

MSF ZIMBABWE NEWSLETTER



Médecins Sans Frontières

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 honour 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.

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Strengthened Efforts

Welcome to the first edition of the Médecins Sans Frontières (MSF) in Zimbabwe, 2018, newsletter. This is a newsletter that highlights various activities and developments that took place within MSF in Zimbabwe.

In this edition of the newsletter, you will read articles about our sexual and reproductive health project in Mbare, Harare, where MSF provides adolescent friendly services that include general health check-ups, HIV testing and counselling, screening for sexually transmitted infections (STIs), and family planning, all free of charge in collaboration with the City of Harare Health Department, since November 2015.

You will also read about our cervical cancer screening program in Gutu and the related developments. MSF donated a Loop Electrosurgical Excision Procedure (LEEP) machine to the Gutu rural hospital. Patients with early stage cervical cancer will now be treated in Gutu, nearer to their homes. Previously patients had to travel to Harare because there was no LEEP machine in Gutu. To further strengthen efforts to prevent cervical cancer, MSF supported MoHCC to roll-out the human papilloma virus (HPV) vaccination in 246 schools in Gutu.

From Manicaland, we share with you information about our intervention in treating non-communicable diseases (NCDs) in Chipinge. MSF is supporting MoHCC to provide treatment, care and support to patients with non-communicable diseases like asthma, diabetes and hypertension. We also share a story from the only female driver in MSF, just to show our diversity as an organization.

As part of its emergency response, MSF responded to the cholera and typhoid outbreaks in Chegutu and in Harare. MSF in collaboration with MoHCC and local authorities set up treatment units to help combat the outbreaks.

Under the Water, Sanitation and Hygiene (WASH) program, MSF introduced innovative methods of drilling boreholes and introduced sustainable ways of maintaining water points through the formation of community health clubs. Currently there are discussions whether this landmark project should continue on a regional approach, to be able build on the existing knowledge within the project.

After seven years of providing treatment and psycho-social support to more than 8200 survivors of sexual violence, MSF is also handing over the SGBV project from July 2018 onwards, to the City of Harare health department. ■

BJORN NISSEN

HPV/GUTU

MSF SUPPORTS MoHCC TO ROLL - OUT HPV VACCINATION EXERCISE IN GUTU

Cervical cancer which is caused by persistent infection of the cervix from HPV, is one of the leading causes of death for many women in developing countries. HPV is one of the most common STIs which cause about 90 percent of all cervical cancers.

"I am vaccinated, I am protected," recited girls from Kanongovere primary school in celebration after they were vaccinated against the human papilloma virus (HPV) in Gutu recently.

MSF supported MoHCC to roll out the HPV vaccination exercise by delivering the first dose of the 2-dose vial cervarix vaccine to more than 15 000 girls in 246 schools in Gutu from the 14th to the 24th of May, 2018 to prevent the development of cervical cancer.

"We were nervous before we received the injection but we have realised that it is not painful," said some of the girls.

Five teams, comprising MSF, MoHCC and Ministry of Primary and Secondary Education officials undertook the exercise and conducted the vaccination exercise in schools.

The vaccination exercise is part of a nationwide campaign that targeted close to one million girls aged between 10 and 14 years. In Zimbabwe, 2 270 women are diagnosed of cervical cancer every year and 1 450 women succumb to the disease.

The Government has previously piloted HPV vaccination program



in other districts of Zimbabwe that include Marondera and Beitbridge in 2014 and 2015 and the exercise achieved 88.4 percent coverage.

HIV weakens the body's immune system, therefore women who are HIV-positive are more likely to develop HPV than women who are not HIV infected. Therefore, HIV-positive women have an increased risk of developing cervical cancer.

Gutu is the only district in the country that has more than one rural centre that offers cervical cancer screening services due to decentralization of cervical cancer screening services.

In other districts where women do not have access to cervical cancer screening services, women often present at advanced stages when it is already too late for treatment resulting in high deaths. ■

MSF has been supporting MoHCC to provide a comprehensive package of prevention and early treatment for cervical cancer in Gutu since 2015. This includes cervical cancer screening using a method called visual inspection with acetic acid and cervicography (VIAC) and most recently, HPV vaccination.

MSF has also provided a Loop Electrosurgical Excision Procedure (LEEP) machine so that women with early stage cancer can receive treatment in Gutu.



CERVICAL CANCER/GUTU

MSF LAUNCHES PREVENTIVE CERVICAL CANCER TREATMENT SERVICES IN GUTU

MSF has been supporting MoHCC to provide early detection through cervical cancer screening services at six clinics and hospitals in Gutu including Gutu rural and Gutu mission hospitals, since 2015. In 2017, MSF in collaboration with MoHCC provided cervical cancer screening services to 4691 patients in Gutu. Of these, 53 were eligible for LEEP but until March 2018, could not be treated in Gutu.

“As MSF we believe that no woman should die of cervical cancer because it can be prevented. If women are screened early, they can be protected from developing cervical cancer.”

Dr Severine Caluwaerts, *MSF Gynaecologist*

Women with early stage lesions of the cervix that can lead to cervical cancer who were unable to access treatment due to resource constraints, are now set to benefit from receiving treatment closer to home, following the launch of preventive Loop Electrosurgical Excision Procedure (LEEP) services at Gutu rural hospital.

MSF donated a LEEP machine to the Ministry of Health and Child Care (MoHCC) in Gutu and trained a doctor at Gutu Rural Hospital to perform LEEP procedures.

Before the launch of LEEP activities, women who had pre-cancerous lesions that covered more than 75 percent of the cervix or extended inside the mouth of the cervix and could not be treated with

cryotherapy, were being referred to Newlands Clinic in Harare for treatment with LEEP. MSF was paying and meeting all expenses for patients to be treated with LEEP in Harare.

“Treating patients who needed LEEP in Harare was not cost effective or sustainable. Some patients were not able to travel to Harare to receive treatment and it was difficult to follow them up.”

Abraham Mapfumo,
MSF Doctor

Gutu is the only rural district in the country with more than one centre offering cervical cancer screening services.

MSF's experience of supporting cervical cancer screening using a method called visual inspection



What is LEEP? When visual inspection of the cervix shows lesions on more than 75% of the cervix, patients can be referred for LEEP. Here patients are given local anaesthesia before an electrical current is passed through a wire loop to remove or cauterise more advanced lesions from the cervix. Samples can then be sent for histology. LEEP takes just 5-10 minutes to do and heals quickly. LEEP is around 90% effective in stopping further development of lesions.

using acetic acid and cervicography (VIAC) in a rural setting like Gutu has shown that the services are feasible and well-accepted, with some women even travelling from outside the district to receive services. MSF hopes that the Gutu example can be replicated in other districts in Zimbabwe. ■



Launch of the LEEP machine at Gutu Rural Hospital.

NCDs/CHIPINGE

PROVIDING NCD CARE IN CHIPINGE

In Chipinge, an area known for harboring many traditional beliefs, there are a lot of misconceptions about non-communicable diseases (NCDs) and their causes. MSF has been providing treatment, care and support to people with non-communicable diseases like diabetes, hypertension and asthma, since 2015.

Kudakwashe Golden, a counselling health promotion nurse mentor for MSF says when MSF started the NCDs project in Chipinge, the community members believed that when someone has diabetes or hypertension it was caused by evil spirits.

Consequently, when one got sick or had these conditions, he or she would consult the traditional or faith healers before thinking of going to the clinic.

However, these attitudes and perceptions are now changing because of the health education talks that MSF provides. There is now an understanding on the importance of taking medication.

Hypertension is prevalent in Chipinge, particularly in elderly women. We teach them how to work on their diets.

We see an average of 40 patients per site per visit. Very few men visit the clinics and this could be linked to community beliefs, explains Golden.

“In Chipinge most people eat sadza three times a day and we explain why they should reduce the quantities or eat alternatives

“If we give these clients the information they need and the motivation they deserve, they are definitely going to change.”

Kudakwashe Golden, MSF nurse mentor

Golden believes MSF has made a lot of impact in Chipinge. He recalls a client who had uncontrolled diabetes mellitus.



MSF is supporting nine clinics and two district hospitals including Chipinge district hospital and St Peters hospital.

like small grains. We advice them to reduce oils and salt and encourage them to exercise. Messages have been taken very well.

Seeing patients improve their conditions has been very motivating.

Some clients will be hopeless but as we instill hope in them, they return later to share their improvements, and this has been a motivation for us.”

When he started counselling, she refused to change because she felt her life was ending. He supported her psychologically and planned a diet chart for her. After two months she had improved and was walking independent of a wheelchair!

We have to make sure that whatever we eat or drink is healthy. ■

WASH/HARARE

COMMUNITIES BENEFITTING FROM SUSTAINABLE WASH INTERVENTIONS

In an effort to provide sustainable Water, Sanitation and Hygiene (WASH) interventions, MSF introduced community health clubs in 2015 in some vulnerable suburbs in Harare.

Budiriro is one of the areas that benefitted from these interventions and also created community health clubs.

Chairperson of the Mvurachena health club in Budiriro 4, Harare, Mr Arkson Bothwell Mudarikiri explained that the mandate of his club is to provide clean water to the community. "We open the water point in the morning at 8.30am and close at 11.00am and then we open again in the afternoon from 3.00pm to 5.00pm to allow people to have enough time to fetch some water," said Mr Mudarikiri.

As a Chairperson, Mr Mudarikiri's role is to monitor that members are adhering to their duties and community members have access to clean water from the water point.

People from all sections of Budiriro can fetch water from the water point but they are required to pay a monthly subscription of one dollar per household. The money is used to buy chlorine.

"It costs about \$34.00 to buy chlorine and it lasts about three to four months," says Mr Mudarikiri. "We provide receipts for accountability and each household is entitled to three buckets of water every day for 30 days."

The Mvurachena community health club encountered a few challenges from community members during

first days as they were not prepared to pay monthly subscriptions of a dollar. People now have a better understanding and they appreciate why the water has to be chlorinated. At some point, the taps were vandalized by thieves but the club members have now erected a security fence.

Members are planning to start some income generating projects as a committee. ■

MSF rehabilitated more than 70 boreholes in Harare to increase access to safe drinking water and to avert the problem of water borne diseases.

MSF also created more than 60 community health clubs in high density areas



An average of 50 people fetch water from Mvurachena health club water point every day.

Arkson Bothwell Mudarikiri,
Chairperson Mvurachena Health Club

"Community members are happy with our work and they now prefer water from our water point because it is clean and chlorinated. We have a test meter and we test our water every Thursday. When we buy the chlorine we invite officials from the City of Harare so that they are witnesses when we chlorinate the water."

EMERGENCY

MSF RESPONDS TO TYPHOID AND CHOLERA OUTBREAKS IN HARARE AND CHEGUTU

As part of its emergency response, MSF has been responding to the cholera and typhoid outbreaks that hit Chegutu and Harare since last quarter of 2017.

A cholera outbreak was declared on 18 January in Chegutu, a busy transit town in Mashonaland province, 106 kilometres outside the capital Harare.

In response, MSF set up a cholera treatment centre (CTC) in close collaboration with the local Ministry of Health at Chinengundu clinic in Chegutu. Suspected cases were being treated according to guidelines and with Ciprofloxacin as the first drug of choice. Other partners assisted with health promotion efforts in the community, WASH interventions, patient support and surveillance to increase awareness of



MSF in collaboration with City of Harare Health department set up typhoid treatment centres at Matapi Clinic in Mbare and Kuwadzana clinic in Harare to respond to the typhoid outbreak that hit Harare from October 2017. Thousands of people were treated at the typhoid treatment centres since the beginning of the outbreak. The treatment centres were being manned by nurses both from MSF and City of Harare Health Department. Sprayers and cleaners were also engaged to assist with infection control to avoid spread of the diseases.



the cholera treatment centre, signs and symptoms and hygiene standards.

Zimbabwe was hard hit by a cholera outbreak in 2008 with the major contributing factor being the breakdown of the municipal water supply, sanitation and waste collection programs throughout the country, but especially in urban areas. MSF remains alert and vigilant to prevent and to respond to any outbreaks.

In Stoneridge Harare and St Mary's Chitungwiza, MSF collaborated with Harare City Health Department and partners like Oxfam to respond to the cholera outbreak that hit the densely populated Stoneridge suburb by setting up cholera treatment units.

BARRIERS TO ACCESSING SRH SERVICES

BARRIERS PREVENT ADOLESCENTS FROM ACCESSING SRH SERVICES SAFELY AND CONFIDENTIALLY

MSF partnered with the Harare City health department to start an 'adolescent-friendly corner' at Edith Opperman clinic in Mbare. In 2017, 2454 consultations were provided for young people in the 'adolescent corner.'

In between appointments, young visitors can play pool or chat with 'peer educators', themselves young people, who MSF has trained and mentored to discuss sexual health issues with their peers or encourage them to stick to their treatment. Staff in the brightly coloured rooms offer free general health check-ups, HIV testing and counselling, screening for sexually transmitted infections (STIs) and contraceptive services.



A game of chess at the adolescent corner.

In Zimbabwe, a host of barriers are preventing adolescents, within 10 to 19 years, from accessing sexual and reproductive health (SRH) services safely and confidentially without the consent of their parents.

Without free and informative access to health services that

include contraceptives, treatment for sexually transmitted infections, national studies show that rates of adolescent pregnancy and HIV are increasing, while knowledge levels around sexual health are declining.

Culturally, young people are often expected to abstain from sex until they get married. National law

states that young people below the age of 16 years can't take an HIV test without parental consent, and health workers often stigmatize them for seeking sexual health advice.

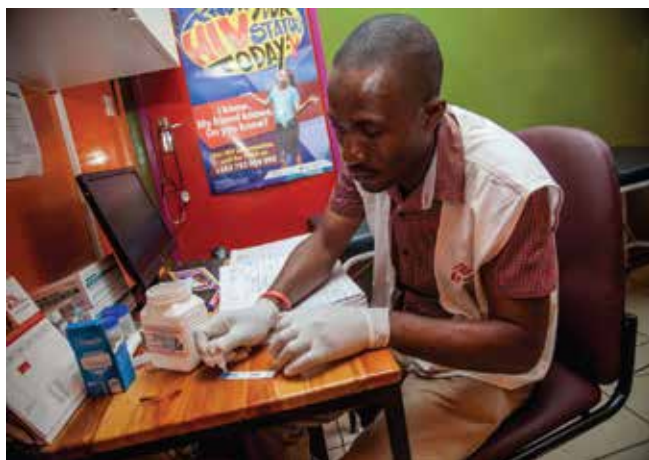
Yet in many communities like Mbare, the reality is that young people start having sex as early as 12 years, frequently without protection or information on how to prevent unwanted pregnancies, STIs and HIV infection.

Young people living with HIV also face particular difficulties, especially if they only learn of their HIV status by accident in their teens.

Most find it difficult to accept their condition, and often stop taking their antiretroviral treatment (ART). Crowded living conditions which force young people out of their homes and abuse of alcohol and drugs also plays havoc with staying on regular treatment. ■



ADOLESCENT CORNER/HARARE



Fanuel Sifeku in the 'adolescent corner' at the Edith Opperman clinic in Mbare, Harare.

WE HAVE PAINTED THE CLINIC TO MAKE IT LOOK DIFFERENT, AND THE NURSES DON'T WEAR UNIFORMS

MSF introduced the adolescent corner after it was discovered that adolescents had a high mortality rate due to HIV. Generally, adolescents are afraid of going to a clinic to seek treatment, so we have painted the adolescent corner to make it look different and the nurses don't wear uniforms.

We have two peer volunteers who are adolescents, indoor game sessions like chess and a gazebo for health club meetings, to make adolescents feel free when they come to the clinic.

For adolescents we offer a comprehensive package including testing for HIV, screening for sexually transmitted infections (STIs) and family planning advice.

We see two types of adolescents - sex workers and those who simply come to seek services. The sex workers tell you straight that they want treatment for their STI. Others talk about headache or abdominal pain. They have to be probed to tell their story.

We discuss about STIs, their symptoms, treatment and how to use condoms. We also conduct HIV testing and

"Since we started the adolescent corner, family planning uptake is increasing.

When we started the project, we saw 30 adolescents per month but now we are seeing about 200."

Fanuel Sifeku, MSF Nurse

counselling campaigns. Other activities done at the clinic include weekly health club meetings where adolescents who come for testing are invited to come to the meetings. Adolescents from school health clubs also come to the clinic for health education talks.

Most adolescents face challenges due to non-disclosure of HIV status by parents. Some discover when they are sick or when in a relationship. Finding difficult to accept their status they approach us for counselling.

The other challenge is that according to clinical guidelines, the adolescents cannot be tested for HIV without the consent of their guardians. Sometimes we ask our peer volunteers to take consent forms to the parents.

We have succeeded in linking those that test HIV-positive to care. Since we started the adolescent corner, family planning uptake is increasing. There are misconceptions about family planning and they need to be corrected through health education. ■



A peer educator at the Adolescent corner describes the nature of their activities to the waiting line.

IN CONVERSATION

“MANY ADOLESCENTS SUFFER IN SILENCE”

“Many adolescents suffer in silence because they are not open to discuss issues about their sexual and reproductive health rights, while some simply do not have the information. We sometimes meet adolescents who are pregnant but who don't even know how they got pregnant.”

I educate my peers in MSF's adolescent corner, a clinic where adolescents can seek various services offered for free. Apart from treatment for any general diseases, there are also provisions for HIV testing and counselling services. Some adolescents have started to be sexually active but they are not using any protection, to prevent infections and unwanted pregnancies. Some were infected with HIV by their mothers at birth but have never had the chance, until now, to get tested. There is a lot of stigma in the community that can hinder adolescents from accessing sexual and reproductive health services. Some health workers reprimand adolescents who visit clinics, accusing them of being wayward and some end up not seeking services for fear of stigma.

As a young person, if I approach my peers, it is easier for them to listen or empathize and accept what I explain, because we are of the same age and we have a similar view of life compared to elderly people.

Parents do not feel comfortable to discuss about accessing family planning services with children, but it is easier for a peer educator to give that advice to a sexually active adolescent. I have realized that most adolescents do not get information from their parents, but they can get information from peers, and they will open up to peers to discuss issues that affect them.

make an appointment and ask us to come and take their adolescents to the clinic after school. Sometimes we go to places like Mukuvisi

services because they think the services are for adults.

I would like to encourage



I feel that I have a lot of information which is worth sharing, and this motivated me to become a peer educator. In general, adolescents do not go to a clinic unless they are seriously ill. That is why we sometimes go into the community to talk to adolescents and approach parents to explain about the services we offer. While some parents are dismissive, others are forthcoming. Some actually

to find adolescent sex workers and distribute condoms. From there, someone might come and disclose symptoms of STIs in search of treatment. We are socialized into believing that issues of sexual and reproductive health rights are for adults thus ignoring the fact that adolescents also indulge in sexual activities. Because of this notion, adolescents are reluctant to access

adolescents to improve their health seeking behavior. They should come to seek services because they are being offered for free.” ■

Tapiwa, aged 25, is a peer educator in the 'adolescent corner' run by MSF at the Edith Opperman clinic in Mbare, Harare. She talks to the teenagers who come to the clinic about the changes happening in their bodies and how to avoid the pitfalls and problems that adolescents face.

IN CONVERSATION

I AM HAPPY TO BE A PEER EDUCATOR AND EDUCATE PEOPLE USING MY EXPERIENCE



Nineteen-year-old *Rutendo was just eight when she started antiretroviral (ARV) treatment for HIV. She did not understand why she needed the medication, which gave her headaches and a rash.

Infected with the HIV by her mother at birth who died two years later, she was brought up by her grandparents in Mbare.

In her teens, Rutendo started to have relationships with boys, and this brought up many difficult questions to which she had no answers.

“I wondered how to disclose to my boyfriend that I was HIV-positive and on ARV treatment,” says Rutendo. “I didn’t know how I would explain about how I got infected.

The situation was leaked to her neighbours because of the

unguarded words of a family member. “I was uncomfortable and hurt. Feeling humiliated I stopped taking my medication,” she says. “My behaviour turned wild. I started drinking beer and taking drugs.”

Without treatment, Rutendo became unwell. “My grandmother brought me to the Edith Opperman clinic in Mbare where a counsellor from MSF advised me to adhere to my treatment and abstain from drugs.” For two months, Rutendo attended adherence counselling sessions. Eventually her viral load – which had been very high – dropped until it was undetectable.

After some time, Rutendo was approached by an MSF health promoter who proposed her to become a peer educator to encourage other adolescents to adhere to treatment. “I started

“The health promoter said I was a survivor, and encouraged me to be a ‘peer educator. I started spending a lot of time at the clinic with the adolescents. I shared with them my journey of pain.”

spending a lot of time at the clinic, sharing my experiences with other adolescents. I told them how I felt and how painful it was, because I had gone through it all.”

“I feel happy that I am now a peer educator and educate people using my own experience,” she says. “What I have observed in the community is that adolescents are engaging in unprotected sex. When they fall pregnant, some consider committing suicide. So I also encourage adolescents to access sexual and reproductive health services to prevent sexually transmitted infections and pregnancy.”

“I also educate parents to allow their children to access sexual and reproductive health services at the clinic.”

Some parents protest, but Rutendo is persuasive. “They complain that we are encouraging their children to indulge in sex. But we always try to explain that we know that adolescents are having sex and we want them to make informed decisions.” ■

Rutendo’s says working with MSF has taught her a lot. While helping other adolescents, she has also found solutions to some of her own anxieties about the future.

* Not real name.

CHALLENGES/ART

ADOLESCENTS ON ANTIRETROVIRAL TREATMENT FACE MANY CHALLENGES



Cosmas Kagogoda,
MSF Counselor

“MSF’s programme for adolescents has been very successful. We have made a huge impact since the introduction of the programme. Many adolescents are coming to the clinic because of the free services that we are offering, and their viral loads are going down significantly.”

Sixteen-year-old Tino is HIV-positive and on antiretroviral (ARV) treatment, but often misses his medication. The reason, he says is the limited space in their house, which keeps him out of the house for long hours. When he goes out to meet his friends, he avoids carrying his medicine because of the stigma associated with the disease. By the time he returns home, Tino is either too exhausted or sloshed to remember to take it.

As a result of missing so many doses, Tino’s first-line HIV drugs stopped being effective. The viral load – in his blood – increased significantly and his health deteriorated.

Doctors switched Tino to second-line treatment and, within two weeks, he started to show signs of recovery. The shock of falling sick has made him realise the importance of sticking to his treatment. “HIV-positive adolescents face many challenges of stigma and discrimination, even from their peers, and fail to appreciate the condition they have,” says Cosmas Kagogoda, an MSF counsellor at the

Edith Opperman clinic in Mbare, where an MSF team provides



treatment and support to people living with HIV alongside the City of Harare Health Department

“Adolescents need to be followed up regularly and be reminded that they have to take their medication,” says Cosmas. One major challenge is the use of recreational drugs by many teenagers. “Normally, they should take their ARV medication at 7 or 8 pm, which is often the time

when they will be high on drugs, and thus forget to go back home to take their medicines,” says Cosmas.

“We encourage them to take their medicines with them if they know they cannot get home earlier. But often they worry that their friends would know that they are on ARV treatment, and this fear of stigma hinders adolescents from adhering to their treatment.”

“Tino is one of many adolescents on ARV treatment in Mbare, who find it hard to take their medication regularly due to pressure from the society and difficult living conditions.”

When MSF started its HIV programme at the Edith Opperman clinic in January 2016, it found that as many as 44 percent of adolescents in Mbare were not taking their treatment consistently.

The MSF team is working with the teenagers’ parents and caregivers to allay their anxieties. “We guide most parents on advising their children how to disclose their HIV status to their partners,” says Cosmas.” ■

AWARENESS CAMPAIGNS

MSF LAUNCHES 'Kick out sexual violence campaign'

"It is time to further our collective action to end violence against women and girls. It takes all of us working together in our own countries, regions and communities, at the same time, towards the same goal."

Mr. António Guterres, UN Secretary General

To galvanize support against sexual and gender-based violence, MSF in collaboration with the Mbare Sports Development Committee hosted the 16 days 'Kick out Sexual Violence' sports tournament in Mbare, Harare.

Eminent sports personalities Edward Sadomba and Ndaizivei Madzikangava officiated and engaged in discussions with young people in Mbare on combatting sexual violence and advised that everyone (particularly the survivors of sexual violence) ought to know how and where to seek medical treatment, care and support.

Soccer and netball games were held after the discussions and the winning teams were awarded trophies.

Sexual violence is a global challenge, with women particularly affected: 46 percent of women in Africa have experienced either physical and/or sexual violence in their lifetime. In Zimbabwe, 27 percent of women aged between 15 and 49 years have reported that they have experienced sexual violence at some point in their lives. Global research suggests that one in six men experiences sexual abuse before the age of 18.

The long-term effect of sexual violence (including rape) on the victim's mental and physical condition can be severe and sometimes life threatening. They can include physical injury, infection with HIV or other STIs, unwanted pregnancy, and major depressive disorders. Without



emergency treatment and preventive care within 72 hours, the consequences can be far worse, impacting the survivor's life. However, due to the stigma surrounding sexual violence and low levels of awareness about the benefits of getting emergency care, only 20 percent of Zimbabwean women who experience sexual violence seek help. Male survivors are even less likely than women to report incidents and seek treatment, and are often deterred by negative attitudes from health workers.

MSF has been providing treatment, care and support to survivors of sexual violence at the Edith Opperman clinic in Mbare since 2011 in collaboration with the City of Harare health department.

Since opening, over 8200 cases of sexual violence have been treated in the clinic, of which 68% were adolescents below the age of 15 years. In 84% of the cases, the perpetrator was known by the child or the family. Despite continuous efforts to raise awareness about the services, only 43% of survivors sought care within 72 hours.

The needs of many survivors of sexual violence remain unmet and as there continues to be low levels of reporting on sexual violence among both men and women mainly dominated by fear of being stigmatized, negative attitudes of society including health care workers, limited knowledge of consequences, etc.

Out of all these, lack of information and stigma plays a key role in preventing people from reporting sexual violence and seeking care. ■

WORKSHOP/HARARE

USING ART AS A FORM OF THERAPY

The vast majority of sexual violence acts are committed against women, children or men by known perpetrators who are supposed to be in the positions of trust and provide security in their homes and in their society.

Supporting survivors to cope emotionally, physically and psycho-socially with the sexual abuse represents a

great challenge and demands a comprehensive approach to care. As a form of art therapy that helps survivors cope with the trauma and pain resulting from sexual abuse, body mapping assists in distancing the individual from their experience and provides them with the opportunity to process the experience on a non-verbal level before exploring it verbally.



ART2Be

In May 2014, a workshop was facilitated by MSF with Art2Be, a Kenyan-based organisation of visual artists and therapists in Mbare, Harare. The workshop encouraged survivors to express their feelings and thoughts through drawings. The painting of the body maps took place in a safe, confidential group setting and was interwoven with personal story-telling, group discussions, guided visualisation and body work. This creative therapeutic exercise enables the use of pictures, symbols and words to represent experiences lived through the body. It offers a therapeutic way of reaching what may lie beyond the conscious mind. In this way, art as a form of therapy allowed survivors to tell their life stories, share their concerns and aspirations, challenge established ways of thinking and doing, and campaign for their rights in public.

The artworks by survivors are now being used to create platforms to educate communities and raise awareness of sexual violence. They also draw attention to the importance of receiving immediate medical and psychological treatment after rape.



Renowned author, Elizabeth Kawadza recently published a book, "Windows

into my Life" that chronicles the tales of the survivors and the goings-on in their minds when they crafted the body maps. ■

Books by Elizabeth Kawadza and the Sexual and Gender Based Violence capitalization report of MSF can be made available on request.

PROFILE/MSF FEMALE DRIVER

NOTHING IS IMPOSSIBLE FOR DADIRAYI, THE ONLY FEMALE DRIVER IN MSF ZIMBABWE MISSION

Diversity:

The quality of being unique and different at the individual level - includes things like:

age, race, gender expression/identity, sexual orientation, religion, physical ability, language, nationality and MORE ... they are factors that make up our individual identity, and, as such, are incredibly personal and not always visible

“I really enjoy working for MSF. I have learnt a lot. I have a very supportive supervisor. If I have any problem, we sit down and we discuss.”



five months before the project was handed over to the Ministry of Health and Child Care (MoHCC). She then moved to Chipinge where she is currently working as a driver.

“When you are working with men, you have to be strong because you can be underrated on your decision making. Some may fail to take you seriously but if you prove to them that you know what you are doing, they will respect you and your work. I feel proud that I am the only female driver in MSF and I have been competent enough.”

“I work with the MSF teams that go to various health centres to provide treatment, care and support to patients and also to mentor MoHCC nurses and doctors.

“On a day to day basis, I ensure that my vehicle is clean and well maintained so that I transport people in a clean and safe vehicle. I refuel my car at the end of each day to ensure I am ready for work the

following day. The roads that I travel in Chipinge are not very good. The terrain is bad especially during the rainy season. As a seasoned driver, I always try to get a better way to get to any destination.”

Before joining MSF, Dadirayi worked for Moonlight Funeral Assurance Company as a driver undertaker. She also worked for organisations like Girl Child Network, Goal Zimbabwe and Oxfam GB.

Dadirayi ventures into fields where very few women participate. As a driver undertaker, her duties included removing dead bodies from the mortuary and dressing them. ■

For Dadirayi Chitora (45), the only female driver in the MSF Zimbabwe mission, nothing is impossible in life. For her the sky is the limit. She believes one has to be strong and has to persevere in order to be successful.

Dadirayi, a mother of two, joined MSF in August 2015 at the Nyanga project where she worked for



*Dadirayi started working as a driver in 1990. She decided to be a driver after her husband died because she needed to be able to fend for the family..
Photo credit: Charmaine Chitete*

INTERNATIONAL NURSES DAY



Saturday 12 May, 2018 was International Nurses Day. MSF in Zimbabwe joined the rest of the MSF movement in honouring nurses who work tirelessly to provide treatment, care and support to thousands of patients every day. To celebrate the work being done by MSF nurses, we share messages and pictures of nurses from various MSF projects in Zimbabwe.



“WORKING WITH SURVIVORS IS NOT EASY”

After seven years of providing quality treatment, care and support to survivors of sexual violence, MSF is handing over the sexual and gender based violence (SGBV) project in Mbare to the City of Harare health department, from July 2018 onwards. MSF has been providing free, confidential medical treatment and psycho-social support to survivors of sexual violence at the Edith Opperman clinic in collaboration with the City of Harare health department since 2011.

MSF also expanded the reach of patients by introducing and supporting decentralised SGBV care to eight other polyclinics in Harare namely, including Glenview, Budiriro, Kuwadzana, Mabvuku, Hatcliff, Highfields, Rujeko – Dzivarasekwa and Rutsanana - Glen Norah to cater from the demand and lessen the burden of transport costs to survivors from other areas.

MSF also trained 114 nurses on SGBV management and about 85 nurses were attached to the Edith Opperman clinic for mentorship.

More than 8200 survivors of sexual violence received comprehensive care between 2011 and 2017 and the majority of them (68 percent) were children and adolescents below the age of 15 years and in most cases perpetrators (84 percent) were people known by the child or the family.

Although MSF and other partner organisations have put a lot of effort in raising awareness on the importance of seeking medical treatment as an emergency and within 72 hours of abuse, MSF witnessed over the years that only 43 percent of survivors sought assistance within 72 hours. “Working with survivors is not easy,” explained Margaret Chigwamba, a nurse mentor at the SGBV clinic in Mbare. “Sometimes it’s very traumatic and one cannot get used to hearing the harrowing stories.

Every case is different and it is traumatizing in a different way. After hearing the experiences of survivors,

sometimes you have nightmares, and sometimes you feel afraid to walk in the dark. In some instances, you are afraid of relatives at home and you don’t want anyone to come near your children. and sometimes you don’t trust even your own husband. You cannot trust to leave your own son with his younger sister because of what we have been exposed to.

“However, as professionals we try to manage the situation in a professional way. We have support groups where we see a psychologist every month to debrief and do various activities so that we take away some thoughts. “Despite this challenge, I was motivated by the ability to be able to help our clients by offering psychosocial support, medical treatment and offer social services or refer clients.”

“I encourage anyone who is being sexually abused to speak out and seek medical assistance. Services are free so people should seek help. The number of cases is increasing due to poor economic conditions prevailing in the country. A number of parents are going to work in neighbouring countries leaving their children with caregivers who then eventually become perpetrators. Some of the girls are involved in prostitution and get abused.” ■



EPWORTH, MENTAL HEALTH PROJECT HANDOVER



Abi Kebra Belaye,
*Former MSF Head of Mission,
Zimbabwe*

MSF handed over the Harare psychiatry project including the community psychiatry intervention, the prison psychiatric and HIV and tuberculosis (TB) project and the Epworth HIV/TB projects in December 2017.

Chikurubi Maximum Security Prison

MSF handed over its prison psychiatry and HIV/TB project activities to the Zimbabwe Prisons and Correctional Services (ZPCS) after five years of providing quality treatment, care and support to inmates with mental illness at the Chikurubi Maximum Security Prison psychiatric unit and in eight other prisons in the country. MSF also invested in training for ZPCS staff specifically on the World Health Organization's mental health Gap Action Programme (mhGAP) and in advanced management of HIV, TB and multidrug-resistant tuberculosis (MDR-TB), rapid diagnostic testing and infection control among other things.

We take pride in the change we brought to the country in terms of treating HIV, tuberculosis (TB), multi-drug resistant TB (MDR-TB) and policy change in mental health.

Epworth

After 11 years of providing quality treatment, care and support for HIV, TB and MDR-TB to the Epworth community, MSF handed over its project activities to the Ministry of Health and Child Care (MoHCC) and partners.

MSF invested in training for MoHCC staff and in infrastructure development, including building the Overspill clinic, the Epworth opportunistic infection and TB clinic, the pharmacy, laboratory and the partial rehabilitation of the Mission clinic. MSF also introduced the concept of task-shifting (empowering nurses in the absence

of medical doctors and training primary care counsellors in the absence of professional counsellors and/or psychologists), as well as decentralising care for HIV and TB, care for survivors of sexual and gender-based violence and the integration of services.

Harare psychiatry project

MSF also handed over the Harare psychiatry project after a two-year collaboration with MoHCC and the University of Zimbabwe. MSF has been supporting the MoHCC to provide treatment, care and support for patients with mental illness at the Harare Central Hospital psychiatric unit since October 2015. MSF

invested in training for MoHCC staff; in infrastructure development including building the Outpatient Department (OPD), rehabilitating the Inpatient Department (IPD) with 100 beds and the acute admission ward; and improving the overall water and hospital hygiene. MSF also introduced the concept of community psychiatry thereby ensuring the availability of treatment, care and support at the primary health care level (in 13 polyclinics within Harare) for those patients discharged from the Harare psychiatric unit at any given time as well as for the patients from the community concerned. ■

WELLNESS SESSION



PROMOTING HEALTH SEEKING BEHAVIOUR AT THE WORK PLACE

MSF conducted a wellness session for its staff members in Harare in a bid to promote healthy lifestyles among staff.

The wellness session comprised of health checkups, health talks and exercising. Health checkups included HIV self-testing, Blood pressure, diabetes and weight checkups. Health talks included subjects like stress management

and chronic conditions, back management and proper sitting positions, self-medication, as well as drug and alcohol abuse. "We realised that our staff spend a lot of time and effort treating other people but they do not have enough time to get health check ups themselves," Dr. Daniela Garone, MSF Zimbabwe Medical Coordinator said.

Staff members were encouraged to seek professional help whenever

they faced challenges in their professional and social life. They were also advised to desist from turning to alcohol abuse as a way of relieving stress.

The wellness sessions also comprised of Yoga and Zumba dance to encourage staff to exercise and keep fit. Staff members who out competed others in exercising won some prizes. ■



"We are going to conduct the wellness sessions regularly so that staff adopt health seeking behaviour."

Dr Daniela Garone,
MSF Zimbabwe,
Medical
Coordinator



DR-TB/MUTARE

PSYCHO-SOCIAL SUPPORT IS CRUCIAL FOR DR-TB PATIENTS

Israel Chingosho, MSF
counsellor supervisor

“During counselling sessions, we encourage patients to report any side effects so that they are treated immediately.”

MSF is supporting MoHCC to provide treatment and care to DR-TB patients in Mutare.

“**B**eing on treatment for drug resistant tuberculosis (DR-TB) is like being on punishment,” says Joseph Saunyama, a DR-TB patient in Mutare. “After taking my medicines, I vomit a lot and it is very uncomfortable. I cannot enjoy food anymore because of the tablets I take,” he says.

Saunyama is one of many DR-TB patients who encounter a lot of side effects because of DR-TB medication.

Some of the side effects include hearing loss, vomiting, nausea and headaches among others. To lessen the burden, MSF in collaboration with MoHCC provides psychosocial support to the patients. MSF has also been mentoring MoHCC nurses and counsellors to provide counselling services to the patients.

DR-TB patients are supposed to take about 15 tablets at a time although

the amount is usually dependent on one's weight. However, some patients find it difficult to take many tablets at a time.

“They ask if it is not possible for the tablets to be combined so that they take at least one tablet or two instead of taking too many tablets. Some propose if they can have the



medication in liquid form,” explains Chingosho. Most DR-TB patients are concerned about going to the clinic every day because it is financially and emotionally draining for them and their families. Some

are not strong enough to go to the clinic on their own so going to the clinic every day is a challenge for their caregivers.

“I explore coping mechanisms with the patients. I have a passion to see people getting assisted. I have seen people changing their behavior and their way of thinking because of counselling. Some patients think that they cannot survive DR-TB. They think it's a death sentence but if you give them information on how the disease develops and how it can be treated and share testimonies of people who have been treated,

they change their way of thinking and they get motivated. Sometimes you get people who are not willing to continue taking medication but after talking to them they change their attitude,” says Chingosho. ■



TRAININGS AND OUTREACH

PROJECT ACTIVITIES IN MWENEZI AND BEITBRIDGE



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MWENEZI



MSF teams travel distances of between 70 and 190 kilometres for medical outreach programmes in **Mwenezi** where they meet patients in areas where there are no clinics. Some of the patients are late presenters who seek treatment at advanced stages of diseases. In **Beitbridge**, MSF epidemiologist conducts data training with staff. MSF provides treatment and care to returned migrants in Beitbridge.

MSF medical team members from all projects in Zimbabwe participated in a **writing** workshop that was recently held in Harare.



● Cities, towns or villages where MSF works

MSF Principles and Values

CORE MSF HUMANITARIAN PRINCIPLES

- Humanity
- Impartiality
- Independence
- Neutrality

GUIDING STANDARDS

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

OPERATIONAL VALUES

- Proximity
- Transparency
- Accountability
- Voluntarism
- Associative nature

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