Harare City Council Health Department Annual Report 2008

CHAPTER I

VITAL STATISTICS

GENERAL INFORMATION

Height above sea level - 1 492 m
Area of Greater Harare - 890 km^2

RAINFALL	**2008**	**2007**
Actual: (January - December)	**870.2 ml**	**857 ml**
Seasonal: (July 2006 - June 2007)	**1 250 ml**	**855.8 ml**

TEMPERATURE

Maximum Temperature	**34.4 (4 Nov)**	**33.3^{o}C (5 Oct)**
Minimum Temperature	**2.0 (1 Aug)**	**-0.3^{o}C (5 June)**

POPULATION

Total Population - 1 542 534
Male - 772 810
Female - 769 724

DEPENDENCY RATIO

$$\text{Dependency Ratio} = \frac{\text{Population Under 15 Years + Over 65 Years}}{\text{Population 15 Years to 64 Years}} \times 100\%$$

Dependency Ratio = 51

Percentage of under 15 years: 31.9% (493 610)
Percentage of over 65 years: 1.8% (30 850)
Percentage of 15 – 64 years: 66 % (1 018 072)

Source: Central Statistical Office: Projection of 2002 Population Census (CSO)

Table 1: LIVE AND STILL BIRTHS FOR 2008 AND 2007

Place	Live Births		Born Before Arrival (BBA)		Total Live Births		Still Births		Total Births		Still Birth Rate per 1000 Live Births	
	2008	2007	2008	2007	2008	2007	2008	2007	2008	2007	2008	2007
Harare Municipal Clinics	22 400	21 061	1 769	1 481	24 169	22 542	166	112	24 335	22 654	6.9	5
Harare Central Hospital	2 447	6 028	16	75	2 463	6 103	166	395	2 629	6 498	67.4	64.7
Mbuya Nehanda Hospital	3 285	4 029	198	144	3 291	4 173	158	212	3 449	4 385	48.0	50.8
Avenues Clinic	1 469	1 848	6	0	1 493	1 848	25	19	1 518	1 867	16.7	10.3
Belvedere Maternity	1 346	1 468	241	19	1 370	1 487	41	21	1 411	1 508	29.9	14.1
Queen of Peace	555	644	1	3	556	647	6	7	562	654	10.8	10.8
Glen View Maternity Private	498	692	0	0	498	692	0	1	498	693	0	1.4
Mbuya Maria	731	662	2	1	733	663	10	2	743	665	13.6	3.3
Baines Avenue Clinic	2 001	2 964	5	11	2 006	2 975	42	45	2 048	3 020	20.9	15.1
Harare East Memorial	136	155	0	4	136	159	1	0	137	159	7.4	0
West End Hospital	432	408	4	3	436	411	6	8	442	419	13.8	19.5
Starlight	129	104	1	0	130	0	1	1	131	1	46.5	0
Mother Pulsar	43	136	0	1	43	0	2	2	45	2	7.7	0
Mabvuku	223	65	1	0	224	0	6	0	232	0	35.7	0
Total	35 695	40 264	2 027	1 742	37 548	41 700	632	825	38 180	42 525	16.8	19.8

Source: Records from above institutions

- **Total population - 1 542 534**
- **Total births - 38 180**
- **Live births based on maternity units - 37 548**
- **Crude birth rate - 24.8 per 1 000 population**
- **Still birth rate - 16.9 per 1 000 live births**
- **Mortality under one week and still births - 1 405**
- **Perinatal Mortality Rate - 36.8 per 1 000 total births**
- **Registered infant mortality (under one year) - 1 223**
- **Infant mortality rate - 32.6 per 1 000 live births**
- **Total deaths - 15 471**
- **Crude death rate - 10.0 per 1 000 population**
- **Rate of natural increase (birth death) - 1.5% per population**

CHAPTER II

MORTALITY PATTERNS IN HARARE

INTRODUCTION

The data presented in this report is compiled from death certificates collected from the Registration of Births and Deaths from Harare District and represents only residents of Harare.

The information is vital in determining priorities in the provision of health care services and in planning intervention strategies. Every effort is made to ensure the accuracy of these figures. The degree of under-reporting is unknown but maybe insignificant since it is a legal requirement in Harare that all deaths be registered before burial. The degree of over reporting was also unknown as some people gave a Harare address, when in actual fact are not residents within Harare. In 2008 a total of 15 471 deaths were registered at the Harare District office compared to 15 164 recorded in 2007. The crude death rate was 10.1 per 1000 population.

The five leading causes of death for all ages in rank order were:-

- **HIV Related (21,1%)**
- **Pneumonia (18,1%)**
- **Tuberculosis (10.8%)**
- **Gastroenteritis (7.3%)**
- **Meningitis (4.7%)**

Of the 15 471 recorded deaths in 2008, 6 136 (40.0%) occurred at home. In 2008 the number of deaths from suicides was 121 (0.8%) as compared to 111 (0.5%) recorded in 2007. Of the total suicides the highest deaths (49.1%) occurred in the 25-44 years age-group and 36.0% occurred in the 15-24 year age-group. The most common methods of suicide were ingestion of organophosphates, hanging, gunshot and carbamate poisoning.

The number of deaths attributed to malaria were 91 (0.6% of total deaths). Of the total 43 (47,0%) were in the 25-44 age group. There was an outbreak of cholera in October 2008. Between October and December 2008 the number of deaths attributed to cholera were 302 (2.0%) of the total deaths. The percentage is quite significant because these deaths occurred within a space of two months.

The suburbs which recorded the highest deaths in rank order were:-

-	**Northern Suburbs**	**2341**	**(15.1%)**
-	**Southern Surburbs**	**1433**	**(9.3%)**
-	**Mbare**	**1294**	**(8.4%)**
-	**Highfields**	**1143**	**(7.4%)**
-	**Glen View**	**1131**	**(7.3%)**
-	**Kuwadzana**	**1087**	**(7.0%)**

Mortality trends will be compared for 2008 and 2007 in subsequent tables. Table 2 gives a detailed analysis of death by age-group, race and sex. Table 3 shows the deaths registered in Harare by different age-group categories. The number and causes of deaths recorded for each suburb by age-group are shown in the appendix.

Table 2: Deaths Registered in Harare by Age-Group, Race and Sex in 2008

Age Group	African				Asian			European			Coloured			Grand total	
	M	UK	F	Total	M	F	Total	M	F	Total	M	F	Total	2008	2007
Under 1 year	1 085	1	941	2 007	3	0	3	0	0	0	1	0	1	2 070	2 011
01 – 04	388	0	361	729	0	0	0	0	0	0	0	0	0	718	729
05 – 09	160	0	121	259	0	0	0	0	0	0	0	0	0	219	259
10 – 14	130	0	135	265	0	0	0	1	2	3	0	0	0	202	268
15 – 19	126	0	138	264	0	0	0	0	1	1	0	0	0	255	265
20 – 24	217	0	316	533	0	0	0	4	0	4	1	0	1	508	538
25 – 29	477	0	618	1 095	0	0	0	1	1	2	1	0	1	1 078	1 098
30 – 34	911	0	876	1 787	1	0	1	4	1	5	3	0	3	1 677	1 796
35 – 39	1 045	0	774	1 819	1	0	1	0	2	2	2	0	2	1 646	1 824
40 –44	656	0	578	1 234	0	1	1	3	1	4	3	1	4	1 148	1 242
45 – 49	580	0	475	1 055	2	0	2	4	1	5	0	1	1	956	1 063
50 – 54	463	0	358	821	2	2	4	7	6	13	5	2	7	810	845
55 – 59	331	0	285	616	0	2	2	8	7	15	4	4	8	622	641
60 – 64	283	0	221	504	4	2	6	14	7	21	0	2	2	498	533
65 – 69	267	0	197	464	3	0	3	11	11	22	4	1	5	525	494
70 – 74	265	0	154	419	3	3	6	23	16	39	4	0	4	425	468
75 – 79	209	0	143	352	7	5	12	21	17	38	1	0	1	448	403
80 – 84	119	0	94	213	0	3	3	33	27	60	2	2	4	266	280
85 and over	101	0	109	210	2	2	4	39	30	69	0	3	3	286	337
Unknown	45	0	7	52		0		0	0	0	0	0	0	52	70

Table 3: Mortality Pattern by Age-group 2008 and 2007

Age Group	2008		2007	
	Number	% of Total	Number	% of Total
Under 1 week	580	3.8	700	4.8
1weekto 1 month	208	1.4	218	1.5
1 - 11 months	1 223	8.1	1152	8.0
1 - 4 years	729	4.8	718	5.0
5 - 14 years	527	3.5	421	2.9
15 - 24 years	803	5.3	763	5.3
25 - 44 years	5 960	39.3	5549	38.4
45 - 64 years	3 082	20.3	2886	20.0
65+ years	1 982	13.1	2006	13.9
Unknown	70	0.5	52	0.4
Total	15 164	100	14 465	100

The highest proportion of deaths (39.3%) occurred in the 25-44 years age-group as has been the trend in the preceding years.

Tables 4 to 12 give a detailed analysis of deaths which occurred in each age-group and compared with the 2007 death occurrences.

Table 4: Mortality Pattern Under 1 Week 2008 and 2007

Cause of Death	2008		2007	
	Number	% of Total	Number	% of Total
Asphyxia/Aspiration	117	20.1	141	20.1
Congenital Anomaly	23	4.0	22	3.1
Gastroenteritis	6	1.0	11	1.6
Septicaemia	62	10.7	61	8.7
Respiratory distress	94	16.2	116	16.6
Pneumonia	35	6.0	90	12.9
*Other causes	35	6.0	26	3.7
Prematurity	208	35.9	233	33.3
Total	580	100%	700	100

Pre-maturity remains the leading cause of deaths in this age-group.

Table 5: Mortality Pattern 1 Week to 1 Month 2008 and 2007

Cause of Death	2008		2007	
	Number	% of Total	Number	% of Total
Pneumonia	63	30.3	72	33.0
Septicaemia	66	31.7	55	25.2
Pre-maturity	26	12.5	27	12.4
Gastroenteritis	8	3.8	6	2.8
Meningitis	3	1.4	6	2.8
Congenital Anomaly	12	5.8	10	4.6
Asphyxia/Aspiration	7	3.3	3	1.4
HIV	3	1.4	4	1.8
Malnutrition	5	2.4	3	1.4
Other Causes	15	7.2	32	14.6
Total	208	100	218	100

Pneumonia was the leading cause of death in this age-group, accounting for 33.0% followed by septicaemia which accounted for 28.2% of all the deaths. A significant change of congenital anomaly was recorded in this age-group.

Table 6: Mortality Pattern: 1 - 11 Months Age-group 2008 and 2007

Cause of Death	2008		2007	
	Number	% of Total	Number	% of Total
Pneumonia	747	61.1	641	55.6
HIV Related TB *	83	6.8	112	9.7
Meningitis	43	3.5	41	3.6
Gastroenteritis	173	14.1	157	13.6
Septicemia	28	2.3	27	2.3
Tuberculosis	11	0.9	11	1.0
Malnutrition	20	1.6	14	1.2
Congenital Anomaly	9	0.7	11	1.0
Prematurely	7	0.6	28	2.4
Asphyxia/Aspiration	9	0.8	5	0.5
#Other Causes	93	7.6	105	9.1
Total	1223	100	1 152	100

 # Other causes were 9 from burns, 8 diarrhoea, 3 hepatitis, 6 Renal failure, Dysentery 13 and 1 Road Traffic Accident

Pneumonia and gastroenteritis remained the leading causes of death in this age-group.

Table 7: Mortality Pattern: 1 - 4 Year Age-group 2008 and 2007

Cause of Death	2008		2007	
	Number	% of Total	Number	% of Total
Pneumonia	238	32.6	203	28.1
Gastroenteritis	168	23.0	181	25.2
Malnutrition	89	12.2	70	9.7
HIV related TB*	63	8.6	97	13.5
Tuberculosis	22	3.0	17	2.4
Meningitis	28	3.8	26	3.6
Misadventure	17	2.3	16	2.2
Road Traffic Accident	15	2.1	7	1.0
Burns	10	1.4	7	1.0
Dysentery	5	0.7	12	1.7
Other Causes#	74	10.2	82	11.4
Total	729	100	718	100

As in the previous year pneumonia, gastroenteritis and HIV related conditions remain the leading causes of death in this age-group.

Table 8: Mortality Pattern: 5 - 14 Year Age-group 2008 and 2007

Cause of Death	2008		2007	
	Number	% of Total	Number	% of Total
Pneumonia	135	25.6	76	18.1
HIV Related/TB*	75	14.2	114	27.1
Tuberculosis	70	13.3	30	7.1
Gastroenteritis	57	10.8	40	9.5
Meningitis	29	5.5	32	7.6
Road Traffic Accident	20	3.8	24	5.7
OtherCardiovascular **	9	1.7	4	1.0
Malnutrition	16	3.0	11	2.6
Malignancies	13	2.5	11	2.6
Malaria	7	1.3	2	0.5
Misadventure	5	0.9	6	1.4
Rheumaticheart disease	4	0.8	2	0.5
Other Causes #	87	16.5	352	46.1
Total	527	100	763	100

HIV related conditions (27.1%) Pneumonia (18.1%) Gastroenteritis (9.5%) and Tuberculosis (7.1%) remain the leading causes of death in this age-group.

***5 Cryptococcal Meningitis, 31 Pneumonia, 26 Tuberculosis, and 6 PCP**
****3 Congestive Cardiac Failure, 1 Endocarditis**
 # 4 Malnutrition

Table 9: Mortality Pattern: 15 - 24 Year Age-group 2008 and 2007

Cause of Death	2008		2007	
	Number	% of Total	Number	% of Total
Tuberculosis	123	15.3	90	11.8
Pneumonia	151	18.8	104	13.6
HIV Related TB*	95	11.8	161	21.1
Meningitis	58	7.2	50	6.6
Gastroenteritis	64	8.0	46	6.0
Malignancies	25	3.1	23	3.0
Diabetes	9	1.1	12	1.6
RHD	8	1.0	6	0.8
Misadventure	10	1.2	9	1.2
Road Traffic Accident	40	5.0	43	5.6
Cardiovascular**	30	3.7	16	2.1
Malaria	7	0.9	15	2.0
Trauma	15	1.9	12	1.6
Suicide	30	3.7	40	5.2
Pregnancy Related	16	2.0	30	3.9
Other Causes#	122	15.2	657	13.9
Total	803	100	763	100

***16 Cryptoccocal Meningitis, 13 PCP, 46 Tuberculosis.**
****1 Cardiomyopathy, 13 Congestive Cardiac Failure**
 # Hepatitis 3, Cerebral Malaria 2, Burns 2 Renal Failure 14
HIV related conditions, Pneumonia, and Tuberculosis remain the leading causes of death in this age-group

Table 10: Mortality Pattern: 25 - 44 Year Age-group 2008 and 2007

Cause of Death	2008		2007	
	Number	% of Total	Number	% of Total
Tuberculosis	1 354	22.7	1014	18.3
Pneumonia	1 226	20.6	790	14.2
HIV Related/TB*	1 143	19.2	1778	32.0
Meningitis	505	8.5	366	6.6
Gastroenteritis	468	7.9	392	7.1
Malignancies	179	3.0	187	3.4
Road Traffic Accident	113	1.9	136	2.5
Cardiovascular diseases **	75	1.3	88	1.6
Malaria	23	0.4	31	0.6
Renal Failure	114	1.9	77	1.4
Trauma	56	0.9	57	1.0
Suicide	38	0.6	49	0.9
Pregnancy related	50	0.8	63	1.1
Hypertension	161	2.7	40	0.7
Other Causes#	455	7.6	481	9.0
Total	5 960	100	5549	100

*** 496 concurrent TB, 131 PCP, 268 Cryptococcal Meningitis, Pneumonia 284**
**** 3 Cardiomyopathy, 79 Congestive Cardiac Failure**
 # 13 Hepatitis, 3 Dysentery, 5 Chicken Pox.
HIV related conditions were the leading cause of death in this age-group (32.0%)

Table 11: Mortality Pattern: 45 - 64 Year Age-group 2008 and 2007

Cause of Death	2008		2007	
	Number	% of Total	Number	% of Total
Tuberculosis	482	15.6	320	11.1
Pneumonia	556	18.0	353	12.2
HIV Related TB*	401	13.0	697	24.2
Meningitis	165	5.4	124	4.3
Gastroenteritis	225	7.3	158	5.5
Malignancies	250	8.1	272	9.4
Road Traffic Accident	43	1.4	54	1.9
Cardiovascular**	137	4.4	83	2.9
Malaria	23	0.7	22	0.8
Renal failure	99	3.2	90	3.1
Hypertension	161	5.2	146	5.1
Cerebrovascular Accident	99	3.2	141	4.9
Diabetes	94	3.0	65	2.3
Other Causes#	347	11.3	361	13.0
Total	3082	100	2886	100

*** 88 Cryptococcal Meningitis, 54 Gastroenteritis, 37 Meningitis, 44 PCP, 113 Pneumonia, 202 Tuberculosis**
**** 68 Congestive Cardiac Failure, 7 Cardiomyopathy**
 # Other causes: 3 Burns, 24 Liver Failure, other lung diseases 22

Table 12: Mortality Pattern: 65+ Year Age-group 2008 and 2007

Cause of Death	2008		2007	
	Number	% of Total	Number	% of Total
Pneumonia	344	17.4	271	13.5
Malignancies	249	12.6	299	14.9
Other Cardiovascular **	171	8.6	152	7.6
Hypertension	263	13.3	229	11.4
Cerebrovascularaccident	145	7.3	221	11.0
Tuberculosis	91	4.6	68	3.4
Gastroenteritis	97	4..9	70	3.5
Diabetes	89	4.5	87	4.3
Renal failure	87	4.4	101	5.0
Myocardial infarction	49	2.5	41	2.0
Meningitis	31	1.6	29	1.4
HIV related/TB *	34	1.7	90	4.5
Road traffic accident	14	0.7	13	0.6
Senility	11	0.6	4	0.2
Other Causes#	307	15.5	331	17.0
Total	1982	100	2006	100

***12 Cryptococcal Meningitis, 3 PCP, 16 Pneumonia, 27 TB**
**** 132 Congestive Cardiac Failure, 6 Cadiomypathy, 1 Coronary Heart Disease,**
 # Other causes: 1 Burns, 16 Liver Failure, 46 Other Lung diseases and 7 Malnutrition/Pellagra

Malignancies

A total of 795 deaths due to malignancies occurred in all age-groups representing 5.5% of all recorded deaths.

Table 13: Number and Percentages of Malignancies for all Ages, 2008 and 2007

Malignancy	2008		2007	
	Number	% of Total	Number	% of Total
Kaposi Sarcoma	82	11.3	60	7.6
Cervix	74	10.2	100	12.6
Liver	70	9.6	60	7.6
Prostate	49	6.7	87	10.9
Breast	58	8.0	67	8.4
Oesophagus	49	6.7	56	7.0
Bronchus/lung	43	5.9	34	4.3
Stomach	46	6.3	48	6.0
Lymphoma	34	4.7	32	4.0
Bladder	16	2.2	27	3.4
Other Causes	205	28.2	224	28.2
Total	726	100	795	100

There was a marginal increase in deaths as a result of malignancies. Cancer of cervix (12.6%) was the most common malignancy as compared to last year which recorded Kaposi Sarcoma (11.3%) as the most common malignancy.

Place of Death

The proportion of deaths that occurred in the home, (39.9%) remains high. More deaths occurred at home than in any one of the Central hospitals. This may be due to the fact that chronically and terminally ill patients tend to die at home than in hospital since most health facilities are not able to cope with the increasing number of ill patients. Most chronically and terminally ill patients are usually discharged for home based care. The harsh economic climate in the country and escalating medical expenses has also prompted more deaths to occur at home. The majority of the patients who die at home are diagnosed HIV, TB and Pneumonia.

Conclusion

This report highlighted that HIV related conditions, Pneumonia, TB and gastroenteritis remain the leading causes of deaths in the City of Harare. It has also been noted that there has been a significant shift from Tuberculosis to HIV related as the major killer condition in the City of Harare. This is noticeable in the productive age-groups of 15 years to 44 years. The proportion of deaths (38.4%) in the productive age-group (25-44) remains unacceptably high. Pneumonia, Tuberculosis and HIV related conditions which could be prevented remain the leading causes of deaths in this age group. The high mortality in this age group impacts negatively on the economy since deaths occur prematurely.

Efforts to prevent these deaths in this most productive age group should be strengthened if the economy has to be sustained.

CHAPTER III

ENVIRONMENTAL HEALTH

INTRODUCTION

As highlighted in previous reports the harsh socioeconomic environment and the hyperinflation which was experienced during the year under review resulted in "survival techniques" by the public which impacted negatively on the quality of the environment. Such "survival techniques" ranged from an increase in vending activities at non designated places and trading in perishable foodstuff such as meat and wet fish.

The high rural to urban migration which the city continued to experience resulted in the following:-

- **overcrowding in residential premises with the resultant overloading of municipal sewer and straining refuse collection services.**
- **Shortage of resources to procure water treatment chemicals and breakdown of water pumping system resulted in erratic water supplies with residents resorting to digging of shallow unprotected wells where they could fetch water.**
- **Increased industrial activities in residential properties which resulted in pollution of both land, air, sewer system and open drains.**

Environmental Conditions

During the year under review the city witnessed numerous incidences of blockage in municipal sewers resulting in continued flow of raw sewage in residential areas. The situation was severe in most high-density residential areas where conditions potential for outbreaks of epidemics existed.

Challenges in procurement of chemicals and power outages as highlighted in previous reports resulted in erratic water supplies to residents who dug shallow unprotected wells which resulted in an explosive cholera epidemic ever to be witnessed in the history of the city and the country as a whole, as described elsewhere in this report.

Timeous response to complaints of public health nuisances by the public were compromised due to the non-availability of transport and in some cases fuel by divisional staff. The above situation led to the deterioration of environmental quality. Indeed one can almost point out that because of non-availability of certain consumables, fuel and transport, the city's environmental health services delivery were in the "intensive care unit".

The number of public health nuisances and complaints dealt with are reflected in Table 14.

Informal Trading

Proliferation of illegal commercial and industrial activities on roadsides, open spaces and backyards of properties continued unabated.

In the Central Business district there was an unprecedented increase in the number of vendors who operated on shop frontages and pavements resulting in obstruction of pedestrian movement and littering of the Central Business District environment. There was a citywide increase in vending of perishable items such as fish, chicken portions, beef and pork under unhygienic conditions. Appeals were made to law enforcement agents to curb such activities but their efforts were hampered by lack of transport and manpower.

Table 14: Inspections Following Complaints and Nuisances in Year 2008 by District

Inspections	Central	Northern	Eastern	Southern	Western	Total 2008	Total 2007
Drainage (Blockages/defects septic tanks)	5	63	70	360	249	747	1 747
Air Pollution (smells/smoke/soot)	31	43	15	121	165	375	1 451
Flies/Manure/Waste matter	0	28	6	35	68	137	517
Mosquitoes & other collection of water	0	4	17	0	231	252	460
Other insects	0	0	0	0	0	0	3
Rodents	4	33	1	52	189	279	557
Overcrowding	2	5	0	28	4	39	222
Sanitary Conveniences	39	4	9	0	160	220	2 223
Unprotected and condemned Food	4	16	9	0	0	24	81
Farm Animals	0	0	39	0	4	43	71
Absence of water supplies	0	0	0	40	0	40	567
Poultry	0	7	2	0	0	9	112
Illegal Cooking	10	14	34	182	299	539	1 222
Refuse	14	74	74	320	169	651	3 689
Squatters	0	0	1	0	2	3	154
Derelict Buildings	0	0	1	0	1	2	16
Others	4	39	31	306	227	607	5
Total	113	330	304	1 444	1 776	3 967	11 097

Housing and squatter settlements

The provision of affordable housing remains the city's biggest social problem. The city provided residential stands at Hopley with a view to easing the problem. However of note is that the stands were provided without complementary services such as refuse collection, sewerage system, roads and portable water stand pipes per family. What basically is happening is the creation of more settlements on the basis of the establishment Dzivarasekwa Extension and Hatcliffe camps whose sanitary conditions are a cause of concern.

Food hygiene, Food premises and licensed premises

Routine monitoring of licensed premises was maintained at minimal level throughout the year while the standards in most premises were satisfactory, frequent, and more regular inspections were required to maintain appropriate standards given that the year 2010 when the World Soccer Cup is to be hosted is around the corner. As highlighted before unavailability of transport and fuel hampered effective monitoring of licenced premises. During the year under review the Division had one vehicle against a staff complement of thirty three.

Table 15 gives a breakdown of foods that were condemned as unfit for human consumption.

Table 15: Breakdown of Foodstuffs Condemned by District

TYPE OF FOOD	WEIGHT IN KILOGRAMMES (KGS)/LITRES (L)				
	Central	Northern	Eastern	Southern	Western
Miscellaneous Meats	14	0	0	750	68.9
Assorted Foodstuff	0	2 400	0	200	0
Fish	36	0	0		1 885
Dairy Produce	0	0	23	500L	66L
Poultry	873	0	200		0
Dairy Fruit Orange Drink	0	0	0		107.2
Pork and pork products	0	0	92		175.9
Frozen Vegetables	0	0	170		149.63
Mixed Fruit	0	0	0		132L
Mutton	0	0	0		0
Mince Meat	0	0	0		0
Sausages	0	0	0		0
Wheat	0	0	0		0
Beef	0	0	239		317.5
Eggs	0	0	0		0
Totals	92.3	2 400	724	950	2 704.13
Total litres				500 L	198L

The number of inspections conducted in licensed premises and the number of legal matters which were dealt with during the year under review are reflected in Table 15 and 16 respectively.

Table 16: Licensed Premises Inspections by District

Premises	Central	Northern	Eastern	Southern	Western	Total 2008	Total 2007
Aerated Water Factory	0	0	0	0	0	0	0
Bakeries	110	65	50	107	38	370	537
Butchers	402	140	132	336	159	1 169	1 569
Caterers	18	2	2	16	26	64	79
Food Purveyor	1 052	183	189	434	171	2 029	2 455
Food Vending Machines	0	1	0	0	0	1	0
Food Factories	14	15	0	189	46	264	392
Fishmongers	55	45	34	96	41	271	397
Equine Animals	0		1	0	0	1	6
Fruit & Vegetable Dealers	4	3	8	36	18	69	98
Hairdresser Class A	183	49	45	92	161	550	817
Hairdresser Class B	73	13	48	48	59	241	175
Hotels	58	2	3	5	3	71	92
Laundry Depots	117	18	41	79	51	306	502
Launderettes	0	1	0	17	5	23	33
Lodging/Boarding Houses	59	5	4	63	10	141	102
Restaurants & Tearooms	287	79	35	143	28	572	769
Takeaway/Food shops	549	136	95	264	90	1 134	1 384
Total	2 981	757	95	1 925	906	7 276	9 407

Table 17: Legal Issues Attended to by District

Legal Matters	Central	Northern	Eastern	Southern	Western	Total 2008	Total 2007
Condemnation Certificates	2	4	1	5	8	20	51
Matters Referred to ZRP	0	0	0	0	0	0	75
Intimation Notices Served	10	9	0	42	16	77	264
Intimation Notices Complied with	5	0	0	38	0	43	164
Final Notices Served	0	0	0	0	0	0	34
Final Notices Complied with	0	0	0	0	0	0	22
Reports to other departments	3	3	2	16	1	25	62
Deposit fines issued	0	2	0	0	0	2	1
Health reports issued	7	23	0	10	23	63	243
Closure orders issued	3	0	0	0	0	3	164
Total	30	41	3	111	48	233	1 080

Other inspections are reflected in table 18.

Table 18: Health Registration Premises Inspected by Districts

Premises Inspected	Central	Northern	Eastern	Southern	Western	2008	2007
Bar	56	89	91	83	269	588	794
Bottle store	21	68	85	130	227	531	972
Tailoring	495	3	8	39	215	760	816
Beauty Parlour	73	7	5	6	7	98	130
Phone Shop	312	17	19	40	229	617	565
Garages	82	49	1	72	150	354	445
Engineering	8	38	0	18	77	141	77
Creches/Nursery School	3	47	52	52	97	251	306
Dwellings	1	79	91	33	4 131	4 335	7 245
Commodity broking	368	15	0	7	0	390	206
Factories non-food	38	0	3	160	198	399	632
Electrical repairs	134	73	9	25	66	307	171
Flea markets	0	7	4	3	39	53	21
Grinding Mills	0	5	47	30	122	204	186
Hawkers Premises	5	161	3	47	116	332	659
Home Industries	0	53	0	56	93	202	84
Consultancy	81	2	0	4	0	87	88
Dump Sites	0	5	0	7	312	324	855
Markets	2	14	66	33	517	632	1 257
Medical Institutions	49	57	54	31	105	296	363
Night Clubs	20	34	16	44	235	349	298
Parking Sites	0	15	0	67	415	497	781
Public Convenience	83	89	48	83	185	488	124
Plans	18	25	18	20	19	100	78
Refuse Sites	2	106	0	210	0	318	676
Sanitary Lanes	176	22	13	35	257	503	95
Printing Shops	0	2	0	41	0	43	842
Public Building	22	48	0	230	351	651	94
TV and Radio Repair Shops	215	15	0	31	18	279	158
Vending Sites	0	193	52	1 118	708	2 071	4 338
Sports grounds/Clubs	7	12	0	38	17	74	46
Others	543	355	532	1 344	439	3 213	1 778
Totals	2 814	1 705	1 217	4 137	9 614	19 487	25 863

Infectious Disease

Details of infectious diseases investigated during the year under review are reflected in Table 19.

Table 19: Infectious Diseases

Disease	Central		Northern		Eastern		Southern		Western		Total	
	Loc	Imp	Loc	Imp	Loc	Imp	Loc	Imp	Loc	Imp	2008	2007
Anthrax	0	0	0	0	0	0	0	0	0	0	0	0
Campylobacter	0	0	0	0	0	0	0	0	0	0	0	0
Cholera	0	0	2	0	2	0	676	2	0	0	682	192
E coli	0	0	0	0	0	0	0	0	0	0	0	0
Hepatitis B	0	0	0	0	0	0	0	0	1	0	1	6
Infective hepatitis	0	0	0	0	0	0	0	0	1	0	1	7
Malaria	0	0	0	0	0	1	0	0	0	25	26	56
Meningococcal Meningitis	0	0	0	0	0	0	0	0	0	0	0	0
Food Poisoning	0	0	0	0	0	0	0	0	0	0	0	0
Pulmonary TB	12	0	0	0	148	3	0	0	651	90	3 053	3 350
Salmonella	0	1	0	0	0	0	2 149	0	8	0	9	40
Shigella	0	0	0	0	4	0	0	0	15	2	21	119
TB Others	5	0	0	0	50	1	0	0	428	38	522	1 956
Typhoid	0	0	0	0	0	0	0	0	0	0	0	0
Diarrhoea	0	0	295	0	0	0	0	0	475	6	776	311
Others	0	0	0	0	3	0	0	5	0	0	8	0
Unable to Trace		32		0		14		0		18	64	299
Total	50		297		226		2 832		1 758		5 163	6 336

Health reports various institutions

Eighty-nine (89) health reports for institutions such as crèches, medical and educational institutions were processed during the year under review.

Health reports liquor licensing

Sixty-four (64) liquor health reports were processed during the year

Hawkers' Licenses issued

The table below shows the licenses issued:-

HAWKERS'DISCS ISSUED (TYPE)	NUMBER
Non foodstuffs	32
Foodstuffs	688
Total	720

Issuance of hawkers' licences was suspended as from April 2008 due to hawkers operating from prohibited areas.

Harare Agricultural Show trading permits

A total of 282 trading permits were processed

Registration Certificates

Three thousand eight hundred and eight (3 808) health registration certificates were processed and these were more in the Central Business District Western and Southern districts.

Shop Licence trading permits

1 126 shop licence trading permits were processed and purchased in 2008.

Harare (Licensed Premises) By-Laws, 1975: Approved

LICENSES APPROVED	TOTAL
Abattoirs	1
Bakers	125
Boarding houses	38
Butchers	448
Caterers	25
Fishmongers	122
Food factory	137
Food purveyors	729
Guest lodge	3
Hairdresser's 'A'	180
Hairdresser's 'A'	21
Hotels	21
Laundries	5
Laundry depots	67
Restaurants	218
Takeaways	363
Tea rooms	22
TOTAL	2 525

There was an increase in the licensing of premises which had food purveyor's licences during the year and also most licensed premises amended their licences to include foodstuffs.

Shop Licenses Act, 1996, Chapter 14:17

A summary of the number of shop and municipal licences processed in 2008 is shown in the table 20 below:-

Table 20

No. Of Premises	Date Of Meeting	Vending Machine	Auction	Hire	Retail	Wholesale	Miscellaneous Attachments	Notification Of Change Of Person In Control	Total
109	21.02.08	0	0	1	96	8	4	4	113
66	11.02.08	0	0	0	64	2	0	2	68
113	10.03.08	0	0	0	108	13	1	5	127
137	07.04.08	0	0	1	137	12	0	1	151
157	12.05.08	0	0	2	146	21	0	4	173
125	09.06.08	0	0	0	123	12	1	0	136
99	08.07.08	0	0	1	99	16	1	4	121
242	13.08.08	0	0	0	202	40	1	4	247
152	08.09.08	0	0	1	150	11	0	0	162
195	09.10.08	0	0	0	193	16	0	0	209
172	10.11.08	0	0	0	169	13	1	0	183
137	04.12.08	0	0	1	130	18	0	0	149
1 704		0	0	7	1 617	182	9	24	1 839

The months of September, October and November had more licenses processed due to the fact that Reserve Bank of Zimbabwe was requesting licences from local authority to applicants applying to sell their products in foreign currency.

Building Plans

A total of 229 building plans were submitted for scrutiny to the Department in terms of the Model Building By-laws, 1977 as amended.

SAMPLING AND INDUSTRIAL HYGIENE PROMOTION UNIT

The sampling exercise is done to ensure that consumers get food that is free from diseases causing micro-organisms, dangerous chemicals and also to ensure that food complies with legal requirements in the food and food standards Act Chapter 15:05, the Public Health Act Chapter 15:09 and the Dairy Act.

Sampling during the year under review was negatively affected by shortage of resources. The sampling unit did not have transport for the greater part of the year. The amount of petty cash allocated to the unit for purchasing food samples was always subdued by inflation despite several upward reviews. Laboratories where samples are normally analysed also had their share of problems like shortage of reagents and other consumables. Samples collected were submitted to the Government Analyst and Aglab Laboratories.

Harare Tap Water

A total of 16 samples were collected and submitted for analysis. Thirteen (13) of these samples were submitted for bacteriological analysis and 3 for chemical analysis. All chemical samples had satisfactory results. Eleven bacteriological samples also gave satisfactory results. (See table below)

NO. OF SAMPLES	RESULTS		
	TBC	Coliforms	Faecal Coliforms
11	Satisfactory	Satisfactory	Satisfactory

Results for 2 of the 16 samples were not available to the unit due to non-payment of analytical fees.

Borehole Water

Two borehole water samples were submitted to the Government Analyst Laboratory (one for chemical and one for bacteriological analysis). Results for both water samples were satisfactory.

Well Water

After the cholera outbreak, 5 well water samples were collected from Budiriro as residents in the suburb had resorted to digging wells in their yards or in open spaces due to scarcity of Harare tap water. Results for these samples were not available to the unit due to non-payment of the analytical fees.

Other Foods

One Sample of cooking oil was submitted for both chemicals and bacteriological analysis. Results were satisfactory as shown in the table below.

PARAMETER	RESULTS
Yeasts	Satisfactory
Moulds	Satisfactory
Lead (Mg/Kg)	Not detected
Copper (Mg/Kg)	Not detected
Free Fatty Acid (%)	0.30

Two samples of drinks were also submitted for bacteriological and chemical analysis and the results were as follows:

PARAMETER	RESULTS	MANGO NECTAR DRINK
PH	Satisfactory	Satisfactory
Yeast	Unsatisfactory	Satisfactory
Moulds	Unsatisfactory	Unsatisfactory
SO_2	Satisfactory	Not done

Health Education

A total of 5 outlets were visited for Health Education talks. Twenty-two food handlers attended the Health Education talks. Lectures were also given to student nurses at Harare Hospital.

ATMOSPHERIC POLLUTION CONTROL

Atmospheric pollution control of dust, smoke, odours and fumes was carried out in January and February only. There was no control for the rest of the year due to lack of transport.

Predominant pollutants dealt with were:

- **Smoke from fuel burning appliances, burning of waste and vehicular emissions.**
- **Dust from cement manufacturing, sand blasting, base mineral grinding, tobacco processing, fertilizer manufacturing concrete premixing, quarrying and detergent manufacturing.**
- **Metallic fumes from foundries and battery manufacturing.**
- **Smells and odours from porcine abattoirs, old municipal dumpsite at golden quarry and tobacco processing.**

Routine monitoring of ambient levels of suspended particulate matter was carried out in January and February, monitoring could not be done for the rest of the year due to lack of transport. Monitoring for sulphur dioxide (SO_2) and oxides of nitrogen (NO_x) was not conducted for the whole year due to lack of transport and breakdown of analytical equipment.

Pollution by Smoke

The major sources of smoke pollution were poorly maintained and operated fuel burning appliances, use of dusty coal/fuel in the appliances, vehicular emissions and burning of waste/refuse. Burning of old tyres was rampant along Mukuvisi river in Mbare, Western Triangle in Highfield, Ardbennie and Graniteside/Sunningdale area.

Table 21: SMOKE CONTROL ACTIVITIES

ACTIVITY	J	F	M	A	M	J	J	A	S	O	N	D	TOTAL
Casual observations	30	57	35	15	10	12	18	17	20	30	26	4	274
Burning of waste	15	70	47	40	30	25	28	35	40	37	40	19	426
Veld fires	0	0	0	2	0	0	0	0	0	0	0	0	2
Visits to boiler installations	3	4	4	0	0	0	0	0	0	0	0	0	11
Other fuel burning appliances	2	1	0	0	0	0	0	0	0	0	0	0	3
Verbal advice	3	6	5	0	0	0	0	0	0	0	0	0	14
Notices served	0	0	0	0	0	0	0	0	0	0	0	0	0
Other letters	0	0	1	0	0	0	0	1	0	0	0	0	2
TOTAL	51	139	93	57	40	37	46	53	60	67	66	23	732

Since the unit was grounded from March all the observations thereafter were made on transit to and from work.

Dust Control

A number of dust nuisances were observed and recorded, but only a handful was investigated due to transport constraints.

Table 22: BREAKDOWN OF RECORDED DUST NUISANCES

MONTH	NUMBER OF RECORDED NUISANCES
January	6
February	14
March	5
April	2
May	4
June	2
July	3
August	3
September	4
October	2
November	3
December	1
TOTAL	49

THE MAJOR TYPES OF DUST NUISANCES RECORDED WERE

TYPE OF DUST	AFFECTED AREA
Tobacco	Southerton, Willowvale and Aspindale
Basic Minerals	Willowvale and Graniteside
Cement	Tafara and Mabvuku
Quarry	Pomona and Vainona
Fertiliser	Workington, Aspindale, Budiriro and Mufakose
Detergents	Willowvale and Workington
Sawdust	New Ardbennie, Workington, Msasa, Southerton and Graniteside

Fumes and Odours

The main sources of fumes and odours were foundries, forges and tobacco processing plants.

Table 23: BREAKDOWN OF RECORDED FUMES AND ODOURS

MONTH	NUMBER OF FUMES AND ODOURS NUISANCES
JANUARY	8
FEBRUARY	14
MARCH	4
APRIL	3
MAY	2
JUNE	3
JULY	0
AUGUST	3
SEPTEMBER	4
OCTOBER	0
NOVEMBER	0
DECEMBER	1
TOTAL	42

SPECIFIED PROCESSES

There were no visits made to any specified processes plants.

PLANTS AND SPECIFICATIONS

There were no plans and specifications submitted during the course of the year.

ROUTINE MONITORING OF MAJOR POLLUTANTS

Sampling for suspended particulate matter (SPM) was carried out in January and February only and thereafter sampling for all the major pollutants sulpher dioxide (SO2) suspended particulate matter SPM) and oxides of nitrogen (NOx) was discontinued due to transport and breakdown of equipment constraint.

TABLE 24: SUSPENDED PARTICULATE MATTER FOR JANUARY AND FEBRUARY IN ug/m3

STATION	MONTH	
	JANUARY	FEBRUARY
Mbare	5,1	33,03
Highfield	8,11	19,70
Mufakose	9,71	24,06
Mabelreign	3,52	13,84
Town House	828,75	15,98
Southerton	21,06	8,29
Bridh	187,97	53,89
Hatfield	33,86	8,19
Monthly Average	137,26	22,12
W.H.O Standard	50	50

PEST CONTROL

The state of the economy which was characterized by hyperinflation, impacted negatively on the activities of the Pest Control Unit. Pesticides were very scarce on the market, and the procurement system of council could not catch up with the hyperinflationary prices, with most quotations being valid for that moment. Payments for services provided by the unit were mostly cheques, which were quickly eroded despite pegging services charges at product replacement value. There was also a critical shortage of fuel resulting in a failure to meet appointments. Due to the near collapse of service delivery, the unit lost its most important clients such as the Innscor and Wimpy who had become our biggest clients the previous and year under review. Employees could not afford to come to work everyday. It became impossible to account for whereabouts of employees as they had to spend days queuing at banks.

Following the cholera outbreak in October 2008, the unit was given the responsibility of disinfecting affected homes throughout the city. The unit also carried out intensive fly control in the month of November, particularly in compounds at Ingwe and Pension municipal farms.

The few complaints attended to are shown in the table below.

Table 25: COMPLAINTS ATTENDED TO IN 2008

Month	Nature Of Complaint					
	Cockroaches	Rodents	Bedbugs	Flies	Ants	Bees
January	-	-	-	-	-	-
February	7	4	2	-	-	-
March	3	2	-	-	-	1
April	1	-	-	-	-	1
May	1	2	-	-	-	1
June	-	-	-	-	-	-
July	-	-	-	-	-	1
August	-	1	-	1	1	-
September	3	2	-	-	-	-
October	-	1	-	6	-	-
November	1	1	-	15	-	-
December	-	-	-	-	-	-
Total	16	13	2	22	1	4

CHAPTER IV

HEALTH EXTENSION SERVICES

- **Family Health Services**
- **Curative Health Services**
- **Municipal Maternity Units**

FAMILY HEALTH SERVICES

- **Attendances at under five clinic**
- **Immunization vaccine coverages**
- **EPI Diseases Surveillance**
- **Family Planning Services**
- **School Health Services**

Harare City Health continued to provide integrated care through provision of promotive, preventive, curative and rehabilitative services to individuals, families and communities.

This report serves to highlight and evaluate the services provided in the Family Health Clinics. The overall goal being that of reducing mobility and mortality in all the vaccine preventable diseases of the under fives. This is in line with the fourth Millennium Development Goal.

ATTENDANCES AT UNDER FIVE CLINICS

A decrease of 18.3% in the number of the under fives children that visited the City Family Health Clinics was realized as shown in Table 26 below.

Table 26: Attendances for Weighing, Advice and Immunization for Under Fives by District 2006-2008

District	2008	2007	2006	% Increase/Decrease
Central	6 274	7 510	10 086	-16
Northern	41 209	42 496	63 672	-3.0
Eastern	46 722	71 653	99 260	-34.7
South Eastern	30 409	32 773	44 109	-7.2
Southern	40 620	58 752	87 664	-20.6
South Western	63 402	80 065	135 221	-20.8
West South West	95 468	115 735	214 521	-17.5
Western	127 950	160 819	248 580	-20.4
North Western	62 684	60 774	120 067	-3.1
Grand Total	514 738	630 577	1 030 180	-18.3

All clinics registered a decrease in attendances in 2008 compared to 2007 except the North Western District with a small increase of 3.1%. West South West district decrease in attendances was partly due to cholera outbreak which led to one of its health centres,

Budiriro being closed and used as a Cholera Treatment Centre. Staff work stoppage also contributed to some decrease in attendances.

Table 27: Immunisation by District for under fives 2008

DISTRICT	PENTAVALENT		POLIO		POLIO $^{18}/_{12}$ BOOSTER	DPT $^{18}/_{12}$ BOOSTER	DT	POLIO	MEASLES	BCG INITIAL	VITAMIN A
	1	3	1	3			PRESCHOOL				
Central	589	505	607	487	338	338	226	226	498	187	773
Northern	2 721	2 330	2 680	2 405	1 794	1 783	1 399	1 399	2 325	1 639	5 837
Eastern	3 251	3 008	3 293	3 051	2 247	2 199	1 534	1 523	2 830	3 075	3 332
South Eastern	1 994	1 844	2 028	1 835	1 363	1 357	876	876	1 766	752	7 378
Southern	3 958	3 397	4 161	3 479	2 696	2 696	930	930	3 455	3 244	19 531
South Western	4 904	4 276	4 967	4 280	3 080	3 072	2 398	2 400	4 221	3 852	11 406
West South West	7 557	6 968	8 025	6 783	5 621	5 424	4 037	4 075	6 740	4 514	28 583
Western	7 567	6 620	7 593	6 747	4 863	4 849	3 988	4 289	6 804	4 322	27 976
North Western	4 668	4 024	4 773	4 165	3 462	3 435	2 820	2 799	4 157	2 613	13 438
Other Institutions	15 320	1 466	1 725	1 626	1 078	1 097	545	590	1 373	7 924	2 265
Grand Total	38 936	34 532	39 483	34 812	26 448	26 253	18 753	19 107	34 230	32 122	120 519

N.B Other Institutions include Harare Maternity, Mbuya Nehanda Maternity, Avenues Clinic, Baines Maternity Clinic, Belvedere Maternity, West End Clinic, and Queen of Peace and other small private units that offer maternity services.

BCG coverage was low in 2008 i.e 72.4%. The contributory factor was probably due to the BCG syringes that were out of stock nationally for some months.

There was no drop out between BCG and measles. Drop out rate for OPV 1 and 3 was 12.6% and Pentavalent 1 and 3 was 11.2%.

Pentavalent vaccine (5 in 1) five in one was introduced on 26 January 2008. DPT is now being given only as booster at 18/12. The high dropout rates are a cause for concern. Acceptable levels are 10% and below.

Table 28: Trend in Immunisation Coverage rates for the under ones 2005 – 2008

ANTIGEN	COVERAGE RATES (%)			
	2008	2007	2006	2005
BCG	72	105	93.7	93
Polio 1	90	93	101.2	110
Polio 3	79	81	94.1	95
Pentavalent 1	88	94	100.8	108
Pentavalent 3	78	94	94.0	95
HBV 1	*	93	100.6	108
HBV 3	*	84	95.2	95
Measles	77	77	133.0	91

The targets that were set for OPV 3 and Pentavalent 3 were 90%. These targets were not reached despite having outreach clinics. The clinics were not visited regularly as planned because of transport, fuel problems and staff shortages.

The unexpected cholera outbreak led to closure of some clinics with staff from these clinics helping in two cholera treatment centres. Staff absenteeism was also rife because of the prevailing economic situation and poor remuneration.

Table 29: Drop out rate between BCG and measles by District and Other Institutions 2007 - 2008

			2008	2007
District	**BCG Given**	**Measles Given**	**% Drop out rate**	**% Drop out rate**
Central	**187**	**498**	*	*
Northern	**1 639**	**2 325**	*	*
Eastern	**3 075**	**2 830**	**7.9**	**35**
South Eastern	**752**	**1 766**	*	*
Southern	**3 244**	**3 516**	*	**9**
South Western	**3 852**	**4 221**	*	*
Western	**4 322**	**6 804**	*	*
North Western	**2 613**	**4 157**	*	*
West South West	**4 515**	**6 740**	*	**21**
Other Organisation	**7 924**	**1 373**	**82.6**	**93**
Total	**32 122**	**34 230**	**0**	**24**

Eastern District which had a high drop out of 35% in 2007 had a 7.9% in 2008. All other districts had zero drop out in 2008. Other institutions deliver only about 25% of City deliveries compared to the City Clinics that deliver 75% and continue with immunizations.

Table 30: Vitamin A Supplementation Coverage 2008

AGE	**TARGET GROUP**	**ADMINISTERED DOSES**
6-11 months	**281 655**	**25 464**
12-59 months		**92 790**
Total		**118 254**

Post Partum Vitamin A Administration

A total of 22 177 mothers were given Vit A 200 000 IU in the maternity units. This is done routinely within 28 days of delivery.

Table 31: Deliveries and Babies born protected from NNT by Quarter in 2008

	Deliveries	**Babies Born**	**Babies Protected**	**% Covered**
1st Quarter	**5 747**	**6 120**	**5 752**	**94.0**
2nd Quarter	**5 557**	**5 561**	**5 355**	**96.3**
3rd Quarter	**5 209**	**5 521**	**5 390**	**97.6**
4th Quarter	**5 772**	**5 810**	**5 783**	**99.5**
Total	**22 285**	**23 012**	**22 280**	**96.8**

Table 32: Deliveries and Babies Born Protected Against Neonatal Tetanus (NNT)

District	Maternity Unit	Babies Born	Mothers Delivered With Valid TT Doses	No. Of Babies Born Protected Against NNT	% Of Babies Born Protected
Northern	Hatcliffe	9 503	936	937	98.3
Southern	Edith Opperman	3 481	3 391	3 399	97.6
Eastern	Mabvuku	2 515	2 489	2 370	94.2
Western	Kambuzuma	839	828	829	98.8
	Warren Park	1 660	1 624	1 624	97.8
	Kuwadzana	2 492	2 415	2 422	97.2
South Western	Highfield	1 334	1 318	1 318	98.8
	Rutsanana	2 243	2 156	2 162	96.4
West South West	Glen View	2 176	2 147	2 152	98.9
	Budiriro	2 159	2 041	2 046	94.8
	Mufakose	1 420	1 310	1 308	92.1
North Western	Rujeko	1 740	1 719	1 713	98.4
TOTAL		23 012	22 374	22 280	96.8

96.8% of the 23 012 babies born in City Clinics were born protected from neonatal tetanus. Most of the mothers delivering had their protection from childhood immunizations. NB. These figures exclude babies born in Private and Central Hospitals.

Master Card Summary

Table 33: Comparison of Children weighed in each age group and percentage below the 3rd Centile for 2007 and 2008

Age Group	2008			2007		
	No. Weighed	No. Below 3rd Centile	% Below The 3rd Centile	No. Weighed	No. Below 3rd Centile	% Below The 3rd Centile
0-5 months	178 585	3 488	1.9	163 650	3 693	2.2
6-11 months	137 544	3 362	2.4	140 468	3 313	2.3
12-23 months	121 824	5 821	4.7	174 394	6 924	3.9
24- 59 months	106 785	4 447	4.1	152 065	6 144	4.0
Total	514 738	17 118	3.3	630 577	20 074	3.1

A total of 514 738 were weighed in 2008 and of these 17 118 were below the 3rd centile a percentage of 3.3. There was a decrease of 18.3% in the number of children weighed in 2008 compared to 2007. The disruption in provision of services in clinics was due to staff work stoppage and the closure of clinics due to the cholera outbreak also contributed to the decrease as mentioned earlier on.

Child Health Days Campaign – August 2008

BROAD OBJECTIVES

- **To give opportunity to all the under fives to receive all the vaccines that were overdue and due including Vitamin A supplements and oral polio vaccine irrespective of the vaccination status so as to reduce Vitamin A Deficiency, increase immunisation coverages and eradicate Poliomyelitis.**

SPECIFIC OBJECTIVES

- **To give oral polio drops to all children between 0-59 months and increase the polio coverage.**
- **To give Vitamin A supplements to all children between 6-59 months and increase Vitamin A coverage.**
- **To give routine antigens to all children who are due and overdue and increase antigen coverage.**
- **To give T.T. antigens to all women of child bearing age (WCBA) and increase TT Coverage.**

Table 34: VITAMIN A COVERAGES AUGUST 2008

District	Target Population	Doses Administered	%
North Western	24 842	21 523	77.4
South West	25 373	21 073	83.1
Northern	11 169	6 923	61.9
South Eastern	6 922	7 412	107
Southern	27 811	21 523	77.4
Western	25 653	23 565	91.8
Eastern	22 464	14 398	64
W.S.W	36 774	29 268	79.6
Prison	1 200	1 185	98.7
A/Force	737	844	114.5
Police	1 700	1 608	94.5
Army	700	650	92.8
Harare Hospital	-	398	-
Parirenyatwa	-	956	-
Total	181 008	148 450	82

Vitamin A coverage for August child health days was 82%. Set target was 90%.
The November child health days were not held countrywide because of the cholera outbreak and closure at the clinics.

Tetanus Toxoid Vaccination (TT) During Child Health Days December 2007

WCBA Population = 412 734
Expected pregnancy population = 68 784

Table 35: Tetanus Doses given to women of Child Bearing Age and Antenatal Mothers and TT2+ Coverage January – December 2007

DISTRICT	1^{ST} DOSE	$2^{ND} – 5^{TH}$ DOSE TT 2+	% COVERAGE
Central	65	296	46.3
South Eastern	258	1 219	40.2
Eastern	2 337	3 433	49.9
Northern	2 72	2 119	39.8
North Western	683	3 761	47.0
Western	349	4 586	40.7
South Western	678	3 929	23.8
West South West	1 335	3 324	22.2
Southern	1 023	2 073	35.9
Total	7 000	24 740	

Coverage WCBA = 5.9%
Expected Pregnancies 68 784 = 35.9%

Most of the women who come to book in city clinics had their TT during childhood.

Table 36: Vaccines Wastage Rates January – December 2008

DISTRICT	BCG %	OPV %	PENTAVALENT %	DT %	MEASLES %	TT %
Northern	80.4	17.9	0.3	40.6	62.7	26.4
Southern	55.6	3.8	0.1	4.1	37.8	1.9
Eastern	7.2	7.1	0	4.4	9	5.9
West	52.5	3.4	0	0.9	26.8	2.6
South Western	40.0	10.7	0.4	14.9	23	14.8
South East/Central	85.1	9.5	0.8	19.0	57.8	9.4
West South West	21.4	3.2	0.7	4.7	22.5	4.2
North Western	67.1	1.3	0	0	37	0
City wastages	51.1	7.1	0.7	11	23.0	9.0

Vaccine wastage rates could be due to cold chain failure, breakages, expiry or left overs after an outreach. BCG has the highest wastage rate of 51.1% and pentavalent the least of 0.7%.

EPI Disease Surveillance

Broad objective

To monitor the effectiveness of EPI activities in the Targeted diseases of the under 5s.

The diseases under surveillance are poliomyelitis, measles neonatal tetanus and adverse events following Immunisation.

Specific Objectives for AFP

- **To detect cases of AFP in every 100 000 children under the age of 15 years - 100%**
- **To have stool adequacy of 80% in all identified AFP cases, 2 stool specimens to be collected within 24-48 hours apart within 14 days of onset of paralysis and transported to Virology Laboratory within 3 days of collection under the correct temperatures of $+2^0$ - $+8^0$ C - Target 80%.**
- **Timeliness of reporting - 80%.**

Challenges

Low stool adequacy

- **Poor communication between central Hospital staff and City Council staff when patients are admitted or discharged.**
- **Knowledge gap as regards to EPI disease surveillance strategies and procedures**
- **Knowledge gap on the importance of collecting second stool especially in Hospital when the patient has been admitted.**
- **High staff turnover.**

Plans

- **Strengthening of communication between Hospital and City Health staff**
- **Orientation and training of staff from Central Hospitals, City Health staff and staff from Private Institutions.**
- **Formation of EPI surveillance coordination committees at all levels.**

Table 37: AFP surveillance Performance Indicators 2004-2008

INDICATORS	2008	2007	2006	2005	2004
Expected no of AFP cases	14	10	10	12	6
Detected cases	4	16	20	14	7
% of AFP cases with adequate stools	50%	63%	85%	64%	71%

Harare City had stool adequacy of 50%. All AFP cases had first stools taken, second stools were not collected in while in Hospital. Target for stool adequacy is 100%. Active search must be intensified in order to meet the set target.

Table 38: Harare City AFP Surveillance Performance Indicators by District January to December 2007

District	Cases Detected	% of AFP cases with adequate stools
Eastern	1	100
South Western	1	50
Western	1	100
Parirenyatwa	1	50
Harare City Total	4	50

Measles Surveillance 2003 to 2008

Table 39: Tested GM Measles and Rubella 2002 – 2008

Year	Measles Suspected Cases	Blood Taken For 11gm Measles/Rubella	Pos Measles	Positive Rubella
2008	3	3	0	0
2007	27	27	0	11
2006	15	15	0	3
2005	37	37	2	7
2004	67	67	2	23
2003	20	20	2	7
2002	18	18	1	-9

Measles surveillance

Table 40: Suspected measles cases – Tested and Results Measles 2008

AGE	IMMUNISATION STATUS			SOURCE		BLOOD TAKEN	MEASLES RESULTS			RUBELLA RESULTS		
	Vac	Not Vac	Not stated	Urban	Rural		Neg (-ve)	Pos (+ve)	Indeter	Neg (-ve)	Pos (+ve)	Indeter
<5 years	1	0	0	1	0	Yes	-ve	0	0	0	0	0
5 – 14 years	2	0	0	2	0	Yes	-ve	0	0	0	0	0
15+ years	0	0	0	0	0	0	0	0	0	0	0	0
Total	3	0	0	3	0	0	3	0	0	0	0	0

Key: Vac = Vaccinated, N/S = Not Stated, Indeter = Indeterminate, Neg = Negative, Pos = Positive

All the 3 cases of suspected measles had blood taken for IGM and both were negative.

Table 41: Suspected Measles cases for January to December 2007 by District

District	Suspected Cases Detected	Specimen Taken	Measles 1GM + Ve	Rubella 1GM + Ve
Eastern	1	1	0	0
North Western	2	2	0	0
TOTAL	3	3	0	0

Table 42: ADVERSE EVENTS FOLLOWING IMMUNISATION (AEFI)

ANTIGEN	NUMBER	TYPE OF REACTION	ACTION TAKEN
BCG	1	Site abscess	Treated
OPV	0	0	-
Measles	4	2 site abscess given 10 doses 3 reaction	Treated Recovered Died
Pentavalent	1	Site abscess	Treated
DPT	1	Site abscess	Treated

ANALYSIS – MEASLES

One child died after being given measles vaccine at a private surgery. Investigations showed that the child was HIV positive.

NEONATAL TETANUS (NNT): There were no cases of NNT recorded in 2008.

SCHOOL HEALTH SERVICES

Harare City Health continues to offer school Health Services as in high density suburbs and some of the schools in low density suburbs. The main objective of school health service is to screen the children and detect early nutritional problem, current infectious and non infectious conditions, mental and physical handicaps that may inhibit educational progress. General physical screening is carried out as well as giving vaccine booster doses to those who will have been missed. The services offered are limited to zero and Grade 1 pupils during first term, Grade 7 during second term and Grade 3 during third term. Manpower and other resources limit provision of these services to other Grades. In the low density areas only zero and Grade ones are screened. Problems identified are referred to the appropriate institutions. The detailed nutritional status data is under the nutrition unit in chapter 5.

Table 43: Number of Schools Visited by District and Grade

District	Grade 1		Grade 3		Grade 7		TOTAL		Total
	Male	Female	Male	Female	Male	Female	Male	Female	
Hatcliffe	274	266	0	0	159	213	433	479	912
Eastlea	67	79	0	0	0	0	67	79	146
Southerton	158	168	0	0	0	0	158	168	326
Highfield	378	307	0	0	0	0	378	307	685
Rutsanana	378	442	0	0	0	0	378	442	820
Western triangle	209	169	0	0	0	0	209	169	378
Glen norah	384	357	0	0	0	0	384	357	741
Glen view FHS	696	752	587	666	507	532	1 790	1 950	3 740
Mufakose FHS	0	0	0	0	714	762	714	762	1 476
Budiriro	627	601	0	0	0	0	627	601	1 228
Belvedere	25	15	76	142	0	0	101	157	258
Grand Total	3 221	3 171	739	950	1 380	1 507	5 340	5 628	10 968

FAMILY PLANNING SERVICES (FP)

Table 44: Attendances for Family Planning by District for 2008 and 2007

District	2008	2007	% Increase/Decrease
Northern	2 172	4 182	- 48
Eastern	3 365	8 986	-62.5
South Eastern	2 015	3 942	-48.8
Southern	2 760	6 553	-57.8
South Western	4 826	9 805	-50.7
West South West	4 663	9 626	-51.5
Western	4 222	6 614	-36.1
North Western	3 290	8 476	-61.1
Total	27 314	58 184	-53.05

There was a marked decrease in attendances in all districts. The decrease could be due to the fact that City Clinics were higher than pharmacies. All contraceptive pills and injectables were readily available. Zimbabwe National Family Planning continues with the top up system to the clinics. This was working satisfactorily but there in need to revisit the prices.

Table 45: Trends in New Acceptors and Attendances 2008 -2006

	2008	2007	2006
New Acceptors	6 350	8 684	11 984
Total Attendances	27 314	58 184	83 469

Table 46: Trends in New Acceptors by method 2008-2006

METHOD	2008	2007	2006
Progestogen (POP)	3 511	4 803	5 676
Combined oral pill (COP)	751	731	83 469
Depo Provera	2 083	3 150	2 492

Progestogen (POP) remains the most popular method of contraception followed by Depo Provera.

Table 47: A five year comparison of Family Planning Attendances and Issues

YEAR	ATTENDANCES	PILL PACKETS	DEPO PROVERA
2008	27 314	15 799	29 113
2007	58 184	137 190	23 773
2006	83 469	104 710	23 427
2005	52 975	116 771	3 221
2004	37 428	85 147	2 458

CURATIVE SERVICES

- **Primary care clinics**
- **Chronic services**
- **Psychiatry services**

PRIMARY CARE CLINICS

A total of 553 045 patients were treated at the City's clinics in 2008 compared to 961 452 treated in 2007 a decrease of 42.4%. The decrease may be due to the fact that for almost three months clinics were forced to close due to industrial action and cholera outbreak. Clinics ended up offering selective services. Table 48 shows attendance for 2008 compared to 2007 and table 48 shows initial attendances in age groups for 2008 compared to 2007.

Table 48: Clinic Attendance for 2008 compared to 2007

	2008				
	Male	Female	Total	Total 2007	% Increased/ Decreased
Initial	172 527	191 691	364 218	607 620	40.05
Repeats	94 648	94 179	188 827	353 832	46.6
Total	267 175	285 870	553 045	961 452	42.4

Table 49: Initial Attendance by age group 2008 compared to 2007

	2008				
Age Group	Male	Female	Total	Total 2007	% Increased/ Decreased
0-4	55 801	46 391	102 192	170 932	1.2
5-14	21 167	18 734	39 901	73 608	45.7
15+	95 559	126 556	222 115	363 080	38.8
Total	172 527	191 691	364 218	607 620	40.05

The two tables above show some marked decreases in attendances.

Table 50: Clinic Attendance for 2007 by clinic and district

District/Clinic	Initial Attendances			Total Attendances		
	Male	Female	Total	Male	Female	Total
Central						
Parirenyatwa	3 861	3 999	7 860	7 860	2 680	10 540
Northern						
Borrowdale	2 857	2 844	5 701	5 701	1 113	6 814
Mt. Pleasant	3 645	4 268	7 913	7 913	1 580	9 493
Hatcliffe	3 973	4 999	8 972	8 972	4 713	13 685
Total	10 475	12 111	22 586	22 586	7 406	29 992
Eastern						
Mabvuku Polyclinic	14 212	16 577	30 789	30 789	18 416	49 205
Highlands PCC	3 876	3 911	7 787	7 787	4 226	12 013
Mabvuku Satellite	3 070	3 536	6 606	6 606	1 405	8 011
Total	21 158	24 024	45 182	45 182	24 047	69 229
South Eastern						
Hatfield	4 371	5 034	9 405	9 405	3 488	12 893
Arcadia	3 298	3 994	7 292	7 292	3 529	10 821
Total	7 669	9 028	16 697	16 697	7 017	23 714

DISTRICT/CLINIC	INITIAL ATTENDANCES			TOTAL ATTENDANCES		
	Male	Female	Total	Male	Female	Total
Southern						
Mbare Polyclinic	4 525	6 143	10 668	10 668	5 861	16 529
Matapi	5 247	4 192	9 439	9 439	7 885	17 324
Mbare Hostels	1 543	1 379	2 922	2 922	2 219	5 141
Sunningdale	3 853	4 676	8 529	8 529	2 550	11 079
Waterfalls	2 041	1 929	3 970	3 970	3 327	7 297
Hopley	1 246	3 432	4 678	4 678	2 534	7 212
Total	18 455	21 751	40 206	40 206	24 376	64 582
South Western						
Southerton	777	851	1 628	1 628	579	2 207
Highfield	7 129	7 464	14 593	14 593	15 346	29 939
Rutsanana	7 958	8 337	16 295	16 295	14 220	30 515
Western Triangle	2 500	2 902	5 402	5 402	5 053	10 455
Glen Norah Satellite	3 026	3 212	6 238	6 238	3 997	10 235
Total	21 390	22 766	44 156	44 156	39 195	83 351
West South West						
Glen View	8 599	12 122	20 721	20 721	4 983	25 704
Budiriro	19 800	16 707	36 507	36 507	13 941	50 448
Glen View Satellite	6 600	6 393	12 993	12 993	8 242	21 235
Mufakose	11 077	11 041	22 118	22 118	15 540	37 658
Total	46 076	46 283	92 339	92 339	42 706	135 045
Western						
Warren park	8 144	11 287	19 431	19 431	8 413	27 844
Kuwadzana	12 391	12 629	25 020	25 020	8 299	33 319
Kambuzuma	8 112	8 657	16 769	16 769	10 077	26 846
Total	28 647	32 573	61 220	61 220	26 789	88 009
North Western						
Avondale	1 781	2 390	4 171	4 171	2 082	6 253
Marlborough	3 344	4 159	7 503	7 503	1 226	8 729
Mabelreign	3 033	3 844	6 877	6 877	1 385	8 262
Rujeko	4 576	6 141	10 717	10 717	8 518	19 235
Belvedere	2 062	2 642	4 704	4 704	1 400	6 104
Total	14 796	19 176	33 972	33 972	14 611	48 583
Total Clinics only	172 527	191 691	364 218	364 218	188 827	553 045

Table 50 shows that the top 5 busiest clinics are West South West, Western, South Western, Eastern and Mbare respectively. Of interest is Southern District which comes on the 5th place yet it was the busiest in previous years. The population reduced after the Murambatsvina clean up operation.

Morbidity Pattern

The five most common ailments treated at the clinics were Acute Respiratory Tract Infections (ARI), ear, nose and throat infections (ENT), Skin conditions, sexually transmitted infectious (STI) and injuries.

Table 51: Comparison of the Five Commonest Conditions at Primary Care Clinic for 2008 and 2007

Conditions	2008	2007	% Increase/ Decrease
Acute Respiratory infection (ARI)	110 511	170 582	-35.2
Skin Conditions	32 531	59 886	-45.6
Ear Nose and Throat Infection (ENT)	37 575	60 981	-38.3
Sexually Transmitted Infection (STI)	21 716	37 046	-41.3
Injuries	15 620	25 837	-39.5

There is a decrease of all ailments treated maybe due to the relative decrease in total patients seen.

Table 52: Selected common ailments treated in 2008

CONDITION	0-4 YEARS			5-14 YEARS			15+ YEARS			ALL AGES		
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
Watery Diarrhoea												
No dehydration	4 142	3 892	8 034	1 558	1 631	3 189	4 818	5 880	10 698	10 578	11 403	21 921
Mild dehydration	1 134	1 054	2 188	513	435	950	2 356	2 314	4 670	4 005	3 803	7 808
Severe dehydration	631	541	1 172	358	353	711	2 312	2 240	4 552	3 301	3 134	6 435
Dysentery	164	146	310	59	77	136	346	410	756	569	633	1 202
Nutritional Conditions												
Kwashiokor	280	337	617	14	9	23	3	8	11	297	354	651
Marasmus	30	29	59	2	0	2	1	0	1	33	29	62
Pellagra	0	0	0	11	22	33	126	153	279	137	175	312
Acute Respiratory Tract Infection (ARI)												
Mild (Cough & colds)	9 609	9 107	18 716	3 717	3 635	7 352	8 219	8 809	17 028	21 959	21 551	43 146
Moderate	13 850	12 893	26 743	4 675	4 433	9 108	12 394	14 583	26 977	30 919	31 909	62 828
Severe	1 475	1 391	2 866	254	191	445	544	682	1 226	2 273	2 264	4 537
ENT	6 698	6 314	13 012	3 692	4 085	7 777	6 892	9 894	16 786	17 282	20 293	37 575
Diseases of the Eye												
Cataracts	17	11	28	10	6	16	228	241	469	255	258	513
All other eye diseases	1 747	1 648	3 395	951	886	1 837	2 189	2 631	4 720	4 787	5 165	9 952
Skin diseases												
Chicken pox	335	327	662	448	468	916	586	642	1 228	1 369	1 437	2 806
Herpes Zoster	8	16	24	52	60	112	854	1 040	1 894	914	1 116	2 030
Scabies	1 627	1 675	3 292	1 005	902	1 907	652	1 153	1 705	3 284	3 730	7 014
Other forms of skin dis.	6 479	6 007	12 486	3 181	3 287	6 468	6 067	7 510	13 577	15 727	16 804	32 531
Injuries												
Burns and Scalds	703	703	1 406	317	284	601	476	504	980	1 494	1 491	2 985
Other Injuries	1 624	1 428	3 052	2 017	1 450	3 467	5 088	4 013	9 101	8 729	6 891	15 620
Sexually Transmitted Infections (STI)												
Urethral Discharge	7	12	19	2	16	18	4 105	7 106	11 211	4 114	7 134	11 248
Genital Ulcers	3	0	3	3	2	5	1 870	1 948	3 818	1 876	1 950	3 826
Conjunctivitis	366	349	715	0	0	0	0	0	0	366	349	715
Pelvic Inflammatory Dis.	0	0	0	0	1	1	0	2 972	2 972	0	2 972	2 972
Other forms	7	5	12	1	3	4	1 385	1 553	2 938	1 393	1 561	4 331

Chronic Diseases

A total of 6 332 chronic patients were in the registers of chronic patients kept by all the City clinics in 2008 compared to 6 573 who were in the registers in 2007 a decrease of 3.8%. In 2007 there was a decrease of patients in the register by 15.2% compared to 2006. The number of patients in register continues to decrease, maybe due to the unavailability of chronic drugs at our clinics. Clinics have experienced a severe shortage of these drugs. There were 55 076 repeat visits in 2008 compared to 47 527 made in 2007 an increase of 15.8%. The increase could be due to the fact that patients kept on coming to the clinic booking to get drugs which were always unavailable.

Table 53: Top five conditions seen in 2008 compared to 2007

Condition	2008 Attendances	2007 Attendances	% Increase/ Decrease
Hypertension	39 724	46 322	-14.2
Diabetes	4 300	5 712	-24.7
Asthma	5 118	5 448	-6.05
Epilepsy	2 080	2 101	-0.9

Table 53 shows some reduction in all the conditions, this was caused by the shortage of chronic drugs in all clinics in the city as previously stated.

TB HIV/AIDS

There were 5 796 HIV/AIDS related patients in the register and 6 137 TB patients in the register in December 2008 compared to 4 485 patients in the register in December 2007 for both HIV/AIDS related and Tuberculosis. There was a slight decrease of 22.6%.

There were 15 441 defaulters in 2008 compared to 12 106 defaulters recorded in 2007 an increase of 27.5%.

Psychiatric Services

There were 293 psychiatry patients in register in December 2008 compared to 209 who were in the register in 2007. A total of 91 new psychiatry patients and 1 917 treated in 2008 compared to 57 new patients and 2 185 repeat visit a decrease of 37.3% and an increase of 13.9% respectively.

There were 569 defaulters in 2008 compared to 1 279 in 2007 resulting in 304 being struck off the register. The decrease in repeat visits could have been prompted by shortage of drugs for psychiatry conditions. Psychiatry drugs were completely out of stock in most clinics and patients ended up buying their drugs from private pharmacies or from the central hospitals.

MUNICIPAL MATERNITY UNITS

- **Attendances**
- **Transfers**
- **Deliveries**
- **Maternal Death**
- **Still birth**
- **Post Natal Examination**
- **Liaison meetings**

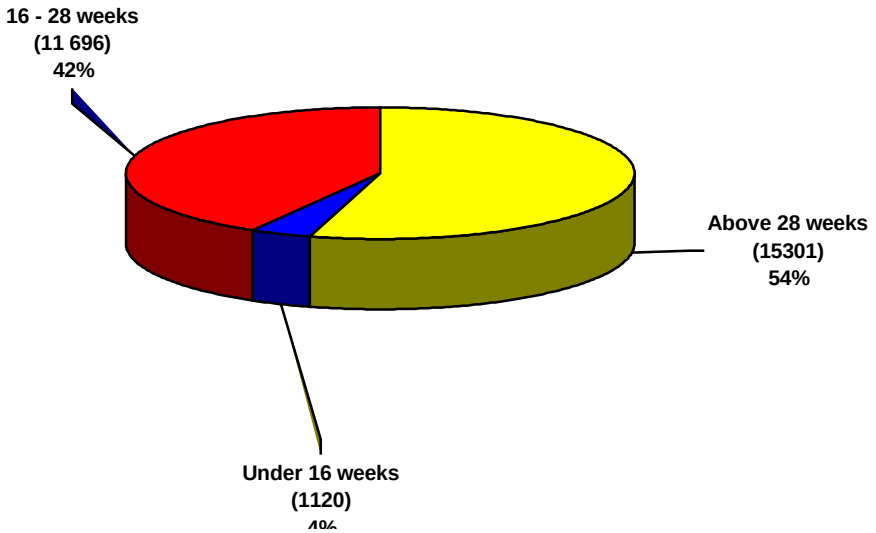
Attendances for antenatal clinic

A total of 28 117 pregnant women were booked with the city clinics for antenatal care in year 2008 compared to 30 508 who attended for antenatal care in 2007 a decrease of 7.8%. This marked decrease could be because the maternity fees still remained unaffordable to most residents.

Table 54: Booking by district and figure 1 shows booking by weeks of gestation

DISTRICT	2007			2006		
	<16 Weeks Early	>16 Weeks Late	% Early Bookers	<16 Weeks Early	>16 Weeks late	% Early Bookers
Central	12	311	3.7	18	307	5.5
Northern	120	2 099	5.4	111	2 017	5.2
Eastern	220	2 938	7.0	238	3 091	7.1
South Eastern	45	1 019	4.2	69	1 027	6.2
Southern	75	3 757	2.0	154	3 531	4.2
South Western	193	3 670	5.0	190	4 171	4.4
West South West	95	4 900	1.9	184	5 903	3.0
Western	204	5 277	3.7	255	5 610	4.3
North Western	156	3 026	4.9	204	3 428	5.6
Total	1 120	26 997	4.0	1 423	29 085	4.9

Figure 1



Antenatal Transfers

A total of 2 130 were mothers transferred for antenatal care in 2008 compared to 3 049 who were transferred in 2007. The percentage of transfers to total ANC attendance was 2.8% in 2008 as opposed to 3.2% in 2007.

Table 55: Bookings, ANC attendances and transfers for 2008 and 2007

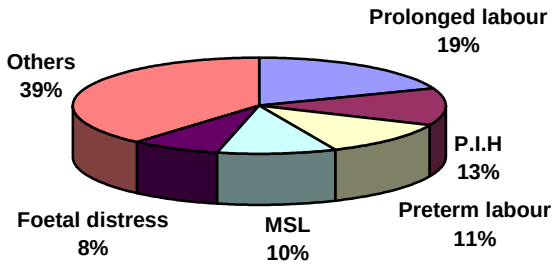
DISTRICT/CLINIC	2008					2007		
	Bookings	Attendances	Transfers	% TF Bookings	Bookings	Attendances	Transfers	% TF Bookings
Central								
Parirenyatwa	323	634	67	7.0	325	880	40	12.3
Northern								
Highlands	251	757	29	2.9	216	502	26	12.0
Borrowdale	254	614	29	3.3	245	642	37	15.1
Mt Pleasant	476	1 061	69	4.5	435	1 340	97	22.3
Hatcliffe	1 238	2 558	57	1.5	1 232	2 798	78	6.3
Total	2 219	4 990	184	2.6	2 128	5 284	238	11,2
Eastern								
Mabvuku	2 097	3 706	102	1.0	2 192	3 987	178	8.1
Tafara	327	593	41	4.5	539	1 113	48	8.9
Greendale	382	858	90	7.3	317	795	84	26.5
Eastlea	352	543	89	9.9	281	624	77	27.4
Total	3 158	5 700	322	3.6	3 329	6 519	387	11.6
South Eastern								
Hatfield	611	1 415	122	6.0	707	1 599	150	2.2
Braeside	453	973	50	3.5	389	1 160	14	3.6
Total	1 064	2 388	172	5.0	1 096	2 759	164	14.9
Southern								
Edith Opperman	2 911	3 474	128	2.0	2 638	5 905	196	7.4
Sunningdale	538	826	47	3.4	671	1 473	90	13.4
Waterfalls	383	336	15	2.1	376	772	26	6.9
Total	3 832	4 636	190	2.2	3 685	8 150	312	8.5
South Western								
Highfield	1 563	4 575	85	1.4	1 726	3 485	222	12.9
Rutsanana	2 300	3 299	76	1.4	2 635	5 479	154	5.8
Total	3 863	7 874	161	1.4	4 361	8 964	376	8.6
West South West								
Glen view	1 639	2 495	94	1.8	2 201	3 848	200	9.1
Budiriro	1 753	1 898	157	4.3	2 320	3 234	249	10.7
Mufakose	1 603	3 106	136	2.9	1 566	3 711	164	10.5
Total	4 995	7 499	387	3.1	6 087	10 773	613	10.1
Western								
Warren Park	1 773	3 530	137	2.6	1 464	2 767	115	7.9
Kuwadzana	2 592	3 252	63	1.1	3 192	6 994	262	8.2
Kambuzuma	1 116	2 895	63	1.6	1 209	2 784	121	10.0
Total	5 481	9 677	263	1.7	5 865	12 245	498	8,5
North Western								
Avondale	173	456	15	2.4	245	509	30	12.3
Marlborough	546	1 171	79	4.6	531	1 197	78	14.7
Mabelreign	483	930	50	3.5	424	951	53	12.5
Rujeko	1 681	2 425	197	4.3	2 089	4 782	223	10.7
Belvedere	299	871	43	3.7	345	992	37	10.7
Total	3 182	5 853	384	4.3	3 632	8 431	421	11.6
Grand Total	28 117	49 251	2 130	2.8	30 508	64 025	3049	10.0

KEY: TF =Transfers

Admissions in labour, deliveries and transfers

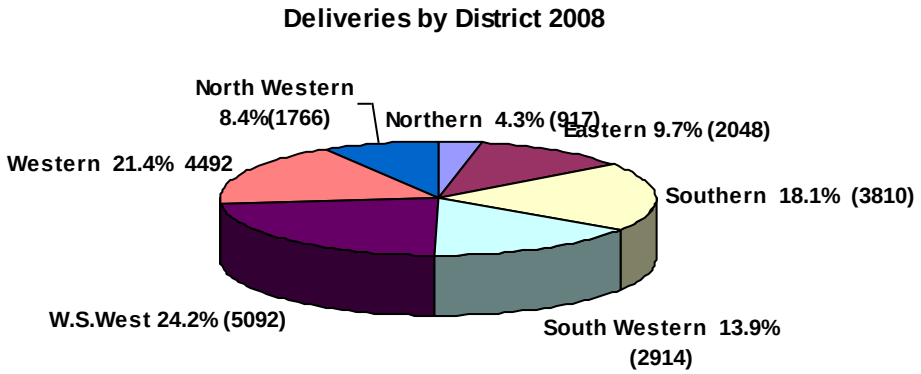
A total of 26 808 pregnant women were admitted in labour at the city's 12 maternity units in 2008 compared to 26 557 who were admitted in 2007 a slight increase of 1,0% compared to 2007 admissions. In 2008, 4 523 of the admissions were transferred to next level of care and in 2007 a total of 5 518 were transferred. This means most of the clients were managed at the local level.

The five main reasons for transfers in labour are given below:-



Deliveries

A total of 22 285 deliveries were conducted at the city's maternity units in 2008 compared to 21 039 conducted in 2007, an increase in deliveries of 5.9%. This shows that the city clinics are now the preferred maternity units by the community because of good client care and affordable maternity fees that encompass the mother baby package up to 6 weeks.
Figure 11



West South West district had the highest number of deliveries followed by Western District, Edith Opperman was the single maternity unit that had a figure above 3 000 deliveries.

Table 56: Deliveries for 2008 and 2007 by district and clinics

District	2008			2007			% Increase/Decrease
	Booked	Unbooked	Total	Booked	Unbooked	Total	
Northern							
Hatcliffe	860	92	952	812	105	917	3.8
Eastern							
Mabvuku	2 135	113	2 248	1 906	142	2 048	9.8
Total	2 135	113	2 248	1 906	142	2 048	9.8
Southern							
Edith Opperman	3 127	594	3 721	3 277	533	3 810	- 2.3
Total	3 127	594	3 721	3 277	533	3 810	- 2.3
South Western							
Highfield	1 018	167	1 185	1 175	121	1 296	-8.6
Rutsanana	1 687	310	1 997	1 438	180	1 618	2.3
Total	2 705	477	3 182	2 613	301	2 914	9.2
West South West							
Glen view	1 454	644	2 098	1517	235	1 752	19.7
Budiriro	1 532	574	2 106	1 708	473	2 181	-3.4
Mufakose	1 117	174	1 291	1 047	112	1 159	11.4
Total	4 103	1 392	5 495	4 072	820	5 092	

District	2008			2007			% Increase/Decrease
	Booked	Unbooked	Total	Booked	Unbooked	Total	
Western							
Warren Park	1 442	133	1 575	809	71	880	79.0
Kuwadzana	2 168	434	2 602	2 526	398	2 924	-11.0
Kambuzuma	777	57	824	624	64	688	21.2
Total	4 387	624	5 011	3 959	533	4 492	11.6
North Western							
Rujeko	1 491	185	1 676	1 553	213	1 766	-5.1
Total	1 491	185	1 676	1 553	213	1 766	-5.1
Grand Total	18 808	3 477	22 285	18 392	2 647	21 039	5.9

Born Before Arrival (BBA)

There was a total of 1 731 BBAs of which 1 115 were booked and 616 were unbooked.

Maternal death

There were no maternal deaths recorded in 2008 compared to 3 recorded in 2007.

Stillbirth by Booking

Table 57: Stillbirths by booking status

STILL BIRTHS	2008				2007			
	Booked	Unbooked	Total	SB Rate Per 1000	Booked	Unbooked	Total	SB Rate Per 1000
Fresh	85	13	98	4.4	22	6	28	1.3
Macerated	63	27	90	4.0	36	27	63	3.0
Fresh (BBA)	8	4	12	3.0	7	5	12	8
Macerated (BBA)	1	1	2	1.2	4	5	9	6
Total	157	45	202	8.4	57	55	112	4.9

The still birth rate was 8.4 per 1000 in 2008 and 4.9 per 1000 in 2007.

Neonatal death

There was a total of 80 neonatal deaths, 58 were from booked deliveries and 22 were from unbooked deliveries. This is an increase in neonatal deaths and the rate also increased to 3.3 per 1000 from 2.1 per 1000 in 2007.

Post Natal Attendances

A total of 8 003 women attended for post natal check up in 2008 a 31.7% decrease compared to 11 722 who attended in 2007.

Table 58: Post Natal Attendances 2008 vs 2007

POSTNATAL CHECK UP	2008			2007			Percent Increase/ Decrease
	City Booked Patients	Booked with other Institutions	Total	City Booked Patients	Booked with other Institutions	Total	
Total	6 459	1 544	8 003	9 130	2 590	11 722	-31.7

CHAPTER V

NUTRITION

- Nutrition Unit
- Assessment of Nutritional Status
- Kwashiorkor and Pellagra
- Community Based Management of Acute Malnutrition (CMAM)
- Vitamin A supplementation
- Dietetic Services
- Low birth weight
- Nutrition Surveillance Through Growth Monitoring
- Micronutrient Survey
- Targeted Feeding Programme
- Baby Friendly Hospital/Health Centre Initiative
- Integrated Infant and young Child Feeding A Counselling Course
- World Breastfeeding Week
- World Food Day

"To live a life without malnutrition is a fundamental human right. The persistence of malnutrition especially among children and mothers, in this World of plenty is immoral. Nutrition improvement anywhere in the World is not charity but societal and individual right." Nutrition scientists were mandated to find effective ways to promote investment for better livelihoods and relief from social and economic burdens linked to malnutrition in all its forms. (IUNS 2005)

INTRODUCTION

The overall goal of the nutrition unit remains that of improving the nutritional status of people of the City of Harare. The unit's aims were to: -

- **prevent malnutrition and nutritionally associated illnesses**
- **prevent micronutrient deficiencies**
- **Provide the needy and vulnerable groups with appropriate supplementary feeding.**
- **Coordinate therapeutic feeding programmes for malnourished children**
- **promote, protect and support breastfeeding**
- **To provide our clients with relevant nutrition education information to be able to make informed choices.**

The data on nutritional status continued to yield very useful information, which the department uses for planning purposes.

Preliminary results from the nutrition sentinel surveillance monitoring and micronutrient survey conducted in November 2008 demonstrated that:

- **A standard food basket is beyond the reach of most families in Harare.**
- **There was an acute shortage of safe drinking water for families in most high density suburbs.**
- **Child-headed households and children coming from households where a member was chronically ill were at risk of being malnourished.**
- **There was a general deterioration in nutritional status amongst grade 1 pupils.**
- **Chronic malnutrition or stunting increased during the year.**

- **The proportion of well-nourished pupils had decreased significantly throughout the year, and on all indicators.**
- **For the fourth year running, growth monitoring figures decreased and this year by over 20%.**
- **Under fives found to be nutritionally at risk (loosing weight and static weight) also increased.**
- **The number of pellagra cases almost doubled.**
- **The prevalence of LBW increased throughout the City.**
- **The number of orphaned children who needed assistance continued to increase each year.**
- **Vitamin A coverage for the postnatal mothers also increased significantly during the year.**
- **Over 200 children had been recruited to the CMAM therapeutic programme by the end of the year.**
- **The 2008 Breastfeeding week theme was "*Mother Support going for Gold" Everyone Wins. This National event was commemorated at Budiriro Clinic.***

The nutrition unit conducted several workshops and trained health workers in relevant nutrition topics and continued to update other health personnel on current issues relating to nutrition.

ASSESSMENT OF NUTRITIONAL STATUS

Yearly the nutritional well being of individuals continues to be a key objective in human development and remained at the helm of our development strategies, plans and priorities.

We continued to use the most commonly accepted indicators of nutritional status based on the age, sex, weight and height of the children. From this data, indicators were derived for stunting (low height for age), wasting (low weight for height) and underweight (low weight for age).

SAMPLE

The nutritional status of those pupils present on the day of surveillance was assessed. Grade 1 data was collected during 1st term, but grade 7 and 3 data which should have been collected during the 2nd and 3rd term respectively was only collected at a few areas due to critical shortages of staff at some of the clinics. Weights and heights of 13 630 pupils from 71out of 84 high-density schools in the City of Harare (Table 1) were measured during year 2008. Of these, 49.8% were males and 50.2% females with ages ranging from 5 years to 8 years. Pupils whose dates of birth were missing were only assessed on the weight-for-height index but excluded from both the height-for-age and weight-for-age indicators.

The number of pupils with dates of birth missing fluctuates from year to year. 597 males and 556 female grade 1 pupils had their dates of birth missing in 2008.

Pupils whose heights exceeded 145 cm for the boys and 137 cm for the girls were also excluded from the weight-for-height index. Most of the pupils were in the range.

Table 59: Distribution of Primary Schools where Assessment of Nutritional Status was carried out by Area, and Pupils Assessed in 2008

Area	No. of Schools	Grade 1
Budiriro	5	1169
Dzivarasekwa	7(4)	777
Glen Norah	8	1 498
Glen View	9(6)	1 438
Hatcliffe	2	431
Highfield	11	1 935
Kambuzuma	5	705
Kuwadzana	8(4)	1 186
Mabvuku	4	663
Mbare	8(6)	909
Mufakose	9	1 608
Southerton & Lochinvar	2	326
Sunningdale	2(0)	0
Tafara	5	990
Warren Park	9(0)	0
Total	71	13 630

RESULTS

Table 60: Percentile Distribution for Height-for-Age, Weight-for-Height and Weight-for-Age for all Pupils Assessed

Percentile	Height-for-Age			Weight-for-Height			Weight-for-Age		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
	%	%	%	%	%	%	%	%	%
Below 3rd	12.6	7.4	10..0	5.8	7.2	6.5	11.3	6.6	9.0
3 - 10th	15.0	12.4	13.7	11.0	11.1	11.5	18.8	15.7	17.3
10th - 90th	68.3	75.3	71.8	80.9	79.8	80.0	68.5	76.1	72.3
Above 90th	4.1	4.9	4.5	2.3	2.0	2.2	1.5	1.7	1.6
Above 97th	1.7	1.8	1.8	0.6	0.8	0.7	0.3	0.5	0.4
Total	6 194	6 246	12 440	6 776	6 795	13 571	6 200	6 255	12 455

The distribution of weights and heights for grade one pupils assessed is given in Table 2, and graphically illustrated in Figures I, II, and III.

In 2008 there was a general deterioration in nutritional status on all the indicators, height for age (HFA), weight for height (WFH), and weight for age (WFA), comparing to the previous year. The proportions of well nourished pupils (10th - 90th Centile) were also reduced on all indicators.

Fig I: Height for Age Distribution
Boys = 6 194 Girls = 6 246

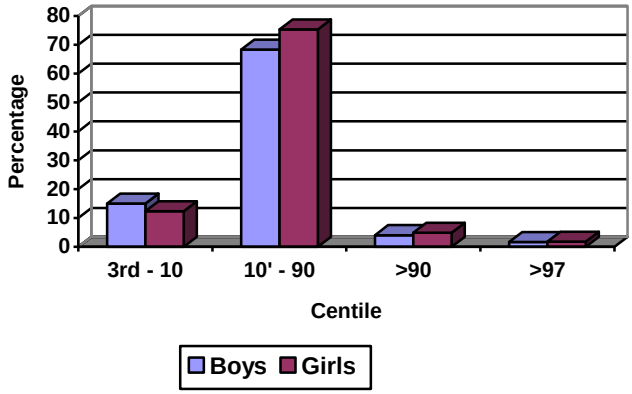


Fig II: Weight for Height Distribution
Boys = 6 776 Girls = 6 795

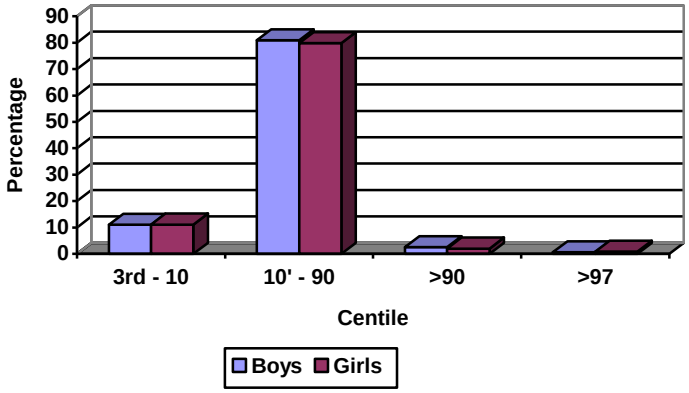
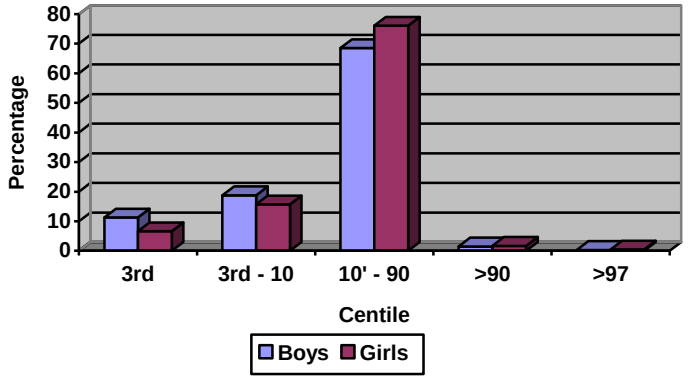


Fig III: Weight for Age Distribution
Boys = 6 200 Girls = 6 255



On the height for age index the proportion of pupils whose heights fell below the 3rd centile increased from 11.7% to 12.6% in 2008 for the males, and on the WFH index there was also a deterioration for girls from 6.5% in 2007 to 7.2% in 2008.

There was also a noticeable decrease in children whose heights were above the 90th Centile. (HFA >90th Centile) 2.5% to 1.7% for the boys and 3.8% to 1.8% for the girls.

Likewise both boys and girls those whose WFH indices were above the 90th centile decreased from 1.4% to 0.6% for the boys and from 2.6% to 0.8% for the girls.

Stunting: (HFA<-2SD) or (Low Height-for-age)

Stunting among school going children reflects the levels of chronic under nutrition in a community. Table 3 gives the overall prevalence of stunting using <-2SD (HFA) as a cut-off-point for all children assessed.

Table 61: Prevalence of Stunting and Wasting using <- 2SD as cut- off-points for all pupils assessed

	Males	Females	Total
	%	%	%
Height-for-Age	10.6	6.2	8.4
Weight-for-Height	4.5	6.0	5.3
Weight-for-Age	8.9	5.0	7.0

Of the 12 440 grade 1 pupils assessed on the HFA indicator during 2008, 8.4% were stunted with the boys (10.6) worse off than the girls (6.2%), Table 62.

Table 61 gives the prevalence of stunting for the whole City for the grade one pupils. More than 1 in 10 male pupils from Hatcliffe (15.3%), Kuwadzana (12.6%), Mbare (13.4%), Dzivarasekwa (15.5%), Mabvuku (12.5%). Tafara was the only area with more than a 1 in 5 pupils, both boys (27.5%) and Girls (20.7%) stunted. Figure IV illustrates the increase of stunting in Harare over the past 4 years amongst pupils at entry point.

Fig IV: Stunting for Grade 1 Pupils in Harare
% Height for Age <-2SD by Sex

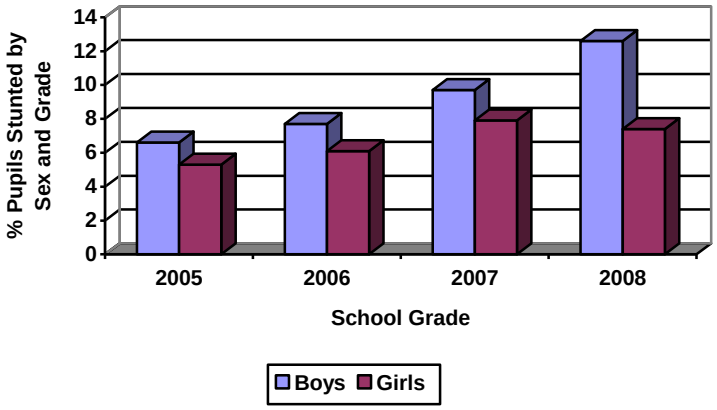
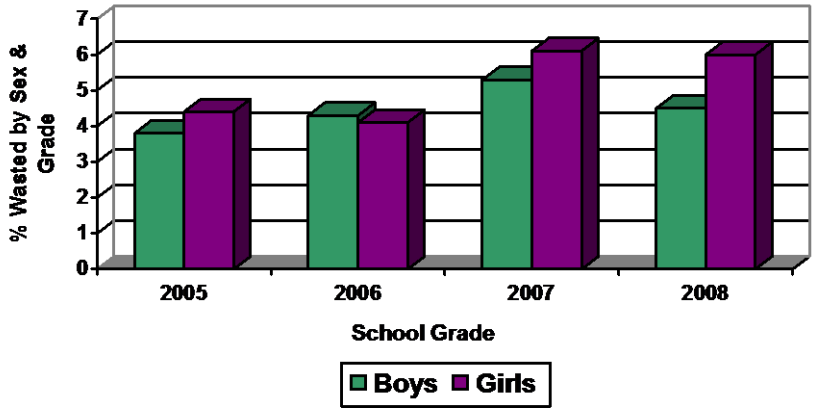


Table 62: Prevalence of Stunting (Height-For-Age <- 2SD) by Sex, and Area

Area	Grade 1	
	Male	Female
Height-For-Age	%	%
Budiriro	8.8	6.9
Dzivarasekwa	15.4	8.0
Glen Norah	6.2	2.5
Glen View	8.6	5.8
Hatcliffe	15.3	6.5
Highfield	6.4	3.3
Kambuzuma	7.1	1.2
Kuwadzana	12.6	7.3
Mabvuku	12.5	5.7
Mbare	13.4	7.6

Fig V: Wasting for Grade 1 Pupils in Harare
% Weight for Height <-2SD



Mufakose	7.0	5.6
Southerton & Lochinvar	3.8	1.2
Sunningdale	*	*
Tafara	27.4	20.7
Warren Park	*	*

*** Indicates data missing**

Table 63: Prevalence of Wasting (Weight-For-Height <- 2SD) Sex and Area

Area	Grade 1	
	Male	Female
Weight-For-Height	%	%
Budiriro	2.5	3.0
Dzivarasekwa	0.5	0.8
Glen Norah	6.7	16.8
Glen View	2.6	2.1
Hatcliffe	1.9	0.5
Highfield	7.8	9.2
Kambuzuma	7.7	2.1
Kuwadzana	4.1	4.9
Mabvuku	7.5	8.1
Mbare	0.5	0.0
Mufakose	7.1	10.8
Southerton & Lochinvar	1.3	3.0
Sunningdale	*	*
Tafara	0.8	1.7
TOTAL	4.5	6.0

WASTING: (WFH <- 2SD) or (Low Weight-For-Height)

Wasting amongst primary school children reflects the level of acute under nutrition in a community. A total of 13 571 grade 1 pupils were assessed on the weight-for-height index. Overall 5.3% of these pupils were wasted with the females (6.0%) worse off than the males (4.5%), (Table 63).

More than 1 in 10 girls from Mufakose and Glen Norah were wasted, at entry point (grade 1).

Discussion

- **Similar to previous years the nutritional status of Harare's high-density areas primary school pupils deteriorated throughout the City in 2008.**
- **Chronic malnutrition or stunting increased.**
- **Similar to previous years the boys were as a whole worse off than girls on chronic malnutrition.**
- **Distinct area differences remained quite apparent.**

The findings from these visits continue to point to the effect of the worsening economic situation being felt throughout the country by the majority of Zimbabweans. Most of the malnourished children were from deprived needy homes; some were from ex squatter and holder camps with numerous problems, where food was generally in short supply. Results from sentinel surveillance indicated that the child headed households were generally worse off nutritionally.

NUTRITION REHABILITATION

Severe Cases of Malnutrition

Severe cases of kwashiorkor continued to be managed at Harare and Parirenyatwa Hospitals before being discharged back to our clinics for follow up care. The therapeutic feeding programme at Harare Hospital was operational, and the city handled many discharged cases on the out patient programme.

The Community Based Nutrition Care programme (CBNCP)

The City of Harare CBNCP programme was launched in 2007, and in 2008 the name changed to community based management of acute malnutrition (CMAM)

The programme was introduced in the City to try and address the growing numbers of malnourished children before they deteriorated to full blown kwashiorkor. The two paediatric hospitals were overcrowded, there was increased cross infection and some mothers were unwilling to stay in hospital with malnourished children for the stipulated long periods.

The aims of the CIMAM programme are:

- **To decentralise treatment of malnourished children.**
- **To provide a revised screening and admission criteria (based on new classification of acute malnutrition) using the mid –upper- arm- circumference (MUAC).**
- **To make sure that hospitalisation was only for children with medical complications requiring stabilisation.**

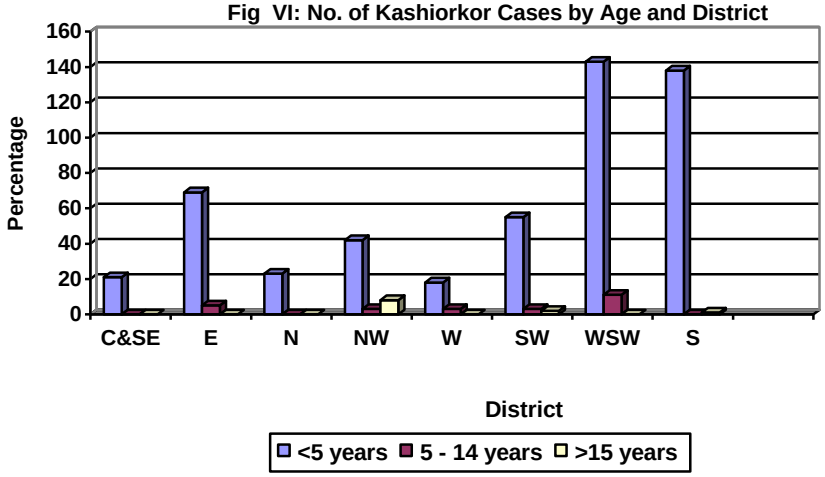
Commodities used in the CMAM

The ready to use food (RUTF) in the form of plumpy nut is used in this programme. RUTF invented in the 1990s is a peanut butter based food specifically designed to treat severe malnutrition without complications. It is an oil –based food containing little water (which makes it microbiologically safe), which can keep for several months in simple packaging and can be eaten raw. It contains most important micronutrients and comes in 92g sachets.

Areas of operation

CIMAM for Harare City started in June 2007 and up to the end of year was operational in 4 districts.

Fig VI: No. of Kashiorkor Cases by Age and District



- **Southern District** **Mbare Poly and Hopley Clinic**
- **Northern District** **Hatcliffe Poly Clinic**
- **North Western District** **Dzivarasekwa Poly Clinic**
- **Eastern District** **Mabvuku Satellite Clinic**

Table 64: No of children recruited to the CMAM by area 2008

CLINIC	TOTAL ADMITTED	NO DISCHARGED	NO IN PROGRAMME BY YEAR END
Rujeko	88	73	14
Mbare	55	55	0
Mabvuku	141	139	02
Hatcliffe	20	5	15
Total	296	272	31

By the end of December 2008, 88 children from Rujeko, 55 from Mbare, 20 from Hatcliffe and 14 from Mabvuku had been recruited to the programme.

The response had been overwhelming with many mothers keen to have their children recruited to the programme. The number of overt Kwashiorkor cases had reduced dramatically. Children recruited to the programme recovered well.

Kwashiorkor Cases

The number of Kwashiorkor cases attended to throughout the City clinics decreased by 6.0% during 2008 (545) compared to 580 in 2007. Similar to the previous years the majority 506 (92.8%) of these cases were under fives, 4.6% between 5-14 years and (2.0%) of the cases were above the age of five. The distribution of these cases by district is shown in Figure VI.

26% of the kwashiorkor cases were from the West South West, followed by the Southern (17%) and the South Western (14%). Similar to previous years, severe cases of kwashiorkor are sent to Central hospitals for stabilization before they are discharged back to our clinics for CMAM programme.

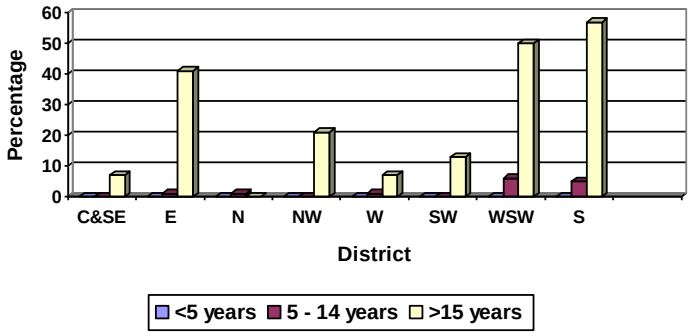
Pellagra Cases

Two hundred and ten (210) cases of Pellagra were attended to at our clinics throughout the year, showing an increase of 48.1% from 109 cases seen during 2007. Most (93.3.0%) of

these cases were over the age of 15, with only 14 (6.7%) cases between 5 and 14 years, and none of the cases were below the age of five.

Figure VII illustrates districts where these cases were reported from. 27.1% of these cases were from the Southern, followed by the West South West with 23.8% and 19.5% from the Eastern districts. Most pellagra cases in Harare were found in the surrounding squatter camps, along Mukuwisi and Marimba rivers, and from Hopley farm.

Fig VII: No. of Pellagra Cases by Age and District



VITAMIN A SUPPLEMENTATION

Vitamin A or retinal is an essential micronutrient for humans that the body cannot produce. It is a fat-soluble vitamin that is stored in the liver and helps with growth and development, protects the body against infections and reinforces the body's immunity. Vitamin A is necessary for the maintenance and reconstitution of certain tissues such as:

- **The conjunctiva, the cornea and certain retinal tissues of the eye**
- **The mucous membrane of the gastro-intestinal tract**
- **The lining of the bronchioles in the lungs**

Strategies for the control of Vitamin A Deficiency include:

- **Promotion of the production of Vitamin A rich foods**
- **Promotion of breastfeeding**
- **Nutrition education on the consumption of vitamin A rich foods**
- **Food fortification with Vitamin A and**
- **Supplementation with vitamin A capsules**

Following the micronutrient survey, Vitamin A supplementation was embarked upon as a national strategy in 2003.

Supplementation:
Nationally, all children (0 to 71 months) and lactating women (soon after delivery) were targeted for supplementation during 2007. The children were supplemented at 6 months intervals.

Dosage:

Non Breasted Infants	**0 to 5 months**	**50 000 IU orally every 6 months**
Infants	**6 to 11 months**	**100 000 IU orally every 6 months**
Children	**12 to 71 months**	**200 000 IU orally every 6 months**
Mothers	**post partum – lactating**	**200 000 IU orally once soon after delivery**

The City Health Department continued to offer Vitamin A supplementation throughout the year and during the NIDs and child health days held.

Table 65 gives Vitamin A supplementation for children below 6 years throughout the City by District for 2008.

Table 65: Number of children given Vitamin A in units by Month,Age of the Child

MONTH	*AGE IN GROUP MONTHS AND UNITS OF VITAMIN A GIVEN*					
	0 – 5 (50 000 IU)	6 – 11 (100 000 IU)	12 – 23 (200 000 IU)	24 – 59 (200 000 IU)	60 – 71 (200 000 IU)	TOTAL
January	13	568	227	261	188	1 257
February	63	985	244	311	301	1 904
March	19	913	201	263	213	1 609
April	35	1 749	383	444	283	2 894
May	59	1 882	1 562	1 461	424	5 388
June	75	2 084	2 232	2 598	496	7 485
July	63	2 231	2 336	2 442	3 76	7 448
August	151	10 846	40064	27 877	667	79 605
September	11	1 200	507	494	266	2 478
October	10	1 117	302	398	239	2 066
November	12	933	449	446	180	2 020
December	63	792	331	304	103	1 593
TOTAL	574	25 300	48 838	37 299	3 736	115 747

One hundred and fifteen thousand seven hundred and forty-seven (115 747) doses of Vitamin A were given to under fives throughout the city during 2008. showing a decreased of 40.4% compared to the previous year.

Training on what vitamin "A" is, its role in children's health and the foods that provided the micronutrient and how vitamin A capsules were administered was intensified for all health workers in the city, including those from private clinics. Our gratitude continues to go to the Ministry of Health and Child Welfare and UNICEF for the timely supply of the appropriate doses of Vitamin A and teaching materials.

Table 66: Number of newly-Delivered-Mothers given Vitamin A (200 000 units) by Maternity Units and Month

AREA	JAN	FEB	MARCH	APRIL	MAY	JUNE	JULY	AUG	SEP	OCT	NOV	DEC	TOTAL
Budiriro	194	232	205	217	218	192	191	203	224	200	53	1	2 130
Edith opeman	304	387	338	345	288	317	318	310	324	294	403	398	4 022
Glen View	158	197	183	139	154	169	147	133	163	155	309	297	2 204
Hatcliffe	73	89	52	94	91	90	67	95	95	93	82	106	1 027
Highfield	99	122	90	83	94	126	115	102	114	122	135	141	1 023
Kambuzuma	84	61	64	63	67	56	56	0	64	86	82	85	600
Kuwadzana	233	204	267	280	255	224	204	195	168	245	192	228	2 258
Mabvuku	155	248	160	160	128	145	143	143	179	159	229	213	2 062
Mufakose	102	116	125	109	115	123	92	105	118	110	157	156	1 161
Rujeko	141	199	204	175	171	173	174	217	275	207	223	245	2 404
Rutsanana	174	187	232	175	172	190	162	180	210	166	204	219	1 768
Warren Park	127	95	77	127	115	127	146	125	168	80	179	168	1 532
Total	1844	2 137	1 997	1 967	1 868	1 932	1 815	1 808	2102	1 917	2 248	2257	23892

Vitamin A supplementation for postnatal mothers intensified throughout the city including the private clinics. Most mothers who delivered at our 12 maternity units and those who delivered at the named private clinics (Avenues Clinic, Baines Avenue Clinic, Belvedere Maternity, West End Clinics and other maternity Homes) were offered Vitamin A 200 000 units whilst still in-patients (to rule out giving large doses of Vitamin A to any woman who might be pregnant). In total 23 892 mothers who delivered at our 12 Maternity Units was each given Vitamin A supplementation before discharge?

DIETETIC SERVICES

Beatrice Road and Wilkins Hospitals

Closer liaison was maintained between the nutrition unit and the Hospital food Services Supervisors of Wilkins and Beatrice Road Hospital kitchens. Several meetings were held with senior kitchen staff and several improvements were noticed in the catering for patients. Meal times and the provision of snacks, which used to cause some problems, were adjusted so as to reduce the long gap that existed for patients without meals. The two hospitals continued to plate individual meals for the patients and were also implementing the National Hospital Food Services Guidelines.

Both Food Services Supervisors attended the 6 day Infant and Young Child Feeding (IYCF) Training Course in preparation of executing this programme at our two Hospitals.

LOW BIRTH WEIGHT (BIRTH WEIGHT BELOW 2.5 KG)

The overall prevalence of LBW in 2008 amongst babies delivered or attended to soon after delivery, at the City of Harare's 12 Maternity Clinics increased from 8.8% in 2007 to 9.1% in 2008.

Table 67: Prevalence of low birth weight (birth weight below 2.5 kg) by area and month

Area	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Tot
Budiriro	7.2	10.1	9.6	5.6	4.8	5.4	4.9	6.5	9.3	3.9	24.5	33.3	10.4
Edith Opperman	6.1	9.5	5.0	6.6	9.9	3.6	10.2	5.7	6.8	9.1	11.4	14.1	8.2
Glen View	15.8	7.7	9.4	6.5	9.7	10.3	9.1	6.5	5.7	8.5	10.4	15.5	9.6
Hatcliffe	16.7	7.8	3.7	1.2	11.4	9.8	7.5	16.5	13.3	2.3	19.1	8.0	9.8
Highfield	3.3	7.7	4.5	9.7	6.4	6.5	5.4	1.0	7.1	6.7	8.7	3.8	5.9
Kambuzuma	15.9	13.6	11.8	19.0	9.0	15.5	11.3	14.9	10.8	8.1	11.0	16.3	13.1
Kuwadzana	15.3	15.0	11.0	13.7	10.9	13.1	7.7	3.5	11.8	6.5	21.3	18.3	12.3
Mabvuku	8.5	7.2	7.6	6.7	9.3	7.2	8.9	4.4	9.5	9.4	4.3	12.8	8.0
Mufakose	5.8	9.8	5.6	4.7	11.2	13.6	5.7	19.8	12.3	18,2	12.7	8.9	10.7
Rujeko	9.8	6.7	5.8	5.1	10.5	6.9	5.7	3.4	3.5	6.8	6.4	10.3	6.8
Rutsanana	11.4	13.5	9.8	9.1	4.8	10.0	7.5	11.6	10.1	12.0	12.1	8.9	10.1
Warren Park	9.3	6.1	4.7	0.0	0.9	3.1	7.3	4.0	6.5	0.0	8.9	1.8	5.3
Total	10.1	9.6	7.7	7.3	8.4	7.8	7.7	7.1	8.5	7.8	11.2	12.3	9.1

Table 67 shows the prevalence of low birth weight by maternity center for the year. More than 1 in 10 babies delivered at Kambuzuma (13.1%), Kuwadzana (12.3%), Mufakose (10.7%), Budiriro (10.4%) and Rutsanana (10.1) were born LBW.

More than 1 in 10 babies delivered at Kambuzuma for 10 months and those delivered at Kuwadzana for 9 months were LBW. Similar to the previous year , more than 1 in 10 babies delivered at Rutsanana during 7 months of the year and those delivered at Mufakose for 6 months of the year were LBW.

The prevalence of LBW at Budiriro for November and December are only based on a few babies. The clinic was no longer offering Maternity services but was running as Cholera treatment centre.

Similar to previous years Warren Park and Highfield recorded low prevalences of LBW.

Of all the babies delivered (or attended to soon after delivery) at our maternity units, 7.7% of them (1 777) were Born Before Arrival (BBA), with 15.6% (278) of them being LBW.

Of the 887 babies delivered at our maternity units prematurely (born before 37 weeks gestation) 80.6% of them were LBW, and 1 011 (4.4%) were small for gestational age, or small for dates, indicating growth retardation during pregnancy, which could be associated with poor nutritional status during pregnancy.

NUTRITION SURVEILLANCE THROUGH GROWTH MONITORING:

A total of 516 262 weights were recorded at growth monitoring sessions throughout the city with 91.6% as re-attendances and 8.4% as new attendees, with 3.4% of these weights falling below the 3rd Centile.

Attendance for growth monitoring in 2008 decreased by 21.7% compared to 2007.
Overall 9.9% were found to be nutritionally at risk, with 6.2% losing weight and 3.7% static weight.

Table 68: Nutrition Surveillance by Age Group 2008

		0-5 Months	6-11 Months	12-23 Months	24-59 Months	Total
New attendances	No.	28 107	2 871	4 485	7 829	43292
Re-attendances	No.	132 069	124 902	118 932	97 067	472 970
Total (new + repeats)		160246	127 735	121 729	104 821	516 262
Gaining Weight	No.	128 709	113 003	100 123	83 985	425 820
	%	97.4	90.5	84.2	86.5	90.0
Static	No.	1 643	4 940	6 644	4 399	17 626
	%	1.2	4.0	5.6	4.5	3.7
Losing Weight	No.	1 717	6 959	12 165	8 683	29 524
	%	1.3	5.6	10.2	8.9	6.2
Above the line	No.	156 624	124337	117520	100 396	498 807
	%	97.7	97.3	96.5	95.8	96.6
Below the line	No.	3 622	3 436	5 897	4 500	17 455
	%	2.3	2.7	4.8	4.3	3.4
Born below 2.5 kg	No.	2 708	1 200	1 250	899	6 057
	%	1.7	0.9	1.0	0.9	1.2
Attending Nutrition Sessions	No.	661	1 983	3 408	2 673	8 725
	%	0.4	1.6	2.8	2.6	1.2

Fig VIII: Prevalence: Growth Faltering by Month 2008

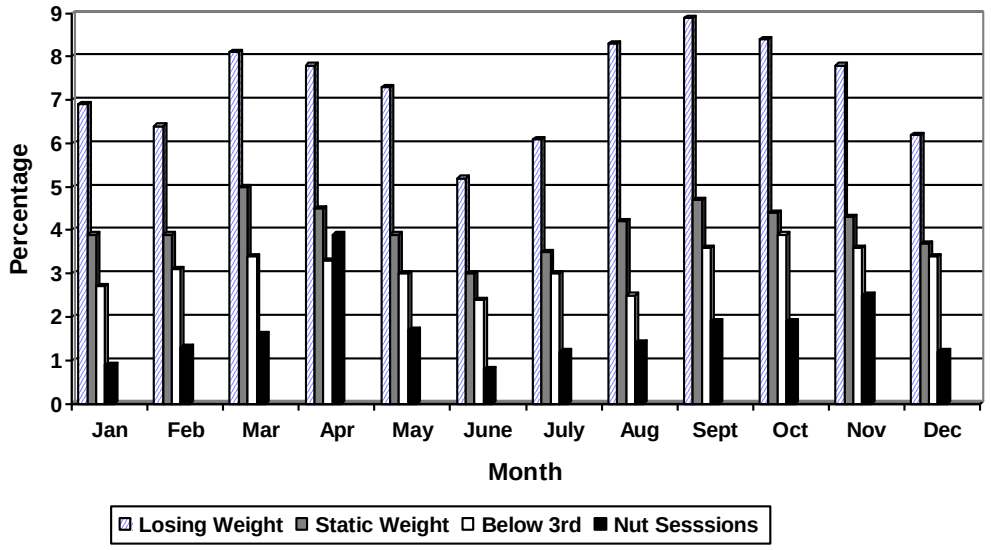
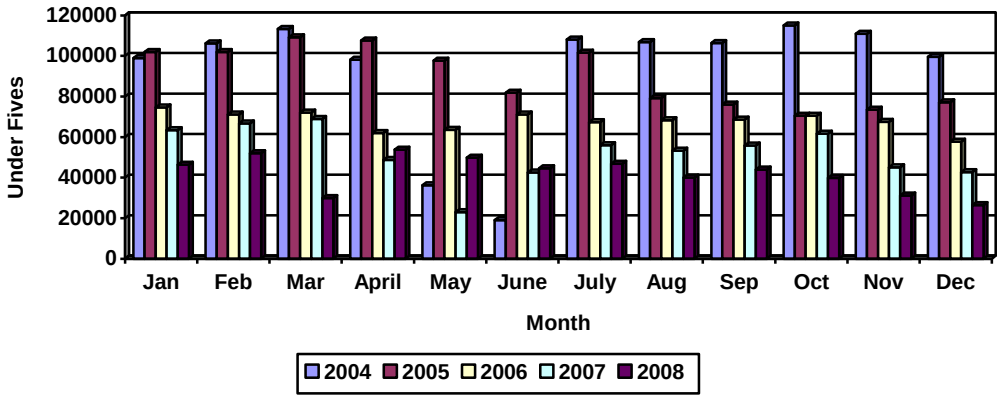


Figure VIII illustrates the overall growth faltering by month for 2008.

Demonstration nutrition sessions continued to be held throughout the City for children found to be nutritionally at risk and those on the CMAM programme. These sessions included nutrition education and demonstrations on the preparation of balanced diets utilizing the locally available, affordable foods.

Figure IX graphically shows monthly attendances for growth monitoring for the past five years. Attendance for growth monitoring decreased significantly throughout the year and was lowest comparing to other previous years.

Fig X: Growth Monitoring by Month Total Attendance



MICRONUTRIENT SURVEY AND SENTINNEL SURVEILLANCE 2008

- **In 2008 the food and nutrition sentinel site surveillance data collection exercises was combined with the 2008 micronutrient survey and analysis of the data is still ongoing. Samples of both blood and urine that were collected are also being analysed**

TARGETED CHILD SUPPLEMENTARY FEEDING SCHEME

The targeted feeding programme for children under the age of five, who were found growth faltering, which was started in Harare in March 2003, was suspended on May 7th 2005. The implementing partner for the City of Harare *HELP FROM GERMANY* still waits to recommence the programme.

***HELP FROM GERMANY* had erected structures at 10 clinics namely, Dzivaresekwa, Mabvuku Satellite, Kambuzuma, Warren Park, Kuwadzana, Rutsanana, Glen Norah Satellite, Highfield, Western Triangle, Glen View Poly which eased the congestion at most of these clinics.**

BABY FRIENDLY HOSPITAL INITIATIVE: (BFHI)

The BFHI was emphasized throughout the year. Several intensive workshops were held during which many City of Harare health workers (nurses, health promotion officers and nutritionists) were trained.

BREAST FEEDING COUNSELLING AND HIV/INFANT FEEDING COUNSELLING AN INTERGRATED COURSE:

Breastfeeding is the traditional practice accepted by most women which continues to be promoted and supported throughout the City.

The advent of HIV/AIDS continues to bring controversies in respect of the manner breastfeeding messages are delivered to the all mothers who use our health facilities. It has been proven that there are a proportion of HIV positive mothers who may p ass on the virus to their babies through breast-feeding. It is now imperative that women ought to be given the right information pertaining to this, and those who know their status offered support in whatever option pertaining to infant feeding they would have taken.

Yearly the City Health Department has intensified training Health workers who deal with pregnant and lactating women in Breastfeeding counseling and in the use of National Breastfeeding and HIV guidelines. The Infant and young feeding component was added to the course which becomes the integrated *INFANT AND YOUNG CHILD FEEDING:*

The main objectives of these courses were: -

- **To train health workers on breastfeeding counseling.**
- **To train health workers on HIV and infant feeding counseling.**
- **To train health workers on the use of the Zimbabwe HIV/AIDS and Infant feeding guidelines.**
- **To train health workers on the prevention of parent to child transmission (PPTCT) of HIV.**
- **To revise breastfeeding management concepts covered in the BFHI course.**

Similar to the previous year only one workshop which proved to be very beneficial was held for senior health personnel towards the end of year and was sponsored by Kapneck Trust.

WORLD BREASTFEEDING WEEK (1 – 7 AUGUST 2008)

2008 Theme: "MOTHER SUPPORT: GOING FOR GOLD" ***Everyone Wins: Mothers deserve and Need:***

- ***Empathetic Listening***
- ***Basic Accurate, and timely Information***
- ***Skilled and Practical Help***
- ***Encouragement***

The World Alliance for Breastfeeding Action (WABA) organizes the World Breastfeeding Week (WBW) annually as part of its global mobilization strategy to increase public awareness on the importance of breastfeeding. From August 1 – 7 each year, communities around the world campaign for the revival and maintenance of a culture of natural breastfeeding worldwide

The objectives of 2008 breastfeeding week theme were:

- **To expand awareness of the need for and the value of providing support to a breastfeeding mother**
- **To disseminate updated information about support for breastfeeding mothers**
- **To create optimal conditions for the provision of mother support in all CIRCLES OF SUPPORT**

Zimbabwe took several activities to commemorate the 2008 Breastfeeding week theme. Hospitals and maternity clinics were challenged throughout the country to celebrate the theme.

THE INNOCENTI DECLARATION OF 2005 CALLS FOR ALL PARTIES TO:

"Empower women in their own right and as mothers and providers of breastfeeding support and information to other women". So everyone wins".

Harare City graced the occasion by hosting this national event. The 2008 breastfeeding week theme was launched and commemorated at Budiriro Poly Clinic. Health institutions throughout the City and country wide converged at Budiriro Clinic where the road show concept was introduced.

THE WORLD FOOD DAY (16 OCTOBER 2006)

The City Health Nutrition Unit remains a member of National World Food committee, which annually directs the activities of the Zimbabwe National Programmes.

WORKSHOPS

The nutrition unit scheduled to conduct several workshops for different health workers in the department. We managed to run 2 BFHI, and one six day combined course on breastfeeding/lactation management and breastfeeding counselling / HIV/infant feeding counselling (IYCF) course for Sisters in charge.

Other topics covered for other cadre included Nutrition and HIV and Aids, Iodine Deficiency Disorders (IDD), growth monitoring and improving growth monitoring techniques, data collection, assessment of nutritional status, foods and their nutritive values, diets, and weaning diets. Nutrition surveillance tools were also included on the training schedule.

NEEDY AND ORPHANED CHILDREN

Similar to previous years, many orphaned babies and triplets presented at our clinics and were screened, but the department was only able to assist a few due to shortage of resources. The majority of these cases continue to come from very disadvantaged and destitute families. Although assistance was sought for such children, the numbers were becoming too high and most of them were referred to social services for assistance, which was never forthcoming. The number of orphaned children continues to increase throughout the City, most of which is due to the HIV/AIDS pandemic.

CONCLUSION

Yearly the nutritional status data continues to yield invaluable information, which was used for nutrition planning and intervention purposes.

For several years it has been demonstrated that areas with high prevalences of LBW also experienced high levels of chronic malnutrition (Mbare, Mufakose, Mabvuku, Rutsanana and Kuwadzana) exhibited high levels of chronic malnutrition.

- **Chronic malnutrition or stunting continues to increase during the year.**
- **Pellagra cases in the City almost doubled during 2008.**
- **The number of grade 1 pupils assessed in the city decreased.**
- **LBW also increased throughout the City.**
- **For the fifth year running figures for growth monitoring decreased and this was by 21.7% since 2007.**
- **Under fives found to be nutritionally at risk (loosing weight and static weight) increased.**

- **The number of orphaned children who needed assistance continued to increase each year.**
- **Almost 300 children were admitted to the CMAM programme for 2008.**
- **Vitamin A coverage for the postnatal mothers increased significantly during the year, with nearly all mothers who delivered at our centres being supplemented.**

Nutrition education remained at the centre of all nutrition unit's activities during the year. Special emphasis was placed on making communities cope with all nutritional problems by using the available resources. Several nutrition clinics were held especially for diabetics and hypertensive patients. Special emphasis was paid to counseling especially mothers with breastfeeding problems, on infant feeding choices and to mothers of babies who failed to thrive. Nutrition gardens were revived at some clinics and the produce of which was used for demonstration feeding sessions.

The nutrition unit would like to thank all the other units for working well with us throughout the year. Our gratitude also goes to our students (2nd and 3rd year students from the Institute of Food and Nutrition, at the UZ) who assist the unit in data analysis.

CHAPTER VI

HEALTH EDUCATION

INTRODUCTION

The main thrust of health promotion/health education is health communication which entails modification of human behaviour and environmental factors related to that behaviour which directly or indirectly promote health, prevent illness or protect individuals from harm. The main goal for 2008 was to deliver a comprehensive multidisciplinary health promotion service in order to educate Harare residents to be able to be responsible for their own health at home, work, school including the community at large.

It was a very challenging year for the section given the diverse number of programs, the harsh economic environment and situation, limited resources coupled with the outbreak of cholera in Harare. However it was pleasing to note that the health promotion officers, graphic artists and the health promoters (grass root workers) continued to work tirelessly to meet the set targets and accomplished the set organizational goals.

A recorded total of 2 150 120 residents benefited from different health promotion programmes carried out in Harare in 2008 as compared to 1,907,181 in 2007. There was an increase of 11% in 2008. This was due to the intensification of mass education, campaigns and door to door distribution of Non Food Items (NFIS) during the Cholera outbreak.

This report focuses on key result areas:

Identified operational key result areas emphasized were:

- **Capacity Building/Co-ordination of Health Promotion Programme.**
- **Prevention and control of disease outbreaks and all communicable diseases.**
- **Promotion of reproductive health including STI/HIV, AIDS and PMTCT.**
- **Prevention of child abuse and promotion of child rights and health.**
- **Promotion of Environmental Health.**
- **Promotion of quality care through advocacy and social mobilization on the clients' charter.**
- **Capacity Building**
- **Designing and development of information, education and communication (IEC) materials in all three local languages.**
- **Exhibitions**

I CAPACITY BUILDING

1.1 Co-ordination of all health programmes and activities

Health Education Topic Guide

The topic guide is a strategy which offers proactive information and education to groups and individuals attending clinics, hospitals and even community groups. The topic guide is developed and distributed by the health promotion section after needs identification of all the beneficiaries.
The following was the schedule of Health Education topics used for the year 2008:-

MONTH	TOPIC
January	**- Cholera** **- Control of Diarrhoeal Diseases** **- School Lunch Box Promotion** **- Mushroom poisoning** **- Bilharzia** **- Importance of early booking**
February	**- Sexually Transmitted Infections** **- Opportunistic Infections and Antiretroviral therapy** **- Malaria** **- Drowning**
March	**- Tuberculosis (World TB Day) commemorations** **- Skin conditions** **- VCT Services**
April	**- Expanded Programme on Immunisations** **- World Health Day commemorations** **- Child abuse** **- Stress**
May	**- Dog Bites** **- Reproductive Health** **- Acute Respiratory Infections** **- Snake Bites** **- Burns**
June	**- Day of the African Child commemorations** **- Drug and Alcohol Abuse commemorations** **- Child Health Days on Immunisations (Vitamin A and other antigens)** **- Scabies Career Guidance**
July	**- World Population Day commemorations** **- PMTCT** **- Measles** **- Hepatitis B** **- Nutrition in Pregnancy**
August	**- World Breast feeding Week** **- Oral Health Week** **- Agricultural Show Week (Theme)** **- Importance of Keeping records** **- Home Based Care**
September	**- Sanitation Week** **- Epilepsy week (21 – 26th)** **- Personal, Environmental Hygiene** **- Allergies** **- Cardiac Day**
October	**- Cancer Week (Breast Cervix and Prostate gland)** **- Mental Health Day** **- World Food day** **- Counselling Skills** **- Communication in the home**
November	**- World Diabetes Day** **- Gender Based Violence (16 Days of Activism)** **- 8 Killer Diseases** **- Budgeting** **- Career guidance** **- Adverse Events Following Immunisation**
December	**- HIV and AIDS Week** **- World AIDS Day** **- STIs** **- Opportunistic Infections** **- Support groups and ARVs** **- VCT Promotion**

ARI, STIs, HIV/AIDS and Tuberculosis education was continued through out the year, using every available strategy and opportunity.

Health Promoters gave same educational inputs in the communities.

Promotion of environmental hygiene and personal hygiene is done continuously.

In the event of outbreaks educational activities were scaled up.

1.2 DEPARTMENTAL CALENDAR

A calendar of in-service training was developed and distributed to all districts and units within the City Health Department. Most sections submitted their identified needs in order to capacitate their health workers. Health Education assisted where possible thereby fulfilling their co-ordinating role. This departmental calendar avoided duplication and fragmentation of training programmes in the City of Harare.

In-Service Training Programmes

Due to harsh economic environment few in-service trainings were carried out in the Districts. Four hundred and twenty-eight (428) Health Workers benefited from 54 sessions of training on different topics which were carried out in 2008. Topics covered were:

- **Child health days**
- **Counselling**
- **Malaria management**
- **Pentavalent vaccine**
- **Nutrition**

The impact of the in-service training programmes was revealed by continued better service delivery due to enhanced technical skills.

Staff Development

Health Promotion Staff was capacitated with technical skills, information and betterment on job performance by attending several workshops held both in City Health Department, Ministry of Health and Non-Governmental Organizations since they were the resource persons for training and planning of activities. Topics on which they benefited from were as follows:-

- **Feedback from the 17th HIV and AIDS Conference held in Mexico**
- **Gender and HIV**
- **PITC**
- **Child Counselling**
- **Malaria Management**
- **I.E.C development**
- **Editing of EPI manual**
- **Cholera**

The intensity of staff development in the section made the cadres very efficient and competent in their work.

(2) Prevention and control of communicable disease outbreaks

Watery diarrhoea outbreak was experienced in Mabvuku and Tafara at the beginning of the year. The diarrhea was controlled through intensive massive health education campaigns, public education and distribution of I.E.C materials on diarrhoea.

However in October another watery diarrhoea outbreak was experienced in the Western Suburbs, mainly Budiriro. Later on cholera was diagnosed. In response to the cholera outbreak Health Promotion section with other stakeholders participated vigorously in the prevention and control interventions. The main activities were on training of health workers, health promoters and community on prevention and control of Cholera. Campaigns were done using public address system, I.E.C material was distributed. House to house visits were done by Health Promoters whilst at the same time giving Aqua tabs and Cholera leaflets. Later on many NGOs joined to help with resources. Non Food Items (buckets, soap, Aqua tabs) were distributed. Participatory health and hygiene promotion was intensified. A programme targeting entry points like Mbare Bus Terminus, National Railways of Zimbabwe and Road Port were targeted by Health Promotion and I O M where intensive education on cholera was given to the travellers. In order to control and prevent cholera, rapid needs assessments were carried out quickly in order to assess knowledge on cholera, quality of drinking water, sewage situation, provision of drinking water, refuse disposal and hand washing.

The findings of these rapid assessments were as follows:-

- **Level of knowledge on cholera was very high, but behaviour change was a challenge. This contributed to high levels of morbidity and mortality and fear among communities.**
- **There was an increase in the movement of people.**
- **Unsafe water, inadequate sanitation.**
- **Funerals were identified as a major fuelling factor which was responsible for continued spread of cholera.**
- **Uncollected refuse and free flowing effluent and illegal vending contributed to the fuelling of cholera.**
- **Provision of Non Food Items was seen to promote hand washing.**

Recommendations were to rectify and intensify on cholera education. Many strategies were taken aboard i.e. Mai Chisamba show where cholera issues were discussed on TV, messages on cholera were inserted in mobile phones, drinking water from I.O.M was distributed with cholera messages, drama groups and road shows were intensified. Chlorination of water at water points was done. Several trainings on cholera issues were done for the health workers and volunteers.

A malaria workshop was held for the city health workers so as to be updated on New Malaria case Management guidelines. This has since been adopted in City Health Clinics. Awareness campaigns on Malaria are an ongoing programme in the communities. *One million and five hundred residents (1.5 million) benefited during the cholera outbreak*.

(3) Promotion of reproductive health including STI/HIV and AIDS and PMTCT

HIV and AIDS is more than just a medical problem as it brings with it a host of problems such as psychosocial issues at personal, interpersonal, family and social levels, because of this health promotion plays a vital role of disseminating information on HIV, AIDS, STI and PMTCT in schools, churches work places, industries, universities, colleges support groups, vendors, health workers and in the communities.

Trainings on HIV/AIDS, STIs were requested from different categories of the population, these were done by the section. Health Education acted as a resource centre. People who requested for facilitation, fliers, posters, brochures, refresher courses or needed research topics and counseling of staff were helped. Beneficiaries were 1 082.

Ministry of Health and Child Welfare in collaboration with City Health Education Officers carried out the following trainings:

*** In Mashonaland East and Central , 4 PITC workshops were held which benefited 120 health workers.**

*** In the regions**

- **1 Child Counselling workshop was held and benefited 60 Health Workers in the Northern region.**
- **1 Child Counselling workshop in Southern region benefited 60 Health Workers.**
- **1 Child Counselling workshop in Harare City benefited 60 Health Workers.**
- **1 Child Counselling workshop in Manicaland benefited 60 Health Workers.**

Primary Care Counsellors Programme

- **Health Promotion Officers to help with trainings were seconded. Beneficiaries were 20.**

Expanded Programme on Immunisation

- **Health Promotion Officers to help with training were seconded. Beneficiaries were 160.**

Nutrition

- **Health Promotion Officers to help with training were seconded.**

HIV and AIDS (District Integrated HIV and AIDS workshop) benefited 70 Trainers. This showed that each programme held, had a health promotion component hence it is the cornerstone of Primary Health Care. Total beneficiaries for the whole programme were 690.

(4) Prevention of Child Abuse and Promotion of Child Health and Child Rights

Children are the nation's window of hope hence promotion of health and prevention of diseases is a must. Schools and youth groups were mainly targeted with information on child health, child abuse and child rights. Health Promotion in partnership with NGOs like UNICEF distributed posters and brochures on child abuse. These were written as "STAND UP AND SPEAK OUT".

Childline was another organization which also promoted child health when they used the Toll Free Phones for the children to phone in highlighting their problems of abuse. In schools youth clubs were formed. Youth friendly corners were set up for all the youths.

Health information concerning their health in different districts of Harare were given. Youth Leaders, Teachers, Pastors are continually updated on current health issues by officers. Campaigns, dramas road shows and debates were some of the strategies used in schools, churches, colleges, work places and communities at large. Beneficiaries were 2,500.

(5) Promotion of Environmental Hygiene

Environmental hygiene promotions was an ongoing programme in the City of Harare. Our theme was "Harare Is Our City. Let us Keep it Free from Litter and Dumping." The key messages which we used were as follows:-

- **Do not dump rubbish anywhere in the City.**
- **Make money from your rubbish through recycling.**

Using the above messages promotion of hygiene was done at all levels i.e. in the home, at work places, churches, clinics, hospitals etc. We encouraged people to be clean all the time because "Cleanliness is next to Godliness." Literature on environmental hygiene (IEC) was distributed in the districts and city centre. Messages written on Bins "Do not throw litter everywhere". With the partnership of NGOs, campaigns were intensified on "Clean Up campaigns in the City of Harare. Several districts benefited from the above. Beneficiaries were 205 288.

6. Promotion of Quality Care through Advocacy and Social Mobilisation on the Client's Charter

This was done through promotion of quality care at our hospitals and clinics through good public relations which was defined as a deliberate, planned and sustained process of communication between health worker and the community for the purpose of maintaining or improving good relations with regards to mutual understanding, acceptance and co-operation during their day to day work. This was done through lectures, drama and of pasting on notices and clocking rooms. Use of patient's charter was encouraged. In the community, area health team meetings were done and these helped in that if the community had grievances they would have an opportunity to discuss the grievances with the health workers. Another strategy used was the use of suggestion boxes at clinic level. There was a notice written at Sister-in-charge's office that clients should not leave the clinics if they were not handled well. This improved the health worker client relationship. Where possible in-service workshops were held or on the job training and benefited 2 340 people.

(7) Partnership with key stakeholders in Health Promotion

Collaborative meetings, campaigns material production and health promotion programmes were held with various key stakeholders in health. Partners helped in sharing experiences, enhanced technical skills and provision of Non Food Items (NFIs). The partnership with other organizations strengthened the working relationship and helped promotion programmes whilst benefiting the community.

STAKEHOLDERS	ACTIVITIES
MSF	**. Prevention of cholera through provision of I.E.C materials and volunteers who manned water points.**
Ministry of Health and Child Welfare	**. Launch of Leprosy Day** **. World Health Day Launch** **. IEC material production on Diarrhoeal Diseases/Cholera** **. Production of manuals on Cholera** **. EPI Programme** **. Training of Malaria management**
I.O.M International Organisation for Migration	**. Travelers campaigns on entry points i.e. Mbare Musika, Road Port and National Railways Station.** **. Training of HBC Givers** **. Support of Volunteers** **. Cholera Leaflets and Posters.**
UNICEF	**. Information, Education and Communication Materials on Cholera** **. Supply of Non Food Items** **. Support of Health Promoters Programme** **. Surveys** **. Prevention of Child Abuse** **. Promotion of Child Health**
Musasa Project	**. Prevention of Domestic Violence**
Mashambanzou	**. Home based care training for Health Promoters**
Mavambo	**. Promotion of Child Rights and health**
Island Hospice	**. Training of Palliative Care and Counselling** **. Production of I.E.C materials**
National AIDS Council (NAC)	**. World AIDS Day launch** **. PAAC meetings** **. DAAC meetings** **. NAC workshops**
OXFAM	**. Campaigns on cholera** **. Provision of Non Food Items on Cholera** **. Cholera leaflets**
ZIMPRO	**. Campaigns on "Clean Up"** **. Campaigns on Cholera** **. Support of volunteers** **. Training of Health Promoters in Mbare Area**
World Health Organisation (WHO)	**. Training on Cholera CTC** **. Supply of Posters and leaflets on Cholera** **. Provision of other training materials**
Community Based Organizations	**. Psychosocial Support** **. Home Based Care Refresher Course for Health Promoters** **.Orphans and Vulnerable children programmes.**

EXHIBITIONS

The section represented City Health Department at the 2008 Harare Agricultural Show. The exhibition was a success. Eight thousand three hundred and two (8 302) people visited the stand.

STUDENT ATTACHMENT TO HEALTH EDUCATION

Four (4) students undertaking a Bachelor of Science degree in Health Promotion benefited from an attachment to the section. Students were assisted in coming up with a Social/Epidemiological behavioural, educational and policy diagnosis including presentations on communication skills, minimum message strategy and training methods. Students were assessed on their competence in lesson delivery.

Summary of all health promotion programmes

Table 69 showing health promotion efforts in 2008 and 2007:

KEY RESULT AREA	NO. OF BENEFICIARIES	
	2008	2007
Prevention and control of communicable diseases	1 500 000	1 490 407
Promotion of Reproductive Health/STIs, HIV and AIDS and PMTCT	111 690	77 309
Prevention of child abuse and promotion of child health and child rights	212 500	5 981
Promotion of Environmental health	205 288	320 486
Promotion of Quality Care through Advocacy and Social Mobilisation on Client's Charter	112 340	1 732
Exhibitions	8 302	8 631
Grand Total	20 150 128	1 907 181

There was a total of 2 150 128 residents who benefited from different health promotion programmes in 2008 as compared to 1 907 181 residents in 2007. There was an increase of 11% in 2008 which was probably due to many campaigns carried out towards end of 2008.

HEALTH PROMOTERS PROGRAMME

Health education is an essential and intrinsic part of prevention and health promotion hence the Health Promoters Programme continues to be the backbone of all community health promotion in Harare. These Health Promoters are grass root health workers who continue to do door to door health education activities. Harare has 240 health promoters who are operational. They report at their nearest clinics on daily basis for four days a week.

National Immunisation Days and Child Health Days

The health promoters managed to do extensive social mobilization for August 2008 immunisation activities. A documentary of health promoters doing drama and song on the immunization activities was shot at Mpedzanhamo People's market.

PMTCT Pretest Counselling

The Health Promoters continue to carry out Pretest counseling at Maternity units. This has improved the uptake of PMTCT programme in Harare.

Cholera

The cholera outbreak was experienced in most of the suburbs in Harare since September, Health Promoters were therefore found busy doing house to house education, community awareness campaigns, distribution of I.E.C materials. A number of partners were involved in the fight against Cholera. The partners worked with the health promoters during distribution of Non Food Items (NFIs are plastic buckets, soap, aqua tabs and water pumps). The health promoters helped with manning of water points and helped with health education inputs at the funerals, and at water points. They helped the section quite a lot, given the fact that there were only four officers in the section during Cholera outbreak.

Diabetes Mellitus

During the health Promoters house to house visits, they helped patients on home based care. Cases like diabetes mellitus, stroke and meningitis were common. They rendered the maximum support they could. They also partner with other community based organizations in the districts.

Leprosy

Dzivaresekwa health promoters participated at the launch of the Leprosy Day at Harare Hospital. They managed to do drama and songs on Leprosy theme. They left the crowd crying for more.

Environmental Health Promotion Hygiene

The Health Promoters in most high density suburbs were involved in clean up campaigns with partners or as a group. Most of the clean up campaigns were spearheaded by Oxfam/ZIMPRO. They also monitored hygiene at the MSF water purification wells and boreholes.

Burst Sewers and blockages

These are rampant in most high density areas. The problem of burst sewers and blockages got worse as the rains started and this resulted in an increase in diarrhoeal cases. Health Promoters were seen intensifying health education at household level. Blockages were reported to relevant departments.

Tuberculosis and HIV and AIDS

Health Promoters continued to do follow ups for TB patients and those on ART. They also mobilized the community for VCT and PMTCT. Pregnant Women were referred to clinics for early bookings and were informed about the PMTCT programme. TB patients were encouraged to be tested for HIV by the Health Promoters.

Unbooked Pregnancies

Unbooked pregnancies are now very few, maybe this can be attributed to the education they received during the door to door visits by Health Promoters and the campaigns or awareness programmes done in the communities. At some clinics group talks to antenatal mothers were carried out.

Child Abuse problems

The communities were taught about all forms of abuse by the health promoters. They distributed the "STAND UP AND SPEAK OUT" leaflets to residents in the communities.

Refuse Dumping

This was rampant in most areas. Health Promoters intensified practical sessions on how to dispose of refuse i.e. selecting the refuse which was used as compost, papers and plastics which would be recycled.

Support for Health Promoters from UNICEF

UNICEF helped to support the Health Promoters programme during 2008 harsh economic period. The programme was supported with the following:

- **Note books**
- **Ball points**
- **Bars of soap for washing their uniforms**
- **An allowance of US dollars after distributing Non Food Items (NFIs)**
- **Buckets**
- **Bath Soap**

We would like to thank UNICEF for supporting our programme in 2008. This strengthened the Health Promoters Programme tremendously.

Problems Encountered During Door to Door Visits.

- **Poverty**
- **Home Based Care Patients had no food, soap, bus fares to go back for review.**
- **They could not afford to buy drugs.**
- **There was inadequate water supply. This compromised hygiene in the home.**
- **Relatives were not able to bury their dead due to escalating costs.**
- **There were no home based care kits for the Health Promoters to use.**

Achievements

- **More pregnant women were sent for testing and counseling to relevant Maternity units.**
- **Children and adults on ART were followed up in the districts.**
- **Sewer blockages were reported to the relevant authorities.**
- **There was intensification on Door to Door and distribution of Non Food Items (NFIs) in high density areas during Cholera outbreak peak.**
- **Mbare Health Promoters received training on Hygiene Promotion which was funded by OXFAM. Each Health Promoter received a Hygiene kit from ZIMPRO for use during their house to house visits.**
- **All Health Promoters were trained on Cholera issues**
- **Health Promoters programme was supported with resources from UNICEF**
- **Health Promoters programme continued to be supported by the City of Harare with an allowance and uniforms.**
- **Many partners continued to be assisted by the Health Promoters in their health programmes in the City of Harare.**
- **Health Promoters continued to be updated on new issues.**

The Graphic unit experienced a lot of challenges with their productions. Their main challenges continued to be inadequate material resources and equipment. The Audio Visual Unit at Mbare Hostels Clinic is still not operating at full capacity due to lack of modern

equipment. Currently one computer is still being shared by the two Graphic Artists making it difficult for the Artists to produce I.E.C material for the City of Harare. However given these challenges the Artists tried to produce I.E.C materials for City of Harare using the meagre resources.

The following is the break down of the work done by Graphic Artists:-

TYPE/PRODUCTION	QUANTITY	ACTIVITY
POSTERS		
National Immunisation Days	2 000	National Immunisation Days
Immunisation Schedule	200	National Immunisation days
Malaria signs and symptoms	200	Ongoing activity
EPI Calendar 2008	1 000	National Immunisation Days
TB patient calendar	1 000	Mabvuku's TB and HIV Programme
PAMPHLETS/LEAFLETS	5 000	National Immunisation Days
National Immunisation Days		
Know the facts about cancer	500	Campaign
Patient/Client care education and communication.	20	For Pretesting

ZIMBABWE INTERNATIONAL TRADE FAIR 2008

City health theme	10	ZITF 2008
Code of Practice in food handling	100	ZITF 2008
Domestic Solid Waste Management	150	ZITF 2008
BANNERS		
National Immunisation Days	75	National Immunisation Days

OTHER PRODUCTIONS/DISTRIBUTIONS FROM PARTNERS

International Organisation For Migration	15 000 Posters 10 000 Fliers	Long Distance Travelers At Mbare, Road Port And Zimbabwe Railway Stations
Celebration Health Team	5 000 fliers	Greater Harare Cholera Campaign
UNICEF	2 500 posters 10 000 fliers	Greater Harare Cholera campaigns
Ministry of Health and Child Welfare	200 A2 posters 500 A4 posters 500 A1 posters 4 000 A3 posters	Cholera Campaign Greater Harare

HARARE AGRICULTURE SHOW 2008

DEPARTMENT	NO. OF POSTERS
. City Health Department	18
. City Treasurer	8
. Department of Housing	12
. Metropolitan Police	13
. Traffic Enforcement	15
. Public Relations	21
. Chamber Secretary	4
. Department of Works	10

MBARE HOSTELS STUDIO

2008 was faced with a decline in the number of visitors at Mbare Studio due to the fact that most visitors could not access materials that they used to get in the past. These shortages have been caused by obsolete equipment and lack of resources for mass production.

ACHIEVEMENTS/RECOMMENDATIONS

- **Health Promotion section managed to update health workers and health promoters with current health information on topical health issues for their personal use and for dissemination to individuals during the course of their work.**
- **Health education needs two vehicles so as to ensure adequate coverage of all the districts when doing public education, campaigns and other health promotion activities.**
- **Six health promotion officers are needed to cover the six districts with no health promotion officers.**
- **Graphic studio in Mbare needs to be installed with up to date technology and a computer.**
- **Health promotion needs two computers in order to be able to produce I.E.C materials, programmes and training materials for the department.**
- **Health Promoters need tennis shoes and uniforms on yearly basis.**
- **The health promotion team partnered with different Non Governmental Organisations, MOHCW, WHO, UNICEF in the fight against Cholera and succeeded in the distribution of I.E.C materials, Non food items (NFIs), training of volunteers, health workers and dissemination of Cholera messages as well as manning of water points.**
- **The section managed to exhibit at the Harare Agriculture Show and acted as a Resource Centre for all clients who needed health information (leaflets and posters).**
- **Co-ordination of meetings and training programmes were done effectively in 2008.**

CONCLUSION

Given the growing needs for information and education for Harare residents, it is vital that health education/promotion is given enough manpower and material resources in order for the section to effectively play its pivotal role of capacity building among service providers and within communities. Plans and targets for 2008 were met by the section. Health Promoters continued to assist at grass root level and Graphic Artists produced I.E.C materials. Plans and targets for 2009 are in line with the Department's targets. We would like to acknowledge members of the other departments whom we worked well with in 2008.

CHAPTER VII

RESEARCH AND DEVELOPMENT

INTRODUCTION

The Research and Development's mission is to advance knowledge and promote innovations that improve the health and care of Harare residents. The overall objective of the unit is to contribute to the generation of evidence based information for use by policy makers and managers at all levels of the health system for strengthening the health systems and services. Emphasis is placed on promoting the generation, dissemination and use of knowledge for enhancing health systems. Many of the studies conducted by the unit are used to assess new technologies, and evaluate the cost effectiveness of services.

In 2008 the unit did not carry out any research projects due to the difficult economic conditions that prevailed in the country.

MEDICAL SOCIAL WORK

Introduction

The role played by social work intervention at the two City Health hospitals continued to grow in both stature and importance as seen by the ever increasing number of patients/clients in need of social welfare assistance. However, there has been no corresponding increase in the resources allocated to the Department and this proved a very challenging year in the nascent life of the department.

OBSERVATIONS

Social Work Intervention

This formed an integral part of social welfare assistance.
The hyperinflationary environment prevailing in the country meant that hospital fees at both council institutions and the major referral centers continued to escalate, coupled with the ever increasing number of clients seeking treatment at the Opportunistic Infections Clinic. Social Workers were inundated with clients in need of Free Medical Assistance Treatment Orders.

These clients were further referred to the Department of Social Services for public assistance and other institutions that provide psychosocial assistance to people living with HIV and AIDS and their families.

Organizations such as Rokpa and Mashambanzou came in handy in providing food and other material assistance.

Pre and Post test counseling for HIV test

The inception of Provider Initiated HIV Voluntary counseling and testing meant an upsurge in the number of clients who were offered this service. All clients passing through the tuberculosis out patient Chest Clinic and the wards were offered this service. This resulted in a record number of patients being offered the service.

Family counseling, bereavement counseling and defaulters counseling

The importance of counseling in any setting, which provides social welfare services, cannot be over emphasized. Provision of psychosocial support to patients and their families remains integral in the treatment processes.

Recommendations

1. **It is respectfully recommended that the social work section be allocated a vehicle to carry out its roles.**
2. **There is need for a complete overhaul of the system of disposing stillbirths.**
3. **Due to increased workload there is need to recruit more qualified social workers so that there is a full staff complement at both hospitals.**

Problems encountered during the year

1. **Home visits, tracing of relatives of deceased and admitted patients as well as the disposal of bodies approved for pauper burials was greatly hampered by the un-availability of transport. Consequently, bodies overstayed in mortuaries and patients overstayed in the hospital wards after being discharged.**
2. **Disposal of stillbirths and bodies approved for pauper burial**

   The company that was contracted by the Department of Social welfare exhibited a high degree of negligence and dereliction of duty resulting in bodies overstaying in the mortuary for close to a year

Table 65: Summary of Social Welfare Cases Attended to for the Year 2008

TYPE OF CASE	NUMBER	
	2008	2007
Pre Test Counselling For Ns Test	1 487	1 100
Post Test Counselling For Ns Test	1 379	840
Family Counselled In Hospital	45	17
Defaulters Counselled	32	8
Bereavement Counselling	99	5
Supportive Counselling		
Home Visits For		
Home Assessment/Family Counselling	41	3
Tracing Of Relatives Of Deceased Patients	15	12
Tracing Of Relatives Of Admitted Patients By		
Phone	60	0
The Media	12	16
Public/Social Welfare Assistance		
Bus Warrants	60	4
Free Medical Treatment	110	2200
Pauper Burial - Adults	2714	12
A. Neo Nates/Still Births	12	3
Clients Institutionalised		
Child Welfare -Type Of Case	2	3
Neglect	11	7
Orphans		
Industrial Relations	2	3
Unfair Labour Practices	12	27
Notifying Employers And Making Arrangements For Payment Of Sick Leave Pay, Wages , Salaries , On Behalf Of Patients Admitted In Hospital	21	0
Arranging For Home Based Care And Reffering Patients To;		
City Health Community Sisters	17	0
Refferal For Palliative Care/Supportive Services		
Mashambanzou	12	0
Nursing Homes	10	0
Rokpa	10	0
Total	6153	4 729

CHAPTER VIII

SEXUALLY TRANSMITTED INFECTIONS (STIs)

- **Genitourinary Centre (GUC)**
- **City Primary Care Clinics**
- **Voluntary Counselling and Testing (VCT)**
- **Training**

GENITOURINARY CENTRE (GUC)

INTRODUCTION

The centre is located at the corner of Rekayi Tangwena and Princess Road in Milton Park. It is two kilometers from the Central Business District and is situated within Wilkins Hospital grounds. It serves as:-

- **A specialist unit for management of STI cases. These are referred from council clinics, private sector and also from government hospitals.**
- **Walk in cases are also attended to by qualified nurses trained in syndromic STI management.**
- **The centre serves as a training unit in the syndromic management of STIs and participants are drawn from provincial, district and mission hospitals, city clinics, rural clinics, uniformed forces and the private sector.**
- **A venue for workshops for various sections within the City Health Department and there is potential to avail the facilities to outsiders for hire**.

Table 71: STAFF ESTABLISHMENT

TITLE	ESTABLISHMENT	IN POST	VACANCY
DMO-Venereology	2	1	1
Sister In Charge	1	0	1
RGN	9	3	6
Laboratory Scientist	1	0	1
Clerical officer	1	0	1
Clinic Orderly	2	0	2
Clinic attendant	6	4	2
General hand	2	1	1
TOTAL	23	9	14

There is shortage of staff in every grade, with the nursing staff being hardest hit. The current acting Sister in Charge has been acting for too long and there is need for the vacancy to be filled. The other post for DMO (venereology) has also been vacant for a very long time.

CLINIC ATTENDANCES

The year 2008 recorded a total attendance of 2 935. This included initial and repeat visits. Total attendances for 2007 were 5 423. Compared to 2007, there was decrease of 46%.

The decrease can be attributed to the harsh economic climate that was prevailing during the year under review. Cash shortages from the banks, escalating transport costs, closure of some of the clinics due to industrial action and frequent increases in clinic fees meant that clients could not afford health care services.

Table 72 : TOP FIVE CONDITIONS SEEN AT GUC FROM 2004 – 2008

CONDITION	2008	2007	2006	2005	2004
Genital Warts	344	563	457	522	847
Non Gonococal Cervicitis	335	598	468	653	726
Genital Herpes	220	317	331	404	514
Non Gonococal Urethritis	152	285	287	512	279
Candida	116	245	213	227	-

In the year 2008 genital warts was the leading condition compared to the previous four years where non-gonococal cervicitis topped the list. This may be attributed to the unavailability of speculums due to transport problems, frequent power cuts and lack of gloves.

Table 73: CONDITION BY AGE GROUP AND SEX FOR 2008

AGE	0-4YRS		5-14YRS		15-19YRS		20-29YRS		30-39YRS		40-49YRS		50 YRS		GRAND TOTAL
DISEASES/ CONDITIONS	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
Non Gonococcal Opthalmia	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Non Gonococcal Urethritis	1	0	0	0	5	0	67	0	61	0	14	1	3	0	152
Non Gonococcal Cervcitis	0	0	0	1	0	16	8	167	0	116	0	23	0	4	335
PID	0	0	0	0	0	2	0	13	0	22	0	8	0	4	49
Primary syphillis	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1
Genital Herpes	0	0	0	1	1	3	38	45	42	47	16	16	5	6	220
Genital Warts	3	2	1	0	2	19	63	96	54	58	19	18	6	3	344
Candida	0	0	0	0	0	3	0	56	0	37	0	17	0	3	116
Trichomonas	0	0	0	0	0	0	0	2	0	2	0	0	0	0	4
Orchitis	0	0	0	0	2	0	17	0	6	0	3	0	2	0	30
Balanitis	0	0	0	0	0	0	21	0	17	2	3	0	3	0	45
Paraphimosis	0	0	0	0	0	0	3	0	4	1	0	0	0	0	8
Menstrual Disorders	0	0	0	0	0	0	0	1	1	0	0	0	0	0	2
UTI	0	0	0	1	2	0	30	3	23	1	7	0	7	0	74
Moluscum	0	0	1	0	0	0	5	8	5	9	1	0	0	0	29
Others	5	4	4	15	5	25	112	71	110	70	62	46	30	17	576
Referrals	2	1	0	2	1	1	8	6	15	3	1	2	2	1	45

Because no laboratory scientist was seconded to the centre for the whole year specimens for culture and sensitivity were not routinely collected hence no gonorrhea positives were recorded. An option would have been to get the specimens processed privately but this would have been at an extra cost to clients and hence treatment was basically to syndromic. There is however a need for sensitivities to be done routinely so that cases of resistance can be picked up if they occur.

TRAINING

Due to financial constraints no training took place at GUC for the second full year running. The last course was conducted in August 2006. There is a danger that the centre will soon become a white elephant and the department of health should seriously consider budgeting for expenses to be incurred during training rather than completely relying on partners.

PROVIDER INITIATED TESTING AND COUNSELLING (PITC)

The program has been a success with many clients joining. The Population Service International continued to offer technical support for the PITC program. The contribution of nursing staff stationed at the TB and Genito-Urinary clinics has been minimal and this can partly be attributed to staff shortages.

Staff from the New Start Centre have been taking an active role in the program and this has led to a misconception that they are supposed to run the program on their own. It has to be made clear to all the nursing staff that this is a national program and everyone seeking services at clinics should be offered the test.

Comparing the two periods of August 2007 to December 2007 and August 2008 to December 2008, there was an increase of 38% in attendances. In 2007 August – December, attendances were 1011 compared to 1393 of the same period in 2008. Most of the clients in the PITC program were recruited from the TB clinic as illustrated in Table 74 below.

Table 74: PITC ATTENDANCE 2007 TO 2008

MONTH	2008	2007
January	136	-
February	220	-
March	253	-
April	216	-
May	278	-
June	266	-
July	253	-
August	235	119
September	317	212
October	306	259
November	268	259
December	267	162
TOTAL	3 015	1 011

Table 75: BREAKDOWN OF PITC ATTENDANCES BY SITE OF SERVICE

PLACE	ATTENDANCES
GUC	596
OPD (TB)	2 419
TOTAL	**3 015**

VOLUNTARY COUNSELLING AND TESTING

Table 76: ATTENDANCES AT GUC VCT CENTRE FROM 2006 TO 2008

MONTH	2008	2007	2006
January	472	452	493
February	462	430	410
March	449	476	498
April	423	374	384
May	399	452	428
June	407	484	415
July	564	463	404
August	480	595	364
September	553	693	378
October	613	756	389
November	557	878	462
December	581	536	337
TOTAL	5 960	6 589	4 962

The above table shows the attendances at the centre for the past 3 years (from 2006 to 2008). The total attendances for 207 were 6 589 and 2008 they were 5 960. The attendances showed a decline of 11% in 2008 and this can be attributed to the economic crisis as it was not easy for clients to travel to the site which is situated outside the Central Business District. A promotion for couples was held from 24 November 2008 to 13 December 2008 where services were offered for free and this may account for the high figures recorded during the two months. A total of 251 couples were tested and counseled during that period. The centre had a full staff establishment in 2008 and whenever a member was on leave the PSI would second a part-timer to provide cover.

CONSTRAINTS/CHALLENGES

We had hoped to have all GU centre nurses trained in Rapid HIV testing but unfortunately that was not possible. The syndromic STI management courses that had been planned for 2008 were not carried out.

The year 2008 was one of the most difficult years ever with many problems:-

- **Absenteeism due to cash shortages, lack of transport and the spiraling inflation. Some of the workers started to report to their nearest clinics.**
- **Frequent water cuts**
- **Frequent power shortages**
- **Lack of sundries e.g. gloves, drugs and sundries**
- **Lack of communication:- telephones were not working most of the times.**
- **Ablution facilities were not fully functional**
- **Water leakages from ceiling could not be fixed and as a result floor tiles started to crack.**
- **No cryotherapy equipment.**

PLANS FOR 2009

- **To have all nurses trained in Rapid HIV testing.**
- **To fully utilize the potential of the centre as a venue for workshops and charging a fee for outsiders.**
- **To hold workshops for city health nurses updating them on the latest STI information and condom programming.**
- **To recommence training in syndromic management of STI's.**
- **Lobby for the centre to be considered as a male circumcision site.**

CHAPTER IX

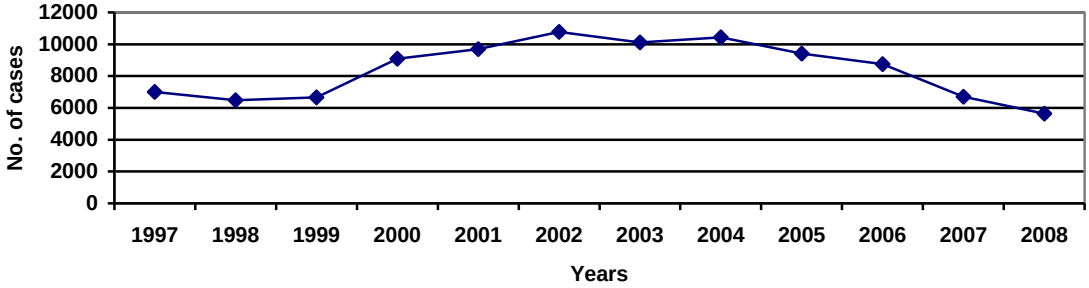
SPECIALIST SERVICES

- **Tuberculosis Services**
- **Pharmaceutical Services**
- **Medical Laboratory Services**
- **Dental Services**

Tuberculosis (TB) is an infectious disease caused by a bacteria which is spread by droplet infection. TB remains the major cause of mortality and morbidity in the City. TB patients occupy most of the beds in the two hospitals (BRIDH and WIDH)

A total of 5 635 notifications were made in 2008 compared to 6 694 in 2007 9 (15 .8 % decrease). The notifications in the City have taken a downward trend (like the national trend). The program has continued to offer services despite very difficult conditions and several lives have been saved.

Fig 1: Notification of All forms of TB in Harare (including PMD cases) 1998 - 2008



As we endeavor to turn our challenges into opportunities and successes the program has set up a committee to deal with TB activities and has drafted a strategic plan to take itself forward. The plan is based on the World Health Organisation STOP TB strategy.

The STOP TB strategy has the following components:-

- **DOTS expansion**
- **Empowering people with TB and communities**
- **Engaging all health care provider**
- **Health system strengthening**
- **TB/HIV Activities MDR/TB and XDR /TB**
- **Enabling and promoting research**

As we take stock of what we did in the previous year it is important to see which areas we covered and those that are still outstanding and need improvement. In the following part of the report we analyze in detail the activities of the program.

Table 77: Forms of New Notified TB cases: Year 2007 and 2008

DIAGNOSIS	2008	2007	%CHANGE
PTB positive	1 556	1 822	-14.6%
PTB negative	1 081	1 114	-3.0%
PTB not done	1 621	1 862	-12.9%
Pleural Effusion	807	996	-19.0%
TB Meningitis	54	166	-67.5%
Miliary TB	123	142	-13.4%
TB Pericarditis	42	75	-44.0%
TB Peritonitis	11	14	-21.4%
Primary TB	1	1	0.0%
TB Bones & Joints	1	0	100.0%
Other forms of TB	172	285	-39.6%
GRAND TOTAL	5 635	6 694	-15.8%

The number of sputum not done has increased as a percentage of the total of the total notifications. The number is lower than that of 2007. The sputum positive cases are more than the sputum negative, but the number is lower than the previous year.

Table 78: Comparison of 2008 and 2007

DISTRICT	2ND QUARTER 2008	2ND QUARTER 2007	% CHANGE
Central	79	96	-17.7
Eastern	462	622	-25.7
Northern	212	277	-23.7
North Western	674	841	-19.9
PMD	231	697	-66.9
Southern	989	1 170	-15.5
South Eastern	200	262	-23.7
South Western	890	1 121	-20.6
Western	844	1 108	-23.8
West South	1 123	1 398	-19.7
GRAND TOTAL	5 704	7 592	-24.9

The highest TB burden is in the Southern District, particularly Mbare. This could be explained by the over-crowding and poverty which is prevalent in the area. To reduce the TB burden in the City our efforts need to be directed towards this area. This will reduce the transmission from person to person through reduction of those who are sputum positive.

DEFINITIONS

Cured: **Initially sputum positive patient who completed treatment and had a negative smear result, on at least two occasions, one of which was at the completion of treatment.**

Rx Completed: **Sputum smear positive cases who completed treatment, with negative sputum at the end of intensive phase, but with no or one negative sputum examination in the continuation phase and non at the end of treatment.**

OR Sputum smear negative or extra-pulmonary patient, who received a full course of treatment.

Defaulter: **A patient who at any time after registration had not collected drugs for two months or more.**

Unknown: **Not known what happened to patient. To be added to defaulter.**

Transfer Out: **A patient who has been transferred to another reporting unit and his/her treatment results are unknown.**

OUTCOME	PULMONARY TB SMEAR POSITIVE				PULMONARY TB SMEAR NEGATIVE				EXTRA PULMONARY TUBERCULOSIS				TOTAL CASES	
	New cases		relapse		New cases		Re-treatments		New cases		Re-treatments			
	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Cured	981	880	14	18	#	#	#	#	#	#	#		995	898
RX completed	15	15	-	-	1 769	1 447	96	65	1 053	949	8	5	2 939	2483
Failure	-	-												
Defaulted	6	5	-	-	2	5	-	-	4	6	-	-	12	16
Died	24	8	2	1	53	38	4	-	21	18	1	-	105	65
Transfer out	7	5	-	-	15	29	-	-	13	7	-	-	35	41
Unknown	-	-	-	-	2				1				3	-
Total	1 023	923	16	19	1 841	1 519	100	65	1 092	980	9	5	4 089	3 503

WHAT ARE THE CHALLENGES?

The program is not spared from flight of skills to greener pastures within and out of Zimbabwe. The environment has changed with the advent of HIV/AIDS. It requires that the program positions itself to cater for new trends in skills and knowledge. The department carried out trainings and these were facilitated by AIDS &TB Unit. The program has to train its personnel given the high staff turnover among its staff.

DRUG SUPPLY

The program faced distribution and availability challenges mainly because of logistics and transport. FDC ran out during the mid-year. New strategies have to be formulated to address these challenges.

THE LABORATORY

The turn-around time for the sputum has been long and this resulted in sputum positive patients spreading the disease before treatment was started. The laboratory still cannot offer culture and sensitivity services. It is important to note that this service allows the department to detect MDR/TB and XDR /TB. The department has one microscope of its own and has a borrowed one from the national TB reference lab. Reagents, sputum containers and other consumables were a major cause of bottlenecks in the laboratory.

The program was affected by the outbreak of cholera. Tb activities were scaled down to accommodate and contain the outbreak. Data collection within the department is still paper based and as such the results and quality of the information is questionable. It is thus important that the program finds new strategies to address this short coming.

RECORDING AND REPORTING & RESEARCH

The recording and reporting of data needs to be improved thorough training and resource mobilization at all levels. There is a need to resume the supervisory visits which have the effect of improvement of ownership and commitment by staff, improvement of data quality and programme performance. Despite the huge amount of data the programme has not been able to publish any research paper.

OPPORTUNITIES

There program has plenty information and as such is in a position to develop research protocols which are useful in case management and program efficiency. The program could enhance its private sector participation in area s where it is weak.

SUCCESSES

- **The program in its current state has managed to treat and prevent TB in the City**
- **The program manager was sent for training at RIT (Japan) and the TB team was trained by the AID&TB unit.**
- **There were efforts to integrate TB and HIV activities within the department**

WAY FORWARD

The program needs to continue being the leader in TB treatment and being a centre of excellence. The vision of the program is to have a TB free City. This will be achieved through adoption and adaptation of the Stop TB strategy. The program requires funding to meet its objectives and vision. The program needs to reduce TB burden in the affected areas such as the southern district especially Mbare.

PHARMACEUTICAL SERVICES

INTRODUCTION

The year 2008 was a tough year for the pharmacy section both in terms of working conditions and availability of resources. The pharmacy situation was characterized by drugs scarcity, hyper-inflation, insufficient funds and the inefficiency and bureaucratic nature of the purchase order authorization process. Transportation of stocks to clinics was at a near standstill due to fuel inadequacy and the breaking down of trucks used for deliveries. National Pharmaceutical Company stock levels were so low that pharmacy failed to acquire sufficient stocks for its normal services to its.

Pertaining to staff establishment, the Chief Pharmacist was Mr Chareka. However, there were four vacant posts for pharmacy technicians and two vacant posts for Chief Clerical Officers. This obvious had a negative impact on service delivery.

Table 79: City Medical Stores Percentage Stock out by Quarter for 2008

Quarter	Percentage (%)
	All stock items including vital drugs
1st	25
2nd	30
3rd	20
4th	18

EXPENDITURE ON PHARMACEUTICAL AND MEDICAL SUPPLIES

Table 80: Expenditure on Drugs and Medical Sundries from Jan-Oct 2008

Month	Private Sector Purchases Vital Items only ($)	Natpharm Purchases ($)
January	54 177 056 345	-
February	518 477 953 242	-
March	636 982 377 000	54 061 489
April	1 438 255 654 825	-
May	10 841 378 552 359	980 470 710
June	41 883 747 200 000	4 984 247 200 000
July	1 504 646 209 219 00	69 183 000 000 000
August	7 898 672 46	175 853.98
September	2 085 992 000 000	-
October	571 320 000 000	-

Data on expenditure for November and December 2008 is not available.

STOCK PROFILE

Anti-TB Drugs

The Fixed Dose Combination drugs (FDCs) were in relatively appreciable quantities. This was due to their availability at Natpharm, although lack of transport sometimes hampered delivery.

Anti-hypertensive Drugs

All the major antihypertensive drugs were in low supplies.

Antibiotic Drugs

Cotrimoxazole suspension and tablets along with amoxicillin suspension and tablets remained the major antibiotics available.

Analgesics, Antipyretics and Anti-Inflammatory Drugs

Paracetamol tablets remains the mainstay of painkillers. The NSAIDS were relatively erratic in supply and availability.

Immunologicals (Vaccines)

Vaccines were in adequate stocks throughout the year for child immunization programmes co-ordinated by World Health Organization's Expanded Programme on Immunisation (EPI). Other vaccines remained scarce both at Natpharm and the private sector which include antirabbies and typhoid.

There is still a problem of power back up in case of blackouts such that the need for the generator at Beatrice Central Stores hasn't been addressed as yet.

Central Nervous System Drugs

Chlorpromazine tablets were in stock for the majority of the year. Phenobarbitone tablets were critically short on the market, along with the Fluphenazine Deaconate injection.

Surgical Sundries

The sundries levels remained generally average throughout the year with the exception of the fast moving items like suture material which remained in and out due to insufficient funds to buy bulk.

CONSTRAINTS

The issue of procuring drugs from one supplier (Natpharm) was a big constraint because of availability issues. Manpower shortage at the pharmacy section was another major draw back. The hyperinflationary environment was a tough obstacle to the smooth flow of business as prices of essential drugs were rising daily incapacitating our maximum purchase order limits.

GOALS/OBJECTIVES FOR 2009

The goal is to effectively materialize the pharmacy section's mission statement of making available all the essential drugs and related medical products, and ensuring their equitable distribution. Also we hope to achieve and maintain a full staff complement for the section.

CONCLUSION

The section requires adequate transport availed to it and having a full staff complement employed. The purchase order authorization process in place is very inconvenient towards the smooth acquisition of needed drugs and surgicals and needs to be improved.

MEDICAL LABORATORY SERVICES

Introduction

The total number of specimens analyzed in the medical laboratory increased by 17% from 179 237 in 2007 to 209 615 in 2008. The two OI Clinics remain the major supply of blood samples. By the last quarter of the year we had Cholera which we had never experienced for many years. Generally Harare residents now know that we have an efficient and affordable laboratory services. There was a slight reduction in TB samples from 45698 in 2007 to 40332 in 2008. Positivity rate however was stable. In the year under review the Medical laboratory still managed to retain all its staff. The major challenge faced throughout the year remained the inability by council to acquire new laboratory equipment. Hyperinflation and sky-rocketing prices gobbled the annual medical laboratory budget by the first three months of the year.

CONSTRAINTS OF YEAR 2008

- **One microscope remained inadequate to examine timely the number of sputum samples received per day to maintain an acceptable result turn around time. Four microscopes are necessary to manage workload and provide back up in case of a breakdown. The fluorescent microscope is still not working.**

- **Single-door refrigerators that are currently in-use are old and keep on breaking down, efforts to have a cold room in place have proved fruitless.**

- **Transportation of specimens and laboratory results to clinics has remained chaotic as no solutions were found to address this perennial problem as such more work was performed after hours.**

- **For the ninth year running the laboratory continued to function without a substantive head and deputy head thereby affecting service delivery as some decisions are made hesitantly.**

SUCCESSES OF YEAR 2008

- **There was a marked improvement on performance in testing specimens for external quality control from the local agency, Zimbabwe National Quality Assurance Program and CD4 QC from ZEQAS in South Africa.**

- **The laboratory managed to provide consistent service with limited resources.**

GOALS FOR 2009

- **To strengthen Laboratory Information and Communication Technologies (ICTs) through participating in the Laboratory Information Tracking System.**
- **To strategize and co-ordinate the procurement of essential laboratory equipment such as a Fluorescence Microscope, Clinical Chemistry Analyzer and a Coagulation Machine.**
- **Re-opening of the GUC laboratory which was closed due to staff shortage.**
- **Institute new transportation strategies by employing the use of motorbikes for transportation of both specimens and results.**
- **Prioritize staff development to keep abreast with changing technologies.**
- **To continue to agitate for the change of the laboratory structure which has remained on the charts for too long.**

STATISTICAL REPORT ON TESTS PERFORMED IN LABS

1. CLINICAL CHEMISTRY

Total specimens processed:

Clinical Chemistry Tests	2007	2008
Alkaline Phosphatase	4 795	5 721
Aspartate Aminotransferase	4 720	5 721
Alanine Aminotransferase	4 712	8 872
Direct Bilirubin	2 810	3 352
Total Bilirubin	2 383	3 352
Total Protein	2 734	3 352
Albumin	2 784	3 352
Uric Acid	3	5
Blood Glucose	1 284	2 355
Creatinine	3 823	8 872
Urea	4 853	8 872
Sodium	4 747	566
Potassium	4 398	566
Total	44 046	46 086

2. IMMUNO-HAEMATOLOGY

Total specimens processed:

Immuno-Haematology Tests	2007	2008
Rhesus Blood Type	14 629	12 881
Du Factor	402	302
Antibody Screening	0	0
Antibody Identification	0	0
Total	15 031	13 183

3. HAEMATOLOGY

Total specimens processed:

Haematology Tests	2007	2008
Full Blood Count	15 001	22 127
Differential Count	15 001	22 127
Reticulocyte Count	0	2
Sickle Cell Screen	0	2
Erythrocyte Sedimentation Rate	22	15
Prothrombin Time/Index	22	10
Film Comment	15	11
International Normalized Ratio	22	15
CD4 (absolute & %)	8 976	15 072
Total	24 042	59 381

4. BACTERIOLOGY

Total specimens processed:

Bacteriology Tests	2007	2008
Culture Stool/Rectal Swab Positive Shigella species	322	477
Positive Salmonella species	88	55
Positive Escherichia coli	0	44
Positive Campylobacter species	0	0
Positive Vibrio cholera	28	258
Total Positive Stool /Swab for Culture	552	834
Total Stool/Rectal Swab for Culture	4 212	6 533
Urine for Culture Positive Urine Culture	569	322
Total Urine Culture	2 557	1 892
Sputum for Acid Alcohol Fast Bacilli *Positive Sputum for AAFBs*	5 694	3896
Total Sputum for AAFBs	45 698	40 332
STIs Microscopy Positive Smears for Gonococci-GNID	0	0
Positive Smears for Yeast Cells	0	0
Total Positive Smears	0	0
Bacterial Vaginosis	0	0
Total Smears for Microscopy	0	0
Routine Swabs for Culture		
Blood/CSF/Ear/Eye/Wound/Boil Swab	563	374
Total	52 930	48 757

5. SEROLOGY

Total specimens processed:

Serology Tests	2007	2008
Positive Rapid Plasma Reagin	156	72
Total Rapid Plasma Reagin	29 321	25 895
Treponema Pallidum Haemagglutination Positive	99	56
Total Treponema Pallidum Haemagglutination	156	72
Positive Rheumatoid Arthritis Latex Test	0	0
Total Rheumatoid Arthritis Latex Test	2	3
Positive Hepatitis B Virus Surface Antigen	35	3
Total Hepatitis B Virus Surface Antigen	146	11
Positive Hepatitis B Virus Core Antibody/Antigen	0	0
Total Hepatitis B Virus Core Antibody/Antigen	0	0
Positive Hepatitis B Virus Envelope Antigen/Antibody	0	0
Total Hepatitis B Virus Envelope Antigen/Antibody	0	0
Positive Hepatitis A Virus IgM	0	0
Total Hepatitis A Virus IgM	0	0
Positive Pregnancy Test	379	52
Total Pregnancy Test	772	99
Total	32 263	26 008

6. PARASITOLOGY

Total specimens processed:

Stool for Microscopy	2007	2008
Schistosoma mansoni	32	21
Giardia lamblia	0	0
Hookworm	0	2
Hymenolepis nana	0	0
Strongloides stercolaris	0	0
Ascaris lumbricoides	1	0
Entamoeba coli	0	5
Entamoeba histolytica	0	0
Entamoeba vermicularis	0	0
Ancylostoma larvae	0	0
Total Stool Microscopy	4 212	3 256
Urine for Microscopy		
Schistosoma haematobium	1 201	932
Trichomonas vaginalis	5	3
Total Urine for Microscopy	5 690	4 012
Blood Slides for Malaria Parasites		
Slides Positive for Plasmodium species	786	473
Total Slides for Malaria Parasites	10 139	8 932
Total	20 827	16 200

TESTS TOTAL FOR 2007 AND 2008

Test Totals By Discipline	2007	2008
Clinical Chemistry	44 046	46 086
Immuno-Haematology	15 031	13 183
Haematology	24 042	59 381
Bacteriology	52 930	48 757
Serology	32 263	26 008
Parasitology	20 827	16 200
Total	179 237	209 615

CONCLUSION

The laboratory is still in a critical shortage of staff. To strengthen Laboratory Information and Communication Technologies (ICTs) through participating in the Laboratory Information Tracking System this may ease pressure on staff because most work is manual.

There is need to aggressively address the laboratory equipment issue so as to have uninterrupted laboratory services through-out the year. Council should adopt replacement policy so that the laboratory does not wait for equipment to become obsolete and then new equipment is sought.

DENTAL CLINICS

A total of 7 694 clients visited the Dental Clinics in 2008. This represents a decrease of 45% compared to the 14,098 patients seen in 2008.

Transport problems, breakdown of equipment, water and electricity cuts were the major challenges. Resignations of staff compounded the problem of keeping clinics operational, 1 Dentist, 1 Dental Therapist and 1 Dental Attendant resigned. Glen View Dental remained closed. Commissioning of Hatcliffe Dental had to be postponed once again. Mabvuku Dental was only operational for the first 2 months. Kuwadzana Dental was unable to offer services for 2 months because of an electricity problem.

Most treatments were done on a cash basis as late payments from Medical Aid Societies became meaningless in a hyperinflationary environment. About 14% of the patients (the most financially challenged) received free treatment. Our Oral and Dental Health education program for schools remained interrupted as transport costs and shortage of staff made it impossible.

BREAKDOWN OF SERVICES PROVIDED AT THE VARIOUS DENTAL UNITS

GERSHON DENTAL

Total Patients - 6 431
Paid - 5 272 (82%)
Free - 806 (13%)
Medical Aid - 353 (5%)

Treatment	0-6 Years	7-17 Years	18+ Years	Total
Examination: Paid	39	187	3 851	4 077
Free	4	93	231	328
Reviews	1	31	107	139
Extractions: Paid	66	314	7 180	7 560
Free	7	184	456	647
Scalings	0	26	106	132
Filling Amalgam	5	62	163	230
Filling Aesthetic	7	15	38	60
Temporary Fillings	0	8	18	26
Disimpactions: Paid	0	19	280	299
(+surg.extr.) Free	0	6	93	99
Root Canals (sessions)	0	7	98	105
Apicectomy	0	3	26	29
Septic socket	0	29	151	180
Splinting	0	0	5	5
Orthodontics (sessions)	0	18	3	21
Oral Surgery (minor)	0	1	8	9
X-Ray: Paid	0	46	113	159
Free	0	10	69	79
Dentures (sessions)	0	14	89	103
Crown and Bridge	0	0	2	2
Antibiotics: Paid	10	33	649	692
Free	4	18	904	926
Referrals	1	18	35	54
Not Treated/Appointm.	0	61	199	260
Total	144	1 203	14 874	16 221

Acrylic Dentures: -Full 32
-Partial 50
-Repair 25

KUWADZANA DENTAL

Total Patients - 628
Paid - 454 (72%)
Free - 126 (20%)
Medical Aid - 48 (8%)

Treatment	0-6 Years	7-17 Years	18+ Years	Total
Examination: Paid	11	32	442	485
Free	0	6	64	70
Reviews	1	3	11	15
Extractions: Paid	6	41	352	399
Free	0	14	42	56
Scalings	0	0	0	0
Filling Amalgam	0	0	8	8
Filling Aesthetic	0	0	0	0
Temporory Fillings	0	0	3	3
Antibiotics	0	0	22	22
Septic Sockets (Dry)	0	0	6	6
Referrals	0	0	10	10
Not Treated/Appointm.	0	0	7	7
Total	18	96	967	1 081

MUFAKOSE DENTAL

Total Patients - 506
Paid - 350 (69%)
Free - 104 (21%)
Medical Aid - 52 (10%)

Treatment	0-6 Years	7-17 Years	18+ Years	Total
Examinations: Paid	11	20	380	411
Free	0	0	51	51
Reviews	0	3	15	18
Extractions: Paid	14	24	321	359
Free	0	0	53	53
Scalings	0	0	11	11
Filling Amalgam	0	0	12	12
Filling Aesthetic	0	0	0	0
Temporary Fillings	0	0	3	3
Septic Sockets (Dry)	0	0	13	13
Referrals	0	0	18	18
Not Treated/Appointm.	0	0	21	21
Total	25	47	898	970

MABVUKU DENTAL
(closed from March till end of year)

Total Patients - 129
Paid - 98 (76%)
Free - 25 (19%)
Medical Aid - 6 (5%)

TREATMENT	0-6 Years	7-17 Years	18+ Years	Total
Examinations: Paid	1	2	88	91
Free	0	1	10	11
Reviews	0	0	0	0
Extractions : Paid	1	5	81	87
Free	0	1	13	14
Antibiotics : Paid	0	1	7	8
Free	0	0	0	0
Septic Sockets (Dry)	0	0	5	5
Referrals	0	0	4	4
Not Treated/Appointm.	0	0	0	0
Total	2	10	208	220

GLEN VIEW DENTAL

(closed during 2008)

Total Patients - 0
Paid - 0
Free - 0
Medical aid - 0

TREATMENT	0-6 Years	7-17 Years	18+ Years	Total
Examinations: Paid	0	0	0	0
Free	0	0	0	0
Extractions Paid	0	0	0	0
Free	0	0	0	0
Antibiotics Paid	0	0	0	0
Free	0	0	0	0
Septic Socket (Dry)	0	0	0	0
Referrals	0	0	0	0
Not Treated/Appointment	0	0	0	0
Total	0	0	0	0

CHAPTER X

INFECTIOUS DISEASES HOSPITALS

- **Beatrice Road Infectious Diseases Hospital**
- **Wilkins Infectious Diseases Hospital**
- **Opportunistic Infection Clinic**

BEATRICE ROAD INFECTIOUS DISEASES HOSPITAL

Beatrice Hospital is the bigger of the two infectious Diseases Hospitals in the city of Harare. The hospital is divided into 3 sections namely TB, Fever ward and Opportunistic Infectious clinic. Table 81 and 82 below shows total admissions and deaths that occurred in the TB wards and fever wards respectively. Table 11 shows fever wards outpatients attendances.

Table 81: Comparison table of TB admissions and deaths during January to December 2008 and 2007

	JANUARY- DECEMBER 2007			JANUARY TO DECEMBER 2007		
	ADMISSIONS	DEATHS	CFR %	ADMISSIONS	DEATHS	CFR %
PTB Sputum + VE	90	16	17.8	188	64	34
PTB Sputum – VE	63	13	20.6	134	47	35
Extra PTB	277	135	48.7	545	180	33
Others	4	3	75	9	11	122
TOTAL	434	167	38.5	876	302	34.5

There was a 50,5% decrease in the total number of TB admissions – declining from 876 in January to December 2007 to 434 in the same period in 2008. The total number of TB deaths declined by 44,7% from 302 in the year 2007 to 167 during year 2008. The case fatality rate was higher in 2008 38,5% than in 2007 when it was 34,5%. Please note that during the fourth quarter of 2008 no TB admissions were recorded because the TB Wards were used to admit cholera cases during the cholera outbreak.

FEVER WARDS

TABLE 82: Comparison table of fever wards admissions and deaths for the period January to December 2008 and January to December 2007

	2008			2007		
	Admissions	Deaths	CFR %	Admissions	Deaths	CFR %
Dysentery	11	4	36,4	37	0	0
Gastroenteritis – ve	65	22	33,8	60	8	13,3
Cholera	4 713	143	3	20	0	0
Chicken pox	11	3	27,3	17	4	23,5
Hepatitis B	1	0	0	1	0	0
Meningococcal meningitis	0	0	0	1	0	0
Jaundice	0	0	0	3	2	66,7
Rabies	1	1	100	2	0	0
Measles (suspected)	0	0	0	1	0	0
Psoriasis	0	0	0	5	0	0
Herpes Zoster	6	0	0	20	0	0
Anthrax	0	0	0	1	1	100
Scabies	1	0	0	0	0	0
Lodgers	7	0	0	25	0	0
TOTAL	4 816	173	3,6	191	15	7,9

The total number of fever wards admissions increased by 2 421,5% from 191 during the year 2007 to 4 816 during the year 2008. The total number of fever wards deaths increased from 15in the year 2007 to 173 in the same period in 2008 showing a 1053% increase. In 2008 the total number of fever wards admissions and deaths were inflated because of the cholera outbreak which occurred in the fourth quarter of the year 2008. The case fatality was 7,9% in the year 2007 and 3,6 in 2008.

Table 83: Comparison table of fever wards outpatient attendants for the period January to December 2008 and January to December 2007

Disease	2008	2007
Dysentery	119	401
Gastroenteritis	73	59
Hepatitis A	0	1
Hepatitis B	3	13
Jaundice for Investigations	26	88
Herpes Zoster	33	71
Chicken Pox	4	26
Dog Bites	168	99
TOTAL	426	758

The total number of fever wards outpatients attendants decreased by 43,8% from TB January to December 2007 to 426 in the same period in 2008.

PROBLEMS

- **Shortages of resources**
- **Trained staff shortages due to high attrition rate**
- **Erratic supplies of drugs and sundries**
- **Elevator not working**
- **Transport problems resulting in staff absenteeism**
- **Poor remuneration for staff**
- **Repair of building not being done**
- **The hospital has no generator**
- **There is no establishment for CSSD and the Opportunistic Infectious Clinics.**

ACHIEVEMENTS

During the cholera outbreak we got some material resources from partners such as UNICEF, MSF, Red Cross Help Germany only to name a few.

Staff shortages were alleviated by help from MSF, Red Cross and St Johns Ambulances staff.

Most of our attended HIV AIDS workshops held throughout the year and benefited a lot.

WILKINS INFECTIOUS DISEASES HOSPITAL

INTRODUCTION

The 35 bedded hospital is in Milton Park at the corner of Drummond and Princess Roads.

SERVICES OFFERED

- **Admissions of patients with infectious diseases, mostly Tuberculosis and Dysenteries.**
- **Out-Patient management of Tuberculosis**
- **Out-patient management of HIV patients (OI / ART).**

SOURCES OF PATIENTS

Patients are referred from:-

- **Central Hospitals and PMDs.**
- **Private Institutions**
- **Private Practitioners**
- **City Health Clinics and**
- **Self referrals**

Table 84:Comparison of Admissions and Deaths

	2008			2007		
Conditions	**Admissions**	**Deaths**	**CFR**	**Admissions**	**Deaths**	**CFR**
PTB Positive	**14**	**4**	**29**	**64**	**12**	**19**
PTB Negative	**17**	**2**	**12**	**20**	**3**	**15**
PTB Sputum Not Done	**81**	**36**	**44**	**76**	**25**	**33**
Other Forms of TB	**41**	**22**	**54**	**60**	**18**	**30**
Fevers	**48**	**15**	**31**	**102**	**12**	**12**
TOTAL	**201**	**79**	**39**	**322**	**70**	**22**

CFR = Case Fatality Rate

Comments on Table 84

- **Admissions reduced by 38% but deaths increased.**
- **Majority of admissions (40%) were PTB cases without sputum tests. Diagnosed radiologically; and had second highest Case Fatality Rate (CFR) of 44%.**
- **Highest CFR was from other forms of TB – particularly Miliary and Pleural TB.**
- **Commonest fevers were:**
  - **Diarrhoea (CFR = 31%)**
  - **Pneumonia (CFR = 78%)**
  - **There were 3 rabies cases from Mhondoro and Masvingo – all died.**
  - **Two cryptococcal Meningitis cases – both died.**

TABLE 85: Out patients New and Reviews

	2008			2007		
	NEW	**REVIEWS**	**TOTAL**	**NEW**	**REVIEWS**	**TOTAL**
TB	**3 603**	**5 846**	**9449**	**3279**	**6 446**	**9 725**
Other Conditions	**387**	**33**	**420**	**189**	**48**	**237**
TOTAL	**3 990**	**5 879**	**9 869**	**3 468**	**6 494**	**9 962**

Comments on Table 85

- **New TB attendances increased by 10%.**
- **Total OPD attendances had an insignificant drop of 1%.**

- **Other conditions seen were mainly those with immuno-suppressive conditions with no evidence of Tuberculosis were referred to the OI / ART Clinic. Very few (38) come for jaundice investigations.**

PITC (PROVIDER INITIATED TESTING AND COUNSELLING)

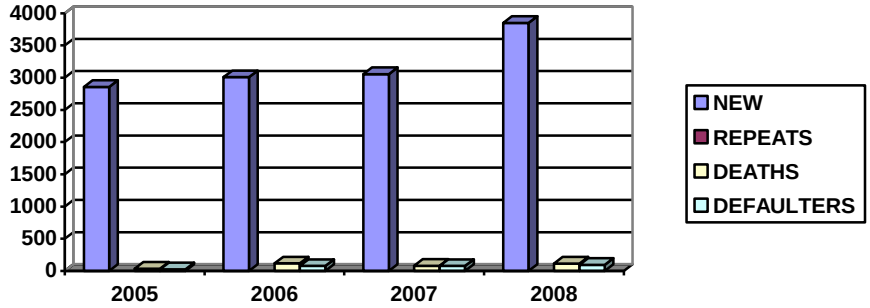
Started – August 2007

Health Care providers offered HIV test to all clients in OPD and admissions. A total of 2 966 were tested in 2008 and the average positivity rate was 56%.

OI/ART SERVICES

TABLE 86: ANNUAL FIGURES

YEAR	NEW	REPEATS	DEATHS	DEFAULTERS
2008	3 850	24 230	116	95
2007	3 054	20 210	80	78
2006	3 009	18 102	117	77
2005	2 857	9 666	37	26



- **Total number of clients on ART since 2004 to December 08 = 8 500.**
- **New clients registered annually since 2005 increased by 35%.**
- **Patients on fluconazole to date = 205**
- **Deaths and defaulters are those reported to the clinic and local health centres. Transport and shortage of manpower are limitations to defaulter tracing therefore under-reported.**
- **Some private clients have joined the public services because of the cost of drugs.**

Decentralisation:

- **Central Hospitals (Harare and Parirenyatwa) decentralized 735 clients through Wilkins OI Clinic.**
- **A total of 6 800 clients were decentralized to the 15 local clinics offering the service.**
- **No new site were ready to offer the service. Six clinics were inspected but all fell short particularly on security of drugs.**
- **Support visits to sites were not done because of transport and manpower shortages.**

Training:

- **No OI/ART training workshops done in 2008 because of lack of funding.**
- **Students attached to the clinic were:**

    - **4 ZOU students for two weeks**
    - **4 CONNECT students for one week.**
    - **3 Primary Care Counsellor Trainees since end of September 08 and are still in training.**

Challenges:

1. Training:
Lack of funds for training in OI/ART and TB Management.

2. Manpower Shortage:
The year started with a deficit of 14 trained nurses. By year end; 5more trained nurses had left with no replacement. 2 Clinic Orderlies were transferred to clinics nearer their residential areas and labourers to maintain the grounds remained few (two acting as Clerical Officers).

3. Drug Shortages:
- **Fixed dose combinations in TB management ran out.**
- **Some Anti-retroviral drugs were inadequately supplied causing frequent visits by clients for a week or two weekly supplies.**

4. Detergents and Sundries
Cleaning e.g. liquid soap, soap powder, toilet cleaners and even toilet tissues have been out of stock.

5. Stationery Shortages
All forms of stationery have been out of stock since beginning of the year.

6. Repairs and maintenance of infrastructure not done or poorly done. Some very critical areas such as toilets and leaking roofs are a cause of concern.

7. Drug Security
Anti:-retroviral drugs have in some instances been found to have discrepancies which warranted investigation. An investigation was carried out in September/October 08, results not known till time of report writing.

8. Transport problems
- **For delivery of resources**
- **For defaulter tracing and support visits to ART sites.**
- **To take staff to and from work.**

CONCLUSION

The institution managed to offer all services throughout the year under very difficult circumstances: it was an achievement.

I would like to acknowledge the team spirit among staff and their resistance in joining in some job actions taken by staff from other centres in the city.

By the fourth quarter of the year the hospital remained with only 34% of trained nurses' establishment.

3. OPPORTUNISTIC INFECTIONS CLINIC (OIC) WILKINS HOSPITAL

Introduction

The overall goal of Opportunistic Infections (OI) and Anti- Retroviral Therapy (ART) clinics is to improve the quality of care for HIV positive patients. This is achieved through the provision of various forms of HIV care and treatment services i.e.

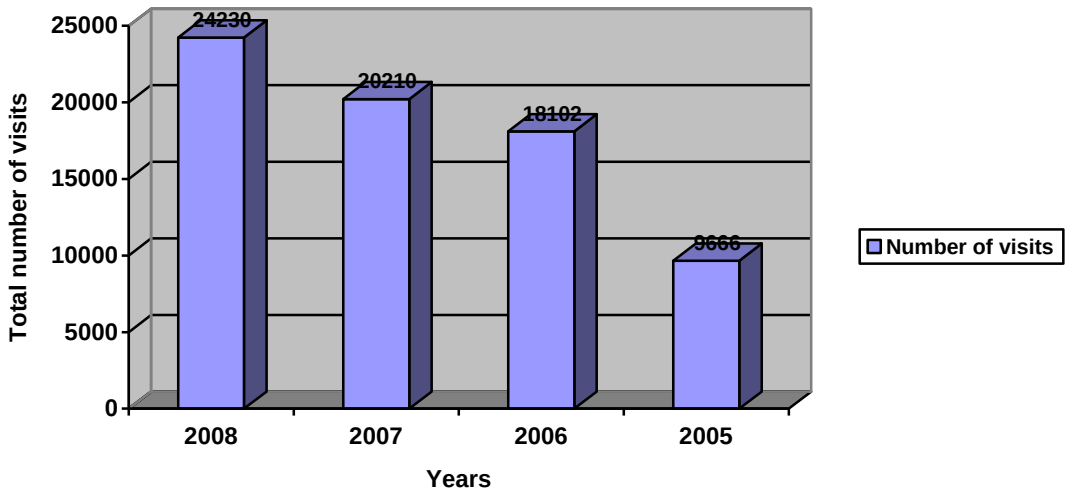
1. Provision of OI drugs and ART to HIV positive people

2. **Counseling services for:-**
   a) Psycho-social support
   b) Adherence to treatment
   c) Bereavement and crisis counseling
   d) Preventive and on-going supportive counseling
   e) Recap on Pre and Post counseling
   f) Health Education

Catchment area

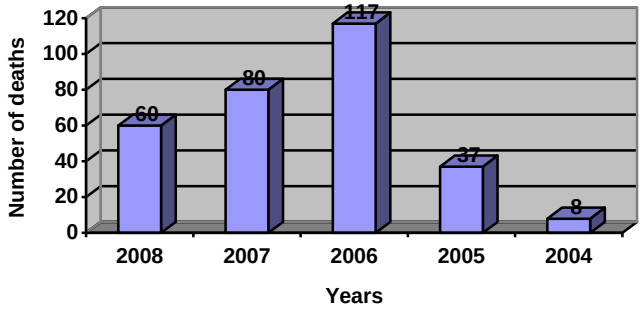
- **Harare City Health clinics**
- **VCT centres**
- **Referral from Private Doctors**

Total repeat visits per year for the past four years.



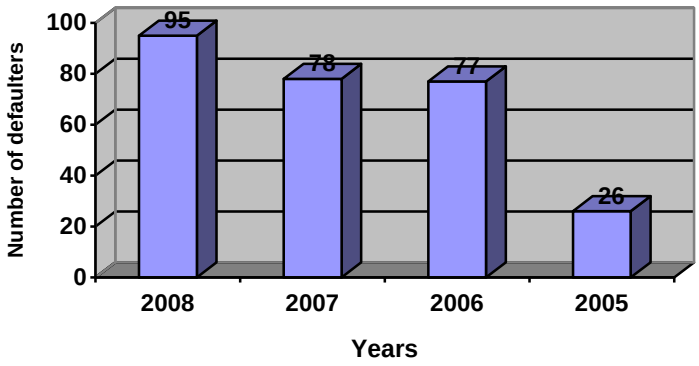
The graph above shows that repeat visits increase each year as numbers of new patients are also increasing.

Deaths over a five year period



Deaths were under reported because of some logistical problems following change of reporting system.

Trend of defaulters in five years



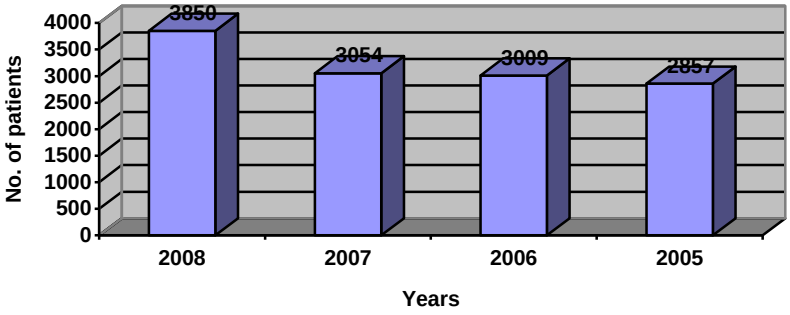
This year was characterized by failure to follow most of the defaulters. Withdrawal of locomotion facility which meant that community sisters and Environmental Health Technicians who would normally drive their own vehicles to follow up such patients could no longer do that. All clinics were affected as there is need to strengthen the defaulter tracing system in order to achieve 100% follow up system.

Total clients on ART were 8 500

- **A general increase was expected in relation with the observed increase in the number of patients under care at the clinic**
- **Clients from general practitioners joined the government programme which is free. This also added on to the increase of clients on ART.**

COUNSELLING SERVICES

Attendances over 4 years of counseling services at the Opportunistic Infections Clinic



An increase of 26.1% is noted between 2007 and 2008

DECENTRALISED ART CLIENTS

A total of 6 800 clients was decentralized to local clinics.

- **Fifteen clinics are offering ART services as follow up ART clinics**
- **ART support and supervision team was not able to visit the clinics, offering ART services because of transport constraints. There was also need to do site assessment for clinics that are not offering ART so that they can be assessed for readiness to offer ART follow up service.**
- **Harare and Parirenyatwa Hospital (OI and ART Clinic) are also decentralizing their ART clients to Harare City Health Clinics through Wilkins Hospital (OIC)**

Total decentralized was 735. This figure is cumulative since decentralizing was started in 2006.

POST EXPOSURE PROPHYLAXIS

In 2007 only 1 case was attended to compared to 6 in 2008. PEP drugs are stored in 8 polyclinics and the 2 hospitals BRIDH and WIDH.

- **OI and ART training workshops were not held in 2008 because of lack of funding.**
- **Four ZOU students came for attachment for two weeks**
- **Three students from Connect were attached for one week**
- **Primary Care Counselors who came for attachment were at our site for four months.**

Table 87: Staff establishment

POST	WIDH OIC	
	Establishment	Ideal
OIC Doctors	3	2
Nursing Sisters (RGNs)	1	6
Nurse Counselors	2	2
SCNs	3	1
Clinic Orderlies	1	1
Clinic Attendants	3	3
Filling clerks	1	4
PCC	2	4

- **As shown above, the staff compliment is not the best that it could be, and this has affected the service that the clinic has been rendering to the patients.**
- **Significantly affected is the Nursing Section.**
- **Inadequate staffing has contributed significantly toward the long waiting periods before initiation of treatment as well as the long hours that patients spend at the clinic when they come for various services.**

Needs for the clinic

- **Clinic furniture**
- **Review of staff establishment**
- **Regular supply of stationery**

SUCCESSES

1. **Sustained initiation of patients on ART**
2. **Maintained good liaison with other countries e.g. Harare Hospital/Parirenyatwa Hospital, The Centre, Non Governmental Organizations Ropka**
3. **Clinics are able to order drugs for themselves from Natpharm successfully**

CHALLENGES

- **Security of drugs not satisfactory as demonstrated by some incidences of pilferage**
- **Shortage of staff**
- **Poor defaulter tracing system since there is no transport and staff**
- **Not able to do clinic support and supervision visits because of lack of transport**
- **Inability to roll out ART decentralization programme to more clinics because of failure by some clinics to meet the standard requirements**

- **Inability to do site assessments in all remaining clinics due to unavailability of transport**
- **Quarterly meetings on decentralizing were not held due to lack of funding**
- **Occassional stock outs of drugs especially 2nd line and first alternative drugs. Fluconazole was also out of stock for the greater part of the year.**
- **Stationery was a major challenge during the year 2008. This was with respect to patients files, clerk sheets, continuation sheets and laboratory request forms.**
- **Inability to do repeat CD4 counts on most of the patients already on treatment. This was as a result of the limit which was set by the lab to 75 specimens per session and also the fact that investigations were being done once a week.**
- **The effort to mobilize toys and educational material for the paediatric patients and visitors did not yield any positive result**

VISION OF 2009

- **To provide better quality care, prevention, treatment and support services.**
- **To decrease waiting period to one week**
- **To decentralize to the rest of the local authority clinics**
- **To train 80% of the staff who are hands on ART programme**
- **To establish paediatric HIV care which takes care of children of all age groups**

SUCCESSES

- **Support group well established and providing a platform for socializing, sharing experiences and relationship building for some patients.**
- **The facility continued offering services even during the industrial action by the rest of the country.**
- **OIC staff continued showing their dedication to walk an extra rule and have that extra heart beat for the patient's despite the economic hardships that were experienced during the year.**

The clinic managed to identify a day of the week (Wednesday) which was meant for the paediatric patients as their consultation day. This was meant to ensure that they spent minimal time at the clinic since their files are pulled out a day before.

CHAPTER XI

ADMINISTRATION, FINANCE AND HUMAN RESOURCES MANAGEMENT

FINANCE SECTION

The Department, like every organization in the country, was operating in a very challenging environment characterized by hyper inflation, high unemployment, shortage of foreign currency and the shortage of basic commodities.

Support from Government continued to dwindle as they could not honour the 1976 Public Health Financing Agreement where Government had undertaken to fund 50% of recurrent expenditure on clinics and infectious diseases hospitals.

BUDGET PERFORMANCE TO DECEMBER 2008

The ravages of the harsh operating environment came with its own challenges in as far as service delivery was concerned. The partial relaxation of the price freeze saw business apparently adjusting prices upwards. Quotations in most instances were valid for only 48 hours if not less. Unscrupulous suppliers came up with multiple pricing structures, one for cash and the other higher one for cheque or RTGs payments. The performance of the economy exposed the operations of the Department to serious challenges, to which Council responded by crafting three revenue budgets before adopting aggressive strategies in conjunction with frequent reviews of user fees in order to mitigate the impact of the economic meltdown.

As a result of the above initiatives, all income items outperformed the budget as at 31 December 2008 due to the frequent reviews in line with Council resolution dated 24 July 2008.

SOURCES OF HEALTH FINANCING

The main source of funding of health services in the City, as in previous years, remained the Rates account followed by user fees and government grant. The contribution by Central government, at 0.09% has become insignificant and this is worrying particularly since the department is, by and large, guided by government policy in its user fees. More than 95% of the patients accessing health care at the two hospitals do not pay fees and at all our clinics we do not deny access to care because of inability to pay. Expenditure on health services is a major funding burden on Harare ratepayers and funding of health services in the City therefore remains a major challenge.

INCOME ANALYSIS

More income was collected from fees than was expected due to quarterly adjustments of the fees in line with the prevailing rate of inflation. Less income was collected from Hawkers fees following the suspension of hawking during and after Operation Murambatsvina. As long as Central Government does not make a substantial contribution in the form of a Health grant, the Department will continue to face operational problems which are aggravated by Treasury's failure to assist regularly due to its own pressing commitments.

EXPENDITURE ANALYSIS

The overall deficit if $10 quadrillion is mainly attributable to monthly reviews of salaries and allowances in tandem with month on month inflationary trend. However, Council's

inability to incur expenditure freely due to insistence by suppliers of goods and service providers on being paid in cash or in foreign currency saw its level of expenditure on general expenditure, repairs and maintenance become depressed resulting in the reduced deficit of $10 quadrillion.

The introduction of FOLIWARS, FELOCS, FELIPADS and FELIPROS and the total collapse of the cheque system as a medium of exchange also had an impact on the pattern of expenditure.

There were budget over-runs in salaries and general expenses. The over expenditure for salaries was a reflection of regular upward reviews to cushion the employees against hyper-inflation. In general expenses, notable deficits were recorded in drugs and dressings, books printing and stationery and protective measures accounts due to unprecedented rises in prices caused by the prevailing hyper-inflation.

Unfavourable Variances

The ever increasing prices of goods and services caused the department to seek for a supplementary budget and there were budget overruns in the following budget items:-

- **Salaries and Allowances**
- **Drug and dressings**
- **Sundry Materials**
- **Books, Printing, and Stationery**
- **Protective Measures**

Favourable Variances

There was under expenditure in the following budget items. However this under expenditure is a reflection of essential expenditure not incurred but with medium to long term negative repercussions on either service delivery or capacity enhancement.

- **Travelling Many employees stopped using their own vehicles for Council duties mainly because of unavailability of fuel and exorbitant prices of the commodity on the black market where it was available. This resulted in funds set aside for locomotion not being utilized.**
- **Repairs and Maintenance Many vehicles that needed repairs were not repaired because of lack of spare parts. There was negligible expenditure on the repairs of buildings.**
- **Capital Charges No capital projects were carried out resulting in savings on interest charges and the anticipated loan repayments.**

Table 88 is the Income and Expenditure Statement for the year 2008.

Table 88: Income and Expenditure Account

DETAILS	EXPENDITURE 2008 $	INCOME 2008 $	EXPENDITURE 2007 $	INCOME 2007 $
Administration charges, Clinics and Family Health Services	9 048 196 702 226 270	977 634 004 490 447	392 341 000 000	47 870 000 000
Dental Clinic	283 432 874 643 131	360 443 044 944 905	12 290 000 000	5 616 000 000
Tuberculosis and Medical Examination Centre	279 235 577 394 551	82 722 950 564 648	12 108 000 000	253 000 000
Environmental Services	1 021 949 631 738 090	990 000 000 000 000	44 313 000 000	18 711 000 000
Hospitals	1 943 118 005 364 660	94 750 000 000 000	84 256 000 000	4 235 000 000
Total	12 575 932 791 366 700	2 505 550 000 000 000	545 308 000 000	76 685 000 000
Net Deficit transferred to Rate Account	12 575 932 791 366 700	-10 070 382 791 366 700 - 7 564 832 791 366 700	545 308 000 000	- 468 623 000 000 -391 938 000 000

CHOLERA DONATIONS

The department received a lot of support from partners towards the cholera outbreak. Annexure 2 is the donations register.

PARTNERSHIPS

The department received support from the International Committee of the Red Cross. The support, to eight clinics namely Mabvuku, Rujeko, Kuwadzana, Budiriro, Glen View, Mbare, Rutsanana and Mufakose comprised of the following:-

- **Supply of drugs**
- **Supply of medical sundries**
- **Payment of transport allowance**
- **Assistance with food packs**
- **Repair of roof at administration block at Mufakose**
- **Water supply – fitting of boreholes at Budiriro and Glen View and pumps at Mabvuku and Rutsanana**

The department also received substantial support in the form of drugs and sundries worth Euro 400 000 from the City of Munich and German Government, through Help from German.

CAPITAL PROJECTS

No major capital projects were carried out during the year because of lack of funds. Borrowing powers were sought and approved but because of very high cost of capital no loans were secured.

As indicated in previous years, the solution to investment in capital projects lies in the City seeking smart partners and efforts will continue in 2008 to forge smart partnerships. The Department again failed to make enough progress in the completion of Kuwadzana Phase 4 and Budiriro Phase 5 poly clinics as well as the much desired completion of wards at Wilkins hospital.

Annexure 3 is a detailed list of the capital projects and items for the Department in order of priority.

TABLE 89: CAPITAL PROJECTS AND ITEMS FOR THE DEPARTMENT

PROJECT TITLE	PROJECT DESCRIPTION	ESTIMATED COST US $
Completion of Kuwadzana Phase 4 Polyclinic	Polyclinic with maternity and curative services meant to provide primary health care to low to medium income population	$150 000
Completion of Budiriro Phase 5 Polyclinic	Polyclinic with maternity and curative services meant to provide primary health care to low to medium income population	$150 000
Completion of Wilkins Hospital new wards	New wards meant to increase bed capacity for Wilkins Hospital. Three storey building suitable for modern hospital beds located outside but close to the Central Business District. Hospital support services available.	$500 000
Construction of ward toilets at Rujeko Polyclinic	Rujeko Polyclinic is a council clinic in one of Harare's poor suburb of Dzivaresekwa. Clinic was not purpose build and the current facilities are inadequate and in a state of disrepair	$50 000
Renovation of Medical Examination Centre	This is the main TB referral centre for the centre but also serves as medical examination centre for other services for industry and commerce. Project envisages a state of the art city medical examination monitoring centre	$150 000
Beatrice Road Infectious Diseases Hospital elevator	Elevator required to link the three floors for the movement of patients, staff, public and hospital logistics	$150 000
Construction of Hopley Clinic	The project entails the construction of a new primary care clinic to service the new settlement	$300 000
Tiling and Partitioning of Gershon Dental	Project envisages resurfacing of the clinic with ceramic tiles and also creation of extra space for dental surgical procedures and offices	$30 000
Refurbishment of all clinics	All council clinics require routine maintenance that includes painting, attention to floors, cupboards, toilet systems, repairs to leaking roof and ceiling.	$200 000
Installation of water tanks and boreholes at 10 clinics	Installation of boreholes at 10 clinics and installation of water tanks at 10 clinics	$80 000
Standby Generators x 12 /solar system	Electric generators for the city's polyclinics. Generators should have capacity to provide lighting and power to the essential emergency medical equipment	$12 000
Standby Generator Heavy Duty 450kwh	Electric Generator for the City's main hospital – Beatrice Road Hospital. Generator should have capacity to provide lighting to the hospital and power to hospital support services like kitchen, laundry, mortuary elevator	$10 000
Autoclaves x 26	Autoclaves to sterilize surgical instruments at most of the council clinics	$39 000
Suction machine x 6	Suction machines required at all polyclinics	$3 000
VEHICLES		
One Tonne Trucks x 10	Vehicles required for logistical support to the city clinic and hospitals	$200 000
Ambulances x 4	Ambulances required for inter hospital transfers and clinic – hospital referrals	$100 000
Sedan x 10	Required for supervision and for the use during and after work by health professionals	$150 000

TRANSPORT

There was no improvement in the transport situation for the Department. There were still more vehicles off the road than there were on the road throughout the year. Annexure 4 shows the vehicle status as at 31 December 2008.

TABLE 90: SHOWS THE VEHICLE STATUS AS AT 31 DECEMBER 2008

VEHICLE MAKE	REG. NO	YEAR	STATUS	USER & SECTION
Mazda 323	AAE7576	1992	Non Runner	Admin-BRIDH
Nissan Sentra	AAE7604	1997	Non Runner	Admin-H.Education
Nissan Sentra	AAE7605	1997	Non Runner	Admin-RMB
Madza 323	AAE7607	1992	Non Runner	Admin-Nurse
Mitsubishi Lancer	AAE7611	1994	Runner	Admin-RMB
Nissan Sentra	AAE7614	1990	Non Runner	Admin-Research
Mitsubishi Lancer	AAE7617	1994	Runner	Admin-Fund Accountant
Mitsubishi Lancer	AAE7618	1994	Runner	Admin-BRIDH
Toyota Landcruiser	AAE7623	1993	Non Runner	Admin-RMB
Nissan Largo	AAE8336	1990	Non Runner	Admin-Clinics
Isuzu KB250	AAE8421	2000	Runner	Admin-AD Environmental
Toyota Landcruiser	AAT8815	2006	Non Runner	Deputy Director of Health
Nissan Hardbody	ABA6353	2006	Runner	Deputy Director of Health
Nissan Sentra	AAE7603	1993	Runner	DMO
Mitsubishi Lancer	AAE7609	1994	Non Runner	DMO
Mitsubishi Lancer	AAE7610	1994	Non Runner	Dentist
Isuzu KB260	AAE7619	1997	Runner	TB Leprosy
Mitsubishi L200	AAE7578	1994	Non Runner	Environmental
Mitsubishi L200	AAE7601	1995	Runner	Environmental
Mitsubishi L200	AAE7616	1994	Non Runner	Environmental
Mitsubishi L200	AAE7622	1995	Non Runner	Environmental
Mitsubishi L200	AAE7624	1995	Non Runner	Environmental
Mitsubishi L200	AAE7606	1995	Non Runner	Environmental
Mitsubishi Lancer	AAE8340	1994	Non Runner	Environmental
Mitsubishi Lancer	595-172A	1994	Non Runner	Environmental
Toyota Landcruiser	AAE7612	1989	Runner	H.Education
Nissan Sentra	AAE5001	1997	Non Runner	Nutrition
Mitsubishi L200	AAE5559	2006	Runner	Pest Control
Mitsubishi L200	AAE5560	2006	Non Runner	Pest Control
Mazda B2500	AAE7613	1997	Runner	Pest Control
Renault B110	AAE8339	1996	Non Runner	Pest Control
Mitsubishi L200	AAE7602	2001	Runner	Transport
Mitsubishi L200	AAE7615	1995	Non Runner	Transport
Mitsubishi L200	AAE7621	2001	Non Runner	Transport
Mitsubishi L200	AAE7577	1995	Non Runner	Transport
Mitsubishi L200	595-302R	1994	Non Runner	Transport
Mitsubishi L200	AAE8341	1994	Non Runner	Transport
Mitsubishi L200	620-101X	1994	Non Runner	Transport
Nissan PG720	AAE7625	1992	Non Runner	Transport
Mazda B1600	AAE8334	1988	Non Runner	Transport
Mazda T3500	AAE8402	2006	Runner	Transport
Renault B110	AAE8335	1994	Non Runner	Transport
Renault B110	AAE8337	1994	Non Runner	Transport
Renault B110	AAE8338	1994	Non Runner	Transport
Toyota Hilux	204TCE12	2000	Runner	EPI
MOTORBIKES				
Yamaha YB100	AAU9008	1994	Non Runner	Environmental
Yamaha YB100	AAU9009	1994	Non Runner	Environmental
Yamaha YB100	AAU9010	1994	Non Runner	Environmental
Yamaha YB100	AAU9011	1994	Non Runner	Laboratory
Yamaha YB100	AAU9012	1994	Non Runner	Laboratory
Yamaha YB100	AAY8051	1994	Non Runner	Carpenters
Yamaha YB100	AAE8052	1994	Non Runner	Environmental
Yamaha YB100	596-878E	1994	Non Runner	Environmental

Ideally the department will benefit from a decentralized transport management system where vehicles are allocated to districts, but the critical shortage has left the department with no option except to centralize.

REPAIRS AND MAINTENANCE

The Department continues to face major challenges in the repair and maintenance of the major buildings and equipment. Scheduled maintenance of building was non existent in 2008, as in previous years and cumulatively this has resulted in major deterioration of the state of buildings and infrastructure at the clinics and hospitals.

Capacity constraints at sister departments such as the Nenyere building, plumbing and carpentry workshops as well as the Automotive workshops continue to severely affect all maintenance work at the clinics.

LAUNDRY AND LINEN SERVICES

The Department did not manage to install all the new laundry machines and we are hopeful that these will be fully commissioned in 2009.

The Department however needs to start the process of planned replacement of other laundry machines like the roller iron and pressers.

In the medium to long term it will be desirable to decentralize laundry where smaller laundry machines will be provided to the poly clinics while maintaining a central laundry service at Beatrice Road Infectious Diseases hospital.

There was almost no new replacement of linen for the clinics and hospitals and all our clinics and hospital face a critical shortage of all linen items. Efforts will be redoubled in 2009 to replace linen for all the clinics.

Table 91: Sources of funds

SOURCE	APPROXIMATE 2008	%	APPROXIMATE 2007	%
Clinic/hospital and other fees	224 360 740 750 625	0.03	83 289 616 558	17.77
Government Grant	155 000 000 000	0.00	775 000 000	0.17
Rates Account	670 313 665 299 249 000	99.97	384 558 383 442	82.06
Total	670 538 181 040 000 000	100	468 623 000 000	100

HUMAN RESOURCES MANAGEMENT

EMPLOYMENT

APPOINTMENTS

DESIGNATION	GRADE	TOTAL
Medical Laboratory Scientist	8	11
Nursing Sister	9	22
Assistant Catering Supervisor	11	1
Nutritionist	8	1
Domestic Attendant	11/15	35
General Labourer	15/16	17
PROMOTION		
Chief Pharmacist	5	1
Administrative Assistant (Audit)	9	1
Chief Clerical Officer	10	2
Senior Clerical Officer	11	1
Receptionist	12	1
Machine Operator	13	3
REINSTATEMENT		
Environmental Health Officer	8	1
TRANSFERS OUT		
Senior typist	10	2
Senior clerical Officer	11	1
General labourer	16	1
TERMINATION		
Doctor	4	1
Nursing sister	9	29
SCN	8	4
Nutritionist	8	1
Sister in charge	8	6
Dental officer	5	1
Administrative assistant	9	2
Environmental health technician	9	3
Medico social worker	9	1
Pharmacy technician	9	1
Dental therapist	5	1
Plumber	10	1
Senior typist	10	1
Senior clerical officer	11	2
Clerical officer	12	1
Dental attendant	11	1
Kitchen attendant	14	1
Mortuary attendant	13	1
Waitress	14	1
Clinic orderly	13	2
Domestic attendant	16	1
RETIREMENT		
Cook	12	1
Nursing sister	9	2
Environmental health technician	10	1
Sister in charge	8	4
State Certified Nurse	8	5
Senior operator	11	1
Clinic orderly	13	1

Driver	**12**	**1**
Domestic attendant	**16/15**	**3**
Nursing sister	**9**	**2 early retirement**
D N O	**7**	**1 early retirement**
Clinic orderly	**13**	**1 medical grounds**

DISMISAL

State Certified Nurse	**9**	**1**
Clinic Orderly	**13**	**1**
Domestic Attendant	**16/15**	**1**

DEATHS

Matron 111	**6**	**1**
Nursing Sister	**9**	**10**
Senior Clerical Officer	**11**	**1**
Clinic Orderly	**13**	**3**
Primary Care Counsellor	**11**	**1**
Domestic Attendant	**16/15**	**2**
General Labourer	**16/15**	**2**

HEALTH AND SAFETY

HEALTH (continuous sickness)

Nursing Sister	**9**	**5**

HEALTH (sickness)

DESIGNATION	**GRADE**	**TOTAL DAYS**
State Certified Nurse	**9**	**871**
Nursing Sister	**9**	**1167**
Senior Clerical Officer	**11**	**428**
Sister in Charge	**8**	**388**
Environmental Health Officer	**8**	**5**
Medico Social Worker	**9**	**2**
Divisional Env Health Officer	**7**	**3**
Health Education Officer	**7**	**6**
Chief Health Education Officer	**6**	**5**
District Health Education Officer	**8**	**12**
Dental Officer	**5**	**3**
Radio Grapher	**9**	**2**
Dental Therapist	**9**	**7**
Matron 11	**6**	**6**
Matron 111	**7**	**87**
Switch Board Operator	**12**	**20**
Clerical Officer	**12**	**5**
Clinic Orderly	**13**	**1224**
Darkroom Attendant	**13**	**11**
Machine Operator	**13**	**213**
Messenger	**15**	**5**

LEAVE ENTITLEMENT

MATERNITY LEAVE

DESIGNATION	**GRADE**	**TOTAL DAYS**
Nursing Sister	**9**	**631**
Health Education Officer	**8**	**90**
Domestic Attendant	**16/15**	**673**
Kitchen Attendant	**14**	**98**
Clinic Orderly	**13**	**294**

STAFF ESTABLISHMENT AS AT 31 DECEMBER 2008

EXECUTIVE	ESTABLISHMENT	INPOST	VACANCIES
Director of Health Services DR S MUNGOFA DR P C CHONZI	1	2	0
Deputy Director of Health Services	2	0	2

DESIGNATION	ESTABLISHMENT	INPOST	VACANCIES
Medical/Dental Personnel			
District/Departmental/Clinical Medical Officers	19	9	10
Senior Dental Officer, Dr J A Van Bel	1	1	0
Dental Officers	2	0	2
Environmental Health Personnel			
Assistant Director of Health Services (Environmental)CHIBANDA	1	0	1
Assistant Chief Environmental Health Officers: Mr J J Kandwe Mrs E F Sikwila	2	2	0
Pest Control Manager: Mr M Zimba	1	1	0
Operations Manager Pest Control	1	0	1
Divisional Environmental Health Officers	5	5	0
Senior Environmental Health Officers	17	12	5
Environmental Health Officers	20	17	3
Health Technologist	1	0	1
Atmospheric Pollution Technicians	2	2	0
Senior Environmental Heath Technicians	10	9	1
Environmental Health Technician	32	19	13
Hygiene Assistant	1	1	0
Pest Control Attendants	20	24	-4
Nursing Personnel			
Assistant Director of Health Services (Nursing) Mrs P Munyaradzi	1	1	0
Deputy Principal Nursing Officers: Mrs S S Mwamuka	2	1	1
Matrons			
Beatrice Road Infectious Diseases Hospital: Mrs P Matimbe (Matron III)	2	1	1
Wilkins Infectious Diseases Hospital: Mrs D Nyoni (SECONDED TO NGO)	1	1	1
Medical Examination Centre:			
Mr S Chinyanga	1	1	0
District Nursing Officers	8	7	1
Sisters-In-Charge	80	57	23
State Registered/Certified Nurses	616	470	146
Primary Care Counsellors	35	9	24
Clinic Orderlies	171	143	28
Domestic Attendant	186	176	10
General Labourers	59	58	1
Administration, Finance & Human Resources Personnel			
Assistant Director of Health Services (Admin & Finance) (Mr R Chigerwe)	1	1	0

DESIGNATION	ESTABLISHMENT	IN POST	VACANCIES
Assistant Personnel Manager (Mrs Muchena	1	1	0
Fund Accountant (Mr Chinho)	1	1	0
Senior Administrative Officer (Hospitals):			
(Ms D Nyaguse)	1	1	0
Revenue & Budget Officer	2	1	1
Administrative Officers	1	0	1
(Personnel, Clinics & G/Administration)	2	1	1
Internal control & Licensing Officer	2	1	1
Administrative Assistants: Personnel/Districts			
/Stores/Hospitals/Registry Supervisor/			
Transport Supervisor	11	9	2
Secretaries to Head and Deputy Head			
Mrs G Mahiya			
Ms C Bvakacha	3	2	1
Clerical/Registry/Typing Pool/Finance	114	98	16
SPECIALIST SECTIONS			
Pharmacy Personnel			
Chief Pharmacist -	1	0	1
Pharmacist	1	1	0
Pharmacy Technicians	5	3	2
Pharmacy Stores Assistant	7	7	0
Hand/Domestic			
General Stores			
Journeyman Electrical	1	1	0
Skilled Worker (Class 2) Electrical	3	2	1
Skilled Worker (Class 2) Plumber	1	0	1
Skilled Worker (Class 2) Carpenter	1	0	1
Skilled Worker (Class 2) Welder	1	0	1
Skilled Worker (Class 3) Electrical	1	1	0
Skilled Worker (Class 4) Electrical	2	2	0
Skilled Worker (Class 4) Plumber	2	1	1
Skilled Worker (Class 4) Carpenter	2	0	2
Stores Assistant/Hand/Domestic	5	2	3
Laboratory Personnel			
Laboratory Manager	1	0	1
Laboratory Scientists	11	9	2
State Certified Laboratory Technicians	5	4	1
Laboratory Hand/Domestic	3	3	0
Health Education Personnel			
Chief Health Education Officer:	1	1	0
Deputy Chief Health Education Officer	1	1	0
Health Education Officers	7	6	1
Graphic Artists	2	2	0
Health Promoters (Part Time)	218		
Nutrition Personnel			
Nutritionist Specialist: Ms C D D Zunguza	1	1	0
Nutritionists	2	1	1
Research and Development Personnel			
Leader Medico Social Worker	1	0	1
Senior Medico Social Workers	3	1	2
Medico Social Workers	4	2	2

Dental Services Personnel			
Dental Therapists	**7**	**4**	**3**
Dental Attendants	**7**	**5**	**2**
Domestic Attendant	**2**	**2**	**0**
Radiography Personnel			
Senior Radiographer	**1**	**1**	**0**
Radiographer	**1**	**1**	**0**
Others			
Messengers/Senior Operators /Operators			
Waiters/X-ray Positioner/ Dark Room Attendants/Catering Staff	**55**	**36**	**19**
General			
Driver/Mortuary staff/Laundry staff	**56**	**51**	**5**
	====	====	===
Total	**1 642**	**1 288**	**354**

TYPE SETTING AND DESIGN BY G MAHIYA (MRS)