

CITY OF MASVINGO



HEALTH DEPARTMENT ANNUAL REPORT 2018

***HEALTH IS A RIGHT, A PUBLIC CONCERN AND
A SOCIAL GOAL.***

FORE WORD

It is my privilege and honour to present the annual report for the year ending 31st December 2018.

The report covers the success, failures and challenges faced by Masvingo City Council in providing Health Care Services to its Urban and Peri= Urban Population.

In providing Health Care Services Masvingo City Health was guided by the Alma Atta Declaration (Primary Health Care Concept) World Health Organisation's six pillars of Health, Council's continued political commitment, well trained committed staff, Corporate Management, Stakeholder support and involvement and above all Central Government's commitment to continue to support the provision of comprehensive Health Care Services to Local Authorities created an enabling environment to provide health care services.

It is my wish to extend my gratitude to all those who played a pivotal role in the provision of Health Care Services for Masvingo City during the course of 2018.

Z. Munganasa'work

N. Mapamula
A / CHIEF HEALTH OFFICER

COUNCIL 'S VISION STRATEGIC PLAN 2015 – 2019

To be a prosperous sustainable and environmentally friendly City by 2020.

Mission Statement

The City of Masvingo is committed to providing quality Municipality services to its Clients.

Values

- Client Orientation
- Professionalism
- Ethical considerations
- Transparency and accountability
- Local Participation
- Equal opportunity employer
- Continuous Improvement

The Role of the Health Department during 2018

- Providing Public Health services through the prevention and control of communicable as well as non communicable diseases. This is in line with the roles of the Ministry of Health and Child Care as articulated under Section 3 of the Public Health Act Chapter 15:09.
- Offering acceptable accessible affordable and appropriate Primary Health Care Services as articulated in the Alma Atta Declaration of 1981.
- Information Education and Communication on health issues.
- Keeping the City Clean, healthy and meeting environmental standards.

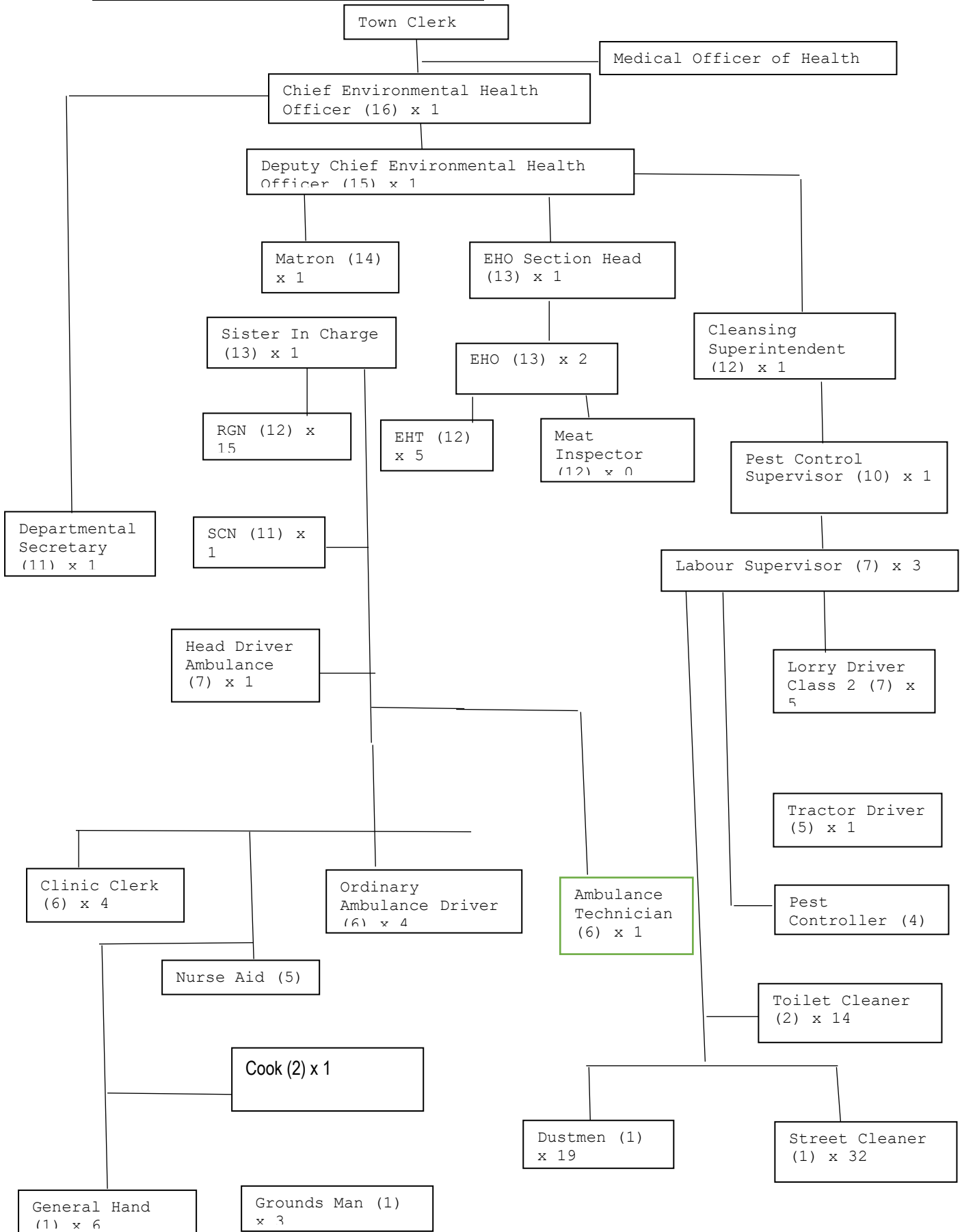
Service Provision

Masvingo City's Health Care Services were provided through 4 key sections of Council supported by one section from National AIDS Council.

The 5 sections which were pivotal to providing quality health care services were:-

- Public Health Admin
- Curative Health Care Services
- Environmental Health Inspectorate
- The Cleansing Section
- National AIDS Council through DAAC gave invaluable contribution and support to Council.

CITY OF MASVINGO HEALTH DEPARTMENT ORGANOGRAM



Overall Functions of the department

- Provision of Health Care Services through the Primary Health Care Approach
- Prevention and control of Communicable Diseases
- Promotion of Public Health through Information Education & Communication on health matters
- Provision of essential drugs
- Treatment of minor ailments
- Mother & child health care including Family Planning
- Promotion of Water and Sanitation, safe food and good nutrition
- Immunization
- Enforcement of compliance to Public Health Laws and Municipal Bye Laws

Health Department's Mission Statement

We are committed to the provision of an efficient, cost effective, convenient and reliable health care delivery system that satisfies the needs of the patient and community in the Urban settlement. We consider our contribution pivotal to the development of the economy and our success is measured by our ability to meet these ideals in a friendly and Healthy environment.

Vision of the Health Department

To be safest, client centred and a competitive health department in the provision of quality health services.

Policy Guidelines

In providing basic health care services during 2015 the City of Masvingo was guided by the following Policy Documents:-

- The Public Health Act
- The Food and Food Standards Act
- The Shop Licences Act
- The Liquor Act
- Factories and Works Regulations
- Pneumoconiosis Act
- Mental Health Act
- National HIV and AIDS Policy
- Primary Health Care Policy
- Sustainable Development Goals

Objectives of the Department

Objectives of the health department which guided our operations in the year 2018 remained largely unchanged and were as follows:

- a. To prevent and control communicable diseases.
- b. To promote and monitor high standards of food hygiene
- c. To ensure compliance of premises through enforcement of legislation.
- d. To monitor and control pollution (air, water, land) in the urban environs.

- e. To monitor Masvingo City's water quality and advise on corrective action where necessary.
- f. To advise on occupational health to reduce physical, chemical and biological hazards at work places.
- g. To maintain public conveniences and streets clean.
- h. To ensure efficient and technically sound waste management systems.
- i. To monitor and control pests through chemical, biological and environmental manipulation.
- j. To provide and maintain adequate curative services for all common ailments including maternal and child health services.
- k. To promote counselling and home based care to the aged, the terminally ill, the handicapped and HIV/AIDS patients.
- l. To promote peer education programmes on STI/HIV/AIDS in the community and at workplaces.
- m. To arrange and undertake research and surveys in health related matters.
- n. To prepare informative reports to committees of Council on Public Health issues.
- o. To recruit and retain adequate staff to pursue and achieve the above policy objectives.
- p. To provide preventive, care, support and mitigation services to those infected and affected by HIV/AIDS through the assistance of District Aids Action Committee (DAAC) and Ward Aids Action Committees (WAACs).
- q. To promote good nutrition.

Background Information

The City of Masvingo is the oldest urban settlement in Zimbabwe. It has a population of **+100 000**. It spreads over an area of 6835 hectares. Masvingo City has grown to be a distribution and communication centre that is equidistant from Zimbabwe's major cities Harare, Bulawayo, Mutare and Beitbridge. It is set up within climatic region 4 extending to the hinterland which is ideal for cattle ranching and growth of drought resistant crops. Masvingo City is the provincial capital of the province's seven administrative districts namely Gutu, Zaka, Bikita, Masvingo, Chiredzi, Chivi and Mwenezi. The province's major economic base is mining, ranching and agriculture. Masvingo town is also a tourist centre since it hosts the Great Zimbabwe Monuments, Lake Mutirikwi and Kyle National Park. Due to its geographical location, Masvingo Province and in particular Masvingo City experiences some health problems associated with poverty, droughts and under development. Such problems are directly or indirectly worsened by the ripple effects of:

- The cessation of health grants from Central Government – Government's attitude of decentralizing many responsibilities without commensurate resources to fulfil these obligations.
- Indebtedness of Civil Society:- Citizens in the Local Authority are demanding higher level of ratepayer services from the Local Authority than before but they are not willing to pay due to poverty.
- HIV/AIDS menace.
- Shortage of funds.
- High unemployment rate leading to increase in vending activities resulting in increased litter in town.
- Poor waste recycling activities leading to large quantities of waste.
- Shortage and high cost of materials and equipment
- Continuous vehicle breakdowns due to an aged fleet.

However we have always tried to capitalize on all opportunities and created enabling financial, cultural, social and environmental policies, programmes and strategies for the fruitful implementation of Council health services.

Health is a right, a public concern and a social goal.

Pillars of Health during 2018

World Health Organisation outlines the six pillars of health as follows:-

- Leadership/ Governance
- Health Financing
- Information systems
- Health workers
- Service Delivery
- Access to Essential Medicines

Masvingo City Council provided Health Care Services in line with these concepts.

Sustainable Development Goals

On September 25th 2015, countries adopted a set of goals to end poverty, protect the planet and ensure prosperity for all as part of a new sustainable development agenda. Each goal has specific targets to be achieved over the next 15 years.

The United Nations Sustainable Development goals are as follows:-

1. End poverty in all its forms everywhere
2. End hunger, achieve food security and improved nutrition and promote sustainable agriculture
3. Ensure healthy lives and promote well-being for all at all ages
4. Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all
5. Achieve gender equality and empower all women and girls
6. Ensure availability and sustainable management of water and sanitation for all
7. Ensure access to affordable, reliable, sustainable and modern energy for all
8. Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all
9. Build resilient infrastructure, promote inclusive and sustainable industrialization and foster innovation.
10. Reduce inequality within and among countries
11. Make cities and human settlements inclusive, safe, resilient and sustainable
12. Ensure sustainable consumption and production patterns
13. Take urgent action to combat climate change and its impacts
14. Conserve and sustainably use the oceans, seas and marine resources for sustainable development
15. Protect, restore and promote sustainable use of terrestrial ecosystems, sustainably manage forests, combat desertification and halt and reverse land degradation and halt biodiversity loss.
16. Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels.
17. Strengthen the means of implementation and revitalize the global partnership for sustainable development

The Health Department focussed on goals number 1, 2, 3, 5, 6 and 11

The 2018 IRBM Plans which guided our activities were as follows:-

Goals

	Weightage	Department KRA Ref
Reduce communicable and non communicable disease incidences from 10% to 5% by December 2018	40%	1
Improve accessibility of maternity delivery services at Runyararo Clinic from 0% to 100% by December 2018	30%	1
Improve Solid Waste collection and disposal from 94.4% to 96% by December 2018	30%	2

Objectives

	Weightage	Department KRA Ref
To immunize 90% of the under ones by December 2018 (Primary Course Completed)	34%	2
To provide maternity delivery services at Runyararo Clinic by December 2018	34%	3
To increase the refuse collection coverage of the City from 94.4% to 96% by December 2018	20%	1
To diagnose/treat/investigate/and/or refer all cases of notifiable diseases by December 2018	12%	2

Strategies

KRA 1: Primary Health Care			
GOAL: Reduce communicable and non communicable disease incidences from 10% to 5% by December 2018			
Period	Strategies	Assumptions	Risks
BUDGET YEAR	<p>Diagnose, treat, investigate and contact trace all cases of communicable diseases</p> <p>Cascade Information, Education & Communication on health</p> <p>Inspect & licence all food and non food premises</p> <p>Inspect and sample food commodities in the market</p>	<p>Council will use internal resources and resources from partners to provide the services</p> <p>Health workers to conduct IEC sessions</p> <p>Health workers will carry out inspections</p> <p>Government Analyst will continue to analyze samples and disseminate results</p>	<p>Limited support from central Government & partners</p> <p>Lack of IEC material</p> <p>Staff attrition</p> <p>Government may lack funding</p>

	<p>Provide Meat Inspection services at the two abattoirs</p> <p>Carry out rabies control activities</p>	<p>Our Inspectors will continue to provide Meat Inspection services private abattoirs</p> <p>VET Department will continue to partner the City in rabies control</p>	<p>Abattoirs may close down due to economic viability problems</p> <p>Animal lovers may negatively influence policy on rabies control activities</p> <p>VET may be unco-operative</p>
<p>Medium Term</p> <p>2-3 years</p>	<p>Health worker capacitating through in service training</p> <p>Strengthening Health Education, Disease Investigation, Treatment, Monitoring and surveillance systems</p>	<p>Funds to train workers will be availed</p> <p>Staff retention</p> <p>Weekly disease surveillance programs will continue to be implemented</p> <p>Line health workers will pick epidemics and raise an alarm</p> <p>Line health workers will be capacitated and motivated to give health education</p>	<p>Shortage of funding</p> <p>Staff attrition</p> <p>Health workers may not be able to use the data collected</p> <p>Imported cases of diseases may befall the city</p> <p>Staff attrition</p>
KRA 1: Primary Health Care			
GOAL: Improve accessibility of maternity delivery services at Runyararo clinic from 0 to 100% by December 2018			
<p>Budget year</p> <p>(1 year)</p>	<p>Identification and EIA for a new engineered landfill</p>	<p>Internal Council resources will fund the project</p>	<p>Changed priorities by Council</p>
<p>Medium Term</p> <p>(2-5 years)</p>	<p>Establish a landfill in Masvingo Rural District Council's area of jurisdiction</p>	<p>Funding will be obtained from Masvingo City Council & EMA</p>	<p>Government may not release the land and EMA may fail to fund</p>

SERVICE LEVEL BENCHMARKING

- Coverage of Solid Waste Management services through door to door collection of waste 91.9%
- Efficiency of collection of municipal solid waste 97%
- Extend of recovery of Solid Waste collected (recycling) 1.9%
- Extent of scientific disposal of waste at landfill site 0%
- Efficiency in satisfactory response / reaction to customer complaints 100%
- Coverage of acceptable receptacles 65%

Workshops and meetings Attended

- Health Officers Forums
- Service Level Benchmarking
- PHT meeting
- Malaria Pre-elimination,
- Tuberculosis,
- Cholera Preparedness and Management,
- Disease surveillance,
- Elimination of Mother to Child Transmission (EMTCT),
- HIV Rapid Testing,
- PCV switch help Mothers and babies survive
- Key Populations services.
- IDSR
- Malaria Disease surveillance workshop

Staff Establishment

<u>Designation</u>	<u>Establishment</u>	<u>In Post</u>	<u>Vacant</u>
Medical Officer of Health (part-time)	1	1	0
Chief Environmental Health Officer	1	1	0
Deputy Chief Environmental Health Officer	1	1	0
Environmental Health Officer	4	3	1
Environmental Health Technicians	5	5	0
Meat Inspector	2	0	2
Cleansing Superintendent	1	0	1
Departmental Secretary	1	1	0
Records Clerk	1	0	1
Pest Control/Cleansing Supervisor	1	1	1
Labour Supervisors	4	3	1
Dustman	19	18	1
Street Cleaners	40	39	1
Toilet Cleaners (a) Communal toilets	7	7	0
(b) Public toilets	5	0	5
Refuse Removal Drivers	7	5	2
Matron	1	1	0
Sisters In Charge	3	1	2
Community Health Nurse	1	0	1

State Registered Nurse	25	15	10
State Certified Nurse	1	1	0
Clinic Clerk	4	4	0
Nurse Aids	16	12	4
Cooks	2	2	0
Ambulance Drivers	7	5	2
General Hands	8	6	2
Groundsman	<u>4</u>	<u>1</u>	<u>3</u>
TOTAL	167	129	39

The staff complement during the period under scrutiny was fair and functional. The morale within all the grades of health staff was good due to improved conditions of services. Workers performed their work diligently and satisfactorily.

Resignations, Retirements, Deaths, Discharges, Upgradings and Recruitments.

Deaths:

Transfers: 3 (Chinyeruse, Madzimure, Kashora)

Retirements:.

Resignations:

Dismissed:

Recruitments:

Promotions:

CURATIVE HEALTH SERVICES

CURATIVE HEALTH SERVICES

- The year began with the Masvingo District Medical Officer calling for Emergency preparedness plan and for the strengthening of disease surveillance. This assisted in that when there was the cholera outbreak in Harare. Masvingo city was able to provide accurate statistics for planning. Activities in the clinics were carried out throughout the year with support from Ministry of Health and Child Care and other partners. Support was by CeSSHAR for the commercial sex worker program and KAPNEK for the HIV test and treatment program. The fourth quarter a new partner Childline for the protection of children was accommodated within Mucheke Clinic grounds. Primary Health programs continued throughout the year with no interruptions.

INFRASTRUCTURE

- No changes have been made to the existing infrastructure. The dilemma of insufficient consulting rooms as well as congestion of patients continued throughout the year. All three clinics need renovations and extensions.

TRANSPORT

- During the year the two ambulances were breaking down and at times there were delays due to difficulty finding replacement parts. Its hoped that an ambulance will be included in the 2020 budget.

STAFF DEVELOPMENT

- Two RGN Midwives were engaged beginning the month of February. This reduced the vacancies for nurses from 10 to 8. By end of year there were two Sister In Charge and 6 RGN posts vacant.
- 1 RGN acquired a certificate in Health and Safety.
- 2 RGNs are doing a degree in Nursing Science Honours degree

MASVINGO URBAN DEMOGRAPHIC DATA 2018.

Total Population 94 880

Population Growth Rate 1.1%

Children 0 – 11 months	2.9%	2 722
Children 1 – 4 years	11.7%	10 980
Children 0 – 4 years	14.47%	13 580
Children under 5 years	44.74%	41 734
Children 5 – 14 years	30.27%	28 689
Adults 15 – 59 years	49.82%	46 754
Elderly 60 years and above	5.38%	5 050
WCBA 15 – 49 years	24.02%	22 535
Expected pregnancies	4.1%	3 846
Expected Births	3.19%	2 934
5 years and above	85.53%	80 268

TOTAL NEW ATTENDANCE FOR JANUARY – DECEMBER 2018

	MUCHEKE CLINIC		RUJEKO CLINIC		RUNYARARO CLINIC		TOTAL
	Male	Female	Male	Female	Male	Female	
Adult	2258	2695	1458	2364	1761	2530	13066
New repeats	512	339	211	227	435	186	1910
Child / U5	652	563	650	688	897	583	4033
Repeats	143	110	168	159	168	113	861
Totals	3565	3707	2487	3438	3261	3412	19870

- The above table shows the total attendance of general patients attending the three council clinics. These figures exclude OI patients.
- In previous years there was a small difference of attendance between adults and children. There were more children than adults attending the clinic.
- In 2017 total attendance was 4110 adults versus 5014 children compared to 2018, where there were 13 066 adults versus 4033 children.
- We find there was a sharp increase of adults attending the clinic.
- If the trend continues into 2019 we could see the congestion at clinics increasing as well as the already strained staff and equipment not coping.
- For 2018 there has been an increase patients / clients attendance by 7975 (46.6%)

OUTPATIENT DEPARTMENT

TOP TEN CONDITIONS	UNDER 5 YRS		ABOVE 5 YRS		TOTAL			
	Male	Female	Male	Female	Male	Female	Total	
Acute Respiratory Tract Infections (ARI)	2853	2594	629	800	3482	3394	6876	
SKIN Conditions	969	895	360	431	1329	1326	2655	
Diarrhoea	603	716	271	351	874	1067	1941	
Sexually Transmitted Diseases (STIs)	0	0	626	1222	626	1222	1848	
Injuries	245	179	393	166	638	345	983	
Disease of the Eye	231	190	126	170	357	360	717	
ENT	91	90	64	95	185	155	340	
Dental	4	5	20	39	44	24	68	
Dysentery	17	18	15	19	37	32	69	
Malaria	Treated but not tested	367	365	297	305	664	670	1334
	Confirmed by RDT	12	2	25	18	20	37	57

- The order of most common condition for 2018 has not changed from the order of 2017. ARI remains the commonest condition followed by skin conditions, diarrhoea, STI, injuries, eye diseases, ear nose and throat conditions, dental, dysentery and confirmed malaria. Medicine supplies were delivered quarterly. Though supplies were limited necessary drugs were in stock to manage minor conditions.

DRUG AVAILABILITY DURING 2018

- Vital 60%
- Essential 40%
- Necessary 10%

Drug availability for most of the non communicable chronic disease conditions remained a challenge during the course of the year e.g. diabetes, epilepsy, hypertension, psychiatric drugs etc.

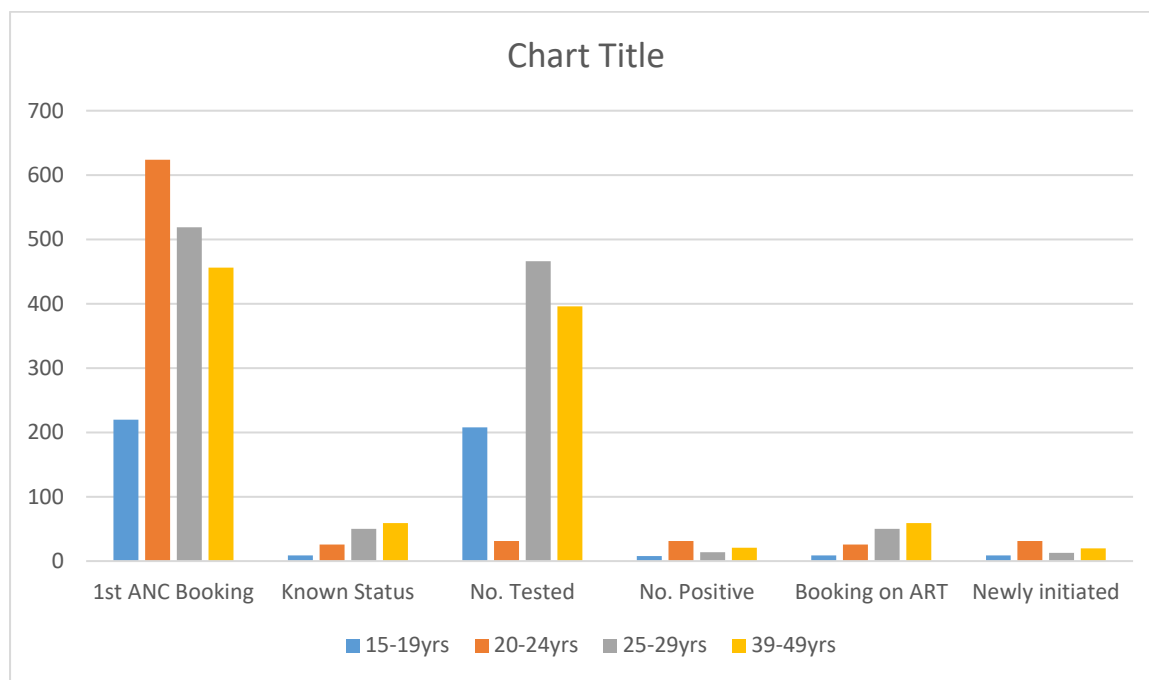
CHRONIC CONDITIONS

CONDITION	MUCHEKE CLINIC		RUJEKO CLINIC		RUNYARARO CLINIC		TOTAL
	Male	Female	Male	Female	Male	Female	
Hypertension	128	216	42	117	85	359	947
Mental illness	7	10	7	4	36	50	114
Diabetes	14	23	8	17	5	20	87
Epilepsy	5	3	7	4	14	8	41
Asthma	9	5	2	8	10	11	45

- Whereas non communicable diseases and conditions are increasing, few present at the clinics due to the unavailability of medicines for chronic conditions. Hence the above data is not indicative of the incidence of these conditions within Masvingo City's community.

MOTHER AND CHILD HEALTH SERVICES

Prevention of Mother to Child Transmission Services



- The above graph shows how many women booked for antenatal care in 2018. The number of expected pregnancies for this reporting year was 3 846. In Masvingo City there are three Council Clinics and Mazorodze Maternity Home, Masvingo Provincial Hospital, Makurira Memorial Hospital as well as several private practitioners who provide antenatal care and maternity facilities. Of the expected pregnancies one thousand eight hundred and nineteen (47%) clients booked at the three Council clinics. Early booking from 12 weeks gestation is encouraged and an average of 8 visits per client is expected for the period of care. From these figures the city clinics managed just fewer than 50% of pregnant women receiving antenatal care.
- Comprehensive PMTCT services are offered at all clinics. On the graph one thousand six hundred and seventy-one (1671) ANC clients received counselling and testing for HIV. Of these 74 seventy-four tested positive. Of which 73 were commenced on ART.

POSTNATAL CARE

Day 1	770
Day 3	1074
Day 7	1346
Six weeks	1284

- Women with their new born baby attend the clinic at intervals as stated above for the first 10 days. The post natal attendances are more than the number of deliveries due to a very mobile population. Exclusive breastfeeding up to six months continues to be encouraged. Up to 24 months post-delivery women breast feeding are tested for HIV every six months.

FAMILY PLANNING SERVICES

	NEW CLIENTS			REPEAT VISITS			QUANTITY ISSUED
	<16 yrs	16-24 yrs	25 yrs+	<16 yrs	16-24 yrs	25 yrs+	
Progesterone	0	92	87	0	120	222	2048
Combined oral pill	0	25	47	2	94	243	1664
Injectable	1	38	66	1	131	417	656
Male condom	0	0	0	0	0	0	179355
Female condom	0	0	0	0	0	0	32350
Intrauterine device	0	0	1	0	2	14	17
Implants	1	27	33	1	66	111	228
Other methods	0	2	3	0	2	10	17

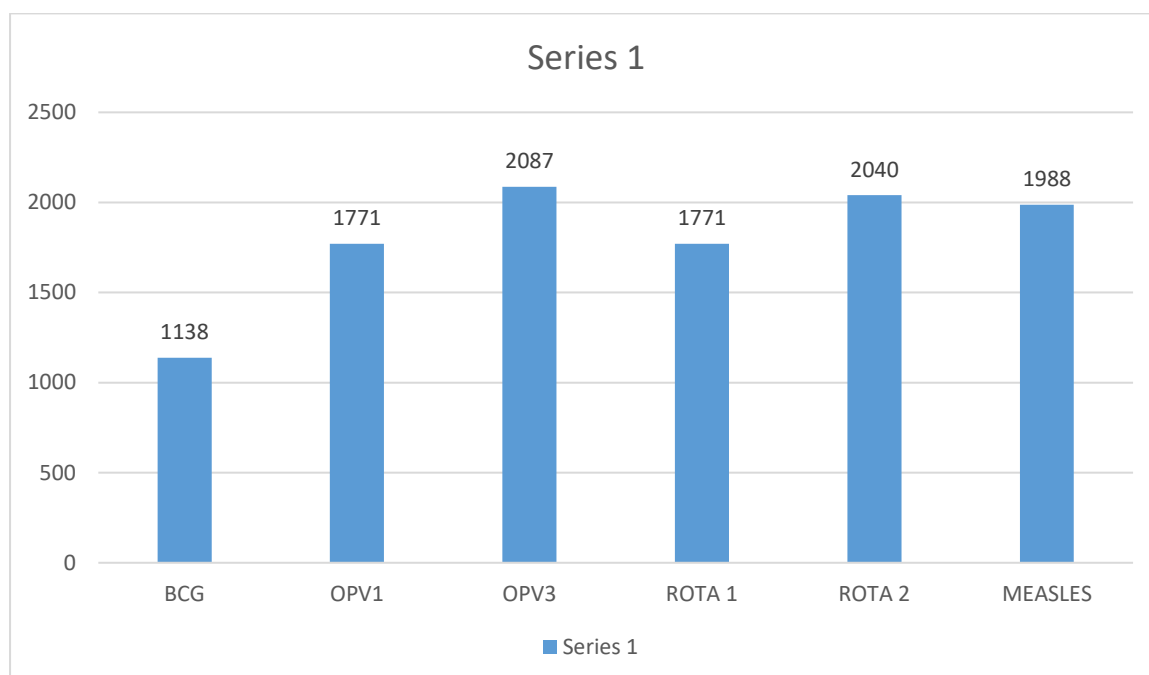
- Family planning services were provided at all clinics. All but permanent methods are offered. For the permanent methods a mobile clinic by PSZ visited the clinics quarterly. The condom distribution has increased with the assistance of the CeSSHAR STI Prevention program among commercial sex workers. The demand for long term methods is on the increase with injectable being the most popular. There were 423 new family planning clients and 1436 old clients, totalling 1859.

MATERNITY SERVICES

	MALE	FEMALE	TOTAL	RATE
Live hospital births	381	367	748	67%
Live home births	7	15	22	3%
Still births	0	0	0	0
Early neonatal deaths	0	1	1	0.1%
Maternal deaths	0	0	0	0
Maternal referral out	0	0	336	30%

- The expected live births for this reporting period was 2934. There were 1106 women admitted in labour, 748(67%) live births at Mazorodze Maternity Home and 336 (30%) referrals to Masvingo Provincial Hospital. There were 22 (3%) home deliveries. Home deliveries were not by trained staff. Generally most cases were due to delays in deciding to get help. There was one (0.1%) neonatal death which was due to congenital abnormalities. There were no infants below 2.5kg. For new ANC bookings, 650 pregnant women received their first tetanus vaccine. 1357 received TT2+, giving a coverage of 35%.

EXPANDED PROGRAM OF IMMUNIZATION



ENVIRONMENTAL HEALTH SECTION

Environmental health is a discipline of public health concerned with all aspects of the natural environment that may affect human health. It is also a combination of sciences, skills and beliefs directed at prevention of ill – health, maintenance and improvement of health of all the people through collective or social actions. Environmental health addresses all the physical, chemical and biological factors impacting on health. It encompasses the assessment and control of those environmental factors that can potentially affect health. It is targeted towards preventing disease and creating health supportive environments.

Premises Inspections

A healthy environment is the foundation to a healthy living. The Environmental Health Section carried out the following premises inspections.

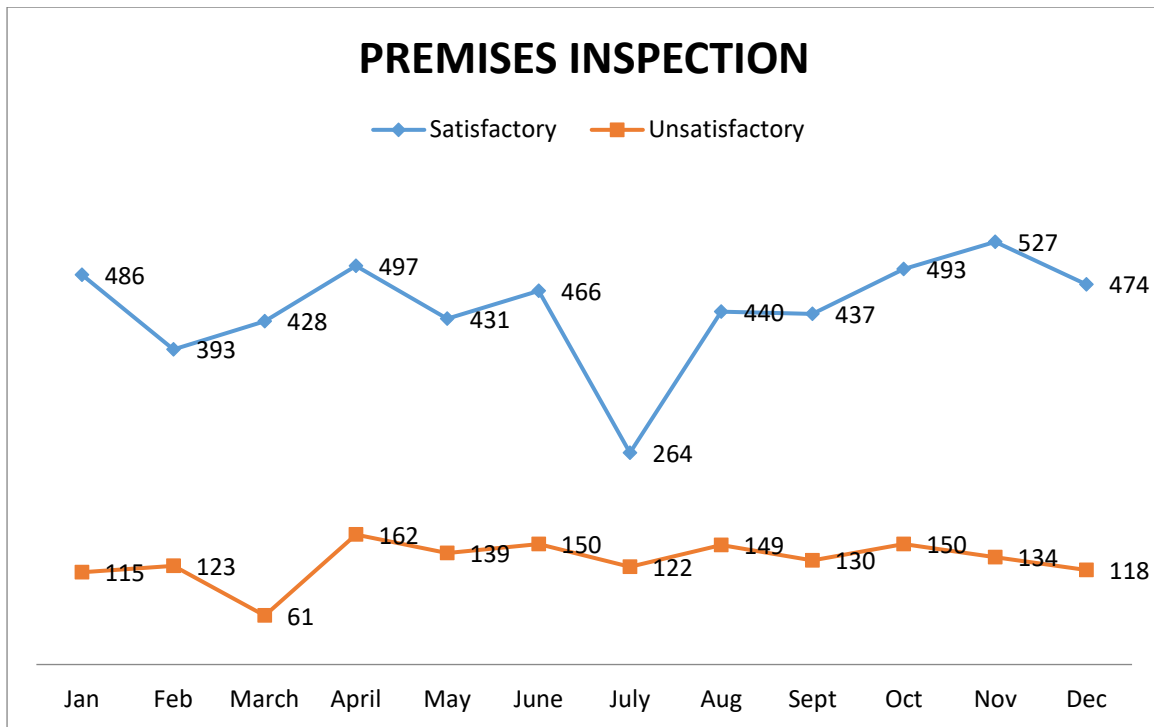
<u>MONTH</u>	<u>SATISFACTORY</u>	<u>UNSATISFACTORY</u>	<u>TOTAL</u>
January	486	115	601
February	393	123	516
March	428	61	489
April	497	162	659
May	431	139	570
June	466	150	616
July	264	122	386
August	440	149	589
September	437	130	567
October	493	150	643
November	527	134	661
December	474	118	592

TOTAL

5336

1553

6889



- The peak in February was a result of the licensing blitz carried out by Environmental Health beginning of February.
- 22.54% of premises inspected did not comply to minimum health standards or to Councils by laws

Enforcement of Public Health Laws and Council By-Laws

The Environmental Health Section managed to enforce Public Health Laws at tabulated below.

Type of Offence	Number of Tickets Issued	AMOUNT RAISED
Failure to obtain / renew a licence	179	\$3 580.00
Illegal refuse dumping	3	\$ 60.00
Failure to maintain premises always clean	4	\$ 80.00
Failure to provide Hot water	2	\$ 40.00
Noise Nuisance	1	\$ 20.00
TOTAL	189	\$3 780.00

Notices Issues

Type of Offence	Number of Notices Issued
To remove a Public Health Nuisances	3
Stands without water	8
Fat disposal on open channel	1
Construction of blair toilet in commonage	1
Use of pit latrine	1

- Contamination of the environment by sewer blockages: Dikwindi sewer line. The department was appalled by the amount of raw sewage which was being discharged into Mucheke River on a day to day basis and consequently issued a notice to Engineering department so that they could abate the nuisance. The disturbance to the eco system can be over emphasised. Mucheke River continues to show evidence of sewage contamination due to the presence and continue of proliferation of the water hyacinth. It is our hope that the Dikwindi sewer line problems will not recur during the course of 2019.

Court Cases Handled in 2018

- 2 Court cases were attended. One for OK vs The State, 2nd from Chicken Inn Exor vs State.
- Outcome received; both OK and Chicken Inn Exor were found not guilty.

Water Quality Control

Collection of water samples for bacteriological and chemical analysis was carried out on a monthly basis during the period under review. Water for Sampling was being collected from the following sentinel points:-

<u>PLACE</u>	<u>TYPE OF ANALYSIS</u>
1. Bushmead	Bacteriological / Chemical
2. Rujeko Clinic	Bacteriological only
3. Runyararo	Bacteriological only
4. Mucheke Clinic	Bacteriological only
5. Civic Centre	Bacteriological only
6. Victoria High	Bacteriological only
7. 4.1 Brigade	Bacteriological only

Boreholes

Samples were also collected from:-

1. Runyararo Borehole
2. Squatter/Gum tree borehole Mucheke
3. Mudefufedu Borehole
4. Lees Inn Borehole

Water sampling is done once every month and locally tested by the Health Department. Samples are also collected once quarterly and sent to Agri Analysis Harare for quality assurance. For local sampling and analysis there was no media or broth for culture. So no samples for local testing were collected.

Month	Number of Samples examined locally	Number of Samples examined externally Agri Analysis	Total Samples		
			Retic	B/hole	Total
JAN	0	8			
FEB	0	7			
MARCH	0	0			
APRIL	0	0			
MAY	0	6			
JUNE	0	7			
JULY	0	0			
AUG	0	7		3	
SEPT	0	0	3	7	

OCT	0	6		7		
NOV	0	0				
DEC	0	0				

Foodstuffs Condemned

<u>DESCRIPTION</u>	<u>QUANTITY</u>	<u>REASON</u>
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Objectives of food quality control programmes

- To inspect and monitor all food premises to ascertain if they are meeting the requirements of safety legislation.
- To educate proprietors and employees of food premises of their responsibilities regarding the processing and labelling of food.
- To ensure that all food on sale for human consumption is fit for human consumption and that labelling information is not misleading to the consumer.
- To assess and ensure compliance with relevant legislation controlling quality, composition and labelling requirements, product presentation and advertising of food.

<u>Food Products</u>	<u>Quantity</u>	<u>Reason</u>
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Meat and Meat Products		Rotting, Expired & Illegal Vending
Dairy Products		Fridge failure, Expired & Damaged
Beverages & Fruit Drinks		Directive from MOH&CC
		Damaged and leaking
Vegetables		Vending
Perishable food stuffs		Vending & rotting
Sweets, Biscuits and dried chips		Vending & expired
Other groceries		Expired

Meat Inspection

The objectives of meat inspection programme are:-

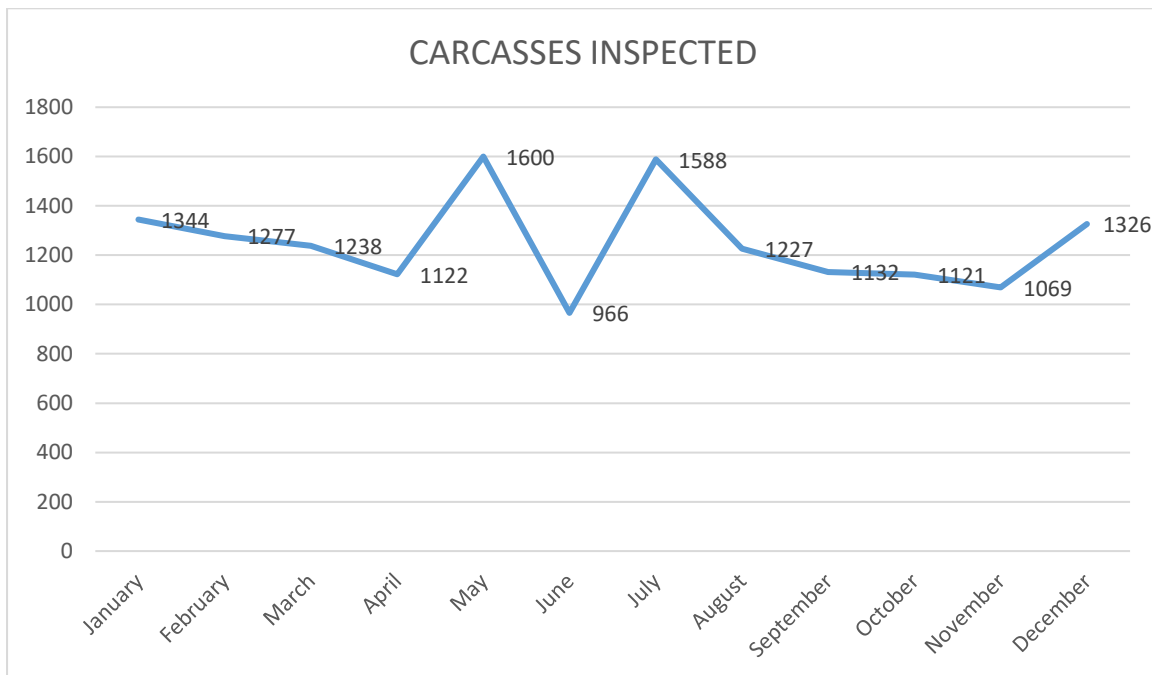
- a) To ensure that any apparently healthy, physiologically normal animals are slaughtered for human consumption and that abnormal animals are separated and dealt with accordingly.
- b) To ensure that meat from animals is free from diseases, wholesome and of no risk to human health.
- c) To prevent the spread of zoonotic diseases from animals to animals and from animals to man and vice versa.

These objectives were achieved through ante mortem and post-mortem inspection procedures and by hygienic dressing with minimum contamination. Hazard Analysis Critical Point (HACCP) principles were used. Below are the statistics of animals and carcasses inspections during 2018 and the amount raised through Meat Inspection charges

Our Meat Inspectors continued to offer meat inspection services at Montana Carswell meats in spite of earlier attempts by the meat industry and other Government departments' efforts to push them away from the floors.

Month	MC Meats	Monthly total
	Bovine (Cattle)	
Jan	1344	\$4 032.00
Feb	1277	\$3 831.00
march	1238	\$3 714.00

April	1122	\$3 366.00
May	1600	\$4 800.00
June	966	\$2 898.00
July	1588	\$4 764.00
Aug	1227	\$3 681.00
Sept	1132	\$3 396.00
Oct	1121	\$3 363.00
Nov	1069	\$3 207.00
Dec	1326	\$3 978.00
TOTAL	15010	\$45 030.00



TB Management

Below is a statistical table for TB Management during 2018.

		2014	2015	2016	2017	2018
Patient starting Trx		251	234	171	134	137
Diagnosis	sm +ve	124	72	75	72	80
	sm -ve	80	93	38	27	26
	ND	54	45	29	17	15
	EPTB	12	24	19	16	13
Type of pt	Cat 1	216	207	143	128	127
	Cat 2	35	27	16	6	10
Contact						50

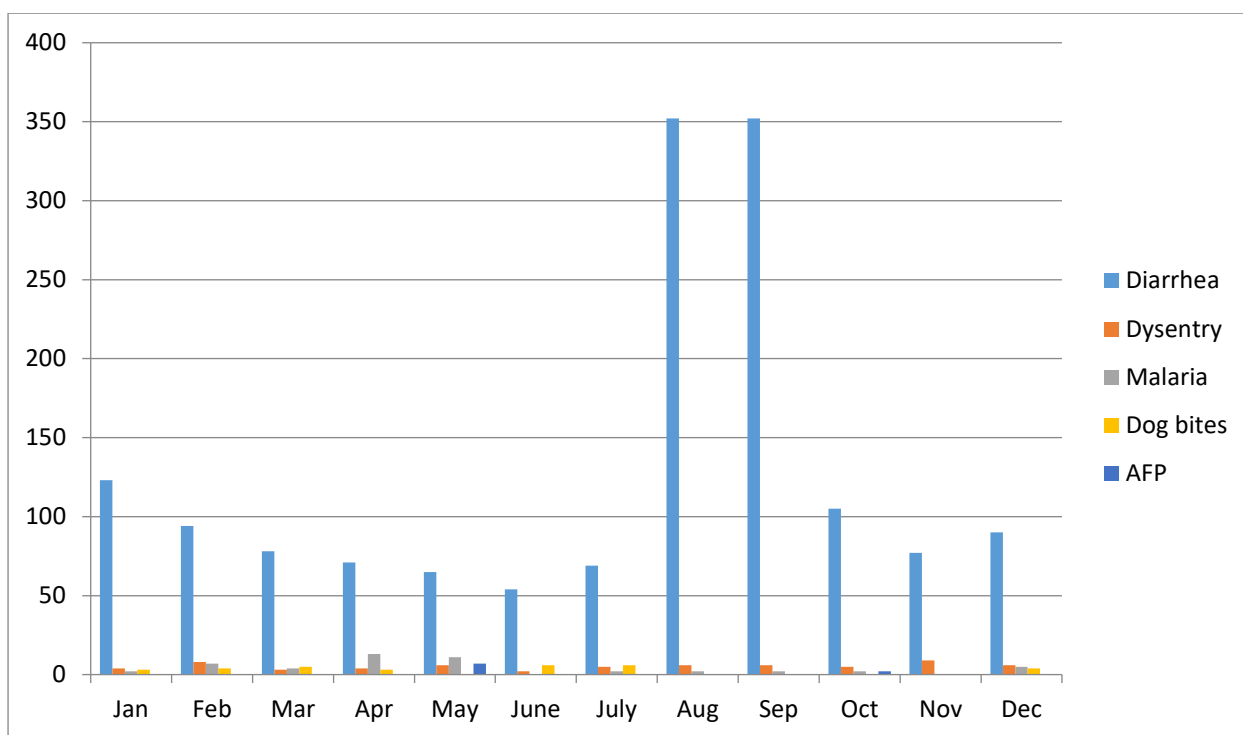
tracing						
	Screened	676	505	112	738	222
	Suspects	258	215	193	361	21
	Positive	20	17	13	19	0
	negative	234	198	180	310	12
OPD +ve						19
-ve						285
OUTCOME	Trc	81	40	32	16	14
	Cured	80	39	50	51	50
	Died	14	8	6	2	5
	Defaulted	10	4	5	12	10
	Transfer	17	19	6	8	4
	Trx-Failure	3	1	2	0	0
TB/HIV	Code 0	75	50	53	40	53
	Code 1	243	15	113	94	71
	Code u	18	27	5	0	44
	CTX	6	75	--	58	30
	ART	5	78	--	66	52
	Children on INH	0	15	0	10	6
	MDR	0	2	2	0	23

- In 2018 the three health centres were able to register 137 new cases of TB. About 58% of the patients were PTB positive/while 7% were patients who had been treated of TB before, thus 93% were cases who had never taken TB drugs. The case positivity rate remains high and a cause for concern as such kind of patients are able to transmit TB.
- Two hundred and twenty two cases were screened of TB and 19 suspects were found positive and commenced on treatment. We managed to increase the number of patients who got cured from 2 to 50 as of December 2018.
- All the new cases were screened of the HIV virus and 55% were code 1. The 55% were commenced on ART and Cort. Preventive Therapy. Also 6 children were started on INH preventive therapy. The percentage of the TB patients who turned out to be HIV positive clearly points out that TB is an optimistic infection in HIV.
- During 2018, 3 MDR cases were registered at our clinics. The 3 cases came from outside our clinics because we did not experience any treatment failure from our patients.
- We managed to take 304 samples for sputum examination and 19 came out positive. This represents 6% positivity rate.
- TB management activities are going on well. However there are instances when the carrier for samples is not there because she is on maternity leave. Council has managed to come in and assist.

Disease Surveillance

Public Health Surveillance

Disease	Jan	Feb	March	April	May	June	July	Aug	Sep	Oct	Nov	Dec	TOTAL
Diarrhoea	123	94	78	71	65	54	69	352	352	105	77	90	1530
Dysentery	4	8	3	4	6	2	5	6	6	5	9	6	64
Malaria	2	7	4	13	11	0	2	2	2	2	0	5	50
AFP	0	0	0	0	7	0	0	0	0	2	0	0	9
Dog Bite	3	4	5	3	0	6	6	0	0	0	0	4	31



Diarrhoea continued to be the most common ailment more so with the under-fives. Interventions put in place included oral rehydration, health education on personal hygiene and proper nutrition.

Refuse Service Vehicles

REG NO COMMISSIONED	MODEL	TONNAGE	VOTE	DATE
AAE 5825	UD CPB12	8	1651	1992
AAE 5821	UD CPB12	8	1651	1992
709-136Z	UD CPB12	12	1651	1992
692-523R	UD CPB12	12	1651	1992
505-960F	Bedford 1316	1000 gallons	1324	1990
GT 972-08	Yoto	5	1651	2009
GT 176-08	Yoto	5	1651	2009
AAE 5998	UD80 New Compactor	8	1651	2010
AAE 9043	UD80	8	1651	2011

Our refuse vehicle fleet has insurmountable problems prevailing due to age. We managed to provide refuse removal services with many difficulties.

Recovery of waste (In tonnes)

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
At Source	9	1010	40	43	35.714	61.5	48	43	84.5	82	63.6	68	1588.31
At Dumpsite	5	5	6	6	18	30	29	16	5	56	18	24	218
TOTAL	14	1015	46	49	53.714	91.5	77	59	89.5	138	81.6	92	1806.31

Revolving Refuse Bins

- Of the 200 Plastic Bins purchased only 17 standard refuse bins were sold. 9 for new premises and 8 for old premises for replacements.

Pest Control

Below are the statistics:-

	MONTHS												TOTALS
	JAN	FEB	MAR	APRIL	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	
Number of rooms sprayed for Cockroaches	1	0	0	0	2	0	0	24	2	0	0	4	33
Bee Swarm destroyed	1	0	0	0	0	2	0	0	3	2	0	0	8
Fleas / Ants	0	1	0	0	0	0	0	0	5	2	2	0	10
Lavaciding	98	108	124	108	98	89	78	281	201	72	106	203	1566
Rodent Trapping	0	0	0	3	2	2	0	0	1	0	0	2	10
Dog bites	0	0	0	0	1	0	0	0	0	0	0	0	1
Effluent Sucked	0	0	0	0	0	0	0	0	0	0	0	0	0

Our main challenges during 2018 was the cost of pesticides and we could not procure as much as we wanted.

Communal and Public Toilets

- No major blockages experienced this year. Only water supplies breakdowns which were experienced on the last quarter of the year.

Street Cleaning

- This area went on very well, with the help of Health Clubs that were commissioned to man their respective wards that is ward 1 – ward 7. The City Council appreciates their roles in waste management and recycling activities.

Nuisance Dumpsite

The current dumpsite is a major public health nuisance due to the following factors:-

- a) It is not lined or provided with a Geo physical membrane. Leachate is suspected to be contaminating the underground water. Unfortunately there are no monitoring wells to detect the degree of contamination.
- b) Lack of dedicated equipment to push compact and cover waste. This has resulted in the breeding of flies, rates and other vermin.
- c) Scavengers continue to burn the place in order to recover copper from electric cables and also to provide a smoke screen especially the winter months as this will provide them with warmth. The fact that we have not instituted measures to collect methyn gas only compounds the problem.
- d) The dumpsite's perimeter fence was vandalised and stolen. The amount of paper and plastics strewn around makes the surrounding environment un slightly.
- e) Runyararo South West and Victoria Ranch Housing development bear the brunt of the said nuisances.

There is need to relocate and construct a new landfill which is supported by dedicated equipment in order to comply with statutory provisions. Council continues to be levied high penalties by EMA due to the current scenario.

Cholera Control Activities

Masvingo City Council attended to 2 cholera cases, 1 convalescent case and jatrofar poisoning case who came and presented as a cholera case. Of the three cases of cholera handled one patient died at Masvingo Provincial Hospital and the other two patients were discharged. The Jatrofar was also treated and discharged. All the cholera cases were linked to Glenview Budiro. A cholera treatment centre was set up at Runyararo Clinic and help from the District Health Executive and Masvingo Provincial Hospital.

The patient who passed on was working in Masvingo though his rural home was in Murehwa. We managed to carry out a supervised burial in Masvingo after convincing the parents of the dangers to transfer the corpse to Murehwa. Waterguard gave us some chemicals to disinfect the borehole water which was being used by other communities in Masvingo City Council's area of jurisdiction.

We had to decommission one borehole which had numerous coliform counts.

The Cholera treatment centre has since been decommissioned. Health education to the community on cholera prevention and control measures continues to be given.

DISTRICT AIDS ACTION COMMITTEE (DAAC) ACTIVITIES.

EXECUTIVE SUMMARY

- Masvingo DAAC Urban office managed to conduct all the 36 planned coordination meetings for the year ended 2018. Most implementing partners attended the Coordination meetings and much HIV

programming sharing and collaboration occurred hence the reports and minutes were produced respectively. The DA and all the relevant stakeholders were also effectively represented both at the Stakeholders and DAAC Meetings.

- The 11 (50%) of the baseline schools managed to register and 17 (77%) reported in the year 2018. By the end of year, a 100 % of the reporting implementing organizations had managed to register.
- There are four sites offering both basic and comprehensive PMTCT programs. Health facilities offering basic and comprehensive PMTCT services are Masvingo Provincial Hospital; Mucheke; Rujeko and Runyararo Clinics. Total number of pregnant women who accessed HTS services in Masvingo Urban decreased from 1512 in 2016 to 1440 in 2017 and increased to 3859 in 2018. The increase in the numbers in 2018 shows that pregnant woman are increasing in accessing HTS services which is good. Number of infants tested HIV positive increased from 14 in 2017 to 98 in 2018 and was 12 in 2016.
- The total number of clients who were newly tested for HIV at HTC sites in the year 2017 was 7573 as compared to 9270 in 2016 and 5133 in 2018. Total number of people who were tested in 2018 were 19989 and those positive were 1578 giving a positivity rate of 7.9%. Hence, the HTC positivity rate has slightly decreased from 9.7% in 2017 to 7.9% in 2018 and was 25% in 2016. The decreases of the positivity rates in the respective years show the importance of HTS services in the HIV Response Initiative.
- Youth and adolescent programmes were carried out covering youth in school; youth out of school and youth in tertiary institutions who were implementing on HIV education; peer education activities; STI and condom promotion participation at the tertiary colleges. However, there was a decrease actualized in the youth out of School programmes from 3034 in 2016 to 1163 in 2017 and also to 933 in 2018. This is because youth are difficult to reach hence there is need of reviving youth friendly corners.
- Masvingo Provincial Hospital; Mucheke; Runyararo and Rujeko clinics are the four health institutions currently offering ART treatment and care services in the district. HIV /TB collaboration services are also offered by these Health institutes. PSI is now also initiating ART and offering ART services to sex workers in the district. The number of children and adults on ART in the district however continue to decrease in the year 2018. The number of children on 1st line ART is 106 males and 91 females amounting to 197 in year 2018. Adults on 1st line ART are 2119 males and 4091 females amounting to 6210. The district has a total of 2584 people on second line ART, of these clients who are on second line treatment, 73 are children. The grand total for the clients on ART at the close of the year 2018 was 8991 people comprising of both adults and children. Approximately 28,7 % of the ART clients in the district are on second line treatment.

1. DAAC HIV and AIDS data for January to December 2018.

a. PMTCT – Pregnant Women booking for first ANC visit for all ANC sites =2477

b. HTS – HTS tested for HIV =	Males	6404
	Females	13585
	Total	19989

HTS tested HIV+	Males	486
	Females	1 092
	Total	1578

Positivity rate (HTS)	7.9%
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c. New STIs cases for 2018 1806

d. Number of Male condoms distributed = 18746775

Number of female condoms distributed = 54704
Total = 18801479

- e. VMMC cases conducted in 2018 = 1 061
- f. ART Coverage by site by December 2018

Masvingo Provincial Hospital	2403
MU Clinics (Plus PSI)	6588
District Total	8991

2. **MANAGEMENT AND COORDINATION OF PROGRAMMES**

Type of meeting	2016	2017	2018
DAAC	4	4	4
M&E Taskforce	4	4	4
Prevention	4	4	4
Mitigation	4	4	4
Care; Treatment and support	4	4	4
Stakeholders	4	4	4
MIPA COORDINATION MEETING	4	4	4
YPNSRHHA	4	4	4
BC Review Meetings	4	4	4

We held 36 coordination meetings in the year 2018 and major issues that prevailed in the meetings were as follows:

3. **Coordination Meetings held during 2018**

- Several Coordination meetings such as enabling environment, prevention, monitoring and evaluation, treatment, care and support, District AIDs Action Committee, and Stakeholders, Prevention review and MIPA consultation meeting were held. The following issues were emanated from the meetings.
- Young People Network Members to refer youths to City Health Clinics for free STI treatment with the approval of Matron Annette Breda and also need to revive youth friendly corners.
- Need to do more awareness on condom use as people use condoms incorrectly
- Some support groups are no longer functional in the district because of lack of support and there is need to revive them given the burden of non-communicable diseases.
- Training of peer educators in programming of HIV so that they will submit statistics at their workplaces and need more interventions to encourage people to go for VMMC .People were also encouraged not to rely on circumcision as it only offers 60% prevention to HIV hence need to use other measures such as condoms.
- It was clarified that there are no longer called 3 -90s but 3- 95s.Stakeholders need to educate people not to take drugs illegally as it is dangerous and also encourage pregnant women to book early and get tested early to protect the child from being positive.
- Another issue raised was that there is need to make follow ups on the cases reported to see if there is an action being taken.

4. M& E SECTION

Masvingo Urban Registration and Reporting Fourth Quarter 2018

REGISTRATION AND REPORTING BY PUBLIC AND CIVIL SECTORS

DISTRICTS	GOVERNMENT				CIVIL SOCIETY			
	BASELINE	REGISTRED	REPORTING	REP RA	BASELINE	REGISTRED	REPORTING	REP RA
MASV URBAN	10	10	10	100%	11	11	11	100%

REGISTRATION AND REPORTING BY SCHOOLS AND PRIVATE SECTOR

DISTRICTS	SCHOOLS				PRIVATE SECTOR			
	BASELINE	REGISTRED	REPORTING	REP RA	BASELINE	REGISTRED	REPORTING	REP RA
MASV URBAN	22	11	17	77%	0	0	0	0%

- The district has 22 schools and 11 were registered in 2018 of which 17 of the registered managed to report by end of the year. Under Civil societies and the parastatals, there were 11 registered of which all the 11 reported. There were 10 government sector implementing organizations who registered and reported as well. There were no stand-alone private sectors registered and reporting HIV and AIDS related activities to NAC.

5. HUMAN RESOURCES; FINANCE AND ADMINISTRATION

a. Human Resources

STAFFING

- Masvingo Urban District has a staff establishment of one post and it is filled.

Table 1: Masvingo Staff complement as at 31 December, 2018.

POST	STAFF ESTABLISHMENT	In post
DAC	1	1

- There was no transfer in or out of the district during the year under review. The DAAC Office has had the assistance of a female Graduate Intern since 1 September 2018 to 30 July 2018.

STAFF DEVELOPMENT

There was nil staff development trainings carried out during the year under review.

STAFF APPRAISALS

The staff member was successfully appraised during the year under review using Result Based Management appraisal forms

b. Fixed assets

- Updated asset registers were maintained at the district office throughout the year.
- Acquisitions of Non-Current assets

No acquisitions were done during the year under review.

c. FINANCE

FINANCIAL MANAGEMENT

INCOME AND EXPENDITURE

Table 2

ACTIVITY BY GROUPINGS	INCOME	EXPENDITURE	BALANCE	COMMENTS
HIV Musical GALA	7692.00	14957.90	-7265.90	Masvingo HIV Gala was conducted
STI Roadshows	4688.00	3332.68	1355.32	STI Roadshows were conducted as per planned activities
HIV Sensitization Meetings for inmates	1240.00	681.17	558.83	Activities were successfully done
Commemorate Provincial World AIDS DAY in Masvingo Urban	5705.00	7893.62	-2188.62	Provincial WAD was done in Bikita
Condom dispensaries	1400.00	-	1400.00	
Conduct quarterly sensitization meetings with PWDs	872.00	622.43	249.57	PWDs meetings were done on quarterly basis
Video screenings (YIS) 19	2641.00	2406.00	235.00	Managed to meet the target
Condom and ASRH Campaigns at Tertiary Colleges	3203.00	1445.70	1757.30	Activity was successfully done
Peer Education Training	820.00	552.28	267.72	Training was done
Video screenings for YIT	1185.00	940.00	245.00	Only one screening was left due to closure of tertiary colleges
Video screenings for YOS	474.00	474.00	-	Managed to meet the target

Orientation training on ASRH	3572.00	3742.36	-170.36	Orientation was conducted
Workplace Awareness Meetings	3990.00	3492.00	498.00	They were successful done
Support Radio for one man campaign	500.00	-	500.00	
Conduct Prevention Review Meetings	792.00	613.00	179.00	They were done as per planned
PLHIV Meetings	512.00	425.00	87.00	They were conducted
DAAC Meetings	640.00	536.00	104.00	Meetings were conducted on quarterly
Stakeholders Meetings	556.00	434.00	122.00	Meetings were conducted on quarterly
Quarterly Review Meetings	996.00	1078.00	-82.00	Meetings were conducted on quarterly
Agriculture Show	4540.85	4540.85	-	The show was successful done
Field Visits	1920.00	1960.00	-40.00	Field visits were done
Telephone charges	600.00	600.00	-	
Internet data bundles	120.00	120.00	-	
Staff lunches	168.00	168.00	-	
Total	48826.85	51014.99	-2188.14	

- The district used \$51014.99 instead of the \$48826.85 that was the planned amount to carry out the HIV programmes which included that of the NATF funds which were conducted during the quarter under review. The details of the funds utilized are shown on the above table. The excess amount used was made due to the extra Agriculture Show activity provisions and due to addition of extra activities such as under the Workplace programme among others which were added on implementation and this was done in order to meet the needs though they had not been planned for.

d. **AUDIT**

- The district was audited by an internal auditor during the year under review.

6. **OPERATIONAL CHALLENGES AND RECOMMENDATIONS**

a. **CHALLENGES**

- Shortage of staff in the district continued to hammer programs negatively. The secondment of a Graduate intern from Masvingo City Council under the Health Department has helped greatly to ease the work load.
- Transport limitations were seriously experienced by the DAC throughout the whole year.

b. **RECOMMENDATIONS**

- It is respectfully recommended for NAC Authorities to consider having another complementing staff or intern at district level for quality standards production at the District as well as for ensuring the smooth operations of HIV Programmes.
- Again, it is respectfully recommended for the district to have its own vehicle.

PROGRESS AND CONSTRAINTS DURING THE 2018 YEAR.

Among other success/achievements already highlighted in the report special mention should be given on the following:-

Summary of Constraints:

- Under-funding of public health services by Central Government.
- Impact of HIV/AIDS menace and harsh economic environment.
- Ageing Vehicles in the cleansing section.
- Lack of laboratory facilities.
- Development encroaching on Landfill site.

CONCLUSION

Sustainable development essentially, is the development that meets the needs of the present generation without compromising the needs of the future generation. The City of Masvingo is ever striving to monitor and maintain the urban environment clean, healthy and friendly so as to prevent related diseases and conditions.

I would like to express my gratitude and appreciation to His Honour the Mayor of Masvingo, Councillors, Town Clerk, Heads of Departments and all Municipal Staff for the support, advice, co-operation and invaluable assistance they offered to my department during the year 2017. I hope this will continue in all years to come.

In the same vein, I wish to extend my thanks to the Provincial Medical Director, Masvingo Hospital Medical Superintendent and their staff for their unwavering support and advice in areas of curative and preventive health care services.

Finally I would like to thank Doctor P.S. Makurira, our Medical Officer of Health (part-time) for his guidance and support in keeping the department on course and enabling environment.

Wishing you all another successful year.

Ngonidzashe Mapamula

A/ CHIEF ENVIRONMENTAL HEALTH OFFICER