

ZimHealth Progress Report – December 2009

This narrative seeks to provide the progress report of the activities of the Zimbabwe Network for Health (ZimHealth) from its inception from 2006 to December 2009. Subsequent reports will be annual reports with updates in between.

I. Conceptualisation of the organisation 2006 – 2008

1. Following an article in the media in 2005 about the state of disrepair of Harare Hospital, a referral and teaching hospital in the capital city of Zimbabwe, many health-care providers, doctors, nurses and beneficiaries of the institution moved to take action. In Switzerland, a group of Zimbabweans initiated discussions via e-mail about what they could do to assist in refurbishing Harare Hospital and other health facilities back home.
2. Initially, a group of Zimbabweans in Switzerland agreed to contribute an initial amount of 500 Swiss francs each, followed by a commitment of up to 100 Swiss Francs (CHF) per month into a named account. That was the beginning of the Zimbabwe Network for Health (ZimHealth).¹ These early years were characterised by a sharing of ideas and brainstorming sessions in order to figure out the specific activities and projects to be undertaken by ZimHealth to play its role in dealing with the crisis. As time went on, from its inception in December 2006, ZimHealth grew to incorporate other Zimbabweans in Africa. One of the founding members moved to the United States of America where he established and registered a similar charity in February 2008.

II. Setting fundamental principles and selection of projects 14 December 2008

1. The outbreak of cholera in Zimbabwe in August 2008 and the subsequent health crisis provided an impetus for ZimHealth to define the specific role it could play. On 14 December 2008, ZimHealth and the Zimbabwe Advocacy Office convened a meeting in Geneva to respond to the crisis as well as discuss the way forward for ZimHealth. The meeting was attended by about 25 people from different parts of Switzerland. Various response actions and their implications were brainstormed and decisions were taken on a democratic basis. The main principles and decisions made at this meeting would inform and shape the subsequent activities of the Association. These included:
 - a. The nonalignment of ZimHealth. It was emphasised that ZimHealth was non partisan and apolitical.
 - b. Focus of the response to major cities. Specifically, it was decided to focus on polyclinics in the cities as they were the backbone of primary health care for most Zimbabweans.
 - c. Avoidance of administrative costs.
 - d. Procurement and sending of medicines and other commodities instead of money.
 - e. Need for collaboration and cooperation with other like-minded groups.

¹ZimHealth was initially named E-ZIHAT (Zimbabwe Health Access Trust -Europe), a name which was subsequently changed in May 2009 as it was found necessary to disassociate from a previous alliance partner that fell into disrepute thus safeguarding the continuing operations in Europe.

f. Acceptance of the relaxation of the established criteria for membership. It was agreed that even without paying the initial CHF500, individuals making regular donations could be included in the circulation list and considered members or contributors.

2. Selection of first project.

At the meeting on 14 December, the Edith Opperman Maternity Hospital, which is attached to the Mbare Polyclinic, was identified as a possible first project to be undertaken by ZimHealth. The hospital was selected for a number of reasons, including its proximity to the terminus for transport from within Greater Harare, the neighbouring suburbs and the rural areas. The Mbare Polyclinic, comprising the Edith Opperman Maternity Hospital and the Primary Health Care Clinic is by far the busiest of the approximately 40 clinics under the Harare City Council. This complex also caters for some of Harare's most disadvantaged, vulnerable and poorest populations. The maternity unit delivers up to 400 babies a month with its bed capacity of 30. Its outpatient facility is consulted by approximately 2,000 clients per month. The hospital has a team of dedicated staff that continued to work throughout the crisis and, reportedly, never went on strike during periods of unrest and demonstrations in the country. For these reasons, it was felt that with some support, tangible results could be achieved at this hospital. It was also important that there was unwavering support and commitment from the authorities in the city of Harare, including the Mayor of Harare and the Director of Medical Services in the city of Harare.

III. January 2009 – Visits to Zimbabwe

1. The Chairperson of ZimHealth had the opportunity to visit Zimbabwe in January 2009. In addition to conducting a site visit at the Mbare Polyclinic, he also met with the Mayor of Harare and his deputy as well as with the Chief Executive Officer of The Parirenyatwa Group of Hospitals. Through these face-to-face meetings ZimHealth managed to acquire much needed home support for its initiatives. ZimHealth also managed to acquire a list of essential items² critical for the operation of the maternity wing (see Annex 1).

- Site visits as well as face-face meetings with local authorities are invaluable in harnessing support for the activities of ZimHealth.
- The needs of health-care staff were also highlighted, and ZimHealth believes that improving the conditions and environment in which they work would directly impact on the performance of the Polyclinic.

² The original list received from Mbare Polyclinic was revised and narrowed down to an essential list in consultation with officials at Mbare.

IV. January 2009 to June 2009 – Other fundraising efforts

1. As a means to obtain more funds for the Edith Opperman Maternity Hospital project, ZimHealth sent out letters soliciting for donations. In total eight letters were sent out, to which five responses were received. Of the responses, three provided an opportunity for ZimHealth to send representatives to meet and discuss with the potential donors.
2. The first meeting attended by the representatives of ZimHealth was with the Hôpitaux Universitaires de Genève (HUG). The meeting was held with Mr. Andre Laubscher, Director of Nursing Care and President of the HUG Humanitarian Affairs Committee. At this meeting, the ZimHealth representatives were informed that there were two main avenues of assistance through the HUG as follows.
 - a) A donation from the inventory of second hand (but in good condition) items which it keeps in its storeroom and provides to charitable ventures like those of ZimHealth. The essential list of requirements from Mbare Polyclinic was thus submitted to Mr. Laubscher to determine if any of the items on it would be available in the HUG inventory. Subsequently, however, HUG reported back that the Mbare list did not tally with its list and thus nothing was received from the HUG. However, it was pointed out that ZimHealth could, at a later date, submit lists from other hospitals which may have higher chances of tallying with the inventory list of HUG.
 - b) The provision of training, transfer of knowledge and techniques, research etc. Although this was interesting, it was accepted that it fell outside the scope of activities of ZimHealth at the moment. It was felt that ZimHealth could potentially act as a facilitator in introducing this arm of the HUG to contacts in the Ministry of Health, the University of Zimbabwe or other associations specifically dealing with knowledge transfer.
3. The second of the authorities met by the ZimHealth representatives was the City of Geneva, through a couple of meetings. The first meeting was held with Ms Isabelle Roch-Pentucci the administrator of the Department for Social Cohesion, Youth and Sport. From this meeting ZimHealth were advised of four important points concerning the request for funding:
 - a) The project proposal needed to be modified so that it focused on one single project and provided a detailed description thereof. Furthermore, a more realistic budget was advised, taking into account that the City's range for donations was between CHF 30, 000 and CHF 50, 000.
 - b) To counter the relative inexperience of ZimHealth as an Association, the profiles of the executive members of ZimHealth had to be made more prominent. Thus, it was advised to attach résumés and profiles to the project proposal.
 - c) The monitoring plan of the project had to be clearly outlined.
 - d) The decision to send material assistance rather than money also had to be explained.
4. After reworking the project proposal according to the above recommendations, ZimHealth representatives presented the project to a panel delegation of the City of Geneva which approved a donation of CHF15, 000 towards the Mbare Polyclinic project in July 2009.

- Experience from these meetings showed that there is a need for a strategy in sending requests for funding. It is important to space out the letters so that there is enough time between any possible interviews. In addition to ensuring that at least one of the representatives has good communication skills in French it is also important to ensure that representatives are briefed well and prepared.
- It may also be available to sign the letters requesting funds in the name of a representative who will/is likely to attend the meetings.
- Tips received from the City of Geneva regarding the project proposal, budget, monitoring plan etc. were also invaluable in the preparation of future proposals.
- City authorities recommend that ZimHealth members individually approach their local authorities. Every town and village council has funds available for development projects.

5. The ZimHealth representatives also met up with authorities from the Canton of Geneva. The cantonal authorities referred ZimHealth back to HUG and highlighted the training collaborations with HUG. Furthermore, the importance of approaching different communes for support was also pointed out since all communes have their own programmes to assist organisations like ZimHealth.

V. 30 July 2009 – Procurement and delivery

1. **The first consignment to the Edith Opperman Maternity Hospital** was procured with funds raised by ZimHealth-Europe and a Zimbabwean charity based in the USA.³ The items were all procured through a company based in South Africa. The consignment included clinical materials, such as a hot air steriliser, suction machines, a baby resuscitaire (a newborn resuscitation unit), bowls, gallipots, theatre scissors and forceps, sphygmomanometers, stethoscopes, linen, including hospital bed sheets, bedding draw sheets, towels and gowns for patients as well as non-medical equipment such as hotplates, a microwave oven, a tea urn, a 240L refrigerator, calculators, etc. The full list of items can be accessed under Projects on the ZimHealth website.
2. **The hand over ceremony at Edith Opperman Maternity Hospital**
ZimHealth worked in close collaboration with the authorities in the City of Harare Health Department and managed to facilitate the duty free importation of the consignment through discussions with the Ministry of Health in Zimbabwe. The City authorities then organised a hand over ceremony and ensured that key dignitaries, including the Minister for Health and the Mayor of Harare would attend the event.

³ At this point the donation from the City of Geneva had not yet been received and was thus earmarked for use in procuring the subsequent consignment.



The consignment was formally handed over on 30 July 2009 at a ceremony officiated by the Director of the City of Harare Health Services, Dr. Stanley Mungofa. The ceremony was attended by, among others, the Minister of Health and Child Welfare, the Mayor, Town Clerk and Councillors of the City of Harare, the Swiss Ambassador to Zimbabwe, a representative from The International Federation of Red Cross and Red Crescent Societies (IFRC) as well as representatives of ZimHealth and the Zimbabwean charity based in the USA. The event was also covered by the Zimbabwe Broadcasting Corporation (ZBC) and the Herald Newspaper.



3. The delivery of the consignment had other positive spin-offs. The Mayor of Harare promised to contact the Rotary Club to visit Edith Opperman Maternity Hospital with a view to making structural improvements of the place. The IFRC representative pledged to emulate the ZimHealth donation in other clinics in the city, including provision of non-medical equipment such as hot plates, fridges and microwaves, which is not normally considered by classic donors. The Swiss Ambassador in Zimbabwe also promised to report to an association run by Diplomats' wives to take up like projects. Some of these improvements were noticed at subsequent visits and are illustrated on the website.

VI. October 2009

1. Fundraising event in Geneva

On 3 October 2009 Zimbabweans in the Diaspora in Switzerland and committed supporters responded to the invitation from ZimHealth to a fundraising event held at the Holy Trinity Church Hall in Geneva. ZimHealth-Europe received contributions in the form of cash donations and purchases of all the items that were put on auction that afternoon. ZimHealth



raised 4,390 Swiss francs on the night, but donations continued to come even after the event with cash deposited directly into the ZimHealth bank account or passed on to ZimHealth members to bank by supporters who were at the function and those who had not



been able to attend the event but supported the cause. By 20 October ZimHealth-Europe recorded a total sum of 7,717.30 Swiss francs linked directly to the fundraising event!

2. Procurement and subsequent deliveries to Mbare and Pelandaba clinics

ZimHealth procured the second consignment to the Edith Opperman Maternity Hospital in October 2009, dispatched in November and delivered to the clinic in December 2009. This second consignment, drawn from the outstanding items of the Mbare list, was funded through a donation from the City of Geneva. Procurement was made through DAETA International Trading in South Africa, totalling US\$ 14,775.20, including freight, handling, documentation and Insurance.

ZimHealth also procured a third consignment for the first phase of the second project, the Pelandaba clinic in Bulawayo the second largest city in Zimbabwe. This consignment amounting to US\$9,000 was funded from regular donations and income from the fund raising event referred to above.

- There was a need to expand and find other sources of funding such as local authorities to finance future projects.
- There was also a need to keep the momentum and follow through with the projects, thus, demanding considerable sacrifice from members of ZimHealth.
- There was need to extend invitations to Zimbabweans and Friends of Zimbabwe in other countries in Europe.

VII. December 2009

1. Dissemination of information within Europe

ZimHealth reached out and sent brochures, information and invitations to contacts in the United Kingdom of Great Britain and the Netherlands and Ireland. Although acknowledgements were received, no firm commitment has been received yet. Follow up and advocacy are needed.

2. Visits to Mbare and Pelandaba clinics

On December 14th, Shiva and Liz visited the authorities in the City of Harare at the Rowan Martin Headquarters building of the Directorate of the City of Harare. They were able to meet with Dr Stanley Mungofa, the City Medical Director; Dr. Chonzi, the Deputy City Medical Director; Mr Chigerwe, the Health Administrator; Mr Chrispen Mashura, Administrator; and Mrs Judith Chibanda, Sister in Charge Mbare Polyclinic.

On 17th December Shiva and Liz visited the Mbare Polyclinic and reported that the ZimHealth Phase 1 equipment was in use and some items were in storage for use as per need to ensure that it remained secure (e.g. patient gowns, stethoscopes). The Phase 2 equipment had arrived in country, but was at that time awaiting delivery to the clinic.

On 21st December Shiva and Liz went to Bulawayo and met with Dr Marape, Assistant Director of Health Services, Bulawayo, Ms Milingo, Chief Nursing Officer, Mr. Zulu, Nurse in Charge at the Pelandaba Clinic and other staff at the Pelandaba clinic. This was the first visit by ZimHealth members to Bulawayo – previous communications had been by telephone and e-mail. The Assistant Director of Health Services and the Chief Nursing Officer were fully supportive and facilitated the field visit and consultation with the staff of Pelandaba Polyclinic and City Health Department. Phase 1 equipment for the clinic had been well received and stored, but staff were anxious to use the equipment. Plans were discussed for the hand over ceremony in January 2010.

3. Visits to Parirenyatwa Hospital and the Ministry of Health in 2009

On December 14th 2009 Shiva Murugasampillay and Liz Mason visited the Parirenyatwa Teaching Hospital and met with Mr. Zigora, the Chief Executive Officer, to assess the needs of the teaching hospital. Mr. Zigora was anxious to hear about the outcome of the request

for hospital equipment and specialist support for clinical work to address the long waiting lists at the hospital. He indicated the importance of ensuring that any equipment donated was in good working order and of good quality. He also indicated that with advance notice, visiting specialists would be well received, patients would be ready and pre-assessed and accommodation made available for the visiting teams.

On 17th December 2009 and 5th January 2010, they visited the Ministry of Health and Child Welfare and met with Dr. Gwinji, the Permanent Secretary for Health, Dr. Dhlakama, the Principal Medical Director, Dr. Mugurungi, the Director HIV and STI and Dr. Mberikunashe, Director Malaria Control. The health authorities met were fully supportive of the work of ZimHealth and promised to facilitate ZimHealth's efforts within Zimbabwe. The health authorities also reported that nursing staff were re-entering the health services and that an increasing number of primary health care nurses were being trained. However, the shortage of doctors and other health cadres remained a problem.

VIII. January 2010

1. In January 2010 Lorraine Mangwiro was able to visit the Mbare complex during which time the delivery of the second consignment was confirmed. Photos taken during this visit were able to demonstrate the difference that the ZimHealth assistance had made to the appearance of the Maternity wards.



Mbare visit by Lorraine in January 2010

2. Hand over of delivered goods at Pelandaba clinic in January 2010

On 13th January 2010, the handover ceremony was held at the Pelandaba Clinic, attended by Councillor T.P. Moyo, the Mayor of the city of Bulawayo, Dr. Bango, the Provincial Medical Director for Matabeleland South, representing the Minister for Health and Child Welfare. The Zimbabwe Network for Health in Europe (ZimHealth – Europe) and the Zimbabwean Diaspora in the USA were represented by Lorraine Mangwiro.



Lorraine's visit to Pelandaba and hand over of the goods to the Mayor of Bulawayo

Conclusion

The support contributions that were made up to the end of 2009 by members of ZimHealth and other well wishers enabled the efforts of ZimHealth to take off in a very encouraging and tangible manner, with an obvious difference being made in the two projects in Zimbabwe. The health authorities in Zimbabwe, including the Minister for Health and Child Welfare commended the efforts made by ZimHealth beyond mere words and promises. The Executive Committee would like to report that 2010 seems to be even more promising and would like to thank all its members and other well wishers to continue their support towards bigger and more impressive achievements in Zimbabwe.