MSF IN ZIMBABWE
NEWSLETTER

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MEDECINS SANS FRONTIERES

Médecins Sans Frontières Charter

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

About MSF in Zimbabwe

MSF is an international medical humanitarian organisation that has been working in Zimbabwe since 2000. It runs projects in partnership with the Ministry of Health and Child Care (MoHCC) that include treatment and care of people living with HIV, tuberculosis (TB), drug-resistant TB (DR-TB), non-communicable diseases and mental disorders. It also provides Sexual and Gender Based Violence (SGBV) interventions, cervical cancer screening, water and sanitation services and emergency preparedness. MSF projects are currently located in Beitbridge, Epworth, Harare, Gutu, Mwenezi and the greater part of Manicaland province.

MSF Production team:-
Abi Kebra Belaye, Amelia Freelander, Gloria Ganyani, Bjorn Nissen and Kate Ribet

Kindly send your feedback and comments to:-
msf-harare-com@msf.org
Tel: +263 772 156 175

Foreword

Welcome to the intersectional newsletter for Medecins Sans Frontières (MSF) in Zimbabwe. This is a newsletter that highlights various activities and developments that took place within MSF in Zimbabwe. This edition of the newsletter is covering activities that took place in 2016 and January 2017.

In this edition of the newsletter, you will read articles about our intervention in the typhoid outbreak in Harare. MSF partnered with the City of Harare Health department and set up a typhoid treatment centre in Mbare to treat patients with symptoms of typhoid.

MSF also handed over newly constructed and renovated psychiatric buildings to the Ministry of Health and Child Care (MoHCC). The buildings comprised of the acute wards, in-patient department and the out-patient department.

You will also read about our staff experiences in the field. In particular, we share the story of our Psychologist, Emmerson Gono as he narrates his experience working with mental patients in the Chikurubi Maximum Security Prison Psychiatric Unit. You will also read about Rufaro Machakaire, MSF Gutu Project Administration and Finance Assistant, as she shares her detachment experience from South Sudan.

This edition of the newsletter highlights HIV patient stories and the benefits of being members of the Community ART Refill Groups (CARGs). CARGs are a model of care whereby people living with HIV and are on ART make turns to collect their medication from a health facility.

We are delighted to share with you some excerpts from the recently held HIV mobile exhibition which was held in four provinces, Mashonaland West, Mashonaland East, Mashonaland Central and Midlands. During the mobile exhibition, MSF partnered with MoHCC to provide free HIV testing and viral load monitoring services.

The newsletter also highlights one of the emerging trends in HIV, treatment failure and also the element of switching patients from first line treatment to second line treatment. We share the story of a patient who failed on first line but was switched to second line and is now very strong.

You will read about our interventions with regards to cervical cancer screening in rural settings like Gutu. We also share the story of a man who survived drug resistant tuberculosis (DR-TB) in Epworth.

We take this opportunity to introduce our new Head of Mission for MSF Belgium in Zimbabwe, Mr Bjorn Nissen. Mr Nissen joined the Zimbabwe mission in September 2016, replacing Mr Fasil Tezera who had worked in Zimbabwe for about six years and pioneered many projects and introduced many innovative ideas to improve the treatment and care of HIV/TB patients. We would like to bid farewell to Mr Tezera and welcome Mr Nissen.

Mr Nissen brought a wealth of experience having worked with MSF in various capacities in countries like Sudan, Pakistan, Chad and India. He worked as Head of Mission for MSF India since 2008 before being appointed as the Chairperson of the Board of MSF Norway from 2014 until September 2016, when he joined the Zimbabwe Mission.

We would also like to introduce our medical coordinators, Bilal Ahmad and Daniela Garone.

We hope you will enjoy reading our newsletter.

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MSF hands over newly built State-of the Art Psychiatric buildings to MoHCC

Newly constructed out-patients department (OPD) at the Harare Central Hospital Mental health Unit

MSF handed over three newly built and renovated psychiatric buildings at the Harare Central Hospital Psychiatric Unit to MoHCC in January 2017. The buildings, constructed and renovated by MSF over 14 months, include an out-patients department (OPD), an acute admission ward with 30 beds and an in-patient department (IPD) ward for male and female patients with 70 beds.

The outpatient department is made up of six consultation rooms including a paediatric consultation room, patient reception block, a pharmacy, a waiting area and staff meeting room including staff tea and relaxation room.

"We are particularly proud that the OPD has facilities that cater for both adults and children. The facility also caters for people living with disabilities," said MSF Harare Psychiatric Project Coordinator, Mr Omer Abdalla.

MSF also renovated two already existing buildings which were dilapidated and not being fully utilised. These include an in-patient department for both the male and female patients. MSF donated beds, linen as well as uniforms for the patients. The renovated acute admission ward will house patients with acute mental illness or patients who are at risk of either endangering themselves or others.

A closed circuit television (CCTV) has been installed inside both the acute admission unit and sub-acute ward so that staff members on duty are able to monitor all patients and provide care 24 hours a day.

Alongside the wards, MSF renovated the dining hall for psychiatric patients at the Harare Central Hospital including a new paint job and internal lighting. Inside the hall, the organisation added new tables and benches which accommodate about 50 people. Kitchen utensils like plates and cups were also donated to the hospital for use by the patients.

In order to ensure that mental patients have time to relax, a recreation centre was created. In this area, patients have a sitting area and can play ball games like basketball. MSF has also invested in training staff to ensure that they can provide quality diagnosis, treatment, care and support to people suffering from mental illness and their families.

Although MSF has made great efforts to construct a world class psychiatric hospital and transformed the facility into a global centre of excellence for mental health care, challenges remain. The challenges include shortage of staff to provide quality care to the psychiatric patients.

MSF is appealing to the government and other donor organisations to support mental health activities by providing staff and finances to curb various shortages including psychotropic drugs.

MSF started a psychiatric project at the Harare Central Hospital Psychiatric unit in October 2015 and is currently working to improve the quality of diagnosis, treatment, care and support to psychiatric patients in Harare in collaboration with the MoHCC, City of Harare Health department, Friendship Bench and ZPCS.

L-R – MSF Harare Psychiatric Project Coordinator, Omer Abdalla, MSF Operations Manager, Christian Katzer, MSF Head of Mission, Abi Kebra Belaye and Harare Hospital Psychiatric consultant, Dr Madhombiro during the handover ceremony

“If I don’t help mentally ill patients, who will?

Emmerson Gono, MSF Harare Psychiatric Project Deputy Co-ordinator

MSF Psychologist, Emmerson Gono shares his experience from inside Chikurubi Maximum Prison Psychiatric unit.

Stephen (not real name) is a 30 year old psychiatric inmate at the Chikurubi Maximum Security Prison’s Psychiatric Wing.

While at home one day, Stephen heard voices from people who told him they were from the Army, and that he must take his family and leave his home before they arrived. These voices told him that if he did not do this, the Army would come and kill them all.

His family ignored what he was saying, but the voices in his head only grew louder. They were now telling him that if Stephen and his family didn’t leave, he must kill his wife and children before the Army arrived. When the family again refused to leave their home as instructed, Stephen knew what he had to do.

By the next morning, he had murdered his wife and three children. Alerted by concerned neighbours, the Police arrived and discovered his murdered family. They arrested and took him to the Chikurubi Maximum Security Prison Psychiatric Unit in Harare, where MSF has been running a mental health program since 2012.

A few days after arriving, he was assigned a Clinical Psychologist: Emmerson Gono from MSF. Emmerson has been working as a Psychologist at the prison for four and a half years. Speaking to the then sedated patient, Emmerson asked Stephen if he knew why he had been imprisoned. But Stephen was confused, his psychosis had subsided and he couldn’t remember anything from the previous three weeks. It was now Emmerson’s job to tell Stephen why he hadn’t yet seen his family. After Emmerson’s careful explanation and upon realising what he’d done, Stephen was inconsolable.

Stephen is one of about 300 patients at the Chikurubi Maximum Security Prison Psychiatric unit. Emmerson says his story, while extreme, explains the situation many patients find themselves in when their illness is left undiagnosed and untreated.

“When you are a trained professional, you realise that the patient committed a crime because of mental illness and they need help,” Emerson says. “No matter how heinous their offences are, they still need help because they are still human beings. As a professional you need that non-judgmental approach and empathetic understanding for you to give unconditional care to these patients regardless of their crimes.”

In Zimbabwe, and throughout the world, one in every four people suffer from mental illness in their lifetime but with few Psychologists and few public mental health facilities in the country, many more go undiagnosed and untreated.

But the gap in resources isn’t the only challenge patients’ face: for many, the stigma can be even more debilitating. Emmerson’s friends sometimes tease him saying, “If you work and play with kindergarten children for a long time you end up behaving like them. If you spend time with mental patients, you also end up being like them.” Emmerson says it’s words like this that remind him just how misunderstood mental illness is.

“I might think I am not worth working in prison but then again you ask yourself, if I don’t go into prison to help mental patients, who will?”

“My wish is to see a shift from institutionalised mental health services to community mental health services. I want to see patients getting services closer to home in their community rather than being institutionalised. The best form of treatment for mental patients is not coming from us professionals in a jail or hospital: it’s in their homes and with the support of their family,” Emmerson adds.

MSF has been supporting the Zimbabwe Prisons and Correctional Services (ZPCS) to provide diagnosis, treatment, care and support to inmates with psychiatric disorders, HIV and TB at the Chikurubi Maximum Security prison male and female psychiatric units since May 2012. MSF has also been supporting eight other selected prisons in the Mashonaland Provinces with mental health training programs.

MSF also started another mental health project at the Harare Central Hospital Psychiatric Unit in October 2015. MSF has since constructed an Out patients department (OPD) and renovated the male and female acute and sub-acute admission wards with 100 beds. MSF also provides community mental health services through the discharge team which follows up discharged patients to review them at their nearest clinic in Harare.

MoHCC and MSF make great strides in mental health care in Zimbabwe

In an effort to improve mental health services in the community and reduce stigma, MoHCC supported by MSF provided WHO's mental health Gap Action Programme (mhGAP) trainings to about 100 nurses from various health institutions and the Zimbabwe Prisons and Correctional Services (ZPCS).

The institutions include 12 Polyclinics and one satellite clinic in Harare. Non-mental health specialised nurses from mental health institutions like Mlondolozi, Engutsheni, Chitungwiza and Ngomahuru were also trained.

The mhGAP trainings were done to capacitate Registered General Nurses (RGNs) to have basic understanding of mental health and provide treatment, care and support for those who are in need at the primary health care level.

"We are trying to fill the mental health gap by taking general nurses in non-specialised health settings and train them in mental health," said MSF Head of Mission, Abi Kebra Belaye.

The course curriculum included modules on essential care practices, psychoses, depression, suicide and other significant mental health complaints, epilepsy, substance use disorders, child mental health and dementia.

"We never used to attend to mentally ill patients. We used to refer them to other institutions but now we are equipped to manage psychiatric patients," said one participant. "We are getting new information. We are discovering that some of the patients we thought were just hysterical, were actually mentally ill patients who needed our attention," she added.

To complement the mhGAP trainings, MSF recently introduced discharge teams at ZPCS and at the Harare Central Hospital Psychiatric Unit that follow up on discharged patients in communities around Harare to ensure that these patients continue to receive care even when they are out of the hospital and at the community level.

MSF Harare Psychiatric Project Coordinator, Omer Abdalla presents a speech during World Mental Health Day commemorations

MSF raises awareness on SGBV through art

Artists launching the song 'Emergency' to raise awareness of sexual violence

As part of the commemoration of the 16 Days of Activism Against Gender Based Violence from 25 November to 10 December, MSF in partnership with local artists, launched a documentary, a music CD, wall mural and a book, to raise awareness on sexual violence and the interventions that the organisation is making to assist survivors of sexual violence.

The documentary which is dubbed 'The Mask' is aimed at unmasking the survivors of sexual violence, give the survivors a voice to speak and to encourage communities to speak out against rape. The documentary chronicles the life experiences of survivors of sexual violence. "As MSF, we noted that in most instances, service providers speak on behalf of survivors. We therefore decided to give survivors an opportunity to restore their dignity and to speak out on their own," said MSF Head of Mission for Zimbabwe, Mr Bjorn Nissen.

"We did this to remove the stigma that is associated with being a survivor of sexual violence. We want communities to see that survivors can get assistance after they have been raped especially if they seek medical treatment early," said Mr Nissen.

MSF also engaged artists who produced a song to encourage survivors of sexual violence to speak out against rape. The song titled "Emergency" is also aimed at encouraging survivors of sexual violence to seek medical treatment after rape as well as to treat rape as an emergency. Artists who took part in the song include Ras Caleb, BaShupi, Selmor Mutukudzi, Nancy Mutize, Simangaliso Mutize, Tanyaradzwa Blessing, Hazvie Zhakata, Nonhlanhla Muhoni and Edith Weutonga.

Wall mural in Mbare

MSF also launched the mural painting on the Shawasha flats in Mbare. The mural is titled "Speak out" and it aims to give responsibility to the community to speak out against sexual violence. The painting was done by visual artists, Munyaradzi Mugorosa, Pamela Tapfumaneyi Mugorosa, Anusa Salanje, Victor Nyakauru and Edwin Chinyama.

MSF also launched a book, titled 'The Book of Hope' written by renowned author, Elizabeth Kawadza. The book highlights experiences of survivors of sexual violence and various coping strategies. The book gives assurance to survivors that there is light at the end of the tunnel if they seek treatment.

MSF also conducted road shows in Harare to raise awareness on sexual violence. During the road shows, MSF screened the documentary in the communities and distributed the musical CD and 'The Book of Hope.'

MSF has been providing medical treatment and psycho-social support to survivors of sexual violence since September 2011 in collaboration with the City of Harare. More than 6 000 survivors have been assisted by MSF since the project started.

MSF offers free and confidential services to SGBV survivors. The services include medication for the prevention of HIV, Sexually transmitted infections and any other medical care needed as a result of rape as well as counselling.

MSF calls on all survivors of sexual violence to seek treatment early and to consider medical treatment after rape as an emergency.

Surviving DR-TB in Epworth

Getting through the 24 months treatment for drug resistant tuberculosis (DR-TB) is a difficult but worthwhile journey, as an MSF patient reveals

When Tobias (not real name) was told that he had drug resistant tuberculosis (DR-TB) and that he had to go back to the clinic for medication, he refused at first because he did not want to take some more medication in addition to what he had already taken. He had already received 60 painful injections before to treat ordinary TB.

The community health workers spent about three weeks trying to convince him to go to the clinic. They would sometimes go to his house to try and persuade him but he did not want to hear anything to do with that. Sometimes he would hide upon hearing that they were looking for him. They persisted and in the end, he decided to follow their advice.

"The nurses explained to me that I had developed DR-TB and that the disease was infectious and that I was supposed to be confined for at least a week while taking medication," said Tobias. "They also explained to me that this time, I was going to take medication for almost two years."

While other DR-TB patients normally take injections for eight months, Tobias took his injections for nine months because that is what the nurses recommended after some examinations. He did not suffer from many side effects while taking injections except for pain and numbness in his legs. At times he had difficulties in walking but since his job was to drive people from Epworth to town and back, he continued with his work. Driving was manageable for him.

After the injections, he then started taking 17 tablets at once daily for months. Initially, he was taking his medication in the morning but he later requested to take his medication at night so that it would not affect his work.

"The main challenge I encountered was loss of sleep," explained Tobias. "I could not sleep properly. While sleeping, I would feel as if the world was going round in circles and this caused a lot of sleepless nights."

Because of his work schedule, Tobias could afford to go to the clinic everyday for injections. The nurses understood his schedule and he would not wait in queues because they would immediately attend to him.

On instances where he could not go to the clinic because of pain, he would simply phone the clinic and the MSF nurses would take the medication to his home.

Tobias' family was very supportive. His wife gave him a lot of support. She encouraged him to take medication correctly and consistently.

"MSF was also very supportive. Apart from providing medication, MSF assisted me by putting big windows on my house and encouraged us to keep them open all the time. This was to allow fresh air in the house and for ventilation purposes," explained Tobias who encouraged everyone who is on medication to take their medication consistently and should not default on treatment.

"Two years of taking medication appears like it's a long time, but compared to the life that is restored in you, the time is very short. MSF helped me to recover from my illness and to make it in life. I may not have been able to make it but now I can work and I am able to feed my family.

"What kept me going is the fact that I told myself that I would not suffer because of medication. I had to survive for the sake of my family," explained Tobias.

He did not want people at his work place to know that he was on medication because he did not want them to despise him because of his condition.

Tobias was supposed to finish taking his medication on February 6 but he ended up finishing on February 26 because the nurses felt he needed to continue taking medication.

"I feel happy that I have completed my DR-TB course but I am still afraid that one day they might call me back to come and continue with the medication," said Tobias.

Screening for cervical cancer in rural areas

MSF Nurse mentor, Sr. Tendai Chigura (Right) visits a woman at home in Gutu

How can cervical cancer be detected and treated when you live in a community where you have to walk for about six hours to the nearest clinic? This is a problem that most women living in rural Gutu, in Masvingo Province are faced with.

In Zimbabwe, cervical cancer is the most frequent cancer-related cause of early death in women of reproductive age. One third of all cancers diagnosed in the country is cervical cancer.

This type of cancer is caused by the human papilloma virus (HPV), which is typically transmitted sexually. In their lifetime, 80 percent of women will contract the virus but the majority will not develop any symptoms or visible signs.

As part of its HIV projects in Zimbabwe, MSF embarked on a project to support MoHCC to provide cervical cancer screening services at four hospitals in Gutu, namely, Gutu Mission, Gutu Rural, Chimombe Rural and Mukaro Mission in 2015.

MSF support entailed facilitating training on cervical cancer screening using a method called Visual Inspection with Acetic Acid and Cervicography (VIAC) to one doctor from Gutu Mission hospital and one MoHCC nurse from each of the selected four sites.

MSF also provided equipment that is used for cervical cancer screening to the selected institutions: three chryotherapy machines, three computers, three monitors and four cameras.

MSF is also providing cervical cancer screening services at the Epworth Poly clinic.

Cancer screening involves testing apparently healthy people for signs that could show that a cancer is starting to develop.

Cervical screening is a way of preventing cancer by finding and treating early changes in the neck of the womb (cervix). These changes could lead to cancer if left untreated.

In order to raise awareness on the importance of cervical cancer screening, information sessions are normally held at health institutions and health promoters travel to villages in the district to visit patients' houses to explain the importance of screening.

The VIAC method

MSF introduced the VIAC method to the clinics it is supporting. VIAC is an effective way to prevent cervical cancer. It involves examining the opening of the womb, or the cervix, for changes that might lead to cancer. If these changes are detected early, the cells can be eliminated before they become cancerous.

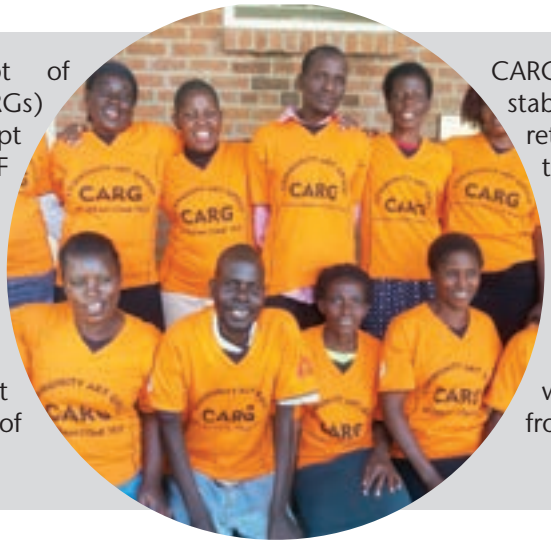
If lesions become visible, they must be treated quickly in order to prevent the development of cancer.

With the VIAC procedure, patients receive a result immediately: the medical worker examines the cervix using a camera and projects the image onto a screen, giving the best possible view of potential lesions.

CARG members share how they have benefitted from the concept

MSF introduced the concept of Community ART Refill Groups (CARGs) in Gutu district in 2013. The concept was also introduced in other MSF projects in Buhera, Chikomba, Epworth, Mwenezi, Tsholotsho and the greater part of Manicaland Province.

In Epworth, CARGs were introduced in June 2015. A year later, the MSF Epworth project celebrated the first anniversary of CARGs in Epworth.



CARGs are a new model of care that allow stable HIV patients, who are on anti-retroviral therapy, to form groups in the community. Group members rotate attending the health facility to pick up medications (ARVs) for the whole group. The system means that members spend less time at the clinic collecting their medication.

CARG members in Epworth shared with MSF how they have benefitted from the concept:-

"I enjoy information sharing sessions with other CARG members"

Gift Kupfirira is a 43-year-old married man with four children. He lives in Epworth.

Kupfirira is a member of one of the CARGs that were formed in Epworth. He enjoys being a CARG member because he gets time to meet with other members to share information and to educate each other about many things.

He believes he has learnt a lot from the education sessions and they have really benefitted him. The group members sometimes teach each other and encourage each other to have only protected sex so that they do not get re-infected and they do not infect others as well.

"I now have a lot of information about HIV. During my free time, I encourage other people to get tested for HIV. I also share my experiences with them, said Kupfirira.

"I now know symptoms of diseases like tuberculosis. We teach each other in our group. If I come across anyone with those symptoms, I refer them to the clinic for screening," he added.

Kupfirira is adhering to his treatment and does not frequent the clinic as often as he used to because he is now a stable patient.

He is confident that being HIV positive is not the end of the world as he has continued to lead a normal life.

"CARG members have become my new relatives"

Maideyi Matanga is a 47-year old widow who has six children. She has been a CARG member in Epworth for one year.

Although she decided to join CARGs, some of her colleagues refused to join. They feared that their medicines will be stolen by dishonest people. Maideyi however quickly found out that these fears have been unfounded as something like that has not happened in her group.

"We have a place where we meet every month to collect our medication, said Maideyi. When we meet, we also discuss other welfare issues. We sometimes share ideas on business ventures that we can try and do.

"I am currently doing dress making because I now have the time to focus on my project. I am also into gardening. I have a big garden. I do not spend much time at the clinic anymore. We used to spend the whole day at the clinic waiting to get medication but CARGs have presented an opportunity for us to focus on other things.

"If we get funding, we want to start a project as a group so that we keep encouraging each other and we are able to feed our families.

"We were recently screened for cervical cancer. I am happy that the results were negative. Most people who are HIV positive have a high chance of having cervical cancer.

"Because of the known benefits of being a CARG member, I want to encourage other people living with HIV to join CARGs.

"As a group we understand each other well. We treat each other with care. Sometimes when you fall sick, your own relatives will not come to visit you but CARG members will come and visit and to find out how you are feeling. Sometimes, they will even bring fruits for you. CARG members have become my new relatives, explained Maideyi.

"People in my family died because of ignorance"

"There is a time when there were so many deaths in my family. The deaths were coming one after the other and people were accusing each other of witchcraft", says 45-year old Chipo Muzerura of Epworth.

"Now when I look back, I realise that people were very ignorant. I don't think there was any witchcraft but people did not have enough information about HIV and AIDs. Medication was also not as readily available as it is now.

"The nature of the illness was the same. Now that I am knowledgeable, I realise that the illnesses could have been as a result of HIV. If my relatives had lived in this era, maybe they could have survived. Many things have become simpler and easier now. Today, we have CARGs. We are now much safer because we have less chances of getting other infections like tuberculosis from other patients at the clinic. We collect medications for each other.

"In the past years, there was a lot of stigma in the community. Some people would not be comfortable to come to the clinic because of this stigma. As soon as I tested HIV positive, I made a decision to disclose my HIV status because I did not want people to talk behind my back. I also disclosed because I realised that I was better off than many people because I knew my HIV status. Many people who stigmatised other people were not even aware of their own status.

"Because I had already disclosed my HIV status, joining a CARG was very easy for me. When the concept of CARGs was introduced to us, we readily accepted it. We ensure that we all adhere to treatment and support each other as members.

"The good thing about CARGs is that they allow me to continue with my work. I am now very relieved. Some people even think we are now HIV negative because they no longer see us at the clinic as often as they used to see us.

"When one is HIV positive it is just a condition that one has. It does not mean that one is sick. We are very fit and do not have any problems so there is no reason for us to be at the clinic all the time.

"Because we have been in CARGs for one year, we recently went for cervical cancer screening using a method called visual inspection with acetic acid and cervicography (VIAC) and we also had our viral load examined. Viral load is measuring the amount of the virus in one's blood.

"I am very happy that I am VIAC negative. The first time I got tested for VIAC, the result was positive and I had chryotherapy. Chryotherapy is a way of preventing cervical cancer from developing by freezing and treating lesions that could develop into cancer.

"We no longer spend time at the clinic"

Kangelani Gochera is a 34-year old man who stays in Epworth. He is married and has two children, an eight year-old boy and a six year old girl. Kangelani joined the Epworth group when CARGs were first introduced in Epworth by MSF in June 2015.

Kangelani decided to join CARGs so that he could concentrate on other things instead of spending most of his time at the clinic waiting to collect his medication.

"I am still young. I would want to do other things and look for money. I no longer have the stress of waiting the whole day at the clinic to collect medication," said Kangelani.

Kangelani's group members meet a day before the scheduled date to collect medication. They decide as a group who will collect their medication on behalf of the group. Usually the person who will be free, volunteers to go and take the medication for the rest of the group. Afterwards they meet again as a group to share their medication.

"In our group we now behave as if we are relatives. We do many things together. We discuss and share our problems. We do our pill count together to ensure every group member is adhering to treatment. We know where each group member stays and we also know where they work. We support each other in so many ways. Whenever we meet, we remind each other to take our medication.

"One thing I like about CARGs is that we no longer spend time at the clinic. I would like to encourage people who are taking ARVs to join CARGs. There are many benefits associated with being a member, says Kangelani.

"We encourage each other to adhere to treatment"

Rosemary Mushapaidze is a 41-year old mother of one from Epworth.

She joined CARGs in June 2015 when she heard nurses at the Epworth polyclinic talking about them. They explained what CARGs are and the benefits of joining them and she realised that it was important for her to join so that she would not spend so much time at the clinic.

"One thing I like about CARGs is that we always remind each other to take our pills. This improves our adherence. If I hear someone saying I have opened a new bottle of pills and I have not done the same, I will immediately know that there is something I did wrong, said Mushapaidze.

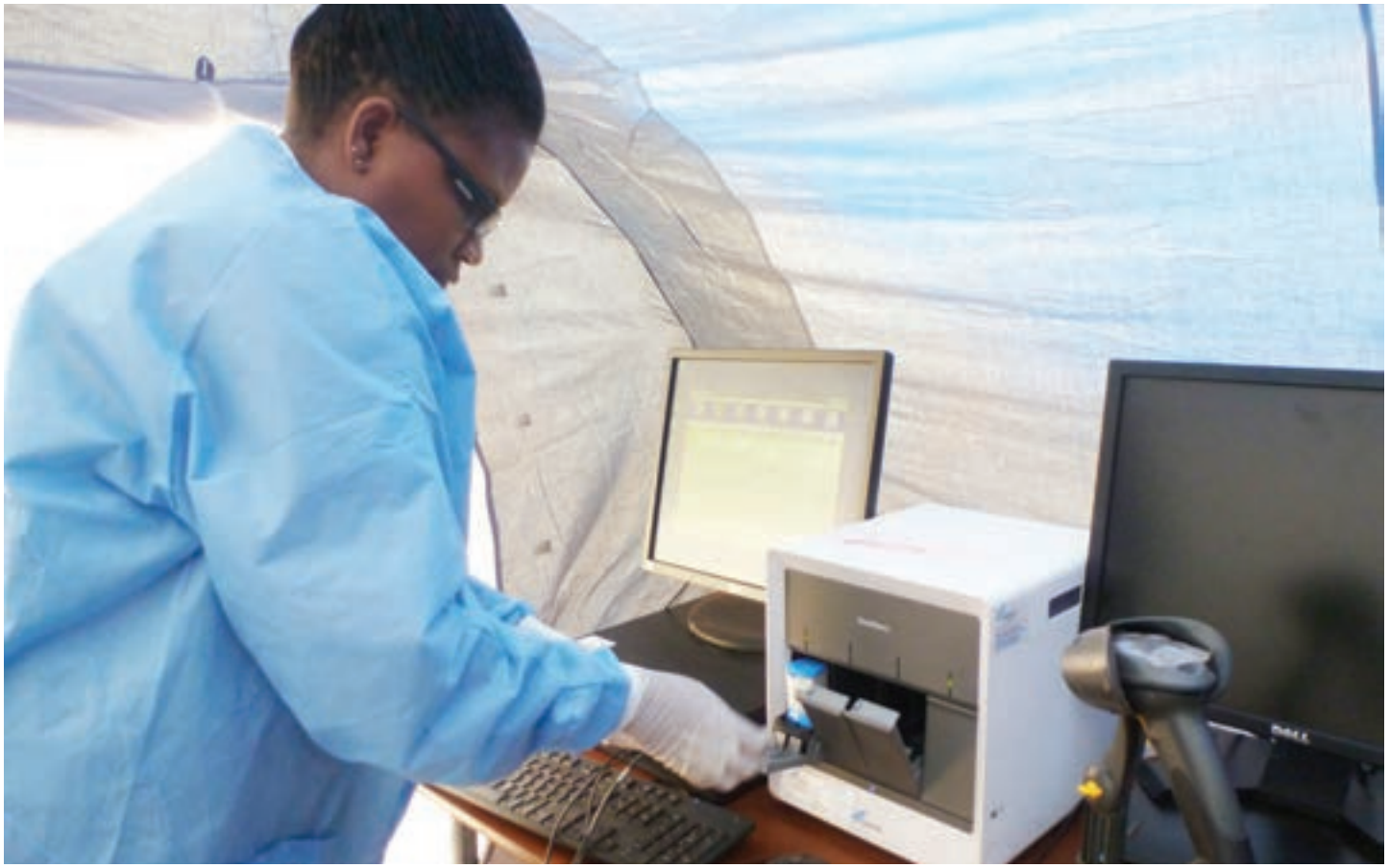
"We encourage each other to adhere to treatment so that we do not have a high viral load. If one's viral load is high, he or she will not be allowed to continue as a CARG member. Nurses want stable patients in CARGs.

"If you are a CARG member, you also get cervical cancer screening services for free. We are encouraged to do this once a year.

"We also encourage each other to start income generating projects. We contribute $1 a week and we give the money to one person. After three months, we give feedback on what we will have done with the money.

"I have a chicken project which I have started because of the contributions from group members. I also have enough time to look after the chickens because I am now a CARG member and I have all the time to work. I no longer spend a lot of time at the clinic because we now take turns to collect medication.

MSF conducts viral load monitoring at Harare Agricultural Show



MoHCC lab scientist processes viral load samples using a GeneXpert machine during the Harare Agricultural Show. MSF in partnership with MoHCC provided free viral load monitoring to People living with HIV who had been on ART for at least a year.

MSF provided free viral load monitoring to HIV positive people on antiretroviral therapy (ART) using a Gene Xpert machine at the Harare Agricultural Show.

Viral load monitoring measures the amount of the virus in one's blood. It allows an HIV positive person who is on treatment to check if treatment is working.

Monitoring one's viral load is crucial in that it helps to identify people who are failing on their first line treatment and need to be switched to second line ART.

Although the World Health Organization (WHO) recommends the routine implementation of viral load monitoring for all people on anti-retroviral therapy, access to this important test is still a challenge because of limited platforms and unavailability of resources. The national coverage for viral load in Zimbabwe is still very low and globally it is less than 30 percent.

However, as an alternative to existing viral load platforms that are currently being used in Zimbabwe, GeneXpert machines which were being used to detect multi drug resistant tuberculosis can now be used to test viral load of HIV positive people on treatment.

The process of viral load testing using a GeneXpert machine takes about 90 minutes.

The results for a viral load test can either be detectable or undetectable. If the viral load is undetectable it means that anti-retroviral therapy is working well and the person on treatment is responding well to the treatment. If a viral load is detectable, it means that one might not be adhering well to treatment or is failing on treatment.

MSF calls on the government to consider using the GeneXpert machines that are not being fully utilized to scale up access to routine viral load monitoring in order to achieve 90 percent of people on treatment with a suppressed or an undetectable viral load by 2020. GeneXpert machines are easy to use and their running costs are cheaper than other platforms.

MSF is supporting MoHCC to roll out viral load monitoring and is mentoring clinicians to conduct viral load monitoring. MSF has also been supporting the National Microbiology Reference Laboratory (NMRL) and Beatrice Road Infectious Disease Hospital Laboratory (BRIDH) in Harare to run viral load testing services on the Nuclisense machine since 2013 and 2016 respectively. The organisation is also supporting Mpilo and Mutare Provincial Hospitals to run viral load tests on the Roche platforms.

Switching failing patients to 2nd line ART can save lives

Tambudzayi (not real name) is a 24-year-old woman from Epworth. She is married and has one child. Tambudzayi is HIV positive and she is on anti-retroviral therapy. Sometime in 2014, Tambudzayi started to develop genital warts. She was always bleeding as a result. She would be taken to the Epworth Polyclinic in a wheelbarrow. She was not responding to any treatment. Her CD4 count was very low and her viral load was very high.

An MSF doctor who was treating her suspected that she could have been failing on HIV first line treatment after carrying out all the necessary assessments. She then decided to switch her to second line treatment.

When she started her second line treatment, her genital warts started to dry up and they eventually disappeared. Afterwards, she began to recover and she became stronger. Her viral load is now suppressed and she continues to go for her routine checkups.

When Tambudzayi was sick, her husband was very supportive. He would help her to do almost everything. He would ensure that she took her medication. She is one of many patients taking anti-retroviral therapy who are failing on their treatment.

What is treatment failure?

Treatment failure occurs when a patient is not responding well to treatment due to a number of reasons.

"If a patient has been on ART for at least six months and their viral load is high, we conduct enhanced adherence counselling (EAC) sessions for at least three months," said Dr Brian Nyagadza, MSF HIV Coordinator. "After three months, we conduct another viral load test and if the viral load is still high, then it means the person is failing on treatment," he said.

Treatment failure is usually caused by poor adherence to medication. It can also be caused by drug interaction or drug resistance. If one is taking two different drugs at the same time e.g. TB and HIV, this can cause resistance and resistance automatically results in treatment failure.

When a patient fails on first line treatment, he or she is switched to second line ART. Switching to second line treatment means that they will be started on another regimen of HIV treatment.

"In the communities that we work, we are noticing that some patients are dying before they can be switched to second line," said Dr Nyagadza. Some health service providers want to follow certain protocols which prescribe that enhanced adherence counselling sessions have to take place first before one is switched to second line. By the time the patient is switched to second line, it could be too late and lives are lost.

"The other challenge that we are noticing is that resources to monitor patients for viral load are not readily available," explained Dr Nyagadza. Viral load monitoring which is the gold standard for monitoring if treatment is working is not readily available in most health institutions.

"We are also noticing that the importance of switching patients to second line early is not understood. There is also fear that second line drugs may not be readily available," Dr Nyagadza said.

MSF has started to train nurses and doctors on how to switch patients to second line ART in order to build their confidence. The organisation is also doing gap filling for second line ART drugs.

MSF conducts HTC campaign in Chipinge

54-year-old Kawisayi Chaoneka was tested for HIV for the first time in her life in July, 2016. She was scared at first because she was not sure of how she was going to react if she tested HIV positive. Despite the fear, she was determined to get tested and know her status because the service had come right to her door step and this was her only chance.

Luckily, Chaoneka tested HIV negative and she was happy about the results. "I want to encourage my husband to get tested also so that he knows his HIV status. People should get tested for HIV so that they know their status and get help early.

Chaoneka was tested for HIV at a community health day that was held at Rimbi business centre in Chipinge. The Community health day was organised by the Women's Action Group (WAG) after the organisation realised that people in Chipinge did not have access to certain health services. During the health day, various health service organisations were providing services that included HIV testing and counselling, cervical cancer screening, blood pressure checks, dental care, eye care and voluntary circumcision.

MSF provided free HIV testing and counselling during the health day and 107 people were tested for HIV. Of these, 23 were men while 84 were women. Seven people tested HIV positive (three men and four women). Of those actually three were already aware of their HIV status (seeking reconfirmation); as such four new positives were found.

Forty people were tested for HIV for the first time in their life time. The outreach provided an opportunity for elderly men and women who do not usually get the opportunity to get tested to do so. Rimbi is a rural area which is situated in Chipinge district. Most of the people in this area believe that one has to fall sick first in order to be eligible to be tested for HIV. They believe that if one is not sick, there is no need to get tested for HIV.

"I want to get tested so that I know my status. I have cervical problems so I decided to get tested. We never used to think that testing was important but I now I realise that if one gets tested, it can give us life," said 55-year-old Shylet Mlambo from Chipinge.

Another Chipinge resident, 56-year old Cylia Mumvuri said, "We did not regard HIV testing as something important because we were not feeling sick. Now I have decided to get tested because my body is painful and my back is aching."

MSF conducted an HIV testing and counselling campaign in Chipinge.

MSF counselor conducting a counselling session at an HIV testing and counselling campaign in Chipinge

"I have chest and leg pains. I have never been this sick so I just decided to get tested so that I know my status. I now feel very different so I want to know if it's because of HIV or not," said 37-year old Wilbert Chisuwo.

In Chipinge, people were getting tested for HIV for various reasons. Below are some of the reasons why people got tested.

"I am not feeling well so I decided to get tested. I also know that I love women. I have two wives but I just feel like I want more women. The program is good because it gives us an opportunity to get tested and know our status. All along, I was not feeling sick so I did not think of getting tested. I was discouraged because some institutions want money. I have seen here for the first time that people can get tested for free," said a 55-year-old man.

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"Some people have never been to hospitals that is why they are scared of getting tested. They would rather wait for the day they will fall sick and be taken to hospital in a scotch cart. Despite this fear, it is important for people to get tested for HIV and know their status," said 44-year old Rudo Mlambo.

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"It is not easy to get tested in an area where you stay because you know each other. The nurses know you as well. There is fear of stigma and fear that nurses can go round telling people about your status. Today, I decided to get tested here because I want to know my status. I feel comfortable because I do not know the people and they do not know me," said a 30-year old mother of two.

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"I am a health worker. I got tested because I wanted to encourage others to get tested and lead by example," said Lucia Mukwe (46) of Chipinge. "People find it difficult to go to the clinics to get tested but if services are brought closer to the people, they will get tested."

MSF encourages everyone to get tested for HIV so that they know their status and those found to be HIV positive should seek treatment early.

MSF conducts HIV mobile exhibition

MSF in partnership with MoHCC recently conducted an HIV mobile exhibition in four provinces, Mashonaland Central, Mashonaland East, Mashonaland West and Midlands. The mobile exhibition was intended to raise awareness of important HIV concepts including HIV testing and counselling, community models of care and viral load monitoring. This exercise was held ahead of World AIDS Day 2016.

A total of 1 378 people were tested for HIV and the positivity rate was 3.1 percent. About 450 viral load tests were done.

Sr Ruramisai Takavada (Right) conducting an HIV test during the mobile exhibition

MSF Nurse Mentor, Sr Mercy Mandizvo processing CD4 results using a PIMA machine for people who tested HIV positive for the first time.

Health education session during the mobile exhibition

People waiting to be tested for HIV during the recently held mobile exhibition.

MSF Nurse Mentor, Sr Mercy Mandizvo bleeding a patient for viral load monitoring

Registration of people to be tested for HIV

‘MSF intensifies mentoring approach to nurses.’

Mentoring session between MSF and MoHCC staff at Chitakatira clinic in Mutare

MSF has developed a mentoring approach in its operations. MSF mentors health personnel from the Ministry of Health and Child Care (MoHCC). Mrs Letwin Mavoyo, a Primary Care Nurse at Chitakatira clinic in Mutare is one of the beneficiaries of the MSF mentoring programmes. She started working with MSF in August 2015.

“Initially, MSF wanted to see how we work with patients living with HIV,” said Mrs Mawoyo. They wanted to support us to form Community ART Refill Groups (CARGS). They also wanted to know if there were any challenges that we needed assistance with, for example, drug refilling and materials to use for CD4 count.”

CARGs are a new model of care that allow stable HIV patients, who are on anti-retroviral therapy, to form groups in the community. Group members rotate attending the health facility to pick up medications (ARVs) for the whole group. The system means that members spend less time at the clinic collecting their medication.

MSF also trained us to bleed patients for viral load monitoring. They also taught us how to form CARGs.

If we encounter patients that are difficult to manage, we communicate and seek assistance from MSF.

Before MSF came, we had not heard about CARGs or viral load monitoring. We are happy with the support we are receiving because we can now bleed our patients for viral load.

MSF also taught us on how to follow up on patients.

If we have patients with a high viral load we provide enhanced adherence counselling. MSF assisted us with EAC, said Primary care Counsellor, Sr Agnes Mutewera. We didn’t know that EAC was supposed to be done and that it was important. Due to EAC sessions, some patients now have an undetectable viral load.

Enhanced adherence counselling

According to Patient Support Manager, Judith Mutangirwa, most children living with HIV do not adhere to their treatment because they do not know or understand why they are taking the medicines. Some parents do not disclose to their children why they are taking medication so the children will not adhere unless they know the truth. Children whose parents have disclosed to them adhere in a better way than children who do not know.

Adherence is also a challenge with adolescents and mobile populations. Some default when they travel or relocate.

Adolescents default because it is not easy for them to disclose their status particularly when they start a relationship.

As MSF, we capacitate nurses with counselling skills and guidelines to improve patient education. We have introduced CARGs so that nurses can have more time with patients, explained Ms Mutangirwa.

Rufaro's detachment experience in South Sudan

Rufaro Machakaire – MSF Gutu Project Administration and Finance Assistant

Zimbabwean MSF field worker Rufaro Machakaire recently returned from a two months mission in South Sudan as Project Administration and Finance Manager.

Last year, I was offered an opportunity to go on detachment in Pibor, South Sudan unexpectedly. Following a fighting and looting incident in the district that had affected the operations of the Pibor project, MSF had managed to reopen and wanted all departments to return to normality. Pibor is located in one of the most isolated and least developed areas of South Sudan.

There are no tarred roads and even the dirt tracks connecting major towns are in poor condition and mostly inaccessible during the rainy season. MSF relies heavily on the airstrip which is also not reliable during the wet season.

In Pibor, MSF built a Primary Health Care Centre in order to assist the displaced population with maternal and basic health care. During my third week in Pibor, I managed to visit the two outreach sites (Gumuruk and Lekoangole) which were barely 40kms from Pibor but the journey took two to three hours to get there and we passed through at least three army checkpoints. My visits were aimed at addressing human resources issues that the staff had and also to conscientise them on the internal regulations.

In Pibor, very few people understand English and I managed to explain and elaborate on their concerns with the aid of a translator 'Konyi', who had been recently recruited as Administration Assistant. This process also equipped him with better knowledge and understanding of the internal regulations such that when staff had concerns, he could easily assist them. I was also involved in organising for an English teacher to assist key national staff in the project so that they could understand easier instructions and also prepare reports, evaluations, guidelines and Standard Operating Procedures (SOPs).

One of my major tasks was also to recruit staff to replace those who had left abruptly and also update the employee files and Homere database. I managed to achieve these during my detachment period and also equipped Konyi with computer skills.

The staff in Pibor taught me the basics of their mother tongue, Murle, so that I could be able to communicate with them easily. I also learnt that despite our different cultures, we all want what is best for the communities that we assist.

The detachment helped me to discover the talent that was within me initially and identified by my supervisors (Coordinating well with others and people management skills). One should never underestimate their own potential and capabilities. Further, when given the chance to go on detachment or even expatriation, take it and shine.

I would like to thank both the Zimbabwe and South Sudan missions for affording me the opportunity. I also want to thank the colleagues I worked with in Pibor and Juba for their unwavering support.

Detachment refers to the secondment of National Staff from their original work station to another station or mission to gain personal and career development skills.

Detachment helps employees to gain experience and improve themselves. It also helps them to be more responsible in their work.

Mbare community benefits from clean water

More than 30 000 people have benefited from MSF's WASH programs

MSF has embarked on a water, sanitation and hygiene (WASH) program in some vulnerable suburbs in Harare where it is assisting communities with provision of clean water in an effort to reduce water borne diseases and disease outbreaks like typhoid.

Mbare is one of the suburbs that have benefitted from the MSF WASH programs. Provision of clean water was a major challenge in Mbare, said Mr Dzingai Tapera, the chairperson of the Humambo hwemvura yakachena community health club in Mbare.

The health club was formed when MSF in partnership with the City of Harare health department collaborated with the CCAP church in Mbare to provide safe and clean water to the community.

MSF assisted the community by rehabilitating an already existing borehole at the church, providing water tanks and a generator so that the community could benefit from the water supply.

"We used to receive water but the water was smelly and sometimes there were water cuts," said Mr Tapera.

"MSF advised us that we should not drink water before it is treated because it could be contaminated. They advised us to chlorinate it first. We were given a tablet that we use to chlorinate the water. Everything now belongs to the community including the generator which was donated by MSF.

"In order to maintain the water tanks well and to have full ownership of the project, we decided to form a committee that would be responsible for controlling and looking after the equipment and control all the related activities.

"Everyone from Mbare can benefit from the water provision service. As the community, we decided to build a fence around our tapes since the tapes were outside the church building. We did this in order to secure our water and to avoid any contamination," said Mr Tapera.

Other members of the Humambo hwemvura yakachena community health club were happy about the development.

"Before MSF's intervention, accessing water was difficult in Mbare," said Ms Beauty Maguranyanga. "Sometimes we would go to far-away places to look for water. Due to water shortages, diseases were rampant and this posed a serious health risk. Water to clean toilets was not available. There were times when we used to contribute money in order to go and fetch water from other places.

"I am proud to say that because of MSF's intervention, now we have clean water to drink and water to clean our toilets.

"Many people including HIV positive patients, used to suffer from diarrhoea after drinking contaminated water which was not treated but now they do not complain anymore.

"Our water tastes nice and we do not have to travel long distances to fetch water," said Ms Maguranyanga.

Another member of the Humambo hwemvura yakachena community health club, Mr Washington Chirikure said, "We want to thank MSF for assisting us with clean water to drink. The water we used to get was not clean.

"Now we have people who control the water points to ensure that water is not contaminated. As part of the activities undertaken by our health club, we also teach people how to keep water clean both at the source and at home.

"The community has also taken ownership of the program because it contributes money to buy fuel that is used for the generator," said Mr Chirikure.

In order to increase access to safe drinking water and to avert the problem of water borne diseases, MSF is rehabilitating already existing boreholes at institutions like churches, clinics and schools. MSF is collaborating with institutions that are willing to share their borehole water with the community. The program has so far benefited more than 30 000 people in Harare.

Water point for the Humambo hwemvura yakachena community health club in Mbare

City of Harare and MSF set up Typhoid Treatment Centre in Mbare

MSF responded to the typhoid outbreak that hit Harare late December

The City of Harare health department in collaboration with MSF set up a Typhoid treatment centre at the Edith Opperman Clinic in Mbare to treat patients exhibiting symptoms of typhoid free of charge. The treatment centre was manned by nurses and doctors from both MSF and City of Harare Health Department, 24 hours a day. An ambulance was also put on standby to ferry patients with severe conditions to the Beatrice Road Infectious Diseases Hospital.

MSF and the City of Harare health department also embarked on an intensive health promotion campaign to sensitise the community on the symptoms of typhoid, the existence of the free treatment centre, the services that were being offered at the treatment centre and also on safe practices to prevent typhoid. The campaign targeted markets, schools, churches and water points as well as door to door awareness.

The symptoms of typhoid are fever, poor appetite, skin rash, abdominal pain, headache, generalised body pains and diarrhoea or constipation, explained Dr. Daniela Garone, MSF Medical Coordinator in Zimbabwe.

"If anyone exhibits any signs and symptoms of typhoid, we encourage them to go to the Edith Opperman Clinic where they will receive free treatment," said Mr Shackman Mapuranga, MSF's Emergency Co-ordinator. "We also encourage them to use treated water to avoid water contamination," he added.

It is also important for people to practice hand washing with soap and clean running water before food preparation and eating, after using the toilet, handling soiled diapers, bed linen and maintain a high standard of personal hygiene in general. In an effort to prevent outbreaks of diseases such as typhoid, MSF embarked on the water, sanitation and hygiene (WASH) as prevention project in some vulnerable suburbs in Harare where it assisted communities with provision of clean water since 2015.

The MSF WASH as prevention program is being run in high density suburbs that are prone to disease outbreaks due to inadequate safe drinking water. The suburbs include Dzivarasekwa, Glen Norah, Glenview, Budiriro, Hatcliffe, Warren Park, Kuwadzana, Mabvuku, Mbare, Southlea Park, Caledonia, Hopley and Stone Ridge.

In order to increase access to safe drinking water and to avert the problem of water borne diseases, MSF rehabilitated public boreholes and already existing boreholes at institutions like churches, clinics and schools. MSF collaborated with institutions that were willing to share their borehole water with the community. The program has so far benefited thousands of people in Harare.

Community Health Clubs were formed to ensure sustainability of the water points and impart knowledge on good hygiene practices with particular focus on prevention of water-borne diseases.

Factsheet on typhoid

What is typhoid?

Typhoid is an infection caused by the bacteria Salmonella typhimurium. The bacterium lives in the intestines and bloodstream of humans. It is spread between individuals by direct contact with human waste from an infected person.

No animals carry this disease, so transmission is always human to human.

If untreated, around 1 in 4 cases of typhoid end in death. If treatment is given, less than 4 in 100 cases are fatal.

S. typhi enters through the mouth and spends 1-3 weeks in the intestine. After this time, it makes its way through the intestinal wall and into the bloodstream.

Typhoid is diagnosed by detecting the presence of S. typhi via blood, stool, urine, or bone marrow sample.

Symptoms of typhoid

Symptoms normally begin 6 to 30 days after exposure to the bacteria. The two major symptoms of typhoid are fever and rash. Typhoid fever is particularly high and it gradually increases over several days.

The rash, which does not affect every patient, consists of rose-colored spots, particularly on the neck and abdomen.

Other symptoms can include weakness, abdominal pain, constipation and headaches rarely, symptoms might include confusion, diarrhoea and vomiting (but not normally severe).

In serious, untreated cases, the bowel can become perforated; this can lead to peritonitis (an infection of the tissue that lines the inside of the abdomen), which can be very serious indeed.

How to avoid typhoid

Countries with less access to clean water and washing facilities typically have a higher number of typhoid cases.

Typhoid is spread by contact and ingestion of infected human faeces. This can happen through an infected water source or when handling food.

The following are some general rules to follow when traveling to help minimise the chance of typhoid infection:

- Drink bottled water (preferably carbonated).
- If bottled water cannot be sourced, ensure water is heated on a rolling boil for at least one minute before consuming.
- Be wary of eating anything that has been handled by someone else.
- Avoid eating at street food stands and only eat food that is still piping hot.
- Avoid raw fruit and vegetables and peel fruit yourself (do not eat the peel).

Treatment of typhoid

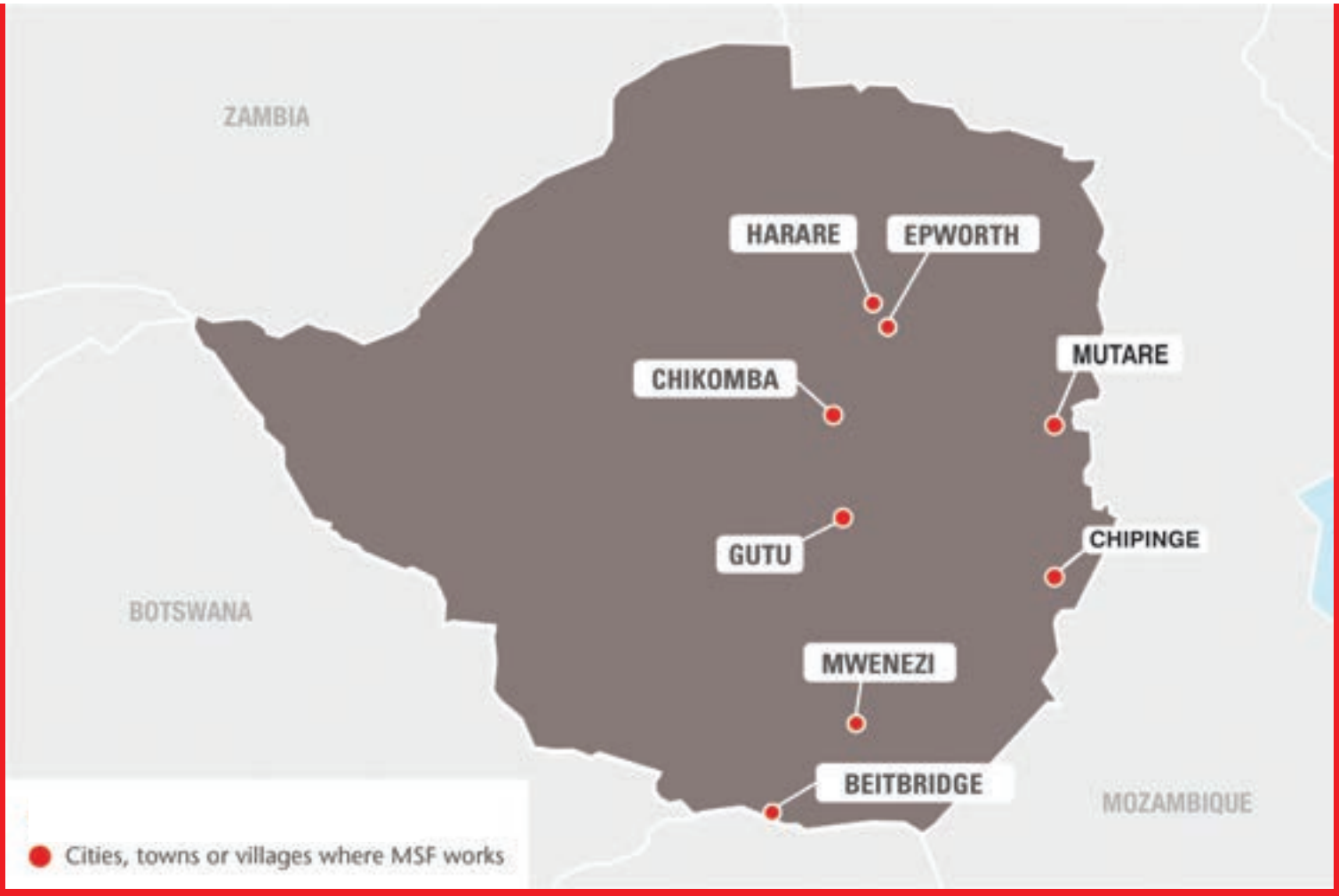
The only effective treatment for typhoid is antibiotics. The most commonly used are ciprofloxacin (for non-pregnant adults) and ceftriaxone. Other than antibiotics, it is sensible to rehydrate by drinking adequate water.

In more severe cases, where the bowel has become perforated, surgery may be required.

http://www.medicalnewstoday.com/articles/156859.php

MEDECINS SANS FRONTIERES

MSF Zimbabwe Project Locations



MSF - Operational Centre Amsterdam (OCA)
90 Lytton Road, Workington
Harare, Zimbabwe
Tel: +263 712 456 537 / +263 712 456 530
Email: - zimbabwe-admin@oca.msf.org

MSF - Operational Centre Brussels (OCB)
9 Bantry Road, Alexandra Park,
Harare, Zimbabwe
Tel:+ 263 772 150 679/80 or + 263 4 745823
E-mail: msfocb-harare@brussels.msf.org

Website: www.msf.org
@msf_zimbabwe