



# Tony Waite Organisation

*Hiv And Aids Service*

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## MONTHLY REPORT JUNE 2015

### INTRODUCTION

Tony Waite Organisation is operating in Kariba urban and peri urban in wards 1, 2,3,4,5,6,8,9 and 12. Tony Waite Organization intervention envisions holistic approach in caring and proving welfare of the affected children, youths, men and women. The organization has continued focusing on women`s health in wards 1, 2, 3,4,5,6 8, 9 and 12 where door to door visits and ward meetings continue to take place.

### OBJECTIVES

- To identify needy clients through community volunteers and CPC registers.
- To improve on household income, food security and health.
- To provide Care and Support Services and Palliative Care.
- To provide comprehensive scholastic and psychosocial support.
- To strengthen co-ordination and networking

### PLANNED ACTIVITIES

- C& HBC,
- Monthly PMTCT Ward meetings,
- Youth Clubs and Support Group meetings,
- Monitoring of livelihood projects,
- Kapenta monitoring, marketing, packaging and selling.
- Outreaches for hard to reach areas
- Gender Transformative Community mapping.
- Focus Group Discussions

## **1. IDENTIFICATION OF NEEDY COMMUNITY MEMBERS**

Secondary Caregivers continued to identify people in need of care and to provide services in the community. It is of great importance to note that they also continue to identify people who need nutritional support, scholastic support, palliative care and counseling as well as issues to do with gender based violence.

## **2. TO IMPROVE HOUSEHOLD INCOME, FOOD SECURITY AND HEALTH**

### **NUTRITIONAL SUPPORT**

A total of 159(72m 87f) beneficiaries were reached with feed for the month and the breakdowns are as below (71m 83f) OVC benefitted from fish heads. There were no kapenta donations for the month. A new client was also assisted with nutritional support. See photo below of Ms Vengere conducting feed distribution



### **Mushroom training**

The organisation partnered with Agritex Office in order to carry out the mushroom farming/production training in the newly constructed shade cloths. During this training the participants were given information on how to cultivate the crop which is essential for income generating. The participants learnt on the 2 types of mushroom namely Oyster and Button. Mushroom is well known for boosting the immune system reducing high blood sugars especially to diabetic people and help patients suffering from BP and cancer. This is a way of promoting food security and diversifying on the garden produce. PADARE garden was recommended for mushroom cultivation and the members were urged to modify the temperatures using plastic bags

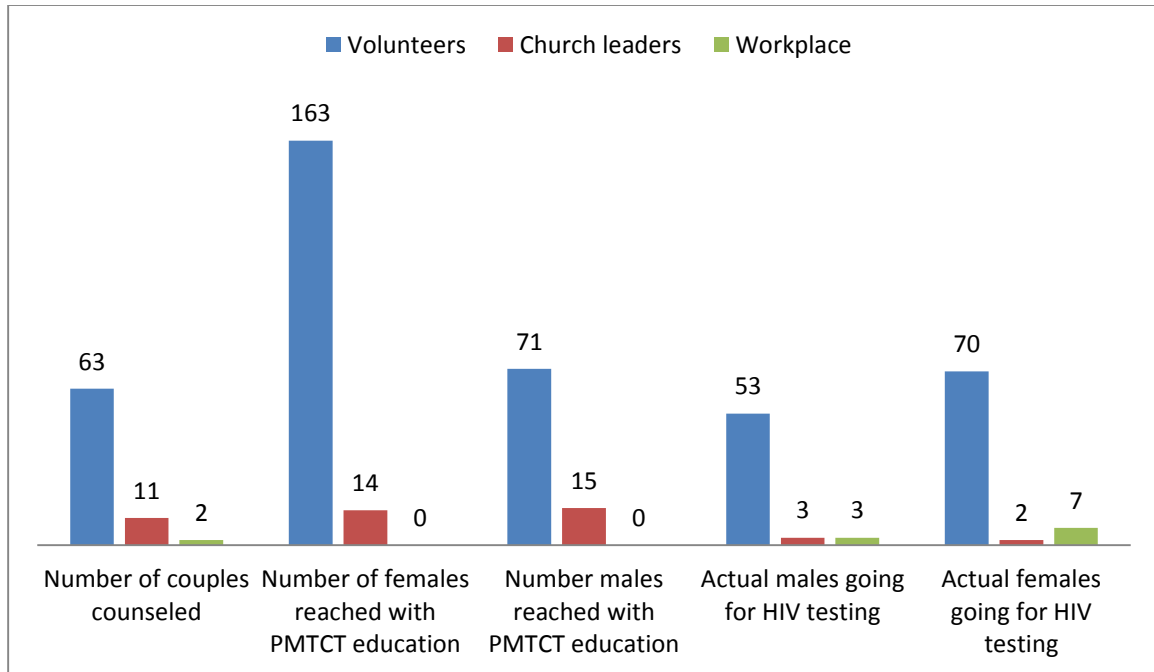
The education encompassed preparation of mushroom compost, house for mushroom, harvesting, record keeping and the growing conditions. Garden members were urged to buy seeds from Ped stock which has seeds which suit Kariba hot temperatures. See photos below of the theory and practical lessons



### **MEDICAL SUPPORT**

A total of 2292 (954m 1338f) were reached with SRHR information which led to 123(53m 70f) getting tested for HIV. Secondary caregivers continue to conduct door to door visits reaching 144(56m 88f) and ward meetings reaching 232(77m 155f) disseminating information on PMTCT. They have also counseled 24 (11m 13f) youth. Secondary Caregivers have managed to offer assistance to 53(25m 28f) individuals on GBV. They have managed to refer and assist the clients in making informed decisions. They have also managed to give TB adherence support to 65(23m 42f) individuals. This has proved to be imperative as the caregivers are continuing to assist some of the clients who are discontinuing from life saving medication. Church leaders continue to intervene in Women's health, new born and child health. They managed to reach 11 couples and 33(18m 15f) individuals with counseling. They also managed to reach 27(14m 13f) youths with counseling, 36(23m 13f) with SRHR information. The trained workplace IBCF managed to reach 2 couples with counseling, and 10(3m 7f) actually going for HIV. They also distributed 130 male condoms.

See graph overleaf in comparison of figures reached.



Through the organisation work hand in glove with other stakeholders, a male client was referred to Social service and he was assisted with medical support.

### **Stakeholder Gender Transformative Mapping Exercise**

The organisation carried out the mapping exercise in order to make stakeholders to understand the context and relevance of Gender Transformative model in HIV and AIDS programming in order to stimulate integration and to enable stakeholders to understand the difference and effect between gender transformative HIV programming and gender mainstreaming. This is done in order to usher in a new era where by gender concept is understood clearly without misinterpretation.

Arrays of issues were revealed and among them include cultural practices which cut across health programs. Religion has been factored out as a pulling factor as women are being urged to do home deliveries. This is substantiated with religious sects such as Mwazha and Johanne Marange which denies the use of contraceptives and hospital delivery.. Lack of information and knowledge, witchcraft, attitudes, control over resources; trust in traditional midwives, misconceptions and myth have also ben pointed out as health seeking barriers. Recommendations were mentioned that these trusted midwives should be given information,. Institutions included churches using doctrines, unfriendly health service

providers, traditional leaders, male attitudes e.g. towards pregnancy, lack of infrastructure.

Mr Maodzwa and Ms Vengere facilitating.



The reparable effects have speaks volume as there has been high school dropouts, increase in orphans, few male supporting the programs. In order to combat this, the solutions were listed as interventions through information dissemination, awareness campaigns, capitalizing on the political functions or gatherings to disseminate information, visits at workplaces or even beer halls and advertising through bill boards and some of them can be displayed in the stadiums.

### **Focus Group Discussions**

The organisation conducted Focus group discussions at Zabona, Mfelandawonye and Jumbo. This provided an opportunity for the participants to be corrected on misrepresentation of gender terms as others use the term gender and sex interchangeably. The participants aired out that the healthy challenges they face encompass sewage burst, poor service delivery at the local clinic, nepotism in service delivery, late seeking treatment behavior, lack of a dentist at the hospital. In addition they noted that drug shortage has hit the arms of the local clinic to the extent that one is tasked to buy drugs at the pharmacy. This has become inaccessible and made the clients to suspect that the workers are conniving to the clients. See photo below of Ms Vengere with participants showing the jumbo toilet which needs revamping



The recommendations were that council needs to repair sewage pipes rehabilitation of Jumbo toilet which accommodates vendors, barbers. Moreover need for provision of refuse bins, it was also noted that church doctrines and men's attitude are acting as factors which are denying women in accessing health services to their full potential. The participants earnestly asked for the health workforce to have a positive attitude towards clients as clients are complaining of being handled roughly. It was noted that access to nudity by the youth due to technological advancement has rendered them to promiscuous as they use cut and paste illicit acts they watch.

This has irreparable consequences such as teenage pregnancies, rise in STI's. The recommendations were establishment of parks, engagement of youth in ISAL's such that they will use their own hands,

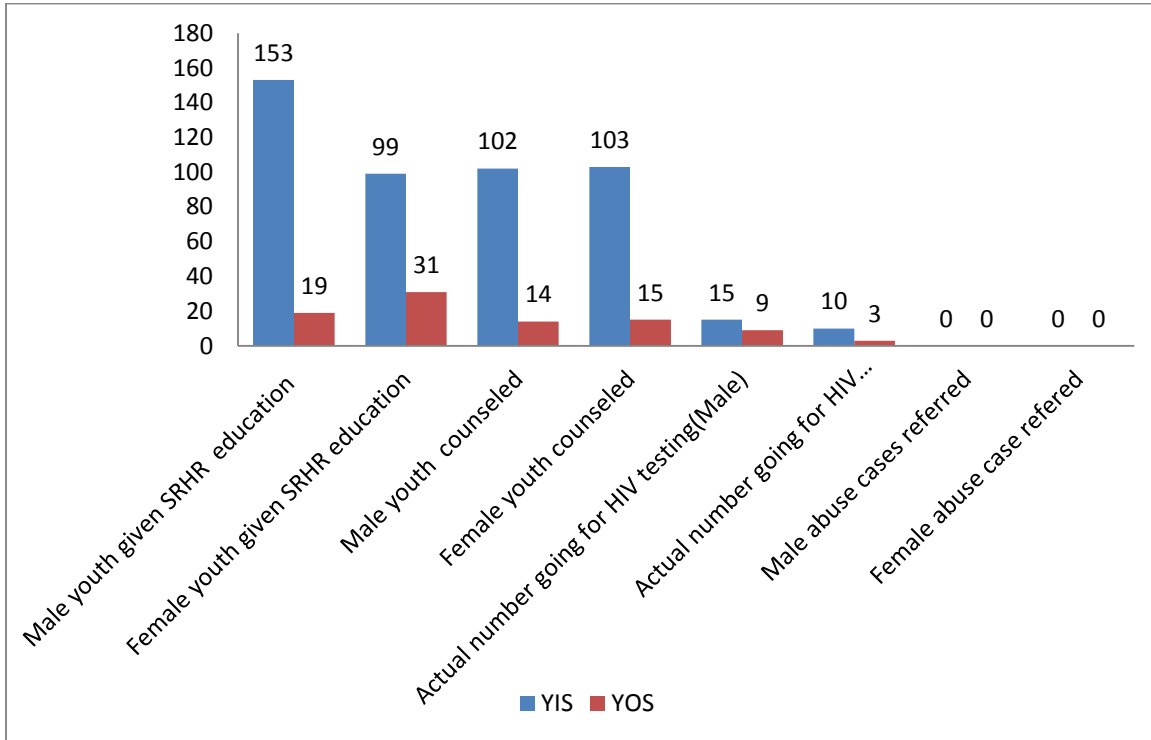
### **Outreaches for hard to reach areas**

Tony Waite Organization in partnership with Ministry of health and child care continues conducting integrated outreaches for 5 hard to reach areas in Kariba peri urban and fishing camps in the month of June. The outreaches provided the opportunity for provision of services which include Health talk encompassing cervical cancer topics, PPTCT and HIV, treatment of minor illness for instance diarrhea diseases. Immunization against measles, polio, HTC, BCG, DPT, tetanus and Vitamin A supplement, Visual Inspection and Ascetic Acid Cervical Graphic (VIAC).

The hard to reach areas like Gatche Gatche and Nyaodza fishing camps have become a safe haven for cultural beliefs to be rampant let alone late seeking treatment behavior due to lack of services, lack of knowledge and the health centers are far as compared to where the patients are. That being the case issues to do with drug adherence has become too complex. The cost of joy is as high as the people live in poor squalid conditions and substandard structures which is a premonition of poverty. There has been an outcry of diarrhea in Charara and this has been attributed to untreated water thus the organisation has integrated the services such that the community will be a healthy one. See photos below



The trained youth out of school and youth in school IBCF managed to reach a total of 573(312m 261f) with SRHR information. See YIS & YOS comparison below.



Volunteers continue to conduct home visits to Community Home Based Care clients and support visits were done.

**Below is a table of patients seen for HBC and Palliative Care.**

<b>NEW CLIENTS</b>	<b>MALE</b>	<b>FEMALE</b>	<b>TOTAL</b>
<b>CATEGORY</b>			
BED RIDDEN	0	0	0
AMBULATORY	1	1	2
WORKING	11	11	22
<b>TOTAL NEW</b>	<b>12</b>	<b>12</b>	<b>24</b>
<b>TOTAL CLIENTS SEEN</b>	<b>MALE</b>	<b>FEMALE</b>	<b>TOTAL</b>
BED RIDDEN	0	0	0

AMBULATORY	<b>2</b>	<b>5</b>	<b>7</b>
WORKING	<b>146</b>	<b>286</b>	<b>432</b>
TOTAL	<b>184</b>	<b>332</b>	<b>516</b>
CLIENTS SEEN ON ART	<b>131</b>	<b>276</b>	<b>407</b>
NUMBER OF DEATHS	<b>2</b>	<b>0</b>	<b>2</b>
CAREGIVERS AT HOUSE LEVEL	<b>16</b>	<b>49</b>	<b>65</b>
FACILITATORS PROVIDING SERVICE	<b>2</b>	<b>55</b>	<b>57</b>
NUMBER OF CHILDREN SEEN	<b>36</b>	<b>41</b>	<b>77</b>
NUMBER OF CHILDREN SEEN ON ART	<b>29</b>	<b>33</b>	<b>62</b>
HOME VISITS CHILDREN	<b>76</b>	<b>60</b>	<b>136</b>
HOME VISITS ADULTS	<b>161</b>	<b>357</b>	<b>518</b>
TOTAL HOME VISITS	<b>237</b>	<b>417</b>	<b>654</b>

## **LIVELIHOODS PROJECTS**

Padare and Charara nutritional gardens continue to scale up their activities. Secondary caregivers also continue in gardening at PADARE community garden. Secondary caregivers are assisting other clients as they are giving clients on ART vegetables from their garden. The organization continues conducting monitoring visits to nutrition gardens. At Padare garden the members are nursing tomatoes, vegetables, carrots, onions, lettuce and beetroot. ZIHOPHE garden members are still nursing pumpkin leaves, vegetables, onions, rugare and different herbs. The support groups' portion is being progressive as the members have managed to purchase seeds. There is an outcry on the worm which is destroying the plants but however the members have resorted to the use of hand picking as they are looking forward on purchasing chemicals. The other members have bought the chemical but they manage only to spray a little portion. Despite the fact that the land has been overused they are looking forward in using the sewage residue in order to fertilize their crops. The Charara garden is also being progressive as they are now nursing tomatoes, cucumber, onions, and vegetables. The members have managed to purchase seeds through the proceeds they get from selling vegetables. The garden for children is also being progressive as they have



prepared beds and they are now nursing vegetables. See photos below  
Ms Vengere monitoring Charara PLWHIV garden and children garden



PADARE garden being assessed if it can suit  
mushroom growing and ZIHOPFE garden

support group portion



### **CMEIASCT Committee**

The committee continues identifying gaps in the community health and they are hoping to mobilize resources such that the hospital incinerator may be constructed. This has posed a great challenge since the collapse of the incinerator has posed a health hazard. This is because used objects are now being thrown in bins. The situation has been made worse as animals will be busy carrying these objects and amputated organs. The members are now appealing to the business community to come in and assist

### **PSYCHOSOCIAL SUPPORT**

Youth clubs and support groups are continuing to meet once per month, holding their meetings in Nyamhunga and Mahombekombe. A total of 211(113M 98F) youths were reached during these meetings. They continue getting information on SRHR, hygiene, rights and responsibilities. The youth are revealing success stories and this is reinforced with one of the female youth who has managed to spearhead an ISAL group. They have shared their proceeds and she has managed to cloth herself as her other group members have purchased track suits.

The organisation is looking forward to propel ISAL's as recommended with HOZPAZ that there is need for the youth to be sustainable.

Mr. Kachamakwara shared a word with the newly formulated group that the youth had to be exemplary such that there will be difference between a youth who receives SRHR education and the one who does not. He also urged the youth to be involved in sporting activities which nurtures their talent and to restrain themselves from practices which are not credible to our moral sensibilities.

Mr. Kachamakwara with Chemhere youths and Ms Muchenje with Emmanuel youths



### **HOSPAZ Mentoring Visit**

HOSPAZ came for monitoring and the members Mrs Chivodze and Ms Kondani interviewed the youth and they highlighted their challenges and among them include unemployment. However some of them noted that they do piece jobs which make them to earn a living although they get a meager wage. The participants included Ward 6 youths, Nyamhunga secondary caregivers, Mr. Bwete (the youth health advisor) and Batanai youth club. It was revealed that the youth are seeking health services but however, the challenges are that of late treatment seeking behavior and practicing of sexual activities at a tender age. The lake side has been regarded as their meeting place since some of them resort as a way of wiling up time due to idleness. This has been attributed to lack of recreational facilities, few libraries, unemployment and poverty. The youth health advisor noted that youths seek health service at a later stage because the community regards sexual activities as totally unacceptable and offensive to our morals. More so the community is not open to the youth thus instilling fear in the young ones to disclose if they are suffering from infections. That being the case he recommended the community to be educated on SRHR.

Mrs Chivodze and Ms Kondani with volunteers and Batanai youths



Clients continue to be assisted and 5 (1m 4f) were assisted with clothes.

### **3) TO PROVIDE COMPREHENSIVE LEGAL AND SCHOLASTIC SUPPORT.**

The organisation continues to support referred clients and during the month a female client experiencing maintenance problems was referred to Antonio and Associates legal practitioners. More so, the organization has payed June rentals and food payment for a student at Speciss College. It also psycho socially supported a male Nyamhunga primary pupil with an amount for his upkeep.

### **4) TO IMPROVE COORDINATION**

MOK Budget Committee,

### **5) STAFF DEVELOPMENT**

- SAT Community Mapping Orientation, Gender Transformation Mapping exercise, Outreaches for hard to reach areas, Staff meeting

### **PLANNED ACTIVITIES**

C& HBC, monthly PMTCT Ward meetings, youth Clubs and Support Group meetings, monitoring of livelihood projects, kapenta monitoring, marketing, packaging and selling,

Compiled by

Ellen Vengere

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