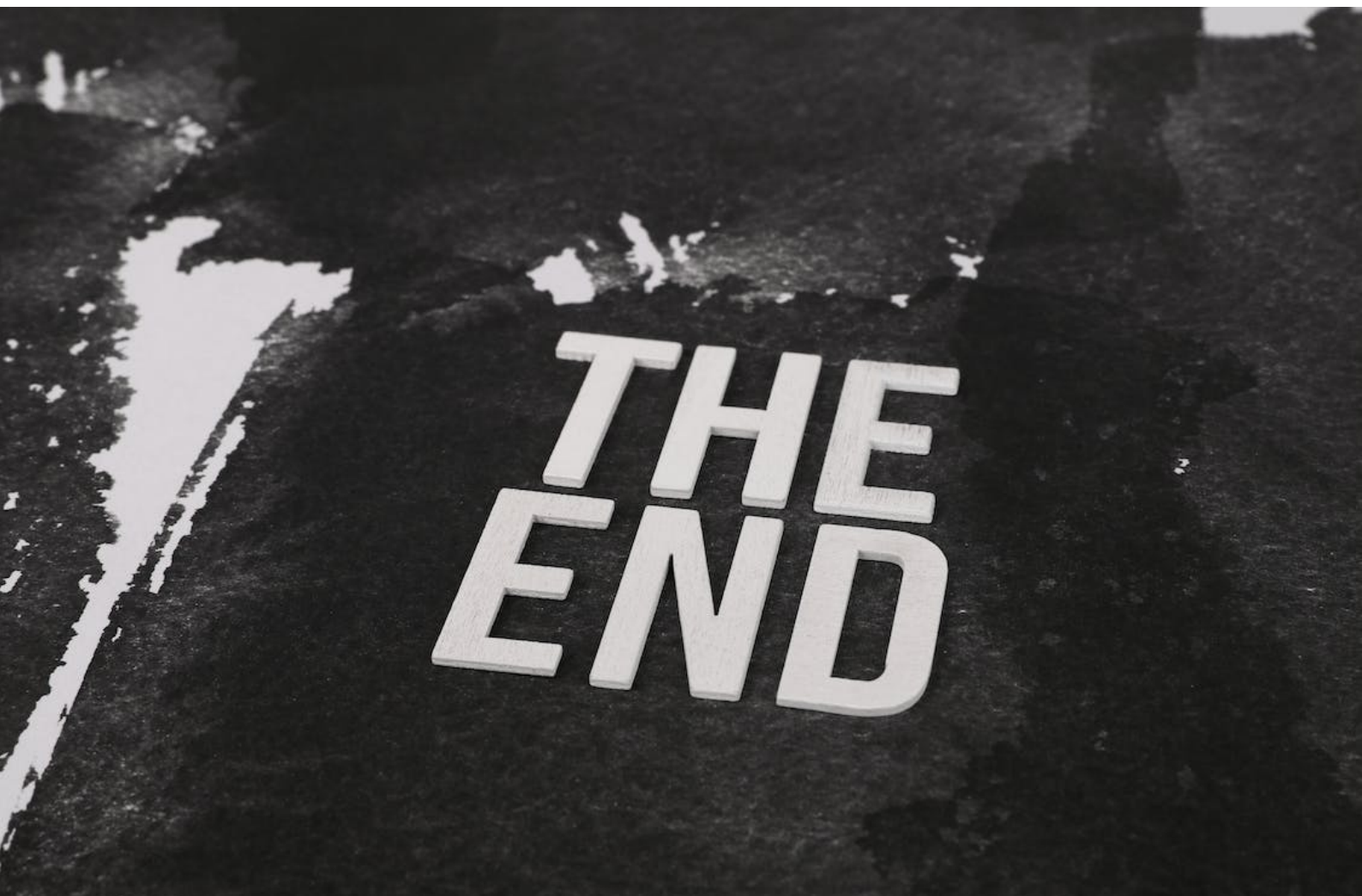
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trained paralegals and community health workers who follow up with defaulting patients, conduct home-based care, and capture and document data during emergencies. This will ensure a steady flow of information, availability of manpower during emergencies, and the maintenance of a motivation to take part in emergency response systems.

## Conclusion

In conclusion, strengthening community-led systems ensures the development of sustainable disaster response systems in developing countries, particularly health response systems. Community systems strengthening will promote the development of informed, capable, and coordinated community-led response systems, engaged CBOs, and community members, and ultimately improve the outcomes and effectiveness of disaster response structures.





NANGO Head Office  
Number 2 McGowan Rd, Milton Park  
Harare, Zimbabwe

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