

A Step Towards Health, A Step Towards Peace

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Project Goals

Peace is freedom. Because no single freedom is mutually exclusive to other kinds of freedom, the denial of one kind of freedom becomes a hindrance to the realization of other freedoms, and hence the realization of peace. "The lack of substantive freedom relates directly to economic poverty, which robs people of the freedom to ...obtain remedies for treatable diseases¹." In Zimbabwe, orphans are often denied their freedom to access healthcare because of exorbitant consultation fees and medication costs. The increasing number of AIDS orphans has made it difficult for the extended family, which typically cares for orphans, to meet their healthcare needs. Chiedza Child Care Center in Harare removes the financial burden extended families might experience from an extra child by offering orphans not only meals, school fees, psychosocial support, and skills training, but also healthcare. The purpose of this project is to enhance the health services currently provided by Chiedza in order to respond to the high demand for healthcare in the community. Specifically, we intend to initiate a long-term income-generating project that will not only promote self-sustainability, but that will establish a continuum of medical support for Chiedza's beneficiaries. We are confident that given our understanding of the local context of HIV/AIDS, previous experience working with Chiedza and our commitment to public health, we can successfully implement this project. We believe that this project will be a step towards health and hence a step towards peace.

Project Rationale

With an adult HIV prevalence rate of 25%, Zimbabwe has one of the most severe epidemics in the world. HIV/AIDS has increased poverty at household, community and national levels, making it difficult for the extended family to meet basic needs. As a result, orphans face a greater risk of early termination of schooling, loss of inheritance, and many physical, mental, social, and spiritual health problems. The difficulty of meeting these needs has been further exacerbated by Zimbabwe's current economic crisis. Although there are several non-profit organizations that support orphans, we have chosen to work with Chiedza Child Care Center located on the outskirts of Harare, Zimbabwe. Unlike many other organizations that institutionalize orphans, Chiedza runs community-based care programs that reach 200 orphans in the high-density suburbs of Mbare, Sunningdale, Prospect and Ardbennie. Since its foundation in 2001, Chiedza has been operating with 50% of the overhead costs provided by Chiedza's Board of Trustees and the remaining funds from Qantas Cabin Crew, the Stephen Lewis Foundation, Rotary Club International and local donors.

In December 2006, Chiedza identified onsite space for an examination room, recruited several local volunteer doctors and, with a donation of medical equipment from Rotary International, opened a health clinic. Currently, the clinic opens every other Friday for a few hours, and a volunteer doctor attends to orphans needing medical care. Because of the unavailability of funds and the lack of full-time medical personnel, the clinic is unable to provide medical care to the large majority of the needy orphans in the areas that Chiedza serves. In order to assist Chiedza to meet the health care needs of orphans effectively, we seek to initiate a long-term income-generating project. By using profits from this project to hire full time medical staff and establish a sustainable means of supporting the health clinic, Chiedza will be able to provide medical support for over 500 orphans. The nurse will triage the orphans to allow the doctor to see the orphans needing the most care. The doctor will then decide the feasibility of treating the child onsite or referring the orphan to the hospital for further treatment. Any essential medications will be purchased using the profits of the project.

To ensure that the profits are high, we have chosen to focus on chicken and egg production. There is an increased demand for eggs and poultry meat in Zimbabwe because of the high prices of beef and other meats. Furthermore, the production cost of chickens and eggs is proportionately less than the production of other poultry such as turkey. The project will raise 1000 chickens to maturity every 16 weeks. Chickens and eggs will be sold to supermarkets and the local community that offers a population large enough to provide a sustainable market for the chickens. Profits from this initiative will be used to expand and sustain health services.

Implementation of Objectives

Our main objectives are to:

1. Improve access to healthcare for 500 orphans in areas served by Chiedza

- Ensure access of orphans in the community to the health clinic for prevention and treatment of common diseases by using profits to:
 - a. purchase essential equipment such as blood pressure machines and thermometers as determined by nurse
 - b. hire a registered nurse and a clinician to run the clinic on a daily basis
- Ensure access of all orphans to essential drugs required to treat common diseases by:
 - a. purchasing essential drugs as determined by the nurse and volunteer doctors
 - b. developing a system to assist patients needing prescription drugs or further treatment

2. Improve prevention of diseases

- Educate orphans and caregivers about prevention and basic health care by:
 - a. carrying out workshops on hygiene, nutrition and basic healthcare
 - b. distributing free health education materials from the Ministry of Health
 - c. carrying out home-based counseling on disease prevention

3. Ensure the sustainability of health services and chicken project

- Set up team to oversee the health clinic and chicken project by:

¹ Sen, Amartya Kumar (1999) *Development as Freedom*, Anchor Books, New York, NY

- a. hiring a nurse and a clinical assistant to assist patients daily and refer those who need more attention to the doctor
- b. hiring two chicken managers to oversee the chicken project and provide financial statements of profits
- c. hiring two security guards to ensure the safety of the chickens
- Monitor and evaluate the progress of the project regularly by:
 - a. regularly convening the team above to review the progress of implementation process and constraints
 - b. soliciting feedback regarding health services from the community

Implementation of these objectives will be carried out by a health team comprised of a) the project leaders who have previous experience rearing chickens and working at Chiedza, b) the chicken run managers who will be hired to oversee the running of the chicken project, c) the Director, Program Manager and Outreach Officer at Chiedza who have experience in project management, outreach activities and basic counseling, and the medical staff who will be hired at the start of the project to oversee the clinic.

Chicken Project Narrative

Initially Chiedza will be surveyed to identify a suitable area of land to build a chicken run. Construction of the chicken run will take into account factors such as adequate floor space to prevent cannibalism and poor ventilation, sufficient lighting and optimal temperatures to maximize egg production, disease prevention to reduce mortality and morbidity, and installation of automatic feeders and watering equipment to maintain optimal humidity levels.

To begin with, 500 day-old chickens will be purchased. For four weeks, the chickens will be fed starter feed mix and thereafter will be fed a fattening mix combined with maize. Once chickens reach egg-producing age (approximately 16 weeks), eggs will be gathered, cleaned, packed into cartons and sold to local supermarkets and the community daily. After peak egg production (approximately 32 weeks), non-egg laying chickens will be sold. TM Supermarkets has agreed to purchase eggs and chickens from Chiedza (see supporting documents). In addition, chickens will be sold at a lower price to beneficiaries at Chiedza. In order to ensure continuous egg production, 250 day-old chickens will be purchased every 16 weeks.

Below is a sample of the egg production calendar.

Week 0: Batch 1 of chickens purchased

Week 16: Batch 1 begins egg production, Batch 2 of chickens purchased,

Week 32: Batch 1 stops laying eggs and is sold, Batch 2 begins egg production, Batch 3 of chickens purchased

Week 48: Batch 2 stops laying eggs and is sold, Batch 3 begins egg production, Batch 4 of chickens purchased

Sustainability of Project

The project will empower Chiedza to address the healthcare needs of over 500 orphans. Given estimated average medical costs per child of \$25 per year, and an annual estimated profit of \$16,500, the project has the potential to benefit over 700 orphans (see attached budget for details). Profits will be used to cover the salaries of a full-time nurse, a clinician and two security guards and to purchase medical supplies. In the first year, any remaining funds will be used to expand the chicken project and hence increase profits. Although this project is primarily targeted at orphans, it is impossible to deny treatment to the caregivers of these children. It is our hope that with the expansion of the chicken project and health clinic, over time Chiedza will be able to provide healthcare for the caregivers of orphans as well. We hope that our project can serve as a pilot to lead to similar projects at other organizations and economically empower these organizations to reduce dependency on international donations. Through regular monitoring and evaluation, we plan to extract lessons learned and provide recommendations on how to reproduce such a project at other organizations.

Project Timeline for Project Activities

March-May: Plan logistics – housing, tickets, etc

June: Define roles and responsibilities for project implementation; verify all quotations; start the construction of chicken runs; and hire nurse, clinician, chicken run manager and security guards

Early July: Oversee and complete the construction of the chicken runs

Late July: Purchase 1000-day-old chickens, feed, and vaccinations and plan health education workshops

August: Monitor and evaluate progress of chicken project, carry out health education workshops; and develop manual on how to start a chicken run.

September: Submit project's final report

Project Leaders

Getrude Chimhungwe is a junior at Mount Holyoke College majoring in Chemical Engineering and Chemistry. Her goal is to work in the pharmaceutical industry manufacturing drugs and vaccinations. In December 2006, she raised over \$900 to buy and distribute Christmas baskets for families at Chiedza. Mufaro Kanyangarara has worked with Chiedza as a volunteer and as a web designer. Her previous experience working on her grandfather's chicken farm will be a valuable asset in this project. After graduating from Mount Holyoke College in May 2007 she will be pursuing a Ph.D. in Biostatistics and Infectious Disease Epidemiology. She has a strong interest in HIV/AIDS and in the design and implementation of effective HIV/AIDS prevention and treatment programs.

Conclusion

Our project will address the health care needs of orphans by establishing a long-term means of sustaining medical support for orphans at Chiedza. Though a small project, in the larger scheme of things we believe that because of its potential for expansion at Chiedza and reproducibility at other organizations, this project will impact the health of orphans in Zimbabwe. By enhancing the ability of orphans to access health care and pursue happiness and freedom, this project will take a step towards the most important goal of all – PEACE.