



**REPORT ON BEREAVEMENT AND TRAUMA CARE INTERVENTION IN MANICALAND PROVINCE IN  
ZIMBABWE**

**ISLAND HOSPICE AND HEALTHCARE PARTICIPATES IN CYCLONE IDAI**

**22 -27 March 2019**

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## INTRODUCTION

Island Hospice and Healthcare (Island) is a Private Voluntary Organization (PVO) which was founded in 1979 to provide palliative and bereavement care services to patients and families suffering from life threatening illnesses and bereavement. Over the years Island has provided service to patients, bereaved clients and families through various model of care: palliative and bereavement home based care, hospital care, road side care and capacity building, mentorship and support of palliative and bereavement care services. The organization has actively worked in partnership with various government departments to conduct its services. The Ministry of Health and Child Care (MOHCC) and the Ministry of Public Service Labour and Social Welfare (MoLSW) are among government stakeholders Island has been actively working with over many years.

Cyclone Idai brought strong winds and heavy rainfall which caused severe flooding in Malawi, Mozambique and Zimbabwe. In Zimbabwe, the government and civil society came together to assist the affected families with the immediate basics like shelter, food and clothes. Island realised that it could play a role in making sure that the psychosocial support needs of the affected families are met, and therefore requested to be enlisted as one of the service providers of psycho-social support in Chimanimani, Mutare and Chipinge. Working with both the MoHCC and MoLSW Island sent a multidisciplinary team consisting of four palliative care nurses and five clinical social workers to the affected province on the 19th of March 2019 to provide psychosocial support.



***A 13year old boy being attending to by Island Clinical Social Worker after he was discharged from Chipinge Hospital. Both his parents and young brother (3yrs) are still missing. His other young brother (10yrs) was admitted at Mutare Provincial Hospital after suffering devastating cuts to his face.***

## Executive summary

Cyclone Idai hit the Eastern part of Zimbabwe, mainly the Chimanimani and Chipinge area on the eve of 14<sup>th</sup> of March 2019, causing tremendous damage to land, roads, houses, schools and the general communities. Strong wind and heavy rain, followed by flash floods and mud slides battered towns, villages and communities. Several growth points and communities were entirely destroyed and buried. Despite early warnings of the severe weather, the magnitude of Cyclone Idai was unprecedented. The loss of homes, property, personal items, documents, livestock, food crops and above all, family members and friends means that levels of grief in these communities are extremely high, intense and complicated. Survivors require medical attention for injuries, and there is an urgent need for continuity of medication for those on medication for chronic conditions such as HIV, diabetes, heart problems, blood pressure etc. Roads are mainly inaccessible and the few helicopters available are limited in space and carrying capacity. One of the survivors said, “As a community we fear the imminent water borne disease outbreaks caused by Blair toilets which have been washed into the rivers and streams, rendering all drinking water unsafe”. The immediate aim of relief teams was to ensure the wellbeing of the affected people by moving them to a secure place and urgent provision of food and shelter. Our team was aware that many survivors would not be in a position physically or emotionally to receive intensive counselling immediately, but that provision of psychosocial support will necessarily be long term. This report will discuss some of the interventions and case accounts by the Island team.

*Below Island Clinical Social Worker being airlifted by one of the helicopters to Ndima, one of the affected areas in Chimanimani. She provided psychosocial support to Teachers and affected families and conducted some home visits.*



**Island participated in the restoration of hope in Manicaland province through the provision of psychosocial support to the affected families. This was mainly through the provision of trauma and bereavement counselling and palliative care to those in the affected area.**

The level of destruction was unprecedented in Zimbabwe and Island staff were also involved in food distribution due to the shortage of man power on the ground to distribute food. In some areas that were inaccessible by road, when food was finally made available stampedes occurred. Help continues from government and various organisations including the UN which has provided a bigger helicopter with higher carrying capacity and is carrying food, blankets, and clothes to the affected areas. Below are some of the cases attended to by Island teams in various sites they were posted to:-





***The level of destruction in Chimanimani in Manicaland Province in Zimbabwe after Cyclone Idai. Main road to Chimanimani totally destroyed by Cyclone Idai rendering the road impassable.***

***Below: left to right F Tsikai (PC Nurse), M Bosh (Clinical Social Worker) and Councillor for Ward 16 Mrs Nyabanga***



**Case 1.**

A 25 year old man married to his 22 year old wife with 3 children experienced the total collapse of their house. All 3 children died, buried under the mud. He recounted how both he and his wife sit daily by the remains of the house that buried all their children, although they are presently unable to communicate with each other about what has happened.

**Case 2.**

At Mutsvangwa rural health facility a survivor described how they were sleeping when they were alerted by a neighbour to the impending threat of rising water in Kopa. Water was entering the home when she advised her older children to exit the house and join the gathered neighbours. In the darkness and rain she guided her husband who was unwell, and strapped their six year old to her back. The family walked to the police station and joined others who were marooned by rising waters and heavy rain. "Someone swam with a rope to where we were gathered which many people used including my two sons. When I tried to use the rope to cross, the rope gave in and broke. There were many of us trying to use the rope at this time and everyone got swept away when the rope broke. The water had so much power that I could not keep on holding my husband's hand. He slipped away from my hand and I lost him into the raging waters. The water swept me away without control. I felt the towel strapping my child on my back loosening and that I was only holding one of his legs. I later realized I had even lost his leg and that my child was gone. I was experiencing all this in the midst of strong floods sweeping me away too. Eventually I did not know where I was, nor understood what was happening. I only woke up hearing that some Good Samaritan had rescued me from the floods. This is how I survived but (in tears), I am just wondering where my child is right now. Maybe if someone just tells me where my child is even if he is dead, I just hope his body will be found."

**Case 3**

At Mutare Provincial Hospital, a 52 year old man is married to his 43 year old wife and they have 3 sons of their own who are 19, 15, 12 and 2 other adopted sons 20 and 15. He was a large scale farmer in Chimanimani, while his wife works as a volunteer nurse at Mutare Provincial Hospital. Their whole homestead was completely destroyed and all the fields swept away. He was alone in the house when Cyclone Idai happened and he sustained a severe injury on his right leg and left arm. He had kept a substantial amount of cash in the

house and this included money which was meant to pay for their son to sit for his “A” level examination.

He was traumatized by the incident and for several days after the cyclone had struck, he would have nightmares and visions of the whole Cyclone Idai experience. He says his main worry and concern is the loss of his whole life investment in farming and the only source of livelihood for him and his family. There is no more home for him and the family and says this has hit him hard as he has never had to beg in all his life.

#### **Case 4**

A 59 old man who was bitten by a snake soon after the cyclone had destroyed his homestead. He was bitten by a snake when he was moving around to assess the extent of the damage around his homestead. The snake bite has exacerbated the trauma and he questioned why ‘a snake bit after surviving the deadly cyclone’. For him, the snake bite had overtaken the events of the cyclone until he received trauma counselling. The counselling helped him to confront the events of the cyclone and he actually realized that he had not really acknowledged the impact of the cyclone itself as he was concentrating on the snake bite.

He was ready to go back to Chimanimani after being discharged from hospital. At the time of receiving trauma counselling, he was not sure whether or not he had lost any close relatives.

#### **Case 5**

An 80 year old man who sustained severe back and neck injuries. He lost a niece and a grandson. His wife survived. He received trauma and bereavement counselling at Mutare Provincial hospital before being airlifted to Parirenyatwa Hospital in Harare to undergo Neuro-surgery and further management. Island social worker and a visiting Physio-therapist conducted a follow-up visit at Parirenyatwa Hospital and found him in a stable condition. He is very appreciative of Island’s intervention as he had not had an opportunity before to relate his experience. He will continue to receive psychosocial support from Island until he leaves Harare to go back to Chimanimani.

Over and above these cases Island staff attended to many patients and families who needed our service both at Chipinge & Mutare Hospital.

In Harare some first responder teams that were deployed by other organisations to the affected areas are receiving ongoing debriefing sessions from Island.

Debriefing sessions are also held for Island staff who responded to the needs of survivors and relatives both in the affected areas and at both Mutare and Chipinge hospital.

Continuity of mentorship and supervision is important for counselors all concerned who were exposed to harrowing stories, providing significant support with the risk of vicarious trauma. When the team moved to the affected areas, one team member remained in

Mutare at the hospital to offer ongoing support to patients, families and the Island Mutare team members.

**Lesson Leant:**

- It is crucial that the Palliative Care Association in the 3 affected countries come together to share notes on lessons learned
- The palliative and bereavement care sector to advocate for its role in times of disaster response and preparedness as it plays an important role in emotional wellbeing of the affected.
- A guide on how palliative and bereavement care workers should respond to such disasters and there be a minimum standards in humanitarian response.
- Promote the adoption of these various standards in humanitarian aid settings.

**Conclusions**

Island has noted with concern the lack of palliative care knowledge amongst humanitarian workers. Palliative care approach plays an important role especially in pain relief, psychosocial support, and medical care for patients with chronic conditions which may worsen significantly without appropriate care and spiritual support. Palliative care has a significant role to play in disaster ravaged setting hence the need for the sector to advocate for the inclusion of palliative care approach in disaster recovery plans of the country. Long term plans to support the affected families after all their living amenities have been restored to be planned together with the Ministries involved.