Our ref: ZHRC/23/2/1

Commission Meeting on Monitoring and Inspections

Date:10 July 2025

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

Report: Monitoring and Inspection Report: St Lukes Mission Hospital, Lupane District, Matabeleland North Province.

Date of visit: 12 May 2025

Human Rights Concerns:

- Right to healthcare- section 76
- Rights of elderly persons - section 82
- Labour rights - section 65
- Right to food and water - section 77

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1. INTRODUCTION

On the 14th of May 2025, the Zimbabwe Human Rights Commission (herein referred to as the ZHRC/ Commission) conducted a monitoring and inspection visit to St Luke's Mission Hospital located in Lupane District of Matabeleland North Province. The purpose of this visit was to assess the human rights situation at the healthcare facility and to produce a report that includes recommendations on areas of improvement. This mission was undertaken in accordance with Section 243(1)(c) and 243(1)(k) of the Constitution of Zimbabwe, which assigns the Commission to monitor and assess the enjoyment of human rights and freedoms, as well as to visit and inspect prisons, places of detention, refugee camps, and related facilities. Furthermore, the visit was aimed at educating healthcare personnel on the role and mandate of the Zimbabwe Human Rights Commission.

2. Objectives

The following were the objectives of the monitoring mission;

i. To assess the human rights situation in healthcare facilities.
ii. To sensitise healthcare personnel on the role and mandate of the Zimbabwe Human Rights Commission.
iii. To produce a report with recommendations on areas of improvement.

3. Methodology

The ZHRC gathered information through key informant interviews with the Medical Superintendent, Heads of Departments and patients. Observations were used in assessing the facilities, including wards and the general infrastructure. The ZHRC was guided by its internal healthcare monitoring tool.

4. Legal Framework

The following international, national and regional legal instruments were used to guide the monitoring and inspection visit to the healthcare institution:

i. Constitution of Zimbabwe, 2013
ii. Public Health Act [Chapter 15:17]
iii. United Nations International Covenant on Economic, Social and Cultural Rights, (ICESCR),1966
iv. African Charter on Human and Peoples' Rights, 1986

5. BACKGROUND OF ST LUKES MISSION HOSPITAL

5.1. St. Luke's Hospital is a Roman Catholic mission hospital located in Lupane. The healthcare facility functions as the primary referral institution for a population of approximately seven hundred thousand (700,000) individuals across the province[1]. The hospital's responsibilities extend to providing comprehensive medical care and acting as a pivotal referral point, notwithstanding the ongoing construction of a new public provincial hospital in Lupane.

5.2. This facility operates as a hybrid institution, incorporating staff recruited by both the church and the government. St. Luke's Hospital is equipped with male, female, paediatric, and maternity wards, and in addition, a mother's shelter for expectant mothers from the entire province. With a bed capacity of 250, the hospital also has an outpatient department, manned by registered general nurses and doctors who are readily available to provide care as necessary.

5.3. The hospital offers a wide range of services such as outpatient and inpatient care; maternity, rehabilitation and surgical services; laboratory tests, radiology and dispensing medication.

6. FINDINGS AND OBSERVATIONS
STATE OF INFRASTRUCTURE

6.1. The Kitchen

The ZHRC noted that the healthcare facility lacks a dedicated, electricity-powered kitchen for meal preparation. As a result, the hospital utilises a makeshift kitchen that does not provide adequate protection from adverse weather conditions for the staff. Initially, the hospital used a midwifery school kitchen, which served the entire facility. However, due to administrative challenges, this arrangement was altered, leading to the current reliance on a makeshift kitchen.

6.2. The Mortuary

The hospital has a mortuary with a capacity to accommodate nine (9) bodies. However, the Medical Superintendent informed the Commission that the mortuary has not been operating effectively for over one year. This issue is attributed to a

[1] https://www.google.com/search?client=opera&q=BACKGROUND+OF+ST+LUKES+HOSPITAL+IN+LUPANE&sourceid=opera&ie=UTF-8&oe=UTF-8

malfunctioning refrigeration system. There is need for comprehensive refurbishment of the mortuary facility.

6.3. **Mother's shelter**

6.3.1. The ZHRC was informed that the Ubuntu Trust, in collaboration with the Government of Zimbabwe, is in the process of constructing a new facility to accommodate expecting mothers. The building has been roofed and the construction team was flooring. The construction of a new mother's shelter was prompted by concerns related to crowding and the increasing number of expecting mothers requiring accommodation across the province.

Figure 1 Shows the new mother's shelter under construction at the Hospital

6.3.2. The existing mothers' shelter in use has a capacity of seventy (70) individuals; however, the occupancy currently is one hundred and twenty-three (123). This has resulted in significant strain on the facilities, including only one functioning bathroom, which frequently blocks due to heavy usage. The toilet facilities similarly are affected, posing a substantial hygiene risk. As mentioned earlier, the shelter has a holding capacity of seventy (70), other expectant mothers sleep on worn-out mattresses.

6.3.3. In response to the crowding crisis, an additional space previously utilised as a storeroom was repurposed into a dormitory for expecting mothers. Since the rooms were not intended to be used as dormitories, they lack adequate lighting and security locks, creating concerns regarding the safety of the women residing there. The shelter also lacks a designated kitchen; instead, meals are prepared in a makeshift kitchen that relies on firewood as an energy source. Expecting mothers gather firewood approximately two (2) kilometres away from

the hospital, a distance that poses additional challenges for their circumstances.

6.4. **Wards**

6.4.1. In the female ward renovations are being conducted by Sight Savers (an NGO) -to repair toilets in order to accommodate persons with disabilities. This initiative is commendable and supports the fulfilment of section 56 of the Constitution which states the importance of equality and non-discrimination. The ZHRC observed that several windows in the female ward are not closing properly, and others are broken.

6.4.2. In the male ward, concerns were raised regarding the lack of a designated area for psychiatric patients, leading to their mixing with non-psychiatric patients. This situation presents potential risks, as psychiatric patients can exhibit violent behaviour. There is therefore need for the hospital to take proactive measures to establish a separate ward for psychiatric patients.

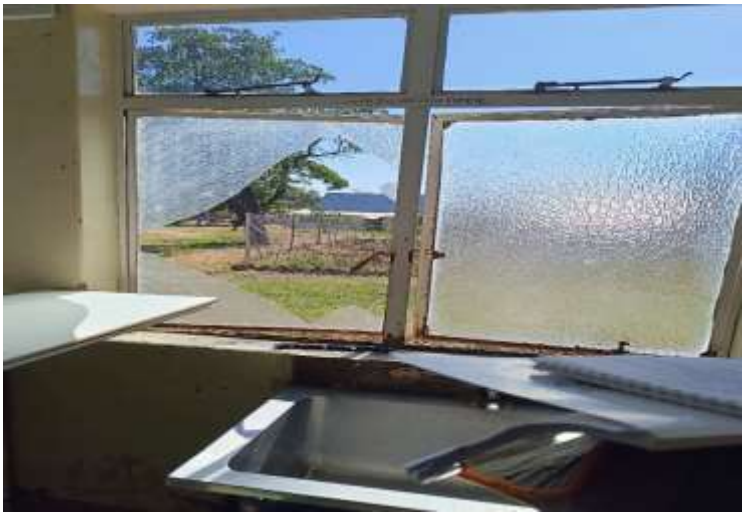


Figure 2 Showing broken windows in the female ward

6.5. **Access to Medication**

6.5.1. The pharmacy is staffed with a pharmacy technician and dispensary assistants. The pharmacy responsibilities include the procurement, storage, and dispensing of medications. Furthermore, the department is tasked with educating patients on the correct administration of prescribed medications, as well as informing them about potential side effects.

6.5.2. Medication is primarily supplied by NATPHARM. However, the availability of these medications varies based on what is provided by the supplier. To enhance its inventory, the hospital also purchases additional medications using revenue generated from patient consultation fees. This approach allows the pharmacy to offer more medication to patients at nominal fees. Despite these measures, some patients reported not being able to afford medication.

6.5.3. The Commission was informed that in circumstances where patients urgently require medication (in stock at the hospital) but lack the financial means, individuals are referred to the hospital administrator. The administrator has the discretion to authorise the provision of medication under a payment plan, allowing patients to settle their accounts when financially able. Additionally, vulnerable groups are provided with medicine free of charge to ensure their immediate health needs are addressed.

6.5.4. The department indicated that there Is an adequate supply of antiretroviral medications (ARVs), with an estimated stock sufficient for approximately two months. However, notable shortages were identified in several essential medications, including Pre-Exposure Prophylaxis (PrEP), glibenclamide for diabetes management, 5% dextrose, normal saline, and losartan for hypertension. Although enalapril and nifedipine are available, their quantities are limited.

6.5.5. On the other hand, the availability of analgesics and antibiotics, such as amoxicillin and azithromycin, along with medications typically used post-caesarean section, is in short supply. There is also a shortage of antipsychotic medications, specifically fluphenazine decanoate (FD) and chlorpromazine (CPZ), which are crucial for managing violent patients in acute distress.

6.5.6. The Commission observed that the pharmacy facility is relatively small. Upon further inquiry, it was clarified that there is an extension of the pharmacy located within the main hospital, primarily designated for the storage of surgical supplies. The pharmacy is equipped with secure cabinets for the safe storage of controlled and potentially addictive medications. It is also equipped with two functioning refrigerators ensuring appropriate storage conditions for medication requiring low temperatures.

6.6. RIGHT TO FOOD AND WATER

6.6.1. In fulfilment of Section 77 of the Constitution, the ZHRC was informed that patients are provided with three meals daily, consisting of breakfast, lunch, and supper. For breakfast, patients receive porridge with peanut butter, while for lunch and supper they are given *isitshwala (*white maize meal*)* or rice with vegetables, soya chunks, beans, or meat. The supply of meat is inconsistent following the withdrawal of a donor that previously provided meat supplies. However, since the hospital is situated on agricultural land, the institution has cattle, which it occasionally slaughters for patient meals, including during the week of the ZHRC's visit. Food provisions are adequate, with cooking oil available to sustain the hospital for a month.

6.6.2. Additionally, it was emphasised that the hospital is mandated by standard operating procedures to offer specific diets for patients with certain medical conditions, such as diabetes mellitus. Unfortunately, due to resource limitations, the hospital is unable to fulfil these dietary requirements. This challenge extended to the preparation of therapeutic feeds, which are difficult to produce due to a lack of necessary equipment, such as refrigerators and digital scales.

6.6.3. The kitchen uses fire as its primary energy source, with firewood supply attained from the Forestry Commission. The kitchen staff reported a shortage of belly pots with a need for five additional pots of the following sizes: 20 litres, 10 litres, and 5 litres. Additionally, the department specified the requirement for three (3) size 20 three-legged pots to facilitate the preparation of various dishes at different time intervals.

6.6.4. Various departments have running water, sourced from solar-powered boreholes. However, challenges arise during power outages, as not all departments, for example, the laundry department, are connected to solar power. Furthermore, during the winter and rainy seasons, the solar systems do not fully charge, which affects both power and water availability. In such cases, the hospital utilises a generator to power the boreholes.

6.7. **Finance and Billing**

6.7.1. The hospital receives funding from the Government of Zimbabwe. However, due to delays in disbursement, the hospital utilises patient fees as supplementary support for its operational activities. Although not consistently,

the hospital also receives assistance with food procurement from donor partners. Last year, it acquired an ambulance through donations from its supporters.

6.7.2. The healthcare institution accepts various payment methods, including cash transactions (in both local currency, Zimbabwe Gold, and in United States Dollars and South African Rand), as well as Ecocash and point-of-sale transactions in both local and foreign currencies. During the visit, the ZHRC learnt that adult consultations (for individuals under 65 years of age) incur a fee of USD6. However, medical services are provided at no cost to vulnerable groups, including children under five, the elderly above sixty-five (65) and maternity patients.

6.7.3. ZHRC was advised that patients are not turned away for non-payment of consultation and hospital fees. In emergencies situation, the institution prioritises patient care and saving lives before addressing payment matters. This exhibits the hospital's commitment to providing care regardless of the patient's ability to pay, as set out in terms of section 33 (1) of the Public Health Act[2]. During the visit, the ZHRC learnt that discharged patients who are unable to settle their hospital expenses are required to make payment plans for repaying the incurred debt. This approach complies with the provisions outlined in Section 33 (3) of the Public Health Act[3].

MACHINERY AND EQUIPMENT

6.8. Laboratory

6.8.1. During the visit, the ZHRC was notified that the department received two partner-supported molecular diagnostic instruments from the University of Zimbabwe College of Health Sciences Clinical Trials Research Centre (UZCTRC), and the Biomedical Research and Training Institute (BRTI). Additionally, the hospital was provided with a chemistry analyser intended for Urea and Electrolytes tests, as well as liver function tests. However, the analyser lacks an interface computer, making it rather impossible to operate.

[2] No health practitioner, health practitioner in charge of a health institution, health worker or health establishment shall refuse a person emergency medical treatment

[3] Where a person receives treatment pursuant to subsection (1) such health institution must take necessary measures to ensure the patient settles their bill.

6.8.2. The Commission was informed that chemical reagents and specimen tubes are available and in adequate supply, except for the purple top EDTA tubes. However, the haematology analyser had reportedly not been operational for two weeks and requires servicing. Furthermore, there is a need for air conditioners in the laboratory to maintain the optimal temperatures needed for analysers and reagents to operate effectively.

6.9. **Radiography**

The department has a staff compliment of three (3), including an X-ray technician, a nurse aide, and a general assistant. The ZHRC was informed that the healthcare facility received an X-ray machine from the Government, making it two (2) functional X-ray machines. Additionally, the ultrasound scanning equipment is also fully operational.

6.10. **Laundry**

The Commission was notified that the laundry department has only one dryer and one washing machine which are operational, while the other unit has been out of service for over eight months. This situation significantly hinders the ability of the laundry to maintain efficiency, particularly as St. Luke's serves as a referral hospital for the province. Additionally, the department has been without a functional presser for three months, resulting in the use of a small household iron for ironing needs. The department is also not connected to solar power and during power outages, the laundry is manually done, proving to be overwhelming for a team of only four (4) members.

6.11. **Rehabilitation Department**

6.11.1. The Commission observed that the department has a fully equipped consultation room to ensure patient privacy. This is in compliance with section 57 of the Constitution of Zimbabwe that accentuates the aspect of having privacy on issues pertaining to health conditions of patients. The department has functional machinery, including two Plaster of Paris (POP) cutters (one manual and one electric) used for cutting and removing plaster as well as trimming or shaping casts.

6.11.2. In the rehabilitation department, the ZHRC learnt that there is a functional interferential therapy machine (IFT) and a transcutaneous Electrical Nerve Stimulation (TENS) machine utilised for chronic pain management and muscle pain relief, among other applications. However, the representative from the department indicated that they are facing challenges with the TENS machine due to it lacking operational batteries, necessitating the use of the IFT machine as a substitute. Furthermore, the audiometer is out of service, requiring calibration. There is also a shortage of multi-gym equipment, such as treadmills, leading the department to rely on improvised tools in lieu of appropriate gym apparatus.

6.12. **Other Equipment and Sundries**

6.12.1. The healthcare facility reported that it has oxygen concentrators and monitors available; however, the male ward is equipped with only one monitor. In the maternity ward, there are four (4) monitors, but one (1) is non-functional. Given the high volume of patients requiring simultaneous attention, there is an urgent need for the replacement of the faulty monitor and the acquisition of one additional monitor for each ward. In the maternity department, there is one incubator and one (1) phototherapy light, which is inadequate for the entire facility.

6.12.2. Furthermore, the maternity department reported that it has two operational ultrasound machines for obstetric purposes; however, there is no expertise available to operate the scans. The Family Child Health (FCH) department identified a need for Dopplers[4], noting that the two (2) existing units are inadequate for the services provided. The department is responsible for antenatal care, as well as conducting daily check-ups for expectant mothers residing in the mothers' shelter. Due to the insufficiency of the two Dopplers, the ZHRC was informed that staff use fetoscopes[5], which are time-consuming given the number of patients attended to daily. The department expressed a need for ten (10) additional Dopplers to enhance their service delivery.

[4] Used to monitor fetal well-being

[5] Used in prenatal care to listen to a baby's heartbeat in the womb

6.12.3. The FCH department has two blood pressure (BP) machines, and requires an additional five (5) to accommodate daily assessments for residents of the mothers' shelter. Additionally, the FCH department requires four cot beds, as there is only one, which is old.

6.12.4. There are ongoing concerns regarding the inconsistent supply of sundries, including, but not limited to, 50 ml syringes for administering naso-gastric feeds, fluid giving sets, needles, and cotton wool. In instances where these items are unavailable, patients are requested to purchase them, which poses challenges for the marginalised. Moreover, the male ward is in need of a Brown splint, used for elevating the legs during patient dressing.

6.12.5. The supply of blankets, linens, and mattress covers for patients is insufficient, prompting patients to bring their blankets from home. This practice raises concerns regarding the potential risk of cross-infection.

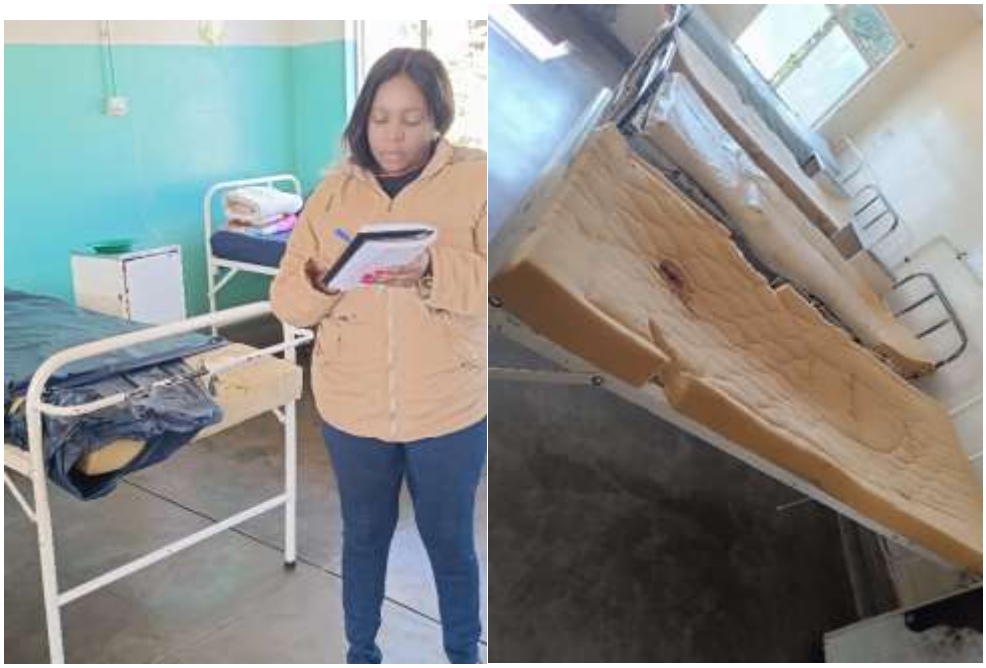


Figure 3 showing torn mattresses at the hospital

6.12.6. There is a critical shortage of trolleys designated for procedural tasks, and food distribution. The trolleys available are in sub-optimal condition, prompting staff in some wards to resort to improvised methods for damp dusting. Moreover, the absence of linen carriers necessitates the use of wheelchairs for this function. A further area of concern is the inadequacy of drip stands and wheelchairs across all wards.

6.12.7. The ZHRC noted that the screens in the maternity department do not provide privacy, as patients in adjacent beds can see through them. In other wards where screens are unavailable, healthcare personnel improvise using linens and metal structures to maintain patient privacy.

6.12.8. Furthermore, there is a need for benches for patients awaiting services particularly in the Family and Child Health (FCH) department. During peak patient volumes, some individuals reportedly sit on the floor.

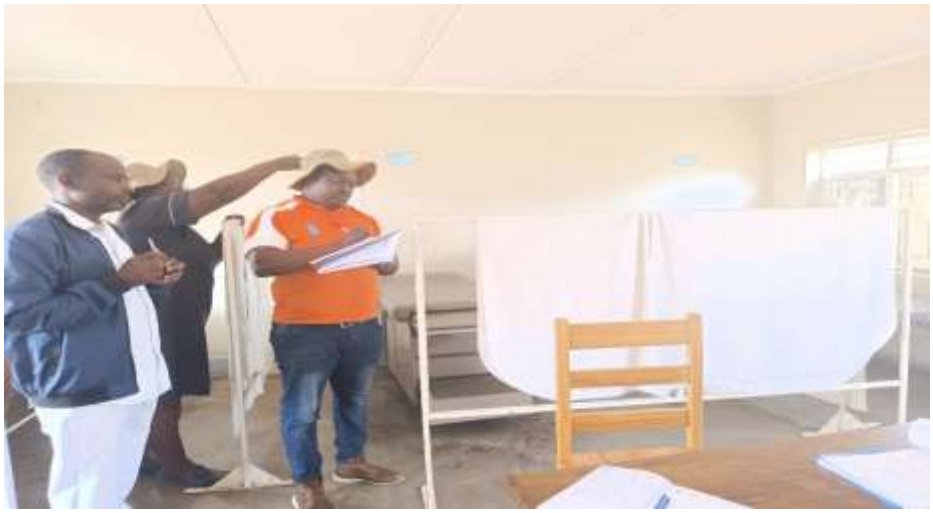


Figure 4 Showing screen made of linen and metal structures

6.13. **Staff Welfare**

6.13.1. The hospital faces significant challenges related to accommodation for staff members. Staff quarters are insufficient, leading to shared accommodation not conducive for those wishing to live with their families. There are also concerns regarding the availability of essential tools of trade, such as computers, particularly in key departments such as the laboratory, rehabilitation, radiology, and pharmacy.

6.13.2. Healthcare personnel indicated that financial constraints are a pressing issue. Addressing financial concerns for healthcare workers can improve morale and retention, assisting to mitigate the staffing deficit currently experienced across various departments and wards due to brain drain. This situation has led to an overwhelming workload for the remaining staff, often hindering their ability to take necessary time off. Resource limitations, including shortages of sundries, machinery, and equipment, further compromise the effective functioning of the hospital.

7. Other Human Rights Issues

7.1. Access to birth records

7.1.1. The Commission was informed that mothers who give birth are issued birth confirmation records. The provision of maternity services is free and mothers receive these records upon discharge. These documents are essential for obtaining birth certificates for their children.

7.1.2. However, several challenges are noted in this process. It was reported that some mothers arrive at the hospital without their national identity (ID) cards, which complicates the accurate recording of their details as they appear on the ID. Consequently, mothers are unable to return to collect birth records for their children due to financial and logistical constraints, particularly those traveling from remote areas. Furthermore, there are instances where mothers misplace their children's birth records. When they seek replacements, they cannot afford to pay the retrieval fee of USD5.

8. Conclusion

The ZHRC observed that the hospital is well-maintained. However, there is need to expedite the refurbishment of toilet facilities to ensure that the facilities are disability friendly. Similarly, there are infrastructural improvements that should be addressed, particularly the repairs of broken windows. Refurbishments are necessary in specific departments, such as the mortuary, which require a complete reinstallation of the refrigeration system. Additionally, there is a shortage of medication and the ZHRC urges relevant authorities to intervene in the procurement of medication, sundries, machinery and various equipment crucial in a hospital to ensure the progressive realisation of the right to healthcare.

9. Recommendations

Parliament Of Zimbabwe

9.1. To allocate a budgetary increase for the Ministry of Health and Child Care to improve the procurement of medicines, equipment and refurbishment of the hospital.

Minister of Finance, Economic Development and Investment Promotion

9.2. To allocate more financial resources to the Ministry of Health and Child Care so as to improve the availability of medicines, medical equipment such as beds,

mattresses, refurbishment of the hospital's mortuary and staff quarters, acquisition of machinery and sundries.

9.3. To ensure timely release of allocated funds.

Minister of Health and Child Care

9.4. To recruit and retain more healthcare professionals, such as nurses to prevent staff shortages.

9.5. To procure cots, mattresses, sundries, machinery, medical equipment and the construction of staff quarters.

9.6. To prioritise the refurbishment of the mortuary and the reinstallation of the refrigeration system.

9.7. To progressively construct a psychiatric ward within the hospital.

St Luke's Hospital

9.8. To procure a new washing machine and presser to prevent a shortage of blankets and linen in wards.

9.9. To expedite the finalisation of the construction of the new mothers' shelter.

9.10. To repair the broken windows in the female ward.

9.11. To put up cubicles or privacy screens that ensure adequate discretion for all patients receiving care.

Health Service Commission

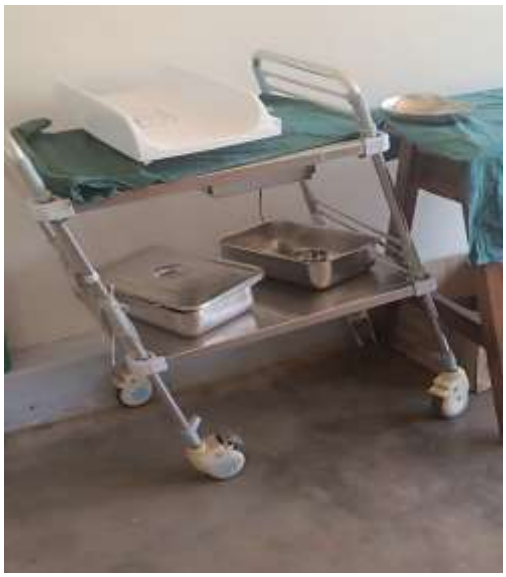
9.12. To review the salaries and conditions of service for healthcare personnel.

Civil Registry Department

9.13. To intensify awareness programmes on the requirements needed for mothers to attain birth confirmation records.

Monitoring mission in pictures.

Figure 5- Provincial Coordinator with the matron and sister in charge in the maternity ward: Figure 6- showing the only cot in the FCH department.



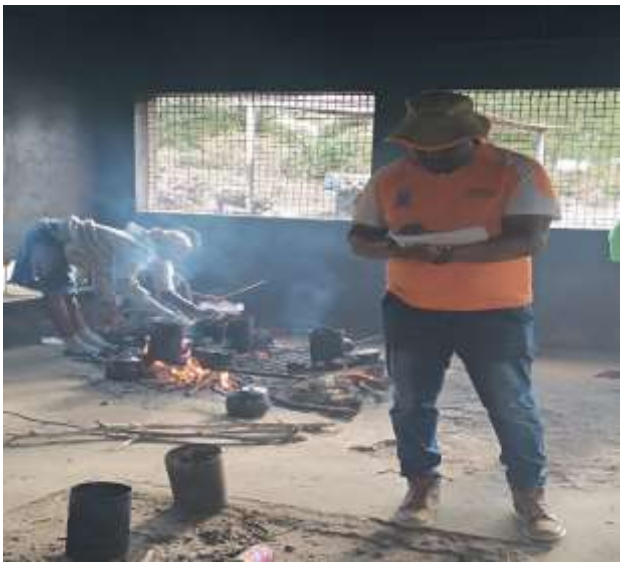


Figure 7 showing a broken food trolley used in the wards: Figure 8 showing the makeshift kitchen used in the mothers' shelter

Adopted by the Commission

SIGNED BY

_____ _____

MS F. J. MAJOME (CHAIRPERSON) **DATE**