

**REPORT**

**NGOMAHURU HOSPITAL FOLLOW UP MONITORING AND INSPECTION VISITS.**

**DATE VISITED: 22 OCTOBER 2019.**



## **1. INTRODUCTION**

The Zimbabwe Human Rights Commission conducted a follow up monitoring and inspection visit to Ngomahuru Hospital on the 22<sup>nd</sup> of October 2019. The follow up monitoring and inspection mission was conducted in terms of Section 243(1)(k) of the Constitution of Zimbabwe Amendment (No:20) Act, 2013. The aim was to track implementation of ZHRC 2016 recommendations, ascertain the conditions under which mentally challenged persons were kept and also to assess whether the conditions adhered to national, regional and international human rights standards. Previously, the ZHRC conducted a monitoring and inspection visit to Ngomahuru Hospital in 2016. Recommendations were sent to the Ministry of Health and other relevant stakeholders.

In the second half of 2019, the ZHRC's monitoring and inspection unit, through its media monitoring work picked up a number of stories with implications for the enjoyment of human rights by those detained at Ngomahuru Hospital and other mental health institutions. First, there were allegations that over 300 mentally ill patients were trapped in Zimbabwe's prisons for over 10 years due to the fact that the Mental Health Review Tribunal was not sitting. The report was released by The Health Times of 23 July 2019. This was followed by several newspaper articles in October 2019, that reported that, there was severe shortage of sanitary ware at Ngomahuru Mental Hospital resulting in a big media and society outcry.

In view of the above, The ZHRC conducted a follow up monitoring visit to Ngomahuru Hospital.

## **2. OBJECTIVES OF THE FOLLOW UP MONITORING VISIT**

- 2.1. To track implementation of ZHRC recommendations made in 2016
- 2.2. To ascertain the prevailing conditions under which mentally challenged persons are being kept at the institution.
- 2.3. To produce a report that will be shared with various stakeholders

### **3. Evaluation questions**

- 3.1. What progress has been made as a result of ZHRC's monitoring and inspection work within hospitals for mentally challenged persons?
- 3.2. Are recommendations made to the Ministry of Health and Child Care and other stakeholders being implemented?
- 3.3. What are the unintended results of the monitoring and inspection work within hospitals for mentally challenged persons?

### **4. PRINCIPLES GUIDING THE MISSION VISIT**

The envisaged M&I follow up monitoring and inspection visit was guided by the following international, regional and national instruments;

- International Covenant on Civil and Political Rights, 1966
- International Convention on Economic, Social and Cultural Rights.
- Universal Declaration of Human Rights, 1948
- International Convention on the Rights of Persons with Disabilities, 2008
- African Charter on Human and Peoples' Rights, 1981
- Principles for Protection of persons with Mental Health Illness and the Improvement of Mental Health Care ,1991
- Mental Health Regulations, Statutory Instrument 62 of 1999
- National Mental Health Policy, 2014
- Mental Health Act [Chapter 15:12]

### **5. TEAM COMPOSITION**

The team that conducted the follow up monitoring and inspection visit to Ngomahuru comprised of the following:

- 1 Human Rights Officer from the Monitoring and Inspections Unit
- 1 Human Rights Officer from Complaints Handling unit Harare
- 1 officer from administration
- 1 Intern from the Monitoring and Inspections Unit
- Total of **4 people**

## 6. METHODOLOGY

### 6.1. In-depth Interviews.

The interactions were participatory in nature and were guided by international, regional and national instruments mentioned above. In depth interviews were conducted with the Matron and the Administrator of the institution. The ZHRC also interacted with the Sister in Charge of the various sections of the hospital

### 6.2. Questionnaires.

To collect the relevant information, the team used a draft set of questions which focused on the various concerns of women, men and children in mental care facilities.

### 6.3. Physical inspection of premises

The teams inspected hospital facilities noting conditions and recording them. Key issues monitored include quality and quantity of food, water and sanitation related issues; clothing, bedding and shelter; education and health facilities, as well as gender related matters.

### 6.4. Focus Group Discussions

Focus Group Discussion were conducted with staff in different sections of the hospital to also get their position on the general conditions in regards to persons kept in such facilities and also staff welfare issues and concerns.

## 7. FINDINGS AND OBSERVATIONS.

The total number of patients stood at one hundred and fifty-five (155). Of these, one hundred and thirty (130) were males while twenty-three (23) were females. Mental health staff stood at 15 comprising of one thirteen males and two females.

<b>Human Rights Component</b>	<b>Previous Observation and Recommendations</b>	<b>Current State and Recommendations</b>
Security of patients	The Ministry of Health and Child Care to consider the procurement of security cameras (Closed-circuit television (CCTV) for the Institution's Wards as a matter of urgency. These cameras assist in monitoring of patients especially those	The team noted that there was no movement on the above recommendation. In fact, even the security fence surrounding the institution was not providing tight security. Consequently, it

	<p>who are violent, those with suicidal tendencies, as well as those who attempt to escape</p>	<p>was reported that 3 patients ran away from the institution during the past 6 months. Tights security is still being recommended</p>
<p>Right to health and Medical Supplies</p>	<p>There was serious concern over shortages of drugs. It was noted that all the psychotic medications were out of stock, serve for a few pain killers. Such a situation made it difficult for the health personnel to take maximum care of the patients.</p>	<ul style="list-style-type: none"> <li>- On the day of the visit, medical supplies were fair. However, authorities at the institution highlighted that medical supplies sometimes run out.</li> <li>- The situation was compounded by inadequate supplies in surrounding government and council clinics hence discharged clients continued returning to Ngomahuru for medication.</li> <li>- Such scenarios create additional pressure on medical supplies for the institution</li> <li>- All clinics should be stocked with psychotic drugs so that discharged patients can easily access them in local hospitals</li> </ul>

<p>Right to food and water</p>	<p>- Section 77 of The Constitution of Zimbabwe Amendment (No:20) Act, 2013 provides for the right to food and water by all persons. The ZHRC noted that there was an acute shortage of food at Ngomahuru Hospital owing to the paltry budgetary allocations the institution gets, which is further split between operational and infrastructural costs.</p> <p>- Recommendations were to the effect that the Ministry of Health channel more resources to Ngomahuru Hospital.</p>	<p>- Food provisions remained a challenge at Ngomahuru. A number of patients were suffering from pellagra.</p> <p>The situation was compounded by the fact that the institution's gardening projects were affected by water shortages resulting from intermittent ZESA cuts.</p> <p>The MOHCC should find a long lasting solution to the challenge of food at Ngomahuru Hospital.</p>
<p>Right to clothing and bedding</p>	<p>- The clothing situation at Ngomahuru Hospital was inadequate, especially in winter. ZHRC monitors observed that jerseys remain a challenge for both male and female patients in all the wards. More bedding and clothing provisions were recommended. Institutions like ZIMRA were recommended to make donations to Ngomahuru</p>	<p>There was no movement on this aspect. Clothing and bedding remain critical.</p> <p>Following the media outcry, Ngomahuru Hospital received goods donations, including clothes to be collected from the District Development Coordinator Masvingo.</p> <p>Clothing was in short supply such that when patients soiled themselves in winter, there were no extras.</p> <p>Mattresses were also a challenge as patients continued</p>

		<p>to destroy the few that are available</p> <p>Adequate financial resources to be availed to the institution.</p>
Access to sanitary ware	<ul style="list-style-type: none"> <li>- Sanitary ware provision were fair</li> </ul>	<p>There was an outcry in the mainstream media on the shortages of sanitary ware at Ngomahuru Hospital.</p> <p>Allegations were also to the effect that some female patients moved with blood flowing during menstruation.</p> <p>Evidence from authorities at Ngomahuru Hospital indicated that sanitary ware provisions were adequate and the media blew the issue out of proportion.</p>
Staff shortages	<ul style="list-style-type: none"> <li>- Staff establishment was observed to be at 60 % and inadequate.</li> <li>- It was recommended that MOHCC increase staff at Ngomahuru Hospital.</li> </ul>	<p>Staff establishment stood at 52 Of these, 15 were Mental Health staff including 1 doctor, 8 Sisters in charge and 2 matrons.</p> <p>The ratio of available staff and patients was not proportionate. The Ministry of Health and Child Care needs rationalize staff at Ngomahuru</p>
Staff Welfare	It was noted that staff houses were inadequate and leaking.	Mental Health Nurses were not given any motivational

	<p>Staff motivation was low due to overwhelming work.</p> <p>ZHRC recommended that MOHCC should address staff welfare issues.</p>	<p>allowance like retention allowances that other nurses</p> <p>Staff accommodation is still leaking and not adequate. One staff said “tirikungogara nekushaya kwekuenda” meaning we are just staying because there is nowhere to go. Uniforms were not being distributed as expected</p> <p>Consequently, in the last 2 months, 3 staff members transferred</p> <p>Staff also requested for staff development programmes and WIFI.</p>
Rehabilitation and Refurbishment	<p>The Government through the Ministry of Health and Child Care to prioritize restoration of various infrastructure at the Hospital, which facilitate smooth operations at the Institution. Items that need refurbishment among others are; the laundry machines, tower lights, resuscitating the workshops, repair/ and installing big televisions and radio sets in wards; and repairing of ablution facilities.</p>	<p>The facilities remained dilapidated including bathrooms and toilets.</p>
Contact with outside world	<p>A number of patients were reported to be not receiving relatives.</p>	<p>The situation remains the same. Some patients in acute wards receive seldom visitors, and if they come they do not bring any goodies.</p>



		<p>There are network challenges such that the use of cellphones is a challenge for both staff and patients</p> <p>There were no radios for communication</p> <p>Communication with the outside world is therefore very limited</p>
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## 8. Emerging Issues



*Fig 2. Utensils in Ngomahuru Kitchen. Some of the pots are not functioning*

### 8.1.1. No nursery for children of lactating mothers/mothers accompanied by children

Ngomahuru Hospital's nursery wing for children was damaged during Cyclone IDAI. Since then, no repairs were done, Consequently, lactating patients or those with minors were separated from their children who were kept at Masvingo General Hospital which is 80km away. The practice is in violation of the rights provided in

Section 19 of the Constitution of Zimbabwe. Section 19 (1) provides for the best interest of the child, while Section 19 (2) (a) provides rights for the child to enjoy family or parental care, or appropriate care when removed from the family environment. At Ngomahuru Hospital, there was a patient separated from her child. The child was suspected to be at Masvingo General Hospital or Mazowe Children's Home. No staff member could speak authoritatively on the exact location of the child including the mother of the child.



Fig 3. *The Children's Nursery was damaged by strong winds during Cyclone IDA1 phase*

### **8.1.2. Bus fare for discharged patients**

It was reported that Ngomahuru is facing challenges in providing bus fare to discharged patients. The Ministry of Health and Child Care does not provide a budgetary allocation for discharged patients. Ngomahuru Hospital is sometimes forced to detain released patients on grounds of not having bus fare for their discharge. On the other hand, relatives were not always forthcoming to assist. Consequently, in September 2019, some staff members were attacked by patients who were ready for discharge but were detained due to bus fare challenges. The patients were complaining of dietary challenges. It is recommended that the Ministry of Health and Child Care should provide a budgetary allocation for bus fare for discharged patients,

or liaise with the department of Social Welfare to provide travel assistance for discharged patients.

### **8.1.3. Need for a functional Hospital Board for Ngomahuru Hospital**

Some of the challenges for Ngomahuru could be attributed to the lack of a functional Hospital Board. At Ngomahuru Hospital, most of the functions of the Hospital Board were done by the Matron and staff. Such set up compromises expected outcomes from full constituted and functional Hospital Boards.

### **8.1.4. Poor lighting during night shifts by staff**

It was reported that nurses on night duty use their phone torches since the wards are not lighted by solar power. Due to rampant power cuts, the hospital goes without electricity for long hours. It is recommended that Ngomahuru Hospital resorts to other power back up methods like solar lit lamps to reduce risks to patients and nurses in case of emergencies during power blackouts

### **8.1.5. Limited home visits for patients**

It was reported that fuel and staff shortages have impacted negatively on home visits. Consequently, defaulting by discharged patients is high. Although, the hospital had five road worthy vehicles, fuel challenges made follow ups difficult. Adequate fuel allocations are required.

### **8.1.6. Land for the hospital being encroached by surrounding communities**

Ngomahuru Hospital's activities were being affected by surrounding communities who were encroaching into its land. Therefore, the hospital's livestock programme had been affected. A report had since been made to the Masvingo District Development Coordinator.

### **8.1.7. Mixture of patients in the female wards**

The ZHRC noted with concern that all female patients were mixed without classification. Staff at the hospital attributed this mixture to shortages of accommodation within the female section. It is recommended that patients are separated depending on the severity of their mental challenges.

## **9. Conclusion**

The ZHRC noted that the situation at Ngomahuru Hospital is still dire and needs the urgent attention of the Ministry of Health and Child Care. The few improvements were not adequate. There is need for long term sustainable solutions to the challenges confronting the hospital. The ZHRC notes with concern that its 2016 recommendations have not been implemented thus violating the rights of mental patients.

## **10. Recommendations**

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

- 10.1.1. To consider provision and installation of tight security measures to avoid patients running away or absconding from Ngomahuru Hospital.
- 10.1.2. There is urgent need to renovate the children's nursery wing to avoid separating children with their patient mothers.
- 10.1.3. To urgently provide power back up to staff on night duty to reduce risks to both staff and patients
- 10.1.4. To provide a long lasting solution to the challenges of food at Ngomahuru Hospital.
- 10.1.5. To provide adequate medical supplies to meet the demand for rural clinics and patients at Ngomahuru Hospital.
- 10.1.6. To increase the staff compliment and rationalize staff at Ngomahuru Hospital.
- 10.1.7. To provide retention and hardship allowances to mental health nurses so that they enjoy the same benefits as other general nurses
- 10.1.8. To liaise with the Ministry of Public Service, Labour and Social Welfare for the provision of bus fare to mental health institutions like Ngomahuru to facilitate quick movement of discharged patients.

### **10.2. Ministry of Finance and Economic Development.**

- 10.2.1. There is need for adequate budgetary allocations to the Ministry of Health and Child Care to cater for their operations including mental health institutions.

**10.3. Parliament of Zimbabwe**

10.3.1. It is recommended that Parliamentary Portfolio Committee on Health is recommended to visit Ngomahuru Hospital and take appropriate action for the improvement of the welfare of the patients and staff in accordance with its oversight role.

**10.4. Ministry of Lands, Agriculture, Water, Climate Change and Rural Resettlement.**

10.4.1. To investigate allegations of encroachment into the hospital land by surrounding communities and offer appropriate redress.

**10.5. Ministry of National Housing and Public Amenities**

10.5.1. To facilitate refurbishment of toilets and bathrooms at Ngomahuru Hospital.

## ANNEX 1: Guiding Instruments

### NATIONAL LAW

#### Constitution of Zimbabwe, Amendment No. 20 of 2013

##### Section 22

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

(2) The State and all institutions and agencies of government at every level must, within the limits of the resources available to them, assist persons with physical or mental disabilities to achieve their full potential and to minimise the disadvantages suffered by them.

(3) In particular, the State and all institutions and agencies of government at every level must— (a) develop programmes for the welfare of persons with physical or mental disabilities, especially work programmes consistent with their capabilities and acceptable to them or their legal representatives;

(b) consider the specific requirements of persons with all forms of disability as one of the priorities in development plans;

(c) encourage the use and development of forms of communication suitable for persons with physical or mental disabilities; and

(d) foster social organisations aimed at improving the quality of life of persons with all forms of disability.

(4) The State must take appropriate measures to ensure that buildings and amenities to which the public has access are accessible to persons with disabilities.

##### Section 30

Social welfare The State must take all practical measures, within the limits of the resources available to it, to provide social security and social care to those who are in need.

#### Section 51

Right to human dignity Every person has inherent dignity in their private and public life, and the right to have that dignity respected and protected.

#### Section 52

Right to personal security Every person has the right to bodily and psychological integrity, which includes the right— (a) to freedom from all forms of violence from public or private sources; (b) subject to any other provision of this Constitution, to make decisions concerning reproduction; (c) not to be subjected to medical or scientific experiments, or to the extraction or use of their bodily tissue, without their informed consent.

#### Section 56 (3)

Every person has the right not to be treated in an unfairly discriminatory manner on such grounds as their nationality, race, colour, tribe, place of birth, ethnic or social origin, language, class, religious belief, political affiliation, opinion, custom, culture, sex, gender, marital status, age, pregnancy, disability or economic or social status, or whether they were born in or out of wedlock.

#### Section 76

(1) Every citizen and permanent resident of Zimbabwe has the right to have access to basic health-care services, including reproductive health-care services.

#### Section 83

The State must take appropriate measures, within the limits of the resources available to it, to ensure that persons with disabilities realise their full mental and physical potential, including measures— (a) to enable them to become self reliant; (c) to protect them from all forms of exploitation and abuse; (d) to give them access to medical, psychological and functional treatment; (e) to provide special facilities for their education; and (f) to provide State-funded education and training where they need it

### MENTAL HEALTH ACT, No.15 of 1996

#### Section 113

(1) No person shall apply mechanical means of bodily restraint to a patient who is detained under this Act or in single care, except such mechanical means as are prescribed or approved by the Minister.

(2) Mechanical means of bodily restraint shall be applied to a patient who is detained under this Act or in single care only if the restraint is necessary for the purpose of surgical or medical treatment or to prevent him from injuring himself or others.

(3) In every case in which mechanical means of bodily restraint are applied to a detained patient or a patient in single care, the superintendent of the institution, special institution or other place in which the patient is detained or, in the case of a patient in single care, his medical attendant, shall—

(a) keep a daily register in which he shall describe the means of restraint employed and shall state—

(i) the reasons why such means of restraint were necessary; and

(ii) the period for which such means of restraint were applied; and

(b) at the end of every quarter, send the Secretary a copy of the register kept in terms of paragraph (a).

#### Section 114

(1) A patient who is detained under this Act or in single care shall not be kept in seclusion except upon the order of the superintendent of the institution or special institution or other place in which he is detained or, in the case of a patient in single care, his medical attendant.

(2) In every case in which a detained patient is kept in seclusion, the superintendent of the institution, special institution or other place in which the patient is detained or, in the case of a patient in single care, his medical attendant, shall—

(a) keep a daily register in which he shall describe the method of seclusion employed and shall state—

(i) the reasons why such seclusion was necessary; and

(ii) (ii) the period for which the patient was kept in seclusion; and

(iii) (b) at the end of every quarter, send the Secretary a copy of the register kept in terms of paragraph (a).

(3) A patient shall be deemed to be kept in seclusion if at any time between eight o'clock in the morning and seven o'clock in the evening he is isolated in a room the door of



which is fastened or held so that he is unable to leave the room at will, but not if he is isolated in a room in which the lower half of the door is so fastened or held but the upper half is left open.

## NATIONAL MENTAL HEALTH POLICY

The Zimbabwe National Mental Health Policy's major aim is to harmonise Mental Health activities and improve quality of care of those living with mental disorders. It provides a framework within which mental health programmes, projects and activities are designed, implemented, monitored and evaluated using the multidisciplinary, multisectoral approaches, community involvement and participation within the context of primary health care to provide all Zimbabweans with the highest achievable mental health care services

## INTERNATIONAL INSTRUMENTS

Universal Declaration of Human Rights, 1948

Article 25 (1)

Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control.

International Covenant on Economic, Social and Cultural Rights (ICESCR), 1966

Article 12

1. The States Parties to the present Covenant recognize the right of everyone to the enjoyment of the highest attainable standard of physical and mental health.
2. The steps to be taken by the States Parties to the present Covenant to achieve the full realization of this right shall include those necessary for:
  - (a) The provision for the reduction of the stillbirth-rate and of infant mortality and for the healthy development of the child;

- (b) The improvement of all aspects of environmental and industrial hygiene;
- (c) The prevention, treatment and control of epidemic, endemic, occupational and other diseases;
- (d) The creation of conditions which would assure to all medical service and medical attention in the event of sickness.

United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), 2006  
Article 25 - Health

States Parties recognize that persons with disabilities have the right to the enjoyment of the highest attainable standard of health without discrimination on the basis of disability. States Parties shall take all appropriate measures to ensure access for persons with disabilities to health services that are gender-sensitive, including health-related rehabilitation. In particular, States Parties shall:

(a) Provide persons with disabilities with the same range, quality and standard of free or affordable health care and programmes as provided to other persons, including in the area of sexual and reproductive health and population-based public health programmes;

(b) Provide those health services needed by persons with disabilities specifically because of their disabilities, including early identification and intervention as appropriate, and services designed to minimize and prevent further disabilities, including among children and older persons;

(c) Provide these health services as close as possible to people's own communities, including in rural areas;

(d) Require health professionals to provide care of the same quality to persons with disabilities as to others, including on the basis of free and informed consent by, inter alia, raising awareness of the human rights, dignity, autonomy and needs of persons with disabilities through training and the promulgation of ethical standards for public and private health care;

(e) Prohibit discrimination against persons with disabilities in the provision of health insurance, and life insurance where such insurance is permitted by national law, which shall be provided in a fair and reasonable manner;

(f) Prevent discriminatory denial of health care or health services or food and fluids on the basis of disability.

#### United Nations Convention on the Rights of the Child (UNCRC), 1989

##### Article 24

1. States Parties recognize the right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health. States Parties shall strive to ensure that no child is deprived of his or her right of access to such health care services.

#### Geneva Declaration of the Rights of the Child, 1959

##### Principle 4

The child shall enjoy the benefits of social security. He shall be entitled to grow and develop in health; to this end, special care and protection shall be provided both to him and to his mother, including adequate pre-natal and post-natal care. The child shall have the right to adequate nutrition, housing, recreation and medical services.

#### Constitution of the World Health Organization, 1946

[...] The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition. [...]

#### United Nations Declaration on the Rights of Mentally Retarded Persons, 1971

##### Paragraph 7

Whenever mentally retarded persons are unable, because of the severity of their handicap, to exercise all their rights in a meaningful way or it should become necessary to restrict or deny some or all of these rights, the procedure used for that restriction or denial of rights must contain proper legal safeguards against every form of abuse. This procedure must be based on an evaluation of the social capability of

the mentally retarded person by qualified experts and must be subject to periodic review and to the right of appeal to higher authorities.

#### United Nations Declaration on the Rights of Disabled Persons, 1975

##### Paragraph 1

The term "disabled person" means any person unable to ensure by himself or herself, wholly or partly, the necessities of a normal individual and/or social life, as a result of deficiency, either congenital or not, in his or her physical or mental capabilities.

##### Paragraph 3

Disabled persons have the inherent right to respect for their human dignity. Disabled persons, whatever the origin, nature and seriousness of their handicaps and disabilities, have the same fundamental rights as their fellow-citizens of the same age, which implies first and foremost the right to enjoy a decent life, as normal and full as possible.

##### Paragraph 6

Disabled persons have the right to medical, psychological and functional treatment, including prosthetic and orthotic appliances, to medical and social rehabilitation, education, vocational training and rehabilitation, aid, counselling, placement services and other services which will enable them to develop their capabilities and skills to the maximum and will hasten the processes of their social integration or reintegration.

#### United Nations Principles for the protection of persons with mental illness and the improvement of mental health care, 1991

##### Principle 1- Fundamental freedoms and basic rights

1. All persons have the right to the best available mental health care, which shall be part of the health and social care system.
2. 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.
3. 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.

4. There shall be no discrimination on the grounds of mental illness. "Discrimination" means any distinction, exclusion or preference that has the effect of nullifying or impairing equal enjoyment of rights. Special measures solely to protect the rights, or secure the advancement, of persons with mental illness shall not be deemed to be discriminatory. Discrimination does not include any distinction, exclusion or preference undertaken in accordance with the provisions of these Principles and necessary to protect the human rights of a person with a mental illness or of other individuals.

United Nations Standard Rules on the Equalization of Opportunities for Persons with Disabilities, 1993

22. The term "prevention" means action aimed at preventing the occurrence of physical, intellectual, psychiatric or sensory impairments (primary prevention) or at preventing impairments from causing a permanent functional limitation or disability (secondary prevention). Prevention may include many different types of action, such as primary health care, prenatal and postnatal care, education in nutrition, immunization campaigns against communicable diseases, measures to control endemic diseases, safety regulations, programmes for the prevention of accidents in different environments, including adaptation of workplaces to prevent occupational disabilities and diseases, and prevention of disability resulting from pollution of the environment or armed conflict.

## REGIONAL INSTRUMENTS

African Charter on Human and Peoples' Rights, 1981

Article 16

1. Every individual shall have the right to enjoy the best attainable state of physical and mental health.
2. State Parties to the present Charter shall take the necessary measures to protect the health of their people and to ensure that they receive medical attention when they are sick.

African Charter on the Rights and Welfare of the Child, 1999

Article 14

Health and Health Services states that “Every child shall have the right to enjoy the best attainable state of physical, mental and spiritual health.” and that “State Parties to the present Charter shall undertake to pursue the full implementation of this right and in particular shall take measures ... (c) to ensure the provision of adequate nutrition and safe drinking water; (d) to combat disease and malnutrition within the framework of primary health care through the application of appropriate technology; ... (h) to ensure that all sectors of the society, in particular, parents, children, community leaders and community workers are informed and supported in the use of basic knowledge of child health and nutrition, the advantages of breastfeeding, hygiene and environmental sanitation and the prevention of domestic and other accidents; ...”