

'THEY SWALLOW THE WIND AND DIE'

NEWBORN DEATHS IN HOPLEY SETTLEMENT, ZIMBABWE

HEALTH IS A
HUMAN RIGHT
AMNESTY
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‘I THINK MY BABY DIED BECAUSE HE SWALLOWED BAD WIND. MY BABY DIED BECAUSE THERE IS NO MATERNITY CLINIC AND BECAUSE OF THE INHOSPITABLE CONDITIONS HERE. I LIVE IN A PLASTIC SHACK.’

25-year-old woman from Hopley settlement, Harare, June 2010

About 5,000 people live in Hopley settlement, some 10km south of Zimbabwe’s capital, Harare. Conditions are dire: most live in overcrowded plastic shacks with little protection against the cold or rain. Access to clean water and sanitation is a problem – people rely on unprotected wells dug at their small plots, some next to pit toilets.

The majority of the inhabitants are there because they were forcibly evicted from their homes by the authorities in 2005. They were among the 700,000 people who lost their homes or livelihoods in a wave of mass forced evictions known as Operation Murambatsvina (Drive out Filth).

Although thousands of people have been living at Hopley for more than five years, there are no maternal or newborn health services in the community. Women often give birth in unhygienic conditions in their plastic shacks and without skilled birth attendants. In order to reach maternal health services, women have to travel to a municipal clinic in the suburb of Glen Norah, about 8km away.

When Amnesty International researchers visited Hopley settlement in June 2010,

five years after the survivors of Operation Murambatsvina were settled there by the government, they were shocked by hearing repeated accounts of babies dying within days of delivery. Through interviews with women and community leaders, Amnesty International identified 21 cases of newborn babies who died between January and May 2010. The real number of newborn deaths at Hopley may be even higher; since most deaths take place at home and are not monitored or documented, many may go unreported.

Amnesty International interviewed 12 women at Hopley whose babies had died soon after birth in the past year. They had all given birth at home in torn plastic shacks and felt they were unable to keep their babies warm enough. The women attributed the deaths of their babies to poor living conditions and lack of health care. In explaining the deaths, each one of the women talked of their babies having “swallowed the wind”.

FL went into labour at full term on 26 February 2010 and gave birth to a baby girl who died the same day. She thinks her baby died because she could not keep it

warm. Unlike most of the other women Amnesty International spoke to about their experiences, she had attended an antenatal clinic but when she went into labour she could not afford transportation. She told Amnesty International:

“As you see, we live in plastic shacks. It is not safe for babies. It’s different from clinics where babies are kept warm. I had registered at the [maternity] clinic but could not afford the transport. My husband is unemployed. I delivered with the help of a neighbour.”

MK told Amnesty International that she gave birth to a baby boy prematurely at seven months, on 12 March 2010. She delivered the baby on her own at about midnight and called a neighbour afterwards. The baby died as she was about to leave for the clinic the following morning. She had not registered with a maternity clinic because she could not afford the fees. She told Amnesty International: “I think my baby died because he swallowed bad wind. My baby died because there is no maternity clinic and because of the inhospitable conditions here. I live in a plastic shack.”



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The lives of pregnant women and their newborn babies are at risk because of the government's failure to provide even minimum levels of maternal and newborn care.

A HISTORY OF EVICTION

Hopley settlement (also known as Hopley Farm) is one of a number of settlements set up under Operation Garikai/Hlalani Kuhle – the government programme initiated in the aftermath of the 2005 mass forced evictions.

According to UN estimates, some 700,000 people lost their homes, livelihoods or both during Operation Murambatsvina. Most of the survivors were forced to seek shelter in overcrowded low-income suburbs or driven back to rural areas to live with their extended families.

When Operation Garikai was launched, in response to growing local and international criticism of the mass forced evictions, a capital outlay of ZD3 trillion (USD300 million) was pledged. The government promised to build 15,000 housing units, of which 1,185 were to be built at Hopley settlement. However, there was no specific

money allocated in the 2005 national budget. As a result, the programme experienced serious financial problems. Less than half the promised houses were built at Hopley.

Most of the people who now live at Hopley were forcibly moved there by the government. They had been living at Porta Farm, a settlement on the outskirts of Harare, where the government had moved people following forcible evictions ahead of the 1991 Commonwealth Heads of Government Meeting. Porta Farm was destroyed during Operation Murambatsvina. The forced eviction of the Porta Farm community was carried out despite three court orders barring the government from removing the community without providing alternative accommodation.

Operation Murambatsvina led to serious violations of human rights, impacting in particular on the right to an adequate standard of living, including adequate housing, the right to health and the right to gain a living through work. The forced evictions and subsequent government failure to provide effective remedies have driven most of the victims deeper into poverty.

Most of the residents of Hopley were moved here by the government, which destroyed their homes in Porta Farm, on the outskirts of Harare, despite three court orders barring the government from removing the community without providing alternative accommodation.

Cover: Most families who were moved to the Hopley settlement live in plastic shacks with little protection from the elements. June 2010.

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This campaign digest is based on the report, *No chance to live – Newborn deaths at Hopley settlement, Zimbabwe* (AFR 46/018/2010), which should be consulted for further information and references.



HEALTH CARE INACCESSIBLE

Women living in Hopley face numerous obstacles if they seek access to maternal and newborn care when they are pregnant, during delivery and in the days after birth. The government has failed to provide them with the services they and their babies need within their community.

A clinic established by a humanitarian organization, but now run by the local council, provides limited health services to the Hopley community which does not include maternal and newborn care. Local government officials told Amnesty International that the supply of drugs at the clinic is erratic. As a result, pregnant women living at Hopley have no access to care within their community. Reaching the nearest maternity clinic is difficult and costly.

The cost of care is out of reach for most pregnant women in Hopley, as is the cost of the transport needed to reach the nearest

maternity clinic. Sometimes transport is simply not available. These barriers increase the risk of maternal and neonatal ill-health and death – not all women in need of care can access it and some women and their families will delay seeking care. Such delays, when the woman's or the baby's condition is critical, can prove fatal.

DEADLY CONSEQUENCES

Several of the women Amnesty International interviewed gave birth alone and unaided. Some were unaware that they were carrying twins and suffered complications, including breech deliveries.

EM, aged 36, went into labour on 18 November 2009 and gave birth to twins. She delivered the first baby on her own and it died. She was assisted by a neighbour to deliver the second baby, who survived. Both babies emerged legs first. She could not afford the cost of transport to the nearest maternity clinic.

A woman draws water from a well at Hopley settlement – few of the houses and none of the shacks have running water or sanitation.

Several of the women interviewed by Amnesty International about the death of their babies said they had given birth to premature babies who died shortly after birth.

Premature birth is a major cause of death among newborn babies, especially death resulting from neonatal infections.

All the women who were interviewed by Amnesty International were aware of the importance of maternal and newborn health care and some had received such care during previous pregnancies before being moved to Hopley.



A toilet at Hopley. Thousands of people have lived for more than five years with little or no access to basic services such as water, sanitation, education and health care.

FINANCIAL BARRIERS

Maternity clinics run by the Harare City Council charge for their services. Pregnant women pay USD50 to register with a council-run maternity clinic. Private maternity clinics charge higher fees. For most pregnant women at Hopley, these fees are not affordable.

AM, a former resident of Porta Farm who was resettled at Hopley and gave birth to twins (a boy and a girl), told Amnesty International:

"I didn't have money to register with a maternity clinic so I delivered at home. I was assisted by an elderly woman from the community. I couldn't go to the clinic with the babies for two days because I was in pain. I had a breech delivery. One of my babies died while I was on my way to the clinic and the second one died just before we got to the clinic. We then decided to go back without getting into the clinic. I think that my children died

because of the cold. I delivered them in a plastic shack. Also, the elderly woman had not delivered twins before. I did not know that I was carrying twins. This was my second pregnancy. My first child was delivered at a clinic. I know of three friends who have lost babies after a home delivery."

Most women at Hopley interviewed by Amnesty International said that they were unable to pay the fee required to register at a maternity clinic.

In Zimbabwe generally, most people cannot afford health care fees. According to the 2005-2006 Zimbabwe Demographic and Health Survey – the latest available – some 58 per cent of Zimbabwean women were prevented from obtaining health care because they did not have money to pay for treatment. Lack of access to health care because of inability to pay rises to 75 per cent for women in the lowest of five wealth groups, the group into which most women in settlements such as Hopley fall.

The victims of Operation Murambatsvina were already among the poorest in Zimbabwe. When their markets and informal businesses were demolished in 2005 as part of Operation Murambatsvina, their economic problems intensified. Thousands of people were denied their right to gain a living through work and their right to an adequate standard of living.

The government has failed to restore the livelihoods it destroyed during Operation Murambatsvina. Despite the desperate plight of many and the high level of unemployment in Zimbabwe, vendors and other informal workers trying to earn a living continue to be arrested and to have their goods seized. Harassment of informal workers continues even under the Government of National Unity which was set up in February 2009. As a result women are compelled to take on any income-generating activities that are available to them.

A child in Hopley. The nearest clinic providing health care for pregnant women and newborn babies is 8 kilometres away.



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TRANSPORT PROBLEMS

Pregnant women at Hopley are generally unable to afford an ambulance fee of USD30 to take them to the nearest maternity clinic in Glen Norah. This forces many of them to give birth at home or while walking to the maternity clinic, without a skilled birth attendant to monitor and help them.

At night, the situation is even worse. For the few women who can gather the fee together, transport is often not available as ambulances and private transporters refuse to go to Hopley after dark citing security concerns.

Most women have no option other than to walk the 8km while in labour. Two women told Amnesty International that they set out for the clinic while in labour, but gave birth on the way and their babies subsequently died.

CM, a 35-year-old woman, went into labour at full term on 15 January 2010 and

gave birth while walking to a council-run maternity clinic in Glen Norah. She delivered the baby with the help of a relative who was accompanying her, but the baby died. She walked to the clinic because she could not afford the ambulance fee. CM told Amnesty International:

"If women go into labour at night there is no transportation for them. If the [maternity] clinic was nearby I would have safely delivered my baby. I know many other women in this community who have lost babies soon after delivery."

MAKING CHILDBIRTH SAFER

According to the 2007 Zimbabwe Maternal and Perinatal Mortality Study, the country's maternal mortality ratio is 725 per 100,000 live births and the neonatal death rate is 29 per 1,000 live births. Quality care before, during and after delivery is key to saving women's and newborns' lives.

The World Health Organization recommends that all women should have at least one visit by a trained health provider within one week of giving birth. However, 45 per cent of mothers in Zimbabwe have no access to a postnatal check by a trained health provider. Amnesty International found that for women living at Hopley, the care available during the postnatal period is dangerously inadequate. Some women were able to make their own private arrangements, but for those who rely on public services, postnatal care is non-existent.

Experts agree about the importance of skilled attendance at childbirth, access



to emergency obstetric care and referral systems. Skilled birth attendants are necessary for normal deliveries and vital to identify complications such as obstructed labour, high blood pressure or excessive bleeding. Emergency obstetric care, including blood transfusions and caesarean sections, is necessary in the event of complications. An effective referral system is vital to make sure a pregnant woman with complications can reach emergency obstetric care in time.

These services, as well as a government plan to ensure that existing services are distributed equitably across the country and reach everyone – including those affected by Operation Murambatsvina – are critical to reduce maternal and newborn death and ill-health. Complications resulting from or exacerbated by unhygienic or unsafe living conditions – especially if untreated – and lack of skilled health care expose both woman and baby to grave risks.

WOMEN AT RISK

The lack of access to maternal health care exposes women to injury and death. One woman interviewed by Amnesty International described how her aunt suffered continuous bleeding and died three weeks after giving birth.

“My aunt died three weeks after giving birth at home here at Hopley. She had not registered for maternal health care because she did not have the money... In June 2009 she went into labour and gave birth in a plastic shack with the assistance of my grandmother. After delivering the baby she continued bleeding. She went to the clinic but was told to go to a hospital. At the time the government doctors were on strike and she could not afford the fees for a private doctor... She died at the end of June, three weeks after giving birth. The baby died a few days after the mother's death because of malnutrition as the grandmother could not afford formula milk.”

Housing at Hopley. In the face of widespread criticism after the mass forced eviction campaign of 2005, the government launched Operation Garikai amid claims that it would re-house the victims of the forced evictions. Never properly funded, the programme failed to deliver adequate alternative housing to most of the 700,000 who lost their homes.

This case of maternal death is unlikely to be the only one that has happened at Hopley. However, the situation is not being monitored and no data is available. A local government official told Amnesty International that there was no data on how many people actually live at Hopley. What is clear though is that the absence of maternal and newborn health care services endangers the lives of both babies and their mothers.

RIGHT TO HEALTH: LEGAL FRAMEWORK

The International Covenant on Economic, Social and Cultural Rights, which Zimbabwe has agreed to be bound by, requires states to take steps to reduce infant mortality.

The UN Committee on Economic, Social and Cultural Rights, the body responsible for monitoring how far states comply with this treaty, has explained that states must take “measures to improve child and maternal health, sexual and reproductive health services, including access to family planning, pre- and post-natal care, emergency obstetric services and access to information, as well as to resources necessary to act on that information”. The Committee has also made clear that health care services and facilities must be available, accessible, acceptable and of good quality.

The Convention on the Elimination of All Forms of Discrimination Against Women requires states to “ensure to women appropriate services in connection with

pregnancy, confinement and the post-natal period, granting free services where necessary, as well as adequate nutrition during pregnancy and lactation”.

States are obliged to fulfil the right to health. Recognizing that states may face resource constraints, some aspects are subject to progressive realization – meaning the state must work towards fulfilment as swiftly as possible and using the maximum available resources. In addition, some obligations have to be met immediately, regardless of resource constraints. For instance, the government of Zimbabwe must take immediate steps to prioritize access to life-saving maternal and newborn care for families living in Hopley.

Where resources are limited, states are expected to prioritize certain key interventions, in particular emergency obstetric care.

Zimbabwe is also bound by a number of regional international treaties, including the African Charter on Human and Peoples’ Rights and the Protocol to the African

Charter on Human and Peoples’ Rights on the rights of women in Africa. Under these treaties, states should ensure a range of health services including:

- Primary health care services throughout a woman’s life;
- Education and information on sexual and reproductive health;
- Sexual and reproductive health care services, such as family planning services;
- Antenatal health services;
- Skilled medical personnel to attend the birth;
- Emergency obstetric care; and
- Postnatal health services.

Amnesty International considers that preventable deaths of newborns at Hopley are a result of government failure to provide effective remedies for the victims of 2005’s forced evictions and failure to ensure pregnant women and girls have access to essential maternal and newborn health care. These failures constitute violations of the right to health, the right to an adequate standard of living and may also constitute a violation of the right to life.

TAKE ACTION

The lives of women and newborn babies have been placed at grave risk as a consequence of the government’s failure to provide effective remedies for the 2005 mass forced evictions and to ensure access to life-saving maternal and newborn health care.

Call on the government of Zimbabwe to take urgent steps to address the serious threats to the health and lives of women and newborn babies at Hopley and other Operation Garikai settlements in Zimbabwe.

Please ask the government to:

- Immediately put in place all necessary measures to ensure pregnant women and girls at Hopley have access to maternal and newborn care.

- Investigate the reasons for pre-term births and newborn deaths at Hopley and other Operation Garikai settlements and identify government interventions required to prevent maternal and newborn ill-health and death.

- Ensure the provision of a full range of sexual, reproductive and maternal health care information and services for women and girls living in Hopley and other Operation Garikai settlements, including antenatal care, skilled attendance at birth, emergency obstetric care and postnatal care.

- Ensure that costs are not a barrier to accessing essential health services including emergency obstetric care and other reproductive and maternal health services.

- Ensure effective referrals for access to health care – including transport – in particular for populations living far from health care facilities.

Please write to:

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Hon Thokozani Khupe
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Our vision is for every person to enjoy all the rights enshrined in the Universal Declaration of Human Rights and other international human rights standards.

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