



# Health Development Fund

Supporting the National Health Strategy  
to improve access to quality health  
care in Zimbabwe



RESULTS-BASED-FINANCING /  
Strengthening the  
health delivery system  
in Zimbabwe

June 2020  
The Mark of Great Men



# CONTENTS /

- 01** MATERNAL AND CHILD HEALTH IN ZIMBABWE - THE ROAD SO FAR /
- 02** RBF - OUR UNIQUE APPROACH AND IMPACT /  
Why we cannot succeed without the involvement of men
- 03** FROM THE PERMANENT SECRETARY FOR HEALTH /
- 04** FROM THE EDITOR /
- 05** THE CHANCE FOR A SECOND LIFE /  
A male nurse saving a newborn with RBF funds
- 06** A MAN WITH A CARING HEART FOR WOMEN /  
A man from Masvingo District leading by example
- 07** RBF INSPIRES GOAT PROJECT FOR IMPROVED FAMILY DIETS IN MUDZI /  
A man in St Pius motivates other males to commit to zero malnutrition cases in the community
- 08** BUILDING A FOUNDATION FOR THE NEXT GENERATION /  
A Chief from Matobo promoting immunisation
- 09** MEN STEPPING UP IN HURUNGWE DISTRICT /  
Local leaders and clinic health workers in the Chirundu Community come together to build a maternal waiting home
- 10** A JOURNEY THROUGH THE DISTRICTS /
- 12** AN UNEXPECTED CHAMPION OF MATERNAL AND CHILD HEALTH /  
An interview with Dudzai Zani
- 13** TOP TIPS FOR MEN TO ENSURE SAFE PREGNANCIES AND CHILDBIRTH /  
An Interview with Dr Basera, Global Funds Coordinator



# MATERNAL AND CHILD HEALTH IN ZIMBABWE – THE ROAD SO FAR /

Through the Multiple Indicator Cluster Survey, an international household survey initiative, UNICEF collaborates with governments in collecting and analysing data in order to fill data gaps for monitoring the situation of children and women.

MICS findings are used as a basis for policy decisions and programme interventions, amongst others.

**Below is a selection of key findings of the Zimbabwe Multiple Indicators Survey of 2019.**



Infant mortality rate\*  
SDG 3.2.2

2014	55
↓	
2019	47



Under-five mortality rate\*  
SDG 3.2.1

2014	75
↓	
2019	65



Maternal mortality ratio\*\*  
SDG 3.1.1

2014	614
↓	
2019	462



Adolescent birth rate  
SDG 3.7.2

2014	120
↓	
2019	108



Skilled attendant at delivery  
SDG 3.1.2

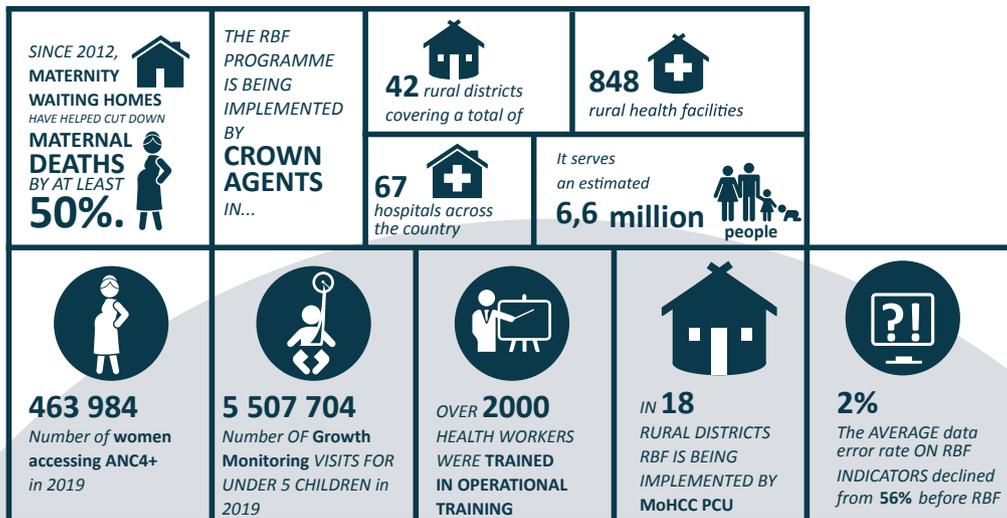
2014	80%
↑	
2019	86%

The data clearly shows that there have been outstanding improvements in the healthcare sector in Zimbabwe- an achievement that all stakeholders working in the sector should be immensely proud of!



# RBF – OUR UNIQUE APPROACH AND IMPACT /

## WHY WE CANNOT SUCCEED WITHOUT THE INVOLVEMENT OF MEN



The Results-Based Financing Programme (RBF) makes health services in Zimbabwe accessible through removing user fees with a particular focus on mothers and children.

The programme rewards health facilities based on their performance and is funded by the Health Development Fund (HDF) donors in 42 rural districts of Zimbabwe, while the remaining 18 districts are funded by the Government of Zimbabwe and the World Bank.

The Programme allows more people to access health services, supporting the World Health Organisation Goals of Universal Health Coverage that aims to ensure that all people obtain the health services they need without suffering financial hardship due to scarcity of funds.

For the programme to succeed, the involvement of men is of great importance. In many communities, men still have the authority and financial power in the family, which means that women need male approval for clinic visits and funds for transport. That being so, it matters that men understand how and why women benefit from pre-and post-natal care and act accordingly. This is why this issue is dedicated to all the male role models who support this work already in one way or the other, with the aim to inspire many other men to play a vital part in the next generation's future.

# FROM THE PERMANENT SECRETARY FOR HEALTH /

## **The Government of Zimbabwe remains committed to the continuous improvement of Maternal and Neonatal and Child Health (MNCH).**

To that end, Zimbabwe has been actively engaging with the international community, adopting international agreements such as the 20-year Programme of Action which emanated from the International Conference on Population and Development, (ICPD), in Cairo, Egypt in 1994, calling upon all countries to strive and reduce maternal and neonatal mortality and other conventions and protocols that promote women's rights to affordable and quality health care services.

Amongst others, the conference recognised that men have shared responsibility in responsible parenthood, sexual and reproductive behaviour and should be actively involved in all aspects of MNCH. Indeed, men have a role to play in MNCH. Specifically, in MNCH care, once they have the knowledge and understanding of MNCH issues, they are in a position to understand the health choices for women and children.

The Ministry of Health and Child Care always encourages husbands at all levels to actively participate in antenatal care consultations alongside their wives to ensure family education and proper understanding of maternity as a social function and the recognition of the common responsibility of men and women in the upbringing and development of their children.

The Results Based Financing (RBF) Programme has promoted male involvement in MNCH in various ways, from leading awareness activities among village members to construction of maternity waiting homes. The involvement of men in MNCH coupled with other factors has contributed to an upward trend of institutional deliveries from 80% (Multiple Indicators Cluster Survey-MICS 2014) to 86% (MICS 2019), as well as a reduction in the mortality rate of children under five from 75 (MICS 2014) to 65 (MICS 2019) per thousand live births. Full child immunization coverage is now at 84%.

We therefore appreciate the pivotal role men are playing in MNCH and encourage more men to be actively involved in ensuring equal access to health services for their women and children.



**Dr Gibson Mhlanga**  
**Acting Permanent Secretary for Health and Child Care**

# FROM THE EDITOR /

**As we are celebrating one of the less publicised, yet important international days - Father's day - we will not let it pass by quietly!**

To honour this day appropriately, this issue is dedicated to celebrating the breaking of male stereotypes. Throughout the publication we will tell the story of how traditional male roles in our society can diverge from business as usual and become an act of caring for family health.

There is a well-established understanding in the public health community that men have fundamental influence on women and child health because of their decision-making and earning powers, which impacts health service seeking behaviour for all family members. This is why men are instrumental in improving family health outcomes and why it is so crucial for the wellbeing of our societies to create more awareness about how men can play a constructive role in the country's maternal and child health agenda.

In order for Zimbabwe to reach its goals for maternal and child health, it is important to shed light on what men can do to assist in the process. When men are knowledgeable about maternal health issues and the way they can influence them, they are more likely to be supportive during pregnancy and may encourage better health care decisions for their families such as: early ante natal care visits, institutional delivery, and family planning. Moreover, they will be able to support their pregnant wives ensuring they are in a conducive environment and receive emergency obstetric services as needed, rather than delaying recourse to such care.

It is generally assumed that men are not interested in nor supportive of family health issues. We feel that it is our duty to show that this assumption is, in fact, wrong, and that it is possible for men to step up and be engaged. Around the world as well as in Zimbabwe, there are dignified and honourable men who champion family health.

In this edition, we would like to pay tribute to those men and share with you their stories; introduce to you fathers, husbands, male health officials, community health committee members and health workers who go the extra mile to ensure that quality health care is available to women and children. It is our hope that their commitment will inspire more men to be supportive of family health.

## **Happy Father's Day!**

On behalf of Crown Agents and the editorial team, I hope you all stay healthy and safe in these challenging times.

**Marie-Jeanne Offosse**  
**HDF/RBF Team Leader at Crown Agents Zimbabwe**



# THE CHANCE FOR A SECOND LIFE /

## The moving story of a male nurse saving a new-born life

It is a wide-spread belief that women have more empathy than men when it comes to others' wellbeing, especially in relation to children.

### But is this always true?

Baby Enet's story shows otherwise- if it was not for the care, commitment and compassion of a man to her life and wellbeing, the baby would not be alive today. The man in question is Mr Nyamondera, the Nurse In Charge at the Karimbika Clinic in the Uzumba Maramba Pfungwe District.

Enet was born with a rare congenital condition called omphalocele, a birth defect of the abdominal (belly) wall characterised by the infant's intestines, liver and other organs sticking outside of the belly through the belly button. To receive life-saving treatment before it was too late, the child needed an emergency referral to the Parirenyatwa Hospital, 100 km from his birth place. With the parents having no money to cover the referral cost, the child was set to die.

Enet's life got a fresh chance when the Nurse In Charge, Mr Nyamondera, decided to try everything in his power to avoid the baby's death, which he knew could be prevented. Committed to not give up, he engaged the Health Centre Committee Chairperson to approve the use of RBF funds to hire ambulance services. These services enabled the child to be transported to the hospital and receive the care it needed.

With Enet being healthy and well, it is evident how this has also influenced the life of Enet's mother, Precious Hodzi, who is full of praise for all stakeholders involved who ensured her baby's life was saved.



"The compassion and proactivity of the Nurse In Charge, the Health Centre Committee Chairperson and, above all, the RBF Programme saved my child's life. It would have been devastating for me to lose my baby after successfully completing my eight antenatal care visits. I wholeheartedly support this programme in making the impossible happen for families like mine, which otherwise cannot afford this lifesaving care for their children."

**Precious Hodzi,  
Enet's mother**



The Uzumba District, formerly Uzumba Maramba Pfungwe District and commonly known as UMP, is located in the north-east of Zimbabwe. It has 21 public health facilities, of which 20 rural health clinics and one hospital are contracted under RBF. Early neonatal deaths decreased by 35% during the period of 2014, the year the programme started, and 2019. The Average Client Satisfaction Score in district is at 82%. Total earnings for the contracted rural health facilities were \$500,000 for the period Quarter 2, 2014 to Quarter 3, 2019. An average of \$40,000 was earned by the hospital and \$4,400 for the rural health clinics since Q1, 2019.



# A MAN WITH A CARING HEART FOR WOMEN /

**Determined to ensure the safety of pregnant women, Mr. Bhachi, a male community leader 49 years of age, is now leading by example to champion maternal health in a way that has baffled men in Mashava, Masvingo District.**

When his wife had a close call with death during her 2nd pregnancy, it caused a paradigm shift in Mr Bhachi in the way he views pregnancy and women. As a result, he now shares the responsibility of ensuring quality health care for his family alongside his wife.

Mr Bhachi comes from a background where men had never occupied their minds with maternal health as they would relegate this to women's issues which did not warrant their attention. In Mr Bhachi's community, the majority of women walk long distances by themselves to the clinic in order to access ante- and postnatal care services. One day, Mr Bhachi decided, out of curiosity, to accompany his wife to an antenatal care visit. Witnessing the difficulties that his wife endured during pregnancy, coupled with the hardship of walking long distances, was a wake-up call for Mr Bhachi and awakened the urge in him to raise awareness and support his wife and other women during and after their pregnancies.

Mr Bhachi is from Mashava, a mining town in Masvingo Province. He is a retired civil servant and is now making a living through selling stone carvings to tourists. Mr Bhachi is also the Community based Organisation Member (CBO) for the Bere Clinic in Mashava. He is the proud father of two children.

He remembers: **"I really wanted to do something to alleviate the plight of the women. I therefore decided to apply for the position of Community based Organisation (CBO) member to be an enumerator for the RBF client satisfaction survey of my area. This position gave me the opportunity to be a male champion for women's issues, especially in relation to the long distances they walk to deliver. During one of my feedback sessions with the Health Committee Chairperson, a resolution was found: It was decided that a waiting mothers' shelter was to be constructed. However, the health facility made it clear that their RBF subsidy earnings were not enough to cover the construction costs, hence additional resources were required. As a result, I mobilized community resources to ensure the construction of this important facility."**

However, Mr Bhachi's engagement did not stop with the above: The CBO went a step further by encouraging men to accompany their wives to their ante- and postnatal care visits.

As a result of Mr Bhachi's passion for and commitment to women, the attitude of the Mashava men towards maternal health has significantly improved, which has not only resulted in improved maternal health outcomes, but also in the prevention of mother to child transmission of HIV.

**Masvingo District is located in Masvingo Province.**

It has 43 public health facilities of which 27 rural health clinics and two hospitals are contracted under RBF. There was a decrease in maternal deaths by 52% for the period from 2014 until 2019.

The average client satisfaction score for health facilities in Masvingo District is at 90%. Over \$1,000,000 was earned by the contracted health facilities for the period from Quarter 2, 2014 to Quarter 3, 2019.

An average of \$64,000 was earned by the two hospitals since Quarter 1, 2019.



# RBF INSPIRES LIVESTOCK PROJECT FOR IMPROVED FAMILY DIETS IN ST PIUS /

**A man in Mudzi District motivates other males to commit to zero malnutrition cases in the community by setting up a goat project.**

Stunting among children was a growing concern in the St Pius community. Growth monitoring visits diagnosed a lack of protein, which prompted Primary Care Nurse Masango to sensitize the community on the impact of poor nutrition on children. To challenge the status quo, men in St Pius, under the leadership of Health Centre Committee Chairperson Mr Parei Namutsotsa, set up a goat project.

Mr Namutsotsa remembers: “Motivated by RBF concepts such as community participation and teamwork to achieve a common goal, fellow men from four families teamed up and started the project. They pooled together money to buy four nannies and one buck and intended for the livestock to grow and procreate. Every year, families participating in the project share half of the goats amongst themselves, whilst others are sold within the community or slaughtered, the meat being shared. To date, the project boasts of over 100 goats. It is obvious how important the project is to promote the growth of under-five-year olds as it helps to provide protein, thus positively reducing malnutrition. In addition, the project is generating funds for family upkeep.”

“I am pleased to say that men in this community really concern themselves with maternal and child health. We used to have a number of undernourished children but since the community started this project, children are very healthy. Furthermore, mothers used to miss immunisation visits for their children due to financial challenges; now they have money for transport from the income generated by the project”, testifies Mrs Masango, who is also Sister in Charge at the St Pius Clinic.

The livestock production started in 2014, and in addition to improving health outcomes, the project’s funds are also helping families to pay for school fees and basic food necessities such as cooking oil and rice.



**Mudzi District is one of the nine districts in Mashonaland East Province.**

It has 27 public health facilities of which 26 clinics and one hospital are contracted under RBF. The trend of positive Malaria cases decreased by 40% during the period from 2014 to 2019.



# A FOUNDATION FOR THE NEXT GENERATION /

## Chief Bidi champions innovative ways to promote immunisation for children in Matobo

Faced with the challenges of avoidable diseases that were causing deaths to infants, Chief Bidi, a young chief with an exceptional progressive mindset when it comes to family health, decided to bring immunisation centres closer to the community. Through word of mouth, Village Health Workers (VHWs) had sent information about the possibility of vaccinations to chiefs and village heads as part of the RBF programme's outreach strategy. This prompted Chief Bidi to disseminate information amongst his people on dates and places for vaccination appointments, which, in turn, lead to more children attending immunization appointments, resulting in a substantial reduction in mortality deaths in Matobo.

Having access to local immunization opportunities is of particular importance for Matobo: Most children in the village have been left behind by their parents who migrated to neighbouring countries such as Botswana and South Africa in search of work. As a result, these children are living with grandparents who cannot walk long distances to far away health facilities. As a result, they are vulnerable to some of the dangerous diseases such as polio, tetanus and measles, just to mention a few.

Nomsa Sibanda, a community health worker, notes that **“since the existence of these outreach activities, the outbreak of killer diseases amongst children in the community has lessened notably. Children are now well protected through immunization and the burden of grandparents worrying about travelling long distances has been resolved. After witnessing less cases of polio, tetanus and measles amongst children who were immunized, even some people who formerly opposed vaccinations are now actively seeking immunization for their children.”**

But the programme does not stop here: Health workers have now gone beyond child immunisation and have seized the opportunity to track and sensitize mothers who are not bringing children to the immunization centre to ensure a more targeted outreach approach.

**“This makes our community a much healthier and safer place for our offspring, the future of our people.”**

**Nomsa Sibanda,  
Community Health  
Worker**



### Matobo District is in Matabeleland South Province.

It has 17 public health facilities of which 14 rural health clinics and two hospitals are contracted under RBF. Zero maternal deaths were recorded in 2019. The trend of positive Malaria cases decreased by 61% during the same period. The average client satisfaction score in Matobo District is at 85%. Total earnings for the contracted rural health facilities were \$300,000 for the period of Quarter 2, 2014 to Quarter 3, 2019. An average of \$34,000 was earned by the two hospitals and \$4,000 for the rural health clinics since Quarter 1, 2019.



# MEN STEPPING UP IN HURUNGWE DISTRICT /

## Local leaders and clinic health workers in the Chirundu Community come together to build a maternal waiting home and promote institutional deliveries

The introduction of RBF trainings of Health Centre Committees have made a profound impact on the community. It touches, amongst others, on the purchasing and procurement needs of health centres, one of the main programmatic goals of the RBF programme.

As a result of the knowledge obtained from the training, local councillors, village heads and chiefs are now ensuring that community health needs are addressed and resources are mobilised for clinics. This has not only lead to increased social and financial resource mobilisation for health facilities, but also increased the responsibility and accountability of local community leadership.

One important tool to look into the health needs of the community are Client Satisfaction Surveys; Machiridza Chirundu, a male HCC Member, explains:

**“By holding conversations with staff as well as with patients, we were able to address the feedback received and understand the challenges faced on both sides. Since adopting this approach, Chirundu has achieved strong quality of care results, which are now at 80% from a previous measurement of 65%.**

**In terms of concrete actions as a result of the information we obtained from the surveys, we, the Members of the HCC, decided that some of the areas for improvement, such as infrastructure and levels of cleanliness of the facility, could be addressed through our direct intervention.**

**With the help of the local council, we started gathering contributions from the community to support the development of the clinic’s infrastructure. As part of this effort, we mobilised resources to build a maternity waiting home to resolve the challenges of pregnant mothers not being able to walk long distances to remote clinics for delivery- in some cases the closest clinics were located in our neighbouring country Zambia! In addition, many of these facilities would require patient documentation, which not all mothers have, or access to foreign currency to pay for user fees. Thanks to RBF, the Chirundu Clinic is offering the same services for free and is therefore able to provide assistance to the community where it is needed most.”**



Hurungwe District is the largest district in Mashonaland West, Zimbabwe both geographically and in terms of population. It has a total of 32 public health facilities of which 30 clinics and two hospitals are contracted under RBF. Early neonatal deaths slightly decreased by 27% throughout the period from 2014 to 2019. There was a decrease of 67% in malaria cases during the same period. An average of \$64,000 was earned by the two hospitals since Quarter 1, 2019.



# A JOURNEY THROUGH THE DISTRICTS /



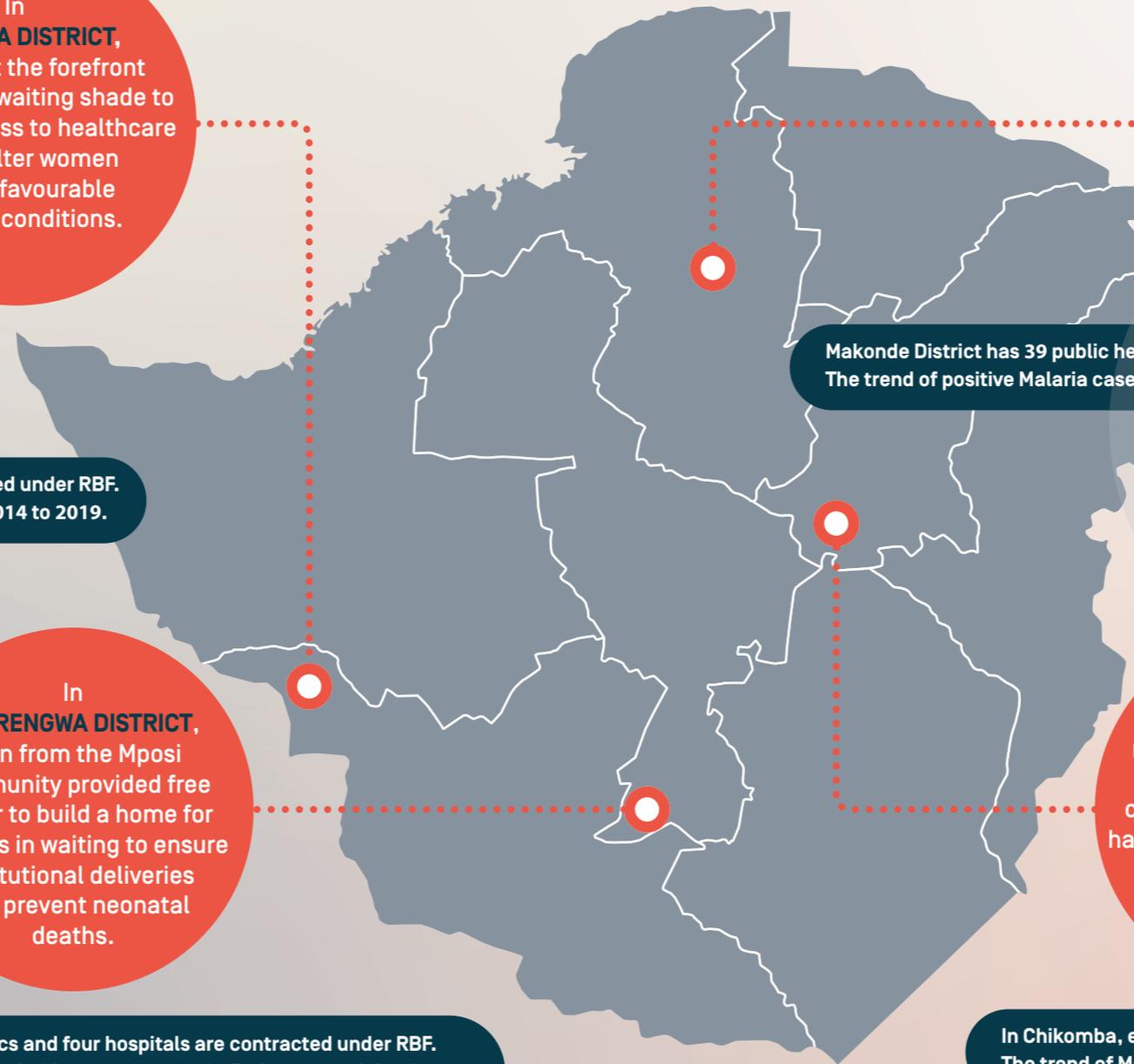
In **BULILIMA DISTRICT**, men are at the forefront of building a waiting shade to improve access to healthcare and shelter women from unfavourable weather conditions.

Bulilima District has 16 public health facilities which are contracted under RBF. Early neonatal deaths decreased by 35% during the period from 2014 to 2019.



In **MBERENGWA DISTRICT**, men from the Mposi Community provided free labour to build a home for mothers in waiting to ensure institutional deliveries and prevent neonatal deaths.

Mberengwa District has 35 public health facilities of which 29 clinics and four hospitals are contracted under RBF. The trend of positive Malaria cases decreased by 55% during the period from 2014 to 2019. Early neonatal deaths decreased by 23% during the same period. The District had only two maternal deaths in 2019.



In **MAKONDE DISTRICT**, men from the Chipfuwamiti community contributed bricks, pit-sand, river-sand and free labour towards the construction of Chipfuwamiti clinic.

Makonde District has 39 public health facilities of which 29 clinics and three hospitals are contracted under RBF. The trend of positive Malaria cases decreased by 35% during the period from 2014 to 2019.

In **CHIKOMBA DISTRICT**, men are taking the centre stage renovating a health clinic that was hit hard by a hailstorm. They are still taking turns to provide firewood needed for the autoclave and incinerator.



In Chikomba, early neonatal deaths decreased by 54% from 2014 to 2019. The trend of Malaria cases decreased by 60% during the same period.

# AN UNEXPECTED CHAMPION OF MATERNAL AND CHILD HEALTH- AN INTERVIEW WITH DUDZAI ZANI /

Mr Zani, please tell us a little bit about yourself and your previous involvement in maternal and child health before you got involved with the RBF Programme.

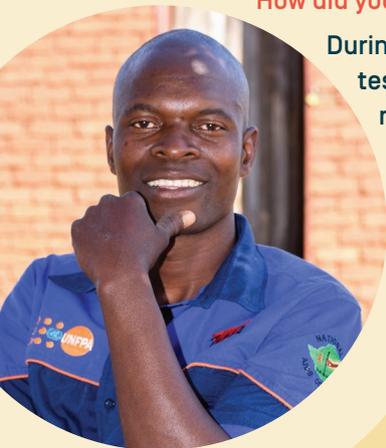
I am a father of two. I did not believe men should be involved in women's health issues and was of the opinion that women should be able to manage pregnancy by themselves. I used to think that women would just go to the clinic all the time, even when it was not necessary. Although I did not know much about maternal health, I would grant my wife permission to visit the clinic only if I felt it was needed.

What prompted you to play a different role as a husband and father when attending the RBF Training?

I became a changed husband when I joined the RBF programme as a Community based Organiser (CBO). The training was an eye opener for me as it made me realise the benefit of antenatal visits as well as the dangers of risky home deliveries in comparison to much safer institutional deliveries. My wife had experienced quite a few complications when delivering our first child, hence I could relate.

How did you support your wife as a result of the training?

During her last pregnancy, I took my wife for her first antenatal care visit and for HIV testing. I also accompanied her to the clinic for the delivery of our baby, and the nurse made it possible that I witnessed my wife in labour, which made me realise how strenuous it is to give birth and empathise with her on a much deeper level. Now I help carrying our baby and remind my wife to take her family planning tablets in case she forgets.



Mr Zani is a 37-year-old from Chawanda village in Rushinga district, Mashonaland Central Province. He is a small-scale tobacco farmer and a member of the Zimbabwe Aids Prevention and Support organisation (ZAPSO), a local Community Based Organisation. He has 2 children.



# TOP TIPS FOR MEN TO ENSURE SAFE PREGNANCIES AND CHILDBIRTHS /

## An Interview with Global Fund Grants Coordinator Dr Basera

As we celebrate Father's Day, honoring fatherhood, we recognize our fathers for their outstanding contributions towards maternal and child health across the country.

It is a fact that pregnant wives who are supported by their husbands/partners have higher chances of a healthy pregnancy and a safe birth altogether.

This raises the question of how men can best support their wives during pregnancy and childbirth. Dr Basera, National RBF Programme Coordinator, highlights some ways in which men can support their wives to remain healthy and support the birth of healthy, strong children.



### Discuss antenatal visits before the pregnancy

Firstly, Dr Basera recommends for fathers to not wait for a woman to fall pregnant before discussing issues to do with maternal and child health.

Once pregnant, women often need urgent access to prenatal clinic visits. In our communities some women may have to seek permission from their husbands to attend clinic visits, which can often cause delays or missed appointments. To avoid such predicaments, it is important that families raise these issues before a pregnancy occurs.

### Assess funding options for essential travel

For women to reach the relevant clinics, they will often need money for transportation. The husband can help by setting aside funds for his wife so she has the funds to travel to the clinic as and when it is needed.

### Consider accompanying your wife to clinic visits

Lastly, Dr Basera encourages fathers to show love and feel for their wives as much as possible by accompanying them during pre and postnatal care visits. Men are also encouraged to take their wives and their infants to growth monitoring and immunization appointments. Attending appointments on a regular basis will not only increase a higher probability of safe delivery, but also ensure that every child has an equal opportunity to grow up healthy and strong. In addition, attending visits together will inevitably strengthen the bond between wife and husband and also give the husband an insight into his wife's journey of carrying and giving birth to their child.

"We are currently living in patriarchal social systems in which men tend to hold primary power. As a result some women may need permission from their husbands to visit health facilities or send their sick children to a clinic. It is therefore important for the couple to discuss the importance of family health care before a woman gets pregnant or before the child gets sick. This will avoid any delay in seeking health care. It is a "quick win" if this culture spreads in the community."

Dr Basera

Retired Major General, Dr Celestino Basera is a medical doctor with a renowned experience in project management in Zimbabwe. He is the current Coordinator of Global Fund grants for HIV, Tuberculosis and Malaria; and also in charge of the National Results-Based Financing programme in Zimbabwe.

RESULTS-BASED FINANCING /

## Strengthening the health delivery system in Zimbabwe

### Crown Agents

Crown Agents is a not for profit international development company working in over 60 countries across the globe to tackle some of the toughest challenges that governments and institutions must solve to improve the quality of life and opportunity for their citizens. In collaboration with governments, we design, build and deliver stronger and more equitable health systems, supporting our partners and clients to accelerate progress in ensuring healthy lives and promoting wellbeing – SDG3.

We have worked in **Zimbabwe** for over a quarter of a century, from remote areas such as Binga in Matabeleland North to the capital of Harare. Proud of our continuing partnership with the Ministry of Health, UNICEF and others, we collaborate with a wide range of stakeholders to deliver practical and innovative development solutions. We have supported Zimbabwe's RBF programme nationwide since 2014.



### CROWN AGENTS

ACCELERATING SELF-SUFFICIENCY & PROSPERITY

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