

Newsletter January 2019



Kufambatose Foundation Progressing together

Dear reader,

First of all, we would like to wish you all the best for 2019!

These last months, a lot of hard work on behalf of our project has been put in by a lot of people, in both Europe and Zimbabwe. We, as board members, have been busy to further develop our foundation. To our joy, several new volunteers have stepped in to help us with that. We heartily welcome them and would like to thank them for their commitment.

As you may have understood from the news, a lot has happened in Zimbabwe. Robert Mugabe, who had been in power since 1980, was deposed. Elections have been held, but the hope and joy about the change soon passed into more turmoil. The long wait for the election results, the harsh conduct of the army, arrests among members of the opposition and the very narrow victory by the party of new president Emmerson Mnangagwa lead a lot of people to believe that nothing had changed at all.

Everybody went back to their day-to-day business: survival. There is no sign of the promised economic progress yet. The Zimbabwean currency

is extremely devaluated, American dollars can almost only be found on the black market, and the prices of food and provisions are still on the rise and are becoming luxury articles. Petrol is expensive and scarce. As I am writing this, the situation has gotten even more difficult, as you may have read.



But, despite these extremely difficult circumstances, that naturally have an effect on our project as well, the local team is carrying on with their work for the benefit of the children and their parents with great motivation and dedication. The 3-day workshops are now a regular

component of the physiotherapy department at Ndanga Hospital. The workshops are gaining fame and acceptance in the Zaka District, and beyond. In part, great improvements in motor skills can be seen in the children. They become more independent as a result, which lightens the load for their parents as well.

In this newsletter, you will also find two reports from Zimbabwe. One is of the Father Support Day, which was held for the very first time, and the other is of a workshop for the Village Health Workers (VHW's). They play a major part in rehabilitation at home and the monitoring of the children in their living communities.

Together with the photographs and an interview with one of the mothers, you may get an even better picture of our project and what it entails.

I hope you will enjoy it!

Willemijn Simons-Rüttimann, project coordinator

Fathers Support workshop

A report from Zimbabwe, by Samson Mazivazvose

As fathers are often not or barely involved in the rehabilitation process of their children, the plan had come up to organise a workshop,

especially for fathers. This workshop had several aims: to provide clear information on the several causes of disability, which would hopefully lead to more acceptance, encouraging the fathers to play their part in the rehab programme at home, and the exchange of stories and experiences. And hopefully, as an extension of this, more acceptance and awareness will be achieved in the future. Not only with parents, but with next of kin, friends and community as well.



Ndanga hospital

Report

No less than 11 fathers attended the workshop in October.



As is custom in Zimbabwe, the day started with a morning prayer. After introductions, a discussion on the subject of handicaps and developmental delays immediately took off.

At length, the fathers talked about the challenges in raising a child with a disability. Some of the fathers shared experiences, very sad and touching, while others seemed to feel these issues belonged more with mothers.

The stigma attached to handicaps, in school and in the living communities, is noted as the major issue. On this, fathers said for example:

- ❖ It is very hard for fathers to accept a child with disability. Often, the mother is blamed for the problem of the child, and she is verbally abused by relatives. Thus, family members often have a negative effect on the situation, leading to tensions between the parents and sometimes even divorce;
- ❖ A disabled child is associated with witchcraft and curses;
- ❖ A child with disability is not allowed to play with other children, as they fear it can spread to other families;
- ❖ A family with a disabled child has few friends;
- ❖ Some traditional leaders do not accept a child with disability to reside in their areas.

Also, according to fathers, the children demand a lot of attention. Their needs are different in comparison to other children, making it expensive to raise a disabled child. Most fathers find it extremely difficult to make time to play with their child, especially in the case of cerebral palsy. In their experience, the unexplained movements make it worse.

In the course of the day it became obvious that fathers sometimes lack information on handicaps as well, may even believe in witchcraft or curses themselves. Providing the right information, also to community leaders, proves to be essential. Then they can pass this information on in their communities.



Therapist talking to fathers

Community-based rehabilitation (CBR) is also an important aspect of improving the lives of families and people with a disabled relative. On this, the fathers expressed the need for more community involvement, to raise awareness and help more people to understand the issues around disability.

The fathers feel that, in absence of functional CBR, the Village Health Workers (VHW's) may be more resourceful and help the communities with disability issues.

Income generating projects for economic empowerment would certainly make life easier for families, according to the fathers.

Conclusion

There is real improvement when both parents can work together and help their child. Families should make time to carry out the home programme. Father, as head of the family, can help deal with issues to do with stigmatisation, for example by protecting his wife from accusations and abuse from family and friends.

More information and pamphlets on specific diagnoses would be useful.

Furthermore, families are encouraged to seek counsel on the issues affecting them, which could lighten the pressure on their relationship.

This was a workshop full of stories, feedback, mutual support and generating ideas to make real progress. What a result, in one day!





A training day for Village Health Workers (VHW's)

A report from Zimbabwe, by Samson Mazivazvose

In support of the CP-workshops, a special training day for VHW's had been planned.

Background

The district of Zaka has a population of a little over 192,000 people, almost 95,000 of these are under the age of 14. We know that about 200 children in this age group have a disability. At the moment, Zaka has 25 operational rural health centres, in which the Village Health

Workers (VHW's) play a vital part. They are the local health care professionals, who visit the local communities and villages.

These people are important for the early identification of possible handicaps and the referral of these children for rehabilitation care and making the follow-ups, because momentarily, there is not enough community-based rehabilitation possible.



The training

After morning prayer and introductions, the community nurse, standing in for the District Nurse Officer, welcomed everybody and officially opened the workshop.

The purpose and proceedings of the day were outlined, the main subjects being the concept of rehabilitation, early identification and referral of children with different disabilities.

A presentation about disabilities followed, after which possible causes thereof during the pre-, peri- and post-natal stages were looked at. Different kinds of handicap were reviewed, with emphasis on cerebral palsy/motor disabilities and developmental delays.



The AT – RISK sticker system was also touched upon, as a method of early identification. This system is especially designed for the early identification, referral and management of children with disabilities, immediately after birth. After that, the VHW's mastered the various stages of child development. And last but not least, the role of the VHW's in rehabilitation issues and the way forward were discussed.

No less than 19 clinics were present, represented by 20 VHW's. A huge success!

Results

As well as increasing the knowledge of the VHW's, progress was made in the areas of bilateral communication and further professionalisation. Concrete terms were agreed upon. In future, the VHW's will keep a register of all children/young adults in their area and record the number of visits paid to all clients. They will also do follow-ups, organise support groups and report to the local clinics, to which they can refer children for screening by the rehab staff. Furthermore, the VHW's will provide feedback to colleagues and local leadership on disability issues.

As feedback, the VHW's expressed the need for more trained personnel.

Conclusion

The training proved to be of great value. The knowledge already present with the VHW's was increased and deepened, especially in the area of different kinds of handicap and early identification. There is an obvious need for training more personnel, to improve on the coverage of the working areas. There is much left to be done in the area of community-based rehabilitation (CBR).

This day has brought about great progress in the area of increasing knowledge, mutual feedback and concrete working terms, and this will certainly benefit our aim to improve the quality of care.



Case story of Amai (mother of) Achieve

Can you tell us something about yourself?

My name is Melody Mariga. I am a woman aged 32. I come from Bikita at Hozvi Clinic. I have 3 children and I am married to Innocent Mhizha. I am not working. My child is disabled, she is Achieve.

Can you tell us something about your child?

Achieve has got a motor disability (Cerebral Palsy monoplegia). She is the second born and the only disabled. Achieve is eight years old. Achieve can sit well, but she cannot come up from lying. She cannot handle objects. She has poor sight. She cannot talk or sign language. Achieve cannot feed herself and no crawling and walking.



When did you realise that your child had a disability? Was there someone who gave you information about the condition of your child?

I realise that Achieve has a disability when she was 9 months old. I was given information about the condition of my child by the doctor and I was sent to the rehabilitation centre in Bulawayo at Mpilo Hospital.

How is your family/ community supporting you?

My family can assist me with some needs of my child, but the community is not helping me, is not negative, but no social or material benefits.

Why are you coming to the 3-day workshops for children with a disability?

I come for the 3-day workshop to learn some lessons for my child.



What does this workshop look like? What do you and your child learn?

This 3-day workshop is very important to me, because I am seeing some changes in my child. And we have some different ideas due to different people we meet at the workshops. We are comforted at the workshop.

What do you expect from the Rehab staff/ the workshop?

We are expecting our Rehab staff to do their best, because they are seriously helping me.

Are you coming again? When yes, why?

Yes, I will come again, because I still want some advice/ help to teach my child.

Do you see any changes? When yes, which changes?

Achieve has changes at first, she was not sitting well, but now she is sitting properly and she is learning to come up from lying.

What do you wish for the future of this workshop?

We wish the workshops to be held again and again. It is very important to me and my child. We wish to have mobility appliances, e.g. CP wheelchairs.

Afterword

We hope you have enjoyed reading our second newsletter.

If you would like to know more about us or our project in Zimbabwe, please check out our website: www.kufambatose.eu

Maybe after reading this newsletter, you would like to contribute to the work of the foundation. We are happy with all support, financially or otherwise. Your financial donation will fully benefit the project.

We would like to thank you for taking an interest in the Kufambatose Foundation, also on behalf of the children and their parents.

With kind regards,

The Board of the Kufambatose Foundation – Progressing together