

Introducing Meeting Centres in Zimbabwe: building from the ground up.

by

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### How it all began: AaroHelm Meeting Centre

- □ Founded on the principles of the Meeting Centres programme and inspired by the desire to immortalise the founder/director's mother, Helminah (1931-2017) & based in Bulawayo, Zimbabwe and first of its kind in the country and possibly the whole of Africa.
- ☐ Founding was heavily influenced by the need improve the current care and management of those living with dementia in the country including my mother who lived with dementia in the last 10 years of her life.
- ☐ AaroHelm Meeting Centre (AMC) is a Private Voluntary Organisation (PVO) registered by the Private Voluntary Organizations Act (Chapter 17:05) of Zimbabwe.

### **Country Profile and relevant statistics**

- □Zimbabwe is a low-income country with a population of approximately 15.1 million people with more than 55% living in the rural poor countryside (ZimStats, 2022).
- □ It is a multi-ethnic society with diverse religious and traditional practices.
- ☐ The cultural and faith-based practices tend to guide the people of Zimbabwe on how to deal with common challenges and solve them.
- ☐ This is largely the case with dementia and associated problems where the stigma of witchcraft and spirit possession is prevalent

### But is there a problem for which MCs are a fitting solution?

□Experiential knowing: My mother's case and other anecdotal evidence suggesting many more undocumented cases. □Extrapolated evidence: According to WHO (2020) Zimbabwe Health Profile, 768 Alzheimer's and Dementia deaths were recorded in 2020 representing 0.71% of the total deaths in Zimbabwe □Unfortunately to this day there is little information among the population of Zimbabwe on dementia. There is a pressing need for population studies to establish true prevalence. ☐ There appears to be no guidance at policy level on how social care for those living with dementia can be delivered, resulting in uninformed and risk-ridden

care approaches and reactions based of faith and cultural beliefs.

#### **Progress since inception**

- □ AaroHelm Meeting Centre continues to provide a person-centred to comply with the Meeting Centres demands/philosophy.
- □Regular meetings, with average attendance resting between 4 to 6 participants run on Tuesdays and Thursdays for not less than 2 hours per day. Wednesdays have been set aside for domiciliary visits for members who are unable to walk themselves to the centre.
- ☐ The Centre has persistently provided various activities aimed at stimulating cognitive functioning, fostering socialisation, and promoting overall health and wellbeing managed by a small team of volunteers who are all fully trained Dementia Care Coaches.
- □Workshops and lectures on topics like healthy eating, mental health, and understanding dementia have been held to educate participants and their families about dementia and its management. Subject specific lectures and programmes by expert healthcare professionals have also targeted the team of volunteers working with the elderly.

#### How has it been received so far?

'The Centre is a platform where they can come and be who they really are, they can shout, they can sing, they can dance and they can be silent without judgement or question if it is who they are, for the majority of them; they can be young again' (DCC)

One of the most innovative activities to date has seen each member being assigned a tree that they will learn to nurture and grow and plant in the yard at a designated place. This appears to have given the members a great sense of responsibility... 'It is, in its own way, like having a baby all over again for them' (DCC)

### Challenges detailed below have threatened progress in the past.

☐ Training needs identified: 'At times we find ourselves at a dead end, where both the facilitator and the members of the centre have no idea how to go about a question asked or concern raised' (DCC)
□Functional television for video lessons and activities that require hearing or use of sight.
□A printer: hard copies of chosen activities are more user friendly for the elderly.
□A solar system that would counter the excessive load shedding Zimbabwe is currently experiencing.
□A functional refrigerator to keep drinking water. Water shortages are a consistent problem.

### Most recent meeting: 25 March 2025





### **More activities**





### Further infrastructure developments

□Wi-Fi Connectivity greatly enhanced by the installation of the STARLINK satellite which has so far provided stable and unlimited access to the internet - Realtime collaboration with relevant stakeholders now possible ☐ Installation of a 5000 litres water tank to mitigate serious problems of water currently faced by the city of Bulawayo. □Resurfacing of all internal and external traffic areas with non-slip tiles and concrete slabs to mitigate the risk of falls. □Internal decoration (mainly painting) to comply with the needs of those living with dementia ☐ Modest and initial landscaping plans to be operationalised throughout the year- Plans are underway to erect an African corner which the members have asked for.

## Some examples in pictures to share







### Challenges in need of constant monitoring and reviewing.

- □Finances: One can only do so much on a shoestring budget, all developments so far have been self funded. More to be done yet-renumerating volunteers, training, research & increasing capacity.
- □Governance: Managing the project remotely takes some doing, a Whatsup forum has been created where volunteers receive instructions and provide updates- transparency and accountability in real time
- □Compliance: We continue to be externally monitored for safeguarding purpose and to ensure we are not involved in politics

# We are not going back: Thank you!

