



EMAS
CANADA



A Ten-Year Vision for EMAS Canada and Gutu Mission Hospital Partnership

THE OPPORTUNITY

July 2020

EMAS Canada has been invited by the Reformed Church in Zimbabwe (RCZ) to assist in upgrading services and facilities at **Gutu Mission Hospital** (GMH). GMH is part of the national rural health network and is the designated referral hospital for about 220,000 people. As the hub of Gutu District's health services, it is the first point of referral for 29 satellite clinics and health centers.

Gutu Mission Hospital's leadership role in the district health delivery program includes:

- Provision of clinical services to reduce morbidity at the district level and is the gateway filtering more difficult problems for tertiary care.
- Continuing Medical Education (CME) and supervision of district health staff, to improve staff wellbeing, and the quality of service delivery.
- Research and health information management for resource allocation and technical efficiency.

However, three factors limit GMH from reaching its full potential as the district referral center:

1. Unserviceable equipment and inadequate facilities reduce overall efficiency and scope of service delivery.
2. Staff shortage and lack of teaching materials hinder district-wide CME through the school of nursing.
3. Dated processes and systems impede health information management.

EMAS Canada envisions a ten-year partnership that will:

1. Invest in CME for staff at Gutu Mission Hospital.
2. Address the need for appropriate facilities.
3. Identify and engage partners to improve data collection and research.

THE STRATEGY

EMAS Canada would leverage its strengths in three ways:

1. Education

- Provide opportunities for staff training through in-service courses, and programs to upgrade skills and broaden clinical experience. EMAS' teaching teams have experience in DR Congo, Uganda, and China.
- Institute programs for CME for all district health workers based on experience in Uganda, China, and Cuba

2. Medical Aid

- Provide facilities and equipment for service delivery such as a maternity/pediatric unit. EMAS has experience working with **Engineering Ministries International** for medical aid and infrastructure development in Haiti.

3. Service

- Deploy multiple teaching and service providing teams in most medical specialties including dentistry.

THE STARTING POINT

GMH's busiest department is maternity. By starting here, we expect improved overall services. Investing in an area that is already working at its peak capacity will benefit the entire hospital through economy of scope, for instance new operating room and sterilized supplies unit will positively impact other clinical departments.

The same applies to laboratory services: improving the blood bank for obstetrics will give the entire hospital better resources for diagnostic hematology, and management of trauma. Similarly training an anesthetist for emergency obstetrics, and all nurses in basic life support add value to all areas of patient care.

Zimbabwe is one of 15 countries on the Fragile States Index that still has high maternal mortality ratios (MMR).¹ Zimbabwe's MMR was estimated by WHO at 458 deaths per 100,000 live births in 2017 in the same year Canada's MMR was an estimated 10/100,000 live births. In South Africa it was about 120/100,000. A significant factor in this disparity of maternal health is funding.

In 2018, Canada allocated approximately US\$4,700 per capita for health while Zimbabwe's US\$25 per capita was significantly below regional averages. Neighboring South Africa allocated about US\$200 per capita based on 2018 UNICEF data.



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These facts and figures make maternal healthcare an important starting point for assisting GMH in contributing to the health of Zimbabweans.

THE BENEFITS

1. Improved district wide maternal and child health care.
2. Increased technical efficiency at the lead healthcare facility for Gutu District.
3. Increased staff retention through job satisfaction accruing from ongoing training and better equipment.
4. Increased visibility for GMH and its' activities on the internet will create awareness for potential partners.
5. Gutu will become a model district in private/public partnership for health and community development.

OPPORTUNITIES FOR FUNDING

GMH is partly government funded, therefore EMAS can appeal to wider funding sources than its traditional donor base. Opportunities exist for grants from international development agencies interested in maternal health. EMAS Canada hopes that RCZ will engage other development focused groups in Zimbabwe to participate in the planning, funding, execution, and evaluation of all proposed initiatives.

AREAS OF ONGOING RESEARCH

Prior to making a project proposal, the following need further evaluation:

1. Capacity of utilities (electricity, water, and internet) for expansion.
2. Accommodation for international and local visiting trainers and district staff during CME sessions.
3. Sourcing materials: quality and quantity during present economic downturn.
4. Accuracy of information about status of buildings: plumbing and wiring etc.

THE TIMELINE

This envisioned project would be realized in two five-year phases:

Phase 1:

2020 - 2025

Upgrade obstetric services and initiate a CME program

Phase 2:

2026 - 2030

Further engagement, to be determined by the outcomes of Phase 1.

SUSTAINABILITY

1. EMAS Canada expects the collaboration of key local stakeholders through the initiatives of the RCZ.
2. After the first 5-year phase, we will evaluate and test sustainability by reviewing local capacity before continued expansion.
3. EMAS Canada would undertake to provide visiting medical teams until 2030 if the Phase 1 assessment warrants further engagement.

¹ **Maternal Mortality Ratio (MMR):** The number of maternal deaths per 100,000 live births, a measure of the risk of death once a woman has become pregnant.