

**Report of a Meeting of
Representatives from the Executive Committee of the
Zimbabwe Network for Health (ZimHealth)
And Dr Stanley Mungofa, Director of Health Services, City of Harare
Followed by Site Visit to Mbare Polyclinic**

**Rowan Martin Building, Harare
Wednesday 23 September 2009**

Present: Dan Makuto
Nancy Makuto
Francis Ndowa
Margaret Ndowa
Stanley Mungofa

Dr Stanley Mungofa agreed to meet with representatives of ZimHealth during the visit to Zimbabwe by the Ndowa family as a follow up on issues raised at the last meeting of the ZimHealth Executive Committee in Geneva. Dr Makuto was present as the Harare-based representative of ZimHealth.

Francis made introductions to Dr Mungofa and apologized for the fact that he had not been able to access his emails for the past two weeks and so some issues on procurement lists for the clinic may not have been resolved.

Francis produced the list of items for the second consignment to the Edith Opperman Hospital and sought clarification on a number of items in terms of the model of equipment needed and priorities. Dr Mungofa responded as follows:

- Scanner – he is amenable to advice as to which scanner would be better
- Sonicaid – the one indicated is the best model to provide as it requires no additional training
- Currently there is no one to do ultrasound scans, although the City Health Department is prepared to second someone for training
- Suction Machine – only need one
- Resuscitaire (baby) – it would be good to have another one but they could manage with one, if necessary
- If the resuscitaire was not procured, then the number of screens provided could be increased.

Francis indicated that he would revise the list according to discussion and send for procurement using the funds received from the City of Geneva.

Dr Mungofa indicated that whilst there was still a very long way to go to return to the standard of service previously provided at Mbare Clinic, he noted the following

- The German Government had assisted with drugs which, although had lasted for almost a year, were now coming to an end

- A delegation was due to arrive from Munich in a couple of weeks for discussions regarding twinning
- Bed sheets had been provided by the German Government and whilst the sizes were wrong, they were being sewn together for use
- The Red Cross which normally works with countries in regard to war situations had made an exception with Zimbabwe and agreed to provide incinerators in the 12 polyclinics in Harare. The Red Cross was also working with the City of Health in terms of water supply by way of sinking boreholes for clinics
- Where possible, the City Health is working with the City of Harare to resolve some issues, although this is a slow and methodical process. However, tiles had been put in Mabvuku and Budiriro clinics and work is now commencing on Dzivarisekwa clinic
- City Health was expecting used hospital beds from the Faith Ministries based in Canada.

Dr Mungofa shared with ZimHealth lists of requirements for all the clinics in Harare.

When asked whether some items could be sourced locally, for example, desks and chairs, Dr Mungofa indicated that the manufacturing industry in Zimbabwe had not yet sufficiently recovered in terms of production and productivity. Most of the items being sold were most likely imported and would have a mark-up price that would make them more expensive to purchase within Zimbabwe. As an example he mentioned that when a donation was received from the European Union, the City Health Department went to Botswana to source the furniture.

Francis acknowledged receipt of Dr Mungofa's letter in respect of transport requirements. Francis noted that the second consignment was being procured from the CHF 15,000 from Geneva City which was earmarked specifically for Edith Opperman Clinic and cannot therefore be redirected to procure vehicles. It is hoped that the City of Geneva will give more once they witness the successes of ZimHealth in the utilization of funds received. Francis further reiterated the forthcoming fundraising event scheduled for 3 October at the Holy Trinity Church in Geneva which was a general resource mobilization event.

Francis explained that whilst the Geneva Cantonal Hospital had second hand equipment to donate, nothing that had matched the list previously provide by the City of Harare.

Francis reported that a group of Zimbabweans with similar goals and aims as ZimHealth were being formed in Namibia and Botswana.

Dr Mungofa mentioned that the Mayor of Harare was very excited by this mobilization of materials from Zimbabweans in the Diaspora. However, he could not confirm whether the Mayor had yet been able to follow up with the Rotarians, as mentioned at the handover ceremony, for refurbishment of floor tiles at the Edith Opperman Hospital.

The meeting ended at 10.30 am after which a visit was made to the Mbare Polyclinic.

Visit to Edith Opperman and Mbare Polyclinic

Francis, Dan, Nancy and Maggie were met by the Matron and Sister Chibanda and were given an update of the situation at the Mbare Polyclinic.

It was reported that the morale of the staff had significantly improved with the provision of the items from ZimHealth and, although there was still a long way to go to provide proper service to the patients, the staff at the Clinic were grateful for the efforts made.



Noted on arrival was a pile of black bags containing biological products of child birth, such as placentae, awaiting transportation for destruction and bags of linen meant for laundry at Beatrice Road Hospital but, due to transport problems, these bags had been sitting outside for two days – flies were congregating ([click here for photos of the visit](#)).

It was reported that currently there were between 25 and 30 bookings for antenatal care a day although this was expected to increase particularly as it costs US\$ 50 for booking at Mbare as opposed to US\$ 5,000 at the private hospital, Baines Avenue Clinic.

It was observed and reported that the ceiling in the waiting area of the Edith Opperman Hospital had been repaired by the City of Harare.

UNICEF was obtaining quotations for repair of the roof and ceiling in the training room.

Although the communications radio was not working, the clinic had been provided with new telephones which were working on the day of this visit.

The refrigerator that was delivered courtesy ZimHealth had not yet been plugged in as it was still waiting for an electrician to come and change the electric plug from the South African type to a Zimbabwean type of plug.

The situation with toilets was bad in that 1 toilet out of the 4 was not working. Although the City of Harare had sent plumbers to repair the toilets, the equipment was too old and the cisterns were in need of replacement.

It was noted that the hot water geysers were not working and that women had to wash with cold water after giving birth. If the geysers were working, it would also be possible to do the laundry at the Edith Opperman itself.

The ongoing load shedding resulting in frequent power outage, without a generator, proves to be a problem. Nurses have to suture patients using a candle at times.

Staffing is a major problem. There are currently 5 nurses to share between Edith Opperman and the Polyclinic which meant that one nurse was left to deal with a booking clinic of 25-30 people a day, handling the administrative recording and conducting medical examinations, among other things.

There were no doctors available for the clinics. A handful of doctors were donating time to see patients. Some doctors used their own equipment when none was available at the clinic. Specifically, the ZimHealth delegation was able to meet Dr Jenkins who volunteers his time to hold clinics at the Mbare polyclinic. His message was that he saw many patients with obvious clinical AIDS but who could not receive free ARVs as they were still waiting for screening for CD4 counts. He remarked that some patients would be dead before they got round to having a CD4 count. He expressed frustration that this was a WHO recommendation that bears little resemblance to realities on the ground. The clinic currently has 1,534 registered HIV patients, but many more are not registered. The HIV clinic was currently seeing up to 100 patients a day with only one nurse attending to them. The process involves extensive record keeping, issuing medication and providing counselling.

It was noted that most of the ceiling fans were not working, making it a long hot wait for treatment. The chairs on which patients sat during consultations or injections were damaged. The filing cabinets were not providing confidential storage on account of their state of disrepair ([click here for photos of the visit](#)).

Upon leaving the clinic we were shown the grounds which were being well kept, particularly the bushes which were being trimmed with the hedge cutters provided by ZimHealth. It was noted that whilst this was not a “medical” instrument, it helped to improve the aesthetics of the clinic. The gardener indicated that he would also appreciate a hosepipe!



It was a humbling experience to see how the health-care staff was continuing to work under significantly less than optimum conditions whilst maintaining an attitude of hope.