Rotary Family Health Days (Zimbabwe) Report

The Rotary Family Health Days Zimbabwe steering committee is made up of Samuel Chikowore (Sam) Country Coordinator and Chair Chair, Joshua Chimhanda (Josh) -Treasurer, Timothy Goche (Tim) -Site Coordinator- Chitungwiza, Samson Matapure (Sam) -Site Coordinator- Mbare and Trudy Mhlanga-Ncube (Trudy) - Site Coordinator- Bulawayo.

Zimbabwe launched the RFHD program on the 23rd of June 2023. **The first site was held at Chitungwiza Citimed Hospital from the 23rd to the 24th of June 2023.** The first day of the health clinic which was a Friday attracted **275** patients. The second day which was a Saturday attracted **523** patients. This gave a total of **798** patients who came through the clinic on the 2 days of the Rotary Family Health Days in Chitungwiza. Our anticipated turnout for this clinic was between 500 - 600 patients over the 2 days.

Upon arrival at site, the assistant site coordinator recorded all the collaborating partners, the number of staff representing the partners and the number of Rotarians, Rotaractors and all from the family of Rotary who were volunteering at the event.

The site was designed such that patients first came through a waiting area which was in a marquee. As the patients got there there was an assistant site coordinator to welcome them to site. He would say a prayer and take them through the process of the health clinic. We took this briefing session as an opportunity to explain the purpose of the health camp and also to acknowledge the sponsoring and collaborating partners. At the same briefing a nurse would give a wellness talk before the patients were ushered through to the registration desk. At the registration desk there would be 2 people at the registration desk one capturing data on behalf of RFHA using the provided digital data capturing tool and the other capturing data as prescribed by the Ministry of Health and Child Care. On registration, patients were encouraged to report any likely cases of polio-derived paralysis of children under the age of 15 years as part of the Polio-surveillance.

Upon registration, the patients were issued with a serialized wrist band to confirm registration and also to ensure that no one jumps the queue and is placed in queue in order of their wristband numbers. Every 8th registrant was asked for consent to be contacted after a ninety-day period to gauge impact of the RFHA medical outreach program.

The first port of call after registration was the **vital signs desk** where ***weight, pulse, blood pressure readings, and blood sugar levels*** were recorded. Data capturing volunteers were also available at this point, recording everyone going through.

After these processes, the patients would then go to into the doctors' consultation rooms. After the doctor's consultation the patients would be directed to the relevant **point of care** which were either ***radiology, blood-screening lab, cervical cancer, prostate cancer and optometry services or a combination of the services.*** Data was again captured at this point to record the services the patients were receiving.

The following lab services were offered at the Chitungwiza Site:

H pylori	**PSA**	**TFT**	**Urinalysis**	**Malaria**	**FBC**	**U&E**	**LFT**
TB Lam	**RF**	**Widal**	**HIV**	**TPHA/RPR**	**Syphilis**	**HBA1C**	**RBS**

The following radiology services were offered at the Chitungwiza Site:

Chest X-ray	L- Spine	Knee X-ray	KUB	USS pelvis	Prostate	Hip X-ray	USS abdomen

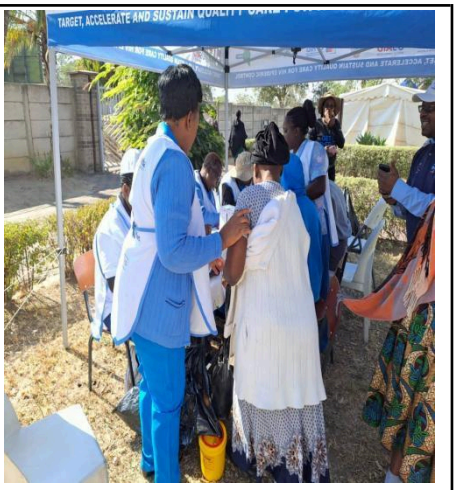
- ECG

The partners who supported the event at the Chitungwiza Site:

Ministry of Health and Child Care	Citimed Chitungwiza Hospital	Specsavers
Optinova	Ophid	

The Rotary Clubs who supported the event at the Chitungwiza Site:

RC Chitugwiza (6)	RC Msasa (5)	RC Highlands (1)
Rotaract Club of University of Zimbabwe (1)	Rotaract Club of Harare West (1)	



The 2nd site was Mbare which was run between the 30th June and 1st July 2023. Patients at Mbare were processed in more or less the same fashion as they were processed in Chitungwiza. Mbare site did not have cervical cancer as a service being offered but they had dental care added to the bouquet of services being offered.

The Mbare site recorded **460** patients on day 1 and 554 on day 2 making a total of **1014** patients served over the 2 day period. Mbare site did not have on-site and radiology and laboratory services so these had to be outsourced from service providers who came on site with their portable equipment. We had estimated a client turn out of around 1000 patients.

The following lab services were offered at the Mbare Site:

H pylori	**PSA**	**TFT**	**Urinalysis**	**Malaria**	**FBC**	**U&E**	**LFT**
TB Lam	**RF**	**Widal**	**HIV**	**TPHA/RPR**	**Syphilis**	**HBA1C**	**RBS**

The following radiology services were offered at the Mbare Site:

Chest X-ray	**L- Spine**	**Knee X-ray**	**KUB**	**USS pelvis**	**Prostate**	**Hip X-ray**	**USS abdomen**

- ECG

The partners who supported the event at Mbare Site:

Ministry of Health and Child Care	**Citimed Chitungwiza Hospital (Mbare)**	
Optinova	**Gama Laboratory**	

The Rotary Clubs who supported Mbare Site:

RC Msasa (8)	RC Harare Central (8)	RC Chitungwiza (5)	RC E-Club D9210 (1)	Rotaract Club of Harare West (1)
Rotaract Club of Harare Dawn (1)	Interact Club of Mbare High School (5)			

The third site was held on the **7th and 8th July 2023** in Zimbabwe's largest city of Bulawayo. McDonalds Hall in Mzilikazi suburb was the venue for the Rotary Family Health Days. We had 1882 patients come through during the 2 day event, about 820 coming in on the first day and the balance of 1022 visiting the following day. We had a number of partners who came forward to collaborate with us on this event. Some of the partners present at the 3rd site were:

The following lab services were offered at Mzilikazi Site:

H pylori	**PSA**	**TFT**	**Urinalysis**	**Malaria**	**FBC**	**U&E**	**LFT**
TB Lam	**RF**	**Widal**	**HIV**	**TPHA/RPR**	**Syphilis**	**HBA1C**	**RBS**

The following radiology services were offered at Mzilikazi Site:

Chest X-ray	**L- Spine**	**Knee X-ray**	**KUB**	**USS pelvis**	**Prostate**	**Hip X-ray**	**USS abdomen**

- ECG

.The partners who supported the event at Mzilikazi Site:

Minsistry of Health and Child Care	**Bulawayo City Council**	**Interpath Laboratory**
Population Solutions for Health	**AHF**	**Msasa Project**
Zimbabwe National Family Planning Council	**Council for the Blind in Zimbabwe**	**Gavi**
National Blood Services Zimbabwe	**Ophid**	**Bulawayo Junior Council (29)**
Lions Club (2)		

The Rotary Clubs who supported the event at Mzilikazi Site:

RC Belmont (15)	**RC Bulawayo Sunrise (5)**	**RC Matopos (5)**	**RC Bulawayo (8)**	**RC Bulawayo South (10)**
RC Msasa (2)	**RC Harare Central (1)**	**Rotaract Club of Nust (14)**	**Rotaract Club of Matopos (14)**	**Rotaract Club of Bulawayo West (4)**
Interact Club of Mpopoma High School (36)	**Interact Club of St Columbas (5)**			

ROTARY FAMILY HEALTH DAYS

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PICTURES

As a committee we had planned to run 2 campaigns at each of the three sites- Chitungwiza, Mbare and Bulawayo. For round 2 the plan was to run the same 3 sites with additions of Gweru and Mutare. However this plan could not be realized as we had in a budget overrun in the first round. The increased costs were as a result of a number of reasons as is elaborated below:

1. ***A Budget overrun*** was experienced at all 3 sites. The initial budget of about $12,000.00 per site in the the first phase proved unrealistic as we were not able to court any pharmaceutical companies as partners or sponsors. On launching the program at all the 3 sites- Chitungwiza, Mbare and Mzilikazi we found ourselves overwhelmed with number of people seeking services far more than we had anticipated for the combined total. We quickly ran out of the budgeted drugs and we

had to make the executive decision on the go to turn away patients without the basic drugs such as painkillers or to boost stocks. This shortcoming was experienced at all 3 sites and our decision to augment drug supply was on the basis of creating impact for the program as well as giving it the necessary authentication so that there is better chances of launching the same in the future. This resulted on average in a **+/-52.5%** increase on the budgeted figure across the 3 sites.

2. ***Delayed approval*** from Ministry of Health and Child Care (MHoCC)- There was a delay of almost 1 year in getting approval to hold the RFHD from the MHoCC since it was required that a signed Memorandum of Understanding (MOU) with the Ministry be in place before the health camps could be implemented. Unfortunately Rotary Zimbabwe had to first register a trust to be able to sign the MOU with the Ministry. While the initial steering committee which was headed by Stella Dongo was in the process of trying to register the trust there was a moratorium in the registering of trusts. As I took over as the Country Coordinator for Zimbabwe RFHD, the MHoCC directed that MOUs with the Ministry could now only be signed with registered Private Voluntary Organisations (PVOs) which meant that trusts were no longer eligible partners for MOUs with the MHoCC. This required that we started on a process of registering the PVO. This process is quite onerous as it is said to take anything between 6months to 12months. We had to ***request a waiver*** from the MoHCC to be able to conduct RFHD outreaches as we felt as a committee that it was important that Zimbabwe like the other countries selected for the pilot be able to participate in this first year before the funding closed and at the same time beating the country's election period for the elections slated for the 23rd of August 2023.

The major disadvantage we experienced was that timing did not allow us to coordinate and bring on board all potential partners to be able to stretch the dollar to reach the desired 1:44 ratio as there was not sufficient time planning given the given the time constraints noted above. Given enough planning time the steering committee could have engaged with more partners in good time.

3. ***The Zimbabwe Economy is*** experiencing great turbulence at the moment hence most potential partners were not able to come on board or were only able to do so partially due to their limited financial capacity to sponsor the event. We believe that with a better economic outlook even our main partner the Ministry of Health and Child Care will be in a position to contribute more to this initiative as compared to what was witnessed in the 3 concluded Zimbabwe Rotary Family Health Days camps.

4. ***Proof of Concept*** proved to be a major source of discouragement to the other would be volunteers, partners and sponsors, Since this was the first time that the Rotary Family Health and Aids Prevention Action Group was launching the Rotary Family Health Days program in Zimbabwe, buy-in was relatively low since the various identified were uncertain as to how the program would turn out. Now that the program has broken ground, we believe that there will be better support in future interventions from all stakeholders- The Ministry, Rotary Clubs and Rotarians, corporate sponsors and partners and all other volunteers and well-wishers.

Benefits- The program proved popular and a lot of patients were able to access health care which might have been a pipe dream for many. In excess of 3694 patients were able to access services in period the Rotary Family Health Days program ran in Zimbabwe. We have managed to create a rapport with the Ministry of Health and Child Care and other partners which I believe creates solid ground for future interventions.

Lessons Learnt- The program requires sufficient planing if it is to draw a critical mass of partners sponsors and volunteers. The program also needs to be taken to areas outside the cities so that the program benefits more of the target population who are really starved of health services.

Way Forward- Rotary Zimbabwe has now embarked on the process of regularizing its registration status so that it can legally enter into the MOU with the Ministry Health and Child Care. We believe that with the registration process on going we can now plan our future Rotary Family Health Days (RFHD) events better since we will have more time to plan and to engage with all the relevant stakeholders.

It is the aim of RFHD Zimbabwe to take future events out of the urban areas as we believe there is more demand for the service there compared to to the areas we held the events in the first phase. Phase 1 gave us the necessary footing to be able to launch in the remote areas in the future interventions.

Financial Report- Please refer to accompanying financial document.