

QUARTERLY NEWSLETTER



WHO WE ARE

The J.F. Kapnek Trust now JF Kapnek Zimbabwe was founded in 1966, when James Kapnek left his fortune to a trust dedicated to the causes that concerned him most, thus furthering his dream to build a better Zimbabwe through education and his commitment to essential medical research. The Trust was registered as a PVO in 1986 and the organization pivoted into a grant seeking implementer of programs to benefit Zimbabwe's most vulnerable children and improve family health

OUR MISSION

JF Kapnek Zimbabwe works to improve family health, reduce child mortality, provide a protective environment and create an inclusive society for children with disabilities in Zimbabwe through the implementation of scalable, sustainable programs.

OUR CURRENT PROGRAMS

PUBLIC HEALTH DEPARTMENT

TASQC - TARGET ACCELERATE SUSTAIN QUALITY CARE PROGRAM FOR HIV CARE & TREATMENT

ORPHANS & VULNERABLE CHILDREN

EARLY CHILDHOOD DEVELOPMENT HEALTH & NUTRITION PROGRAM
CHILD EMPOWERMENT PROGRAMME FOR CHILDREN WITH DISABILITY

IN THIS ISSUE

- **"I was Born HIV Positive and I'm living my dream"** TASQC Success Story
- **A new beginning for Brian-** Child Empowerment Interventions for children with disabilities.- OVC Success Story.
- **Know Your HIV Status** - Pregnant Women Encouraged
- **Nutritional Support-** School based supplementary feeding -ECD Programs

I WAS BORN HIV POSITIVE

THE JOURNEY TO ACHIEVING MY GOALS



Growing up with HIV- Batsirai's story

"I was about 12 years old when my mother disclosed my status to me,

I had an idea what HIV was from the school debate club, and I knew there were ARVs to help us to be healthy. I was not angry as I was still a child.

However, when I went to High School, I started to feel burdened by HIV as it was becoming clearer what it is and how people stigmatise those who with HIV. I started to think 'why me' whenever people said bad things about HIV.

The adolescent clinics at Chivi Hospital helped me so much at this time to learn more about HIV and to also share experiences with other adolescents who were HIV positive. I later disclosed to a couple of my close friends, and they took the news well. My mother encouraged me to go to church, so I chose my friends from those who go to church, and I trusted them to not judge me."

Defaulting Treatment

"I began to default on my treatment at high school because of three reasons. The first was that it was getting more difficult to take them without people watching, I would try to take them when others were in study and I would sneak to my bag to take them, this was hard, so sometimes I would just go to sleep without taking them.

Secondly there are days when I wanted to study till late and medication made me sleepy so some days, I would not take it so that I read. The third reason came when "prophets" started coming to church and they claimed that prayer and miracles could make me HIV negative, so for almost a month I stopped taking my medication. During that time, I was fighting my conscience, I was confused. I was at boarding school, and I had no counsellor to talk to. My counsellors were back home in Chivi at the hospital.

I later spoke to Sr Mapuranga, and she counselled me well (enhanced adherence counselling), she made me understand that God was also working through the medications that we take. The team at Chivi hospital is my second family, whenever I have problems, I go, and they help me. My CD4 count was now very low, and I started to take my medication again and adhering to it. Due to the defaulting when I got back to Tenolam D, I had treatment, my CD4 count kept decreasing. The Sr then shifted my regime to second line treatment (Abacavir/Lamivudine and Atazanavir/Ritonavir).

After switching to second line treatment, by then there was the introduction of viral load tests, and my viral load was now decreasing.

Getting into love relationships

"At high school I tried relationships, but I thought to myself 'was it necessary, because it involved disclosing my status to someone who might not be mature enough to handle it and they may tell everyone.

So, I decided to wait, focus on my studies, and learn more about how I would interact with others in relationships as an HIV positive person. The issue of disclosure is sensitive and at one point I thought maybe I should never have relationships, but with time I also thought of what society would think of me being single all my life, I also realised that relationships are a need in life that comes naturally, and I deserved to be happy.

At the end of my tertiary studies, I met a girl, and we liked each other. I studied her personality before I disclosed my status to her. After I was comfortable with who she was I told her I was born HIV positive, she accepted my status, and we had a normal relationship. She later relocated to another country, and we decided to remain good friends. So, my advice to someone who is HIV positive in relationships is, HIV does not stop you from having a partner, just make sure you get to know someone well and once you are comfortable you must disclose your status to them. I intend to get married and have two or three children in the future."



Reaching for my goals

"My mother has been a very positive influence in my life. She always encouraged me to achieve my goals and dreams. She used to call me the family doctor, so encouraged to be in the health field from an early age. I am however more artistically inclined, I love to design things and produce documentaries and pictures; however, I felt a higher calling to help people to live healthier lives. After attaining 16 points at A level (Mathematics, Physics, Biology and Chemistry) I decided to study pharmacy at the University of Zimbabwe as I had seen the good that medication has done in my life. I sometimes counsel some of the clients at the pharmacy especially those struggling to come to terms with ART. I am a pharmacist now but that is just the beginning, I want to establish an art centre as my side business, and I want to run my own pharmacy in future".

Advice for young people living with HIV

"My advice is that HIV is not a curse, it is a medical condition that can be well managed by good adherence to ART, eating healthy and above all having a positive mindset. I am grateful for the support system I got from Chivi hospital, which I still get today, and I am also grateful for my mother who encouraged me from the start. I am glad that I am making her proud".

Batsirai now designs HIV IEC material, and he gives Chivi Hospital to display, he feels that in this way he can do something for the hospital that helped him through HIV Care and treatment. Batsirai is a client under the Target Accelerate Sustain Quality Care Program. The Program is being implemented by JF Kapnek Zimbabwe in partnership with OPHID and ZNNP+ with the support of PEPFAR through USAID.

***Not his real name**



One of the banners Batsirai designed for the Chivi District Hospital Opportunistic Infections Clinic .

PREGNANT ?

KNOW YOUR HIV STATUS



Under the Target, Accelerate, Sustain Quality Care Program which supports the Ministry of Health and Child Care, we encourage people especially pregnant mothers to know their HIV status. If the pregnant mother is HIV positive, they will be enrolled on the Prevention of Mother to Child transmission program.

-All new-borns who are exposed perinatally to HIV receive postpartum antiretroviral (ARV) drugs to reduce the risk of post-natal transmission of HIV.

-One or more ARV drugs are administered to a new born without documented HIV infection to reduce the risk of post-natal acquisition of HIV. (Prophylaxis).

-The administration of a three-drug ARV regimen at treatment doses [ART] to new-borns with documented HIV infection

-A new-born who is later documented to have HIV, should be initiated on an ARV regimen.

-Exclusive breastfeeding for the first 6 months is encouraged and mothers who are breastfeeding are also encouraged to adhere to their medication and maintain a suppressed viral load.

-at 18 months or 3 months after cessation of breastfeeding (whichever comes later) all HIV exposed infants should be tested to determine their "final outcomes".

HIV Care and Treatment Activities..

TASQC-INDEX CASE TRACING

"The main aim of the index contact tracing effort is for us to identify people who are unaware of their HIV Status, if they are negative, we link them to prevention services, if they are HIV positive, we link them to care and treatment. People in the district are more receptive to testing because of the quality counselling services"

Chivi TASQC-District Manager Mahloe

CHIVI Q3 HIV TESTING INDICATORS

Q2 INDICATORS	TESTED	POS	%
COMMUNITY INDEX	177	24	14%
FACILITY INDEX	371	42	11%
TOTAL	548	66	12%



Musaida Mahloe -TASQC:Chivi District Manager



ADOLESCENTS SUPPORT GROUP MEETING



Viral load sample collection at the meeting

Adolescents with HIV Support Group Meetings

Adolescents Support Group Meeting at Nemanwa Rural Health Centre, Masvingo.

These meetings aim to share more information on living positively with HIV, identify adolescents with challenges and assist them . Due viral load samples are also collected at these meetings

A NEW BEGINNING FOR BRIAN



Brian before interventions and surgery

Brian Sibanda is a three-year-old male child who lives in Marinoha Village, Makhasa Ward 10, Matobo District. Born with Cleft lip and Palate and was identified by the Child Empowerment Programme through the Ward Inclusive/Disability Committee in 2020. Due to his condition, Brian had difficulties eating and drinking, he would always cry because he was always hungry. Brian could not play with other children as they jeered at him and made fun of his disfigured face exposing him to stigma and discrimination at a very tender age. The community at large associated Brian's condition with a curse upon him and the family making it difficult for them to freely integrate with the community. The family relies on proceeds from riverbed gold panning by the father and proceeds from the mother's vegetable vending efforts. They found it difficult to meet the family's basic needs let alone the Brian's special diet and medical care.

Needs assessments which are the entry point to developing rehabilitations plans, revealed that Brian was in dire need of Cleft lip and Palate surgical operation. The Child Empowerment program facilitated booking for Brian to undergo corrective surgical operation at Mpilo Central Hospital free of charge. This was made possible through the support of doctors from Operation of Hope who normally offer such services annually unfortunately at this time Brian's parents relocated to Botswana for greener pastures in the hope that the move will ease the pressure on their child. They later returned to Zimbabwe in 2023 as Botswana did not give them a better life.

The Ward Inclusive Committee was quick to identify Brian again, since his condition had not changed. The Community Based Rehabilitation (CBR) program using funding from the Child Empowerment Programme, promptly facilitated bookings for the child to undergo free corrective surgical operation, at Mpilo hospital in Bulawayo. The family was assisted with USD 70.00 (Seventy United States Dollars only) being transport costs to and from Bulawayo Mpilo Central Hospital and meals during travel for Brian and his parents. The surgical operation was successfully done, and this brought nothing but joy to the parents who had never dreamt of their child smiling with a transformed face since they thought the condition was a curse. Through the Child Empowerment programme, monitoring visits were done at home, and these revealed that Brian's wounds were healing well, and he was very happy with his new look. He was reportedly looking at himself on a mirror and smiling as he touched the surgically corrected wound.



Brian after interventions and surgery

Brian can now eat his food of choice without any challenges, and he can drink water, beverages, and drinks the myths associated with disability. Now people in the community understand that disability is real and that there are rehabilitation strategies that can be administered to improve one's condition. Brian now have friends whom he plays with without fear of being discriminated against.

Brian's story has not only raised awareness about disability within the community, but it has also promoted the Community Based Rehabilitation and the Child Empowerment Programmes. The Child Empowerment Programme is being implemented by JF Kapnek Zimbabwe and partners with support from Liliane Foundation. Brian has been supported through Jairos Jiri Matabeleland CBR Unit.

**Liliane
Fonds**

open the world
for a child
with a disability

NUTRITIONAL SUPPORT FOR ECD CHILDREN



EARLY CHILDHOOD DEVELOPMENT- CORN SOYA BLEND PORRIDGE

JF Kapnek Zimbabwe provides nutritional support to children in Zvimba, Chegutu and Mhondoro Ngezi. This programme comes under the Early Childhood Nutrition Health and Education Program supported by the Herz Foundation, OAK Foundation and JF Kapnek Trust USA. The program also includes renovation and refurbishing of ECD classrooms at rural primary schools, ensuring that ECD children (including CWD) in the targeted locations have equitable access to ongoing health monitoring, protection, and early learning services that address their developmental needs. JF Kapnek Zimbabwe provides termly supplementary feeding to ECD children in 152 schools from 3 districts of Mhondoro : Ngezi (54) , Zvimba (50) and Chegutu (47) , reaching out to over 12 000 children in Zimbabwe each term.

WHY CORN SOYA BLEND?

Corn soya blend (CSB) porridge is a nutritious food product made from a combination of corn and soybeans. It is commonly used as a supplementary food for children, particularly in areas where malnutrition is prevalent. The value of CSB porridge lies in its nutritional composition and benefits for child health.

Protein: CSB porridge is rich in protein, as it combines the protein content of both corn and soybeans. Protein is essential for growth, development, and repair of body tissues, making it particularly important for children.

Essential amino acids: Soybeans are a good source of essential amino acids, which are the building blocks of protein. CSB porridge provides a balanced profile of these amino acids, ensuring that children receive the necessary nutrients for optimal growth and development.

Vitamins and minerals: CSB porridge is fortified with essential vitamins and minerals, including iron, zinc, folate, and B vitamins. These nutrients are crucial for various bodily functions, such as immune system function, energy production, and cognitive development.

Energy-dense: CSB porridge is energy-dense, meaning it provides a significant number of calories per serving. This is important for children who may have increased energy needs due to growth and physical activity.

Easy preparation: CSB porridge is typically available in a powdered form, making it easy to prepare by mixing it with water or milk. This convenience makes it suitable for use in resource-limited settings or during emergencies, where access to fresh food may be limited.

Overall, CSB porridge offers a cost-effective and nutrient-rich option for supplementing the diets of children, particularly those at risk of malnutrition. However, it's important to note that while CSB porridge can play a valuable role in addressing nutritional deficiencies, it should not replace a varied and balanced diet.

OVC Activities



LEFT) CHIPO VANDIRAI - ECD PROGRAM OFFICER SHOWING OFF SOME OF THE PAISALS PRODUCTS. (RIGHT) PAISAL GROUP SHOWING HOW THEY WORK.

OVC-Capacitating the Caregiver

ECD Program- Capacitating the Caregiver - Parenting Internal Savings and lending groups. (PAISALS).

"As we carried out our ECD program we realised the need to involve the parents in child development and we came up with a Parenting manual that has sessions child development, immunisation and information on different types of abuse in the homes .The Internal Savings and lending groups came in as a way to also capacitate the parents so they can have economically stable homes , when there is Economic stability in the home we have less cases of Gender Based Violence and the children grow up in better environments" said Chipo Vandirai our ECD Program Officer.



ECD- Health Assessments

Health Assessments in Early Childhood Play a crucial role in identifying and addressing health issues, monitoring development and providing preventative care, offering early intervention services and supporting families in monitoring their child's well being.

By ensuring early detection and timely interventions , health assessments contribute to giving children the best possible start in life.

JF Kapnek Zimbabwe is supporting 48 schools in Zvimba District through the generous support of JF Kapnek USA and partners, OAK foundation , Herz Foundation and Comic Relief

SECTION THREE- JF KAPNEK SOCIAL RESPONSIBILITY

Strengthening Sciences for Sisters

Scholarship Program -Meet Petmore Mudziwepasi Zibako



Today Petmore sits on the SSW Selection Board



Petmore Mudziwepasi Zibako

Hello , my name is Petmore Mudziwepasi Zibako, I am a pharmacist based in Harare, Zimbabwe where I run my pharmacy called Word Pharmacy. I grew up in a family of 16 siblings, and this made it difficult for my parents to afford to pay full school fees for all of us.

I learnt at St Augustine's Secondary school, and I was more interested in studying science subjects. The then Headmaster at the school, the late Mr Rinashe (May his soul rest in peace) told me about the SSW programme. I was selected to be one of the scholarship recipients and SSW took care of my tuition fees for my Advanced Level Studies, my chosen subjects were Mathematics, Chemistry and Biology. The SSW support was sufficient as the Programme also supported us for extra lessons at St Ignatius College. I went on to study for an Honours Degree in Pharmacy and today I also hold a Masters Degree in Business Management , a Masters Degree in Pharmacology and am currently studying towards a PHD in Public Health. My goal is to become a University Lecturer. I am so grateful to JF Kapnek and its partners , I took a leaf from their book now I am also helping to pay school fees for other people . To JF Kapnek Zimbabwe , keep up the good work you are doing through programmes such as SSW .

My advice to young women

No matter how much a person may want something , only a hard-working person will get everything they want.

Some of our recent graduates



Esther Fungai Chimhenga

Bachelor of Medicines and surgery Degree (2023)

'Thank you SSW for making my dreams possible!'

Sheila Rumbidzai Chidawanyika

Bachelor of Medicine and Surgery Degree (2023)

'I would like to express my gratitude'



Biological Sciences & Ecology Department -UZ. JF Kapnek Building Renovations Update (Botany Wing- Renovations)



Outside Botany Wing some renovations were done.

On 27 June 2023, JF Kapnek Zimbabwe, represented by Zenzo Mketiwa (Administration Manager) Gail Downey (Country Operations Assistant) and Elizabeth Gandah (Communications Officer) visited the University of Zimbabwe to view the renovations to the wing, done in consultation with the University in May this year.

JF Kapnek (USA) donated USD\$5000.00 for the renovation of the wing.

Renovations were carried out to the Botany Lecture Room, the Forensic Laboratory, the Microbiology Teaching Laboratory as well as the Genetic and Microbiology Laboratory.



Inside Lecture Room 3 where some renovations were done.

Repairs included, painting of walls, replacing, repairs to and painting of ceilings and cornices, fixing the broken backwall, clearing and maintenance of the laboratory drainage system as well as the replacement of broken windows

The renovations were welcomed by the University's Biological Sciences & Ecology Department Chair. Dr Chiedza Chifamba and Sarah Feresu a Professor in the Department.

They expressed their sincere gratitude and commented that the students are more motivated to learn in a better environment. Below are some pictures of the developments.



New windows to replace the broken ones

New Shelves were installed in the lab rooms

Contact Us

JF Kapnek Zimbabwe

Are you interested in funding an OVC or Public Health Programme in Zimbabwe

You can contact:

Orphans and Vulnerable Children Department

Contact - Programs Manager - Albert Pasipanodya

albert.pasipanodya@jfkapnek.co.zw

Public Health Department

Contact - Technical Director - Dr Kudzai Pisirai Elliot Masunda

kudzai.masunda@jfkapnek.co.zw



LinkedIn

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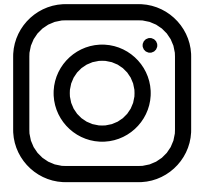
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