



Newsletter July 2020

Dear reader,

We live in extraordinary times. The coronavirus has the world in its grasp, including Zimbabwe. While I am writing this, we should actually be on a project visit in Zimbabwe, but there is a lockdown too. So I am writing this newsletter from my home in the Netherlands.

I will take you through the consequences of this pandemic on our project and tell you more about children with clubfeet, who have been included in our programme.

Consequences of the coronavirus in Zimbabwe

Since the end of March, Zimbabwe is in a lockdown too. So public transport, like the mini-busses, is not or sporadically functioning. Schools are closed and there is no opportunity to attend lessons online as we can do here in Europe.

The countless outlets alongside the road in cities and rural areas are



forbidden. If you are aware of the fact that 90% of the population is depending on these sales, you can imagine that people are more afraid of dying of starvation than of the coronavirus. During the nights sales do take place, but this obviously causes unsafe situations. Besides the above, there also is an inflation of 50% to 100%. Deals are closed on the black

markets to change US \$ into Zim \$ and the other way around. In supermarkets people have to pay with Zim \$ via Ecocash, a system on their phone. If foreign products are needed they pay with US \$.



Wages are minimally paid. A physiotherapist, a nurse or teacher earn 25 US \$ per month. To survive people need at least 40 US \$ per month. Hospital staff are hardly motivated to go to their work, which results in many thefts.

Travellers from outside Zimbabwe are not allowed to travel to Zimbabwe. Only the people from Zimbabwe are allowed to travel in their home country.

The number of infected people in Zimbabwe is reasonably low. At the end of July there were slightly more than 1700 infected people of which 26 people died. (at least the officially registered cases)

Many people are unable to reach the hospital due to the lack of transport or they have no money to spend on a health check-up. So far there are no victims in the Zaka district where we carry out our project, nor in our families. In the upcoming month a peak is expected in Africa.

It is only a question how long people can keep on going. Fortunately, people have been getting used to adjusting to the living situations at any moment in time for many years now.

The effect of the coronavirus on our project



Functional practising at home

Workshops like we are accustomed with are no longer possible. There has not been suitable transport to the hospital for three days and travelling is only allowed in emergency situations.



At home: learning to walk via a home-made bridge

The solution has been found in making house visits. As medical staff our project leader Samson Mazivazvose and his colleagues are allowed to go by car. A disadvantage is that mothers and children can't meet to exchange their experiences. The advantage is that every child's home situation and situation in the community can be looked on more closely. Instructions, guidance and exercises can be functionally adapted. Parents are

pleased with the given attention and with the fact that the attention, guidance and exercise instructions can continue like this. Most children can be reached in this way. A small number of children live in rural areas, that cannot be reached by car.

Good to see that parents have sometimes been very inventive and have created a triangle chair or walking bridge by themselves.

This way one of our goals is being worked on, namely Community Based Rehabilitation (CBR), to take a good look and improve the situation in their living environment.

After deliberation with us as a foundation and the local project co-ordinator it was decided to distribute the food packages to families that receive home visits and can hardly get sufficient nutrition themselves. A package contains cornmeal, cooking oil, salt, sugar and soap.



Happy to have received a food package

Treatment of clubfeet (CF)

One of the target groups we have taken on within our project are children with clubfeet. In the Netherlands children with this disability are tracked down just before or after they are born. In Zimbabwe we see these children in the most favourable case when they learn how to walk, but often we see them when they are much older. By then the foot has been dramatically deformed, which cause severe functional disabilities.



Untreated clubfeet

The “early” treatment is the same as here in Europe, namely using the Ponseti Method. On the whole this comes down to plastering the feet and changing the plaster cast every two weeks in order to reach a more normal foot stand. At the

end of the treatment period the Achilles tendon is being cleaved in order to optimise the foot stand and have a better settlement of the foot while walking. There will always remain a disability in the foot, but in most cases children are able to function well.

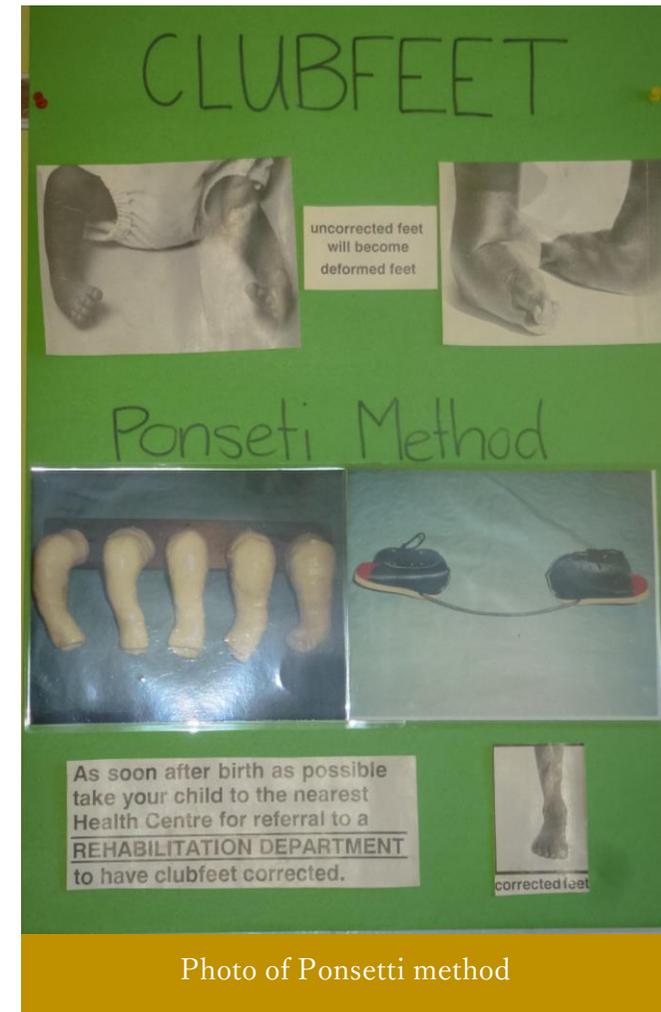


Photo of Ponsetti method



A success story is the story of an eight year old girl, who had difficulty walking because of her clubfeet. She was laughed at and bullied. They put her foot in a plaster cast for a year, which made walking very hard and therefore she was unable to go to school. Thankfully, they succeeded in fixing her foot in a reasonable normal position which is very hard to do at this age without undergoing major surgery. She is now able to stand, walk on flat feet and wear nice shoes. She is back at school. The children were happy for her, sang to her and she was no longer bullied.

In the picture you can see how radiant she looks!! Together with her therapist. She used to be a disabled child without any future prospects, but now she has changed into a “normal” child with future prospects.

‘After 1 year I can stand and walk’

Transport by our local project co-ordinator.

Being unable to visit all children using his own car, we came up with the idea of finding a sponsor to help us with purchasing a motorbike. We are very happy to have received several earmarked donations. With the support of the Leonard Cheshire Disability Zimbabwe (LCDZ), an organisation that has connections with MIVA (a foundation for vehicles with a mission), a motorbike will be realised.

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To conclude

We hope you have enjoyed reading this newsletter. If you would like to know more about us or our project in Zimbabwe, you can visit our website: www.kufambatose.eu

We really thank you for your interest on behalf of the children and their parents. After reading this newsletter you may want to contribute to the work of the foundation. We are happy with all the help we can get, financially or otherwise.

Kufambatose foundation is registered as an ANBI (A non-profit foundation). Donations are therefore considered to be a tax deductible item. For more information visit our website or the website of the tax authorities. Your financial support will fully benefit the project.

Kind regards,

Kufambatose Foundation – Progressing together