
NO CHANCE TO LIVE
NEWBORN DEATHS AT HOPLEY SETTLEMENT, ZIMBABWE
HEALTH IS A HUMAN RIGHT
AMNESTY INTERNATIONAL
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Cover photo: Thousands of people have lived for more than five years in Hopley settlement in makeshift plastic shacks, with little or no access to basic services such as water, sanitation, education and health care. © Amnesty International

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1. INTRODUCTION

"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

In June 2010, Amnesty International found that pregnant women and girls at Hopley settlement, in Harare, are at risk of ill-health and even death due to inadequate access to essential health services. Both their own lives and the lives of their newborn babies are put at risk because of the government's failure to provide adequate levels of maternal and newborn care.

Though there have been some recent investments[1] to rehabilitate the health delivery services in other communities in Harare after many years of neglect, the situation at Hopley has remained precarious. A temporary clinic set up by a humanitarian agency in 2005, and later handed over to the Harare City Council (HCC), is far from adequate. It is situated in an old farm house, with no running water and woefully inadequate sanitation facilities. Clinic staff and patients share a single pit toilet. The supply of medicines to the clinic is erratic. Critically, this clinic does not offer maternal and newborn care services.

Amnesty International has documented accounts of newborn deaths from women and girls who lost babies soon after giving birth which they attribute to the appalling living conditions at Hopley and the government's failure to provide maternal and newborn healthcare at the settlement.

This failure forces women and girls at Hopley to deliver at home without a trained birth attendant. From interviews with community leaders and women at Hopley, Amnesty International identified 21 cases[2] of newborn deaths that reportedly occurred during the first five months of 2010.

Amnesty International also spoke to 12 women and girls at Hopley whose newborn babies died, and who delivered babies without a trained birth attendant between May 2009 and May 2010. From these interviews, Amnesty International documented nine newborn deaths which occurred between January and May 2010 and three cases that occurred in 2009. One of the women gave birth at home without a birth attendant in 2009 and the child lived, but in 2006 the same woman gave birth in similar circumstances and the baby died.

In interviews with women and girls and community leaders at Hopley, Amnesty International documented several reports of preterm births (babies born around seven months) where babies died hours after delivery. The mothers felt that the babies died because they could not keep them warm in their plastic shacks

Lack of access to clean water and sanitation is also a concern in the community. At the time of Amnesty International's visit five of the six boreholes sunk by a humanitarian organization were not working. The community relied on wells dug at their small plots, some next to pit toilets risking contamination.[3] During home deliveries women reported using dirty water to clean themselves and their newborn babies. Lack of access to safe water and sanitation exposes newborn babies to infections which can be life-threatening.

Amnesty International is calling on the Government of Zimbabwe to urgently address these threats to the health and lives of women and newborn babies at Hopley. The government should immediately investigate the causes of preterm births and newborn deaths at Hopley settlement and identify government interventions required to prevent maternal and newborn ill-health and death. It should also immediately put in place all necessary measures to ensure pregnant women and girls have access to a full range of maternal and newborn healthcare.

BACKGROUND

Hopley settlement (also known as Hopley Farm) has an estimated 5,000 residents,[4] and is located about 10km south of Zimbabwe's capital, Harare. Most of its residents are survivors of the 2005 mass forced evictions, known as Operation Murambatsvina (Drive out Filth). Hopley is one of a number of settlements set up under Operation Garikai/Hlalani Kuhle - the government programme that was initiated in the aftermath of the mass forced evictions, ostensibly to re-house the victims of Operation Murambatsvina.

According to the United Nations 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 seek shelter with extended family.

Operation Garikai was launched as a reconstruction effort to provide housing, factory shells and market stalls for the victims of the mass forced evictions. At the time a capital outlay of Z$3 trillion (US$300 million) was pledged.[5] The government promised to build 15,000 housing units of which 1,185 were to be built at Hopley settlement.[6] However, there was no specific budget allocation for Operation Garikai in the 2005 national budget. As a result, the programme experienced serious financial disbursement problems leading to failure to deliver building materials in time and non-payment of the labour force. Less than half of the promised housing units were built at Hopley, and they lack access to water and sanitation.

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. The government had moved people to Porta Farm following forced evictions from Harare precincts in preparation for 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.[7]

Under Operation Garikai, several thousands of those affected by Operation Murambatsvina were allocated un-serviced plots which lacked basic facilities including access to clean water

and sanitation facilities.[8] A small percentage of beneficiaries were allocated houses but construction was incomplete and, like the plots, the structures also lacked access to water, sanitation and other essential services.

Operation Garikai is the only government response to the gross human rights violations perpetrated under Operation Murambatsvina. The plan was hurriedly put together in response to widespread local and international criticism in the aftermath of mass forced evictions, and without consulting the affected communities. No other assistance has been offered by the government to the hundreds of thousands of victims, including those settled at Hopley. Services including health care were conspicuously omitted by the government when setting up the settlements. [9]

Most people generally cannot afford healthcare fees in Zimbabwe. According to the 2005-2006 Zimbabwe Demographic and Health Survey – the latest such survey available – some 58% of Zimbabwean women were unable to access healthcare because they did not have money to pay for treatment.[10] Lack of access to healthcare because of inability to raise funds for treatment rises to 75% for women in the lowest of five wealth groups,[11] the group to which women living at Hopley and other Operation Garikai settlements are likely to belong.

Most families who were moved to the Hopley settlement live in plastic shacks with little protection from the elements, June 2010, © Amnesty International

The bulk of the people in Operation Garikai settlements in Harare are forced to live in appalling conditions in overcrowded plastic shacks set up by the residents.[12] They face discrimination when trying to access services in neighbouring communities simply because of where they live. [13]

Operation Murambatsvina was a serious human rights violation that impacted in particular on the right to an adequate standard of living, including the right to adequate housing, the right to the highest attainable standard of 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 – with the people now living in worse conditions than before the evictions.

ABOUT THE REPORT AND METHODOLOGY

This report is issued as part of Amnesty International's global Demand Dignity Campaign, launched in 2009, which aims to expose and combat the human rights violations that drive and deepen poverty.

The report is also being issued as part of Amnesty International's ongoing human rights monitoring and campaign to ensure effective remedies for the survivors of Operation Murambatsvina.

The report is based on interviews with 66 people living in settlements at Hatcliffe Extension, Hopley and Caledonia Farm (Ward 25, Goromonzi District, Mashonaland East province), as well as interviews with representatives of local and international organisations. Amnesty International also spoke to the Minister of National Housing and Social Amenities. The interviews took place during a visit to Zimbabwe by Amnesty International between 17 May and 7 June 2010. In October 2010, Amnesty International spoke to an official in the Harare City Council with regards to the situation at Hopley and general health services in Harare.

In May 2010, on the fifth anniversary of the forced evictions, Amnesty International together with local organisations and survivor groups held a meeting with the Zimbabwean Prime Minister to discuss the government's obligations with regards to the affected communities. In July 2010 Amnesty International presented the Prime Minister of Zimbabwe, with a memorandum highlighting the key human rights issues uncovered during field research in Operation Garikai settlements in Harare. No government response has been received.

2. HIGH LEVELS OF NEWBORN DEATHS AT HOPLEY SETTLEMENT

When Amnesty International visited Hopley settlement in June 2010, five years after the survivors of Operation Murambatsvina were settled there by the government, the organization's representatives received numerous shocking accounts of newborn deaths which had occurred within a few days of delivery. Through interviews with women and community leaders Amnesty International identified 21 cases of newborn mortalities that reportedly occurred between January and May 2010. This figure appears very high, considering the small population size of 5,000 people at Hopley. Amnesty International believes that the number of newborn deaths at Hopley may be even higher than reported, because most of the deaths take place at home and are not registered,[14] and also because these deaths are not being monitored within the community.

Although Hopley was created more than five years ago, there are no maternal or newborn health services. Women give birth in unhygienic conditions in plastic shacks and without skilled birth attendants. They have no access to effective and timely maternal and newborn care. [15]

In order to access maternal health services women travel to a municipal maternity clinic in the suburb of Glen Norah, some eight kilometres away. Other barriers to women's access to maternal health care include prohibitive fees for services and lack of access to information.[16]

In January 2010, NR, a 16 year-old girl, gave birth to a baby boy at around midnight with the help of an elderly woman in the community who is not a trained birth attendant. The baby died about four hours later. She told Amnesty International:

"I did not register for {maternal care] because I could not afford the [registration fee of] USD50 at the maternity clinic in Glen Norah. My husband is unemployed. If I had delivered in a clinic my child might have survived. A lot of women [at Hopley settlement] lose newborn babies because of the inhospitable conditions."

It was her first pregnancy. The pregnancy was carried to the full nine months. She told Amnesty International that she had a friend who also lost a child in similar circumstances.

Poor access to health services appears to be a direct cause of the seemingly high levels of neonatal mortality at Hopley. Most such deaths are preventable through low cost interventions and the provision of basic elements of care to newborns, including warmth, feeding, and early treatment in case of ill-health.[17]

MM (28), a former Porta Farm resident now settled at Hopley told Amnesty International:

"In September 2006 I went into labour at night. On my way to the clinic I delivered a baby boy who then died. I was assisted by an elderly woman who was accompanying me. This was my second child. I had not registered at a maternity clinic because I did not have the money. My husband is not employed. We live on selling vegetables. I have a friend who also lost a baby in similar circumstances. I think if we had a maternity clinic here it would have been better."

MM had delivered another child at home in 2009 that survived.

Most pregnant women and girls at Hopley are deprived of the benefits of antenatal care because of the barriers they face to accessing such care. Antenatal care can help to reduce maternal and neonatal mortality by alerting women and their families to symptoms that signal medical care is urgently needed. Antenatal care also serves numerous other critical functions; for example, it can help to ensure the prevention of HIV transmission from mother to child. Governments are required to provide pregnant women with access to pre- and post-natal healthcare, in order to realise the right to health.[18] The UN recommends a minimum of four antenatal visits for women with normal pregnancies.[19] The inadequate access to antenatal care services in Hopley contributes to the risk of preventable death and ill-health for women and newborns.

It appears that the newborn deaths at Hopley have largely gone unnoticed by the authorities, probably because of the absence of a monitoring mechanism. A Harare City Council official told Amnesty International that the council and the government did not have demographic information of the population at Hopley, which they felt was necessary to plan interventions. According to the Council official, the clinic was handed over to the Harare City Council by the humanitarian agency running it, by "way of a telephone call [from the government]" and no support, monitoring or other systems to ensure the clinic was run efficiently and effectively was put in place.

The council-run clinic at Hopley does not provide maternal and newborn care. Harare City Council officials told Amnesty International that supplies of medicine at the clinic are also erratic. As a result women living at Hopley have no access to care within their community and face specific barriers to accessing services at the nearest maternity clinics.

The cost of transport and healthcare are major obstacles to accessing maternal and newborn care for women at Hopley.[20] These barriers increase the risk of maternal and neonatal ill-health and death. Unaffordable costs mean that many of the women at Hopley needing healthcare will not be able to access it. High costs also cause some women and their families to seek health care only when the woman's or the baby's condition is extremely critical, increasing the risk of death or damage to health.

3. DEADLY CONSEQUENCES OF INABILITY TO ACCESS MATERNAL AND NEWBORN CARE

"I think that if there was a maternity clinic I would have got help and my baby would have survived."

36 year-old woman from Hopley settlement who lost a child hours after a premature birth, June 2010

Amnesty International interviewed 12 women at Hopley settlement whose babies died soon after birth. These deaths occurred in the period between May 2009 and May 2010. Nine of the deaths took place between January and May 2010 while another three occurred between May and November 2009. All the women had given birth at home in torn plastic shacks[21] and felt they were unable to keep their babies warm enough which, they feared, may have significantly contributed to the deaths of the newborns. The women attributed the deaths of their babies to poor living conditions and lack of access to maternal and newborn care. In explaining the deaths, each one of the women talked of their babies having "swallowed the wind."

Several of the women Amnesty International interviewed gave birth on their own, in conditions which may have put both the lives of the woman and the baby at risk. Some of the women were unaware at the time of delivery that they were carrying twins and suffered complications, including breech deliveries, and the babies died.

EM (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 that survived. Both babies [were breech deliveries and] emerged legs first. EM could not afford the ambulance fee for transportation to the nearest maternity clinic.

MK (25) 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."

Several women who were interviewed by Amnesty International regarding the death of their newborns reported giving birth to premature babies who died immediately after birth. Many of these deaths can be prevented by ensuring access to maternal and newborn healthcare. [22]

VM (36) went into labour on 7 February 2010 and gave birth to a premature baby at five months. She delivered at home with the assistance of a neighbour who is not a trained birth attendant. The newborn died on the way to the clinic. It was her fourth pregnancy, but the first one since she was resettled by the government at Hopley. Three children who survived were born at Porta Farm. She told Amnesty International:

"I think that if there was a [maternity] clinic [at Hopley] I would have got help and my baby would have survived."

She said a friend of hers also lost a child soon after giving birth.

On 19 February 2010, ME (40) gave birth to twin boys prematurely at seven months at around midnight and could not get transport to the maternity clinic. The newborns were delivered in her shack with the assistance of a neighbour who is not a trained birth attendant. She spent the night with the babies but they died while she was on her way to the clinic the following morning. This was her fifth pregnancy. She has four surviving children who were all born in hospital before the family was settled at Hopley by the government. ME attributes the death of her babies to failure to access a health facility in time.

All the women interviewed by Amnesty International had a strong desire to have delivered their babies in a hospital with the assistance of a trained birth attendant. They were aware of the importance of maternal and newborn healthcare, and some had received such care during previous pregnancies before settling at Hopley.

Pregnancy-related health complications are a primary cause of maternal and newborn morbidity and mortality around the world. According to the 2007 Zimbabwe Maternal and Perinatal Mortality Study (ZMPMS) the country's maternal mortality rate is reported at 725 per 100,000 live births and the neonatal death rate is 29 per 1,000 live births.[23] Quality care before, during and after delivery, including skilled birth attendance and emergency

obstetric and neonatal care have been identified as key interventions to save women's and newborns' lives under the Global Consensus for Maternal and Newborn health.[24]

A woman sits outside her home. Thousands of people have lived for more than five years in makeshift plastic shacks, with little or no access to basic services such as water, sanitation, education and health care, June 2010, © Amnesty International

Newborn deaths frequently occur postpartum (after birth). Forty-five per cent of mothers in Zimbabwe have no access to postnatal check up by a trained health provider.[25] The World Health Organization recommends that all women should have a minimum of one postpartum visit within one week of delivery. Amnesty International found that, for women living at Hopley settlement the care available during the postnatal period is dangerously inadequate; in cases where women do not manage to make their own arrangements in the absence of public services, care is non-existent.

4. INADEQUATE MATERNAL AND NEWBORN CARE

The UN Millennium Task Force on Maternal and Child Health and the Global Consensus on Maternal, Newborn and Child Health have both highlighted the importance of skilled birth attendance, access to emergency obstetric care and referral systems.

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 prevent and eliminate 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 the risk of ill-health and death.

FL (25) 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 of newborn death, she had attended an antenatal clinic but when she went into labour she could not afford transport to the clinic.

5. FINANCIAL BARRIERS TO ACCESS TO MATERNAL AND NEWBORN CARE

While there is no maternity clinic at Hopley, there are other council-run maternity clinics outside the settlement. The nearest maternity clinics are in Glen Norah and Mbare townships. However registration at these clinics for antenatal and postnatal care costs USD 50. Private maternity clinics charge higher fees.

A Harare City Council official told Amnesty International that poor women and girls can access free maternal care at the council-run maternity clinics in Harare, but information on this free maternal care, and how to access it was not available at Hopley. Moreover, the head of the clinic has full discretion to decide who is eligible for free services. The official also told Amnesty International that there was no mechanism of relaying the information to women and girls at Hopley since there were no council community health workers at the settlement.

In interviews with women and girls at Hopley, Amnesty International observed that all the women believed that they were required to pay the USD 50 to register and none of them were aware that there was a provision for free maternal and newborn care.

In January 2010, AM (25), a former resident of Porta Farm who was resettled at Hopley, gave birth to twins (a boy and a girl) who died three days after birth. AM told Amnesty International:

"I did not have money to register with a maternity clinic so I delivered at home. I was assisted by an elderly woman from the community. I could not 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 interviewed by Amnesty International at Hopley indicated that they were unable to pay the USD 50 required for registration at a maternity clinic.

In addition to the destruction of homes, Operation Murambatsvina also destroyed sources of livelihood when markets and informal businesses were targeted for demolition, denying

thousands of people their right to gain a living through work and their right to an adequate standard of living. As a result the victims, who were already amongst the poorest in Zimbabwean society, were further economically marginalised by the loss of their livelihoods.

Rather than taking steps to restore the livelihoods destroyed during Operation Murambatsvina, government authorities instead continue to target vendors and other informal workers by harassing them, arresting them and seizing their goods.[26] 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, including arduous physical labour even during the later stages of pregnancy.

FN (32) told Amnesty International:

"When I was pregnant I used to carry heavy loads of firewood which I sell [to earn a living]. [As a result] I used to suffer chronic backaches. In the eighth month of my pregnancy I went into labour and delivered a baby boy. The baby was alive for a few minutes and died. I think the umbilical cord was not properly tied"

FN's husband is not employed. She had to walk long distances carrying the heavy loads of firewood on her head.

6. NO TRANSPORTATION FOR WOMEN IN LABOUR

Lack of access to and affordability of ambulance services is a major barrier to maternal and newborn care at Hopley. Ambulance services cost about USD 30, which is not affordable for most people at Hopley. However, inability to access ambulance services is not only limited to Hopley. A Harare City Council official told Amnesty International that the council was relying on three ambulances to service a population of two million. The official told Amnesty International that ideally, Harare needs 36 to 40 working ambulances. This leaves Harare's population mainly reliant on private ambulances or private transporters that require cash payment upfront.

Inability to access transport is a contributing factor to the large numbers of home deliveries without skilled birth attendants at Hopley settlement. Transport is not available at night. Women and community leaders told Amnesty International that private ambulances and transporters refuse to go to Hopley settlement after dark citing security concerns.

Women and a child. The nearest clinic providing health care for pregnant women and newborn babies is 8 kilometres away, June 2010, © Amnesty International

Women therefore end up walking eight kilometres while in labour to reach the maternity clinic in Glen Norah. Two women told Amnesty International that they set out for the maternity clinic while in labour, but gave birth on the way and their babies subsequently died.

CM (35) went into labour at full term on 15 January 2010 and gave birth while walking to Glen Norah. She delivered the baby with the help of a relative who was accompanying her. She walked to the clinic because she could not afford the transport. 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..."

7. WOMEN DIE TOO

Lack of access to adequate health care, including for complications arising post-delivery, exposes women to risk of injury and death during pregnancy and child-birth.

Most maternal deaths are preventable through increased access to antenatal care, obstetric and post natal care. The ZMPMS notes that "successful prevention and treatment of haemorrhage, hypertension/eclampsia and sepsis, the three leading direct causes of obstetrics deaths, have a potential of reducing maternal deaths by 46%."[27] The ZMPMS also identifies delays in establishing the seriousness of a pregnancy complication and deciding whether or not to seek medical attention as contributing to 56.4 per cent of all maternal deaths in Zimbabwe.

One woman interviewed by Amnesty International described how her aunt had suffered continuous bleeding and died three weeks after giving birth. She could not afford the hospital fees.

"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. The private doctor was asking for USD 350. We only had USD 30. 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."

This case of maternal death is unlikely to be the only one that has happened at the Hopley settlement. However, the situation is not monitored, and there is no data available. The lack of access to health services means that until women and girls who are pregnant or have recently given birth can access the health information and care they need, their health and lives remain at risk.

8. LEGAL FRAMEWORK

THE RIGHT TO HEALTH

The International Covenant on Economic, Social and Cultural Rights to which Zimbabwe is a state party requires states to take steps to provide for "*the reduction of the stillbirth rate and of infant mortality and for the healthy development of the child*." The UN Committee on Economic, Social and Cultural Rights, the body responsible for monitoring the compliance of state parties to this treaty, has stated that this treaty obligation must be: "*understood as requiring 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*".[28]

Further, the Convention on the Elimination of All Forms of Discrimination Against Women requires States parties 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*" *(article 12.2).*

Where resources are limited, States are expected to prioritise certain key interventions, including those that will help guarantee maternal health, and in particular emergency obstetric care.[29]

While the right to health is subjected to progressive realization and availability of resources, according to the Committee on Economic, Social and Cultural Rights there are some obligations, for instance to ensure access to life saving maternal and newborn care, that are subject to neither resource constraints nor progressive realization, but are of immediate effect. The Government of Zimbabwe therefore has an immediate obligation to ensure access to life-saving maternal and newborn care for families living in Hopley.

In its 2004 Millennium Development Goals Report, the government of Zimbabwe set a target to reduce infant mortality from 65 per 1,000 live births in 2000 to 22 in 1,000 live births by 2015.[30] The government indicated that a free health service to pregnant women is available in the public sector.[31] The Maternal and Neonatal Health Road Map 2007-2015 promises to scale up interventions for poor, vulnerable groups and under-served populations. However, with respect to the pregnant women and girls interviewed by Amnesty International, and specifically those living in Hopley settlement, there is still a wide gap between government policy and the reality on the ground in terms of access to maternal and newborn care.

The International Covenant on Economic, Social and Cultural Rights requires state parties to ensure that health care services, goods and facilities connected to preventing maternal mortality must be available, accessible, acceptable and of good quality.[32]

Access to maternal health services has four dimensions, that is safe physical accessibility, economic accessibility (affordability), including to those living in poverty, accessibility

without discrimination, and accessibility of information. Failure on any of these dimensions increases the possibility of maternal and infant mortality or health problems. For example, poor roads and infrastructure can lead to delay in arrival at a health facility. Similarly, high cost health care services render them unaffordable. Lack of information about the warning signs for obstetric emergencies can also lead to delay in seeking care.[33]

Under a number of 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, to which Zimbabwe is a state party, women are entitled to a range of health services which play an important role in improving maternal health, including:

- Primary health care services throughout a woman's life;[34]
- Education and information on sexual and reproductive health;[35]
- Sexual and reproductive health care services, such as family planning services;[36]
- Prenatal health services;[37]
- Skilled medical personnel to attend the birth;[38]
- Emergency obstetric care;[39]
- Postnatal health services.[40]

THE RIGHT TO LIFE

The deaths of newborns, as described by people living at Hopley – attributable to ongoing failures by the government to provide for maternal and newborn healthcare services as well as failure to improve the housing conditions – may amount to a violation of the right to life. The African Charter on the Rights and Welfare of the Child, to which Zimbabwe is a state party, recognises the right to life of the child and the duty of state parties to ensure 'to the maximum extent possible, the survival, protection and development of the child'.[41] The International Covenant on Civil and Political Rights enshrines the right to life and the Human Rights Committee, established to oversee the implementation of the Covenant and State Party's compliance with it, urges States to take positive measures to protect this right and specifically to '…take all possible measures to reduce infant mortality and to increase life expectancy…'[42]

10. CONCLUSION AND RECOMMENDATIONS

CONCLUSION

Amnesty International documented an alarming number of reported deaths of newborns at Hopley. The evidence suggests a link between the newborn deaths and the government's ongoing failure to provide effective remedies for the 2005 mass forced evictions and failure to ensure access to essential life-saving healthcare. Likewise, women's well-being, health and lives are at risk because the government failed to provide them with access to reproductive and maternal health information and services. Action must be taken immediately to end preventable maternal and newborn deaths and illness at Hopley and other Operation Garikai/Hlalani Kuhle settlements in Zimbabwe.

RECOMMENDATIONS

TO THE GOVERNMENT OF ZIMBABWE

Amnesty International is calling on the Government of Zimbabwe to urgently address serious threats to the health and lives of women and newborn babies at Hopley settlement and other Operation Garikai settlements in Zimbabwe. The government should:

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

- Investigate the reasons for preterm births and newborn deaths at Hopley settlement and the situation at other Operation Garikai settlements and identify government interventions required to prevent maternal and newborn ill-health and death;

- Put in place a health surveillance system to monitor the overall health situation in Operation Garikai settlements, including Hopley; such health surveillance should specifically monitor maternal, neonatal and infant mortality and morbidity;

- Ensure the provision of a full range of sexual, reproductive and maternal health care information and services for women and girls living in Operation Garikai settlements, including in particular antenatal care, skilled attendance at birth, emergency obstetric care and post-natal 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 at a significant distance from the nearest health care facilities;

- Ensure access to clean water and sanitation in all Operation Garikai settlements;

- Ensure that victims of violations of the right to health can access effective judicial and other appropriate remedies;

- Where the government is unable to meet its obligations it should seek international cooperation and assistance to ensure at least minimum essential levels of healthcare - including emergency obstetric care and postnatal care - and clean water and sanitation for all.

TO THE INTERNATIONAL COMMUNITY

Where international cooperation and assistance is needed in order to ensure people's access to essential healthcare services and to water and sanitation, Amnesty International urges the international community to:

- Ensure that cooperation and assistance programmes give adequate priority to supporting the provision of minimum essential levels of the right to health and the right to an adequate standard of living, including clean water and sanitation for all. Such assistance should be based firmly on the principle of non-discrimination.

ENDNOTES

1 This includes donor support to resuscitate the health sector which had reached near collapse by the end of 2008 due to the economic crisis. Support included payment of allowances for health practitioners and acquisition of drugs.
2 Amnesty International identified the 21 cases of newborn deaths through either interviewing the mothers or family members or community leaders who had direct and specific knowledge of the infant's death and were able to provide details.
3 Since Amnesty International's visit in May/June 2010, some of the boreholes were rehabilitated but were not providing adequate water for the community. Community leaders told Amnesty International that at times the boreholes dry out resulting in long queues and rationing at the few boreholes supplying water.
4 There is no exact information of how many people reside at Hopley. The figure of 5,000 is an estimate by local humanitarian organizations. Amnesty International believes the real population figure may actually be higher.
5 Report of the Fact-Finding Mission to Zimbabwe to assess and the Scope and Impact of Operation Murambatsvina by the UN Special Envoy on Human Settlement Issues in Zimbabwe, 22 July 2005, p.47.
6 Second Report of the Portfolio Committee on Local Government on Progress Made on the Operation Garikai/Hlalani Kuhle Programme, June 2006.
7 See Amnesty International and Zimbabwe Lawyers for Human Rights, Zimbabwe: Shattered lives – the case of Porta Farm, AI Index 46/004/2006, 31 March 2006.
8 Under Phase 2 of Operation Garikai the government was to provide "aided self-help scheme where developers, employers, co-operatives and individuals were allocated un-serviced land to build their own houses." The role of the government was to identify the land, provide technical assistance, direct local authorities to allocate plots and monitor developments on the land in liaison with local authorities.
9 Although services like health care and education have generally improved since the setting up of the Government of National Unity in February 2009 they remain largely unaffordable for the majority of people in Zimbabwe. Monthly salaries for civil servants range between US$150 and $250.
10 Central Statistical Office (CSO) [Zimbabwe] and Macro International Inc. March 2007. Zimbabwe Demographic and Health Survey 2005-06. Calverton, Maryland: CSO and Macro International Inc, p. 133, accessible at: http://www.measuredhs.com/pubs/pdf/FR186/FR186.pdf
11 Ibid.
12 Survivors of Operation Murambatsvina were assisted by humanitarian agencies to put up emergency shelter. However, five years on they still live in what was meant to be temporary housing. They did not get any other support from the government to put up permanent houses. The shacks are torn and overcrowded.
13 Most Operation Garikai settlements in Harare are built next to established suburbs with public services such as clinics and schools. Amnesty International's researchers were told that residents from Operation Garikai settlements resort to lying about their addresses in order to attend schools or get treated at the local clinics.
14 Failure to report a death is illegal under Section 20 of the Birth and Deaths Registration Act [Chapter 5:02]. Offenders can be fined or/and imprisoned for up to one year. However, Amnesty International

was told that one of the reasons for not reporting the newborn births is the prohibitive burial fees charged by the Harare City Council. Often bodies lie for days, or weeks, without burial and even reach stages of decomposition in the shacks as family members try to pool resources together.

15 While other Operation Garikai settlements in Harare also lack maternity clinics Amnesty International was told by the residents that they have some access of the services from neighbouring low income settlements whereas at Hopley, because of its location, the women and girls have to walk about eight kilometres to the nearest maternity clinic in Glen Norah low income suburb.

16 In a telephone interview with Amnesty International in October 2010 an official in the Harare City Council told the organisation that the council provides free maternal and newborn services or payment in instalments for the poor, but admitted that for Hopley the council had not disseminated the information of these options because they do not have community health workers at the settlement. The decision on who accesses free healthcare is at the discretion of the head of the maternity clinic.

17 UN Millennium Project 2005. Who's Got the Power? Transforming Health Systems for Women and Children. Task Force on Child Health and Maternal Health, p.57, accessible at: http://www.unmillenniumproject.org/documents/maternalchild-complete.pdf.

18 UN Committee on Economic, Social and Cultural Rights, The right to the highest attainable standard of health (art. 12), para.14, accessible at: http://daccess-ods.un.org/TMP/4580282.56893158.html.

19 World Health Organisation, Technical Working Group on Antenatal Care, Geneva, 1994.

20 Unemployment in Zimbabwe is above 80%.

21 People who were allocated plots by the government under Operation Garikai were assisted by humanitarian organizations to put up emergency shelter in the form of polythene shacks which are now five years old. Most of these shacks are worn out and barely protect the occupants from the elements.

22 UN Millennium Project 2005. Who's Got the Power? Transforming Health Systems for Women and Children. Task Force on Child Health and Maternal Health, p.57, accessible at: http://www.unmillenniumproject.org/documents/maternalchild-complete.pdf.

23 Ministry of Health and Child Welfare, 2007 Zimbabwe Maternal and Perinatal Mortality Study.

24 A new Global Consensus for Maternal, Newborn and Child Health, was agreed in 2009 by a broad range of governments, non-governmental organizations, international health agencies, and individuals, through the Partnership for Maternal, Newborn & Child Health (PMNCH). The Consensus sets out the key action steps to save the lives of more than 10 million women and children between by 2015. It was launched at the United Nations on 23 September 2009.

25 Central Statistical Office [Zimbabwe] and Macro International Inc, March 2007, Zimbabwe 2005-06 Demographic and Health Survey, p 129, accessible at: http://www.measuredhs.com/pubs/pdf/FR186/FR186.pdf.

26 Zimbabwe: No Justice for the victims of forced evictions, Amnesty International, 8 September 2006, pp24 -27.

27 Ministry of Health and Child Welfare, The National Health Strategy for Zimbabwe (2009-2013) Equity in Health: A People's right, pp 43.

28 UN Committee on Economic, Social and Cultural Rights, The right to the highest attainable standard of health (art. 12), para.14, accessible at: http://daccess-ods.un.org/TMP/4580282.56893158.html.

29 General comment 14, para 44.

30 UNDP, 2004, Zimbabwe Millennium Development Goals – 2004 Progress Report, p 38, accessible: http://planipolis.iiep.unesco.org/upload/Zimbabwe/MDG/Zimbabwe%202004%20MDG.pdf.
31 Ibid.
32 UN Committee on Economic, Social and Cultural Rights, The right to the highest attainable standard of health (art. 12) , para.11, accessible at: http://daccess-ods.un.org/TMP/4580282.56893158.html
33 PHR, Deadly Delays: Maternal Mortality in Peru, 2007, p.51.
34 CESCR General Comment 14, para 21; UN Committee on the Elimination of Discrimination against Women, General Recommendation 24, Women and Health (Twentieth session, 1999), U.N. Doc. A/54/38 at 5 (1999), reprinted in Compilation of General Comments and General Recommendations Adopted by Human Rights Treaty Bodies, U.N. Doc. HRI/GEN/1/Rev.6 at 271 (2003), para 8.
35 CESCR General Comment 14, para 11; CEDAW General Recommendation 24, para 18.
36 CEDAW Article 12; CESCR General Comment 14, para 14.
37 CESCR General Comment 14, para 14; CEDAW Article 12; CRC, Article 24.2b.
38 CESCR General Comment 14, para 12 (d) and para 36. These paragraphs refer to "skilled medical personnel" in a general sense (para 14) and then "sexual and reproductive health", among other things (in para 36).
39 CESCR General Comment 14, para 14.
40 CESCR General Comment 14, para 14; CEDAW Article 12; CRC, Article 24.2b.
41 African Charter on the Rights and Welfare of the Child, Article 5, available at http://www.achpr.org/english/_info/child_en.html (last accessed 24 September 2010).
42 Human Rights Committee, General Comment 6, para 5. General Comments of the Human Rights Committee are available at http://www2.ohchr.org/english/bodies/ hrc/comments.htm (last accessed 24 September 2010).

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NO CHANCE TO LIVE
NEWBORN DEATHS AT HOPLEY SETTLEMENT, ZIMBABWE

The lives of pregnant women and their babies in Hopley settlement are in danger because of the Zimbabwean government's failure to ensure access to adequate housing and essential services, including health care. Conditions at Hopley are dire: most people live in overcrowded makeshift shelters and few have access to safe water. There is no maternal and newborn health care available within the community.

The majority of the 5,000 inhabitants of Hopley 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 the mass forced evictions known as Operation Murambatsvina (Drive out Filth). While investigating the continuing plight of Operation Murambatsvina victims, Amnesty International was alarmed by the number of newborn deaths at Hopley. The nearest clinic offering maternal and newborn health care is eight kilometres away. Because of the high costs of transport and of medical care, many pregnant women and girls are forced to deliver at home without a trained birth attendant.

The government of Zimbabwe's failure to provide effective remedies for the mass forced evictions of 2005 means that most of those affected continue to suffer human rights violations today. Amnesty International is gravely concerned that pregnant women and newborn babies face similar risks in similar settlements across Zimbabwe.

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HEALTH IS A HUMAN RIGHT

AMNESTY INTERNATIONAL