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UNITED NATIONS CHILDREN'S FUND - FONDS DES NATIONS UNIES POUR L'ENFANCE

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11 June 1984

File:

Mr Peter Adamson
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Dear Mr Adamson

Re: Materials For SOWCR 1985

.... With reference to your request for materials for SOWCR 1985,
I am attaching two pieces I have put together on the Zimbabwe
situation.

The first deals with the Bindura Farm Health Workers Scheme
and the second with use of songs for promoting health messages.

I hope you find them useful.

Yours sincerely

O Mazombwe
PSC Officer

cc. Bert Demers, CIS Chief, Nairobi
Revy Tuluhungwa, PSC Chief, NYHQs
Petra Morrison, Information, NYHQs

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16 June 1984

BINDURA FARM HEALTH WORKERS SCHEME

A 1980 survey of the health status of children in Bindura District, one of the richest farming communities in Zimbabwe, found that 80% of the children were malnourished, 67% of the families used bush latrines and only 17.5% of the children were immunized.

In 1984 immunisation rates have risen to 90% on project farms, 60% of the families have ventilated pit latrines and severe malnutrition is down to 50%. In addition there has been increased use of safe water and nutritional awareness has risen tremendously.

This, and more, has been the impact of the Bindura Farm Health Workers Project. Under the project each farming community selects two health workers who go to a training village at Bindura Hospital, where they are trained in pre-school organization, nutrition and treatment of common ailments.

On completion of the course the health workers are provided with pre-school equipment and a kit of essential medicines. While in the field, the health workers are paid by their own communities and supported by a mobile team which visits them from the hospital once a month.

The project is run entirely by low-level health personnel. The Provincial Medical Director for Mashonaland started the scheme in 1981 and ran it for one year before handing it over to the current project manager. The project manager is a Medical Assistant who has two nurse aides, a toilet builder and a driver assisting her with the mobile clinic.

At the training village itself, the project manager is assisted by a pre-school trainer and a nutrition educator, both with only very basic training.

Funding for the project has thus far come from the Ministry of Health through the Bindura Hospital, Save the Children Fund (U.K.), Freedom from Hunger, USAID and the Australian Community Aid Abroad.

However, for every dollar from the Government or from the donors, the people themselves provide a dollar in cash, labour or some other form of contribution.

The reaction of the farmers, who are under no legislative obligation to provide health facilities for their workers, ranged from reluctant to outright resistant. But with time and experience the farmers have started to appreciate the benefits of the project, even to their own operations. Some now provide the health workers on their farms with their wages, while others sell milk to mothers at reduced costs. Still others now provide their workers with plots to start nutrition gardens.

Whereas the scheme started with only 3 farms in 1981, the figure had risen to 53 by December 1982. The project now covers 71 farms out of a total of 150 farms in the Greater Bindura District.

The impact of the project has been tremendous. In 1982 and 1983 Bindura did not have the characteristic measles outbreak which peaks in November/December. The number of diarrhoea and measles cases admitted at Bindura Hospital have decreased by 50% since the beginning of the project.

Even the members of the affluent farming community have noticed the impact of the project and expressed satisfaction at the diminishing number of work shortages due to infant illness and deaths amongst the workers.

Aside from actually improving the well-being of children, the project has had several significant spin-offs. One of these are the pre-school centres established on the farms by the health workers. Here 25 to 100 children are fed and cared for whilst their mothers are at work. The communal pooling of food and the organisation of fund raising activities for the health workers' pay, have resulted in more community solidarity.

One big development related to the project has been the construction of Rusunguko Clinic in the Matepatapa farming area. The clinic, which was constructed using local materials and community labour, cost 66% of the cost of the average rural clinic in spite

The success of this project has led to duplication elsewhere. Two nearby districts, Glendale and Concession have introduced training schemes on more or less the same lines.

The Midlands Province is planning a similar project for its commercial farms, and so are several districts in other provinces.

To facilitate such duplication there are plans to establish a central training team headed by a national manager based at Bindura. The team will train trainers from other districts who will establish training centres in their areas.

The success of this project has been mainly due to its integrated nature, dealing with nutrition, water and sanitation, pre-school and immunisation, as well as to its emphasis on community participation.

11 JULY 1995

SING A SONG FOR HEALTH - ZIMBABWE

<u>VaMugabe vanotonga</u>	<u>VaMugabe vanotonga</u>
Mugabe is the leader	Mugabe is the leader
<u>Ndiyo mbeka validzidzisa mweni zvidziso</u>	<u>Ndiyo mbeka validzidzisa mweni zvidziso</u>
That is why they have taught us mothers about health	That is why they have taught us mothers about health
<u>Ngativake zviabuzi</u>	<u>Ngativake zviabuzi (Refrain)</u>
Let us build toilets let us build toilets	Let us build toilets let us build toilets (Refrain)
<u>Ngativende makomba</u>	<u>Ngativende makomba</u>
Let us refuse pills	Let us refuse pills
(Refrain)	
<u>Zvirwere zvichapera</u>	<u>Zvirwere zvichapera</u>
Diseases will finish	Diseases will finish
(Refrain)	
<u>Mangoka achapera</u>	<u>Mangoka achapera</u>
Diarrhoea will finish	Diarrhoea will finish
(Refrain)	

Singing the Simoto village health workers in the Masvingo Province of Zimbabwe.

Africans everywhere are known for their love of music, they sing through joyful moments and they sing through sorrowful moments too.

Throughout rural Zimbabwe songs about health are being sung at schools, community centres, rural health centres, women's clubs, political meetings etcetera. The singers are community women, school children, trainers of health workers and health workers themselves.

Though the songs have health messages as their content, they are set in tunes and forms that go a long way back in Zimbabwean history. These tunes and forms have survived in funeral, celebrative and work songs of the people. They continued to find expression in these, as well as in the hymns of the newly introduced christian religion.

Of greater significance to Zimbabwe's current aspirations, some traditional forms and tunes carried a different content during the independence struggle and became the war songs that constituted a formidable galvanising and morale boosting tool for the liberation effort.

The content of the health songs vary from being simply informative about diseases, the need to prevent them and the dire consequences suffering from them might have, to being instructive about how to actually go about mixing an oral rehydration solution or making a nutritious porridge from locally available items.

The potential of the songs for promoting health lies in the fact that they are set in the same tunes as religious church songs, liberation war songs, and songs about political and economic development sung at political rallies.

This lies in the quest and need for good health with the spirituality of the christian religion to which a majority of Zimbabweans belong. It lies in the issue of health with the many sacrifices made during the war and the consequent illing effect it had on the people. Lastly it puts the issue of health in its rightful context within overall national political and economic aspirations for development.

To date conformity with Paato aesthetic, Zimbabwean songs about health are filled with concrete imagery. They talk of the tollens, the wells, the pot racks, tetanus, measles and gonorrhoea; they mention by name the Minister for Health, the Provincial Medical Director, UNICEF, the Chief Nursing Officer and the Village Health Worker, and say how all these factors interact to promote good health.

In this way information and instruction about health is passed to masses of people across the land through a highly effective method and using forms that are known by the people, and have been used by them since the time immemorial.

The Zimbabwe Ministry of Health, with technical and financial assistance from UNICEF, are now in the process of recording some of these songs with a view to using them in health education programmes on radio, and also compiling them into a small health song booklet in order to further popularise them.



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The letter encloses two local case studies from Zimbabwe: "Bindura Farm Health Workers Scheme" and "Sing a Song for Health".

Good results were obtained in Bindura District, Zimbabwe, between 1980 to 1984 with rising nutritional, health and sanitation awareness. Farmers were initially reluctant to providing health facilities for their workers, but with time and experience, even affluent members noticed a diminishing frequency in the habitual work shortages on account of child illness or death. Some provide wages to health workers, some sell reduced cost milk to mothers, while others provide their farm workers with a plot of their own for growing vegetables to improve nutrition.

Songs with lyrics like, "Diarrhoea will finish" "Diseases will finish" "Let us build toilets, let us refuse pits" are being sung throughout Harare, Zimbabwe at schools, community centres, women's clubs, even political meetings, tying in with the love of music of Africans everywhere.

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Saroja Douglas

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