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Commission Meeting on Monitoring and Inspections.

Date: 10 July 2025

Venue: ZHRC Head Office, 2nd Floor Boardroom, Harare.

Report on Human Rights Situation Monitoring and Inspection visit in Public Health Institution (Nyanga District Hospital: Manicaland Province)

Date of visit: 14 May 2025

Human Rights Concerns:

- Right to Health Care – Section 76
- State of the health institution and infrastructure
- Rights of children- Section 81
- Rights of persons with disabilities – Section 83
- Rights of the elderly- Section 82
- Rights of Women- Section 80

1. INTRODUCTION

The Zimbabwe Human Rights Commission (ZHRC/Commission) has the mandate to monitor and assess the enjoyment of human rights and freedoms in terms of section 243(1)(c) of the Constitution. Section 243(1)(k) of the Constitution mandates the ZHRC to inspect places of detention so as to ascertain the conditions under which persons are kept and to make recommendations to the responsible Minister. In fulfilment of its mandate, the ZHRC conducted a monitoring and inspection visit at Nyanga District Hospital in Manicaland Province on the 14th of May 2025. The monitoring and inspection mission aimed to assess the realisation of human rights in public health care facilities for both patients and staff. The mission was also an opportunity to raise awareness to the health care practitioners and patients on the mandate and functions of the ZHRC. Some of the concerns that arose from the monitoring mission were; unavailability of vital and essential medication, unbalanced diet for patients, late disbursement of funds and staff accommodation, payment modalities, among others.

2. Objectives

The following were the objectives of the monitoring mission;

- i. To raise awareness to the medical practitioners and patients on the mandate and function of the Zimbabwe Human Rights Commission.
- ii. To monitor and inspect public health institutions in order to assess the enjoyment of the right to health care.
- iii. To produce a Report with recommendations on areas for improvement to the Minister of Health and Child Care and other relevant stakeholders.

3. Methodology

The ZHRC gathered information by way of in-depth interviews, focus group discussions and observations. ZHRC made use of its internal health institutions monitoring tool which has a set of questions for both patients and medical practitioners. Observations were also conducted in the data collection exercise.

4. Legal Framework

The ZHRC incorporated national, regional and international legal instruments which guide the treatment of patients as well as staff in order to ensure observance,

protection, promotion and respect of human rights. The following legal instruments guided the monitoring and inspection visits through informing the discussions and observations.

- i. Constitution of Zimbabwe, 2013.
- ii. National Health Strategy (2021-2025).
- iii. African Charter on Human and Peoples' Rights (1986).
- iv. United Nations International Covenant on Economic, Social and Cultural Rights (1976).
- v. United Nations Convention on the Rights of Child (1990).
- vi. United Nations Convention on the Rights of Persons with Disabilities (2006).

5. Findings and Observations

5.1. Background

Nyanga District Hospital started as a clinic and was later developed and established as a district hospital in 1992. The hospital is currently overseeing twenty-nine (29) health facilities in the district inclusive of four (4) Mission hospitals. It has a carrying capacity of one hundred and forty (140) beds. The District Medical Officer (DMO) is in charge of the hospital management and overseeing all the processes and activities implemented in the district.

5.2. State of Infrastructure

The ZHRC observed that Nyanga District Hospital infrastructure in general is well maintained except the shelter for waiting mothers, staff accommodation, the mortuary and the isolation centre for tuberculosis patients. Some medical assets such as stretcher beds are no longer functional and other crucial assets such as wheelchairs are outdated and malfunctioning. Nyanga District Hospital has departments that offer preventative, promotion, curative and rehabilitative health services to the general populace using the resources allocated to it for service provision in the district. Some of the departments and wards include Family and Child Health (FCH), Out-Patients Department (OPD), Opportunistic Infections (OI), Post Natal, X-Ray, Laboratory, Theatre, Dental, Pharmacy, Female and Male wards.

In terms of financing the hospital expenditures, the ZHRC was notified that the institution receives financial support from the Ministry of Finance, Economic Development and Investment Promotion. However, it was noted that in most cases disbursement of funds was processed late and it posed a huge impediment on provision of adequate and effective health services. However, some of the financial revenues are acquired through user fees pegged at \$6 from the ages of 6 to 64 years with exception of maternal health care. This user fee is only for consultation, further medical attention may in some cases incur additional costs especially for X-Ray and Theatre; payable in any gazetted payment method. On the other hand, the ZHRC was advised that the billing system is still manual and that electronic machines are a necessity so as to align with current public finance management systems for easy accountability and transparency.



Figure 1 ZHRC engagement meeting at Nyanga Hospital with heads of different departments

5.3. Bedding, Hygiene and Ablution Facilities

During the monitoring and inspection visit at Nyanga District Hospital, it was observed that there is inadequate bed linen for the patients. From the interviews conducted with the Nurses in Charge of different wards, it was noted that most patients preferred bringing their own linen in consideration of the cold temperatures in Nyanga. The ZHRC was informed that linen laundry is done on a weekly basis with disinfectants.

5.4. Right to food and water

- 5.4.1. The ZHRC learnt that patients are provided three meals a day although they do not have variety of food. In the morning they are served plain tea without bread; in the afternoon and evenings they are served sadza with cabbage and or beans and sometimes with beef. Staff members also eat the same food that the patients take. The ZHRC was notified that there is no special diet for those who need it and that the food being provided did not meet the appropriate nutritional level due to unavailability of adequate funds. Patients who have visitors are allowed to bring the prescribed food in order to facilitate their quick recovery.
- 5.4.2. On the other hand, major concerns are related to water shortages in most wards which include the female, male, Out Patients Department and shelter for waiting mothers. In consideration of the complexity of personal health situation, a hospital should have resources such as water and food readily available in order to minimise the stresses and traumas one may be experiencing. At the time of the visit, the ZHRC noted that there was no water in most wards except the Administration department and the Family and Child Care department which are the main departments that always have supply of water from the boreholes. When there is no water supply from the City Council, the hospital relies on borehole backup although it is not sufficient.

5.5. Right to Access the Outside World and Communication

ZHRC appreciates that everyone has the right to maintain their own relationships regardless of the placement and admission in a hospital setting. From the observations conducted during the mission, patients had time to interact with their visitors. There is a scheduled time to interact with visitors in order to maintain order and not interfering with medical attention period. Visiting time is from 13:00 hrs to 14:00hrs and 17:00hrs to 18:00hrs. Visitors are also allowed to bring some special and desired food stuff for their relatives in hospitals as per the doctor's advice in order to ensure quick recovery of patients.

5.6. Right to health care services

Section 29 of the Constitution provides that the State must take all practical measures to ensure the provision of basic, accessible and adequate health

services throughout Zimbabwe. ZHRC noted that patients are partially enjoying the right to access health care services at the district hospital, considering that there is inadequate medication; to the extent that patients had to buy their own medication. From the Health policy, it has been noted that infants from 0 to 5 years, maternal health care and elderly persons from the age 65 years, receive free medical attention. This prioritisation is due to consideration of the fact that those who receive free medical attention are the most vulnerable population who may also require prompt medical attention hence this prioritisation. The Government of Zimbabwe formulated public assistance of the most vulnerable populations who live in absolute poverty and in most cases to those who are labour constrained to receive medical attention through Assisted Medical Treatment Order (AMTO).

However, the major concern is now on the effectiveness of the implementation of this public assistance programme and health policy instrument. Medication and health services that should be provided for free to infants, the elderly and maternal health service users is noted not to be 'free' due to shortage of medication at the hospital. Resultantly, this negatively affects public confidence on public health services and willingness to use the services being offered in public health institutions, hence resorting to private health institutions if financial resources permit.

5.7. Machinery and Medical Equipment and Clothing

During an engagement meeting with the staff at Nyanga District Hospital, the ZHRC was advised that there is inadequate machinery in terms of haematology analysers, molecular diagnostic instruments, ventilators, patient monitors, chemical reagents, anaesthesia, surgical lights, electrosurgical units, surgical tables and sundries. To worsen the situation, they do not have defibrillators, infusion pumps, hospital stretchers, wheelchairs, phototherapy and laparoscopic machines. It is a necessity that medical equipment in public health institutions be advanced to suit the current medical issues in the society.

On another note, the ZHRC noted that it is essential that public health institutions adhere to disposal of assets policies, considering that malfunctioning machines may accidentally cause further harm to patients at the hospital.



Figure 2 Shows the hospital's non-functional stretcher beds, wheelchairs and beds

5.8. Public Relations Assessments

In efforts to assess the hospital's effectiveness in service delivery, the institution's Public Relations Office (PRO) frequently conducts assessments of the patients-medical practitioners' relations. In most cases, this is done through the use of questionnaires and surveys. These surveys are usually conducted with patients or service users to assess the conduct of the staff including nurses, doctors, general hands, cooks, nurse aides among others. The PRO assesses availability and the quality of essentials such as bedding, diagnostic kits and services, food and medicine at the hospital. This initiative is crucial in public service delivery as a means to assess the effectiveness of service delivery.

5.9. Health Education

The ZHRC was advised that the Institution frequently conducts educational sessions with patients and staff members. Within the Opportunistic Infection Department, patients are educated about opportunistic infections, ways to prevent and get treated when infected. Within the maternity ward, patients and the immediate family is also taught about pre-natal and post-natal care. Staff members are also frequently trained on emerging health issues. However, during the meeting with medical practitioners it was noted that there are no professionals

trained to communicate with patients with hearing and speech impairment, thereby posing a challenge in rendering assistance to such patients at the institution if they do not bring an interpreter. From analysis, this is contrary to the provisions and implementation of the precepts stated in the Convention on the Rights of Persons with Disabilities and the National Disability Policy of 2021 which calls on states to guarantee holistic and inclusive health service delivery to persons with disabilities.

5.10. Staff Welfare Issues

During an engagement meeting with staff members, the ZHRC was informed that the main concern is that staff accommodation is being paid in United States Dollars and deductions made directly from the salary by the Ministry of National Housing and Social Amenities. The initial agreement was that staff members could pay the rentals in local currency whereas the deductions are now in USD without their consent. The cost of staff accommodation is noted to be ranging from \$80 to \$120. This leads to demoralisation of the health practitioners at Nyanga District Hospital, considering that the staff accommodation they are living in, is below modern standards and requires renovation. This has the effect of demotivation at the workplace, which eventually has consequences in terms of service delivery at the institution and personal wellbeing. During an exit meeting with the Provincial Medical Officer, the ZHRC was advised that it was the National Housing Policy that was being implemented.

6. CONCLUSION

From the foregoing report, the ZHRC noted that Nyanga District Hospital management is striving to ensure the enjoyment of human rights for patients within the limits of available resources. However, late disbursement of funds is noted to be a major challenge affecting service delivery at the hospital, which leads to inadequate supply of medication from the national supplier. Staff accommodation is noted to be posing a stressful working condition to health practitioners considering those residing in staff houses under National Housing were facing unconsented salary deductions as mode of payment for the rentals.

7. RECOMMENDATIONS

Minister of Health and Child Care

- 7.1. To frequently follow up on medical supplies from the National Pharmaceutical Company.
- 7.2. To ensure supply and servicing of medical equipment for effective service delivery.
- 7.3. To employ institutional ancillary who can repair minor malfunctioning machines and screening the outdated ones for disposal.
- 7.4. To review procurement and disposal of assets laws and policies in order to address the issues of disposing dilapidated assets.
- 7.5. To monitor and assess adherence to disposal of assets policies.
- 7.6. To recruit staff who can communicate with hearing and speech impaired patients.

Minister of Finance, Economic Development and Investment Promotion

- 7.7. To increase budget allocation to the Ministry of Health and Child Care as per the vision of the national strategy.
- 7.8. To ensure timeous disbursement of funds to the health sector.
- 7.9. To comply with the Abuja Declaration on allocation of 15 % funds (National revenue) to the Health sector.

National Pharmaceutical Company

- 7.10. To ensure timeous disbursement of medicines to hospitals.

Ministry of Local Government, Public Works and National Housing

- 7.11. To accept staff accommodation payment in local currency as a means to increase the purchasing power of health professionals.

Adopted by the Commission

Signed by

MS F. J. MAJOME (CHAIRPERSON)

DATE