

WELCOME TO ZHOMBE MISSION DATA

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Mapping of civil society organisation in Zimbabwe

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Profile

- ▶ Zhombe Mission Hospital is located 60km along the Kwekwe Gokwe road. It is 2.5km from the main road.
- ▶ It has a catchment population of 22091.
- ▶ It is a referral Hospital for 12 clinics and refers to Kwekwe General Hosp and Silobela Hosp.
- ▶ Currently has 1198 clients on ART with 72 on second line.
- ▶ It is a Mission Hospital with :
 - ▶ General wards
 - ▶ Labour wards
 - ▶ Post Natal wards
 - ▶ Out patients Department
 - ▶ Family Child Health Department
 - ▶ O I Art department.
 - ▶ Mothers Shelter.
 - ▶ Laboratory


Role

- ▶ Our role as an Organisation in the interventions of H I V and health are:
- ▶ Offer provider initiated counselling at every entry point.
- ▶ Give health education on Early booking of Pregnant women.
- ▶ Strengthening PMTCT services
- ▶ Test and treat all HIV positive clients.
- ▶ Screening of TB and presumption.
- ▶ VMMC
- ▶ Gender based Violence services.
- ▶ Early treatment of Sexually Transmitted Infections.
- ▶ Offer Carg groups, family refills and Adolescent clinics for HIV clients.
- ▶ Contributing to the HIV 90 90 90 by 2030.
- ▶ Use of the supermarket approach.


Key result area

- ▶ Managing to supply all our HIV Positive Clients with medication in time and track defaulters thus bringing them back into care.
 - ▶ Ensure that ANC mothers book early.
 - ▶ Screening of all clients for TB and presuming.
 - ▶ Enhanced adherence counselling and viral load sample collection.
 - ▶ Early referral of clients.
 - ▶ Outreach activities.
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Relevance

- ▶ We have Partners who help us with transport for outreach activities and follow up of defaulters namely J F Kapnek and FHI360.
 - ▶ They also help in follow up of index case contacts.
 - ▶ We are encouraging women to speak out if they are being abused and help them by referring to appropriate organisations. (GBV).
 - ▶ Some women are coming with their partners.
 - ▶ Contributing to the HIV 90 90 90 by 2030.
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Efficiency

- ▶ The measures that have been put in place are:
 - ▶ All resources to be documented and distributed accordingly with the help of Community Village Workers and other CBOs.
 - ▶ Some programmes have worked well whilst some programmes had problems with the funding. Some are solved at District level.
 - ▶ Funding and other resources to come at the same time when the programme is kicking off.
 - ▶ Some church members lead their congregates astray by telling them that they are cured.
 - ▶ Some clients with viral load results indicated Target not detected think they no longer have Hiv.
 - ▶ Health education being done at all entry points.
 - ▶ Health education at schools and the Church.
 - ▶ Lack of confidentiality.
 - ▶ We have school health programmes and are assisted by Health School Masters.
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HIV Monitoring

viral load monitoring.

Screening TB in all HIV positive clients.

Screening TB in all newly tested positive clients before initiation of ART.

Enhanced adherence counselling to those clients with viral load results above 1000cp/ml.


Early Infant diagnosis.

PMTCT

Compiling weekly and monthly reports.

Have review meetings with our Partners.

Effectiveness

- ▶ We have surpassed our targets and managed to have fruitful follow up of defaulters.
 - ▶ We do not have a Gene Xpert machine and viral load machine thus we have to wait for samples to be processed in Kwekwe, Silobela, Gweru, Bulwayo and Harare.
 - ▶ Some of the samples take weeks before they are sent back.
 - ▶ We make some follow ups of results over their phone.
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Sustainability

Support and supervision from the District and Partners.

Workshops for current information introduced.


The community at large are working together with the church and have great interests for their community.

The programme is supported by Crown Agency, J F Kapnek and FHI360 to name a few.


Communities own programmes because some do the work on voluntary basis.

Training which increases the effectiveness of the programme.

Partnership and coordination

- ▶ Our partners also have copies of weekly and monthly reports.
 - ▶ They transport our samples for us if available.
 - ▶ They notify us of the route they will be going so as to get any information of what might be needed.
 - ▶ The coordination has greatly helped the effectiveness of the programme as our partners test clients and bring those who are positive for initiation.
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Joint programming

- ▶ Our Organisation has worked with NAC, Maso, Jointed Hands and many more.
 - ▶ Working together has been very fruitfull. For example Maso managed to give washing soap to mothers who book early and come for routine Anc monitoring.
 - ▶ The jointness of the programme contributed to the efficiency of the programme implementation and management.
 - ▶ Monitoring and evaluation reports to be in place.
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Lessons learnt

- ▶ Build up on what we failed to do.
- ▶ Team
- ▶ work produces more results.

Thank you

Siyabonga

