The Zimbabwe Association of Church-related Hospitals (ZACH)

Registered NGO under the Private Voluntary Act

Registration number: W38/75

Background

ZACH is a medical arm of Christian churches in Zimbabwe with a board of trustees constituted by the heads of Christian denominations and their representatives. It is thus an NGO, not-for-profit member-based organization supporting 126 hospitals and clinics countrywide. Founded in 1974, its mandate is to assist and support member institutions in the provision of quality health care and service delivery especially to the most vulnerable groups residing in the rural areas. ZACH also manages programs funded by bilateral and multilateral organizations. With government and donor support, mission hospitals and clinics are now the major care providers in rural communities. In spite of their considerable achievements, ZACH and its affiliates continue to face enormous challenges in their work. The increasing demand on ZACH to coordinate and implement activities as well as manage large grants, poses a challenge to its governance and management structures, as well as efficient use of funds.

As an Association, ZACH supports the planning and coordination of training programs in medical services of its members. These mission institutions comprise about 25% of the 1,080 national health facilities. The ZACH member institutions contribute nearly 38% of the 18,200 national hospital beds but 68% of the rural hospital bed capacity. Since 70% of Zimbabwe’s population lives in rural areas, these mission health facilities play a key role in rural health service provision. Rural areas are generally not very attractive to professional staff unless special packages are involved; the overall vacancy rate at Mission hospitals as at July 2010 was 35.3%. The vacancy rate for Pharmacy Technicians was 82.5%, X-ray Operators 61.7%, and medical doctors 46.9% recording the highest rates. Out of 1,580 approved posts of registered health professionals, there were 715 vacancies and of these, 556 were general nurses. ZACH has, in the past, worked with Ministry of Health and Child Welfare and the European Commission to increase the number of staff (Primary Care Nurses, Lab technicians, pharmaceutical technicians and health information officers) and to attract staff (especially district medical officers) through additional incentive packages.

The ZACH management board is the executive body of the association and is made up of voting members elected from the Annual General Meeting (AGM) or council. The board provides policy direction to the association. ZACH secretariat is 80% externally funded of which approximately 60% is restricted (available funding used specifically for programs and not to support the administration). The demand for ZACH’s services to manage these programs is not matched by staff support, making it difficult for ZACH to fulfil the expectations of some stakeholders. The remaining 20% funding comes from various sources including government, well wishers and charitable organizations. Of note is that Christian Denominations have own funding (varying according to the ability of the denomination to fund raise) and these are never factored into ZACH budgets as they are channelled more to pastoral services.
The ZACH secretariat is made of an Executive Director, who is responsible for policy direction and guidance of the organisation. The Executive Director also provides the interface between the Management Board and the Secretariat in addition to representing the organisation at various fora including at donor meetings and functions. At the moment the secretariat has a core staff list of 14, who are on medium (three year) term rolling contracts. These fourteen members are dependent on funding support to ZACH that targets the administration and management of the secretariat affairs.

In addition to these, the secretariat has an additional number of staff that always varies with the number of programmes currently running. At the moment these number up to seven and are directly remunerated through the programme budgets and are on short term contracts ranging between six and twelve months.

Most of the health interventions in Zimbabwe have an impact on HIV and AIDS, since a majority of patients are treated for HIV-related illnesses including TB. Whilst the major part of HIV and AIDS programs in Zimbabwe focus on prevention, treatment, care and support, ZACH has in the past had a program that focused specifically on Behaviour Change and Communication.

**ZACH Vision, Mission and Objectives**

**Vision:**

ZACH envisages a health society in which all people in Zimbabwe have access to sustainable, high quality, holistic health care delivery

**Mission:**

Following the teaching of our Lord Jesus Christ, ZACH adopts a holistic approach to health and healing encompassing principles of equity, quality and accessibility. ZACH promotes the highest standard of health among its members for the benefit of all people in Zimbabwe.

**Goal:**

To facilitate the smooth running of all Mission Hospitals targeting the poor, vulnerable and marginalized rural communities and advocate for improved health service delivery.

**Objectives:**

1. Promote and encourage the standards of Christian medical care among its members.
2. Facilitate and coordinate cooperation between member institutions and the Ministry of Health and Child Welfare and other partners
3. Coordinate planning, implementation and evaluation of projects and programs designed to improve health care delivery
4. Assist member institutions in staff training, recruitment, registration and development to improve management capacities in health care delivery.
5. Source for funding and support the needs of the most vulnerable groups in society through targeted programs and projects using community initiatives.
6. Promote and support family Health and gender initiatives
7. Assist member institutions to enhance their management capacity to design and implement strategies to promote the highest standard of health care and services delivery in their communities

8. Keep member institutions abreast and updated on management trends for health delivery through comprehensive development and training, material support and other related resources.

**ZACH Program Focus Areas**

- HIV and Aids
- Comprehensive Development and Training
- Youth Friendly HIV and AIDS Program
- Gender
- Health Delivery
- Rights to Health
- Lobbying and Advocacy
- ART Paediatric Training and Management
- Infrastructure Development
- Capacity Building
- Water and Sanitation

**The Team**

The ZACH team is made up of vibrant multi-disciplinary professionals and technical staff with a mature vision and sensitivity to other people working in the context of ZACH Christian beliefs.

**Finance:**

ZACH is financed through external partners and through a government grant, well wishers and member subscriptions. ZACH financing focused on program and project support in areas of development, humanitarian, HIV and AIDS and other health specific programs.

ZACH believes that sound financial management systems are key to achieving organizational goals and objectives, thus our motto of transparency and accountability on resource utilization. Human resources management is also an integral part of financial and administration since investing in human resources is a guarantee for invested skills and high organizational performance.

ZACH has all its accounts audited at the end of each financial year through the Ernst and Young audit firm.

**IMMEDIATE PAST SUCCESSES**

**Support to member institutions**

The ZACH secretariat plays a very critical role in supporting member institutions administratively. Member institutions have the capacity to source for donations from outside Zimbabwe and ZACH makes sure that all the administrative arrangements are in place for these commodities to come into the country. These donations will vary from small dry food ingredients to big medical equipment. ZACH ensures that all these commodities that are destined for mission hospitals are imported duty
free, through an arrangement with the Ministry of Health and Child Welfare. The secretariat also facilitates the registration of expatriates who may have a desire to work at identified mission hospitals.

Below is a summary of the support rendered to mission hospitals during the 18 month period between January 2009 and June 2010.

<table>
<thead>
<tr>
<th>Period</th>
<th>Jan- Dec 2009</th>
<th>Jan- June 2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employment Permits</td>
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<td>2</td>
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<tr>
<td>Duty Free Certificates</td>
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<td>115</td>
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<table>
<thead>
<tr>
<th>Nature of Consignments</th>
<th>No. of consignments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicines</td>
<td>120</td>
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<tr>
<td>Medical Supplies</td>
<td>66</td>
</tr>
<tr>
<td>Medical Equipment</td>
<td>28</td>
</tr>
<tr>
<td>Provisions (food, stationery, books, clothes)</td>
<td>55</td>
</tr>
<tr>
<td>Motor Vehicles</td>
<td>6</td>
</tr>
</tbody>
</table>

**Designated District Hospitals**

Over the years, ZACH has played a pivotal role in complementing government efforts in public health through its network of member institutions. In each province there is a presence of mission hospitals ranging from small day care clinics to large admitting facilities. In some of the 58 administrative rural districts, government does not have a sufficiently big institution to play the role of a referral centre and has therefore designated up to 14 mission hospitals to be district hospitals. These hospitals provide the technical support to the smaller institutions, both government and non-government, in the districts.

**Primary Care Nurse Training**

During the last twelve years, Zimbabwe has seen a steady decline in the number of nurses that remain in country after basic training. Most of these nurses have been leaving are senior staff and the teaching staff. In an effort to strengthen retention of trained nurses, the government designed a training curriculum that would see a nurse being trained within an 18 month period. These cadres are called Primary Care Nurse (PCNs) who are meant to service the rural areas. Of the 17 PCN training schools in Zimbabwe, 14 of them are mission hospitals. These were chosen because they had the infrastructure and provided an environment conducive to learning.
Primary Counsellors

In 2002, ZACH agreed a programme with the US CDC to support the roll-out of HIV&AIDS care through the Mission Hospitals. This programme had two components that would play a pivotal role in arresting the spread of HIV&AIDS. One of the components focused on the training of Lay (HIV) Counsellors, who later became Primary Care Counsellors and eventually Primary Counsellors. ZACH collaborated with the Zimbabwe Institute of Systemic Therapy (CONNECT) to develop the curriculum for this cadre and eventually train them. During this programme, ZACH trained 60 Primary Counsellors over a three year period to serve in the twenty mission hospitals’ OI clinics. After the successful piloting of these cadres, the Ministry of Health and Child Welfare formally adopted the concept and they have become an integral part of the HIV&AIDS treatment continuum.

The other component of this programme involved trained members of the clergy in Behaviour Change and Behaviour Change Communication. This programme was spread across the country and focused on the church leaders and their spouses. When Zimbabwe recorded its first significant decline in HIV prevalence, behaviour change was sighted as one of the major contributors to the decline.

Over the last ten years, ZACH has made significant contributions to the public health sector with a specific focus on the remote rural areas. These achievements have been with the support of various partners some of whom are still working directly with ZACH and others that have pulled out completely whilst others are supporting the member institutions directly. Below is an outline of some of the major programmes that have been hosted by ZACH with short outlines of the achievements.

1. Global Fund for AIDS, TB and Malaria (GFATM)


   With this grant ZACH managed to strengthen ART management capacities at 4 mission hospitals and one private hospital in a show of public private partnerships. With this grant, more than 1,000 health-workers were trained in ART and related services. With the grant, more than 14,000 people were initiated in ART across the five ART participating districts


   During this period, only about 30% of the grant funds were disbursed due to the national political/economic environment that led to poor fund management from a national point of view. With the nearly 30% disbursed, ZACH managed to purchased and distribute 22 vehicles to a further 16 districts, 8 to the National AIDS Council and 4 were retained by ZACH for project management. We also procured and distributed 72 computer and printer sets that were also distributed to the 22 districts and also distributed training equipment to the 8 Provincial Medical Directorates.

   **TB US$ 9,230,000**

   Under this grant, ZACH also received about 25% of the funding and managed to procure 16 vehicles to strengthen the National TB programme and a variety of laboratory equipment
and reagents for the National TB Reference lab. 65 computers and printers were also procured for use by the TB centres nationwide.

2. **CDC HIV&AIDS programme**

During the period 2003 to 2008, ZACH had a cooperative agreement valued at US$1,2 million for the strengthening of ART rollout to the mission institutions. This programme managed to see the introduction of Primary Counsellors who have become an integral part of the health care delivery system. Nurse supervisors were also trained during this period where cotrimoxazole prophylaxis was supplied to 21 institutions that had been assessed and found to be ready for ART management. The programme also facilitated the renovations for the addition of ART and counselling space.


**During this period** ZACH received a percentage for training and program management. The target groups that were covered included the Primary Care Nurse grade whose support was mainly to strengthen the 17 schools nationwide and support the training of the tutors; the Laboratory Science group that saw the training of microscopists in malaria and TB microscopy; the support for the tutors conducting the training of pharmacy technicians; support to strengthening the health information management system and support to the training of x-ray operators. All the cadres that were supported under this programme were targeted for the rural areas.


ICCO and EED support was mainly to the operations of ZACH which focussed on the administrative support to the whole system. This support covered the salaries of the core ZACH team and such support areas as office expenses, fuels, motor vehicles maintenance of the non programme vehicles, comprehensive training and infrastructure development. This support saw the secretariat manage to facilitate the registration of various health professionals coming from outside Zimbabwe and also the smooth importation of various hospital requirements such as vehicles, hospital equipment, medicines and various medical sundries.

5. **OXFAM AUSTRALIA –(2004 to 2009): US$70,000 per annum. 2009-201:- US$100,000**

Support from Oxfam Australia has been mainly to the CHBC programme at Kariyangwe in Binnga. This has seen the engagement of carers and the supply of carer requirements over the years. Part of the programme is also to build the capacity fo Kariyangwe to manage the programme for themselves.

6. **OAK FOUNDATION: US$5,000**

The Oak foundation has supported ZACH with small grants towards the purchase of small hospital equipment for clinics and hospitals.

The WB currently supports a programme at ZACH that is aimed at strengthening the capacity of both the Secretariat and the member institutions. This is in recognition of the fact that ZACH and its member institutions have of late attracted a significant amount of donor attention and therefore there was a need to strengthen the management systems for those resources. This programme will see training and development in such areas as governance, M&E, nurse-led ART management and the piloting of public and social accountability for ZACH and its members.

8. **Government of Zimbabwe Grant: US$1,000 per annum**

The Government of Zimbabwe provides this small grant to ZACH to support communication with member institutions in as a far as regulations and other pronouncement area concerned.

**Challenges**

In spite of all these successes achieved over the years, ZACH has faced challenges in implementation. At member institutional level, staff attrition has proved to be a major challenge especially in the professional areas such as nursing, clinical services, lab services and pharmaceutical services. Equipment at mission hospitals has also become quite old and in dire need of repair and replacement. In spite of these, the mission hospitals continued to provide service as institutions of choice in the rural areas.

The ZACH secretariat has faced the major challenge of funding for the basic operations of the secretariat. Most of the funds identified above have been primarily for specified programmes and therefore could not support the secretariat operations. In all these programmes, there would be a small team of an average of three staff that are funded to do specific work on the programme. The rest of the management and implementation of the programmes would then be left to the poorly funded general secretariat staff. This trend has been going on for the past two years with most development partners showing no interest in funding the operations of the secretariat and yet they still wanted the secretariat at ZACH to implement their programmes. The situation has degenerated to the extent that staff has now a backlog of two months without salaries. Through some negotiations in the programmes design, ZACH has managed to at least make sure that each of these programmes at least helps in the purchase of office and operational equipment such as computers and motor vehicles.

*Below, is an itemised outline of the challenges faced by ZACH and its member institutions.*

1. Most donors do not provide funds for strengthening institutional capacity. While funding for ZACH HIV and AIDS programs has increased, these funds are restricted and cannot be used to strengthen health services delivery in general.
2. ZACH secretariat responsibilities have increased without commensurate growth in capacity. There is need to review its structure and strengthen its capacity to play the coordinating role and meet new demand.
3. ZACH member institutions face a problem in retaining its trained staff due to better conditions in other organizations. A number of workers also succumb to HIV and AIDS. Scaling-up and access
to ART has largely been limited due to the low staffing levels and high attrition rates of trained staff.

4. Shortages of drugs and basic medical supplies are major constraints. The medicines supply chain for ART that also includes Natpharm has not worked as efficiently as planned, with institutions relying a lot on private supplies to augment the national system.

5. Telephone and radio systems used by the mission hospitals are mostly non-operational making communications between care levels difficult. Equipment is either not available or has become outdated and unreliable thus prompting health workers to improvise. Very few institutions have access to internet facilities. Some health institutions do not have functional ambulances and others have utility vehicles which also act as ambulances.

6. In the last three years, ZACH core funding has been reduced partly due to political and economic considerations, which has negatively affected the running of the organization. Direct support to communities has also gone down thus creating serious funding gaps which, in some instances has budgets reducing to a quarter of normal levels.

Conclusion
Concern for the human kind especially for the poor is the integral part of the gospel and the ZACH mission statement in promoting health and wholeness. As such, ZACH is an important partner of the government’s health services agenda. A sustainable future for church institutions is dependent on receiving support through resources for running costs, medical supplies and equipment and other hospital needs. Both the state and the church, through ZACH seek to promote the welfare of the people and improvement of the quality of life. The Church thus needs to take a lead in continuously affirming that there is far more that it brings to the people especially more than material resources but value of caring for the poor and love of Christ through the healing ministry.

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