

Report on the Mission Visit to Ingutsheni Central Hospital on the 24th – 25th of June 2015

Foreword: Ingutsheni Report



E.H Mugwadi (Chairperson)

The Vice President responsible for Ministry of Justice, Legal and Parliamentary Affairs

Dear Honourable Minister,

The Zimbabwe Human Rights Commission (ZHRC) is submitting this report in compliance with Section 244 (2) of the Constitution of Zimbabwe [Amendment (No.20) Act 2013], which states the following:

“In addition to the report it is required to submit in terms of section 323, the Zimbabwe Human Rights Commission may, through the appropriate Minister, submit reports to Parliament on particular matters relating to human rights and freedoms which, in the Commission’s opinion, should be brought to the attention of Parliament”

It is my pleasure, on behalf of my fellow Commissioners and the Secretariat of the ZHRC, to extend to your good offices our report on the mission visit that we conducted to Ingutsheni Mental Hospital on 24 to 25th June 2015.

The mission visit was done in terms of Section 243(k) (ii) of the Constitution which is to **“visit and inspect places where mentally disordered or intellectually handicapped persons are detained”** It was conducted by a team comprising the Commissioners, senior management and officers of the ZHRC.

This report outlines a number of recommendations that are directed to specific Government Ministries and Departments on areas that need to be addressed in relation to enjoyment of basic human rights by people who are institutions where the mentally handicapped are detained.

Yours Sincerely,

Commissioner Elasto Hilarious Mugwadi

Chairperson- Zimbabwe Human Rights Commission

Acknowledgements

The ZHRC would like to express its sincere gratitude and appreciation to the following stakeholders who made the production of this Report a success:

- Ministry of Justice, Legal and Parliamentary Affairs
- Ministry of Health and Child Welfare
- The European Union
- United Nations Development Programme
- ZHRC Commissioners and members of the Secretariat



1. Introduction

The Zimbabwe Human Rights Commission (ZHRC) is amongst the Chapter 12 Independent Commissions which seek to promote human rights and democracy in Zimbabwe. The mandate of the ZHRC is to promote, protect and enforce human rights and fundamental freedoms in Zimbabwe. The establishment of the ZHRC is in terms of section 242 and its functions as outlined in Section 243 of Constitution of Zimbabwe, 2013. The Constitution mandates the ZHRC to promote, protect and enforce human rights in Zimbabwe through embracing various strategies inter alia stated in section 243(k) (ii) of the Constitution which is to **“visit and inspect places where mentally disordered or intellectually handicapped persons are detained”**. This is in order to evaluate and appreciate the living conditions of patients in such institutions and to assess the status of the facilities, including the general concerns. Visits to mental health facilities also provide an opportunity for the Commission to raise visibility on the institution’s role, mandate, and work and further to continue to strategically build partnerships with relevant stakeholders working with such patients. Moreover, the ZHRC in turn, seeks to sensitise these stakeholders and departments as to the international and regional human rights standards in relation to the rights of mentally disordered patients.

In light of the above, the ZHRC, with support from the United Nations Development Programme (UNDP), visited the Ingutsheni Central Hospital in Bulawayo Metropolitan Province of Zimbabwe. The mission visit was a routine monitoring visit in terms of Section 243(1) (k) of the Constitution of Zimbabwe. The visit was carried out on the 24th and 25th of June 2015. A team of five (5) ZHRC staff who participated in a two (2) day monitoring and inspections visit to the Hospital were as follows;

- (a) Chief Human Rights Officer, Monitoring and Inspections (M&I);
- (b) Two (2) Human Rights Officers from the Monitoring and Inspections Unit;
- (c) Two (2) Human Rights Officers, one from the Complaints Handling and Investigations, and one from the Education Promotion and Research; and

Objectives

The monitoring and inspection visit sought to fulfil the following objectives;

- i) To provide an opportunity for the Commission to learn the human rights situation in places where mentally disordered persons are detained, as well as to have first-hand observation of the general situation, including the staff concerns;
- ii) To fulfil the general obligation to monitor and inspect institutions of mentally disordered persons to ensure the observance of human rights and humane treatment of patients in relation to recognised national and international standards. Looking at issues on the provision of water and sanitation, food, clothing, bedding, educational, recreational facilities and any other related issues;
- iii) To introduce the ZHRC as a National Human Rights institution lead in the promotion, protection and enforcement of fundamental rights and freedoms of mentally disordered people in Zimbabwe;
- iv) To propose and make specific recommendations on findings to Parliament, relevant Ministries and Departments.

2. Methodology

In conducting the monitoring and inspection of the hospital, the ZHRC utilized desktop research, interviews with key informants at the hospital and participant observations.

2.2 Desktop Research

The monitoring team conducted legal research on national, regional and international instruments to give guidance in assessing the hospital during the visit. Reviewed literature also included newspaper reports published on the situation of mental hospitals in the country

2.3 Key Informant Interviews (KII)

The team had interviews with senior members of the institution on the first day of the visit. Key informants gave the ZHRC team a brief background of the mission of the institution, population and the type of mentally handicapped people housed at Ingutsheni Hospital. Interviews enabled the ZHRC team to gain general information concerning the human rights situation at the hospital. Interviews with senior management of the hospital were highly participatory in nature.

2.4 Participant Observation

The team moved around hospital premises led by one of the hospital matrons. The method was used to gain an appreciation of the hospital and its set up. The team was guided by a draft set of questions which paid attention to the various concerns of patients and those of health officials. Key areas visited include all the 14 hostels, the garden and a tour of the dispensary among other facilities. Issues assessed included quality and quantity of food, cooking facilities, water and sanitation, clothing, bedding and shelter; education and health facilities.

3. Legal Framework Governing Zimbabwe mentally disordered Hospitals

3.1 Constitutional Framework

The Constitution of Zimbabwe Amendment (No.20) Act 2013 is the supreme guideline in guaranteeing the rights of all citizens in the country. The following sections of the Constitution and other national legislation are relevant:

Section 22 (1) which calls upon the State and all institutions and agencies of government at every level to recognise the rights of persons with physical or mental disabilities, in particular their right to be treated with respect and dignity.

Section 30 which calls upon the State to take all practical measures to provide social security and social care to those who are in need.

Section 51 which provides for the right to human dignity which should be respected and protected.

Section 53 which provides for freedom from torture or cruel, inhuman or degrading treatment or punishment.

Section 56 which provides for equality before the law and having equal protection and benefit of the law

Section 57 (c) which provides for the right to privacy, which includes the right not to have possessions seized.

3.2 Policy and Legislative Framework

The national policy and legislation governing institutions of mental care in Zimbabwe are the National Mental Health Policy and the Mental Health Act [Chapter 15:12], respectively.

3.3 Zimbabwe National Mental Health Policy

The policy provides a framework within which mental health programmes, projects and activities are designed, implemented, monitored and evaluated using the multi-disciplinary, multi-sectoral approaches, community involvement and participation within the context of primary health care to provide all Zimbabweans with the highest achievable mental health care services in Zimbabwe.

3.3 Mental Act [Chapter 15: 12]

The Mental Health Act consolidates the law relating to the care, detention and after-care of persons who are mentally disordered or intellectually handicapped. This could be either for the purposes of treatment or care and detention. It also provides for the establishment of various boards and the functions of such boards to provide for matters incidental to or connected with the foregoing.

4 Regional and International Legal Framework

The main instruments that were used to guide the visit were as follows;

4.1 Principles for the Protection of Persons with Mental Illness and the Improvement of Mental Health Care, 1991

The Principles are more direct and relevant in providing the rights to be enjoyed by persons with mental illness particularly those who are institutionalized. The principles provide a set of basic rights that the international community regards as inviolable in community and treatment settings. Some of the relevant Articles include;

Article 1, provides that all persons have the right to the best available mental health care, which shall be part of the health and social care system.

Article 2, provides that all persons with a mental illness, or who are being treated as such persons, shall be treated with humanity and respect for the inherent dignity of the human person.

Article 3, provides that all persons with a mental illness, or who are being treated as such persons, have the right to protection from economic, sexual and other forms of exploitation, physical or other abuse and degrading treatment.

Article 5, provides that every person with a mental illness shall have the right to exercise all civil, political, economic, social and cultural rights as recognized in the Universal Declaration of Human Rights, the International Covenant on Economic, Social and Cultural Rights, the International Covenant on Civil and Political Rights and in other relevant instruments.

4.2 The Convention on the Rights of Persons with Disabilities (CRPD) and its Optional Protocol

It is the first comprehensive human rights treaty of the 21st century that adopts a broad categorization of persons with disabilities and reaffirms that all

persons with all types of disabilities must enjoy all human rights and fundamental freedoms as contained in the various international human rights treaties.

4.3 International Covenant on Civil Political Rights (ICCPR)

Article 7 of the International Covenant on Civil and Political Rights (ICCPR) provides that all individuals, including those with mental disorders, protection from torture and cruel, inhuman or degrading treatment or punishment as well as the right not to be subjected to medical or scientific experimentation without informed consent

4.4 International Covenant on Economic, Social and Cultural Rights (ICESCR).

Article 12 of the International Covenant on Economic, Social and Cultural Rights recognizes the right of everyone, including people with mental disorders, to the enjoyment of the highest attainable standard of physical and mental health.

4.5 African (Banjul) Charter on Human and People's Rights, a legally binding document supervised by the African Commission on Human and People's Rights.

Article 16 guarantees the right to enjoy the best attainable state of physical and mental health, Article 4 covers the right to life and the integrity of the person, and Article 5 concerns the right to respect for the dignity inherent in human beings and the prohibition of all forms of exploitation and degradation, particularly slavery, slave trade, torture and cruel, inhuman or degrading punishment and treatment.

5. Background of Ingutsheni Central Hospital

Ingutsheni Hospital is a Government referral hospital in Zimbabwe, located in the city of Bulawayo. Established in 1908 as an asylum for blacks, whites were only housed temporarily until certified 'lunatics' then transferred to South Africa. It became a mental hospital in 1933 with the assignment of a

psychiatrist from England. Its mission is to provide, administer, coordinate, promote, and advocate for the provision of quality mental health services and care in Zimbabwe.

Situated over ten (10) hectares of land and including a farm, the hospital offers outpatient psychiatry and counselling services and in-patient services to psychiatry patients at various levels. Currently the institution has 14 wards of admission for mental patients of all age groups¹.

Ingutsheni Central Hospital is run by the Ministry of Health and Child Care and receives budgetary support from the Government through Treasury and the parent Ministry of Health and Child Care. Ingutsheni receives support and donations in the form of food, old clothes and bedding from business people and the hospitality industry in Bulawayo. Such donations to the hospital are accounted for to the parent Ministry of Health and Child Care.

6. General Observations and Findings

6.1 Staffing Levels, Training and Patient Population

It is imperative that an institution that houses mentally disordered persons be adequately staffed with experienced staff who would be able to treat patients in a humane manner in accordance with international human rights standards listed above. The hospital has a critical shortage of psychiatrists. During the time of the visit the ZHRC was advised that there were only six (6) psychiatrists instead of twenty-four (24). Mental patients are in constant need of assessment so that improvement or otherwise is noted and acted upon immediately. Proper healthcare cannot be met without proper psychiatric care.

As of 25 June 2015, Ingutsheni Central Hospital had a staffing level of 661². This number falls short of the ideally 750 members of staff needed to run the institution. The shortage of staff means that the patient nurse/patient ratio has been strained. The stated ideal nurse/patient ratios in accordance with international standards were given as follows:

¹ Two of these wards were turned into a classroom and a dormitory for students.

² Members including management and support staff who do not deal directly with patients.

- 1 Nurse to 3 Acute patients
- 1 Nurse to 1 suicidal patient
- 1 Nurse to 4/5geriatric (old) patients.

This is an unhealthy situation considering that the hospital houses chronic patients³, the elderly and those with suicidal tendencies, who are constantly in need of attention. At the time of the visit the population of patients was 541 with 390 being male and 134 being females. It was reported that some of the patients had been at the institution since the 1980s because relatives and society have a tendency to disown mental patients. To its credit, the Hospital runs a three year Diploma training programme in Psychiatric Nursing, and 18 months Post Basic Psychiatric Nursing Programme. Despite this the ZHRC was advised that qualified staff are targeted outside the country where they receive better remuneration.

6.2 Mental Health Board and Mental Health Review Tribunal

The Mental Health Act, Section 68 provides for the establishment of the Mental Health Board. The Board has the responsibility to make suggestions and observations on the welfare of the patients and report to the Secretary for Health and Child Care. Mental Health may also discharge patients, when they note improvement. The ZHRC was informed that the Board was in place but had not done any visits in over a year owing to resource constraints.

Sections 75 to 82 provide for the Mental Health Tribunal with the function of hearing applications and appeals made to it on behalf of patients detained in institutions, to direct the release of patients and to take all necessary steps to ensure that patients are accorded the rights which they are entitled to in terms of the Act. This is an important function which is not being realized as the Tribunal has not been meeting. The Tribunal meets for purposes of reviewing the decisions of the Board.

³ The type of patients housed at Ingutsheni are as follows:

- Suicidal patients
- Geriatric (old) patients
- Acute and sub-acute patients
- Chronic patients

The failure of the two boards to meet curtails the rights of the mental patients. For instance there may be patients detained unnecessarily for lengthy periods of time without recourse. With the challenges facing the Institution, constant monitoring of the rights of the mental patients as provided in the Mental Health Act is pertinent.

6.3 Separation of patients

The ZHRC found that there was a clear separation and categorization of patients according to sex and to the nature of their illness in compliance with the Mental Health Act [Chapter 15:12]. For example the patients were categorized and separated as follows: male and female patients were housed separately; juvenile, chronic patients; sub-acute; elderly; aggressive/violent patients and those with criminal records were respectively kept separate. This separation of patients eliminates the possibility of sexual exploitation and maintains their inherent dignity which should not be taken away upon institutionalization.

6.4 Resource Constraints

From interviews conducted with senior management of the institution, the ZHRC confirmed that the hospital is facing serious financial challenges which affects service provision and the welfare and health of the patients seeking treatment and those being kept at the hospital. It was highlighted that the institution has over the years been receiving paltry budgetary allocations in batches which are far lower than their expectations. This has caused the Hospital to be always indebted to service providers and as of June 2015 the debt of the institution had sky rocketed to around USD920 000. The budgetary request for 2015 for Ingutsheni Central Hospital was USD8million but was reduced to USD498, 200 of which they have only received USD180 000 which is far below their needs. This means that the institution is seriously constrained. Unlike other institutions which charge for their services and are able to fundraise, Ingutsheni Central Hospital solely depends on government disbursements for day to day activities. From the interviews carried out it was stated that the hospital has been able to keep running because of donations.

Resource scarcity seriously cripples operations of the institution and affects the enjoyment of basic human rights critical to mental health patients such as the right to food and right to health.

6.5 Right to Food and Access to Water

The ZHRC team established that there is an acute shortage of food at Ingutsheni Central Hospital owing to the paltry budgetary allocations the institution gets, which is split between operational and infrastructural costs. From the interviews carried out it was revealed that patients have tea with bread in the morning, sadza and vegetables at lunch and sadza and vegetables or beans (as and when available) at dinner almost on a daily basis unless there is a donation to cater for meat once or twice per month. Doctors and nursing staff pointed out a malnutrition scare as the patients are not having a balanced diet. They advised that between 2007 and 2008, over 100 mental patients died as a result of malnutrition and that if nothing was done to improve the diet, the institution would encounter the same fate. While the ZHRC team was touring the institution some patients volunteered information to the effect that there was a monotonous diet of sadza and vegetables and begged the team to bring them meat.

It was noted that there is a good supply of portable water to the institution giving the patients access to clean water and ensuring hygienic surroundings.

6.6 Right to Health

Interviewed staff at Ingutsheni voiced concerns over the shortage of resources which adversely affect service delivery. It was reported that there was a shortage of essential anti-psychotic drugs at the institution and this has negative impact on the staff as they may be unable to work safely if acute patients are not sedated. It was reported that there is a shortage of critical drugs such as the Chlorpromazine, Fluphenazine Deconate and Benzhexol results in deterioration of patients' condition. The ZHRC was advised that some patients who still have cooperative and willing relatives, had these drugs bought from the pharmacies. The right to the highest attainable health

physical and mental of the patients was noted to be compromised by the shortage of drugs.

6.7 Right to Dignity (Clothing, Bedding, and other Essentials)

The ZHRC found that the patients did not have adequate clothing in the cold winter with some walking around without shoes. The right to dignity of patients as found in the Constitution, could not be guaranteed owing to the financial constraints. It was further noted that there was a shortage of beds with some of the patients having to sleep on the floor. Due to the nature of patients housed at Ingutsheni Central Hospital, destruction of property is inevitable. During the tour ZHRC team were shown torn pieces of mattresses, broken toilet sets, sinks and various other properties that were destroyed by patients.



The photo above shows the interior of a bathroom, where sinks have been destroyed by the patients



The model of toilet system that the Institution is putting in place- which is not easily breakable by patients. However , the progress has been limited due to resource constraints.

At the time of the visit efforts were being made by the staff to install non-breakable steel chambers and in-built cisterns and secured windows panes. However, the ZHRC was informed that there is always constant breakage and constant need to maintain the environment in a manner that is habitable for patients.

The monitoring visit uncovered a broken down laundry system. With over 500 patients on any given day, there is need for the rehabilitation of laundry machines to ensure that the patients are kept clean all the time to maintain their human dignity. The hospital is in a dire state as there is shortage of essentials such as gumboots, toilet paper, clothes and footwear for patients. The ZHRC was informed that there was also shortage of sanitary wear for female inmates, overalls and aprons for workers, tracksuits for patients for the winter season, blankets, detergents, toilet cleaners and various other all household items.

6.8 Right to A Clean Environment

The ZHRC noted that the general outside environment of the premises was kept clean. The yard showed evidence of efforts to keep and maintain a clean environment.



The photo shows evidence of clean surroundings of the Institution.

Besides the infrastructure, including Wards and Offices, being old and dilapidated, there was also a clear confirmation that the Institution made efforts to maintain cleanliness. In particular, the wards where the chronic patients were housed, and where one could expect to encounter serious disorder, it was noted that the patients enjoyed a clean environment.

However Infrastructure and furniture at the institution is dilapidated and needs some repair and there is also need to ensure that proper consultation rooms, offices for staff and a nursing school with equipment is built to ease pressure on the already strained system. The yard has some potholes that affect the elderly and chronic ill-patients to walk freely. Some elderly patients were reported to have tripped as a result of the potholes with others suffering fractures.

6.9 Rehabilitation

The ZHRC observed the presence of rehabilitation facilities at the Institution. These facilities kept some of the patients busy, such as patients that had improved and nearing discharged. ZHRC witnessed a vibrant horticultural garden with a variety of vegetables, there were also some patients who were busy mending shoes while others were into carpentry and poultry keeping. The rehabilitation schemes were a preparatory measure for such patients to be able to earn a living in a sustainable manner when they are reintegrated into the communities. In the female ward, some patients were observed tidying their surroundings, some sweeping and others removing plates after lunch, which the matron advised to be an assessment method on the readiness of such patients for the outside world.



A rabbit keeping project carried out by the patients



A vibrant gardening project carried out by patients as a form of rehabilitation.

6.10 Hospital Farm

Ingutsheni Central Hospital has a farm which is however underutilized due to lack of implements, inputs and labor to work on the farm. The farm can provide a source of nutritious foods for the patients, resources permitting. Such resources will allow more land to be utilized under rain fed agriculture and irrigation, to sustainably feed the patients. It was highlighted that the Institution was not allowed to assign the patients to the fields –as it was viewed to be a human rights violation. However, it was raised that the Institution had assessment measures in place to determine whether or not any given patient is proper to assist in the fields even for their own benefit. Nurturing plants is well known to be a form of therapy. Such a barrier has derailed the progress in terms of farm utilization.

6.11 Access to Information and Entertainment

The ZHRC team noted the measures in place to keep the patients entertained and up to date with current affairs. In almost all the wards – except for Khumalo (where seriously ill patients are kept) - there were working television sets. Patients would be seen showing great enthusiasm in watching and some were even chatting on news stories and topical sporting issues. The ZHRC noted also that some staff members were actual bringing their own personal entertainment gadgets such as radios for use by patients. At the time of the visit, ZHRC witnessed patients listening and dancing to music, together with the nurses in Mzilikazi Ward. The radio was said to belong to one of the staff members, and such dancing was stated to be a good form of facilitating exercises on the part of patients. The team noted the availability of playing grounds for patients to exercise and participate in sporting activities which is paramount for the patients' well-being and health.

6.12 Staff Welfare

The ZHRC established that resource constraints at Ingutsheni Central Hospital demotivates staff and affects effective service delivery. The matrons and doctor interviewed stressed the need for Government to ensure that unique institutions such as Ingutsheni Central Hospital be prioritized through payment of extra allowances as working with such patients is risky and requires specialization. Staff

lamented the absence of meaningful allowances and also a poor unclear grading system which does not recognize long service. It was reported that critical staff to the Institution such as Matrons do not receive on call allowance. Staff were reported to walk long distances and even at night because the hospital does not have a bus of its own to ferry them.

In addition to the above, interviewed staff highlighted that the introduction of rentals on State owned houses had further stained their already suffocating pockets. They stated that the staff quotas accommodation was now rated at market price-which was stated to be around USD250 for big houses. This was raised as a major concern by the staff.

6.13 Mental Health Training School

The ZHRC established that there are two training programmes running which are the Post Basics and the Generic Mental Nurses. The Post Basis programme is for Registered General Nurses (RGN) who are intending to further their studies through specializing in mental health care, in a period of eighteen months. The Generic Mental Nurses are trained for a period of three years on Mental Health Care. Such a facility at the Institution allows for “a hands on approach” to cases of mental patients, and allows for a better appreciation and growth of passion for this special category of patients.

It was however noted that there are no proper school blocks as lessons are conducted in some of the wards that were converted into lecture rooms for this purpose. Furthermore staff who carry out administrative work also double up as tutors, which is burdensome to their schedule.

7. Areas of Good Practice

7.1 Cordial Relations between Hospital and stakeholders

The ZHRC noted the relations and partnerships entered into between Ingutsheni and the various service providers in the Bulawayo to keep the Institution running. The ZHRC team was informed of prominent business persons in Bulawayo, faith based organizations (churches), local hotels and

other individuals, who donate food, clothing and bedding to the institution. These relations have played an important role in sustaining the Institution especially in the context of the prevailing economic recession that has resulted in erratic disbursements of funds from treasury to the institution.

7.2 Relations between staff, students and patients

The ZHRC noted the cordial relations between the staff (qualified personnel and students), and the patients. Of importance to note was the general state of cleanliness of the environment and patients at the institution. During the hospital tour, patients were relating well with the hospital workers, and were able to identify their keepers and their positions at the institution. Considering the nature of the patients kept at Ingutsheni, the delegation was observed the zeal that was visible in the staff. The staff were able to identify each patient and his/her respective challenges and needs.

8. Conclusion

The Commission applauds the Government of Zimbabwe through the Ministry of Health and Child Care for coming up with specialised institutions such as Ingutsheni Hospital for the mentally disordered or intellectually handicapped persons. The Commission, however, noted that the Government of Zimbabwe has financially and logistically side-lined Ingutsheni Central Hospital despite the critical and specialized work it does in psychiatric health for Zimbabwe. The Commission wishes to repeatedly appreciate the hard work and passion that exists in the staff members at the Institution beside the various resource constraints faced. There is need to mobilise additional resources to capacitate the institution for it to safeguard the rights of patients and improve efficiency in the discharge of its roles. It is thus important for the Government through the Ministry of Health and Child Care to prioritise the rights and welfare of mentally and physically handicapped patients at Ingutsheni Hospital and other mental institutions when allocating and disbursing funds.

9. Recommendations

Most of the recommendations being made by the ZHRC speak to the need to adequately resource the Institution in terms of the budgetary allocations that it receives from Treasury through the line Ministry. Adding on to the recommendations that have been highlighted in the course of this report, the ZHRC also proposes the following specific recommendations for action:

9.1 Budgetary Support

The Parliament of Zimbabwe should vote an adequate budget for the Psychiatric Institutions in order to ensure that the conditions of detention do not amount to inhuman or degrading treatment. Further, bearing in mind that such institutions do not raise any revenue on their own and are fully dependent on Treasury allocations. Adequate funds should be sourced for nutritious food, decent clothing and bedding for the patients.

9.2 Repairing Infrastructure

The Government is urged to prioritise restoration of various infrastructure at the Hospital, which facilitate smooth operations at the Institution and in the attainment of the highest standard of physical and mental health for the patients. There is need for refurbishment of the laundry machines, the hydro-pool for physical exercise, repairing beds and mattress, resuscitating the workshops, repair/ and installing big televisions and radio sets in wards; repairing of ablution facilities as well as the playgrounds. The ZHRC further recommends the filling in of potholes in the whole Institution's yard. Of major concern are the yards of the Wards where the elderly patients are kept. The Government is urged to construct proper classroom blocks for the Training Programme at the Institution.

Funds permitting and in the longterm, the Ministry of Health and Child Care to consider the procurement of security cameras (Closed-circuit television (CCTV)) for the Institution's Wards. The cameras assist in monitoring of patients especially those who are violent and with suicidal tendencies. This is proposed considering the nurse-patient ratio that exists at the moment, and it

was highlighted to be a challenge for the available personnel to be able to monitor each and every patient's behavior.

9.3 Resuscitation of the Institution Farm

The Government is urged to support with farm implements and inputs for the utilization of the Hospital Farm. This will go a long way in improving food security thereby fulfilling the patients' right to food at the hospital considering the resource constraints currently faced by the Institution. This will also cushion the Hospital in various forms, including raising some revenue-through selling surplus produce.

9.4 Financing of Mental Health Board and Review Tribunal

It is also recommended that the Mental Health Board and the Review Tribunal are funded so as to continue their role in monitoring such institutions and to closely monitor the welfare of mental institutions and sourcing of donations.

9.5 Human Rights Training for Staff

There is need for staff at Ingutsheni to receive human rights training so as to use the human rights based approach in dealing with their patients.

9.6 Staff Welfare

It is recommended that the Government through the Ministry of Health and Child Care come up with motivating incentives for the staff who work with mentally and physically handicapped patients. The Ministry of Health and Child Care through the Health Services Board together with the Civil Service Commission are urged to consider job grading structure which also acknowledges the experience of personnel at Mental Institutions.

The Government to consider building of more staff quarters especially for junior staff who constitute the majority. The security of staff is comprised especially those who work on night shifts and require to find their own way home during the "unsocial hours" of the day.

9.7 Amendment of Mental Health Act

There is need to amend the Mental Health Act section 120 to ensure that the ZHRC gets access as and when necessary to monitor the situation at the Institution for the fulfilment of the rights of mental patients as enunciated in the Constitution and international human rights instruments.

9.7 Awareness Raising on Rights of Mental Patients

The Government of Zimbabwe is urged to raise awareness on mental health to remove the stigma associated with mental health patients so that families can support their relatives. The World Mental Health Day celebrated on 10 October of each year should provide a platform for Government to seek support for its mental health institutions from Civil Society Organisations, donors and other well-wishers.