

Trip to Zimbabwe 15-22 Jun 2009

16 Jun 2009

After an uneventful trip I reach Harare around noon, in a magnificent sunny day with cloudless skies, welcomed by Carlo.

Sticking to our program, we head off to Mutoko, to the Luisa Guidotti Hospital, where we have to meet its Director. We have to discuss with her the future plans about our support to the project of fight against AIDS. I explain to Mrs Pesaresi that as a consequence of the crisis which started in July 2008, it is becoming more and more difficult to get from our donors a flow of donations which could ensure the medium term viability of our Charity. As things stand now, we can reasonably affirm that we can cover the foreseeable needs for 2010 and for the beginning of 2011, but we cannot realistically hope to go much farther.

Hence the idea of applying for support to a very well known U.S. Foundation, which is the biggest and best organized Foundation in the world. They accept to examine proposal about AIDS.

In order to present an appropriate “Letter of Intent (LOI)”, we have to share views with each of the persons responsible for the four Centres where the program is delivered. We started with the “Guidotti”, being it by far the biggest in size and in complexity.

At present the Hospital is treating about 1,000 patients affected by AIDS. The proposal is to double this number over 5 years (2010-2014), provided that all necessary infrastructure is developed at the same time, both in terms of staff, fixed assets like laboratory equipment and some additional space.

We discuss in some detail and finally agree that it seems appropriate to prepare an application where the “Guidotti” share of the total patients under care doubles in five years from 1,000 to 2,000 patients.

17 Jun 2009

Day devoted to onsite visits to the L.Guidotti Hospital’s recent infrastructural projects: solarization and water provision. We are now using solar energy for two purposes: providing the staff houses with lighting and small utilities power, and for a solar pump which pumps water from a new borehole to two 6,000 litres tanks in the main Hospital. For other boreholes we provided generators which ensure that water can be pumped even in case of blackouts.

The domestic needs like cooking are covered by power provided by a generator from 6 to 9pm.

All these improvements have made a big difference in many people's lives: water is no longer a nightmare and light is also assured. I was shown a small open space, covered by a tin roof, where students used to congregate to study before these improvements, because there was a light provided by a generator after dusk. Now this is no longer necessary.

The L.Guidotti Hospital continues to be the only functioning hospital centre in a catchment area of 1,4 million people. This is made possible by the support it receives from many Charities in Italy and the U.S., and by the dedication of the two Italian doctors who operate here.

Visited also the "Casa di Mariele", a place inside the Hospital where some 20 orphan children are cared for.

18 Jun 2009

Trip from Mutoko to Harare, where we visit the "Giovanni Spagnolli Centre for the health and promotion of women".

Usual feeling of being "at home". Dr. Carlo and I explain to the Responsible for the Centre the situation we are facing and our proposal which should ensure our Charity and its projects in Zimbabwe a future for the coming years, alongside the same pattern already used at the "L.Guidotti". In this case we are talking about increasing the number of our patients from some 300 to 600/650 over five years.

The Sister in charge understands the situation immediately, and is prepared to help, provided things are planned and infrastructure evolves according to needs. She maintains that we have to develop the "home based care" in a sensible way, by creating a unit devoted to it, so that the risk of defaulting patients is minimized. This will imply some additional staff and a car. Also the laboratory equipment will have to be increased to cope with the increased needs. With these caveats, she is in favour of the idea.

In the afternoon we meet (at the Centre) with the Responsible for the Chinhoyi unit of our project. He sees no problem in increasing the present number of patients (108) to the double or even 250 in five years, and has no particular additional requirements. Very open and ready to help.

19 Jun 2009

Day devoted to the visit to St. Michael's Hospital in Ngezi. This means some 500 km driving in the day.

Dr. Carlo and I had a very fruitful meeting with the Responsible for the Hospital, together with the two local Doctors who work in the Hospital. We explain to them the situation and the intention of applying for a grant in order to ensure the viability and growth of the current project. St. Michael's is perhaps the most rural and remote area of the four where the treatment is delivered. It covers 70 sq. Km and the population is very dispersed in small communities all over the area. In order to increase the number of patients it appears that an outreach effort should be made. There are also

deficiencies that we have to correct immediately, and they are: X ray machine to replace an old broken one, reagents and disposable material for X-rays, one laboratory technician and reagents. To develop the program they think that no additional doctor is needed, whilst two counsellors are necessary plus one extra nurse for follow-up. Additional laboratory equipment is also needed.

We got a positive impression of the analysis effort performed by the team and the proposals look sensible.

20 June 2009

In the morning we visit the St. Marcellin orphanage, where 73 children are taken care of in a very warm and pleasant atmosphere. Carlo brings a load of goods (foodstuffs and soap bars) which are welcomed. Then we distribute sweets to the children, who appreciate very much.

Then we move to visit our logistical officer one of our very good friends in the country. We discuss two things of some relevance:

- a) advice about the possibility of installing a 10,000 litre tank in the L.Guidotti Hospital, for the fuel. Thus we would avoid having to bring it from Chinhoyi to Mutoko in drums, bringing some 600 litre at a time, which is a far from efficient way to do it. She will check costs and opportunities and will let us now.
- b) Fuel consumption.

General situation of the country

From our conversations with a number of people, we can draw up a picture of the situation as it looks like:

a) possible evolution of the present political situation in Zimbabwe: is there a chance for the present GNU to continue and be successful or do we risk going back to a situation like the one experienced between March and October 2008, of repression, terror and lawlessness? It is believed that the 2008 events cannot happen again, because they know that the President's party saw a high attrition in the consensus they used to enjoy in the rural areas, and they know this. It will be a rather long way, but the hopes that people have now are reasonable and a better future is likely to materialize in due course. It will take time, because the resistance to acceptance of the rule of law and all what ensues is still strong in those people who have much to loose, but the direction is definitely taken.

We expressed our sincere hope that this will happen, the sooner the better.

b) the abandonment of the local currency for the US dollar and the SA Rand had the effect of bringing back all kinds of goods to the shops, whose shelves are now full of local and foreign products. Prices are lower than in Europe, but high for a population 90% of which is unemployed. Also, not all people have access to dollars, and that

makes things difficult. In any case, there is an improvement in comparison to the pre-dollarization situation.

Others do not see any real improvement in the situation. Support for MDC is eroding, because they seem to be accepting the situation as it is, without any real effort to change it. The fact that both the Governor of RBZ and the General Attorney have not been dismissed confirms it. Additionally Mr. Biti, the Finance Minister, is taking very unpopular measures to raise money, like imposing a toll on the use of main roads, which is extremely unpopular and will bring about very tough opposition. This happens at a moment when the big tax evaders continue in their spoliation of the country's wealth, unnoticed, only because they belong the elite. This is deeply unfair and is badly viewed. The rule of law is not applied, and the gut feeling of the people is that MDC, now that they are in power with ZANU-PF, no longer care about their constituencies. Very sad!

People are becoming aware of the fact that the GNU (Government of National Unity) has not succeeded, so far, in obtaining any significant change in the matters which really count: the true power is still in Mugabe's hands (police, secret services, army, Governor of Central Bank and Attorney General) and that very few lesser matters are left to the MDC. The most worrying aspect is that MDC are no longer exercising any pressure to obtain the freedom of their MPs and activists in jail on political charges, nor are they stopping the violent invasion of the last remaining white farms. It is amazing to see that the Prime Minister is on a tour in Europe and the U.S. to seek money and investments for Zimbabwe, and that he does not mention nor care about the restoration of the rule of law in his country!

The reports issued by international Human Rights agencies continue to be extremely negative. Trying to summarize the feeling after this trip, we can say that improvements in the general situation of the country are really at hand, but will continue to remain elusive, almost tantalizing, if the former ruling elite does not allow a real sharing of the power.

22 June 2009

Sebastiano

(RBO-trip to Zimbabwe 15-22 Jun 2009-trip notes)
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