MEDICAL RESEARCH COUNCIL OF ZIMBABWE



Jan-July 2013

FROM THE EDITORIAL DESK

We are happy and proud to announce the revival of the MRCZ Newsletter which serves as a mouthpiece for the MRCZ. The non-production of the newspaper during the past few years had been caused by logistical challenges the MRCZ was facing as a result of the harsh economic environment that the Country was going through. As our Dear readers, we promise you one thing – the newsletter is here to stay. Expect two issues this year. The coordination of health research continues to be our priority. In pursuance of this priority, we provide an independent ethical oversight mechanism for all approved health research studies. The MRCZ continues to keep an eye on all approved studies and actively mediates on behalf of the research participants through inspecting and monitoring the activities of researchers to avoid unacceptable practices in conducting research including deviating from the approved protocol.

This publication seeks to inform our clients on current activities unfolding in the organization as an endeavour to promote adherence to high ethical and scientific standards of research in the country. We kindly invite you to play your part in promoting a research environment that is conducive for the ethical conduct of health research. We acknowledge that working together, we can make Zimbabwe a beacon of high quality research. Please feel free to communicate any concerns in areas related to human health research. We will try our best to address them. Any suggestions with regards to our functions are most welcome. Please feel free to write to us on mrcz@mrcz.org.zw or mrc.zimbabwe@yahoo.com

Finally we wish to sincerely thank everyone who has in the past and is currently in any way associated with MRCZ. Special thanks go to many of you who have participated or are participating in the various MRCZ Committees and Ethics Review activities,and a very warm welcome to our new Director.

HAPPY READING FROM THE EDITORIAL TEAM!

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APPOINTMENTOF DIRECTOR FOR THE MRCZ

We are delighted to inform you of the appointment of Dr Paul Ndebele to the position of Director, Medical Research Council of Zimbabwe (MRCZ) with effect from 1st March 2013. Dr Ndebele attained his BSc Honours Degree in Sociology from the University of Zimbabwe, MSc in Population Studies from the same institution and a PhD in Psychology (specialising in Research Ethics) from the University of KwaZulu Natal. Dr Ndebele received specialised training in Research Ethics at Johns Hopkins University through the Fogarty African Bioethics Programme (FABTP) and at University of KwaZulu Natal through the SARETI Programme. He has been a visiting Scholar at various academic institutions including Padova University, in Italy and Ethox Centre at Oxford University. Dr. Ndebele previously worked for the MRCZ as the Liaison Officer/Head of Secretariat from 1999 to 2005. He later took up a dual appointment from 2005 to 2008 as a Visiting Professor at Michigan State University and Deputy Director for the Centre for Bioethics at

the College of Medicine, University of Malawi. In 2008, he joined the University of Botswana where he served as Assistant Director for Research Ethics in the Office of Research and Development. During his time in Botswana, he also served as a member of the National Research Ethics Committee (HRDC) based at the Botswana Ministry of Health.

He joins the MRCZ from the Division of AIDS (DAIDS), at the National Institutes of Health (NIH) in USA, where he was serving as a Contractor Bioethicist under the employ of the Henry Jackson Foundation for the Advancement of Military Medicine. In his role as a Bioethicist, Dr Ndebele's main role was to provide specialist advice and support on DAIDS funded studies on matters pertaining to wellbeing of research participants. In this role, he provided guidance on various HIV/AIDS and TB studies conducted in various countries. Dr. Ndebele brings a wealth of experience to MRCZ and we are excited about his new role at the Council.

Over the years, the MRCZ has grown in both size and scope of activities. Dr Ndebele's main role will be that of strengthening the role of the MRCZ in promoting and coordinating health research in the country. He will participate actively in initiatives aimed at strengthening the MRCZ as well as in resource mobilisation. Dr Ndebele will work closely with the Ministry of Health and Child Welfare in ensuring that the MRCZ executes its mandate in a more effective manner.

Using the knowledge that he has gained from the various positions that he has held as well as from the various research strengthening initiatives he has participated in, we expect Dr Ndebele to steer the MRCZ to greater heights and also to further improve the visibility of the Council both locally and internationally.

Dr Ndebele has published several peer reviewed papers, non peer reviewed papers as well as book chapters on issues of relevance to the ethical conduct of research in limited resource settings. He has given numerous talks/lectures at both local and international fora. He serves on editorial boards for the following journals; BMC Medical Ethics, BMC International Health and Human Rights and BRELA. He also serves on the Board of Directors of the International Association for Ethics Education (IAEE). He is a member of both the African Association of Research Ethics Committee Administrators (AARECA) and the Public Responsibility in Medicine and Research (PRIMR). Dr Ndebele also serves on two international advisory Boards. He holds honorary positions at various institutions including Michigan State University and College of Medicine, University of Malawi.

Dr Ndebele can be contacted via email (pndebele@mrcz.org.zw). The Council and the Secretariat are both looking forward to working with him as he embraces his new role. Dr Ndebele is looking forward to working with all stakeholders in strengthening Health Research in Zimbabwe.



Dr Paul Ndebele

Research Ethics Committee Activities

The MRCZ has established a Technical Committee (TC) that serves as the National Research Ethics Committee. From January to June 2013, the TC has received 140 new applications that have been submitted for ethical review. Of the 140 applications 100 were student proposals. Fig 1 shows that the TC has spent most of its time reviewing Behavioral and Social Science studies followed by Operations and Health Systems Research studies.

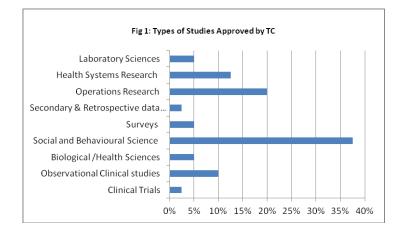
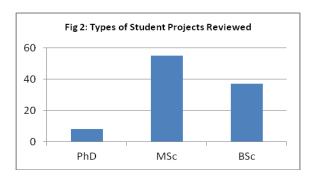
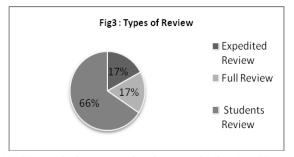


Fig 2 below shows that the TC and Secretariat review mostly Masters level student work than PhD and Undergraduate research.

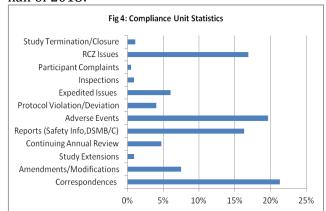


The TC reviews studies using 2 different routes, either expedited (Minimal Risk Studies Only) or full board review. Fig 3 shows that the TC has done an equal amount of expedited and full review. This lessens the workload during TC meetings as expedited studies will need only ratification and not full committee review. Student projects review takes up 66% of the Secretariats and TC s time.



Compliance Unit

This unit does passive (desk) and active (inspections) monitoring of all approved research. Fig 4 shows the amount of work processed by the Secretariat in the 1st half of 2013.



The graph indicates that the secretariat spent more time dealing with Adverse events & Safety Issues related to research. This is an indication of the level of compliance we have in the current cohort of researchers who promptly report any safety issues that the MRCZ should know about. There is also a great deal of correspondence that goes on in between meetings between the researchers and the MRCZ. It is easier to deal with ethical challenges as they arise in the study, than to deal with issues when they have graduated to non-compliance.

Inspections

As part of its oversight activities, the MRCZ carries out site visits/inspections in collaboration with officers from the Medicines Control Authority of Zimbabwe. Full study inspection should be conducted annually but may be conducted in response to various circumstances such as complaints from study participants or other parties or after an unsatisfactory annual report from an investigator.

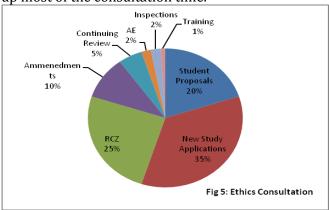
The most common inspection findings include:

- Pressure to recruit leading to "coping strategies"
- Consent forms
 - o Site staff witnessing for participants
 - o Illiterate participants with no witness signatures
 - o Re-consenting challenges when new information comes
 - o Appendices to consent forms are sometimes not signed
- No follow up on destruction of samples for refusers
- QA/QC procedures not in place
- Non submission of Letters of Amendments, Clarification Memos, Protocol Violations/Deviations
- Protocol & SOPs not at sites
- Overworked staff
- Sites not knowing about changes in regulations

Ethics Consultation

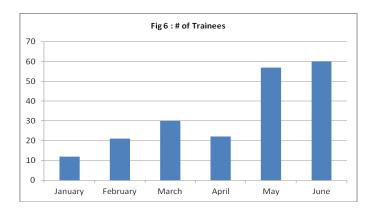
The MRCZ has an open door policy and as such we encourage stakeholders to come and consult with the secretariat before they make submissions. This has resulted in shortening of the MRCZ turnaround time because when the documents are finally submitted they would have already gone through a pre-review process. These are not just administrative checks but there is a preliminary review of what will be submitted and advice is given to the research team. Unlike other ethics committees, the MRCZ does not charge for this type of consultations because the aim is to impact on quality of proposals and reduce turnaround time of submissions.

Fig 5 below shows that most consultations are for New Study Applications, Student Proposals and RCZ submissions take up most of the consultation time.



Training Unit

The Secretariat offers a 3 day combined Research Ethics and Good Clinical Practices Course meant to familiarize researchers with Ethical and GCP standards of conducting research. The secretariat has a team of qualified GCP & Ethics trainers. They also have partnerships with other organizations, such as BRTI and UZ SACORE, who have similar expertise and occasionally team up. From January 2013 the Secretariat trained a total of 202 researchers from 13 research teams (Fig 6)



Training in Ethics & GCP increases compliance with ethical standards for research teams. Research teams trained include SELECT, NEWLANDS Clinic, ZiChire, Africa University, ZVITAMBO, MSF, WHO, UZCHS & RTI. Teams that are trained make very few ethical blunders.

IRB Training

The MRCZ being the National Ethics Committee has the mandate to set up Ethics Committees in research institutions and mentor them to become internationally recognized ECs. This programme started in 2007 with NUST being the first to be trained. They are however still working on their Terms of Reference in order to establish a university wide EC. Africa University was trained in March 2013 and have already appointed members and their members have attended the MRCZ EC meetings for familiarization.

Meetings have also been held with Bindura University of Science Education & the Provincial Medical Directorate to set up a joint EC in the province.

The ECs formed are expected to be sub-committees of their Research Committees and therefore operate as one of the standing Committees of their institutions. The EC operates under the guidance and in cooperation with the MRCZ. The EC shall comply with all rules and regulations set up by the MRCZ on operations of ECs.



Pic: shows the Africa University EC aka AUREC (with the MRCZ facilitators)

The IRB/REC Training Course includes the following modules:

Health Research Ethics

- Research regulatory framework in Zimbabwe
- The Role of Ethics Committees
- Fundamental Principles of Bioethics
- Evolution of Biomedical Research Ethics.
- Vulnerable Populations
- Constituting an IRB
- Informed Decision Making in Health Research

Good Clinical Practice

- The Principles of Good Clinical Practices
- The Drug Development process
- Key Players in Clinical Trials
- Safety Monitoring
- Essential Documents
- Source documents

Review of Health Research

- Peer Review in Health Research: The Role of External /Internal Reviewers
- Systematic Approach to Reviewing Biomedical Research
- Reviewing A Qualitative Behavioural /Social Science Research
- Systematic Approach to Reviewing Paediatric Studies
- Strategies for Timely Review of Student Proposals
- Mock IRB Session: Review of A Clinical Trial Dossier
- Mock IRB Session: Review of A Social Science Study Dossier

EC/IRB Administration 101

- Serving liaison functions
- Managing protocol review, record keeping and reporting
- Expedited review processes
- Handling allegations and complaints
- Managing the IRB office
- Continuing Education for IRB Members
- IRB meeting procedures
- · Psychology of an IRB meeting

Responsible Conduct of Research

- Responsible authorship
- Responsible mentorship
- · Research misconduct
- Conflict of interest

Training & Assessment Methods:

- Presentations of Research Ethics topics from power point slides plus handouts
- Sharing of practical research experiences
- Exercises and Mock IRB Sessions
- EC Administrator should come for a 2week internship with the MRCZ
- All members should attend at least 1 MRCZ meeting

Published Research

ARROW Trial

PIs: Prof K. Nathoo & Dr M. Bwakura Dangarembizi Sites: Zimbabwe & Uganda

ARROW was a randomized controlled clinical trial designed to assess two different management strategies for giving first line anti-HIV medicines. The trial aimed to investigate two main questions:

- Can anti-HIV drugs be given in the absence of routine laboratory tests, relying on clinical assessments instead; and
- Whether starting children on 4 anti-HIV drugs for a short period of time before continuing with 3 drugs is better over the long term than starting on the standard 3 drugs.

For more details please visit the study site http://www.arrowtrial.org

Non-Pneumatic Anti Shock Garment Trial PI: Dr. Thulani Magwali

In 2007 a large cluster-randomized controlled trial (RCT) was initiated in Zambia and Zimbabwe. This was to explore the crucial question of whether the LifeWrap Non-pneumatic Anti Shock Garment (NASG), applied by midwives at primary health care centers, will save more mothers' lives than application only at higher level facilities.

The NASG is a garment used to treat shock, resuscitate, stabilize and prevent further bleeding in women with severe bleeding.

For more information please visit the following website http://www.lifewraps.org

PrePex Device for Adult Male Circumcision for HIV Prevention PI: Dr G. Gwinji

In 2007, the World Health Organization and UNAIDS proved that circumcised men reduce their risk of HIV Infection by approximately 60% in high risk areas such as Sub-Saharan Africa.

On 31 May, WHO prequalified the PrePexTM device for the purpose of adult male circumcision for HIVprevention. For more information please visit the following website

http://www.pepfar.gov

Published Research

Prevention of Postnatal MTCT of HIV: Addressing Missed Opportunities in PMTCT Through Community Based Infant Feeding Counselling•

PI: B. Engelsmann, D. Patel and C. Zvandaziva

The overall goal of the cohort study was to demonstrate the impact of a community based programme on changing practices and behaviour of lactating women to reduce mother to child transmission (MTCT) of HIV in the postnatal period.

For more information visit: http://www.ophid.co.zw

Evaluation of the prevalence, progression and severity of common adverse reactions (lipodystrophy, CNS, peripheral neuropathy and hypersensitivity reactions) associated with anti-retroviral therapy (ART) and antiTB treatment in outpatients in Zimbabwe

PI: Nemaura T & C. Masimirembwa

For more information visit:

http://www.omicsonline.org/2155-6113/2155-6113-4-203.php?aid=13310

Pharmacogenetics in Africa, an Opportunity for Appropriate Drug Dosage Regimens: on the Road to Personalized Healthcare PIs: Masimirembwa and JA Hasler

CPT: Pharmacometrics & Systems Pharmacology (2013) **2,** e45; doi:10.1038/psp.2013.17; advance online publication 29 May 2013

For more information visit:

http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3674327/

MTN-003 – VOICE PI: Mike Chirenje

Vaginal and Oral Interventions to Control the Epidemic tested the safety and effectiveness of two different HIV prevention approaches among 5,029 women in Uganda, South Africa and Zimbabwe: daily use of an antiretroviral (ARV) tablet (tenofovir or Truvada) or daily use of a vaginal gel (tenofovir gel). The first set of results, reported in March 2013, found none of the products effective; most participants did not use them daily as recommended. Young, unmarried women were least likely to use study product and the most likely to acquire HIV, indicating the urgent need for safe, effective and practical HIV prevention methods women like those in VOICE will actually use. Results of two qualitative behavioral sub-studies, VOICE C and VOICE D, should help to better understand the reasons why so many women did not use the products in VOICE. For more information visit:

http://www.mtnstopshiv.org/news/studies/mtn003

Notices & Upcoming Events

2013 EC MRCZ Meeting Dates

Aug	Sept	Oct	Nov	Dec
29	26	31	28	14

Annual Medical Research Day 2013

Date: Saturday, 19th October, 2013

Venue: Jacaranda Room 1, The Rainbow Towers

Hotel Harare

Time: 7:15am

Theme: "Innovations for Translating Health Research Into Implementation Science".

The MRCZ Sponsors the following Awards:-

- (1) Best Clinical Paper
- (2) Best Biomedical Science Paper
- (3) Best Undergraduate Student's Paper
- (4) Best Postgraduate Student's Paper
- (5) Best Poster Presentation
- (6) Best Social Science Paper
- (7) A Floating Trophy The Best Provincial Paper
- (8) Overall Prize

Abstracts (Oral / Poster) Closing Date: Friday, 06th September 2013

For more information please email; iche.uzchs@gmail.com

The 2013 PRIM&R Advanced Ethical Research Conference

November 7 - 9, Boston, USA

Public Responsibility in Medicine and Research (PRIM&R) is a nonprofit organization dedicated to advancing the highest ethical standards in the conduct of research. The annual AER Conference is organized into the following 25 thematic categories including:

- Accreditation of HRPPs
- Activities along the Boundaries Between Research and Practice
- Advanced Forum for IRB Professionals
- Educating Research Teams
- · Ethical Issues
- FDA Regulations & Global Research
- Informed Consent
- IRB Bootcamp, Operations and Toolkit
- Legal & Regulatory Balance
- Out-of-Body Experiences: Research Involving Tissue and Data
- QA/QI and Post-Approval Monitoring
- Research Involving the Internet and Social Networking
- Unaffiliated and Non-Scientist IRB Members
 For more information visit their website on www.primr.org

MANY THANKS TO MRCZ REVIEWERS

MRCZ would also like to thank the following individuals who most generously agreed to review proposals for us between January 2013 and June 2013. While every effort has been made to include everyone, we apologise for any oversights – please do let us know if we have missed you so that we can update our records. The assistance and expertise of these professionals promotes and maintains the high quality of ethics & scientific review.

Dr W Samaneka Dr S.L Mutambu Mrs I Gudza Mr W Mavhu Mr A Chingono Dr L Stranix Chibanda Ms T Bandason Prof L S Zijenah Mr M Munjoma Dr R Gunda Mr R Mtetwa Mr W Mashange Dr P Manangazira Mrs J mutsvangwa Prof R Masanganise Prof T Mduluza Ms M Tholana Dr M.F Bwakura-Dangarembizi Dr R Nyikadzino Prof T Chipato Dr A R Kangwende Mr P Chatikobo Dr T Muromo Dr A Chisada Dr F Cowan Dr M Wellington Dr P.V Makaya Mrs S Gwaze Mr R Magauzi Dr N Mugodi Mr S Buzuzi Mrs S Munyati Mr Kajawu Mr O Matizanadzo Prof S Rusakaniko Dr T L Magwali Mrs C Makosa Mr G Masengwe

Studies Submitted & Approved from Jan-June 2013

Date Submitted	Ref #	Title	Principal Investigator	Organisation
18.01.13	1722	Prospective Urban & Rural Epidemiology (PURE)	Jephat Chifamba	UZCHS
24.01.13	1723	Repeated HIV Sero-Behavioural Survey Among Sex Workers and Truck Drivers in Four Boarder Sites in the SADC Region	Brian Pazvakavambwa	WHO
24.01.13	1724	Evaluation of the Performance of the ZYMOX point of care CD4 Test [POC CD4T]	Lynn Zijenah	UZCHS
25.02.13	1725	Disclosure Intervention for Zimbabwean Parents	Alfred Chingono	UZUCSF
27.02.13	1726	Acceptability & Impact of the Corridor based Healthcare Services Delivery Model to Mobile Populations	Gabriella Gomez	FACT/NORTH STAR
27.02.13	1727	Efficacy & Safety of a fixed Combination of Artemether & Lumefanitine (Coartemether) for the Treatment of uncomplicated Plasmodium Falciparum Malaria Using Sentinel surveillance system in Zimbabwe	Susan Mutambu	NIHR
01.03.13	1728	Teaching on Depression Using Simulation Competency in Depression, Diagnosis and Management Among Undergraduate Medical Students as part of the Medical Education Partnership Initiatives (MEPI) Program at UZCHS	F. Muchirahondo	UZCHS
21.03.13	1729	Impact Evaluation of Zimbabwe's National Harmonised Social Cash Transfer (HSCT) Program	S. Mishi	MLSS
22.03.13	1730	Assessment of Endocrine Function in HIV Infected Adolescent Girls at a Tertiary Centre in Zimbabwe	F. Guzha	UZCHS
02.04.13	1731	Three Country Assessment of the need for Palliative Care for Children	S. R. Connor	
02.04.13	1732	The Friendship Bench: A cluster Randomised Controlled Trial of a Brief Psychological Intervention for Common Mental Disorders Delivered by Lay Health Workers (Formative Research Phase I)	Dixon Chibanda	UZCHS
03.04.13	1733	Aetiology and Management of Childhood Eye Trauma at Sekuru Kaguvi Hospital (Paediatric Unit)	Sharai Shamu	UZCHS
04.04.13	1734	Zimbabwe (2013) : Qualitative Segmentation study on Cervical Cancer Screening among Women aged 30yrs and above in Zimbabwe	Phineas Jasi	PSI
04.04.13	1735	Zimbabwe (2013) : Qualitative Segmentation Study on FAMILY Planning Among Women and Men 18-49yrs in Zimbabwe	Phineas Jasi	PSI
09.04.13	1736	Treatment To Improve Depression and Adherence to Antiretroviral Therapy in People Living with HIV in Zimbabwe	Dixon Chibanda	UZCHS
12.04.13	1737	Social, Environment & Climate Change Impacts of Vector-Borne Diseases in arid Areas of Southern Africa	Moses Chimbari	UKZN
25.04.13	1738	A Randomised Controlled Study Comparing the Effect of Standardised Care Plus Conventional Care versus Conventional Care only the Outcomes of Stroke Survivors and Family Caregivers in Harare & Chitungwiza	Farirai Kaseke	UZCHS
29.04.13	1739	Myeloid/Lymphoid Ratios as a prognostic tool for TB: A Secondary Analysis of Laboratory Data Collected Under HPTN046	Tsungai Chipato	UZUCSF
29.04.13	1740	Longitudinal Development & Neurological Assessments of HIV Infected Participants of P1060 & HIV-Uninfected Controls	Mutsawashe Bwakura- Danagrembizi	UZUCSF

Date Submitted	Ref #	Title	Principal Investigator	Organisation
29.04.13	1741	Process Evaluation of Results Based Financing (RBF) Project in Zimbabwe	Kudzai Makoni	UZCHS
06.04.13	1742	Quality of Life in a Fragile State: A Study of Orphans & Vulnerable Children in Child Headed Households in Zimbabwe	Kudzai Munodawafa	UWC
13.05.13	1743	Effective Practices Among Sexual Initiatives in State Universities	Darlington Muyambwa	SAYWHAT
13.05.13	1744	Formative Assessment for Targeted Program Improvements in the CWGH Sexual & Reproductive Health Rights Program in Mangwe Rural District 7 City of Bulawayo to Increase Girls & Young Women's Participation	Nonjabulo Mahlangu	CWGH
13.05.13	1745	Promoting Participatory Action Dialogue to Build Shared Responsibilities in Addressing Gender Dimension in Health Service Delivery Through Participatory Action Research in Makoni District	Kimberly Nyatanga	RTI
13.05.13	1746	Evaluating the Cultural Dialogue Model: The Role of Traditional Leaders, Religious Leaders & the Family in Addressing Gender-Based Violence in Seke, Zimbabwe	Mandi Chikombero	RTI
13.05.13	1747	Formative Assessment for Targeted Program Improvements in PADARE PMTCT Male Mobilizers Program in Bindura District to Increase Male Participation in PMTCT Program	Nakai Godfrey Nengomasha	PADARE
13.05.13	1748	Creating Dialogue for Addressing Adolescent Sexual & Reproductive Health : An Evaluation of the Adolescent & Sexual Health Project in Guruve District	Edinah Masiyiwa	RTI
13.05.13	1749	Formative Assessment for Improving WASN Educating/Behaviour Change Program on Increasing Female Condom Use Among HIV+ Women Participating in WASN Women Support Groups in Gokwe South District	Agnes Tendai Chabikwa	WASN
17.05.13	1750	Zimbabwe (2013): Understanding the Motivators & Barriers to Accessing Services Among Women Aged 18-49 yrs Who have experienced violence in Zimbabwe	Phineas Jasi	PSI
17.05.13	1751	Evaluation of BD Vacutainer Stabilisation Tubes for CD4 Count Using BD FACSCount	Fabian Taziwa	MSF-SPAIN
23.05.13	1752	Phase II, Randomised Trial of Virologic Response, Pharmacokinetics, & Safety of Ramp-Up vs Full Dose at Initiation Dosing Strategies for Nevirapine in HIV -Infected Infants	Hilda Mujuru	UZUCSF
23.05.13	1753	EPI-AID Investigation of Chronic Lung Disease Among HIV-Infection Youth in Malawi & Zimbabwe	Peter Kilmarx	CDC
23.05.13	1754	Survey on Adherence to ARV Pick-Up for Prophylaxis/ART and Retention of Mothers & Infants in the PMTCT Program in Zimbabwe	Owen Mugurungi	MOHCW
29.05.13	1755	A Qualitative Study to Describe the Clinical and Social Status of Perinatally HIV Infected Mothers & its Implications for their Children	Frances Cowan	CeSHHAR
29.05.13	1756	Identifying Training Needs of Postgraduate Psychiatric Trainees in Zimbabwe: A Qualitative Study	Sekai Nhiwatiwa	UZCHS
31.05.13	1757	An Evaluation of Sexual Reproductive Health Services Provided by PSI Zimbabwe Across Different Health Care Delivery Sites in Zimbabwe	Frances Cowan	CeSHHAR
31.05.13	1758	Measuring the Quality of TB Services at some Health Facilities in Zimbabwe : The Patients Perspectives	Patrick Hazangwe	WHO
04.06.13	1759	Development of an Alternative Comfortable Stretch Compression Bandage for Zimbabwe	L. Nkiwane	NUST
14.06.13	1760	Survey of Oxytoxin use in Zimbabwe in Post-Partum Haemorrhage Prophylaxis During C- Section 2013	Shumbairerwa	UZCHS
17.06.13	1761	An Evaluation of PSZ Outreach Family Planning Services	Victoria James	NEDICO
17.06.13	1762	Antiretrovirals for HIV Prevention & Treatment Among Zimbabwean Sex Workers	Frances Cowan	CeSHHAR
18.06.13	1763	Health Vulnerability Study of Mixed Migration Flows from the East & the Horn of Africa at Great Lakes to Southern Africa	L. Lawry	Ophid Trust

MRCZ Contact Details:

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