



PROVISION OF HEALTH SERVICES IN SHUMBA WARD: CONSTRUCTION OF A CLINIC

PRESENTERS NAME: CONSTANCE CHINYEMBA

CATEGORY: SEXUAL REPRODUCTIVE, HEALTH, HIV/AIDS

INSTITUTION: GOROMONZI RURAL DISTRICT COUNCIL

REGIONAL SADC GENDER PROTOCOL SUMMIT

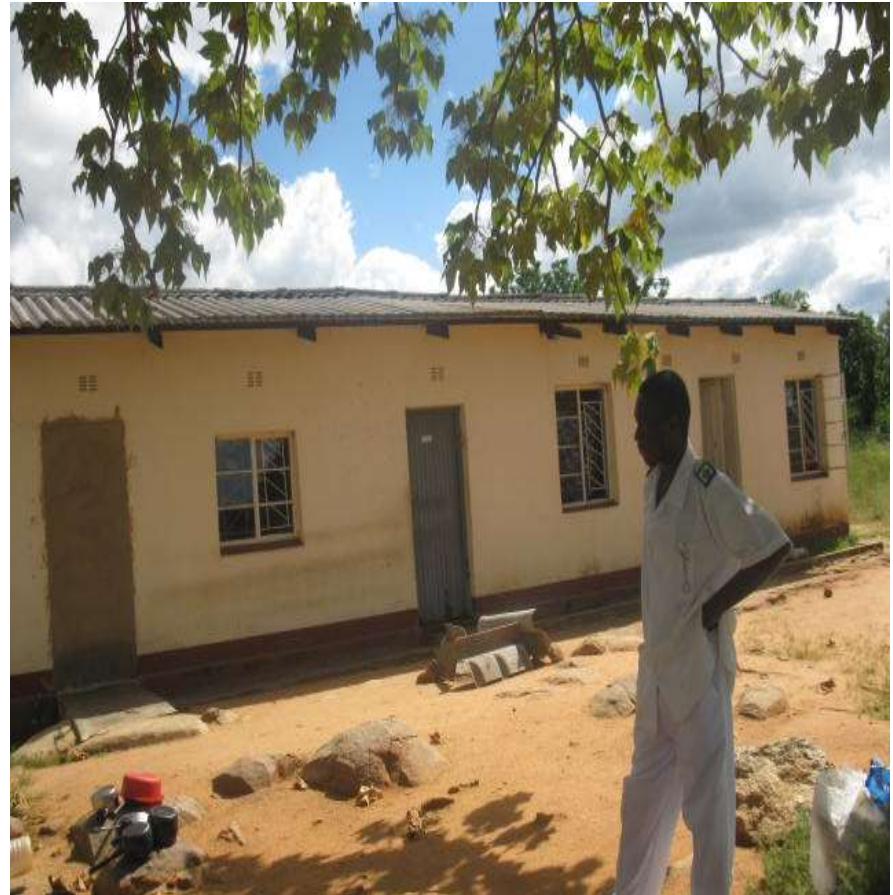
DATE: 22-25 APRIL

VENUE: INDABA HOTEL JOHANNESBURG

GENDER EQUALITY BY 2015, YES WE MUST!

BRIEF DESCRIPTION OF THE GOOD PRACTICE

- **Key elements of the project**
- **Shumba ward had a three bedroomed house used as a clinic**
- **Provision of better health services as compared to the population from Shumba ward and neighbouring wards that do not have a clinic**



BRIEF DESCRIPTION OF THE GOOD PRACTICE

- People were prone of diseases and addressing health problems
- Need to construct a clinic to reduce new HIV infections and provision of medication, reduce maternal mortality rate
- Clinic built in a short time to address the need



WHAT IS THE PROBLEM BEING ADDRESSED? WHY?

- Shortage of adequate health facilities
- RDC Act chapter 29:13 section 71 subsection 34 states that Council shall provide and operate a clinic ,dispensary and take any measures to provide any facilities which are considered necessary for maintenance of health issues
- Lack of Ante natal and postnatal services



HOW IS THE PROJECT CONTRIBUTE TOWARDS ACHIEVING THE 28 TARGETS OF THE SADC PROTOCOL?

PROTOCOL TARGET	ACTIONS
<p>Article 26, Health</p>	<p>Reduce the maternal mortality ratio by 75% by 2015. women should not die with pregnant related illnesses due to inadequate health care during their pregnancies and soon after birth</p> <p>Provision of a baby clinic</p> <p>Health education being provided the community sister come every week and local staff o educate the community on health issues</p> <p>Treatment of people who have cases of gender based violence</p>

HOW IS THE PROJECT CONTRIBUTE TOWARDS ACHIEVING THE 28 TARGETS OF THE SADC PROTOCOL?

PROTOCOL TARGET	ACTIONS
<p>Article 27 HIV and AIDS</p>	<p>HIV and AIDS tests</p> <p>taking blood samples for CD 4 count</p> <p>Provision of PMTCT and MPTC for both men and women to avoid the transmission of the virus from the mother to the child</p> <p>treatment care and support</p> <p>Ensure a universal access to HIV and AIDS treatment for infected women ,men ,girls and boys</p> <p>Develop gender sensitive strategies to prevent new infections</p>

DESCRIBE YOUR TARGET GROUP

- **Women were the major targets because they are the ones who need maternal services and they are the ones who take children relatives and husband to the clinic**
- **Children who needs the infant clinic can now access regular treatment and check up**
- **Men : they can now access proper healthy services counselling services**



DESCRIBE YOUR TARGET GROUP

- females 3215 and males 1905
- Boys and girls now have dental services nearer
- Why did you choose to work with them
- The population was high ,they were mostly affected considering that the three bedroomed house was only a temporary measure.
- Female 6425
- Male 3951
- The whole community benefitted



OBJECTIVES

- To provide a diabetic , tuberculosis ,HIV testing centre and collection
- To reduce maternal deaths by provision of post and ante natal services
- To reduce spread of diseases and reduce infection.
- Improve quality of life
- Empower communities through community participation.



OBJECTIVES

- To provide adequate facilities
- To provide a safe working environment for the staff
- To provide a health community
- To motivate staff members
- Capacity building
- To reduce walking distance to the nearest health facilities
- To provide ward facilities in the ward



PROCESS

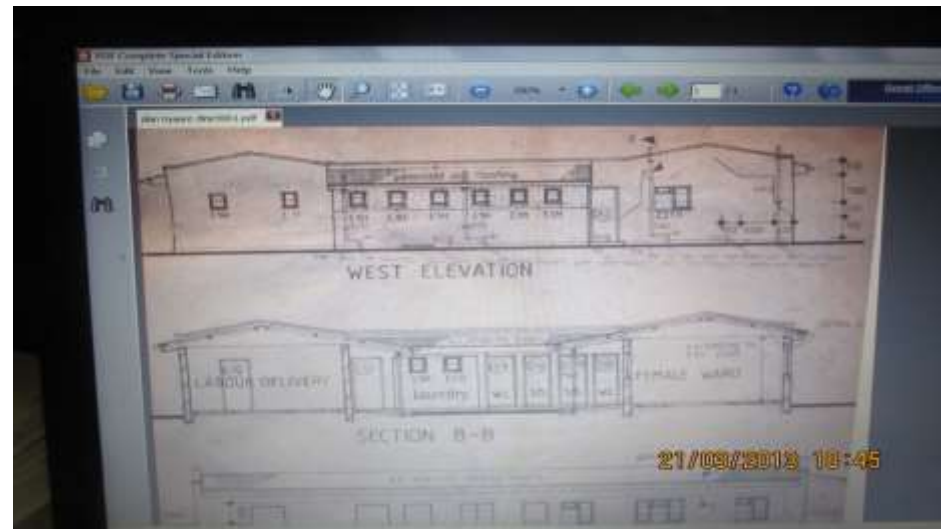
- **Motion**
- **Combined site visit**
- **Issue debated in the relevant committees**
- **Resolution**
- **Council budget and rolling plan**
- **Architectural plans**
- **Project cost**
- **Clinic committee**

Health & Social Development Sub-committee Annual Development plan 2012						
Priority no	Project name	Ward/location	Estimated cost \$00 000	Source of fund	Implementing agent	Remarks
1	Construction of Nyaure clinic	shumba		50 GRDC	Public housing & Social Amenities	Health service provision
2	Clinic upgrading	Melfort		6 GRDC	Public housing & Social Amenities	Health service provision
3	Upgrading of J. Rankin	Glenforest		76 PSIP	Public housing & Social Amenities	Health service provision



PROCESS

- Mobilization of resources
- Community participation
- Periodic building inspections
- Clinic construction approved
- Equipping the clinic
- Official opening



PROCESS

- **Clinic under construction**
- **Official**
- **opening**



WHAT HAVE BEEN THE MAIN SUCCESSES?

- Provision of a functional clinic
- Provision of a an accessible clinic
- Provision of a ward facilities 13 beds maternity ,4 females and 4 male
- Provision of competitive facilities
- Provision of a well equipped clinic



WHAT HAVE BEEN THE MAIN SUCCESSES?

- **Ward for admitting patients**
- **Fully fledged clinic**



KEY OUTPUTS (MATERIALS ETC.)

- **Clinic structure now in place**
 - **High turn out of patients at the clinic**
 - **Post and ante natal services available**
 - **Employment created for the local people**
 - **More people coming to the clinic**
 - **Admission of patients**
- **Patients register**



KEY OUTPUTS (MATERIALS ETC.)

- **Well managed centre with data storage facilities**
- **Computers now available**
- **Testing of TB**
- **Dental facilities now provided**



KEY OUTCOMES (MAIN RESULTS)

- Clinic now a follow up centre for ARV collection
- CD4 count machines now available ,blood samples now been taken ,send to a District hospital results back
- PMTCT and PPTCT now available
- Male circumcision now being offered
- Provision of confidentiality ,no stigmatization
- Healthy community more people coming for services
- Counselling services

- Blood samples



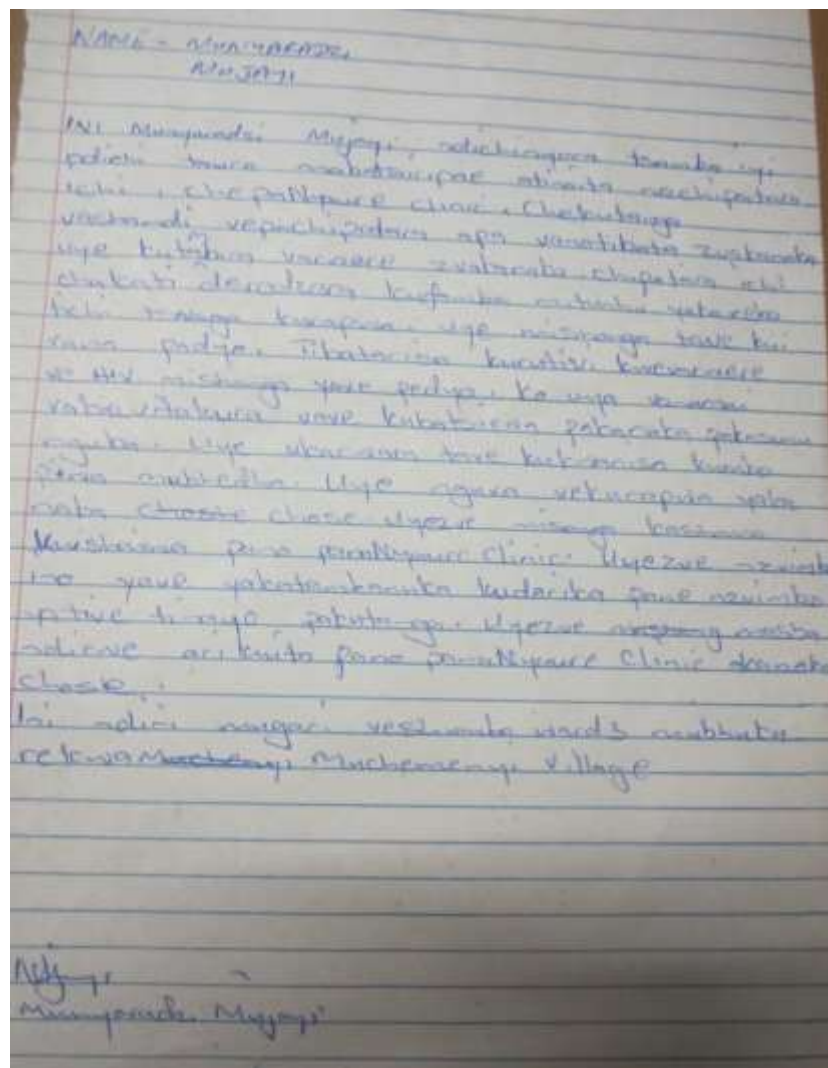
KEY OUTCOMES (MAIN RESULTS)

- Gender based violence victims and survivor's can now access post exposure prophylaxis (PEP)
- Friendly facilities
- Adequate storage of information
- People no longer travelling long distances.
- Low rate in home deliveries
- Clinic now have facilities
For HIV Rapid Test and
Anti Retroviral Therapy
- Existing clinic turned to a waiting
shelter



CHANGING LIVES

- **Mr munyaradzi Mujaji is a 35 year old man who lives in Shumba ward in the Chinhambhora communal lands. He has two children one was born on their way to the clinic which was very far and the other one at their rural home due to shortage of post and ante natal facilities. His wife is pregnant and he is very happy that the clinic is now very close were there is the provision of post and ante natal services baby clinic.**



CHANGING LIVES

- **And that HIV patients can now collect their drugs at the clinic without going to Makumbe hospital, he is very happy because the clinic is now spacious with the provision of dental facilities .**
- **Sick people can now be admitted at the clinic. He now has a peace of mind because of the clinic which is close .**



CHANGING LIVES

Mujajis pregnant wife

Sick people can now be admitted at the clinic. He now has a peace of mind because of the clinic which is close .



LESSONS LEARNT

- **We need to work closely with our traditional leaders and involve the community and local leadership in every project that we do**
- **Concertize the end users the importance of such facilities so that they fully take part in the project**
- **Assist communities if they put a request**



LESSONS LEARNT

- Workers can be motivated with the provision of better working conditions
- Prioritization of resources
- Local Authorities to start funding such facilities rather than to wait for grants
- Local Authority to provide a clinic at 5km radius
- Council should come up with its health policy to compliment the government one



WAY FORWARD

- **How will the project/process be sustained?**
- **Structures provided is permanent, project to go for years**
- **Local authority will make sure that there is adequate staff**
- **Nominal fees being charged to maintain the clinic**
- **Grant and drugs from the government**
- **Council should provide such services in all wards in compliance with the MDG's and SADDC protocol**
- **Community to provide security services**
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THANK YOU

- **2015 YES
WE MUST**
- **THE TIME
IS NOW**

