

**REPORT**

**FOLLOW UP MONITORING AND INSPECTION VISIT**

**NAME OF INSTITUTION: INGUTSHENI CENTRAL HOSPITAL, BULAWAYO**

**DATE VISITED: 24 OCTOBER 2019**

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## **1. Introduction**

The Zimbabwe Human Rights Commission (ZHRC) as mandated in section 243(1)(k)(ii) of the Constitution, conducted a follow up monitoring and inspections visit to Ingutsheni Central Hospital (herein referred to as Ingutsheni Hospital) on the 24<sup>th</sup> of October 2019. Ingutsheni is a hospital for persons with mental challenges. The objective of the visit was to track implementation of recommendations made in 2015. Recommendations were made to the Ministry of Health and Child Care and other stakeholders.

## **2. Objectives**

- 2.1. To assess the progress made as a result of ZHRC's monitoring and inspection work within hospitals where mentally challenged persons are treated through tracking of implementation of ZHRC recommendations made in 2015
- 2.2. To ascertain the prevailing conditions under which mentally ill persons are being kept at the institution.
- 2.3. To produce a report that will be shared with various stakeholders.

## **3. Methodology**

Different methods of data collection were used during the monitoring and inspection visit. Throughout the visit, the interactions were highly participatory in nature. The approaches adopted included desk review, purposive interviews with Officials and observations.

**Desk Research:** The previous monitoring and inspection report was perused to understand the situation in 2015 at that time so as to compare with the current situation. The team was guided by a draft set of questions which paid attention to the various concerns of inmates and institution staff officials.

**Observations:** The delegation inspected premises of the institution observing and collecting relevant information regarding the overall situation, paying particular attention to the general living conditions as they relate to human rights. Key issues noted included the general outlook of the environment, quality and quantity of food, water and sanitation related issues; clothing, bedding and shelter; education and health facilities, and also the manner in

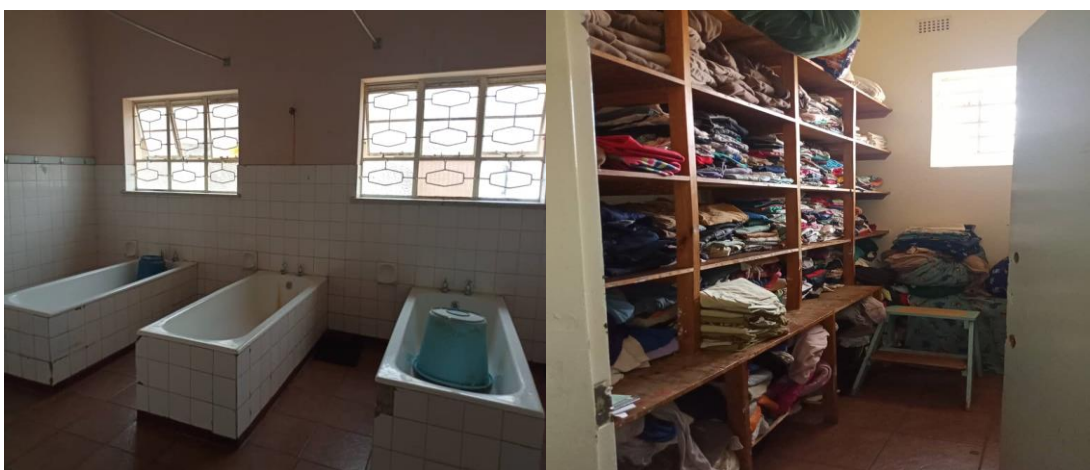
which interviewees responded to issues and interaction of patients and staff and amongst themselves.

**Key informant Interviews:** These were purposive interviews that were carried out with the institution's officials, including the Principal Nursing Officer at the institution. The ZHRC also inquired on issues that arose as the ZHRC team was inspecting the premises.

#### 4. FINDINGS FROM THE MONITORING MISSION



*Fig 1 ZHRC team inspecting the premises*



**A**

**B**

**Fig 2.** A; Clean bathing tabs at Ingutsheni. B: Stacks of washed clothes

#### 4.1. Background

Ingutsheni hospital has a carrying capacity of 708 whilst at the time of the visit there were 610 patients comprising 433 males and 177 females. The Principal Nursing Officer (PNO) in Charge reported that there were 14 wards at the institution where patients were admitted depending on the degree of their illness. She indicated that on admission all men were placed in one special ward and then transferred to the different wards when they stabilize. She highlighted that there were 202 nurses at the hospital. At full establishment, the hospital should have 292 nurses. The shortage of nurses was attributed to mass exodus of nurses to the diaspora, thus, widening the gap between staff establishment and staff compliment. She highlighted that the hospital was old and some of the buildings were in need of renovations.

The Principal Nursing Officer also updated the ZHRC that provisions such as food, toiletries and soaps were adequate and were being supplied on time by the Government and the business community in Bulawayo. She highlighted that they received daily bread donations from Bakers Inn and Proton and fresh milk from Cashmere such that their patients were always well fed. The hospital also provided 20 protein meals per fortnight which means that they feed their patents with any of the following meat, sour milk, beans, mincemeat, soya chunks, dried kapenta, offals and eggs 20 times a fortnight. They also grow vegetable which are used for relish. The hospital had a Diet Management Committee responsible for ensuring that they comply with food and water policies. The follow up monitoring and inspection of Ingutsheni Hospital is summarized as follows: -

Previous Concern Raised by ZHRC	Update on Progress and Impact	comments/recommendations
1. Staffing levels and Patient Population	<ul style="list-style-type: none"> <li>▪ As of 24 October 2019 the hospital had 202 nurses Of <b>these.....</b> were trained in mental health. Those with psychiatric training were</li> </ul>	The ZHRC recommends that nurses with psychiatry training be awarded reasonable allowances like any other nurses so that they

	<p>leaving the country for greener pastures. She highlighted that the prescribed patient nurse ratio was therefore not being met. The ratio requires that for acute patients 1 nurse to 3 patients, for suicidal patients 1 nurse to 1 patient and for sub-acute patients 1 nurse to 5 patients. The hospital is need of 95 more nurses trained in psychiatry.</p>	<p>are motivated to stay and provide their services.</p>
<p>2. Mental Health Board and Mental Health Review Tribunal</p>	<ul style="list-style-type: none"> <li>▪ The principal nursing officer indicated that the hospital had the capacity to discharge patients who would have been treated without the Board seating. She highlighted that for patients who would have committed crimes, it is compulsory for the Board to first seat before their discharge.</li> </ul>	<p>The Mental Health Board and Mental Health Review Tribunal should sit consistently so that detained mental patients can be released.</p> <p>The ZHRC recommends that budgetary allocations be made for home visits before patients are discharged. Home visits will guard against relapses and will save resources meant for other patients</p>
<p>3. Right to Health and Medical Supplies</p>	<ul style="list-style-type: none"> <li>▪ There were no shortages of critical medication at Ingutsheni Hospital.</li> </ul>	<ul style="list-style-type: none"> <li>- The Ministry of Health and Child Care to ensure that there are always sufficient</li> </ul>

		medical supplies at the hospital.
4. Right to food and water	<ul style="list-style-type: none"> <li>▪ The hospital had sufficient food which was provided by both the Government of Zimbabwe and the Bulawayo business community. The hospital also had sufficient water supplies from the Bulawayo City Council and functional boreholes.</li> <li>▪ It is free from load shedding as it has been put in a load shedding free zone.</li> </ul>	The Ministry of Health and Child care should ensure that there is equitable distribution of resources to Mental Health Institutions
5. Clothing and Bedding	<ul style="list-style-type: none"> <li>▪ The challenge remains that sometimes patients destroy their clothes, blankets and mattresses as a result of mental illness. The hospital is however, staying afloat due to the support that they receive from the business community and churches in and around Bulawayo. It was also noted during the tour around the hospital that the patients were well dressed and their bedding was in good condition.</li> </ul>	This is noted and situation should be maintained
6. Mental Health Training School.	<ul style="list-style-type: none"> <li>▪ Contrary to the situation in 2015 when the first visit was made to the hospital it was explained that the Mental Health Training school is separate from the hospital. It</li> </ul>	The ZHRC recommends that attractive salaries and allowances be provided to those who will be trained in mental health issues to retain them. Those who receive

	<p>had been reported that the lecture rooms were converted from the wards and that staff that carry out administrative work also double up as tutors. This was disputed by the PNO who highlighted that the training school had its own blocks and that the tutors were separate from the hospital staff even though they were under one institution. During the tour of the institution the ZHRC was shown the Mental Health Training School blocks.</p>	<p>training leave for greener pastures soon after training such that the number of trained nurses remains low despite the trainings.</p>
7. Lactating Mothers	<ul style="list-style-type: none"> <li>▪ There was no ward that was allocated to lactating mothers. Those with children were separated and the children placed at Mpilo hospital. Patients were taken to Mpilo hospital on a daily basis as there was always business to be conducted with the hospital. The PNO highlighted that they do not have fuel shortages as they have their own pumps at the institution.</li> </ul>	<p>It is recommended that the Ministry of Health and Child Care provide a separate ward to be used as a nursery for lactating mothers. It is in the best interests of children for them to be with their mothers at such tender ages.</p>
8. Visiting Hours and Recreational Activities	<ul style="list-style-type: none"> <li>• The hospital's visiting hours stretch from 6 am in the morning to 6pm at night on a daily basis. During the tour of the hospital, the ZHRC was</li> </ul>	<p>The ZHRC commends the hospital for the recreational and rehabilitation activities. The vibrant gardening though a rehabilitation exercise</p>

	<p>shown visitors lounges that were well furnished. Visitors can stay for as long as they like per day and there are also overnight rooms for visitors who might require to sleep at the hospital.</p> <ul style="list-style-type: none"> <li>• Recreational and rehabilitation activities at the hospital include sports, gardening and watching television. Every ward had a television set. One patient was operating a barber shop as a rehabilitation activity.</li> </ul>	<p>benefits the hospital as they do not have to buy vegetables.</p>
<p>9. Staff Welfare issues</p>	<ul style="list-style-type: none"> <li>• The PNO indicated that they had protective clothing at the hospital which would at times run out and at times the Bulawayo business community would come through to assist.</li> <li>• They are exempted from load shedding which makes their work easier. The hospital also has a generator and fuel tanks in the unlikely event of the ZESA electricity outages. They also always have water supplies from City of Bulawayo but they have boreholes that they also use to irrigate their garden</li> <li>• There is no institutional bus for staff such that those who will be</li> </ul>	<p>The Ministry of Health and Child Care should always ensure that the hospital has supplies</p> <p>ZESA and Bulawayo City Council are commended for ensuring that the hospital is exempted from load shedding and water rationing respectively.</p>



	<p>on night duty risk being attacked when they are coming to work or when they knock off. The hospital could do with an institutional bus. This would also cushion staff from the high transport costs.</p> <ul style="list-style-type: none"> <li>• At times staff get overwhelmed with outpatients who receive monthly supplies of medicine. The PNO recommended that supplies be dispatched to district hospitals so that patients do not travel long distances for supplies. This causes some of them to fail to get access due to high transport costs which leads to relapses.</li> </ul>	<p>The Ministry of Health and Child Care should provide a staff bus for Ingutsheni Hospital to enhance staff security and reduce transport costs for staff.</p> <p>Perks and salaries should be reviewed to motivate workers and not diminish their dignity.</p> <p>Ministry of Health and Child Care should decentralize supplies so that they are easily accessed by outpatients.</p>
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*Fig 3. The Nursing School Block*

## **5. Emerging issue**

### **5.1. Overcrowding at the male administration reception centre.**

The ZHRC noted that there was overcrowding at the male administration reception centre. On the day of the visit, there were 120 males against an establishment of 90 males. A new administration block is recommended.

## **6. RECOMMENDATIONS**

### **6.1. Ministry of Health and Child Care**

- 6.1.1. To consider constructing a new administration and reception block at Ingutsheni Hospital.
- 6.1.2. To review staff establishment at Ingutsheni Hospital so that it is proportionate to the number of mental patients. The last staff establishment review was done in 1995
- 6.1.3. To support the hospital by raising more awareness on mental health to remove the stigma associated with mental health patients so that families and communities can support their relatives.
- 6.1.4. To come up with motivating incentives for the staff who work with mentally and physically challenged patients.
- 6.1.5. To decentralize to hospitals and special institutions, expenditure of income generated projects. Institutions who produce income should also directly benefit from such incomes on a sliding scale.

6.1.6. It is recommended that the Ministry of Health and Child Care provide a separate ward to be used as a nursery for breastfeeding children. It is in the best interests of children for them to be with their mothers at such tender ages.

**6.2. Ministry of Public Service Labour and Social Welfare**

6.2.1. To consider all discharged cases/ patients on social protection programmes so that they do not relapse to Ingutsheni Hospital after successful treatment.