

GENERAL FINDINGS IN ZIMBABWE (November 2009)
By Delice Gwaze*

Introduction

Following a discussion carried out between the Geneva Foundation for Medical Education and Research ([GFMER](#)) and Dr Francis Ndowa representing [Zim-Health-Europe](#), an agreement was reached to cooperate in areas of common interest and to conduct a research visit tasked with identifying the most pressing needs in Zimbabwe's Reproductive Health System. This report serves to show the general findings that need attention through collaboration between GFMER and Zim-Health-Europe. Through the envisaged collaboration GFMER would focus on training relevant Zimbabwean medical workers whilst Zim-Health focuses on mobilising and providing equipment and utilities lacking in identified hospitals and polyclinics.

Through this cooperation I was able to visit the City of Harare Health Services Department and made site visits to Budiro Polyclinic, Mufakose Polyclinics and Harare Central Hospital, which is one of the major referral and teaching hospitals in Harare. During the visits, I was given access to Maternity Units and Hospital Drug storage houses. I interviewed the Nurses-in-Charge of the respective Polyclinics. Generally, they cited urgent needs as training in HIV management, drug management, family planning, male circumcision, obstetric fistula, sexually transmitted infections (STI), maternal mortality and other basic equipment.

City of Harare Health Service Department

I had the opportunity to meet with Dr Stanley Mungofa (City Director of Health Services and Dr Pascal Chonzi (Director of Polyclinics). During this meeting, it was agreed that we pay a visit to the busiest Poly-clinics in Harare. We managed to visit Mufakose and Budiro Polyclinics accompanied by Dr Chonzi. Below were some observations made during the visit:

- Already have a Training centre for STIs (Wilkins Hospital) which could be used for training in Harare.
- City of Harare also planning to launch programmes on Reproductive rights.
- City of Harare stated urgent need for computers, reading materials and provision of any relevant educational information, for example, on CDs and or in PDF format.

Budiriro Polyclinic

The chart below shows demographic information for Budiriro clinic. Budiriro residential area has an approximate population of 115 310 as noted in the chart, but the clinic also serves beyond its boundaries as some patients come from neighbouring high density suburbs.

A handwritten table on lined paper titled 'BUDIRIRO DEMOGRAPHIC DATA 2009'. The table lists various demographic categories, their percentages, and corresponding population counts. The source is noted as 'PROJECTION FROM 2002 CENSUS'. The paper has a stamp at the bottom that reads 'MINISTRY OF HEALTH REPUBLIC OF ZAMBIA' and 'DEPT OF GREATER HARARE'.

BUDIRIRO DEMOGRAPHIC DATA 2009.		
TOTAL POPULATION		115 310
TARGET POPULATION	%	
UNDER 1 YEAR	2.9	3344
UNDER 5 YEARS	3.3	15336
UNDER 15 YEARS	31.9	36784
15 YEARS +	67.8	78180
WCBA	27	31134
EXPECTED PREGNANCY	4.5	5189
SOURCE: PROJECTION FROM 2002 CENSUS		

Background information

At the height of the cholera epidemic (August – May 2009), Dr Chonzi said the city suspended all other services as it directed resources, including personnel, towards cholera. In June 2009 that is when Budiriro clinic's cholera centre was dismantled and it received medical help and supplies from UNICEF, RED CROSS, WHO and MSF.

2009.

BUDIRIRO POLY STAFF ESTABLISHMENT		
POST	IN POST	VACANT POST
S.I.C.	2	0
TRAINED STAFF	18	4
CLERKS	2	0
CLINIC ORDERLIES	5	0
CLINIC ATTENDANT	6	0
GENERAL HAND	1	0

BUDIRIRO POLY DUTY ROSTER 2009

MONTHS SUPERVISION PHARMACY STATISTICS OFF DUTIES

S.I.C.

General Observations

- It currently has 26 staff with a deficit of 4. The doctor comes at most twice a week or not at all at the clinic.
- Has one nurse for labour ward, post natal and antenatal instead of a complement of 3 nurses.
- Has only one counsellor at the clinic.
- There are no beds for the new born babies.
- There are approximately 200 deliveries per month.
- There are not enough waste bins and the sinks in the post natal are not working.
- There are frequent electrical power cuts - mothers deliver with candles which makes it difficult for operations to take place.
- They have gas lamps but there is no gas. Funds are low to buy gas.
- When the water is available it comes with rust.



- There is only one wheelchair for the clinic(pictured above).
- There are no kitchen utensils for staff.
- There is a water tank but it cannot operate without electricity.

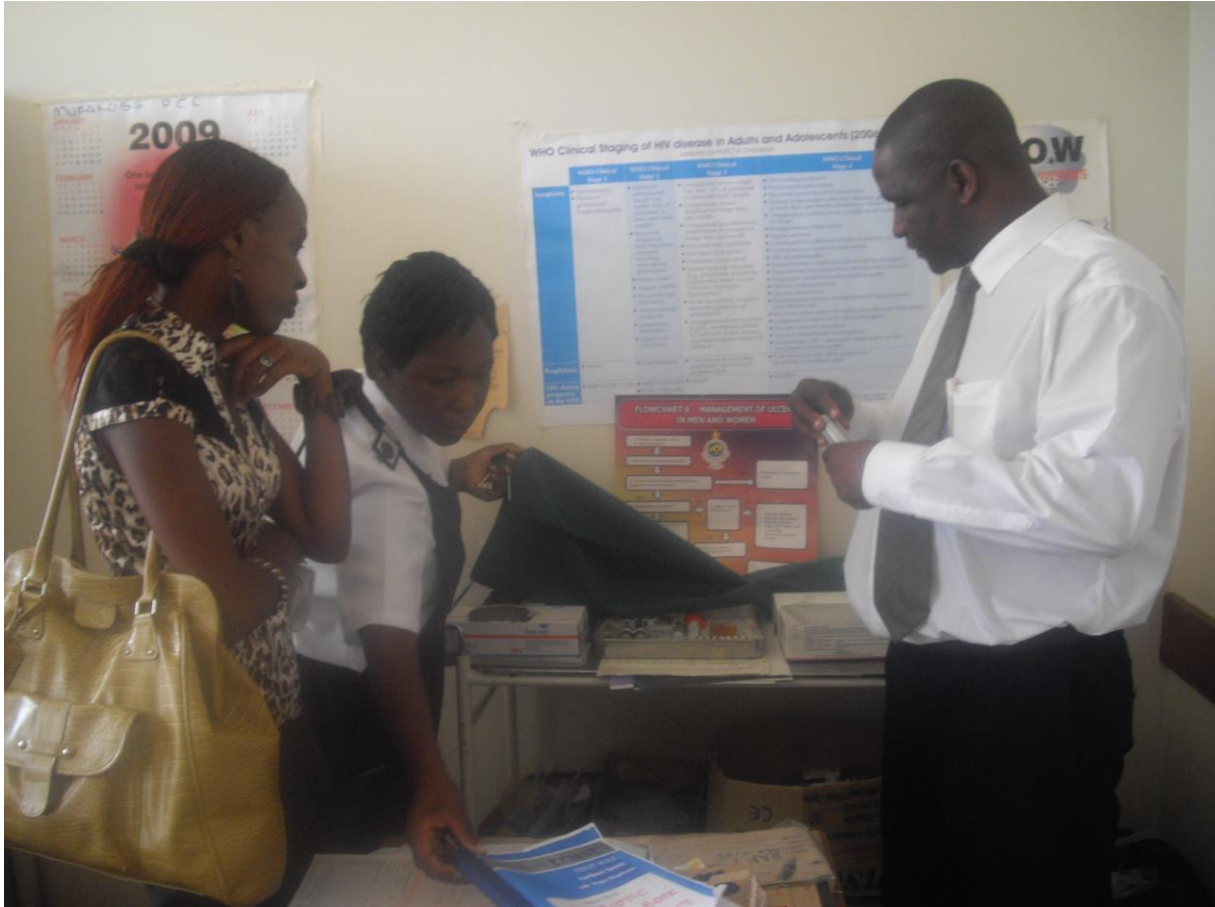
- The clinic needs a baby resuscitation machine. In the picture below is Dr Chonzi showing us how bad the resuscitation machine is, he is holding an oxygen mask which is too big and not suitable for the new born babies.



- No room heaters in the wards
- There are no phones at the clinic instead the staff use their own personal mobile phones to communicate but most of the time they have no airtime credit on their phones.
- Absence of protective clothing for the staff
- There is a centre for HIV voluntary testing.



They have no sterilising equipment. The picture above shows the nursing sister-in-charge standing beside two buckets used for sterilising instruments.



- The emergency trolley is not fully equipped; the picture above shows the nursing sister-in-charge cross checking with her record book if all the equipment needed for emergency is in the trolley and Dr Chonzi is checking if the equipment is working properly.
- There is only one machine for measuring Blood Pressure in the whole clinic.

Mufakose Polyclinic

Background Information

Mufakose, in which the clinic is situated, is one of the oldest with a large population in the low income bracket. It is also surrounded by 3 other high-density suburbs, namely, Kambuzuma, Budiro and Kuwadzana. Residents of these 3 suburbs also come to Mufakose for medical care.

General Observations

- Sterilising machine is broken down
- Occasional electrical power cuts are experienced

Below is an incubator that is not functioning but has been improvised to work by using a



blanket and heater.

- No incubator –they are using a heater and a blanket
- No transport for laundry
- There is no kitchen furniture and there are no utensils.

HARARE CENTRAL HOSPITAL

Background Information

Harare Central Hospital is the main hospital in Harare taking all referrals from Harare Poly clinics and other provinces in the country. I had the opportunity to meet Dr Chiware (Senior Consultant on Maternity) and Dr Nderere (Chief Executive officer of Harare Hospital) and discussed the problems affecting the hospital to function properly.

General Observations

- It is a Training institution for nurses but there are no resources such as computers and reading materials in its library to enable students to have a proper research.
- The Hospital does have enough medical equipment but its catchment area is so large covering all the surrounding high-density residential areas as well outside Greater Harare residents, and some of the patients cannot afford to pay for their medical consultations.
- Obstetric fistula is mainly managed at Harare Hospital and is a major problem in Zimbabwe. The hospital would appreciate any kind of assistance with training. It was noted that it is mostly young girls who suffer from this condition; as they give birth unattended because either they have no money or they travel quite a long distance to get to the hospital.
- There is a shortage of skilled doctors. There are only 2 doctors who can do the procedure and they can only do 3 procedures a week since it is long and tiring.

Main needs

- Equipment for assisted vaginal delivery
 - Ultra sounds scans
 - Monitoring equipment
 - Computers, CDs, reading materials that could be put in the Hospital library.
 - Cervical cancer management equipment
 - Vesicovaginal fistula (VVF) management
- **They emphasized the urgent need to have the training on Obstetric Fistula in Zimbabwe (if possible) as it will accommodate more Obstetricians who can be invited from all the different provinces in the country to be trained at Harare Hospital - (TRAINING OF TRAINERS)**

Main Concerns regarding Training in Zimbabwe

- Male circumcision
- Family planning e.g. Intra-uterine device training, also family planning in relation to HIV
- HIV/AIDS management
- Detection and management of STIs
- Management CDD
- Drug management
- Maternal mortality surveys / prevention
- Cervical cancer
- Reproductive rights issues

The research visit was very successful due to the efforts and cooperation of Zim-Health-Europe, the Directors and staff of the Harare City Health Services Department and Batanai HIV/AIDS Support Group.

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