Access to health services for people with disabilities in Zimbabwe – a case of Mutasa, Mutare Urban and Mutare Rural Districts in Manicaland Province

A research summary, written by PRFT, August 2021

EXECUTIVE SUMMARY

This study focused on understanding the challenges that people with disabilities (PWDs) faced in accessing health services in Manicaland Province. The study results indicate that PWDs face a complex web of issues which impedes them from accessing health services.

Key themes from the study included factors such as dependency on public health, health access, financial assistance, barriers to health care services, and impact of marginalisation in decision making. The results mean that there are structural and non-structural issues which need to be addressed to ensure that PWDs access health services.

The study highlighted a relationship between poverty and access to health services. The research discussions established that PWDs are among the most marginalised groups and, as a result, cannot afford health user fees, which are present in both public and private services. The only ones that we found to be exempt from paying fees are people with mental health issues.

Most PWDs (88.5%) are not covered by any private medical aid scheme whilst only a knowledgeable few have access to government social protection medical aid schemes. At the same time, the public social protection scheme *Assisted Medical Treatment Order* (AMTO), which is available for PWDs, can only be used to pay for user fees in government institutions and is not accepted everywhere. This makes it difficult where required services are not available from government institutions.

The financial support for PWDs to access health services is mostly provided by relatives and NGOs who almost end taking up an obligation that should be fulfilled by the government. This scenario suggests that there is an abrogation of responsibility by the government resulting in a weak governance system.

The study results also established that participation of PWDs in decision making is mediated as it is done through associations of PWDs. While this mediation is

applauded, it however still excludes PWDs whose information on the associations is limited and/or PWDs who are not affiliated to any association.

The study results also indicated a pattern where NGOs, missionary hospitals, and spiritual healers are complementing government health service provision. The public health institutions were established by the research as the main source of health services for PWDs. Because the public health institutions are inadequately resourced with drugs and personnel, PWDs access their health services at secondary sources which are complementing public health provision. However, this pattern of secondary sources is not ideal for PWDs – nearly one in three said that they would have no secondary source of health service if the public one failed.

The recently adopted *National Disability Policy* (June 2021) provides an entry point for civil society organizations to present their research findings on disability studies to the Department of Disability Affairs. This was an unexpected study finding. The importance of this finding is that it offers an opportunity for non-state actors working on disability to influence disability policy implementation in the country. However, whilst celebrating the new disability policy, other policies have existed before, yet they have not been implemented properly. It is therefore a main emphasis of the study that Zimbabwe's State must implement this acclaimed disability policy well, as well as many others, to avoid a false legitimation of its work through "policy production". This situation is also made possible by non-state actors (especially civil society organizations) which have capacity limitations to hold the government to account. Part of this incapacity is as a result of a shrinking operating space for civil society organizations, both financially and regulatory.

The absence of a publicly shared database for PWDs poses challenges in the development planning and implementation of health programmes. The subsequent result is the poor targeting of PWDs by health and social protection services. Our study concludes that, as a result of a lack of a publicly shared database, social protection programmes that cushion PWDs health needs are poorly designed and financed resulting in poor coverage. This finding is important in that failing to properly identify where the PWDs are located will perpetuate their exclusion and marginalization.

RECOMMENDATIONS

Some of the recommendations to improve health care provision for people with disabilities that were suggested during the key informant interviews and focus group discussions in Mutasa, Mutare Urban, Mutare Rural and at provincial and national level include:

- The Government should **construct infrastructure** (public toilets, roads and pavements, clinics, hospitals, health facility waiting areas, etc) that are disability friendly and enable PWDs to navigate with their assistive devices such as wheelchairs.
- The Government should **provide mobile clinics** for PWDs to ease access to health care services since they experience difficulties travelling to health centres due to their various impairments.
- The Government, through the Ministry of Health and Child Care, should establish **one-stop centres** that cater for all the health needs of PWDs. At the moment, very few services are available at the local health centres with PWDs having to be referred to major towns for other specialised services.
- Transport operators should provide **buses that have disability friendly features** such as lifters for wheelchairs. Operators such as the drivers and the conductors should be trained on disability so that they do not abuse PWDs.
- Public transport should also ensure that they give **sufficient time to PWDs when boarding** buses and **wheelchairs should not pay an extra charge** as this is a burden to PWDs. There is need for sensitisation of transport operators' personnel to be sensitive to PWDs needs.
- The Government should enhance a **better inter-ministerial coordination** between the Ministry of Public Service, Labour and Social Welfare, and the Ministry of Health and Child Care, to ensure the adequate and timely financing of the AMTO support scheme.
- The **AMTO support scheme should be extended to all medical facilities** while the local authorities should remove health user fees for PWDs.
- The Government should ensure that **people with epilepsy get free medication** at public health institutions.
- The Government and the local authorities should **increase** public health institutions **personnel** including doctors who, in some cases, are only available twice a week.
- The Government should ensure it achieves **inclusive employment** with at least 10% of staff employed being PWDs. These will understand the needs of fellow PWDs. This must be extended to health personnel including nurses and doctors.
- Health facilities should ensure that their **staff is trained on disability** and the use of the correct terminology when dealing with PWDs. Medical staff training should have modules that teach on disability and how they can handle PWDs. For instance, training should include a **module on sexual and reproductive**

rights for PWDs to deal with issues of discrimination. Personnel at health facilities should also be **trained on sign language** to enable effective communication with all patients. Health facilities should be staffed by **personnel specialised in PWD issues** so that it does not become a disadvantage to have a disability.

- There is need for a **national database of PWDs**. This database should be **decentralised** to the village level **and be regularly updated**. Community leaders should collect disability **disaggregated data**, which details needs of the different PWD categories to enhance inclusive planning that delivers services and programmes that meets PWD needs.