

MSF IN ZIMBABWE NEWSLETTER

Intersectional Newsletter for Medecins Sans Frontieres in Zimbabwe. Issue 1:2013



Message from the Heads of Missions in Zimbabwe

Abi kebra Belaye, Fasil Tezera and Victor Garcia Leonor

Speaking on behalf of the whole of Médecins Sans Frontières / Doctors Without Borders (MSF) in Zimbabwe, it is with great honour, that we present our inter-sectional newsletter. MSF has been working in partnership and close collaboration with the Ministry of Health and Child Welfare (MoHCW) since the year 2000.

We have, over the years, contributed to the partnership through implementation of medical programmes, by innovation within those programmes and, when required, by supporting emergency response to medical crises. Our geographical diversity is driven by our organisational structure, but our underlying methodology derives from the shared principles and values that bind us together as one organisation, dedicated to medical humanitarian action.

In MSF, we assert that our principles and values define us as a unique international organisation, equipped to respond to the challenges we aim to meet in a singularly distinctive way that is defined by MSF. However, our style is also guided by the context and the nature of our working relationships.

In the pages of this newsletter, you will be able to read about the activities of MSF in Zimbabwe. MSF strongly asserts that maternal deaths are an avoidable crisis and as the world commemorated International Women's Day, MSF underlined the fact that far too many women continue to die avoidable deaths during childbirth.

In 2012, we had the privilege of hosting two colleagues from one of MSF's offices in London. The purpose of their visit was to provide insight to staff and stakeholders on where MSF gets its money from and explain why MSF seeks independent sources of funding. The key to MSF's ability to act independently in response to an emergency is its private, independent funding. The majority of MSF activities are paid for with private donations.

We also explore the success of medical mentoring, with very positive success stories coming from our Gutu and Chikomba projects

To close, it is appropriate to state our appreciation

for all those who have contributed to the success of MSF's activities. The staff recruited and employed here in Zimbabwe, those recruited internationally, and the all the MoHCW staff who have worked together either in the health facilities or in support roles; without the continued professional input of all those working with us, the tens of thousands of patients supported by MSF certainly not would have all have achieved the same positive outcomes.

Also, we would like to acknowledge the contribution of our donors. MSF values the independence afforded to us by millions of individual private donors. International in our sources of funding as well as in our humanitarian action, we are driven only by the needs of our patients and never by the demands of individual donors; we are grateful for that independence.

Enjoy!

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Maternal Death: The Avoidable Crisis

By Stambuli Kim

AS the world commemorated International Women's Day, the international medical-humanitarian organisation, Médecins Sans Frontières (MSF)/Doctors Without Borders underlined the fact that far too many women continue to die avoidable deaths during childbirth.

In Zimbabwe, HIV/AIDS and unaffordable user fees for antenatal care (ANC) remain some of the major factors affecting maternal mortality. "HIV/AIDS is the leading cause of disease and death of mothers in the country," says Fasil Tezera, the MSF Head of Mission in Zimbabwe. HIV positive mothers are more susceptible to infections due to their overall weakened immune system.

"This is particularly concerning when there are user fees in place for antenatal consultations, deliveries and referrals, making it unaffordable for many women to access these –often life-saving – services in public health clinics and district hospitals. The results are late ANC bookings and often unassisted home deliveries. Coupled with a high HIV prevalence in pregnant women and low numbers of these women being on antiretroviral treatment, this presents a worrying picture," says Fasil Tezera. "It is absolutely necessary that ANC is provided free of charge and that women have access to and make use of prevention of mother to child transmission services. "

MSF's briefing paper, "Maternal Death: The Avoidable



Stambuli Kim - MSF Intersectoral Communications Officer

Crisis" details how the provision of emergency obstetric care to pregnant women in acute and chronic humanitarian crises can have a direct impact and save women's lives.

"It is an ongoing tragedy that we are still seeing so many women die in childbirth, when we know that the provision of quality care at the time of delivery can have a direct impact," says Kara Blackburn, Women's Health Advisor for MSF. "We must always remind ourselves that a maternal death is an avoidable death."

Following years expanding its own programs to meet the needs of pregnant women, MSF seeks to draw attention to the dearth of emergency obstetric care in a number of crises. The paper examines the situation for pregnant women in 12 countries where MSF works, including Pakistan, Somalia, South Sudan and Haiti, and highlights the necessity of emergency medical assistance, particularly when complications occur.

"We know that fifteen percent of all pregnancies worldwide will face a life-threatening complication," continues Ms Blackburn. "These women need access to quality emergency obstetric care whether they live in Sydney, Port-au-Prince or Mogadishu – the reality is the same whether in a modern hospital in an international city or in a conflict zone, refugee camp or under plastic sheeting after a devastating earthquake."



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An MSF nurse providing post natal care to a newly born baby and mother who followed the Prevention of mother to Child Transmission (PMTCT) program. PMTCT is an important component of MSF's projects so as to prevent newborn infections.

Medical mentoring a success in Gutu and Chikomba



A medical doctor during a mentoring session with a nurse

By Onwell Nyekete

Médecins Sans Frontiers' (MSF) major focus in Zimbabwe is on the fight against the HIV/AIDS epidemic and related opportunistic infections which continue to overwhelm the healthcare system in Zimbabwe.

As our programmes are implemented within the Zimbabwean health structures, MSF is also implementing task-shifting and clinical mentoring in its programmes, training nurses in routine HIV care, including the administration of ARV drugs, so that more staff are able to treat more patients in more locations. On-job mentoring of health professionals is proving to be very effective as reflected in the lighter approach which has been adopted in the Gutu and Chikomba Projects.

This on-job training covers all aspects of opportunistic infections (OI), antiretroviral therapy (ART) and HIV TB Co-infection management, facilitating both theoretical and practical mentoring.

As a result, some clinic nurses and other Ministry of Health and Child Welfare (MoHCW) staff are now

able to provide a comprehensive OI /ART package which includes preparing patients for initiation, initiating patients on HAART and follow up. A significant number of patients are now on HAART thus reducing hospitalization of these patients.

Nurses are also now providing a “supermarket approach” for people living with HIV and AIDS, which reduces clinic visits and length of stay. The same nurses are now able to order OI Drugs and ARV's and have confidence in management of HIV/TB patients.

MoHCW doctors are starting to travel to MSF outreach sites doing initiations and providing ongoing mentoring at stand alone clinics.

Despite these successes, nurses mobility and trainings have affected the mentoring, thereby slowing down the process. There have also been some challenges in some nurses' attitude towards workload and incentives. The travelling distances to health facilities also limit the amount of mentoring time in the field.

Conversation with donors

By Patricia Mazuru

In 2012, we had the privilege of hosting two colleagues from one of MSF's offices in London. The purpose of their visit was to provide insight to staff and stakeholders on where MSF gets its money from and explain why MSF seeks independent sources of funding.

The key to MSF's ability to act independently in response to an emergency is its private, independent funding. The majority of MSF activities are paid for with private donations.

The work that MSF does is underpinned by three core humanitarian principles which are Neutrality, Impartiality and Independence. The first principle, neutrality, means that MSF does not take sides. We give treatment to people on both sides of a conflict or both sides of the political divide.

The second principle, Impartiality refers to MSF's ability to treat those with the greatest medical needs regardless of their political opinions, religion, race or colour. The principle of Independence allows MSF to act independent of any outside agendas. We are not influenced by governments or other outside interests. To uphold these principles, particularly independence, MSF needs to ensure funding comes from private and independent sources - largely thousands of ordinary individuals.

These people give a small amount of their own money each month or week to MSF. In the UK alone there are nearly 50,000 individuals who give money in this way and the number of donors is higher in other countries across the world. Fundamentally it's about individual people deciding to give money to MSF.

Over the next four days following their arrival my two colleagues showed the staff the faces behind MSF's funds.

One young boy, Orlando, who is only 7 years old, roller skates the same distance as a marathon (over 40kms) around his local park in the UK to raise money for MSF. This is the same money that enables MSF to respond quickly to emergencies such as the 2009 cholera outbreak in Zimbabwe.

MSF's money comes from individuals who trust us to spend it on treating people all over the world; people they have never met.

One member of staff who was amazed by Orlando's humanistic view said, "When you hear the word



Patricia Mazuru
MSF OCA Communications Officer

donor, you think of a philanthropist, someone who has made it in life. All we can do as custodians is ensure that every dollar he manages to raise goes to what he has intended".

One couple in the UK, getting married this year, has chosen to forgo wedding gifts and has asked their friends and family to donate to MSF instead. They expect to collect over \$15,000 for MSF.

These individuals are examples of donors who believe in humanitarian principles and want to help provide medical care to those in need all over the world including the 46,000 (and counting) people that receive Antiretroviral (ARV) treatment from MSF in Zimbabwe. My two colleagues had the following messages from our staff in Zimbabwe to take back to the donors:

"I was really touched by the simplicity of the people who give [to MSF], people like my parents, my younger brother and younger sister. It's simple people who give the little they have."

"I want the donors to know that a dollar can mean the difference between life and death in our setting. We have saved so many lives because of that money and I just want to encourage the donors to continue giving". These reactions produced what we dub "The conversation with donors". Through this groundbreaking project we have realized the relationship we have with donors is not just about fundraising, but also about appreciating the humanitarian drive to lend a hand to those in need. Whether one is in the UK giving money to MSF or in Epworth working in the clinic, we are all on this humanitarian assignment together.

MSF primary care counsellor speaks

Primary care counselling is a crucial component in MSF's medical activities. Sostain Moyo (SM), an Information, Education and Communications Co-ordinator in Beitbridge speaks to Trevor Mpofu (TM) a Primary Care Counselor exploring his daily interaction with patients.

SM: It's been over a year now since you joined MSF Beitbridge as a Primary Care Counselor. Before joining MSF you worked for the Ministry of Health and Child Welfare. Describe your experience working in HIV testing and counseling with MSF?

TM: It has been quite exciting, in that at MSF I am given a sense of autonomy in my work. I am directly responsible for what I do in my work and the outcome of my work. And that is exciting. This has actually boosted confidence in me as a person and in my profession as a counselor. I receive a lot of support from my colleagues and my job as a counselor is given its worth. This has instilled a sense of pride in my choice to become a counselor.

SM: In your own words, what would you say is meant by "Primary Care Counselor"?

TM: By Primary Care Counselor, we mean that this is a person identified by the community. It is someone who commands community respect and is trusted; someone who understands the values, norms and beliefs of the community he/she comes from; someone who is trained to conduct professional counseling, having acquired all necessary skills to better understand the psycho-social needs of the people he/she is working with and help them cope with their different challenges related to HIV and AIDS.

SM: How would you describe your experience as a PCC? And how is your role different from that of other counselors in your team?

TM: In general I do the same job as other counselors, such as conducting HIV counseling and providing on-going supportive counseling to clients. Where my role becomes different from other counselors is that I do HIV testing and counseling all together, without the client having to move from one room to another. I find that clients are comfortable with that because of confidentiality issues. Also, a lot of time is saved for both the patients and the organization.



Sostain Moyo
MSF IEC Co-ordinator in the Beitbridge project

SM: Describe for us some of the clients you see and counsel?

TM: Mostly the clients I see are people in relationships. But the interesting part is that they normally choose not to come together for HIV testing and Counselling (HTC). And in some of the cases one of the people involved in the relationship can bring on different occasions more than one partner he or she is sexually involved with. There is a great need in health education around the issues of multi-concurrent relationships. Also, I think the mobile VCT should always be closer to our target populations. We should also make a deliberate effort to reach out to adolescents and other young people. I see quite a sizable number of young people who come to have HTC, but I think we can reach out for more. It's sad that most of those that I see are testing HIV+.

SM: Last but not least Trevor, what are the information gaps among your clients that you think the IEC team need to address urgently?

TM: There is a great need for information and for health education activities that would support clients after HTC. An appropriate referral support system is required. I think that a lot of people have come to understand the importance of HTC. I also think that IEC should also address the issues of multiple-concurrent sexual partnerships.

Know Your status: VCT campaign in Gokwe North District

By Esnath Dzavakwa

"I wake up in the morning and want to know my status. If I test negative how will I stay negative? If I test positive how will I live positively? It is only me who can change my life. If I have decided something for myself I am more likely to take action."

In 1964 the World Health Organization (WHO) defined health in its broad sense as "a state of complete physical, mental, and social well being and not merely the absence of disease or infirmity." This definition still stands today, and draws our attention to the fact that health is not about doctors, nurses, hospitals and all of the health structures in existence, but more about our environment, the food we eat, our social activities and indeed knowing our HIV status. The key to living a healthy life with HIV is being diagnosed early and knowing one's status allows one to make informed decisions regarding the future and life.

As the 2012 World AIDS theme still stands, "Zero new HIV infections. Zero discrimination. Zero AIDS-related deaths", in order to meet the challenge of 'Getting to Zero' MSF in partnership with MOHCW and the District AIDS Coordinator in Gokwe North District have taken up the challenge to work together to achieve universal access to HIV prevention, treatment and care.

The government of Zimbabwe emphasized the importance of voluntary counseling and testing for HIV (VCT) in its National AIDS Policy in 1999, which is being implemented to date in all health facilities in Gokwe together with Provider Initiated Testing and Counseling (PITC). Whilst all health facilities in the district offer both VCT and PITC, a diverse approach is necessary to ensure the specific testing needs of the population are met, considering the distances that the community sometimes has to travel to get to the nearest clinic. Evidence shows the implementation of community based VCT can significantly increase the number of people accessing treatment for the first time.

This suggests that community based VCT is a viable option for increasing HIV testing in areas where uptake of testing is low. MSF has taken the responsibility to implement community based VCT campaigns to reach out to one and all. Prevention strategies such as VCT



Part of MSF Gokwe team

and awareness campaigns have been instrumental in contributing to the decline in new infections and encouraging behavior change in Zimbabwe.

The campaigns started in May when the farmers were harvesting their cotton in the fields and selling to the ginneries. This was a good time to start the campaign as there is a lot of movement within the District, and families no longer have to attend to the field.

Zumba, located in the northwest part of the District, was the first site for the campaign. The campaign was well received though there is still a lack of male participation in HIV testing. This remains a mystery as services are available in a discreet manner, yet men are still reluctant to come forward.

With the success of this center two more centers have held campaigns. Both of them are the busiest centers in the District, Nembudziya growth point and Chinyenyetu business center.

The AIDS epidemic is far from over, and in Gokwe North District, MSF and the partners investing in the fight against HIV/AIDS, are confident there will be "Zero new HIV infections, Zero discrimination., Zero AIDS-related deaths" through universal access and working together with our communities towards a complete state of physical, mental and social wellbeing for an AIDS free generation.

DR TB cases on the increase

By Judith Mutangirwa

IN response to the increasing drug resistant tuberculosis (DR TB) burden in Buhera district, collaborative efforts have been made between MSF and the Ministry of Health and Child Welfare (MoHCW) to respond timely to the emerging cases.

MSF has put in place a GeneXpert machine at Murambinda Mission Hospital that has enhanced diagnosis of suspected DR TB, thereby facilitating treatment of the patient for DR TB on the 21-24 months treatment.

In addition, a team made up of nurses, a counselor and a doctor has been put in place to manage patients in their homes since they cannot be admitted to hospital.

Challenges can be foreseen if the cohort continues to grow as there are questions as to whether the team can manage to travel on a daily basis to administer drugs.

Most of the patients are too weak to walk to the nearest clinic, which can be up to 15 kilometers away..

It is hoped that MSF and the MoHCW will keep this subject on the top of the agenda with the possibility of the institutionalization of DR patients being an option, so that transport and human resources requirements are minimised.



A medical doctor examining a chest x-ray at Murambinda Mission Hospital



Clayton lives his dream

By Clayton Mupambawashe

I joined MSF in April, 2008 as a watchman. It had long been a dream of mine to join such a big and well recognized organization. I first heard the organization was in the country in 2006 while watching television. I saw how the organisation was assisting the Ministry of Health and Child Welfare in the country.

At that time I was working for a construction company in Harare and all I wanted to do was to be part of an organisation that reconstructs people's lives rather than buildings. In 2008 when the cholera epidemic was at its highest I finally got the chance to be part of the MSF movement. The time when the cloud of sickness and death hung constantly over the country was the time my dream came true.

In a way it's depressing that my dreams came true as a result of a pandemic, but I was glad that I got a chance to help out my country and be part of an organization that gives people their lives back. I will never forget the first time we went to Budiriro to help pitch the cholera tent and offload the scores of drug carrying trucks.

The situation was sad and pathetic. So many people were dying, yet so many lives were being saved too. MSF saved a lot of lives. I met so many nurses, doctors, logisticians and water specialists who came from all over the world, people who left their families to come and save mine. MSF's goal is to alleviate the suffering of the population through the work that it does in Zimbabwe and the world over.

Clayton Mupambawashe is a Watchman in MSF Epworth project

DR TB - we must act now!

By Stambuli Kim

ALARMING new data suggests the global scope of multidrug-resistant tuberculosis (MDR-TB) is higher than previously estimated, requiring a concerted international effort to combat this deadlier form of the disease.

The global MDR-TB crisis coincides with a huge gap in access to diagnosis and treatment. Existing diagnostic tools and medicines are outdated and hugely expensive, and inadequate funding threatens the further spread of the disease. Worldwide, less than five percent of TB patients have access to proper diagnosis of drug resistance, and only 10 percent of MDR-TB patients are estimated to have access to treatment – far less in low-resource settings where prevalence is highest.

“Wherever we look for drug resistant TB we are finding it in alarming numbers, suggesting current statistics may only be scratching the surface of the problem,” said MSF President Dr. Unni Karunakara. “With 95 percent of TB patients worldwide lacking access to proper diagnosis, efforts to scale-up detection of MDR-TB are being severely undermined by a retreat in donor funding – precisely when increased funding is needed most.”

“There is growing concern over the spread of drug resistant TB throughout the Southern African region mainly because it often remains undiagnosed and untreated and thus continues to spread,” says Fazil Fazil, Head of Mission for MSF in Zimbabwe. “Although great gains have been made in HIV/AIDS programming over the last five years, HIV and HIV/TB co-infection remain an emergency in Zimbabwe

Drug-resistant tuberculosis (DR-TB) is difficult both to diagnose and to treat, and the Zimbabwean national TB programme is already stretched. The MSF team in Harare is providing support and technical assistance to health authorities in the implementation of a national DR-TB strategy. The organization has also supported a number of health institutions with the Xpert MTB/RIF machine, a laboratory based molecular test, which allows for rapid diagnosis of TB and resistance to rifampicin, one of the most potent first line drugs.

To respond to the medical needs in the country, MSF’s main focus is on providing a comprehensive package of quality HIV/TB services through an integration approach in Ministry of Health and Child Welfare structures. This package includes testing, diagnosis, treatment and counselling for HIV, TB, and DR-TB, as well as for other opportunistic infections.

“With the high co-infection rate and the growing emergence of drug-resistant TB, we need to change the way TB is treated. People need to be able to access diagnosis and treatment of HIV, TB and drug-resistant TB



A health worker prepares medication for a DR TB patient in Buhera

in the same facilities. In order to roll this out, treatment needs to be simplified and new models of care have to be implemented. A patient with drug-resistant TB can be treated at home, for instance, but it needs awareness and commitment,” says Fazil Tezera. “The key is that people need to be diagnosed early and treated properly so that resistance is not further spread.”

Data collected from MSF projects around the world have shocked doctors tackling the disease.

The global crisis is exacerbated by a perfect storm of lengthy treatment regimens (around two years) with highly toxic drugs, most of which were developed mid-last century and have unpleasant side effects. Reduced funds—notably recent Global Fund cuts—and a small market with few manufacturers, have kept the costs of some of the drugs prohibitively expensive. Furthermore, expanded use of a new rapid diagnostic tool with the potential to massively increase early detection of drug-resistant TB in low-resource settings is inhibited by unaffordability. It is exactly in those places where the ability to detect TB within hours—as opposed to days or weeks—is most needed to save lives.

MSF is calling on governments, international donors, and drug companies to fight the spread of drug-resistant TB with new financing and new efforts to develop effective and affordable diagnostic tools and drugs. Far shorter and less toxic drug regimens are needed, along with currently non-existent formulations for children, and a point-of-care diagnostics test. Regulatory measures need to be enforced to prevent further spread of the disease due to mismanagement by practitioners.

“We need new drugs, new research, new programmes, and a new commitment from international donors and governments to tackle this deadly disease,” said Dr. Karunakara. “Only then, will more people be tested, treated and cured. The world can no longer sit back and ignore the threat of MDR-TB. We must act now.”

MSF Launches an HIV/AIDS CD and Documentary

Music project featuring Alejandro Sanz, Oliver TUKU Mtukudzi, the late Chiwoniso Maraire, Zimbabwean support group choirs from Bulawayo and Tsholotsho, and many others



Oliver Mtukudzi

Medicines Sans Frontiers (MSF) has launched a music project called, “Positive Generation: Voices for an AIDS-free Future”. The CD and documentary was based on songs created by HIV support groups in Bulawayo and Tsholotsho and recorded with Zimbabwean and international artists, including Alejandro Sanz, Paula Fernandes, Estelle, Oliver TUKU Mtukudzi, Chiwoniso Maraire, ten Zimbabwean choirs, and many others. The music aims to raise awareness about the reality of HIV/AIDS in sub-Saharan Africa by highlighting how people on treatment can still live a 'positive' life. The project also highlights the importance of programs that prevent mother-to-child transmission of the virus, and warns of the consequences that current global funding shortfalls for HIV/AIDS programs would have on the lives of thousands of patients.

MSF is using music to raise awareness about the virus in Zimbabwe, to educate patients and their families that they are not alone, to inform them that treatment can stabilize the illness, and to end stigmatization of HIV/AIDS patients. Support group choirs, largely made up of

Zimbabweans living with or affected by the virus, offer an open, positive approach to HIV/AIDS education. Their testimonies and songs raise awareness about how to prevent the spread of the disease and encourage people to seek HIV diagnosis and treatment.

“With this project, we want to pay tribute to a generation of people who are living 'positively' with HIV. Their testimonies transmit positive messages and help fight stigmatization. With MSF's operational experience in HIV care since 2000, and the latest progress in HIV science, we know that an AIDS-free generation is possible if effective programs are implemented on the ground. We need to keep fighting to reach this goal,” said Mari Carmen Viñoles, then head of MSF's mission in Zimbabwe.

Through “Positive Generation,” MSF aims to bring attention to the recent progress made in the fight against HIV/AIDS, and to warn of the threats that could stop or even reverse progress. Recent research has shown that early treatment not only saves lives, but also has a significant impact on reducing HIV transmission and preventing new infections.

However, this progress, which could mean a future free from HIV, is threatened by a lack of funding and program closures. Zimbabwe, like many other high prevalence countries, will require additional funding in the coming years, yet AIDS funding is currently being cut back globally, as confirmed by the decision by the board of the Global Fund for AIDS, Tuberculosis and Malaria to cancel Round 11 funding.

Without donors making every effort to fulfill their pledges and step up to meet the real needs on the ground, countries with high HIV prevalence will inevitably face disruptions to their programs. Consequently, gains made through previous investments will be lost and real opportunities for programs to demonstrate high impact will be missed.

“More funding is also crucial to ensure that attention is paid to pediatric HIV care through targeted strategies and adapted treatment, and to implement prevention of mother-to-child transmission programs. These are key strategies to achieving an AIDS-free generation in countries with a high HIV prevalence such as Zimbabwe,” says Victor Garcia.



Community support groups improve in the success of health programs

Community Health Clubs, a successful route to a healthy community

By Simon Moyo

THE most effective way to reduce the incidence of diarrhea and many other sanitation and hygiene related disease is to create a completely hygienic environment, which all members of the community support.

It is against this background that the Log Watsan team in Tsholotsho and the Ministry of Health and Child Welfare set out to promote a culture of health: hence the birth of community health clubs (CHC). The clubs have proven to be cost effective vehicles for achieving sustainable sanitation and hygiene improvements in rural communities.

The first of these community health clubs in MSF was formed in 2011 in the Jimila area in Tsholotsho. It was created to provide a forum where community members would meet regularly to learn and discuss ways to improve hygiene in the communities they come from.

Several communities which include Sawudweni, Mako, and Tshayeli, in the Jimila area, conduct meetings with the assistance of MSF and the Ministry

of Health through the Environmental Health office. They organized sessions with the registered members, and the general consensus from the members is to ensure that all individuals are discouraged from poor hygiene behavior in favor of agreed standards and norms.

Monthly meetings of Health Clubs address direct health topics and each session requires members to practice what they've learned at home, including simple changes like covering stored water or boiling water, or more complicated actions, such as building a better latrine.

CHCs also address other health areas like malaria, safe water storage, hand washing, use of latrines at a community level, cholera prevention, prevention of fecal oral infections and HIV/AIDS. The CHCs are fundamental for village/community health promotion and it is hoped they will bring about a change in attitude and behavior in hygiene and sanitation.

It is clear, judging from the members' reaction to this initiative, that CHCs are not only a popular strategy, but also influence high levels of hygiene behavioral change.



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Protecting the next generation through PMTCT

An expecting mother in the Prevention of Mother to Child Transmission (PMTCT) program taking her medication

By Stambuli Kim

"My seventh child is two years old and has tested HIV negative. This is my eighth pregnancy and I want to take care of this baby by breastfeeding exclusively for six months and visiting the MSF clinic," says old Thokozani Mathe, who lives in Mvazadini Village in Tsholotsho. The 27-year old was put on anti retroviral therapy in 2009 after she tested positive for HIV.

"I gave birth to my seventh child in 2010 and exclusively breastfed her for six months. Then I visited the clinic where my child tested HIV negative and I was happy, I really felt relieved. I continued breastfeeding her for nine more months. Later on I weaned her because I was developing some sores on my breast and I was afraid that she could be infected with HIV. So I will do the same this time," added Thokozani.

"I learned that I was positive when I fell seriously ill in 2009. My husband is very supportive and right now he is the one who is taking care of the children as I am at the hospital awaiting delivery," said Thokozani, adding that she usually tells other women the importance of knowing one's HIV status.

"It is important for people to know the virus doesn't have to interrupt their normal life, and that people need to visit their nearest clinic and that care is available for free. I owe the life of my two-year old daughter to this PMTCT programme and I am certain that I will deliver an HIV free bouncing baby again."

Thokozani is one of the thousands of pregnant mothers who are receiving free medical support from Médecins Sans Frontiers' Prevention of Mother-to-Child Transmission (PMTCT) programmes across Zimbabwe. Through the PMTCT programme, expecting mothers are encouraged to get tested for HIV during antenatal clinic

visits. They are then initiated on treatment if they test positive and are counseled on how they can prevent transmitting the virus to their unborn baby. 'Our major focus in Zimbabwe is in the fight against the HIV/AIDS epidemic and related opportunistic infections which continue to overwhelm the healthcare system. We provide comprehensive HIV/AIDS care, offering counselling, testing, treatment and the prevention of mother-to-child transmission of the virus (PMTCT).

The vast majority of children become infected with HIV through transmission from their mothers during pregnancy, childbirth or breastfeeding. These infections are entirely preventable," said Víctor García Leonor, the MSF Head of Mission in Zimbabwe.

"While it is crucial to prevent child infections to begin with, the treatment needs of children living with HIV cannot be ignored. New infections are entirely preventable, by putting the mother on HIV treatment, as well as the baby on prophylaxis at birth and during breastfeeding."

Expanding prevention of mother-to-child transmission services could ensure that many other women, like Thokozani, are able to protect their families from HIV.

The World Health Organization recently issued new guidelines to prevent mother-to-child transmission of HIV. The recommendations include getting more women on treatment sooner and staying on it for life.

"Previously, the recommendations were that women who were pregnant and HIV positive were to be given antiretroviral medicines during pregnancy, but if they did not need those medicines for their own health then once they had delivered the baby they would stop the medicines. And they would only restart the medicines if they had another pregnancy or if they fell very ill," said Leonor.

The new MSF Resource Center in Beitbridge: A ONE STOP SHOP



Support group members during a health education session

By Madonna Ndlovu

THE Information, Education and Communication, (IEC), unit is an integral component of all MSF interventions in Beitbridge. The unit has found a new home at a community Resource Centre!

The Resource Centre is strategically located at house number 846, Dulibadzimu Township in Beitbridge. The idea for a new home came from valuable comments and suggestions from the community and our beneficiaries. They felt the location of the old resource centre was out of community

Some visitors were forced to hire taxis for 20 rand in order to come to a support group meeting at the resource centre every week. We started operating from the new resource centre in April 2012. So far it is promising to become a very busy as it is situated right in the heart of the community.

The resource centre is a one stop shop, offering a

variety of services to support MSF interventions to reduce transmission and increase access to HIV/TB treatment to the Beitbridge District population. There is an emphasis on vulnerable groups, such as migrants, children in general and specifically orphans (OVCs), sex workers, survivors of sexual and gender based violence.

The services at the resource centre include HTC, support group meetings around specific topics, enquiries on general health and wellness, recreational facility for OVCs, library and information facilities and other referrals. The IEC team realizes that our beneficiaries will not automatically come to see us right away. Therefore, we are determined to publicize the facility and encourage people to make use of it.

The resource centre activities are complimented by an information kiosk located next to Mashakada Shopping centre, where IEC materials are distributed and enquiries around HIV and related topics are addressed.

Patient cured of multi drug-resistant tuberculosis in Epworth

By Patricia Mazuru

After two gruelling years of treatment, Chipo Mhlanga* is MSF's first patient in Epworth to beat multidrug-resistant tuberculosis (MDR-TB). While this is great news, there is still an urgent need for better treatment that cures people in less time and with fewer side effects.

In her home, on the outskirts of Zimbabwe's capital city, 48-year-old Chipo says that, although she has conquered MDR-TB, she now faces another challenge: "I have my appetite back and now I am eating everything in sight."

Chipo's ability to joke has finally been restored following two gruelling years of medical treatment for MDR-TB which included daily injections and a cocktail of highly toxic pills that made her vomit, lose her appetite and hallucinate. "I felt like I had bugs crawling on the inside of my head," she says.

First signs of TB

Chipo first showed the symptoms of tuberculosis (TB) in 2006, after caring for four members of her family who had the disease. Chipo reported that after eight months of treatment, and without screening her to confirm whether it had been successful, she was taken off TB medication by her doctor who declared she "looked much better".

Over the following months, Chipo was in and out of hospital with fever and a dry cough that would not shift. She grew thinner and thinner, her condition got worse and – having already lost half her body weight – she took the advice of a neighbour and went to a clinic where Médecins Sans Frontières (MSF) was treating patients with TB.

She was diagnosed with a strain of TB resistant to the usual drugs. At that time, treatment for drug-resistant TB in Zimbabwe was limited and centralised, but when MSF launched its MDR-TB project in Epworth, near Harare, in December 2010, Chipo became its very first patient.

For Chipo, the treatment came just in time. "Just two days before the MSF doctors came to tell us the good news – that she would go on a new course of drugs – my mother had coughed up half a bucket of blood. It was terrible, I thought she was going to die," says Chipo's 24-year-old daughter, Judith.

Zimbabwe's TB stigma

In Zimbabwe, there is massive stigma around TB, and many people wrongly believe that the disease is incurable. Chipo says, "Most of my family deserted me for two years

while I was on MDR-TB treatment. My own relatives didn't come to visit me when I was on death's doorstep. The only family I had left was MSF and my two children."

It was a horribly difficult time: "I had to pass through hell to get to heaven," says Chipo, but she was able to see the treatment through to its end with the support of MSF staff, who also shared their knowledge with government doctors throughout Zimbabwe, most of whom had no previous experience of treating the disease.

"It's extremely difficult to watch your patients try to cope with the horrendous side effects caused by this arduous two-year treatment. We urgently need treatment for DR-TB that can cure people in less time and with fewer side effects," says Rumbidzai Vundla, MSF TB Nurse in Zimbabwe.

Growing number of patient

In those two years since Chipo became Epworth's first MDR-TB patient, the number of people on treatment has grown. Currently, MSF is treating 40 MDR-TB patients across the country, helped by the introduction of a new test for TB drug-resistance, known as GeneXpert, which has cut the diagnosis time from 42 days to just two hours – which is more than 500 times faster.

Now that Chipo is cured she is energetic and sociable again, and an inspiration for the other patients at Epworth. For them, she is living proof that the treatment works.

"The MDR-TB treatment was a miracle," says Chipo. "MSF lifted me up from my deathbed and gave me back my life."

In Mashonaland East Province, there are currently 14 patients on DR TB treatment, according to Ministry of Health and Child Welfare.

"All 14 DR TB patients in the province are on treatment. We are in the process of strengthening our laboratory capacity and the Ministry has since procured Gene Expert machines for all provincial and central hospitals. This will enhance our capacity to detect DR TB and ensure that patients are put on treatment early," said Dr Simukai Zizhou, Provincial Medical Director for Mashonaland East Province.

Dr Zizhou says that statistics show less people are being diagnosed with TB due because they are seeking early treatment for opportunistic infections.

* false name used for confidentiality reasons

Médecins Sans Frontières Charter

Doctors Without Borders/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.

Kindly send your feedback, comments and articles to: msf-harare-com@msf.org

The project text in this report provide descriptive overviews of MSF's operational activities in Zimbabwe. Project summaries are representational and, owing to space considerations, may not be comprehensive. Some patients' names have been changed for reasons of confidentiality. - Stambuli Kim (Editor)

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