Our ref: ZHRC/23/2/1

Commission Meeting on Monitoring and Inspections

Date:10 July 2025

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

Monitoring and Inspection Report: Tsholotsho District Hospital, Matabeleland North Province.

Date of visit: 12 May 2025

Human Rights Concerns:

- Right to healthcare- Section 76
- Rights to food and water Section 77
- Labour rights Section 65
- Rights of elderly persons Section 82
- Right to equality and non-discrimination Section 56

Table of Contents

1. INTRODUCTION

The Zimbabwe Human Rights Commission (ZHRC/Commission) conducted a monitoring and inspection visit to Tsholotsho District Hospital, in Matabeleland North Province on the 12th of May 2025. The monitoring assessment mission was conducted as part of the Commission's mandate in terms of sections 243(1)(c), as read with section 243(1)(k) of the Constitution of Zimbabwe. The visit was aimed at assessing the general human rights situation at the healthcare facility, sensitize healthcare personnel on the work and mandate of the Commission, as well as identifying some of the major issues and concerns that affect the efficient and proper functioning of the institution. To this end, the following narrative serves as a detailed report on the monitoring assessment's findings, observations and the recommendations thereof.

2. OBJECTIVES

The following were the objectives of the monitoring mission;

i. To assess the human rights situation at the hospital.
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 District Medical Officer, Heads of Departments and Patients. Observations were used in assessing the facilities at the hospital including infrastructure, equipment and the general welfare of patients and staff members. The ZHRC was also guided by its internal healthcare monitoring tool in conducting the assessment.

4. LEGAL FRAMEWORK

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

i. Constitution of Zimbabwe, Amendment (No. 20), 2013
ii. Public Health Act [Chapter 15:17]
iii. African Charter on Human and Peoples' Rights, 1986
iv. United Nations International Covenant on Economic, Social and Cultural Rights, (ICESCR),1966

5. BACKGROUND OF TSHOLOTSHO DISTRICT HOSPITAL

5.1. Tsholotsho District Hospital was established in the 1960s, initially functioning as a clinic before undergoing expansion in the post-independence era. The hospital is wholly government-controlled and mainly dependent on financial disbursements from the Government. The hospital's mission is to develop robust healthcare systems by ensuring the establishment of strong health institution in an integrated manner. In addition to providing basic health care services, the institution also has a nursing training school.

5.2. The hospital is led by the District Medical Officer (DMO), who also serves as the accounting officer. Departmental oversight is provided by Department Heads, who collectively constitute the hospital's management team. The hospital has a variety of departments, including administration (responsible for the day-to-day running of the hospital), laboratory services, pharmacy, surgical theatre, kitchen, mortuary, laundry, and dental services, among others. It consists of four (4) wards: the female ward, male ward, paediatric ward, and maternity ward, with a total bed capacity of one hundred and twenty (120). The hospital has a mother's shelter designed for expecting mothers, accommodating approximately one hundred (100) individuals. Tsholotsho District Hospital also oversees approximately twenty-two (22) clinics within the Tsholotsho District.

OBSERVATIONS AND FINDINGS

6. STATE OF INFRASTRUCTURE

6.1. The Commission inspected the hospital's main infrastructure such as the wards, pharmacy, laboratory, theatre and mortuary. The general observation is that the hospital is clean and well maintained especially in terms of the walls, floors and grounds. The institution has established a new pharmacy structure, with increased space. It is also equipped with sufficient refrigerators for keeping medicines at optimal temperatures.

6.2. However, the Commission noted that some windows in the female ward need replacement. There are visible cracks on the walls in the female wards. In the laundry and kitchen areas, certain sections of the ceiling are detached and

require repairing. The ceiling poses a significant risk of further collapse, potentially endangering patients and staff.

Figure 1 Picture showing detached ceiling

6.3. In terms of power supply, the hospital uses electricity whenever it is available. A solar system is available for use as back-up power. However, the main challenge noted is the shortage of a steady supply of running water.

7. RIGHT TO SAFE AND POTABLE WATER

7.1. The ZHRC was informed that there is one solar-powered borehole. Various departments however, expressed concern about the lack of running water. It was submitted that reliance on the solar powered borehole water supply resulted from the absence of direct access to water from the Zimbabwe National Water Authority (ZINWA) supply. This is attributed to the need to refurbish the water reticulation system within the hospital. The system is old and some pipes have blockages resulting in drainage problems for both bathrooms and sinks in the wards as well as in the staff quarters.

7.2. The Commission noted that the hospital has only two 5000 litre water storage tanks: one located at the nursing school and the other adjacent to the mortuary. As a result, water is carried in buckets to different departments and wards, from these two points. This situation raises concerns for various departments that require a continuous supply of running water, such as the maternity wing.

7.3. Healthcare personnel reported that in areas where water is supplied from the taps, the water pressure is low. At the time of the visit, the hospital had been allocated funds amounting to USD 100,000 from government's disbursements

to address the water problem; however, this sum is inadequate, prompting the hospital to adopt a phased approach to implementing the necessary repairs.

7.4. To address this challenge, the hospital requires two additional solar-powered boreholes and five (5) additional 5000L water storage tanks. The inconsistency in water availability violates section 77 of the Constitution as well as article 24 of the African Charter on Human and Peoples' Rights (ACHPR) that provides for the importance of a clean and healthy environment, along with the provision of potable water to maintain such standards.

8. SANITATION

8.1. The male ward has three (3) functional toilets: one designated for staff, one for patients diagnosed with tuberculosis, and another for the rest of the patients. The female ward has challenges associated with toilet blockages in that out of the six toilets available, only one is operational. This situation poses a concern, particularly for patients with opportunistic infections, such as tuberculosis (TB), who must avoid proximity to other patients due to the highly contagious nature of the disease.

8.2. Furthermore, the paediatric ward also faces a lack of toilet facilities, as none of the five bays are equipped with operational toilets. The ZHRC was informed that, as a contingency measure, children are provided urinary containers, while caregivers utilise the toilets in the mothers' shelter[1]. Healthcare staff use toilets located in their staff quarters.

9. MORTUARY

9.1. The mortuary has a capacity for carrying six (6) bodies. However, it was highlighted that in incidences when numbers exceed this capacity, although atypical, bodies are placed on the floor. Given that the mortuary serves the entire Tsholotsho district, it was highlighted that there is need for expansion. The Commission was apprised that there are no challenges with electricity outages; rather, the refrigeration system does not maintain the optimal temperature. Cleaning chemicals are available and in sufficient quantities.

[1] Dormitories where expectant mothers at risk of facing complications during childbirth were housed whilst awaiting for the expected dates of delivery.

In addition, Personal Protective Equipment (PPE) is available, however, there is a shortage of gumboots.

9.2. The Commission noted that there is need for improving the small office at the mortuary where they house PPE and other documents such as death registers. The office is insecure and lacks a locking mechanism. This raises security concerns, particularly given that the death registers are not stored securely and can be tempered with. Additionally, the office furniture is in poor condition, requiring the acquisition of two desks and chairs.

9.3. The ZHRC was also informed of a continuing requirement for staff members to consume milk as a protective measure against formaldehyde exposure, a chemical frequently utilised in mortuary practices. The mortuary attendant alleged that some of their counterparts in other hospitals receive mortuary allowances whereas those at Tsholotsho did not. The Commission noted the alleged discrimination and undertook to find out more about the matter.

Figure 2.Monitoring the mortuary at Tsholotsho Hospital

10. FINANCE AND BILLING

10.1. The ZHRC was advised that the hospital receives funding from the Government of Zimbabwe, with patient fees serving as supplementary support for its operational activities. The hospital reportedly accepts various payment methods, including cash transactions (in local currency-ZWG, United States Dollars and South African Rand), as well as Ecocash and point-of-sale transactions in both local and foreign currencies.

10.2. Adult consultations (for those under 65 years of age) are pegged at USD6. Vulnerable groups such as children under the age of five, the elderly aged over 65, HIV-related and maternal health services, are exempted from paying consultation fees.

10.3. It was also highlighted that patients are not turned away for non-payment of consultation and hospital fees. 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

11. LABORATORY

11.1. The laboratory department has a haematology analyser (XQ (320) - SYSMEX machine) for blood assessment. While this machine is operational, the department stated the need for an additional unit to efficiently manage the influx of blood samples, ensuring timely analysis without disruptions. Additionally, the laboratory technician reported that the institution is equipped with two molecular machines that assist in disease diagnostics. However, there is a requirement for a larger unit with sixteen (16) modules, as the two smaller machines available do not adequately accommodate the volume of specimens. The Commission learnt that all specimens from twenty-two (22) clinics are processed at the District Hospital, further highlighting the necessity for enhanced capacity.

11.2. Despite the commendable functionality and availability of the existing machines, the health institution lacks a functional chemistry analyser. This absence raises concerns, as a chemistry analyser is vital for measuring the

[2] No 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.

concentration of various substances in biological samples, including blood and urine, diagnosing and monitoring critical health markers such as electrolyte levels, liver function, kidney function, and markers of heart damage.

11.3. It was also highlighted that there was a non-functional air conditioner for over six months. The personnel stated the importance of monitoring temperatures to ensure the integrity of chemicals and specimens, as fluctuations could adversely affect the efficacy of reagents. In an effort to manage temperature fluctuations temporarily, the laboratory implemented the strategy of opening windows. However, this approach is not ideal within the laboratory setting due to the potential dust, which adversely could affect laboratory processes. The ZHRC also observed that the laboratory department has limited space, making it difficult to accommodate additional machines if they are to be procured.

12. LAUNDRY DEPARTMENT

12.1. During the visit, the Commission was informed that the department is operating without functional washing machines and relies on manual labour for laundry tasks. Moreover, there is a shortage of dryers and irons, which also impede the department's operations. The department requested the replacement of four (4) washing machines, as well as the acquisition of one dryer and one roller iron.

12.2. ZHRC noted that there are only four (4) personnel assigned to the washing room, who raised concern of overwhelming workload. Furthermore, there is a shortage of PPE, which includes aprons, gumboots, and specialised masks to safeguard staff from potential health risks. While the department indicated an adequate supply of detergents there is a need for other equipment such as tables and chairs within the department.

13. X-RAY AND RADIOLOGY DEPARTMENT

13.1. The radiology department has one functional ultrasound scan (USS); and a request for an additional unit. This acquisition will allow one machine to be exclusively designated for maternity services, while the second will be allocated to the other wards and departments. The electrocardiogram (ECG) machine is operational. However, there is no functional X-ray machine. In the interim, a portable TB machine is utilised for essential tests and assessments.

14. THEATRE

14.1. The Commission was informed that the theatre received a financial boost last year from the Government. Nonetheless, there is a shortage of anaesthetic agents. At the time of the visit, it was indicated that the department has a functional multi-parameter monitor designed for monitoring and recording various essential vital signs of patients. In addition, the theatre is equipped with an operational anaesthesia machine.

14.2. The department also has an infant resuscitator, oxygen concentrator and only two suction machines. It was indicated that there is need for additional suction machines. The available suction machines serve both the theatre and the wards, raising concerns of the risk of cross-infection, as equipment used within the theatre has to be confined to the department. The warmer[4] is not operational.

14.3. The theatre also has one autoclave machine for sterilising surgical packs; however, it was reported that it occasionally malfunctions. In such cases, the surgical packs are then transported to Mpilo Hospital for sterilisation. Additionally, the department indicated that it has only six caesarean section packs, which are insufficient for its needs. There is a requirement for an additional ten (10) packs. Similarly, there is a shortage of linen, specifically draping towels. The department has 30 but requires approximately 100 to meet operational standards.

15. AVAILABILITY OF OTHER ESSENTIAL EQUIPMENT

15.1. ZHRC was advised that all wards are equipped with functional oxygen machines. These were acquired during the COVID-19 pandemic. However, there is a deficit of infusion pumps, ventilators, and monitors necessary for vital sign assessment, including heart rate, blood pressure, oxygen saturation, and respiratory rate.

15.2. In the maternity ward, there is a need for a tocodynamometer for monitoring contractions and foetal movement. The institution has one phototherapy light; used on a rotation system when more babies requiring this treatment are admitted. The paediatric department articulated that three (3) additional

[4] Essential for heating fluids and linens for patients.

phototherapy lights are required to improve operational efficiency and care quality.

15.3. Furthermore, the female ward required seventeen (17) mattresses, as several bed bases lack appropriate bedding. The institution faces a shortage of waste management bins and sharps containers for the safe disposal of contaminated items such as used needles. Additionally, the maternity ward expressed a need for more beds due to overcrowding, prompting the use of floor beds. Reports indicate that the increased patient load in the maternity ward results from a policy mandating that all first-time mothers in Tsholotsho district deliver at the district hospital, rather than at local clinics.

15.4. Moreover, in the district there is an increase in teenage pregnancies, with reports of expectant mothers as young as 14 years old. Crowding was also observed in the mothers' shelter, which houses expecting mothers from the district.

16. SUNDRIES

16.1. The Institution has a shortage of essential medical supplies, including blood transfusion sets, intravenous fluid administration sets, strapping for securing cannulas, nasogastric tubes, syringes, needles, and cotton wool. Additionally, the Commission was informed of a critical lack of respiratory equipment, such as nasal prongs, which necessitate their cleaning and reuse, a practice that deviates from the recommended protocols of single-use disposal. Furthermore, the supply of bin liners is inadequate and there is a significant shortage of sanitary pads for female patients who require them during times of critical need.

17. AVAILABILITY OF DRUGS

17.1. The Commission recognises the institution's efforts in constructing a larger and more spacious pharmacy facility. The new pharmacy is equipped with ten refrigerators designed for the storage of temperature-sensitive medications, as well as a secure area with cupboards to safely store medications.

17.2. Medications for chronic conditions, such as antiretroviral drugs (ARVs), HCT, and Nifedipine, are reportedly available. However, it was noted that supplies of certain medications are low, particularly amlodipine, antihistamines, and antipsychotics, including the CPZ injection, which is critical for managing violent psychiatric patients. Additionally, there is a shortage of essential items such as

5% glucose solution for diabetic patients, cotton wool, sutures, and EDTA tubes.

Figure 3.Provincial Coordinator Mr. Muleya with the Pharmacy Technician

17.3. A significant challenge identified by the Commission was the inability of patients to purchase medication at the hospital. There is a common expectation that medication should be provided free of charge, however, the hospital's financial constraints render that unfeasible. To alleviate the challenge, the hospital procures medication using the revenue generated from consultation fees paid by patients. The medication is then sold to patients at the lowest possible prices, with no profit margins, to ensure patients do not leave the hospital without prescribed drugs. Despite these efforts, some patients still cannot afford to buy medication.

17.4. Additionally, there are instances when the hospital experiences shortages of specific medications required by some patients, necessitating that they seek options from external pharmacies. Unfortunately, most patients lack financial resources. ZHRC learnt that at times hospital personnel facilitate access to necessary medications for these patients using their own funds, out of compassion.

18. RIGHT TO FOOD

18.1. The ZHRC was advised that patients are provided with three meals daily, comprising breakfast, lunch, and supper. Breakfast consists of porridge with sugar, whilst at both lunch and supper, patients are given rice or sadza with either beans, chunks, or cabbage. The supply of meat is erratic, with patients receiving meat once a month or only when donations are made by well-wishers.

18.2. At the time of the visit, the kitchen department had one operational large electric cooker, while the other two were non-functional due to faulty elements. As an alternative, the staff use smaller pots on the stove to compliment the single large cooker. However, these smaller pots have perforations, which prompt the use of hospital dishing trays for cooking. It was also reported that the 2 electric stoves do not maintain sufficient heat, resulting in extended cooking times, and thus, meals need to be prepared earlier to ensure timely feeding for the patients.

18.3. The Commission was advised that the hospital has enough food stocks and procures supplies biweekly. Additionally, for patients with chronic conditions, such as diabetes mellitus, snacks are provided, based on the availability of funds. In instances where snack provisions are unavailable, families arere requested to assist. Furthermore, nasogastric feeding is provided as needed, contingent upon available resources.

19. STAFF WELFARE

19.1. On a positive note, the laboratory personnel are adequately equipped with PPE, including gloves, laboratory coats, and face masks. Furthermore, the department has three computers, provided through a partnership with the University of Zimbabwe Clinical Trials Research Centre (UZCTRC), along with one heavy duty photocopier and printer.

19.2. The Human Resources Department indicated that the hospital has an establishment of three hundred and forty-three (343) positions, of which forty (40) are vacant. This situation is linked to suboptimal working conditions in rural hospitals, including a lack of decent accommodation. During the visit, staff members were living in shared housing, with multiple families occupying a single residence. Moreover, there are challenges with the sewage system at the staff quarters, with reports of inadequate drainage and recurring sewer

blockages. It was stated that despite the existence of a nursing school in Tsholotsho, many trained nurses are hesitant to return to the area upon completing their training, largely due to these prevailing living conditions.

19.3. Representatives from various departments stated that even if all vacancies are filled, it would be essential to reassess the establishment to ensure it aligns with the needs of a growing population.

19.4. In terms of capacity enhancement, healthcare personnel reported that staff participated in various workshops tailored to their specific areas of expertise. Moreover, the Administration department highlighted that the hospital has only two (2) operational ambulances and identified a need for four (4) additional ambulances to effectively meet the community's needs.

20. CONCLUSION

20.1. The ZHRC acknowledges the efforts of the hospital in ensuring that healthcare services remain accessible to all individuals, regardless of their financial situation. The ZHRC commends the innovative strategies implemented by hospital management, prioritising patient-centred care over purely business considerations. Despite the efforts made to provide medication at the lowest possible prices, the issue of affordability remains a significant challenge. There are significant infrastructural improvements that still require attention, particularly regarding the refurbishment of the water piping and sewage system. Addressing these issues is critical to preventing blockages in the bathrooms and ensuring a clean, hygienic, and safe environment for patients and staff manning the healthcare facility.

21. RECOMMENDATIONS

Parliament of Zimbabwe

21.1. To allocate a budgetary increase for the health sector to improve the availability of medicines, procurement of machinery, sundries, medical equipment such as monitors, ventilators and refurbishment of the hospital’s water piping and sewage system.

Minister of Finance, Economic Development and Investment Promotion

21.2. To allocate more financial resources to the hospital to improve the availability of medicines, medical equipment, and refurbishment of the hospital's water and sewage piping system and construction of staff quarters.

21.3. To adhere to the Abuja Declaration by allocating a minimum of 15% of the national budget to healthcare.

Minister of Health and Child Care

21.4. To lobby for more funding support from National Treasury for the rehabilitation of health care institutions in the country as well as for improving conditions of service for health care personnel.

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

21.6. To procure a washing machine for the hospital.

21.7. To prioritise the construction of staff quarters

21.8. To replace the detached and cracked ceiling in the laundry, kitchen and wards.

22. Monitoring Mission in Pictures

Figure 4.A side view of Tsholotsho District Hospital

Figure 5.PHRO inspecting the Theatre at Tsholotsho Hospital

Figure 6.Improvised Sharps Container

Figure 7.Some of the plastic dishes used for bathing patients

Adopted by the Commission

SIGNED BY

_____ _____

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