

Coordinator's Report:

GEGA visit to the Zambia Gauge

Visit dates: July 29-Aug 1, 2002
Report: Aug 5, 2002



Some of the members of the Zambia Gauge.

The general equity problem being addressed is:

Lack of access to health care; (perception of) unfair distribution of public resources (including personnel and funds to districts); poor deliberative processes for ensuring health equity and lack of implementation of existing policy to support equity.

Primary objectives

Measurement/monitoring focus. Conduct local surveys in the four pilot districts to generate baseline information on priority equity issues.

Advocacy Message and Strategy. Sponsor a competition to develop songs and dramatic scripts to highlight priority equity issues. Churches will be encouraged to highlight equity issues through sermons and discussion. It is hoped that within the next year, National MPs will become involved in the Gauge work.

Intervention strategy to support Community Empowerment. Structure the Zambia Gauge as four district-level Gauges directed at the local level. Provide workshops, literature, and cooperation to the District Gauges to support capacity and strategies and build local solutions for problems.

Challenges

Equity Gauge members make clear that the work is not politically biased or driven, and work to ensure that the messages are clear and not misunderstood.

Participation of political leaders at the local level. District Gauges have been inviting provincial level delegates to attend, which they do, as do local councilors; local MPs have been invited but do not generally attend. There is a desire within the District Gauges for increased participation in district activities by national level MPs. Currently, there are few ties between the District-driven Equity Gauge work and national level government.

Communication among the 4 District Gauges, and sometimes with the coordinating group, is weak. There are significant, large distances between the District Gauges; poor roads create long travel times to some districts (from Lusaka, Chingola is a one day drive, Choma is a half-day drive, Chama is a two day drive). Further, there is poor or no long distance communication between district gauges. A newsletter has been suggested to facilitate exchange between districts and inform the national level, but there is no specific time frame for development.

Lack of transportation within the districts also presents a challenge for stimulating the community. The Gauge has been donating bicycles to the local health workers to support community involvement in the Gauge work.

The November-April **farming season** severely cuts into the Gauge activity for the districts located in rural/agricultural areas (Chama, Choma), due to work load, migration, and the impassability of roads.



The Chama District receives bicycles to support community involvement in Equity Gauge work.

Context and Responsive Strategy

Zambia gained independence from Britain in 1964. The Kaunda administration was in power from 1964-72, 1972-91, followed by the Chiluba administration from 1992-2001; and Mwanawasa beginning 2002. Consequently, Zambia is a relatively young independent country, and continues to work to improve fair and effective governance, and ensure democratic principles and values in general. Many of the community members on the Zambian Gauge believe that poor judicial and law enforcement systems and the institutionalization of unfair resource allocations have contributed to inequities in the country.

Zambia has also suffered economic setbacks, even reverses in economic development, in the past decade. By the early 1990s, Zambia had created significant

mining and manufacturing industries, and was enjoying some economic development. However, with economic contractions and the application of SAPs in the 1990s, much of the industrial base of the country was lost, and only a small part of the physical infrastructure remains. With privatization, companies were sold to foreign investors, many of whom shut down operations to sell off equipment or to consolidate monopolies in other countries. Consequently, Zambia has become dependent on imports for many goods that could easily be produced in-country, and once were. Additionally, poor government policies have contributed to the loss of manufacturing industries, such as through high import taxes for raw materials.

These economic setbacks as well as poor governance disproportionately affect the poor, who have little power to change systems or to create safety nets. The general level of poverty and inequalities, along with growing social disintegration and predictable health and disease prevalence patterns, have contributed to health inequities.

Strategies and goals for the Gauge have changed significantly in the last year due to the political situation. The Zambia Gauge, funded in July 2001, was designed to launch at the National level, but the recent political strife coinciding with elections, made national level partnerships with the Gauge unrealistic in initial stages; this situation may be beginning to change. With initiation of activities at the national level, analysis of secondary data can be integrated into the work.

The current strategy for the Gauge is intended to take many of these societal, economic, and political features into account. Consequently, it is a National Gauge heavily focused on community mobilization. The strategic principles include:

- ? Promote a culture of attention to equity issues
- ? Involve everyone and support public participation to identify issues and develop solutions
- ? Use indicators that are simple and easy to understand for the general public

The specific strategy has been modified according to these principles.

Local level focus of capacity development and action. Rather than involving National level stakeholders from the beginning, work is instead focusing on strengthening local involvement and priorities. Work is focused almost entirely at the District level at this point, although the hope is to expand to work with National MPs and the MoH soon, once the District Gauges are better established.

Reduced monitoring/measurement component. Monitoring activities have been scaled down dramatically, and current information collection focuses on a narrow range of issues identified at the local level. The collection strategy is unlikely to support a high level of socioeconomic analysis or to be able to be combined with national or provincial level data that is currently collected. The use of existing secondary data is not addressed in Gauge plans, although some information exists from

- ? the Ministry of Health and the Central Board of Health (Routine Health Management Information System data, Review reports, research reports, Budgets, etc),
- ? Demographic Health Surveys,
- ? University of Zambia (Medical School, Institute for Economic and Social Research, other),
- ? Central Statistical Office (CSO),
- ? NGO research reports and activity data

It is hoped these sources can be utilized eventually, after national level activities have begun.

The District Gauge strategy involves 4 of the 72 districts in Zambia. In Sept 2001, work began with the Lusaka Gauge team; in October, work was added in Chama, followed by Choma and Chingola in November. Elections in December forced a delay of work until February, when the political situation died down. At that point, the District Gauges met with political parties and integrated local representatives into the Gauge work at the district levels.



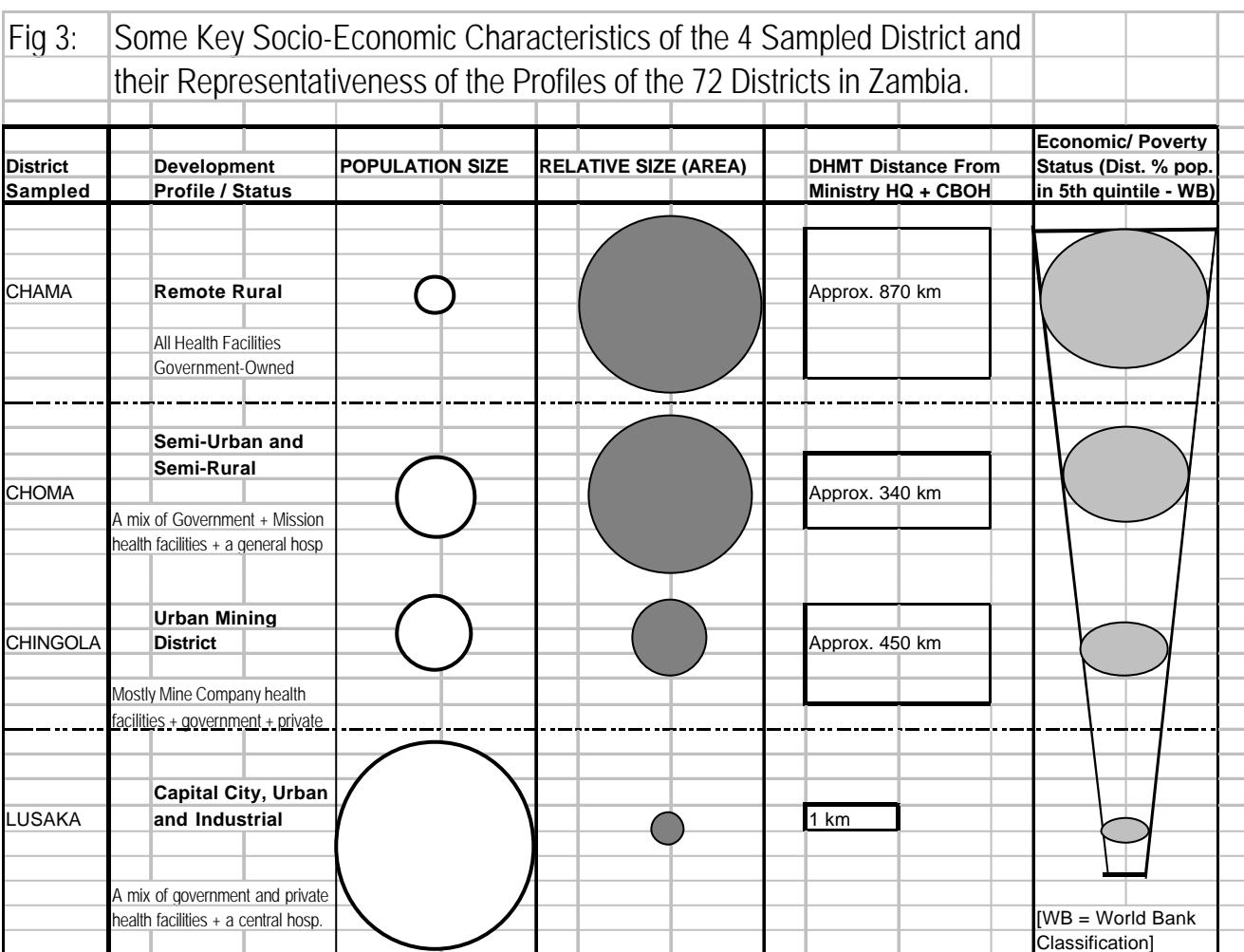
Four districts were chosen with the following diverse characteristics: richest, mining, rural impoverished, large scale farming. each with the own Equity Gauge committee, in order of avg. socioeconomic status:

1. Lusaka—pop 1.8 million; urban; capitol; 4 subdistricts with large socioeconomic differences; high population density. Includes 4 subdistricts: 1 and 4 have better socioeconomic status and high density; 2 and 3 have low socioeconomic status in industrial areas, are extremely high density, have high disease burden, and informal settlements

2. Chingola—pop 250 000; urban and peri-urban; copper mining/industrial area near Zaire border; suffering loss of mining industry in Zambia.

3. Choma—pop 120 000; rural; agricultural area in southern part of Zambia; working with 5 local chiefs and with the semi-urban area

4. Chama—70 000; rural; large geographic area of the District Gauges, located in remote NE Zambia, near Tanzania and Malawi borders; the Gauge involves all of the 7 local chiefs; it is the most isolated and undeveloped area of the District Gauges; strong social capital.



Each of the district Equity Gauge Committees includes focal points for each locality who attend each workshop (Chama has 7 focal points; Lusaka has 8-10; Chingola has 20; and Choma has 12). The District teams have included district MPs, local council

reps, health workers, community health workers, community leaders (including Chiefs), neighborhood health watch committee members, traditional healers, teachers, youth and women's groups, health rights organizations, churches, retired miners, government information service officers, social workers, teachers, retired industrial relations officers, health center workers, administrators from the local Health District Board, nurses.

Recent Developments. In July 2002, the Parliament and national MPs indicated an interest in the work. It is hoped that a strategy can be developed similar to the work in the South Africa Gauge, in which the Gauge serves as a support resource for the Parliamentary Health Committee, by briefing the Committee on Equity issues, helping them to understand the health budget, and providing information on other countries' experiences in trying to improve health equity.

Since there are some members of Parliamentary Health Committee whose districts won't be represented by the current District Gauge work, it is hoped there will be pressure to expand the work to other districts using the current Gauge leaders to guide work.

Also, national coordination would provide an opportunity to sponsor a national level workshop where District Gauges can share their experiences and exchange with MPs; NGOs can participate; and representatives from other GEGA Gauges might attend and share experiences.

Primary partners

The Gauge is coordinated by CHESSORE.

Personnel from CHESSORE form the Steering Committee for Zambia Equity Gauge.

T.J. Ngulube, BSc, MSc, MB ChB, PhD. Director of the Zambia Equity Gauge, Research Fellow at the University of Zambia, doctorate in Biochemistry.

Kamima Mwanza, PhD. Senior Lecturer, development economist

John_Milimo, runs a consultancy firm, the Participatory Assessment Group (PAG)
Chosani A. Njobvu, Research fellow, agricultural economist

Charles Michelo, lecturer at Medical School of Univ of Zambia

Rosemary Kumwenda, Formerly District Director of Health, Now working as an HIV/AIDS specialist, UNDP Lusaka Office

All personnel work part-time on the Equity Gauge, and have other activities. Dr. Ngulube is concurrently working on several other projects, including:

Consulting with the Ministry of Health and other ministries on technical issues

HIV/AIDS in prisons with WHO

Rollback Malaria, Schistosomiasis, Bilzharia

Regional Consultation for SADC and National Malaria Control Program

Rockefeller's Integrated Disease Surveillance, for cross-border cooperation

EquiNet projects

CHESSORE has credibility with the government and MoH, and has contacts/experience with DANIDA and DfID.

Each District Gauge includes a coordinator and a Standing Committee.

Strategies for Measurement/Monitoring

Currently, there is no specific planned analysis of existing data in Zambia, although the Gauge is open to technical and financial support in this area, both of which would be needed. It is expected that information will be sought on a needs-driven basis, as districts identify priority areas and focus on issues.

The Zambian strategy for measuring/monitoring initially involves local (District level) identification of issue areas using a survey to assess awareness and knowledge of equity issues, perceptions of inequity, health levels, access to health care resources, and provide information on socioeconomic variables. It is expected to also support understanding of national resource flows, and should feed advocacy activities at national level.

The same questionnaire is being administered in all districts. District issues were combined to generate the instrument. User fees, drug availability, and the effectiveness of community based organizations have emerged as cross-cutting issues for all the District Gauges. Other issues include water chlorination and use of bednets.

CHESSORE will undertake training of interviewers, data entry, and analysis. The District teams will administer the interviews and manage the surveys. In terms of capacity, the District Health Management Teams should have technical officers capable of carrying out the survey with further training; national level research centers can be available to support analysis.

The Gauge PI reports that the strategy of the locally developed survey has been used for a number of reasons :

- (1) To verify the socioeconomic profiles of the districts using mutually agreed criteria. There are currently three criteria being used for determining socioeconomic status in Zambia, each tending to give differing results. We plan to use one which appears to give more credible results of assessment
- (2) The results from this survey will serve to provide a baseline from which to measure changes (social, economic, cultural, health, or otherwise) over time from any impact the efforts will make over time.
- (3) To demonstrate socioeconomic inequalities between the four district and the equity gaps between districts in terms of social services (education, health services and health status, etc

- (4) To generate primary information on inequities to which people can relate rather than just get information that may not be relevant to equity issues being considered
- (5) The survey will help to graphically illustrate to gauge participants what and where inequities are.
- (6) The primary information generated will be used by legislators, District gauge leaders, Traditional leaders, opinion makers and other influential people to advocate for equity in national allocation of resources – at all levels

“In particular, we expect to generate a discussion on why the most advantaged districts should continue to get more while the poorest districts keep getting ever diminishing resources for development purposes. The aim is to engage and question the system as to whether the current resource allocation patterns can ever hope to narrow gaps on inequities.”

Activities for Advocacy and Public Participation

1. Sensitization of the community to identified equity issues; create messages on issues about priority areas of inequity

Competitions focused on communicating equity issues in popular formats, including through

- ? Song
- ? Dramatic scripts
- ? Poems
- ? Religious Sermons

Competitions will be organized at local, district, and national levels, with prizes offered. The national competition, which should occur next April or May, will be used to launch the participation of the National level activities. MPs and other national stakeholders should be in place by then, and the competition may generate support for radio broadcast. It may be useful during the process to document the products developed for competition through audio and video recording.

Equity-focused messages will also be promoted via

- ? School activities (choirs, debaters, etc.)
- ? Religious activities, including sermons (which will be distributed to Bible colleges and given to new priests), topics of discussion, and Biblical reference to equity issues
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2. The process of implementing the community survey will likely support consciousness raising on equity issues, although it will not directly support a better

understanding of the concepts or the current situation among the general public as it will not specifically involve community education.

Interventions that support Community Empowerment

Community empowerment activities will first include

1. Creation of District Gauges, which is intended to place responsibility for addressing equity issues in the hands of the community.

2. Workshops. Each District Gauge has had 3 workshops to support their capacity to address equity issues. The first was aimed at increasing understanding of the concepts, exchange views, and identify issues in the districts. The second focused on prioritizing issues and developing strategies for addressing them (e.g. song/drama competitions to raise awareness; survey to establish empirical information in the Districts). The third specifically addressed planning actions.