

## **Sebastiano Bazzoni and Elaine Dolan**

### **Trip to Zimbabwe 14-20 May**

#### **"Trip notes"**

### **Zimbabwe 15 May 2005**

Our First day in the Zimbabwe, dedicated to Project Alaska.

Project Alaska focuses on a village of more than 10,000 people close to Chinhoyi. Until 1998 the village was relatively prosperous benefiting from its copper mines. When the copper mines closed, no alternatives sources of work were created and, as a consequence, total unemployment, was followed by squalor, malnutrition, dirt and illness.

The Sisters of Our Lady of Africa (S.O.L.A.) are active in this area of extreme misery. Dr. Spagnolli recently us that the village had no water (!!!) and that the newly appointed energetic and determined parish priest, together with his parishioners, had drilled an eight meter well finding water (albeit not very clear water). We promised to help drilling an adequate well.

Today, on site, we have examined the project aimed at starting a support centre for women comprising of a lab to teach skills such as dressmaking, sewing and embroidery, an IT school and a meeting room. Should everything go to plan, the centre will be established on an area belonging to the Diocese and will be run by the SOLA Sisters.

The purpose of this centre is to help women (who have always been emarginated) in gaining self confidence and the ability to sustain themselves. The Sisters of Our Lady of Africa (S.O.L.A.) have the necessary leadership qualities to offer this service.

When the centre is operational, it will provide also medical and social assistance.

After a month of analysis there is now a proper project in place and we have discussed the possible way forward with Sisters Teresa, Rita e Luisa. Everything must be done in accordance with strict guidelines, i.e. the Sisters of Our Lady of Africa (S.O.L.A.) must be authorised by the Diocese and the official document, duly registered, must clearly define their tasks and rights.

The estimated cost is Euro 120.000.

We met the parish priest, Don Brighton Chibondo, who told us that, near Alaska, there are three other villages with a combined population of about 27,000 people who live in appalling conditions and are completely abandoned.

## **16 May 2005**

Having loaded foodstuff and other items from a container sent by Italian support Groups for the Ngezi St. Michael's Hospital (230 km. from Mutoko) we start off on our journey.

We are lucky enough to find diesel fuel at a petrol station in Harare's suburbs and reach St. Michael's Hospital just in time for lunch with Maria Grazia and Oscar.

In the afternoon we visit the Hospital where, besides the ordinary patients, 110 mothers in PMTCT PLUS (prevention of mother-to-child transmission plus treatment of the mother) are being assisted on our behalf.

We also visit Mariele's House where 29 orphaned children are being looked after (education and dedicated medical care).

Much appreciation was shown by the children for food (in particular sweets); and a bit less for drawing material and other items.

Celebrations for Carlo's birthday (56).

**17 May 2005**

Journey of 280 km from Chinhoyi to Mutoko (Guidotti Hospital) to visit our first and most important centre.

Currently there are 111 mothers in PMTCT PLUS in addition to 639 patients which are on our HAART original programme (highly active anti retroviral treatment).

After a meeting with the Manager, Dott Marilena Pesaresi, we visit the hospital which is again overcrowded and houses the so-called "floor patients" who, due to the insufficient number of beds, sleep on the floor with a blanket beneath them.

Overcrowding is due to the crisis of the NHS. Patients who are not accepted by their local NHS structure, desperately look for a place elsewhere (even very far away) where to be accepted.

Today we saw a patient from Kariba (540 Km. away) who arrived by bus after a journey of a few days in several stages. She is HIV positive, and physically in very poor general conditions, with peritonitis and cannot be operated on as her peritonitis is AIDS related.

Tomorrow morning, Dr.Spagnolli, on verification of the effects of the initial therapy, will effect a stomach pumping type procedure under local anaesthetic but holds out very little hope of saving her life.

Visiting the different wards, we sadly realised that 80/90% of the in-patients are HIV positive. The mortality rate in the country is extremely high and the population is declining. 'Funerals' have become a flourishing industry and we saw ads like 'coffins for sale' along the streets. Leaving Harare on the way to Mutoko we saw a huge cemetery area; coloured plastic hearts and crosses to be placed on the graves were on sale at the entrance.

We were told that, according to official statistics, the Guidotti HAART Programme is now 'number 1' and that there are 12.000 patients receiving treatment across the country. This compares with a total number of more than 3 million people who are HIV positive.

## **18 May 2005**

The morning continues with the 'Guidotti'.

We agreed with Dott. Pesaresi and Dott. Spagnolli how best to help ensure adequate support for the hospital pharmacy where the staff numbers are inadequate and there is a need to organise the facility in a more rational, structured and efficient way.

It was decided to choose Valeria, a lady who worked on the WFO programme while it was operational. At present the Government of Zimbabwe affirms not to need aid.

The departure from the "Guidotti" was delayed because of Carlo's "surgical" commitment. The surgery performed on the patient with "peritonitis" was successful and there is now hope that this woman will survive.

In the afternoon we allowed ourselves three hours as tourists in the Chiwero Park, where, helped by lots of luck, we even managed to catch more than a glimpse of a white rhino as well as admiring other beautiful wild animals in their natural surroundings,

Return to Chinhoyi for our last night in the welcoming home of Carlo and Angelina, cheered on by 11 year old Elisa who was in great form.

**19 May 2005**

We start the day with a visit to San Marcellino's Village in Harare (Carlo's initiative for young orphans supported by his Trento's Support Groups).

There are now 38 children (8 of school going age).

There are a number of children who are HIV positive (included in the Mutoko RBO Programme).

At 3pm, slightly earlier than expected, we reach the Centro Giovanni Spagnoli for the scheduled meeting with the mothers of the PMTCT PLUS Programme. 31 of them are present with their children out of a total of 51. We are met by Sr. Mary Jo e Sr. Francesca in a very happy atmosphere and make our acquaintance with the mothers. We recognise Bernadette, in spite of the fact that her hair-style is different, who is there with her two children. Bernadette started her therapy in July 2004 when she weighed less than 50 kg and was in a very bad physical state. Today she weighs 90 kg, is fully recovered and lives with her two beautiful children.

Mary Jo informs us that we will see something the mothers have organised on their own; they went to the Centre at 9.30 for the last rehearsal. A man (impersonated by one of the mothers) sits on a chair and, sneakily, takes a "tablet" from a container (then puts the container away immediately) he swallows the tablet with some water. He comments that he is tired and must take his medicine but cannot tell his wife.

His wife then enters the scene and squats on the ground (chairs are for men only) and asks him if he had brought some money home to buy food and says that, for some time now, in spite of the fact that he regularly leaves home to go to work, he never returns with anything for the family. She also tells him that she is not feeling well, that her body is aching all over, that she is suffering from headaches and so forth, and asks him if she could go to the doctor. Her husband advises her to drink lots of water, to clear her system, and that this course of action should be enough.

By this time, we have all understood that these mothers are telling us the story of their lives, their own experiences, and we feel very touched.

The drama unfolds with the wife's friends advising her to go to be tested for HIV and tries to convince her in every way possible. Finally she agrees and is tested and is told that she is HIV positive. Knowing that she has been faithful to her husband, it follows that her husband must have been unfaithful, infecting her as a consequence of his infidelity. Husband and wife continue to hide the truth to each other, assailed by doubts, until the wife decides to tackle the matter.

The wife informs her husband of the results of her tests and that she is "HIV positive". This provokes the expected reaction from her husband: "You have a lover". The wife wants to avoid conflict at all costs and mentions a series of events where she may have been infected: piercing and other events.

The wife's friends explain to her, in a quasi-dramatic scene, that she can be cured at no cost. She cannot believe this and reacts with a bitter laughter and says that nobody gives anything for nothing, *not even a banana*. At last her friends convince her and she starts her therapy. It is true!

Finally, husband and wife manage to clarify the situation and the husband, pressed by his wife, albeit in a very respectful manner, confesses that he has been HIV positive for a long time, that he hid this fact to her and that he was being treated.

At last, the husband accepts the principle that things can only improve if what has happened is confronted. There is an absolute need to defeat the "denial" culture. Denial can in fact only bring death.

In the "play", the husband and wife tackle the illness together and "they live happily ever after".

Unfortunately for Memory, the reality was different and her husband died of AIDS in November 2004 leaving her infected and with two children. Memory, like the other mothers in the Programme, has returned to a normal life only thanks to our Centre.

During the “play” many of us were touched: some mothers, including Bernadette, could see their own lives reflected in the play, with their own mistakes, ignorance and short-sightedness being highlighted.

At the end of the play, the parish priest (whose parish includes Dzivaresekwa) briefly addressed all present and insisted on the need for couples to turn their backs on this cultural denial and to tackle the difficulties of life together. Father Mukaka is a Jesuit priest and it is he who gave Mary Jo the idea to make canvassing to convince women in Dzivaresekwa, a village in the Southern outskirts of Harare where degradation is reeking havoc.

Feeling deeply touched, I then had the opportunity to address the group and started by saying that my perception was that something very important had happened here: that as a group of very united women, they had shown a far superior “power” than that of single women, individuals facing these problems. This is a new very important development which will produce positive effects in the future.

We then went to see Dzivaresekwa “with our own eyes”. For anyone wishing to see and understand the situation, it is a trip that I would certainly advise.

We ended our “working” day with a visit with the Papal Nuncio, Mons. Adams. Topics of great importance for the Country and for the Church were discussed during our meeting with a high degree of participation and understanding by all involved.

Dinner at the Sisters of Charity’s was the “crowning glory” of our journey. Sister Mary Jo has performed her duties exceptionally well in recent months, considering that she started from zero. It must be remembered that, only one year ago, we handed over to the Sisters of Charity the money to buy the house which has since been converted into a clinic, and that, -I repeat- starting from zero, Sister Mary Jo managed to put together the current group! I can appreciate the many difficulties she has had to overcome to break the denial barrier and this makes her achievements even more remarkable. She really did go to Dzivaresekwa, knocking on doors, going from house to house,

explaining to women the things they did not know and thankfully many of them listened to her!

- Shona customs;
- A man pays a dowry to the father of his future wife in order to be allowed to marry her;
- The Shona scale of values puts men first, then women. Children are simply a by-product.

Child abuse is very common and takes place mainly within the confines of the family home. Mothers avoid leaving their children alone at home with their fathers. Both Carlo and Mary Jo were called to intervene in a case where a child little more than 18 months old was in a pitiful condition having been raped by a family member

It has proven to be a long and emotional day. Results up to now have proved better than expected and being able to listen to those directly concerned was both very touching and gave us courage to face the future.

Carlo said: the true heroes in this are the women of Dzivaresekwa, who have broken the taboos and made their choice.

On the same afternoon the Governor of the Reserve Bank of Zimbabwe announced a series of economic measures and agreed with the government to re-launch the economy. One of these would be the modifications of the official exchange rate from 6500 to 9000 Zimbabwean dollars to 1USD for monies sent to Zimbabwe by Zimbabwean emigrants. This means an official devaluation of circa 40%. Rates on the black market are much higher, roughly double the official rate. We will see over the next few days the practical effects that these measures will have.

I will close with some notes of Monday 23 May (mail from Carlo Spagnoli)

This morning, Monday, the first but inevitable surprise: Food prices have rocketed by 140%! As we have said all along....and we are to believe the government's lies on the reduction of inflation rates? By doing so they are creating conditions for the instigation of revolt due to hunger, this already started in the poorer areas of Harare due to the lack of water and the cost of food, but was quickly suppressed by police. In addition to this, since Thursday, the police have destroyed all fruit and vegetable market stalls in the city, these stalls allowed the poorer city dwellers to survive...also all public transport has been prohibited from entering the city, now the populations who work in the city centre will have to walk, some for miles.

All fuel has "disappeared" from fuel stations both here and in Harare and we have to move forward cautiously and carefully without wasting a drop.

Sebastiano Bazzoni

Monday, 23 May 2005

(RBO-trip to Zimbabwe 14-20 May 2005-daily notes (English))

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