

Engaging members of the Apostolic Faith: achievement of the Mbereko project in Mashonaland Central, Zimbabwe

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Families And Communities for the Elimination of Pediatric HIV – FACE HIV Program

Background

- In Zimbabwe, Apostolic women comprise 38% of women of childbearing age, live in predominantly rural areas and are amongst the most economically disadvantaged groups [1]
- They have earlier marriages often in polygamous unions
- They have higher rates of maternal and infant mortality and reduced uptake of essential PMTCT/MNCH services and often refuse to engage with the formal health system.
- The group is more inclined to not using maternal health care services and prefer members to consult the church midwives within their own sects [2]

Mbereko project

- The OPHID Mbereko project (*Mbereko* = cloth wrap used to secure a baby to its mother in first 2 years) targeted pregnant and lactating women at community level to empower them to seek and adhere to PMTCT/MNCH services regardless of religion and HIV status
- Mbereko women's groups engage women on their own terms within their community environment to adopt practices to improve maternal and neonatal health outcomes using a peer to peer foundation to improve health behaviours
- Mbereko groups meet regularly to discuss different health topics under the coordination of the Village Health Worker (VHW - a community health cadre of the Ministry of Health and Child Care)
- A participatory action framework was used to develop locally owned solutions to barriers identified during discussions

Description

- In 2015, through a PEPFAR/USAID funded program, OPHID implemented 22 Mbereko groups in Mashonaland Central Province, in the catchment area of 9 selected rural clinics
- 161 VHWs at the 9 clinics were trained and supported to form and maintain community groups

Marange Apostolic Mbereko groups

- Women from the Marange Apostolic Faith who attended the initial meetings made a request to have separate meetings at their birth camps or 'zvitsidzo', 5 dedicated Mbereko Apostolic Groups were formed
- The Marange Apostolic women requested health sessions on specific health topics such as infant and young child feeding
- The church midwives informed OPHID of the need to seek formal approval from church leaders to have the meetings
- OPHID requested and met with the Apostolic leaders and church midwives at the annual District meeting where OPHID was given official permission to meet with the Apostolic women at the 'zvitsidzo'
- 11 meetings have been facilitated by the MoHCC District Community Nurse and mobilised by VHWs and supported by the Marange leaders at various 'zvitsidzo'

Lessons learnt

Importance of commitment and respect for meaningful engagement:

- The Marange Apostolic groups are receptive to some health services if they are compliant with the rules and regulations of their beliefs
- They require engagement through respect for their faith, to conduct sessions within the confines of their acceptable church sites

Willingness to receive health information as a first step:

- There is a gap in knowledge on issues such as infant feeding, hygiene and public health issues which are welcome within the church

- Anything that does not violate the beliefs of the church is very welcome and they are willing to adopt the recommended practices

'As the Marange sect we are guided by the Holy Spirit and rules and regulations of the church, are you willing and committed to work with us in your program?'

-Marange Leader, Bindura

'Your words are not injections, you are coming to us with health education' -Apostolic Midwife, Bindura

Engagement is a gradual process:

- Allowing communities to prioritise the terms of initial engagement has led to rapid gains
- Meetings have resulted in the district drafting standardised registers to capture the Apostolic groups statistics vital to maternal and neonatal health



OPHID Community Assistant, Privilege Charashika (far left), conducting health education session with Mbereko Apostolic Group together with the District Community Nurse (front).

Next steps

- An agreement is in place with MoHCC to train Apostolic cadres to become VHWs who will work within the church
- A committee of Apostolic members and health personnel at district and site will be set up to strengthen public health interventions and PMTCT/MNCH issues in the birth camps which will improve maternal and neonatal outcomes of the Marange women
- Mbereko groups sessions will continue to be held within the 'zvitsidzo' with the facilitation of the district and site staff
- VHW working in the clinics surrounding each 'chitsidzo' will make routine follow ups to the pregnant and lactating mothers within the community to mobilise them to attend the Mbereko sessions
- Engagement with the Apostolic community will expand to involve other Apostolic faith groups within Bindura

REFERENCES

¹Zimbabwe National Statistics Agency (ZIMSTAT). Zimbabwe Demographic and Health Survey (2010-2011 ZDHS). Harare: ZIMSTAT, March 2012

²OPHID Trust. Exploring the Forgotten Variable Engaging, Listening and Learning from Apostolic Birth Attendants. September 2015

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