

H4+

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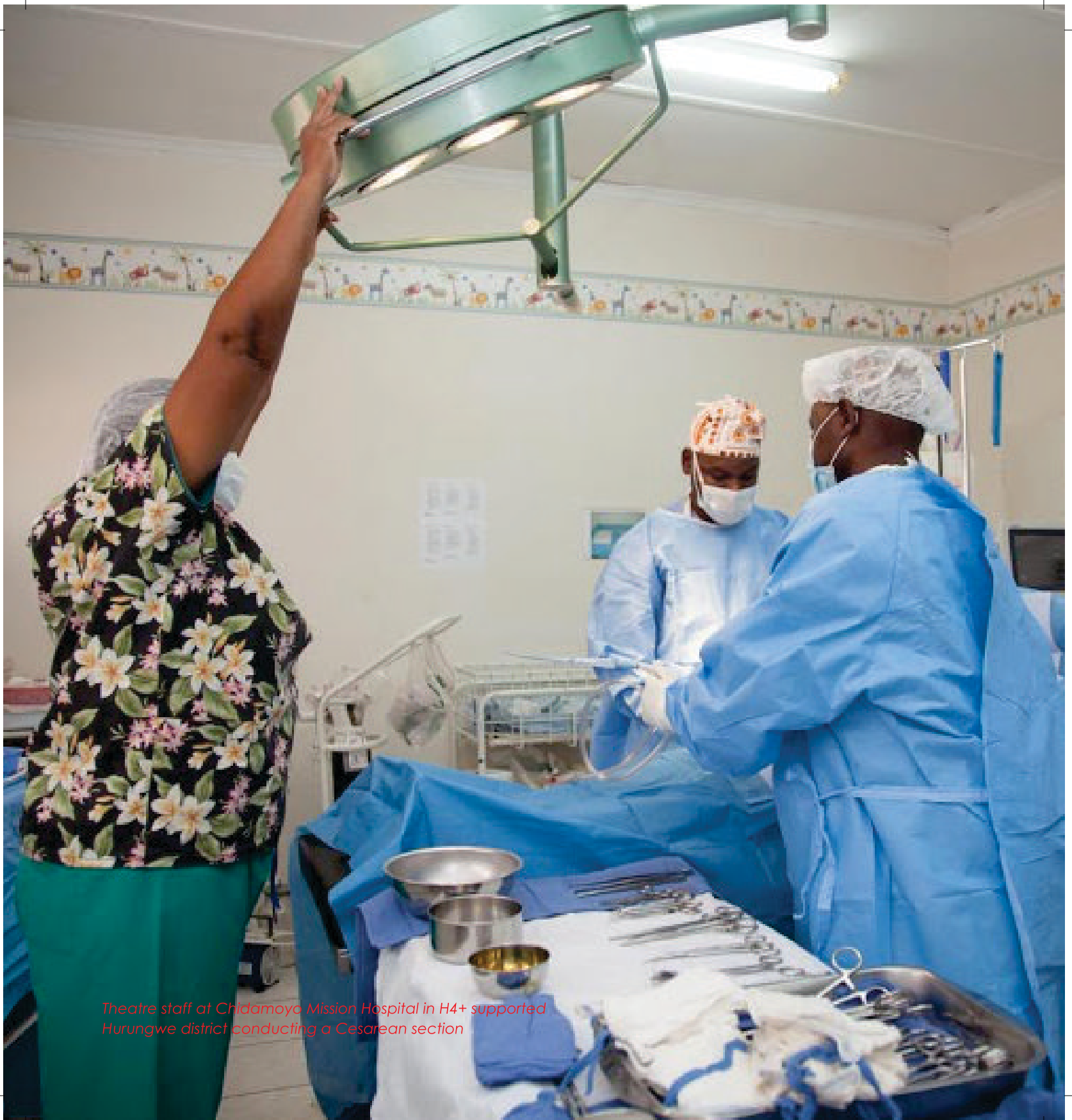


HUMAN INTEREST STORIES



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Theatre staff at Chidamoya Mission Hospital in H4+ supported Hurungwe district conducting a Cesarean section

Acknowledgements

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Foreword



As Country Representative of UNFPA, the coordinating agency of H4+ in Zimbabwe, I have the pleasure of presenting to you the 'H4+ Human Interest Story' book. This book is a collection of real life stories of those whose lives have been truly changed for the better, thanks to the collective

partnership of H4+ agencies in Zimbabwe namely UNAIDS, UNFPA, UNICEF, UN Women, WHO and the World Bank in collaboration with the Ministry of Health and Child Care (MoHCC).

Zimbabwe has made significant strides in improving women's and children's health over the past decade, following a difficult period which adversely affected the health and well-being of women, children and adolescents in Zimbabwe; maternal mortality and child mortality were at an all-time high at 960 deaths per 100 000 live births and 85 deaths per 1000 live births respectively.

However, thanks to initiatives such as H4+ aimed at improving Reproductive Maternal Neonatal Child and Adolescent Health (RMNCH-A) services nationally, Zimbabwe is on the right track to ensuring no woman dies while giving life, that every child has the chance to survive and thrive and that every adolescent grows up to realize their full potential.

Over the past five years Maternal Mortality and Child Mortality have reduced to 614 deaths per 100 000 live births and 75 deaths per 1000 live births respectively, skilled birth attendance and institutional deliveries have increased by 14% and 15% respectively and prevention of mother to child transmission of HIV has improved by 27%.

H4+ has contributed to this through building the capacity of health care workers, providing Emergency Obstetric Neonatal Care training, clinical mentorship and supportive supervision, undertaking needs-based refurbishments, procuring and distributing essential RMNCH-A commodities and improving data quality for programming. While improving the availability of RMNCH-A services, it has also empowered communities with information and skills on RMNCH-A through engagement of men, women, adolescents and traditional leaders in six of the most hard to reach districts in the country; Chipinge, Gokwe North, Hurungwe, Mbire, Chiredzi and Binga.

The strength of the H4+ programme in Zimbabwe is in its collaborative nature; harnessing the collective strengths and distinct capacities of six UN agencies, implementing partners and the Government. Each partner contributes unique expertise to the field of reproductive, maternal, newborn and child health, including adolescent sexual and reproductive health, also tackling the root causes of these issues, including gender inequality, limited access to education for girls, child marriage and violence against women.

Indeed, none of this would be possible without the generous funding and unwavering support of the H4+ donors; Swedish International Development Cooperation Agency (SIDA) and the Department of Foreign Affairs, Trade and Development (DFATD) of the government of Canada, who have been our dedicated partners in our collective effort to improve the health and save the lives of women, children and adolescents of Zimbabwe.

Initially aimed at accelerating progress towards achieving MDG 4 (reduce child mortality), MDG 5 (improve maternal health) and the child component of MDG 6 (combat HIV/AIDS, malaria and other diseases), H4+ will move into the future and post-2015 development agenda with a new focus on improving maternal, child and adolescent health under Goal 3: Good Health and Well-Being of the Sustainable Development Goals 2030. Our work is further

strengthened by the UN Secretary General Ban-Ki Moon's Every Woman, Every Child, Every Adolescent global movement and the recent launch of the next generation of the Global Strategy on Women's, Children's and Adolescents' Health on 26 September 2015.

With support from the global, international and national levels right down to the district level, H4+ in Zimbabwe will no doubt continue to improve the lives of every woman, every child and every adolescent, such as those documented for you in this book.



Cheikh Tidiane Cisse
UNFPA Zimbabwe
(H4+ Coordinating Agency)
Country Representative

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**SUPPORTING MATERNAL HEALTH:
NO WOMAN SHOULD DIE
WHILST GIVING LIFE.**



H4+ Delivering Miracle Babies

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Nurse Langelisha Zamisa (left) and Elizabeth Moyana (right) hold Ms. Moyana's quadruplets at Chiredzi General Hospital.

CHIREDZI GENERAL HOSPITAL, Chiredzi District, Masvingo Province.

It started out like any other delivery. When 24-year-old Elizabeth Moyana went into labour in her village, Mabeya, near Zimbabwe's border with Mozambique, she wanted only to give birth to a healthy baby. But after encountering complications and undergoing emergency surgery, Ms. Moyana would have not one newborn—but four.

"All along I thought I was carrying a single baby," recalled Elizabeth. The health workers realized something was wrong and called for her to be sent to the nearest hospital. "It was then I had to be rushed to St. Peter's Hospital, which is near our local clinic. When I arrived there, they immediately put

me under a scan, and I was then rushed to Chiredzi General Hospital in an ambulance, as they had discovered that I still had more babies in my womb."

By the time she arrived at the second hospital, she was bleeding profusely. *"These are true miracle babies, considering that when the mother was wheeled in here she had lost a lot of blood and had suffered post-partum haemorrhage and many complications associated with being in labour for too long,"* said Langelisha Zamisa, the nurse in charge of the hospital's maternity ward.

Ms. Moyana was immediately whisked into an operating theatre, where surgeons performed a Caesarean section and delivered her three remaining babies. The four children



Elizabeth Moyana with her four miracle babies Godwin, Godfrey, Godknows and Gertrude.

—three boys and a girl—were all healthy.

Ms. Moyana named them Godwin, Godknows, Godfrey and Gertrude.

Only five years ago, Ms. Moyana's story would have been very different—and could have been tragic. The turn of the century saw the health system lose many skilled health workers, and most health facilities had only outdated hospital equipment. Stock outs of essential medicines and commodities were common.

During this period, maternal deaths rose sharply. Zimbabwe's 2010-2011 Demographic and Health Survey revealed a maternal mortality ratio of 960 per 100,000 live births – a striking increase from the 1999 estimate of 695 maternal deaths per 100,000 live births.

Alarmed by the rising death rates, health experts sought to improve the country's obstetric and newborn care. International donors began to support health centres, hospitals and skilled birth attendants. Ms. Moyana and her four children benefited from these life-saving programmes.

Ms. Moyana was treated in a hospital newly refurbished by H4+. She was attended to by medical staff (nurses, midwives and doctors) that had been trained in Emergency Obstetric Care under H4+. Additional support was being provided by the Health Transition Fund and the ambulance that took her to the hospital was procured under the MDG 5 Initiative funded by the European Union.

Ms. Moyana has two other children as well – six-year-old Bongai and three-year-old Judith. With four more mouths to feed, she knows she has her work cut out for her.

Her husband is a migrant worker in South Africa, and Ms. Moyana struggles to afford clothes and supplementary milk for the infants. *"The babies are always crying as I cannot produce enough milk,"* she said.

Even buying milk can be difficult in her rural corner of Zimbabwe. *"It takes a while for the milk to arrive here even when my husband sends it,"* she added.

But she is no less grateful for her unexpectedly large family. *"To hold these four children in my arms and be here to tell you my story is a miracle,"* she said.

by Stewart Muchapera

Pregnant Woman Travels Hundreds of Miles to Give Birth at H4+ Supported Clinic

RUTANDARE CLINIC, Chiredzi District, Masvingo Province.

As she lifts her new bundle of joy wrapped in a bright orange blanket from the bed laying him close to her chest, 19 year old Elina Makore's face lights up at the sight of her one-day old son, Norman.

Elina had a normal delivery at Rutandare Clinic, an extremely remote primary health care facility about 700 kilometres south-east of Harare, close to Gonarezhou National Wildlife Park and the Mozambiqan border.

The nearest town of Chiredzi is a four-hour drive away along treacherous dirt roads. Travelling almost 300km from her home at Renco Mine, a gold mine in Chiredzi's mining district in Zimbabwe's Masvingo province, Elina chose to stay at Rutandare Clinic over the local mining hospital or Masvingo General Hospital due to the high quality service being delivered at the clinic following support provided by the H4+.

"I came here about four days ago, on the advice of my mother, who spoke highly of the professional conduct of the clinic staff," said Elina.

"We have received an assortment of donor support, including H4+, which has resulted in the improvement in our service delivery, particularly in the mother and child health," said Edson Dondo, nurse-in-charge at Rutandare Clinic. He added that, "We are recording at least 10 deliveries a month and this has been as a result of concerted efforts by community leaders who have encouraged mothers to have institutional deliveries."

Cuddling her new baby, Elina rested her body against the wall and smiled happily as she said *"I will be back here soon!"* an indication that she longs for more babies and she is happy with the treatment she received at Rutandare Clinic.

by Stewart Muchapera



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Elina Makore hold's her baby boy Norman at H4+ supported Rutandare Clinic



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Sr. Makaza checking patient files at Chireya Mission Hospital

H4+ Building Capacity and Confidence

CHIREYA MISSION HOSPITAL, Gokwe North District, Midlands Province.

Twenty-nine year old Sr. Makaza, a mother of one from Rusape, is a Midwife at Chireya Mission Hospital, in Gokwe North District situated in Zimbabwe's Midlands Province, approximately 300km from the capital city of Harare. Completing her initial nursing training at Kwekwe Hospital, Sr. Makaza began working in Chireya in 2011, undertaking the H4+ supported EmONC training course in October 2013.

"I trained in EmNOC because I was interested in pregnant women, delivering babies and making sure that the baby and the mother are healthy and safe. The course inspired me so much that I later trained in midwifery, "

Sr. Makaza is now a fully trained midwife at Chireya Hospital. *"I hated that I didn't know how to manage complications by myself. Whenever there was a pressured delivery I would have to call for the Sister in Charge to help. Now I can handle the situation by myself and I find that extremely*

empowering."

Recounting a recent incident at the hospital, Sr. Makaza highlighted the importance of the H4+ EmONC training and how it helped her to save the life of a young mother; *"We had a patient staying at the Maternity Waiting Home (within Chireya Mission Hospital) with very high blood pressure. I treated her but after four hours it was still too high, so I thought there is a problem here. I raised the dosage of her medication and admitted the woman to the hospital."*

Later that evening while at home, Sr. Makaza received a phone call to say that the woman was complaining of severe epigastric pain. *"I rushed back to the hospital to catheterise her and referred her to the district hospital in Gokwe South. When she arrived there her blood pressure remained very high and she was referred to the Provincial Hospital at Gweru where she was admitted for an emergency caesarean section."*

"That is when I realised that my BEmONC training and practical knowledge really benefited me. Had I not picked up on the woman's symptoms in time she may not have survived the long journey to the provincial hospital (320km, 4.5 hours away)."

Time is of the essence here in Chireya because we are so remote from the district and provincial hospitals. *"Timing is everything!"* Sr. Makaza exclaimed.

by Victoria Walshe



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Sr. Makaza with her patient at Chireya Mission Hospital



POC Testing Improves HIV Care & Treatment in Rural Zimbabwe

MAGUNJE, Hurungwe District, Mashonaland West Province.

AIDS-related deaths in Zimbabwe have dropped by more than 75 percent over the last four years, thanks to the availability of life saving anti-retroviral (ART) drugs and the introduction of point-of-care (POC) technology in most health institutions around the country.

Such POC devices have been procured under the H4+ programme; this technology has enabled faster results that have led to quicker access to life prolonging drugs for many



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With the POC machines results are printed immediately reducing waiting period and transport costs to clients accelerating access to treatment.

**Name has been changed to protect beneficiary's identity*

people who are living positively like nine year old Tinashe* from Magunje in Hurungwe district, Mashonaland West.

Tinashe is HIV-positive. His father Edwin said when his son initially tested positive in their local clinic in 2009 it took over a year for him to be initiated on ART due to the cumbersome and frustrating process in health facilities at that time in Zimbabwe.

"The Sister-in-Charge at Magunje Rural Hospital referred us to Karoi District Hospital, 40 kilometres away where we were further advised to go to Chinhoyi Provincial Hospital some 150 kilometers away because Karoi did not have the equipment to get him tested. I did not have any money so I failed to take him there. We were only able to go there a few months later when Tinashe succumbed to severe pneumonia," Edwin regretfully recalled.

"Tinashe was eventually tested at Chinhoyi Hospital. I was told he was HIV-positive and he was immediately put on ART after they carried out a CD4 blood count that took about 20 minutes. Since then he has improved tremendously," Tinashe's father said, adding that a combination of speed and availability of services under one roof saved his son's life. "Those who saw him three years ago do not believe their eyes when they see him going to school. They say it's a miracle that Tinashe is walking!"

Every month Tinashe and his father walk two kilometers from their village to Magunje Rural Hospital to collect his medicine and clinical reviews. The rural hospital now has a PIMA CD4 device which has reduced the burden of travelling to the District Hospital for most people living with HIV in the area. *"The Doctor advised us that no matter how far we live, it is important that we get medication and regularly have Tinashe's CD4 count so that we do not put his life at risk. With the CD4 count device at Magunje, it is now very easy for us to get tested,"* concluded Tinashe's father.

by Stewart Muchapera

Traditional Leader's Embrace New Technology



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Hurungwe Village Headman Jephtha Musendekwa at the ASRH community sensitisation meeting

HURUNGWE DISTRICT, Mashonaland West Province.

Traditional and community leaders in Hurungwe District, 200km North West of Harare, Zimbabwe's capital, were sensitised on Adolescent Sexual and Reproductive Health and have embraced the introduction of social media in a bid to curb the high rate of teenage pregnancies in the area.

During the community sensitization meeting, supported by H4+, on the introduction of the social media Facebook Clubs by peer educators, traditional and community leaders including chiefs, headmen, councilors, pastors and teachers overwhelmingly agreed to adopt social media as a tool to gather and disseminate information on SRH.

The involvement of local community leaders in the social media project will have a ripple effect in acceptance of social media as an effective and viable tool for reaching out to more adolescents and young people with messages of positive behavior change.

Village Headman Jephtha Musendekwa commended H4+

for deliberately choosing to include local community leaders in the social media project

"As community leaders we are now aware of what our children intend to do and we are now going to create space for them so that they reach as many young people as possible as the children getting impregnated are our children and we have every reason to get worried as the burden of upkeep still comes back to us," said Headman Musendekwa.

"What we need to know is that these children are now living in time of internet and WhatsApp and they quickly learn things which even adults are not aware of. So to keep them from getting lost we need to reach them with helpful information on the new technologies they are using," said Musendekwa.

As he closed the sensitization meeting he had the crowd in fits of laughter challenging the other community leaders to open their own social media accounts! *"We also need to have those Facebook accounts to ensure that these children's debate is in line with our own customs and rites."*

by Stewart Muchapera



Young People Use Social Media to Fight Teenage Pregnancies

Tafadzwa Chamonyonga displays the tablet he received from H4+ as part of social media outreach on ASRH

HURUNGWE DISTRICT, Mashonaland West Province.

Tafadzwa Chamonyonga (19) is a peer educator from Hurungwe District in Mashonaland West Province, 200km northwest of Harare, Zimbabwe's capital city. "Taffie" as he is popularly known among his peers is one of the 100 young people who were sensitised in Adolescent Sexual and Reproductive Health (ASRH) issues and programming and trained in social media by UNFPA and its partners under the H4+ programme.

"The 10 days we spent training in Kadoma opened our world to a new perspective on how to live our lives and behave as a young person, and the value of social media in sharing information and knowledge. We cannot wait to recruit other youths into the network," said Taffie.

He added that already he has reached out to his immediate peers and the responses have been encouraging.

"Ever since we came from the training I have introduced some of my friends to social media and they have all expressed great interest."

His sentiments were echoed by Nofundo Mlilo (17), another peer educator who received training in social media along with Tafadzwa, *"Most of the time we young people are on our phones, so what better way to reach us with messaging on ASRH than on such platforms."* She added that the keen interest shown in social media by her peers was promising and she was looking forward to engaging with more youths in her community and fostering behaviour change.

Tamisayi Chinhengo, UNFPA Programme Specialist-ASRH, said social media is one of the key platforms identified to provide information on ASRH to young people; *"As part of the National ASRH Network, UNFPA and its partners seek to exploit social media to empower adolescent girls to make healthy reproductive health choices and to act on them,*

strengthen youth friendly SRH services and enhance the accountability of health providers to young women for provision of youth friendly services.”

Zimbabwe has an extremely young population with approximately two thirds of people below the age of 25. Young people, especially young women face a unique set of challenges in accessing SRH services and are exposed to the risk of unintended pregnancies, unsafe abortions and sexually transmitted infections, including HIV. Lack of employment and gender-based violence worsen the situation. According to the 2012 national estimates, HIV prevalence is one and half times higher among women

aged 15 to 24 (6.7%) than among men the same age (4.2%).

Under the H4+ programme, the training emphasised the use of social media as a key emerging strategy in Adolescent, Sexual and Reproductive Health (ASRH) information generation and knowledge sharing among young people in their communities through Facebook Clubs, in association with Government partners in the Ministry of Health and Child Care, National AIDS Council, Zimbabwe National Family Planning Council and youth organisations such as the Young People’s Network-Get Engaged and SAYWHAT.

by Victoria Walshe



Nomfundo Mlilo and Tafadzwa Chamonyonga exchange notes on their tablets

Nurses Champion Adolescent Sexual and Reproductive Health



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KASIMURE CLINIC, Hurungwe District, Mashonaland West Province

Sarah Nyakambiri is a nurse aide at Kasimure Clinic, situated about 200 km north-west of Harare, in the Mashonaland West Province of Zimbabwe. She is a mother of two teenage girls, Tariro and Prisca. She is also part of a group of 200 implementing partner staff, health care service providers and community leaders that have been sensitised on Adolescent Sexual and Reproductive Health (ASRH) issues and programming. The group was also provided with training on how to support the provision of youth friendly services in the Hurungwe district, supported through the H4+ programme

"The setting up of youth friendly services is very important as most of the young people are not aware of what is right and as a result can easily be abused and stay in some harmful relationships because they do not know where to report such cases of abuse," Sarah said.

She added that in the seven years she has been based at Kasimure she has come across some severe cases of abuse and because of lack of adequate training, she found herself helpless and unable to handle some of the sensitive matters.

"I wish this training had come much earlier as we have some of the most riveting cases of abuse, especially of young children like orphans who, as a result of poverty, are forced into abusive relationships as they desperate for food and clothing."

Sarah described how, as a health facility, they handle high cases of teenage pregnancies and STIs, which she quickly blamed on the irresponsible behaviour among the adolescents because of lack of adequate information on reproductive and sexual health.

She praised the H4+ programme for its work in reaching the young people of Hurungwe with messages of positive SRH behaviour change. *"Now we are equipped with the skills and knowledge of how to deal with young people in our work, we hope we can help them change this careless behavior."*

by Stewart Muchapera

H4+ Restoring Women's Dignity



© UNFPA Zimbabwe

Tuwede Adams proudly gives her testimony at the launch of the Health Development Fund in Mushekwa

CHINHOYI PROVINCIAL HOSPITAL, Mashonaland West Province.

"Every day for the past 19 years has been a social and emotional struggle for me – but today I am a new woman with dignity," said Tuwede Adam (35) recently at Chinhoyi Provincial Hospital's Obstetric Fistula Repair Camp, in Zimbabwe's Mashonaland West Province, supported by H4+.

Tuwede is one of thirty women who, having lived with the debilitating condition for many years, now have the chance to undergo free life-changing repair surgery thanks a partnership between the Ministry of Health and Child Care, UNFPA and the Women and Health Alliance International (WAHA), under the H4+ programme.

With USD100 000 committed to a Campaign to End Fistula, the first of a series of repair camps ran during August 2015 repairing 30 women from Mashonaland West province and other parts of the country.

Dr. Jean Yunga, a Fistula surgeon with WAHA, led a team of local doctors supported by the Ministry of Health and Child Care, as well as theatre and ward staff from Chinhoyi Provincial Hospital where the Camp was held. Social Workers from WAHA provided patients with counselling and support prior to and post-surgery.

"I never thought I would feel this way again!" Tuwede walked into the Obsteric

Fistula Camp with no self-worth having suffered from the marginalisation that is associated with fistula but left the hospital with her head held high following the life changing surgery.

For almost two decades, Tuwede had been living with the condition which rendered her incontinent following an agonising 4-day labour which resulted in a forceps, still born delivery.

Today, Tuwede looks forward to her future, returning to her community with a new found confidence. *"I feel fresh and clean, there is no bad smell around me. I do not have to panic among my peers for fear of wet clothes when I stand. I have left all of that fear behind me; I am a grown woman again, dignified."*

Tuwede was lucky because her husband stuck by her side all these years. Many women and girls living with obstetric



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*Patients at the
Obstetric Fistula
Repair Camp at
Chinhoyi
Provincial
Hospital*

fistula of are left marginalised by their partners, families and communities due to the debilitating condition which renders a woman completely incontinent.

It is estimated that 2 million women worldwide are living with the condition, with approximately 50,000 to 100,000 new cases developing each year, yet it is almost entirely preventable and treatable.

The persistence of obstetric fistula is a sign of serious inequalities and the denial of girls' and women's rights and dignity.

The H4+ partnership between the Ministry of Health and Child Care, UNFPA and WAHA is therefore starting to tackle this inequality while ensuring sustainability by

capacitating health personnel with the necessary skills to repair more women after the programme comes to an end.

UNFPA Zimbabwe, the coordinating agency for H4+ in the country, Country Representative Mr. Cheikh Tidiane Cisse said that H4+ is committed to working with the Ministry of Health and Child Care and partners to address the problem of fistula in Zimbabwe.

"We are committed to ensuring every woman lives a healthy reproductive life, in a state of physical, mental as well as social well-being at every stage of their life. That is why it is important for us to address the condition known as Obstetric Fistula."

by Victoria Walshe



H4+ Promoting Quality RMNCH-A Service Provision

Letwin Moyo is a registered general nurse and theatre in charge at Gokwe North District Hospital.

GOKWE NORTH, Midlands Province.

Registered general nurse and sister in charge at Gokwe North District Hospital, Letwin Moyo, is one of the beneficiaries of both clinical mentorship and supportive supervision implemented under the H4+ initiative.

"I went for clinical mentorship training as a theatre nurse at Gweru Provincial Hospital (GPH) in the hope that I would come back and assist with procedures here."

Her three years of study had not provided her with experience in the theatre department.

"I was taught how to assist during caesarean sections, cataract extractions, second degree tear repairs and manual vacuum aspirations. I felt overwhelmed as there were a lot of things I was learning that I had not learnt at

school." Letwin reminisces while deftly preparing theatre packs for the day's scheduled procedures.

A fish out of water, Letwin embraced her time at Gweru Provincial Hospital making her way back to Gokwe North District Hospital.

"When I got back there was a senior nurse from Gokwe South District Hospital who came here to supervise us."

One the third day of supervision, Letwin was asked to scrub and assist in a C-section.

"I panicked for a short time and then I said 'Sister, I fear not because you are here to supervise me and tell me what to do.' I scrubbed and prepared my packs and put the instruments in order whilst she assisted. That was the first day that I got the confidence that I can scrub and I can assist a caesarean section."

"I reached a point where I realised that I wasn't undergoing this mentorship programme for me. I was here for the community that I serve." Upon completion of the mentorship programme, Letwin was appointed Operating Theatre Sister In-Charge.

Due to lack of funds, health institutions had not been able to carry out support and supervision by Provincial and District Health teams. This is an important intervention as it compliments trainings including EmONC and clinical mentorship. It ensures quality of service delivery, by monitoring availability of supplies, use of commodities, providing on the spot feedback, ensuring that acquired skills are used and services are delivered.

by Charmaine Chitate

Promoting equity through refurbishing and equipping health facilities

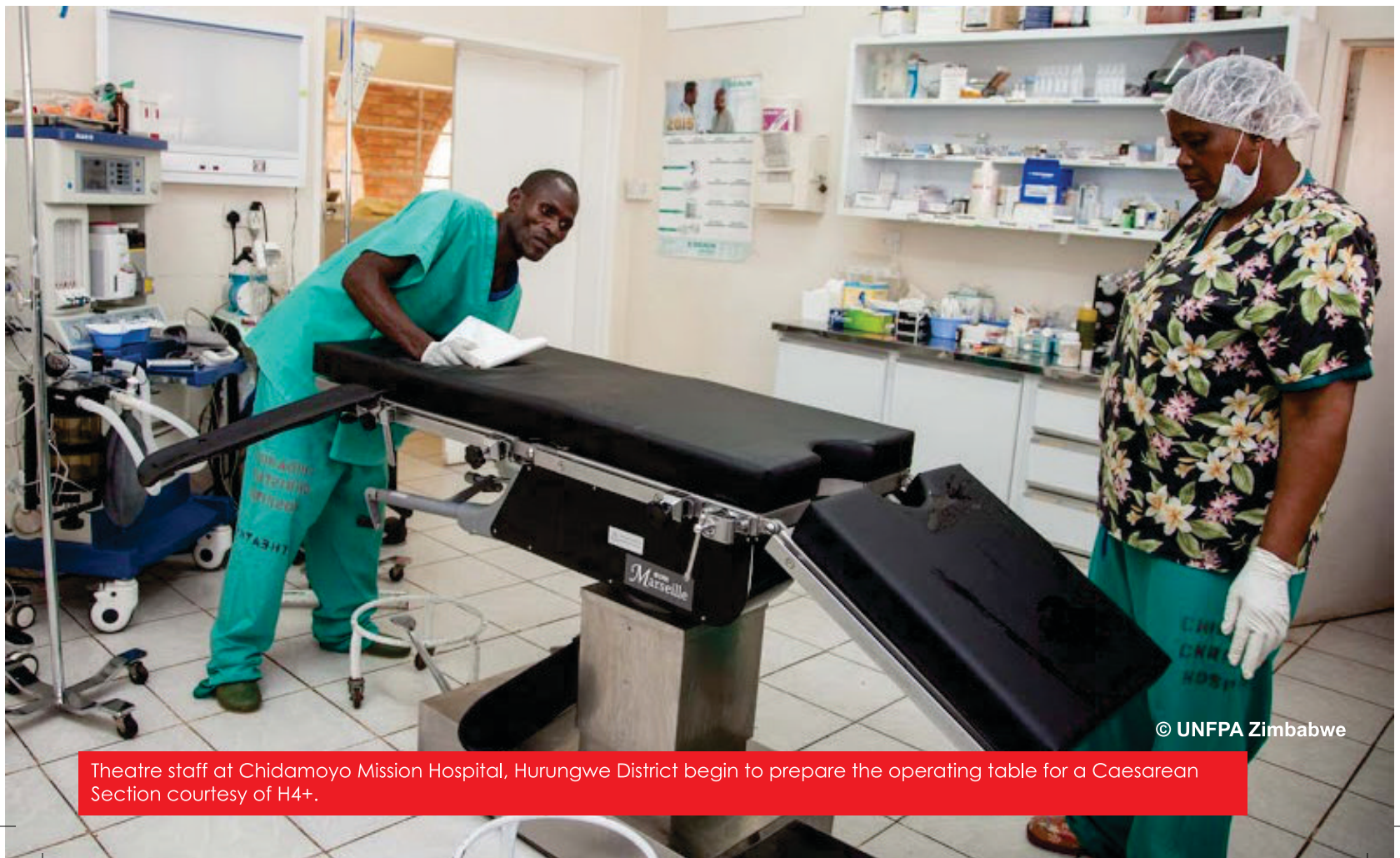
GOREDEMA CLINIC, Gokwe North District / Chidamoyo Mission Hospital, Hurungwe District

“As part of the H4+ initiative our clinic underwent a series of renovations which saw our previously bat infested ceiling repaired. We also received a wheelchair to assist around

the clinic.” recalls Gertrude Mamovha a primary care nurse at Goredema Clinic in Gokwe North, a hard-to-reach H4+ supported district in Zimbabwe’s Midlands Province.

The H4+ initiative has supported a number of hard to reach health facilities including rural health centers in Zimbabwe through provision of resources to facilitate smooth delivery of maternal health services. It has procured selected essential maternal health drugs, surgical equipment and commodities that have improved service delivery in the six supported districts.

“The old delivery bed would shake, threatening to collapse once the patient was on it,” recounted Farai Mutowo a nurse anesthetist at Chidamoyo Mission Hospital in Hurungwe District.



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Theatre staff at Chidamoyo Mission Hospital, Hurungwe District begin to prepare the operating table for a Caesarean Section courtesy of H4+.



A primary care nurse assists a patient using a wheelchair supplied through H4+at Goredema Clinic in Gokwe North.

Prior to receiving the new delivery bed, Chidamoyo Mission Hospital, had to manipulate the old operating theatre table using pillows or requesting auxiliary staff to assist by holding the anesthetized patient during the procedure.

"The new operating theatre table, being maneuverable has added value to our patients' safety. It is adjustable into so many positions to afford the patient comfort, we use the lithotomy poles quite regularly. If a patient vomits from anesthesia we are in a position to tilt the bed without much disruption to the surgeon's work," says Farai.

In addition, several other items have been procured and distributed through the H4+ initiative. These include anesthetic machines, sphygmomanometers, pulseoximeters, resuscitators, ambu bags, wheelchairs, delivery beds, stretchers, operating theatre tables, surgical gloves, blood collection tubes and syringes. Also procured and distributed were drugs which include oxytocin,

magnesium sulphate and halothane.

Point of Care (PoC) PIMA machines, motorcycles and blood test collecting tubes have also been procured to facilitate same day HIV testing and reporting and Early Infant Diagnosis (EID), respectively. These have positively impacted the delivery of PMTCT and pediatric ART services.

"We can now test for HIV in newborns right here!" revels primary care nurse Bernard Lunga stationed at Goredema Clinic in Gokwe North.

by Charmaine Chitate



Blood test tubes supplied to H4+ beneficiary centers.

H4+ Repairing Injustice



Aisha Katawala, 18, in the Gynaecology Ward of Chinhoyi Provincial Hospital

CHINHOYI PROVINCIAL HOSPITAL, Mashonaland West.

“My shame is gone!” said 18 year old Aisha Katawala proudly as she walked out of Chinhoyi Provincial Hospital's Obstetric Fistula Repair Camp, in Zimbabwe's Mashonaland West Province. Aisha received free repair surgery thanks to a partnership between the Ministry of Health and Child Care, UNFPA and Women and Health Alliance International (WAHA), supported by H4+.

Aisha had suffered from fistula for 8 years following a sexual assault that happened when she was just 10 years old. *“I was raped by my uncle and no-one believed me. Just before my 11th birthday I suffered a difficult and traumatizing labour at home.”* After three days of agonising labour, Aisha's family finally brought her to the hospital but it was too late. Aisha delivered a still born child by caesarean section and developed fistula as a result of the protracted labour.

“I began to leak urine through my vagina. No-one wanted to be around me.” Upon returning to her community, Aisha was ostracised by family and friends because of her condition. *“My school friends all progressed to become wives and mothers, my own life was one of isolation and sorrow.”*

Reaching women through innovation

However things began to look up for Aisha when she heard a radio announcement about a free Obstetric Fistula Repair Camp in Chinhoyi. The camp recruits patients through mass media advertising on local radio stations, flyers at local health facilities and through social media platforms, particularly WhatsApp.

Upon hearing the advert Aisha immediately phoned the hotline number. *“I was so excited, I prayed that I would get a date for the surgery soon.”*



Fortunate Mabhande, WAHA National Outreach Coordinator, responding to a Fistula inquiry through WhatsApp

Aisha's prayers were answered when she received a call from Fortunate Mabhande, WAHA's National Outreach Coordinator informing her she had received a placement for free surgery at Chinhoyi Provincial Hospital in August.

As well as receiving repair surgery and counselling, patients are also provided with money to assist with transport costs to attend the camp. Money is sent to the patients through EcoCash, an innovative mobile payment system that allows for cash transfers to those without bank accounts or those living in rural Zimbabwe using one of the three major mobile network service providers in the country.

Now a new woman, Aisha is filled with self-confidence and hopes she will meet 'Mr Right' and start a family of her own

"Look at me today, I am a woman, complete and dignified, my shame is gone!".

In changing the lives of women, the campaign initiative has been welcomed by the community, and resolved the associated matter of social exclusion. *"It has been an eye-opener for us"*, said Dr. Collett John Mawire, Medical Superintendent at Chinhoyi Provincial Hospital. *"The campaign has brought women out in their numbers. After the success of the first camp, our aim is to make the initiative as sustainable as possible and also create public awareness of the condition, especially that it can be repaired. If the number of women with Obstetric Fistula grows, and the partnership allows, the hospital may become a centre of choice for Obstetric Fistula repair in the country."*

by Victoria Walshe



Patients at the H4+ supported Obstetric Fistula Repair Camp at Chinhoyi Provincial Hospital.

Life-saving EmONC Services



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Hazvinei Masau (above) admires her daughter whilst sitting in the post-natal ward at Chidamoyo Mission Hospital in Hurungwe District.

CHIDAMOYO MISSION HOSPITAL, Hurungwe District. Mashonaland West Province

Hazvinei Masau, 31, from Chivende village sits in the post-natal ward holding her second surviving child out of five pregnancies. A three-hour drive from Chidamoyo Mission Hospital, Chivende is one of many hard to reach villages in Hurungwe district, with the majority of its community being peasant farmers.

Having given birth to her fifth child through caesarean section, Hazvinei recounts her heartbreaking pregnancies.

"I named my daughter Nyasha (grace) as it is by the grace of God and help from the staff at Chidamoyo Mission Hospital that I have my daughter. My first two pregnancies

resulted in stillbirths whilst my third pregnancy is my first surviving child. During my fourth pregnancy, my baby was in breech, presenting his feet first and he died during labour. I thought it would happen again when the nurses told me that my daughter had presented her arm first."

Registered General Nurse and midwife, Fungai Kibu was on call when Hazvinei arrived in advanced labour with the baby's arm already out. Given Hazvinei's previous obstetric history and noting the early arm presentation, Fungai was able to alert the doctor and theatre nurses regarding the situation, thanks to the BEmONC training he received, under H4+.

"I always joke around saying that the only obstetric emergency I cannot manage is a C-section. To attend to an



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Hazvinei's daughter, Nyasha Masau (above).

emergency, you need to understand the emergency. Through BEmONC training, I was empowered to manage a number of obstetric emergencies such as eclampsia, post-partum hemorrhage, birth asphyxia and to better-understand breech presentations," says Fungai.

Situated in the deeper recesses of Hurungwe, Chidamoyo Mission Hospital is the secondary referral hospital in Hurungwe district. As Karoi District Hospital (the primary referral center) is a good 103km away, most patients opt to travel at least 30km on foot, by ox-drawn carts or by road to seek medical attention in their pregnant state at Chidamoyo Mission Hospital.

Obstetric emergencies are a common daily experience at the mission hospital with a number of the emergencies resulting from failed home deliveries. The Basic Emergency Obstetric and New Born Care (BEmONC), is a competency based training that serves to build the capacity of nurses,

midwives and doctors on managing complications that arise during childbirth.

BEmONC trainings, supported by H4+ in Hurungwe districts and the other five remote districts in the country have equipped health service providers at primary care level to provide seven signal functions in saving mothers and new-born lives.

More importantly, they have raised the confidence level of doctors, midwives and nurses in the management of obstetric complications. The trainings have averted maternal deaths as the health workers are now able to identify and timely manage pregnancy complications.

by Charmaine Chitate



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RGN & Midwife Fungai Kibu (above) attends to Hazvinei's daughter.

Empowering young girls to prepare for the future



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Rumbidzai Matope (R) with a friend from Katswe Sistahood Chitsungo Primary School in Mbire District

CHITSUNGO, Mbire District, Midlands Province

16-year-old Rumbidzai Matope, from Mbire, had never been one to stand up for herself when boys jeered as she participated during class at Makuvatsine Secondary School in Mbire district. Not because she had wrong answers but, simply because she is a girl.

"I was worried that she might give up, drop out [of school] and opt to be married off. Katswe Sistahood taught my daughter that she had a right to her education and to pursue her dreams. It taught her to stand up for herself and that she had equal opportunities same as the boys had. She is not as intimidated by the opposite sex as she used to be and now finds it easier to seek advice from us her parents." Mrs. Matope, Rumbidzai's mother said.

Mbire district, in Zimbabwe's Midlands Province, is infamously known for girl child school drop outs and child marriages with some girls being married off for as little as a bucket of maize.



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Mrs. Matope (above) with her first born Rumbidzai who is a member of Katswe Sistahood and fourth born son Clemence at their homestead in Chitsungo, Mbire District.

Katswe Sistahood, a girl's empowerment initiative implemented under the H4+, equips girls with survival skills in an effort to combat early child marriages and, as an end result, maternal deaths. They hold periodic discussion forums known as "PaChoto", where the girls share ideas with their parents using different platforms such as plays and poetry depicting the problems they face. The girls are taught about the dangers of early marriage, teen pregnancy and are taught how to safeguard themselves from unwanted sexual advances.

Teenage pregnancy is quite prevalent in the district. Zion Apostolic Christian Church Arch Bishop, Farai Chiurirai, describes the dangers of child pregnancies, *"When our daughters fall pregnant, their bodies are not fully developed to withstand childbirth. Instances such as these, when delivered at home by traditional midwives, mean sure death due to lack of professional expertise and use of correctly sanitized equipment."*

by Charmaine Chitate

Promoting health seeking behavior within the community



Members of the Women's Action Group after a discussion forum at Chitsungo Primary School in Mbire District, Zimbabwe.

CHITSUNGO, Mbire District, Midlands Province

In order to combat high levels of home deliveries and maternal mortality in Chitsungo in Mbire district, Women's Action Group (WAG) undertakes community mobilization implemented under the H4+ initiative. The programme encourages men and women's participation in order to understand the dangers of home deliveries through its men and women's reproductive, maternal and neonatal, child health and adolescents (RMNCH-A) forums.

It urges pregnant women to register their pregnancies in order to benefit from ante-natal care services which includes early detection of risk factors in pregnancy and their management such as high blood pressure and also services like HIV counselling and testing, STI screening and general information on health in pregnancy.

Village heads in Mbire district have begun imposing fines to discourage home deliveries. The standard fine for not registering a pregnancy consists of a goat whilst giving birth at home attracts an extra \$20 fine. For a community that has a seasonal income at best, this is a steep fine.

Dr. Andrews Chidziva, a Government Medical Officer and Acting District Medical Officer, has noted the positive effects of community mobilization conducted by WAG, "A lot of women are coming through to register their pregnancies and I have also witnessed a gradual reduction of teen pregnancies within our maternity wards."

Supported by H4+, the work of WAG has also raised awareness within the community on child marriages, gender based violence and reproductive and sexual health, including maternal health.

"When a man dies, his wife re-marries leaving her children behind." Blandina Matare speaks out amidst fellow members during a discussion. "As mothers, we realized that we were leaving our daughters vulnerable to abuse and child marriages. Being a part of WAG we are now more knowledgeable."

Expense M. Gwaze the village headman emphasized on how WAG has assisted him in his work as a headman, "I presided over a number of disputes regarding gender based violence in households. It was impossible to discuss issues concerning the girl child when the parents were discontented with each other. WAG brought us solutions by creating a platform to learn and share ideas."

by Charmaine Chitate



Stephen Jiri, a member of the Women's Action Group during a discussion forum at Chitsungo Primary School in Mbire District



Midlands Province benefiting from H4+

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Medical personnel conducting an emergency C-Section for obstructed labour.



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Chinowona Mtetwa Registered general nurse and theatre nurse at Gokwe North District Hospital,

GOKWE NORTH DISTRICT HOSPITAL, Midlands Province

“Before I underwent clinical mentorship, our theatre was not fully functional,” recalls general nurse Chinowona Mtetwa of Gokwe North District Hospital.

“We had a lot of doctors, a fully equipped theatre but, there were no theatre nurses to assist doctors during theater procedures. This weighed heavily on our community as they had to travel long distances to gain corrective assistance at a high cost.”

Situated about 300 kilometers from Gweru, the capital of Midlands province, Gokwe North, is home to about two hundred and fifty thousand people (250 000). It is one of the most remote and hard to reach districts in the province. Rough terrain and bad roads make it even more difficult to

access. Due to shortages of skilled health personnel in the country, most hospitals including Gokwe North could not offer emergency obstetric care services. Most clinical procedures were referred to central hospitals. This ran a risk of further complicating emergencies such as ectopic pregnancies.

"During my nursing studies, we were under a lot of pressure to complete the course. I was only attached to theater for a month and thus had very little skillset to offer" recounts Chinowona.

In an effort to capacitate the hospital, mentees were selected from Gokwe North District Hospital to undergo clinical mentorship on management of emergency obstetric cases in June 2014 at Gweru Provincial Hospital under the supervision of the resident gynecologist and qualified nurse anesthetist. The mentees were expected to participate in five obstetric clinical procedures and two complicated procedures over a two-week period.

In response to the needs of mothers and children, H4+ began its operations in 2012. As one of the beneficiaries, Gokwe North District Hospital doctors, midwives and nurses were trained in EmONC. The hospital also received equipment but was unable to conduct C-sections due to lack of clinical expertise and skills.

"Some doctors had gone over two years without conducting a C-Section and the institution did not have theatre nurses to support them," says Dr. Brian Abel Maponga, the Provincial Maternal and Child Health Officer for Midlands Province.

To date, eight (8) doctors and four (4) registered general nurses (RGN) have been mentored in the province on management of emergency obstetric cases. Four (4) more doctors are undergoing clinical mentorship. Under this programme a fourteen-day clinical attachment at a provincial hospital is followed by post mentorship follow up within one month.

Chinowona adds that, *"Through clinical mentorship, I learnt how to assist doctors during theater procedures such as manual vacuum aspirations (MVAs) and repair of second degree tears. I had the pleasure of conducting a C-section with the mentees and was impressed."* said Dr Maponga.

As a result of the mentorship programme, Gokwe North District Hospital started performing cesarean sections in June 2014. So far the hospital has performed eighty eight (88) cesarean sections and one hundred and forty four (144) manual removals of retained products of conception (MVA). The hospital now has a resident anesthetist and another one is undergoing mentorship.

Overall, three districts in Midlands Province have benefitted from the clinical mentorship. Cumulatively, the districts have performed three hundred and forty six (346) Cesarean sections and three hundred and eleven (311) MVAs since June 2014. In addition, all the hospitals are attending to other various surgical procedures which could not be done before.

"I am now able to apply myself with minimum supervision and add value to our institution's service. Clinical mentorship helped me gain confidence and for that, I would encourage other nurses to pursue it," declared Chinowona.



Theatre staff assist during an emergency C-Section.

**Working
together
to improve
women's and
children's
health.**





Nursing staff at Chinhoyi Provincial Hospital in H4+ supported Hurungwe district checking newborn baby for cleft palate



H4+



Gouvernement
du Canada

Government
of Canada



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