MSF IN ZIMBABWE
ACTIVITY REPORT 2015

MEDECINS SANS FRONTIERES

www.msf.org

The Medecins Sans Frontieres Charter

Médecins Sans Frontières (MSF) is a private international association. The association is made up mainly of doctors and health sector workers and is also open to all other professions which might help in achieving its aims. All of its members agree to honor the following principles:

Médecins Sans Frontières provides assistance to populations in distress, to victims of natural or man-made disasters and to victims of armed conflict. They do so irrespective of race, religion, creed or political convictions.

Médecins Sans Frontières observes neutrality and impartiality in the name of universal medical ethics and the right to humanitarian assistance and claims full and unhindered freedom in the exercise of its functions.

Members undertake to respect their professional code of ethics and to maintain complete independence from all political, economic, or religious powers.

As volunteers, members understand the risks and dangers of the missions they carry out and make no claim for themselves or their assigns for any form of compensation other than that which the association might be able to afford them.

This report provides descriptive overviews of MSF's operational activities in Zimbabwe between January and December 2015.

Project summaries are representational and owing to space considerations, may not be comprehensive.

CONTENTS

FOREWORD BY HEAD OF MISSIONS - MSF IN ZIMBABWE

Abi Kebra Belaye and Fasil Tezera

It is with great honour, that we present the Médecins Sans Frontières / Doctors Without Borders (MSF) in Zimbabwe 2015 intersectional activity report.

A number of projects were started in the year under review. MSF embarked on new projects in Manicaland where it is supporting the Ministry of Health and Child Care (MoHCC) to roll out targeted viral load monitoring and community ART refill groups (CARGs) in Mutare, Makoni, Mutasa and Chipinge districts through a mentoring approach. MSF also introduced CARGs in Epworth.

MSF continues to advocate for increased scale-up of routine viral load monitoring in order to help improve people's HIV treatment outcomes. Viral load monitoring services are largely unavailable in developing countries because of the costs associated.

Community ART Refill Groups (CARGs) are a model of care whereby people living with HIV who are on anti-retroviral therapy form groups in the community and the group members rotate to attend the health facility to pick up ARVs for the whole group.

Community models of care remove obstacles to access ARVs: the time, effort and money it often costs and that discourage many to keep taking their life-long treatment.

MSF also continued to provide treatment and psycho-social support to survivors of sexual and gender based violence (SGBV) at the Mbare Polyclinic and decentralised SGBV care to Kuwadzana and Glenview clinics. MSF also supported MoHCC to provide medical care and psycho-social support to survivors of SGBV at the Overspill and Epworth Polyclinics.

MSF continued to provide care and treatment to inmates at the Chikurubi Maximum Prison psychiatric unit. To show its commitment in supporting mental health activities in Zimbabwe, MSF also conducted a mental health assessment throughout the country to assess possibilities of MSF mental health intervention to extend into primary, secondary and/or tertiary psychiatric care outside prisons. This assessment indicated a need for an intervention. MSF has therefore, started providing support at the Harare Central Hospital Psychiatric Unit since October 2015. The project is aimed at improving the quality of diagnosis, treatment, care and support to psychiatric patients in Harare, in collaboration with MoHCC.

MSF also constructed an OI/TB clinic at the Epworth Polyclinic and replaced the temporary structure that was previously used for consultations. Construction of the clinic was started in August 2015 and was completed in December 2015. Patient consultations at the new clinic have since started.

MSF also officially opened a laboratory and a pharmacy block at the Epworth Polyclinic in September 2015. The block was built to facilitate good patient flow, improve quality of care, shorten the patient waiting time at the clinic, facilitate storage of medical supplies and to accommodate the increased number of laboratory machines which has enhanced the overall quality of care.

After 12 years of providing free and quality HIV and TB care and mentoring nurses in Buhera District, MSF handed over the Buhera project to MoHCC. The team has moved to Mutare where it is continuing to provide treatment and care to HIV patients.

MSF also closed the Nyanga project in Manicaland Province in December 2015 after two years of mentoring MoHCC nurses on HIV and TB management.

The team has now moved to Chipinge district in the same province where it is supporting MoHCC to roll out targeted viral load monitoring, Non-communicable diseases and CARGs through a mentoring approach.

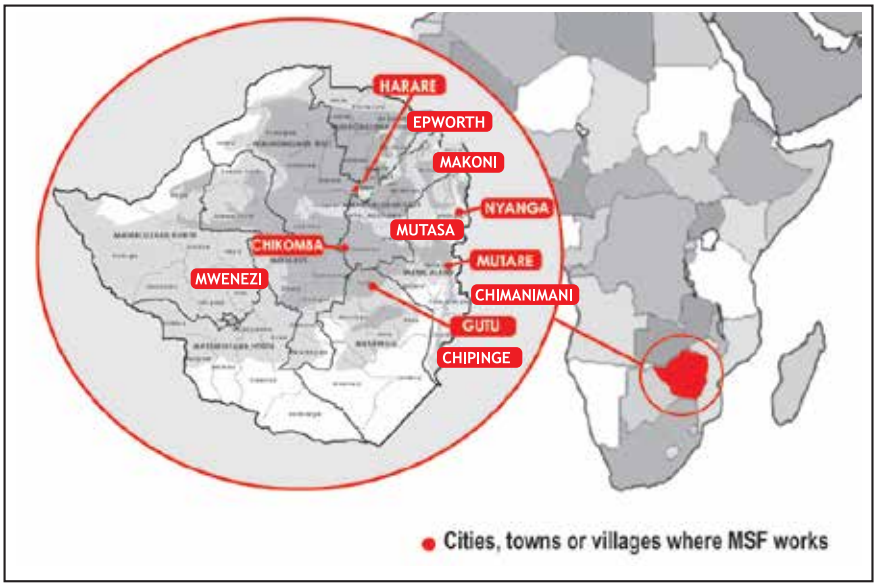
MSF also officially handed over the Overspill clinic to MoHCC in September 2015. MSF built the Overspill clinic and officially opened it in September 2011. The clinic is continuing to provide comprehensive care including basic health care, HIV/TB/MDR-TB management and cervical cancer screening.

MSF would like to take this opportunity to thank all the partners and stakeholders that contributed to the success of MSF's activities in 2015. These partners include, the Ministry of Health and Child Care, Zimbabwe Prisons and Correctional Services, Ministry of Justice, Legal and Parliamentary Affairs, various civil society organisations, members of the media fraternity, members of the public, thousands of patients in various MSF projects, local and international staff in MSF Zimbabwe, among others.

MSF would also like to acknowledge the contribution of its donors that made it possible to provide treatment and care to thousands of patients in Zimbabwe. MSF values the independence it is afforded by millions of individual private donors.

MSF is supporting MOHCC to provide cervical cancer screening services using visual inspection with acetic acid and cervicography (VIAC) in Epworth and in Gutu.

MSF PROJECT LOCATIONS IN ZIMBABWE



OCA (Harare and Mashonaland East Provinces)

EPWORTH POLYCLINIC

MSF is working in partnership with MoHCC to provide treatment, care and support to HIV/ TB/ MDR TB patients. MSF is supporting the roll out of routine viral load monitoring and community ART refill groups to HIV patients.

It is also running SGBV, adolescents and family clinics as well as providing cervical cancer screening services. MSF has a family corner where adolescents and children from the large cohort are attended to according to their special needs.

PSYCHIATRIC PROJECTS

Prison - MSF provides diagnosis and treatment of male and female inmates with mental illness at Chikurubi maximum security prison and Chikurubi female prison in Harare. MSF is also supporting the diagnosis and treatment of HIV and TB and is training staff in eight other prisons in the Mashonaland region.

Harare Psychiatric Hospital - MSF provides treatment, care and support to psychiatric patients at the Harare Psychiatric hospital and aims to decentralise the service to poly clinics in Harare in collaboration with MoHCC. MSF is currently rehabilitating the Harare Psychiatric hospital.

OCB (Harare, Manicaland and Masvingo Provinces)

HARARE - MBARE SGBV

MSF is providing treatment and psycho-social support to survivors of sexual and gender based violence at the Mbare Polyclinic and has now decentralised SGBV care to Kuwadzana and Glenview clinics.

HARARE - WATER AND SANITATION

MSF is currently running several water, sanitation and hygiene (WASH) projects in some vulnerable suburbs in Harare.

GUTU AND CHIKOMBA

MSF has decentralized HIV/ TB/MDR TB treatment, care and support and follow up through mentoring approach to MoHCC. It is also supporting MoHCC to roll out viral load monitoring services and community ART refill groups (CARGs) to HIV patients.

MANICALAND

MSF embarked on a new project in Manicaland where it is supporting MoHCC to roll out targeted viral load monitoring and community ART refill groups (CARGs) in Chimanimani, Chipinge, Makoni, Mutare and Mutasa districts through a mentoring approach.

OVERVIEW OF ACTIVITIES IN ZIMBABWE

MSF is supporting MoHCC to roll out targeted and routine viral load monitoring in all its projects

Médecins Sans Frontières (MSF) is an international medical humanitarian organisation that has been working in Zimbabwe since 2000. It runs projects in partnership with the Ministry of Health and Child Care (MoHCC), Ministry of Justice, Legal and Parliamentary Affairs and the Zimbabwe Prisons and Correctional Services. The projects include treatment and care of people living with HIV, tuberculosis (TB), drug-resistant TB (DR-TB) and psychiatric disorders. It also provides Sexual and Gender Based Violence (SGBV) interventions, cervical cancer screening, water and sanitation services and emergency preparedness.

MSF projects are currently located in Chikomba, Chimanimani, Chipinge, Epworth, Harare, Gutu, Makoni, Mutare, Mutasa and Mwenezi.

HIV AND AIDS

MSF in Zimbabwe is mainly focusing on the fight against HIV and AIDS and related opportunistic infections. MSF programmes provide comprehensive HIV and AIDS care, counselling, testing, treatment and the prevention of mother-to-child transmission of HIV (PMTCT). The programmes are now also incorporat

ing routine viral load monitoring which is aimed at measuring the amount of the virus in one's blood.

MSF programmes, which are implemented within the Zimbabwean health structures are contributing to ensure care for a large number of people living with HIV. MSF has worked with the health authorities to is and treatment to help develop integrated care in gov- ernment health facilities, decentralising diagnos meet people's needs close to home.

MSF is also working in partnership with MoHCC and community based organisations to provide community models of care, like Community ART Refill Groups (CARGs).

TRAINING MEDICAL STAFF

MSF is also implementing task-shifting and clinical mentoring in all its programmes, training MoHCC nurses in routine HIV and TB care, including the administration of antiretroviral (ARV) drugs, so that more staff members are able to treat more patients in more locations.

IMPROVING TUBERCULOSIS CARE

The integration of the management of tuberculosis (TB) and HIV co-infection is a vital component of the HIV projects. MSF has provided innovative diagnostic tools and technical assistance to health authorities in the implementation of a national DR-TB strategy and advocated for community based approaches in bring- ing treatment closer to home.

PSYCHIATRIC CARE IN PRISONS

In collaboration with MoHCC and the Zimbabwe Pris- ons and Correctional Services (ZPCS), MSF provides diagnosis and treatment of male and female inmates with mental illness at Chikurubi maximum security prison and Chikurubi female prison in Harare. MSF is also supporting the diagnosis and treatment of HIV and TB and is training staff in prisons and has provid- ed water and sanitation services to more than ten prisons in the country.

CLINICAL MANAGEMENT OF SURVIVORS OF SEXUAL ABUSE

All of MSF's HIV programmes offer care for survivors of sexual abuse. Through community outreach and health promotion, MSF teams are working to increase the number of people who seek assistance after they have been abused. They offer medical treatment and psychological services, establish support groups for survivors of sexual abuse and campaign for education about the issue.

CERVICAL CANCER SCREENING

MSF recently started a programme to screen women for cervical cancer in Epworth and is supporting the MoHCC in Gutu to perform a similar activity using a method called visual inspection with acetic acid and cervicography (VIAC). Cancer is reported to be one of the major causes of deaths in Zimbabwe.

WATER, SANITATION AND HYGIENE

MSF is currently running several water, sanitation and hygiene (WASH) projects in some vulnerable suburbs in Harare. These suburbs are prone to disease outbreaks due to inadequate drinking water.

Through its WASH programmes, MSF is rehabilitating boreholes, and is also collaborating with other partner organisations to ensure that the communities have adequate knowledge to protect water both at the source and at home.

EMERGENCY PREPAREDNESS

As part of its emergency interventions, MSF also responds to emergency medical needs in support of the MoHCC. MSF has in the past, responded to typhoid, cholera, measles and malaria outbreaks.

VIRAL LOAD

Processing viral load samples at NMRL

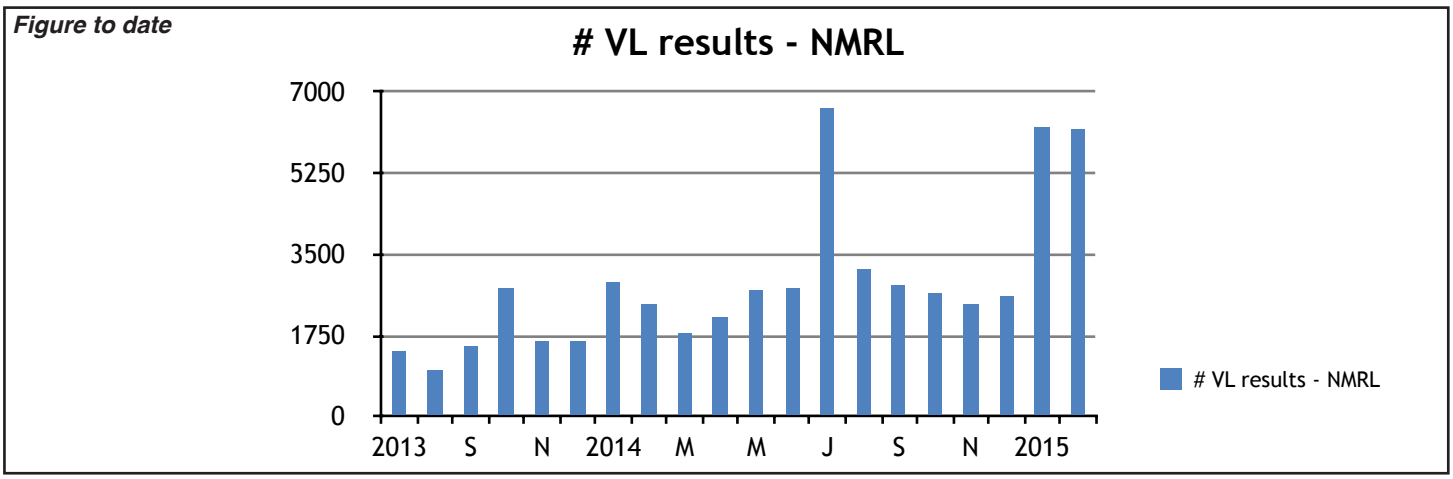
MSF has been supporting the National Microbiology Reference Laboratory (NMRL) to run viral load (VL) testing on the Nuclisense Platform since June 2013. This remains the main platform in Zimbabwe that is providing viral load to public health institutions.

Viral load monitoring is the gold standard of monitoring patients on ART and has been introduced in the MSF supported districts of Buhera (2011), Gutu/ Chikomba (2013), Epworth (2014) and Nyanga (2015). These projects provide routine yearly viral load monitoring for patients. Viral load monitoring was taken up in the MoHCC ART guideline in 2013; although with realization that due to funding constraints the implementation would be gradual.

For 2015, MSF targeted to reach an average of 6000 viral load tests per month. A total of 58.263 tests were achieved which corresponds to 81 percent of the target set for NMRL but still only five percent of the total viral load testing needed in the country. The target was not reached because of machine breakdowns at NMRL especially during the period July to August. As a result of these breakdowns new conditions for maintenance and breakdown response were negotiated and further improvements are still being discussed.

The target turnaround time, set at 14 days for viral load testing was also not reached due to breakdowns. On average a turnaround time of 28.5 days was noted in the first half of 2015; which then increased to 35.5 days in the second half.

Figure to date



During 2015, MSF continued to support the two shift system run with six laboratory scientists, four data encoders and one sample receptionist; and provided all the necessary viral load commodities/ reagents and stationary. With regards to the supply chain management the system continued to run smoothly.

In line with the MoHCC plans to gradually scale up viral load testing; MSF supported NMRL to expand viral load testing from 100 health structures by the end of 2014 to 153 by the end of 2015. Among the additional sites are eight provincial hospitals, two city of Harare hospitals, 12 sites in Mutare, eight sites in Makoni, Chipinge district hospital and Mutasa district hospital. Due to limited funding, a maximum quota was allocated to each site; which resulted in sites restricting samples to targeted viral load testing.

MSF further supported the kickstarting of viral load testing on Roche platforms at Mpilo (Bulawayo) hospital (April 2015) and Mutare Provincial hospital (August 2015). Subsequently, MSF assisted with reagents in the form of a monthly allocation of 800/ month and 400/ month respectively; funding being the main reason for having to put a limit.

The necessary rehabilitation works were completed at the Beatrice Road Infectious Disease Hospital Lab (BRIDH) in Harare and the Mutare and Chinhoyi Provincial Hospital laboratories; to prepare those laboratories for new incoming platforms, according to the roll out plan. Starting viral load services was achieved at the BRIDH; where two EASYMAG and one EASYQ were installed through support of MSF in January 2016.

Building further on the Early Infant Diagnosis (EID) experience which uses mobile technology to transmit EID results to the clinics, mhealth technology was introduced for viral load in Buhera and Gutu districts in 2014 and this was further expanded to Chikomba and Nyanga districts in 2015. Clinics in those four districts now receive results of patients with high viral load through their phones on the same day the result is being encoded in the database in the laboratory. This reduces the turnaround time for the result; as it eliminates the time needed to get the paper result back to the clinic. At the same time, the clients who will have consented to the sms messaging system will receive a message on their phone indicating that the result is now available at the clinic and will receive an indication as to when to pick it up.

Since April 2014, MSF joined the viral load writing team which is chaired by MoHCC. This technical working group was responsible for drafting the "Zimbabwe HIV viral load Scale up Plan: 2015-2018" and its corresponding budget. This plan describes how viral load would be gradually rolled out in the country (using a phased approach), aiming at offering access to yearly routine viral load to more than 90 percent of the people on ART by 2018. This document was officially endorsed by the MoHCC in May 2015.

In addition, a number of researches all contributing to the national viral load roll out plan were approved by MRCZ and launched in 2015: 1) Feasibility of and Impact of HIV 1 DBS pooled viral load testing to reduce the cost of monitoring ART in Zimbabwe", 2) "Patients satisfaction and impact on health seeking behaviour of reminders to collect Viral Load results delivered via SMS to HIV (+) patients", 3) Evaluating the use of the GeneXpert platform for decentralized HIV-1 viral load testing and early infant diagnosis in rural Zimbabwe: An accuracy and feasibility study.

Overally the viral load project has been a success besides challenges of breakdowns. On the downside, MSF is worried that up to the end of 2015, UNITAID remained the main donor supporting viral load implementation, reaching only five percent of coverage in Zimbabwe and with funding limited to 30.000 tests for 2016 only. Additional funding was sourced by MoHCC from Global Fund; but implementation of this has been delayed.

EMERGENCY RESPONSE

As part of its emergency interventions, MSF responds to medical needs in support of the MoHCC. MSF has in the past, responded to typhoid, cholera, measles and malaria outbreaks across the country.

In 2015, MSF sent four nurses, three logisticians and availed two vehicles to assist during the Malawi floods disaster from January to May. The assistance rendered to people in need contributed to averting the disaster. Medical support in the form of basic primary health care was given. The logistics team was also heavily involved in water and sanitation activities.

In April 2015, the emergency team was invited to support in the repatriation of victims of xenophobic attacks from South Africa. A total of 456 people in need of assistance came through the Beitbridge border post. Some people who were wounded because of beatings were treated. The majority of people received counselling services. The exercise was done in 10 days. Other partners were also invited by the MoHCC and the Ministry of Labour and Social Welfare to assist.

MSF also set up an emergency clinic at the Harare International Conference Centre during the International Conference on AIDS and STIs in Africa (ICASA) to cater for emergency illnesses during the conference. MSF provided free medical assistance to about 90 participants who fell ill. The clinic was run by a team of MSF medical personnel led by the emergency co-ordinator.

There were no major outbreaks in 2015. MSF provided safe drinking water in the high density suburbs of Harare to avert any outbreaks. The emergency team remained alert throughout the year and will continue to lookout for any emergencies in conjunction with the MoHCC.

MSF emergency coordinator, Shackman Mapuranga

In response to the typhoid outbreak, MSF is rehabilitating boreholes in some vulnerable suburbs in Harare.

MSF AND ZPCS

MSF assistance to the Zimbabwe Prisons and Correctional Services (ZPCS) dates back to 2009 when MSF rendered nutritional, water, sanitation and medical assistance to inmates with psychiatric disorders. Mental health interventions started in 2012 and activities continued in 2015.

The multidisciplinary mental health team includes one psychiatrist, two clinical psychologists, four mental health nurses, two occupational therapists and a driver. It visits Chikurubi Maximum and female prison psychiatric sections on daily basis and also supports eight other prisons in the Mashonaland region.

MSF conducted close to 5300 individual and group psychiatric, psychotherapy, mental health and occupational therapy sessions in 2015.

At the beginning of October, the psychologists started offering psycho-social stimulation sessions to children and child development psycho-education to mothers who have their children in Chikurubi Female prison. This was done in order to allow enough time for mother to child interaction which is vital for the children's psycho-social and cognitive development.

A total of 30 mothers and 25 children participated in eight sessions that were held between October and December 2015.

MSF also managed to successfully buffer the ZPCS psychotropic medication supply and throughout the year no drug rapture was experienced.

MSF introduced a discharge team in October 2015 comprising of one discharge nurse, two social workers and a driver. The main activities of the team included, ensuring smooth discharge of patients from prisons through linking them with outside health facilities and follow them up for reviews and support for continuity of care. This is meant to avoid the re-admission of patients discharged from prisons that often relapse and get readmitted due to lack of care at community level.

By December 2015, the discharge team had managed to conduct 39 psycho-education sessions to caregivers who visited the prisons and supported transportation of 29 discharged patients to their homes. MSF through the discharge team also assisted seven caregivers with transport money to visit their relatives

World Mental Health Day 2015 commemorations at Chikurubi Maximum Security Prison

admitted in Chikurubi and receive psycho-education and at the same time giving collateral history which is crucial for the management of the patients.

Another important aspect of prisons interventions is capacity building. The team facilitated seven mental health refresher trainings as a follow up to the main workshops held in the previous years. A total of 109 ZPCS nurses took part in these refresher trainings. The team also held weekly care conferences throughout the year where they took the opportunity to exchange skills and offer on the job mentoring to their ZPCS colleagues. Furthermore, 40 ZPCS nurses were also trained in Advanced HIV management and an MSF medical director increased time spent at the prison from one day per week to two full days per week where focus is on training and mentoring of nurses in Nurse led ART initiation. As of December 2015, 13 ZPCS nurses were confident to initiate ART in the absence of a doctor although accreditation to initiate is still a challenge.

As part of advocacy and public health campaigns, the team successfully participated in the 'mobile exhibition' which covered four provinces focusing on mental health awareness and education to the public. Almost 800 people received one on one psycho-education and IEC materials in mental health during this exhibition. The team also managed to showcase mental health activities during the Zimbabwe Agricultural Show in August and took part in the World Mental Health Day National Commemorations which was followed up by internal commemorations in Chikurubi Maximum Security prison psychiatric unit as a way of raising awareness to patients and prisons authorities.

Lastly, through lobbying with other actors, MSF managed to improve water supply in the psychiatric unit at Chikurubi maximum prison. Improved water supply resulted in general improvement in hygiene and sanitation in the unit, with routine delousing conducted to control lice infestation in the unit.

MSF participates at the World Mental Health Day commemorations. World Mental Health Day is commemorated every year on the 10th of October. MSF provides diagnosis, treatment and psycho-social support to people with mental disorders.

BUHERA

MSF journey in Buhera from 2002 to 2015

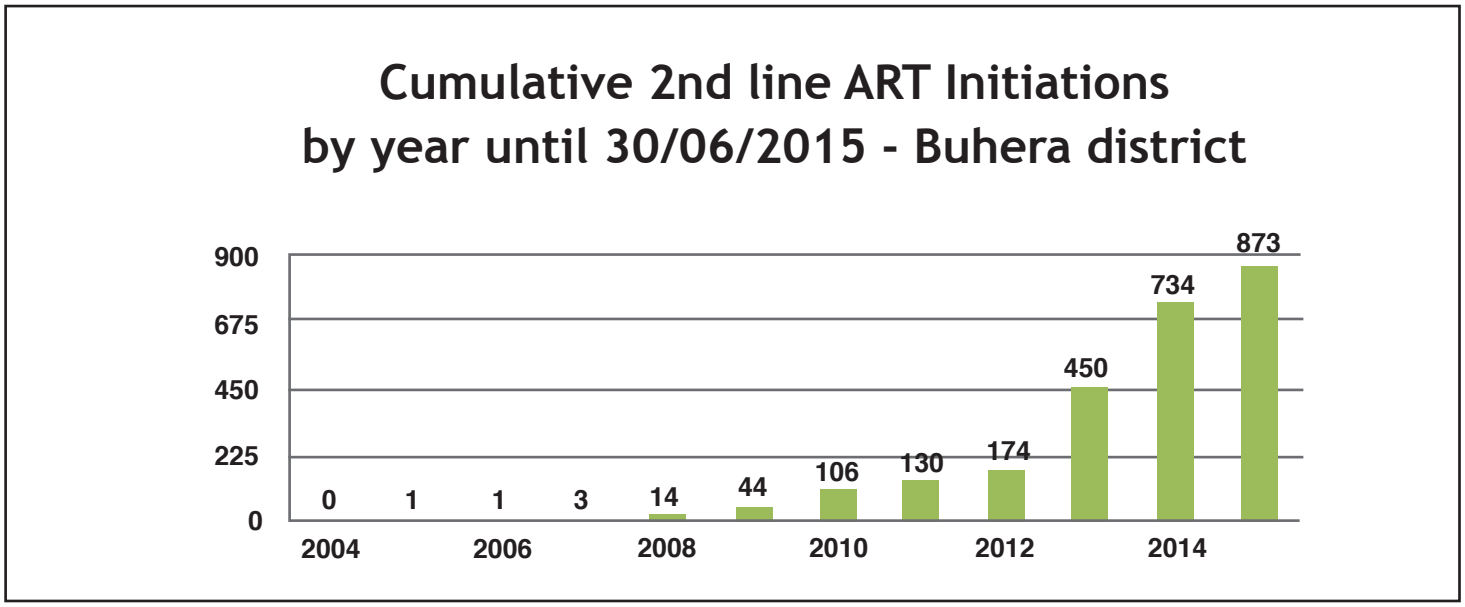
Buhera project was successfully closed at the end of June 2015 after more than 10 years of support to HIV services at Murambinda Mission Hospital and 24 health facilities in the district.

The total number of patients initiated on ART in Buhera district by the end of February 2015 was 24,213. The overall retention in care out of those ever initiated (not including transferred out) was 82% (17,505/21,329) by end of February 2015. At the time of the project closure the majority of people in need of ART in the district had started the life-saving treatment.

ART and routine viral load monitoring

Viral load monitoring was introduced in the district in 2011 with support of MSF and scaled up throughout the district by March 2012.

By the end of the project all patients were encouraged to undergo routine viral load tests to monitor the effectiveness of treatment. People identified with treatment failure to 1st line ART regimens were switched to a 2nd line treatment, while poor adherence was corrected through enhanced adherence counseling. By the end of June 2015, a cumulative total of 873 patients had been switched to second line ART.



Short Message System for Viral Load

In 2015, MSF reinforced the short message system for viral load results introduced in 2014. Messages sent to the clinic phones carry the actual result, whereas those sent to patients are just to inform them about the availability of the result. This was done in conjunction with the MoHCC Health Information Department and the Rapid Triangle Institute. This has seen timely delivery of high viral load results to clinics and currently a research is ongoing to determine perceptions of patients in receiving these messages.

Mentoring and mentoring of mentors

On site mentoring

MSF supported MoHCC in the provision of ART and TB services through a mentoring approach of clinic staff with the help of mobile mentoring teams since 2012. These mobile mentoring teams included a team from MoHCC formed and trained on-the-job by MSF. MSF handed over physical visiting of all clinics to the District Medical Officer (DMO) and MoHCC mentoring team at the end of March 2015.

Off-site mentoring

In July 2015, MSF donated four tablet computers to MoHCC to pilot off-site decision support in three high volume clinics (Buhera hospital, Munyani clinic and in Muzokomba clinic). The use of tablets facilitates communication between mentors (who may be off site) and mentees at clinic sites and leads to faster decision making. It allows sending of relevant patient information to the mentor for decision support.

Mentoring emphasised on routine viral load monitoring of patients on ART, follow-up of patients with high viral load, enhanced adherence counseling, switch to second line ART and follow-up of patients on 2nd line ART.

In addition, mentoring included diagnosis of TB and management of people with HIV presenting late for ART initiation.

Diagnosis and treatment of drug resistant TB diagnosis

A new technology (GeneXpert) to intensify diagnosis of TB and diagnose drug-resistant TB (DRTB) was introduced by MSF in 2011. In 2014, there were two GeneXpert machines in the district: One was at Murambinda Mission Hospital and another one was at Birchenough Bridge hospital. Both machines were donated by MSF. This platform has become the first line test for any patient with presumptive TB instead of the traditional sputum smear microscopy. By end of June 2015, all DRTB patients were being managed by the District DRTB Committee. The cumulative DRTB statistics at the end of June 2015 were as follows:

Out of 43 enrolled patients,

- 11 patients were still on treatment (by 30 June 2015)

32 patients had their treatment outcomes as follows:

- 22 patients - cured (2 were transferred out from Buhera) (68 percent)
- 8 patients - died (2 were transferred out from Buhera) (25 percent)
- 1 patient from MMH - lost to follow up (new outcome definition, WHO, 2014)
- 1 patient from BBH - lost to follow up (refused treatment for social and economic reasons) = total LTFU 2/32 = 6.25 percent

Actively finding people with HIV and linking them to care

In 2015, MSF continued to invest in testing and counseling with special emphasis on reaching out to adolescents, men and partners of HIV positive women. The main strategy was to use mobile night clinics. By June 2015, one night clinic had been conducted in Buhera at which 174 people were tested and nine HIV positive people were linked to care.

PMTCT and Early infant diagnosis

MSF continued to provide support to the Prevention-of-mother-to-child-transmission (PMTCT) program, through the transportation of samples for Early Infant Diagnosis, technical support in both diagnosis and treatment of exposed infants. MSF was also providing routine viral load monitoring of pregnant women and mothers on ART. This helped to improve their quality of life and improve retention in care.

To prevent transmission of HIV to the mother and subsequently to the child, MSF also supported couple testing particulary for pregnant women. HIV positive men were offered ART regardless of the CD4 count.

MSF continued working on the disclosure of the HIV status to HIV-infected children. The aim was to encourage disclosure of HIV status at least at the age of 12.

Patient-centered models of care

In 2015, MSF continued to work on new patient friendly models of care aimed at decongesting the health centers and bringing ART closer to the community. By end of June 2015, Buhera had 15 clinics that were implementing the CARG strategy. The clinics had a total cohort of 8333 and had 780 patients in 124 groups. Moreover, by the time of exit, a Community Based Organisation (Rujeko) had developed interest in rolling out the activity to the other clinics in the south.

The Drug Pick Up model (DPU) offers the choice to individual patients by ensuring their three months drug supply is fast-tracked in such a way that they can go straight to the pharmacy without passing through the nurse unless they are sick. By June 2015, there were seven health centres that were implementing the DPU strategy. One facility was already excelling having started implementing in 2012.

Pharmacy

Since 2014 and until the end of the project MSF supported the MoHCC system of pharmacy ordering known as the Zimbabwe Assisted Pull System (ZAPS). This system allows the health facilities to order quantities of medicines they require; delivery of all drugs is through this system as opposed to the traditional system where medicines were pushed to clinics. In Q1 2015, good quantities of ARVs from NatPharm which added up to good availability of the ARVs in Q2 were received. ZAPS commodities were received on time in a record lead time of fourteen days.

Blood drops drying on filterpaper. These "Dry Blood Spots" (DBS) can be stored for a long time and can be sent to long distances for testing. The technique is used in Zimbabwe to send blood from rural clinics for viral load (VL) testing in central laboratories. Viral load tests measure the amount of HIV in the blood and are today the golden standard to see whether a person's HIV treatment is working. If a viral load result says "undetectable" it means that there is very little virus in the blood and that the drugs are working.

CHIKOMBA AND GUTU

INTRODUCTION

MSF has been working in Chikomba and Gutu districts in partnership with the MoHCC since 2011. The main objective of the project was to increase access to HIV care through decentralization of ART care, treatment and follow-up at clinic level through training and mentoring of nurses so as to ensure sustainability of the project.

In 2015, the two projects were concentrating on the roll out of viral load tests in both districts, supporting alternative models of testing and care while progressively handing over, for mentoring, sites to the MoHCC teams.

MSF also started a pilot project to support MoHCC to provide cervical cancer screening services at four hospitals in Gutu, namely, Gutu Mission, Gutu Rural, Chimombe Rural and Mukaro Mission.

CERVICAL CANCER SCREENING

Cervical cancer is one of the major causes of deaths among women in Africa.

Zimbabwe is currently working on a national rollout program on cervical cancer. The majority of screening and treatment activities are done in Provincial Hospitals.

There is limited access to cervical cancer screening services at the district level. People in rural areas therefore do not have access to services. There is clearly an unmet need in prevention, screening and treatment of cervical cancer particularly in rural remote areas.

In July 2014, two Gutu Mission Hospital nurses were trained on visual inspection using acetic acid and cervicography (VIAC) by the MoHCC becoming the first site to offer the services in Gutu district.

The VIAC equipment and consumables were supplied by the MoHCC/UNFPA which aided them commence the activity. However, due to the long distance that the patients had to travel to access the services, MSF came in to decentralise the programme by:

MSF is supporting MoHCC to provide cervical cancer screening services in Gutu

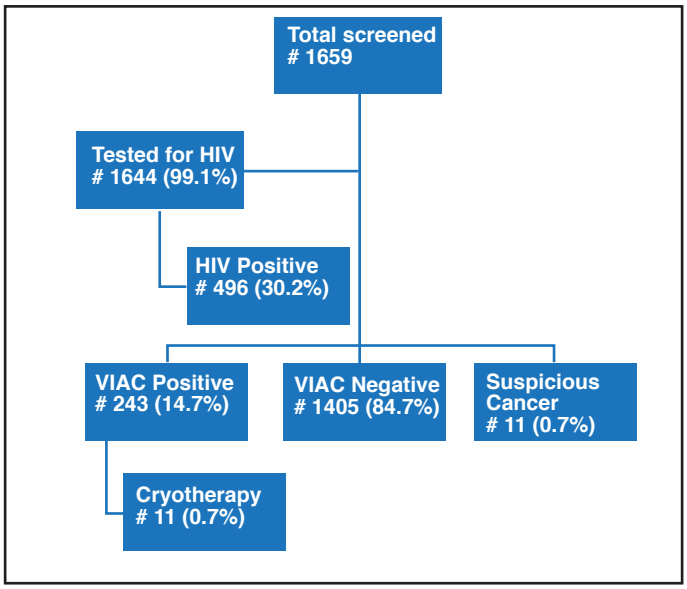
- Establishing three more VIAC sites namely Chimombe, Mukaro and Gutu Rural Health Clinics which commenced screening in August 2015

- Training more of the MoHCC nurses (Already 7 MoHCC nurses working at the three rural health centers VIAC department have been trained)

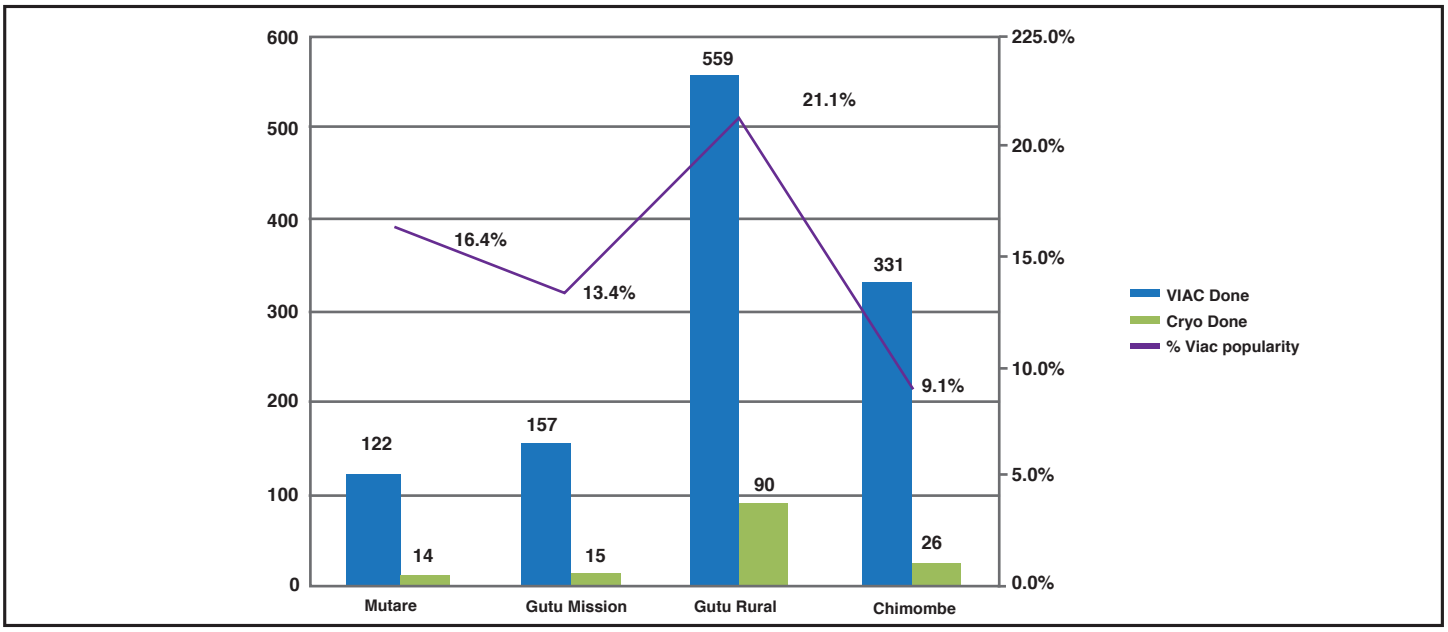
- Periodic quality control has now commenced. The last one was done on 13th November 2015 and the next one will be conducted in March 2016.

MSF is supplying the consumables to the three sites and repairing broken equipment.

Gutu District Cervical Cancer Screening Statistics - 4 Sites (Aug - Dec 2015)



Gutu Cervical Cancer Screening 4th Q 2015 as per site



Children and Adolescent support

Gutu district ART coverage for children and adolescents between the ages of six and 15 years, ended at a generally satisfactory level. However the ART coverage for children below five years of age remained below expected numbers.

The MSF patient support team in Gutu worked relentlessly to provide coverage to the 6-15 year-old age group. This was done through; promotion of the family approach testing at clinic level; EPI based outreach testing for children; orphan testing; the adolescents and young adults activities at school and even testing at sporting/games for the youths in and out of schools/colleges of Gutu District.

The other positive development has been the partnership with the Department of Child Welfare and Probation services whereby MSF Gutu supported this department with fuel for all possible support to the adolescents and orphans in dire need for such services.

The school authorities and teachers were sensitized and trained to offer better psycho-social support at their schools.

The challenge encountered is that: adolescents on ART in Gutu continued to present with high viral loads. There is need to adopt other strategies to ensure that adolescents maintain low viral loads.

MDR TB

The first case of MDR TB was identified in 2012 and by the end of 2015, a cumulative total of twenty one patients had been treated in Gutu-Chikomba. Apart from the great strides that were made in the diagnosis and the urgent treatment of patients, new avenues in patient support strategies were explored.

The following meetings were conducted for the first time in the project

- **MDRTB support group meeting** - all individuals who had completed MDRTB treatment, patients still on treatment and their care givers met for a one day meeting to share their experiences and offer support to current patients.
- **Directly Observed Treatment training for Village Health workers** - to capacitate community level treatment strategy.

Four patients completed their treatment in 2015, eight remained on treatment and none was lost to follow up.

Improving DR TB care

Health centers that had first case encounter MDR TB received on job mentoring for the programmatic management for the treatment and follow up of MDR TB patients. Those who had tested HIV positive were put on life-long antiretroviral treatment.

CARGs

Models of HIV care needs to be adapted in order to sustain gains achieved so far in the response to the epidemic. Consistent with the principle of the greater involvement of people living with HIV, WHO and UNAIDS guidelines support increased community engagement in the delivery of HIV and ART services and it is imperative that HIV programs reorient towards increased patient control and involvement in ART delivery to improve self-management of living with HIV and ART adherence.

Support group meeting in Gutu

MSF has been supporting MoHCC to roll out CARGs in Gutu and Chikomba districts. The uptake of CARGs in Gutu and Chikomba stood at 33 percent in 26 health facilities and 31 percent in 18 health facilities respectively. The goal now is to increase to at least 50 percent uptake.

HIV AND VIRAL LOAD

MSF continued to offer a comprehensive package of care to people on anti-retroviral treatment. One of the services that was offered was routine viral load testing as a monitoring tool for patients on ART in both Gutu and Chikomba districts.

The **WHO 90- 90- 90 target** states that by 2020, 90 percent of all people living with HIV will know their HIV status, 90 percent of all people with diagnosed HIV infection will receive sustained antiretroviral therapy and 90 percent of all people receiving antiretroviral therapy will have viral suppression.

HIV TESTING

Gutu is proud to have initiated a novel strategy to ensure that men and sex workers are offered HIV testing through the night clinic that runs every Wednesday from afternoon to late evening.

ROUTINE VIRAL LOAD TESTING

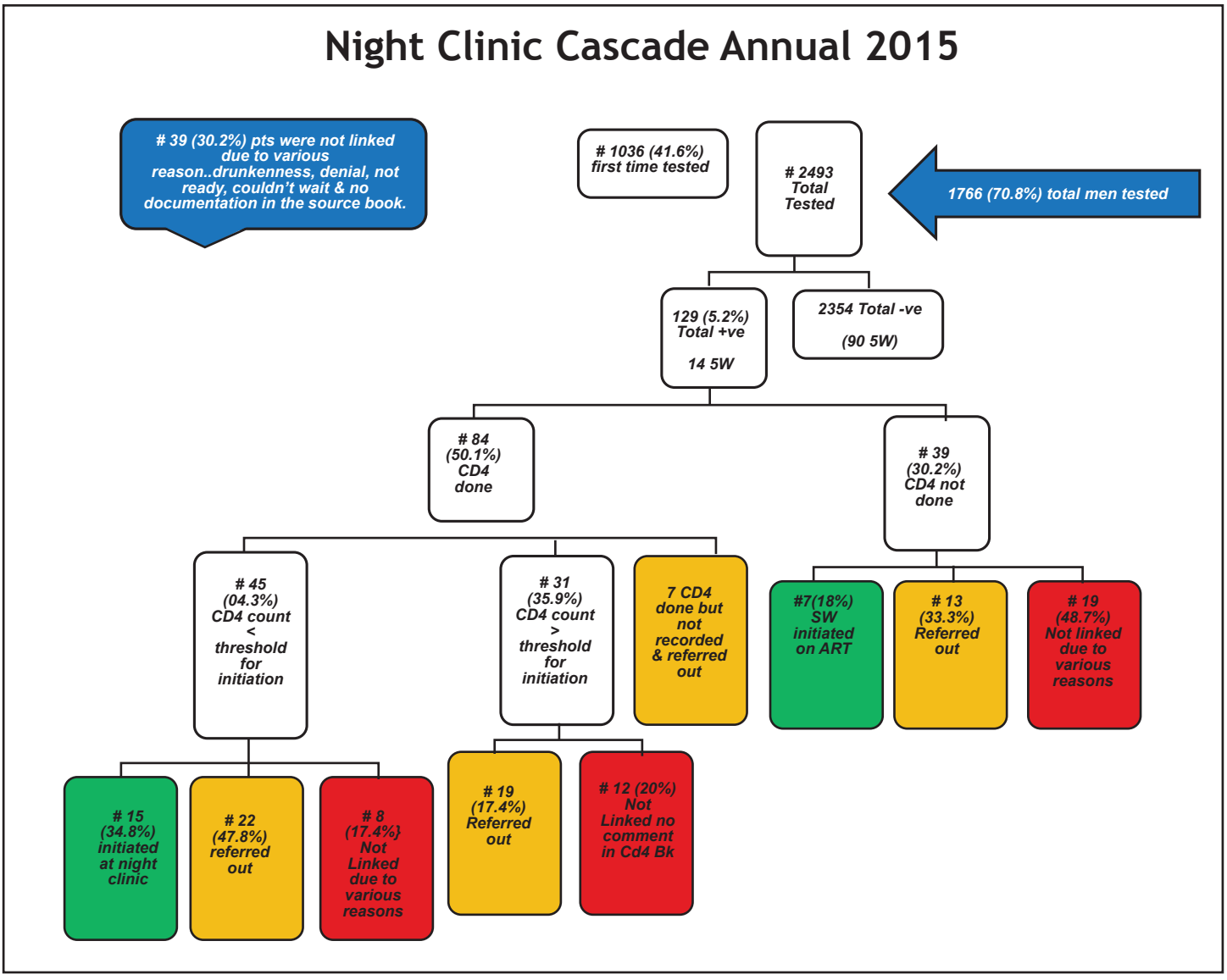
Routine viral load testing is being done at the following intervals: three, six and twelve months. In pregnant and breast feeding mothers, viral load is done at three months and then every six months until the end of breast feeding period.

MSF support enabled all health facilities in the districts to carry out viral load monitoring of patients.

Analysis of viral load among patients showed that there was an increased risk of having high viral load (> 1000 copies/ul) for male patients and those below 20 years.

Point of care viral load

With the assistance of MSF, Gutu was privileged to have two centers offering point of care viral load thereby significantly reducing the turn- around time for results.



EPWORTH

MSF in partnership with MOHCC provides treatment and care to tuberculosis (TB) patients in areas where MSF is working.

MSF started operating in Epworth at the Epworth Polyclinic in collaboration with MoHCC since November 2006. MSF has since been providing treatment and care to a large cohort of HIV and tuberculosis patients. The first anti-retroviral therapy (ART) initiation was in April 2007.

Over the years, the demand for HIV care increased and in 2010, MSF built another satellite clinic in Overspill Epworth to decongest the Epworth polyclinic.

The Overspill clinic was opened in September 2011 and was handed over to MoHCC in September 2015.

In 2014, MSF built a laboratory and a pharmacy block to facilitate, good patient flow, storage of medical supplies and to accommodate the increased number of laboratory machines which has enhanced the overall quality of care.

MSF also constructed an OI/TB clinic at the Epworth Polyclinic. Construction of the clinic was started in August 2015 and was completed in December 2015.

The new clinic consists of various consultation and counselling rooms as well as the family clinic and a waiting area. It also consists of a TB block where

there are two consultation rooms for general TB and MDR TB and a TB day care room. The clinic also consists of the health information department (HID) where all the medical data is kept. Patient files are also opened and kept in the HID. An administration block, where MSF staff are stationed is also part of the new construction.

In 2015, MSF continued to provide treatment and care of people living with HIV, tuberculosis (TB), drug-resistant TB (DR-TB) and mental disorders in Epworth. It also provided Sexual and Gender Based Violence (SGBV) interventions and cervical cancer screening. MSF also continued to focus on paediatric and adolescent HIV care and provides second line anti-retroviral therapy to people who will have failed on first line treatment.

Viral Load Monitoring and Second Line Treatment

Epworth polyclinic introduced routine viral load monitoring in August 2014. The year 2015, saw a total of 6747 patients getting routine viral load tests with 14 percent of these coming back with a viral load that was more than 1000 copies and in need of enhanced adherence counselling. By the end of 2015, 561 patients had follow-up viral load done with around 55 percent coming back with high viral loads and in need of switching.

The second line cohort increased to 419 by end of 2015. Focused group discussions to help inform on challenges with the program were done with second-line patients who had undergone enhanced adherence counselling and later on switched to second-line treatment within the project with necessary adjustments done. A total of 723 patients managed to undergo enhanced adherence counselling with 196 patients still being traced for enhanced adherence counselling by end of 2015.

CARGS In Epworth

The population of Epworth is estimated to be above 160 000 with three clinics serving this population. Epworth polyclinic has a very large cohort of more than 9000 patients on ART with an average daily workload of 300 patients translating to above 40 patients per health care worker per day which is a high burden to infrastructure and resources. Of concern also is that the ART program has been recording more than 10 percent lost to follow up (LFU) due to highly mobile population and two out of 10 LFU had sent a proxy in their previous appointment. It is in this regard that MSF in collaboration with MoHCC introduced CARG model of care to the Epworth polyclinic HIV cohort.

For the implementation of CARGs, MSF engaged the Zimbabwe National Network for People Living with HIV and AIDs (ZNNP+) for the community component as this organization had representatives at all levels down to the wards in the Epworth community. A learning visit to Gutu district where CARGS had already been introduced was done in April 2015 in preparation of the implementation of this model of care for both organizations. Several meetings followed in a bid to apply this model of care in Epworth community.

Initially concentrated on wards 2-5 (mainly due to proximity to Epworth poly-clinic and to avoid areas where Overspill and Mission clinic have significant input), with formation of one group per ward in a bid to enable evaluation of this model of care for patients in the clinics catchment area. Pilot phase lasted for three months with roll out of CARGs beginning in September following an evaluation of the existing CARG groups which showed that this model of care was well accepted by both CARG members and clinic staff (lab, pharmacy and clinicians).

Activities preceding implementation of CARGS

- District Inception meeting done on 28 May 2015 at MSF-OCA headquarters
- Community sensitization of community leaders done on 3 June 2015 at Epworth local board
- Training of staff members on CARG concept 4 June 2015
- Establishment of CARGs 5 June 2015

Results

Sixteen CARGs had been formed by end of 2015. Information, Education and Communication (IEC) material on ART adherence and viral load monitoring were distributed to active groups.

Family Clinic and Adolescent Care

HIV has a significant and growing impact on families especially in poorly resourced settings. The model of care put in place at Epworth is the integration of services through the existing health systems to facilitate provision of strategic and comprehensive family-centered approach to HIV treatment and care in this setting.

In 2015, focus group discussions with patients were held with the aim of exploring issues to do with disclosure and information sharing among care givers and HIV positive children and it was realized that parents

had challenges when it came to discussing issues to do with HIV with their children. A special focus was then put on provision of information for children on HIV through specialized counselling sessions for disclosed children (ART III), promotion of disclosure to children to help with issues of adherence in this age group through parent group sessions and children's support groups.

Since adolescents are a vulnerable group both considering adherence and sexual behaviour and are at increased risk of unwanted pregnancy, STI and treatment failure, a decision was made to set up an adolescent clinic with the idea of capacitating the nurses and the counsellors to deal with adolescents and to create a space where they feel free to express themselves. Many children have never attended ART 1 and basic HIV sessions as they were initiated when they were very young. Therefore MSF introduced an intervention of sending all adolescents for ART III sessions in order to assess the knowledge of ART and HIV among them and established a library in the adolescent corner.

Adherence is challenging for all age groups but particularly in adolescents, placing them at risk of treatment failure and onward transmission. It is in this regard that MSF provided opportunities for getting together to share experiences, challenges and coping strategies around adherence through support groups and use of peer educators for adolescence. A special support group for young mothers was formed to better assist them. For integration of services cervical cancer screening has been added for sexually active adolescence.

SESSION DONE	NUMBER OF SESSIONS	TOTAL ATTENDANCE
Disclosure group sessions(parents)	77	1796
Support groups	24	1115
Support groups for parents with children suspected of treatment failure	4	40
ART III sessions	107	107

MDR-TB

Out of 3334 gene- Xpert tests processed in 2015, 13 patients were noted to be rifampicin resistant and started on DR-TB treatment (12 had MDR-TB and 1 had Pre XDR-TB). Contact tracing was done for all 13 patients. By the end of 2015, there were two reported cases of absconders who returned to care following tracing, zero defaulters and two deaths reported. One MDR-TB patient got support for physiotherapy and has improved significantly following this intervention. A total of six renovations were done for patients to improve on infection control. For support of DR-TB patients two DR TB trainings for community health workers on DRTB infection control were conducted. 14 support groups were conducted for DR-TB patients with each individual getting at least one individual counselling session every month to promote adherence.

Cervical Cancer Screening

At Epworth poly clinic cervical cancer screening activities started in April 2015 following training of the human resources for this department at Newlands clinic. By the end of 2015, about 1550 patients were screened for cervical cancer with 295 patients turning out Visual inspection with ascetic acid and cervicography positive. 86 patients were referred to get LEEP done and the remaining patients were referred for cryotherapy. Quality control meetings were scheduled once every week to help maintain standards within this department.

MSF trained microscopists at the Epworth Polyclinic laboratory.

SOME FACTS AND FIGURES DURING 2015:	
• Total no of HIV-tests performed:	13 648
• Total no of patients initiated on ART:	1688
• Total no. of < 20yrs tested for HIV:	2672
• Total no. of patients <20yrs initiated on ART:	177
• Total no. of patients initiated on 2nd line ART:	275
• Total no. of 2nd line patients under care:	419
• Total number of VL tests:	6747
• Total no. of patients screened for cervical cancer:	1548
• New cases of MDR identified and started on treatment:	13
Number of staff as of end of 2015	
▶ International	13
▶ National	100

HARARE CENTRAL HOSPITAL PSYCHIATRIC PROJECT

MSF started the psychiatric project at the Harare Central Hospital Psychiatric unit in October 2015. The project is aimed at improving the quality of diagnosis, treatment, care and support to psychiatric patients in Harare, in collaboration with the Ministry of Health and Child Care (MoHCC).

Background information

After having provided psychiatric care to inmates in Chikurubi Maximum Security prison for almost four-years, MSF has been in a unique position to observe the various challenges of the Zimbabwean psychiatry care system. These observations were further strengthened by a mental health assessment which was done during the year 2015 which recorded serious gaps in psychiatry care provision: drugs, human resources and physical facilities are lacking at every level, from community to tertiary health care. Added to that, poor knowledge about mental health and stigmatization of the affected both among health care workers and the general population. MSF concluded that an intervention was warranted in psychiatry care from tertiary to primary and community level in Harare where the nation's largest population concentration is found.

Although the project was started towards the end of the year, there are some notable achievements. The team managed to conduct some counselling and occupational therapy sessions with some psychiatric patients. The team also managed to conduct home visits.

Rehabilitation of the psychiatric ward was started and furniture for the in-patient department (IPD) was bought. This will enable the hospital to increase the number of patients that will receive appropriate care during acute episodes of their disease.

MSF also completed the renovation of the dining hall for psychiatric patients at the Harare Central Hospital Psychiatric Unit. The renovation works included the replacement of the dining hall roof, renovation of the kitchen, new lighting in the dining room and a fresh coat of paint on the outside of the hall. MSF also bought new tables and benches for the dining hall which accommodates about 50 people.

Old kitchen at the Harare Psychiatric Hospital

New kitchen at the Harare Psychiatric Hospital renovated by MSF

MBARE

CLINICAL MANAGEMENT OF SURVIVORS OF SEXUAL ABUSE

Médecins Sans Frontières (MSF) started the Sexual and Gender based Violence (SGBV) project at Mbare Polyclinic in September 2011.

Mbare is one of the high density suburbs in the capital city of Harare. MSF offers free and confidential comprehensive package of medical care, psychosocial support and referrals (psychological, social and legal services) for survivors of sexual violence in Harare and surrounding areas. Rape devastates the lives and health of survivors and their family. Comprehensive care is aimed at reducing the impact of the rape on the survivors' lives.

Medical care

The services include medication for the prevention of HIV, (i.e.) 28 days of post exposure prophylaxis which is started within 72 hours of exposure. Medication is also given to prevent sexually transmitted infections, unwanted pregnancies (emergency contraception within 120 hours) and other medical care needed as a result of rape. Follow up sessions for psychosocial support and medical care are available for each survivor and referrals to other services is provided if needed (i.e. legal, social, medical). A medical affidavit, which is a legal document, is filled in for each of the survivors and it can be used as evidence in court. MSF nurses can be called to court to give expert testimony about the affidavit. This happens two to three times a month.

Psychosocial support

Psychosocial care is one of the most complex areas of support to survivors in the project. It involves both an understanding of the psychological consequences of rape as well as an understanding of the family dynamics of the survivor and his or her social environment.
The nurse counselors provide the immediate counselling for all survivors seen in the clinic but also refer the survivors to social workers when more social support is needed e.g. legal or pregnancy support, protection for those that need to be placed in a safe house. For minor survivors, the social workers work in close collaboration with the Department of Child Welfare and Probation services (DCWPS) since they are the legal guardian for the minors and decide which services need to be provided for the child.

Referrals

A strong multi sectoral network has been created throughout the years with other partners who offer different services e.g. SGBV, legal, social etc., to ensure that the survivors receive the adequate care they need to cope with the consequences of the sexual violence. Some of the partners that work with MSF are; Adult Rape Clinic, Family Support Trust (FST), Zimbabwe Red Cross Society, Childline, Musasa, Department of Child Welfare and Probation, Zimbabwe Women's Lawyers Association (ZWLA), Justice for Children Trust (JCT) and Pregnancy Crisis. Survivors who require tertiary medical care are referred to FST while survivors who require legal assistance are referred to ZWLA or JCT and those who require safety shelters are referred to Musasa Project.

Clinic Operations

The clinic is nurse based and run by nurse counselors with support from nurse aides, social workers and health promoters among others.

There has been an increase in the number of survivors coming to the clinic from the time the clinic was started. There is a significant difference in the proportion of sex, men are a minority of the survivors constituting about 6.8 percent in 2012 and 7.1 percent in 2015. Most of the survivors are children (2012: 79.6 percent, 2015: 79.5 percent) mainly from the age group from 13-15 years (2012: 37 percent, 2015: 42 percent) whilst the number of adults older than 45 years remains rather low (2012: 8.2 percent, 2015: 7 percent).

In 2015, MSF conducted a total of 2.325 consultations in the clinic, among which 1.361 were for new survivors. About 92 percent of the patients came via referral by the police hence the Victim Friendly Unit (VFU) present in each police station remains a very important partner in linking the survivor to timely care. Rape remains the most reported type of sexual violence constituting about 59 percent of all reported cases followed by consensual sex with a minor (16 percent) and suspected cases (14 percent).

About 85 percent of the perpetrators are people known to the survivor. They can either be a family member, boyfriend or a known civilian. In most cases, people find it very difficult to report, if the perpetrator is the breadwinner of a family or someone who is trusted within the family or someone who is relied on by the survivor, who usually does not have alternative support system to turn to. Survivors also don't want to report if they see the perpetrator as their boyfriend. In some instances, family members do not seek help

early if the perpetrator is a close relative. Instead, they tend to discuss the issue amongst themselves first and then hand over to the police or clinic after they fail to succeed with negotiations. Young children fear that, people will not believe them if they report the abuse or because they are threatened or are bought off by the perpetrator with sweets, school fees etc.

Perception study

A Knowledge Attitudes Practices perception study (KAP study) was carried out in August 2015 in close collaboration with the University of Zimbabwe, Centre for Applied Social sciences (UZCASS) to assess if there were changes in the knowledge, attitudes and health seeking behavior on SGBV of the population of Mbare compared with before the start of the project in 2011 (Baseline Study report 2011). Analysis is ongoing and the final results will be shared with other partners and used to define which strategic changes needed to be implemented to improve the uptake of SGBV services.

Health Promotion

Health Promotion remains an important component of the project to increase awareness on SGBV in the community. The messages emphasize the benefits of prompt medical care after sexual violence available to survivors and where services can be accessed.

Health promotion activities include community trainings targeting village health workers, victim friendly unit officers, community leaders and teachers in Mbare. They also include participation during commemorations like the World AIDS Day and 16 days of Activism against gender based violence and exhibitions like the Zimbabwe Agricultural Show. They also include awareness raising in the print and electronic media.

There is also a Helpline, which is a free phone line run in collaboration with Childline, making it part of the health promotion strategy advocacy tool. People can dial the toll free number 116 to get advice on what to do in case of sexual violence.

Change in health seeking behavior is a long process but due to the intensive health promotion activities MSF has seen that there is a slight increase in the number of survivors accessing medical care within 72 hours, up from 34% in 2012 to 42.5% in 2015. The message “Medical treatment after rape is an emergency” has proved to be effective.

A six weeks exhibition titled “The window into my life” was held at the National Art Gallery in Harare from November to December 2015. The exhibition was aimed at raising awareness of sexual violence and the importance of medical treatment after rape as an emergency.

A total of 19 artworks crafted by survivors of sexual violence through body mapping were showcased. Body mapping is a creative therapeutic process; it involves painting a life-size representation of one’s body onto a large surface and using colors, pictures, symbols and words to represent experiences lived through the body and show the path that one has taken through life. These artworks will further be used in future for advocacy and communication purposes.

Decentralisation

MSF started the decentralisation of SGBV services to clinics in high density suburbs within Harare in close collaboration with City of Health Harare in 2015. MSF decentralized SGBV services to Kuwadzana and Glen View polyclinics.

The purpose of decentralisation is to increase access for survivors of SGBV to access quality SGBV care in a timely manner (less than 72 hours) in their neighborhood since distance remains a big challenge. Many of the survivors cannot afford money for transport to seek assistance in far away places.

A key part of the strategy consists of training:

- Nurses from City of Harare including one or two weeks attachment in the Mbare clinic and further support through mentoring and follow up visits by MSF nurses.
- Health Promoters/Nurses in the clinic and Community health workers on sensitization of the community on the availability of the SGBV services, followed by an intensive two weeks awareness campaign in the community.
- Community social workers to establish a referral system (social, legal, psychological, etc) with other partners working in SGBV.
- The whole clinic staff to ensure an alternative survivors pathway in the clinic so survivors could be directly guided to the available services without waiting for hours in the queues before being helped.

Adolescent friendly services

In the last quarter of 2015, an adolescent friendly corner was launched in close collaboration with the City of Harare to scale up sexual and reproductive rights (SRH) services and HIV prevention, treatment and care. The target age group was the 10 up to 19 year old age group. The adolescent friendly corner is integrated in the Edith Opperman clinic.

General health, counselling and reproductive health services exist but adolescents perceived that these services were unavailable to adequately meet their needs and reflect unacceptability and inaccessibility of these services. Through the corner and adolescent friendly trained staff (nurses and counselors), adolescents could access services adapted to their needs with focus on sexual and reproductive health (SRH) services and HIV testing. OPD is used as an entry point for SRH services to reduce the stigma that adolescents visit the corner because they are sexually active.

In the existing opportunistic infections (OI) department, MSF started to support the staff of Edith Opperman to enhance adherence and disclosure counselling.

For 2016 MSF will extend its activities to include implementation of viral load monitoring, to form support groups, outreach activities and weekly health education sessions in collaboration with local volunteers and other partners working in Mbare.

MUTARE

The MSF medical team explains to members of the public about the various MSF activities in Zimbabwe and the various types of TB and anti-retroviral drugs that are available.

MSF embarked onto the Mutare Project in July 2015 after closure and handover of the Murambinda Project to the MoHCC.

TARGETED VIRAL LOAD

The concept of targeted viral load refers to the measurement of the amount of HIV virus in the blood of patients on antiretroviral treatment (ART) showing signs or symptoms of treatment failure.

MSF rolled out targeted viral load at Mutare Provincial Hospital and in four districts of Manicaland namely Mutare, Makoni, Mutasa and Chipinge. In each of the districts, one referral hospital was chosen alongside other strategically situated high volume sites. Orientation meetings were done to introduce viral load testing and were followed up with on-job support and mentoring twice per month. The table below shows the health facilities at which targeted viral load was rolled out:

DISTRICT	NAME OF HEALTH FACILITY	COHORT	VIRAL LOAD SAMPLES SENT BY 31 DECEMBER 2015
PROVINCE	Mutare Provincial Hospital		561
MUTARE CITY	Sakubva Polyclinic	5800	
	Dangamvura Polyclinic	1486	
	Chikanga Polyclinic	266	
MUTARE RURAL	St Joseph Mission Hospital	1968	66
	Marange Rural Hospital	850	23
	St Andrews Mission Hospital	487	6
	Odzi Clinic	530	4
	Chitakatira Clinic	520	23
MAKONI	Rusape General Hospital	1523	167
	Vengere Clinic	1661	36
	Headlands Clinic	806	
	Nyamidzi Clinic	407	
	Rukweza Clinic	623	
	Weya Clinic	853	
	Makoni Rural Hospital	749	
	Tsanzaguru Clinic	500	10
MUTASA	Hauna District Hospital	700	
	Bonda Mission Hospital	836	0
	Tsonzo Clinic	450	0
CHIPINGE	Chipinge District Hospital	980	

Sample transport and results

An efficient and reliable sample transport system is key to minimising the time from the test until the result and treatment are given to the patient (this time is known as turnaround time).

In Mutare district, Dried blood spots (DBS) viral load samples are being transported to Mutare Provincial Hospital using the existing sample transport system (Riders for Health).

Mutasa District, which is not fully supported by Riders for Health, transports its samples to Mutare Provincial Hospital using ambulances and utility vehicles whenever they visit Mutare.

A courier, paid by MSF then ferries all the samples gathered at Mutare Provincial Hospital to the National Micro reference Laboratory (NMRL) where a viral load platform has been installed with support of MSF in 2014.

In Makoni district, DBS samples are taken to the district laboratory by Riders for Health and from there they are taken directly to NMRL by a courier sponsored by MSF.

Viral load results that are high are sent to Mutare MSF mentor's cellphone and are relayed to the respective health facility for immediate actioning. Paper-based results will then follow via MSF transport. Turnaround time is about six weeks.

Mutare Provincial Hospital laboratory was capacitated with support of MSF to run viral load tests using plasma on an existing platform, in use for Early Infant Diagnosis since 2014. The lab accepts whole blood samples from Mutare Provincial Hospital, St Joseph's Mission Hospital and City of Mutare clinics. Turnaround time is just seven days.

Alternative Models of Care

Community ART groups (CAGs) were introduced in two districts (Makoni and Mutasa). Drug Pick up and CARGs weres introduced at Sakubva Polyclinic after one of the nurses had a CARG exchange visit at Murambinda Hospital in Buhera district.

Key and Migrant populations

MSF is conducting HIV testing and counseling (HTC) outreach twice per quarter at Mutare Dry Port for truckers and at other hot spots in high density suburbs for commercial sex workers (CSWs), market men and women. HTC is combined with a mobile STI Clinic. HIV positive clients identified are offered CD4 testing on the spot and are linked to care at existing clinics of their choice.

Plans for 2016

MSF will continue to support MoHCC to roll out viral load monitoring in selected health facilities in five districts in the province. In addition, MSF will work in collaboration with the District Health Executive of Chipinge district to set up decentralised integrated services for chronic conditions in selected health facilities including Non Communicable Diseases such as hypertension, diabetes mellitus, asthma and epilepsy.

NYANGA

Nyanga HIV/TB project was started in September 2013 and closed in December 2015. At the start of the project, only three hospitals out of 28 health facilities were accredited to offer anti-retroviral therapy (ART). The adult ART coverage was 48% (initiation criteria for 2013 ART guidelines), while that of children was 25%.

By the end of the project in December 2015, the overall ART coverage was 85%: 6569 adults and 531 children under 14 years were on ART thus giving 97.9% coverage in adults and 52.1% in children (2013 ART guidelines).

Overall Objectives of the Project:

- To increase ART coverage especially of paediatric ART through intensified case finding (Early infant diagnosis, Voluntary Counseling and Testing, and Provider Initiated Counseling and Testing)
- To decentralise a full package of OI/ART care to rural facilities, to ensure proper initiation and monitoring of patients on ART including viral load
- To improve TB case finding, management, and monitoring and evaluation.

Decentralization of HIV/TB care and organization of patient flow

MSF supported MoHCC with the decentralization of patients on ART from Nyanga District Hospital to primary health care facilities. By September 2015, 20 clinics out of 22 (92%) were initiating and following up patients on ART or with TB; MSF assisted clinic staff in the spreading and organization of patients for daily Opportunistic infection (OI) and/or ART consultations.

Mentoring of Mentors

At the start of the project a team of mentors from Nyanga District Hospital was selected and mentored throughout the years by MSF team. In August 2015, a decentralized mentoring of mentor model was set up by which MSF mentored, in addition to the mentors from the District Hospital, mentors from three selected Mission Hospitals and their feeder clinics.

Mentoring of Nurses and primary counselors (PCs)

Throughout the project duration, MSF mentored on-the-job nurses, nurse-aids and PCs in 15 sites and in Nyanga District Hospital with increasing performance of clinic staff noticed. Capacity building included trainings for PCs on Enhanced Adherence Counselling and weekly attachments of PCs in the district.
The priority areas for mentoring were:

- Counseling and ART initiation in line with the 2013 National ART guidelines
- Follow up of people on ART with Viral Load monitoring, enhanced adherence counseling and switch to second-line ART when relevant
- Diagnosis, counseling and treatment of TB and Drug-Resistant TB
- Safe, correct and quality-assured sample collection
- OI/ART pharmacy dispensing, stock management Data recording and reporting on HIV/TB
- Introducing children and adolescents activities in all MSF mentored sites

Monitoring of viral load

MSF supported the district to roll out viral load for the monitoring of patients on ART, providing technical support and on-the-job mentoring, supplying consumables for the collection of Dried Blood Spot (DBS) samples, transporting samples to NMRL and setting up a result feedback system through short messages (SMS).

Targeted viral load monitoring for patients showing signs or symptoms of treatment failure started in 2014, in sites where decentralization of ART initiation had been successfully achieved. Routine viral load monitoring for all patients on ART was started in February 2015 at 16 health facilities.

By end of September 2015, 18 health facilities were offering viral load services out of which 16 provided routine viral load and two clinics were conducting targeted viral load. Viral load monitoring was set up in a step-wise process in three phases.

Phase 1

The clinic was mentored **on first line ART initiation and follow up for adults and children,** and would not yet be doing any viral load test.

Clinic staff was taught the theory about viral load monitoring

Phase 2

The clinic implemented **targeted viral load** with assistance from a mentor.

The clinic staff were mentored on:-

- identification of possible ART failure
- Indications for targeted viral load practical aspects of doing a dried blood sample (DBS) for viral load use of a targeted viral load algo rithm that includes enhanced
- adherence counseling sessions follow up of patients having had targeted VL including switch to second line

The clinic staff was mentored on the **theory of routine viral load and Short Message Service** (SMS) to receive results.

Phase 2 *continued*

The clinic and clinic staff were then assessed for suitability to implement routine viral load using a dash board scoring system.

If the clinic passed the assessment it graduated to the next phase.

Phase 3

The clinic implemented **routine viral load for their whole cohort of patients on ART** with assistance from a mentor who trained on-the-job on:

- Switch to second line ART and further management
- SMS result feedback system
- Enhanced adherence counseling

The process ensured that the clinics do viral load efficiently and use the results timeously.

With time the clinic would get mentor's support as need arises particularly for second line considerations.

Adolescents' activities

Children and Adolescents' activities were introduced in all MSF supported sites. Clinic staff were mentored on them.

During these activities children and adolescents were brought together on school holidays on their resupply dates. Children were grouped according to their age groups to discuss age appropriate topics such as status disclosure, sexual and reproductive health and adherence to treatment and sessions with guardians. Children were given toys to play with whilst the adolescents found time to participate in ballgames, chess and darts, to mention but a few.

The aims for conducting the activities were:

- To motivate and encourage adherence to ART
- To make the clinic day enjoyable
- To share experience among adolescents
- To conduct one on one counseling sessions where numbers are small

Sessions with guardians were also conducted. A total of 75 guardians were reached. Assistance on disclosure issues was given to guardians. Most guardians needed help and were urged to directly observe their children while taking treatment in order to avoid treatment failure.

Other Trainings

Trainings were conducted at Nyanga District, Elim and Regina hospitals on ART management, monitoring and 2nd line management.

Support to the management of drugs and supplies
MSF supported the implementation of the Zimbabwean Assisted Pull System (ZAPS) for medicines supply. This included trainings in pharmacy management for nurses and nurse aids. In addition, MSF also assisted with gap filling of medicines; particularly ARVs and laboratory supplies.

Diagnosing Tuberculosis (TB)

In July 2014, MSF installed a GeneXpert platform in Nyanga District Hospital to enhance the diagnosis of TB.

Health promotion through networking

MSF carried out health promotion activities in collaboration with other implementing partners in HIV, ART, TB and SGBV activities especially to increase community awareness on the adopted WHO 2013 ART guidelines. This included activities such as health talks at health facility level, community sensitizations and participation in district commemorative events e.g. District World AIDS Day to raise awareness on HIV testing, early treatment and care especially in children and adolescents. HIV Testing and Counselling campaigns were carried out during these commemorative events, at EPI outreach points and hot spots such as mines and farm estates to mention but a few. MSF, in collaboration with MoHCC, introduced CARGs in MSF mentored sites as a community model of care for stable ART clients. A total of 11 groups with 49 (10 male, 39 female) members were formed by December 2015.

Support to health related emergencies

In 2014 MSF supported the District Health Team (DHT) in the assessment and control of a typhoid outbreak in Nyanga district. The main areas of support were community mobilization and sensitizations on the typhoid outbreak in clinics and schools, on-the-job training in clinics for decentralized management of typhoid, gap filling of medicines and related sundries.

HIV AND MENTAL HEALTH MOBILE EXHIBITION

People waiting to get tested for HIV during the mobile exhibition

HIV and mental health mobile exhibition

Medecins Sans Frontières (MSF) in partnership with the Ministry of Health and Child Care (MoHCC) conducted a five-day HIV and mental health mobile exhibition in Harare, Mutare, Masvingo and Bulawayo from Monday, 16 November, 2015 to Friday, 20 November, 2015. The mobile team comprised of personnel from MSF, MoHCC and ZBC.

The mobile exhibition was intended to raise awareness of important HIV concepts which included HIV testing and counselling, viral load monitoring, community models of care, and emergency treatment after rape. The exhibition also aimed to promote mental health. This exercise was held ahead of important calendar events of the World AIDS Day, International Conference on AIDS and STIs in Africa (ICASA 2015) and 16 Days of Activism against Gender based violence.

HIV testing and counselling

There was a demand for HIV testing services as evidenced by the high number of people who got tested within the short space of time that was allocated. A total of 841 people were tested for HIV during the mobile exhibition. Of these, 390 were males while 451 were females. The total number of people who tested HIV positive was 36 (15 males and 21 females).

CD4 count

Out of the 36 people who tested HIV positive, 24 of them had their CD4 examined. CD4 count services were also offered to people living with HIV who wanted to know their CD4 levels.

MSF also provided information on viral load monitoring, community art groups, sexual and gender based violence interventions and mental health. General information on MSF activities in Zimbabwe was also being provided. About 3300 people directly accessed information on the various aspects that were being promoted.

DESIRE TO SURVIVE

I am 30 years of age, I live in Epworth, I am a single mother and I have two children, a 15 year old boy and an eighteen month old girl.

I have multi-drug resistant tuberculosis (MDR TB) and I am taking my medication with the assistance of Medecins Sans Frontières (MSF).

So far, I have completed the MDR TB injections which I took for eight months from March 2015 to the end of October 2015. To complete my MDR TB course, I am now taking tablets, which I am supposed to swallow for 18 months. I take these tablets every day from Monday to Saturday. Sunday is my day of rest, as I do not take the tablets then.

My MDR TB journey started when my son took me to the hospital after suffering from severe pain in one of my legs. The doctors examined every part of my body and conducted several tests after which they told me that I had MDR TB. They told me that the disease that I had, could spread to other people so I was referred to Nazareth hospital in Harare, where I was admitted for two weeks. After that, I came back to Epworth where I started receiving my injections from the Epworth polyclinic where MSF is supporting the Ministry of Health and Child Care (MoHCC) to treat TB patients.

At that time, I could not walk on my own. My son would borrow a wheelbarrow from neighbours

and take me to the hospital. This only happened for two days. After that, MSF requested to know where I was staying so that they could come and treat me from my home. MSF used its vehicle to bring medication to my door step. The nurses would come home and give me an injection from my home for the eight months I was taking the injections. I am now taking 14 tablets a day and MSF has continued to bring the tablets home.

I am really grateful to MSF because I now feel much better than I was before. I could not walk on my own but MSF bought a walking frame for me so that I could learn how to walk again.

They hired a physiotherapist who taught me to walk and assist me to do some exercises that would make me fit. The exercises were done at least three times a week. At first, even with the aid of a walking stick, I could not walk for more than two metres as I would feel very tired. I always had a chair close-by so that I would sit when I am tired.

Now I can walk on my own. I can now carry my daughter on my back like other mothers do.

There was a time when I could not even sit down on my own because I was very weak and powerless. Every time I tried, I would fall. My son used to carry me from inside the house to outside the house to allow me to get fresh air, but I would fall the moment he would leave me on my own.

I could not go to the toilet on my own. I could not cook or even wash on my own but now I can go to the toilet on my own, I can wash and cook and perform a few of other household chores.

There was a time when my relatives had begun to make preparations for my funeral because, in their eyes, I was not going to survive. They thought I was going to die because of the condition that I was in. They also didn't think I was going to survive the medication. They wondered if I was going to take the injections for eight months. At first, I also thought it was not going to be possible but I did it with the support and help from MSF.

What gave me the strength was the desire to survive and look after my children. I realised my life depended on taking medication so I took the medication consistently despite the pain and side effects I experienced. For example, I vomit everyday and feel nauseous after taking the tablets but I have to continue taking the tablets because my life depends on taking them. The nurses and counsellors have told me to soldier on and hopefully the vomiting will stop one day. When I look back, I realise that I have come a long way and I have to continue to be brave.

I want to encourage everyone not to give up taking their prescribed medications. If you have MDR TB or any other type of TB, you have to accept your condition and take your medication consistently.

MSF Principles and Values

Core MSF Humanitarian principles

- Humanity
- Impartiality
- Independence
- Neutrality

Guiding standards

- Medical ethics
- International humanitarian law
- Human rights norms and law

Operation values

- Proximity
- Transparency
- Accountability
- Voluntarism
- Associative nature

CONTACT DETAILS

MSF-Operational Centre Amsterdam (OCA)

90 Lytton Road, Workington
Harare
Zimbabwe

Tel: +263 712456 537 or + 263 712 456 530

E-mail: zimbabwe-admin@oca.msf.org

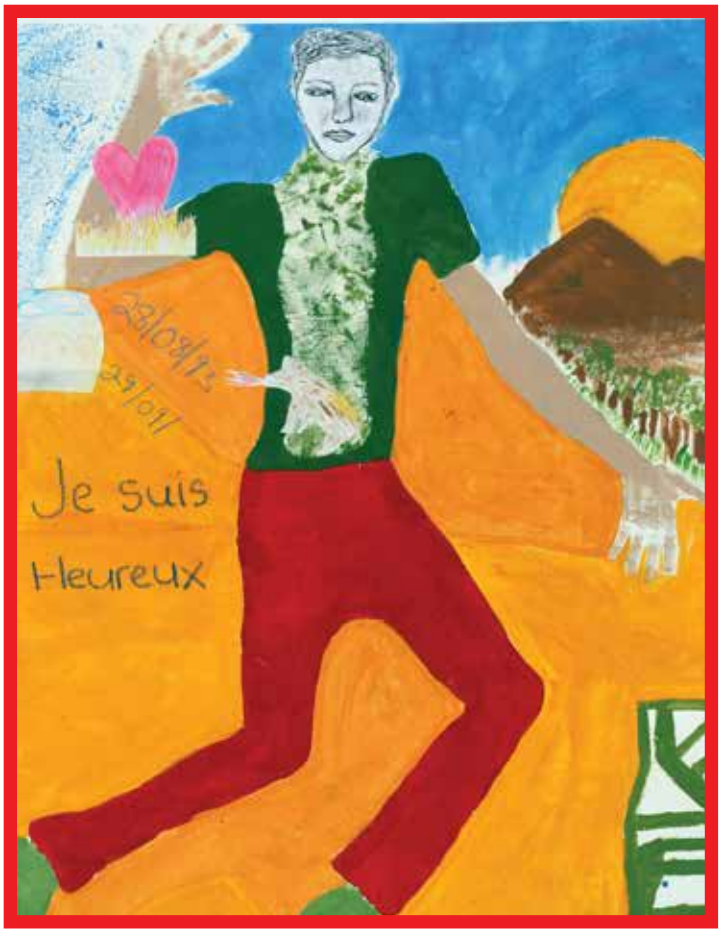
MSF-Operational Centre Brussels (OCB)

9 Bantry Road, Alexandra Park
Harare
Zimbabwe

Tel:+ 263 772 150 679/80 or + 263 4 745823

E-mail: msfocb-harare@brussels.msf.org

www.msf.org



MSF provides medical assistance and psycho-social support to survivors of sexual violence. As part of the psycho-social support, survivors use the 'Body mapping technique' as a therapeutic process to assist the survivors to rebuild their lives. Medical treatment after rape is an emergency. Seek treatment early, within 72 hours.