MOTION
BUSINESS OF THE HOUSE

HON. MUTAMBISI: I move that the rest of the Orders of the Day be stood over until Order of the Day, Number 21 has been disposed of.

HON. NDIWENI: I second.

Motion put and agreed to.

MOTION

REPORT OF THE PORTFOLIO COMMITTEE ON HEALTH AND CHILD CARE ON THE PETITION FROM THE SOCIETY FOR THE PRE AND POST NATAL SERVICES (SPANS) ON THE STATE OF AFFAIRS IN THE PROVISION OF MENTAL HEALTH SERVICES

HON. NDIWENI: I move the motion that this House takes note of the Report of the Portfolio Committee on Health and Child Care on the Petition from the Society for the Pre and Post Natal Services (SPANS) on the State of Affairs in the Provision of Mental Health Services in Zimbabwe.

HON. WATSON: I second.

HON. NDIWENI:

1.0 INTRODUCTION

1.2 Pursuant to Section 149 of the Constitution of Zimbabwe, the Society for Pre and Post Natal Services (SPANS) petitioned the Parliament of Zimbabwe on the provision of mental health services in Zimbabwe. Accordingly, the petition was referred to the Portfolio Committee on Health and Child Care for consideration and appropriate actioning. To this end, the Portfolio Committee considered and resolved to inquire into the issues raised in the petition.

2.0 OBJECTIVES The objectives of the enquiry were:

2.1. To assess the state of affairs of the mental health services in terms of

medicines and drugs situation, infrastructure and human resources; 2.2. To appreciate challenges that this sector is faced with; and

2.3. To recommend possible solutions for improved mental health service delivery in Zimbabwe.

3.0 METHODOLOGY

The Committee held two separate oral evidence meetings with the Minister of Health and Child Care, Hon. Obadiah Moyo and the Permanent Secretary, Dr. Agnes Mahomva. In addition, the Committee undertook fact finding visits to mental health institutions, central and provincial hospitals.

3.1 Oral Evidence Sessions

3.1.1 The Minister of Health and Child Care, Dr. Obadiah Moyo, appeared before the Committee on the 10 th of April, 2019 to brief the Committee on the policy measures that are in place to ensure the implementation of the National Health Strategy with regards the provision of mental health in Zimbabwe.

3.1.2 The Permanent Secretary for the Ministry of Health and Child Care appeared before the Committee on the 23 rd of July 2019 to brief the Committee on why the Mental Health Review Tribunal Board has not been meeting to assess the continued detention of both civilly committees and forensic patients in the the mental healthcare institutions.

3.2 Fact Finding Visits

3.2.1 The Committee undertook fact finding visits to the mental health institutions, central and provincial hospitals namely: Ingutsheni and Ngomahuru Psychiatric Hospitals, Mlondolozi and Chikurubi Forensic Psychiatric Units, Gweru, Masvingo, Bindura, Chinhoyi and Gwanda Provincial Hospitals, St. Luke's Mission Hospital, Harare and Mpilo, Parirenyatwa and United Bulawayo Central Hospitals. The fact finding visits took place from 14-20 July 2019 with the exception of the visit to Chikurubi Forensic Unit which took place on the 16 th of June 2019 during a field tour organized by the National AIDS Council (NAC).

4.0 FINDINGS OF THE COMMITTEE 4.1 COMMON CAUSES OF MENTAL HEALTH DISEASES

4.1.1 The most common known causes of mental health diseases are: Anxiety disorder:-i.e depression and stress; and Drug and substance abuse: i.e marijuana and alcohol. Giving oral evidence before the Committee on the 10 th of April 2019, **Dr. Mangwiro stated that most mental health issues are Non-Communicable Disease related - for example, diabetes and hypertension which, for long, have been neglected. Dr. Mangwiro added that when mothers are pregnant and suffering from diabetes or hypertension, there are chances of having children who are born with mental cases due to deformities. Depression can come because a child is born with an open spina bifida or with a hole in the heart. Diabetes can lead to a lot of complications in children.**

4.2 INGUTSHENI PSYCHIATRIC INSTITUTION

4.2.1 Ingutsheni hospital was established in 1908. It has 14 wards and a separate home (St. Francis) for children with learning and severe mental disabilities whose ages range from 5-16 years. The hospital has a bed capacity of 708 and experiences an increasing attendance each month. The average number of in-patients per day is 550+ mostly from substance and drug abuse. The monthly bed occupancy rate for 2018 was 78.13% compared to January to June 2019 rate which was at 81%. The Hospital attends to an average of 2000 out patients per month. It offers OI/ART services with 665 patients registered on ART.

4.2.2 In 2018, the hospital experienced a 200% increase in financing from the government compared to 2017. The 2019 disbursement as of 15 July 2019 was $2.4 million against an initial budget allocation of $1.6 million.

4.2.3 The hospital benefited from the Health levy account funds. To date, the hospital has spent in excess of $1 million of the Health levy fund on Central Nervous System (CNS) medicines and hospital assets. However, the price instability of drugs on the market since October 2018 has presented the institution with procurement challenges (price changes and quotation). At the time of the visit, the hospital reported 75% availability of the required CNS medicines from NatPharm.

4.2.4 The current price instability has also eroded the value of staff salaries and reduced the salaries by more than 80% in real terms. Staff has remained committed but they are really struggling to make ends meet.

4.2.5 Due to price instability on the market, the Hospital Executive came up with mitigatory measures to ensure the availability of medicines, food, and other basic necessities. The mitigation strategies include: Bulk procurement of supplies, Procurement of bulk fuel at the hospital and increased efficiency on the use of available resources. Reduced procurement lead times and continuous follow up on payments with MOHCC and Ministry of Finance and Economic Development. The hospital engaged the Infrastructure Development Bank of Zimbabwe (IDBZ) for construction of residential accommodation on site in a proposed Built-Operate-Transfer (BOT) project that would generate revenue for the institution through rentals. The Hospital also partners with Civil Society Organisations.

4.2.6 Ingutsheni has a shortage of staff which includes: clinical psychologists, general psychiatrists and forensic psychiatrists (with the only forensic psychiatrist the hospital having, resigned in May 2019). The hospital is critically in need of 95 additional nurses, and more security guards.

4.2.7 The Health Levy account has made significant difference with regards to medicines. The Hospital gets support from management at NATPHARM and they have 75 % availability of CNS medicines.

4.3 ST. FRANCIS HOME

4.3.1. St. Francis Home is a mental health hospital for children with severe physical and mental problems. It has a bedding capacity of 60 beds and currently there are 50 patients:- 30 girls and 20 boys. The youngest is 5 years old and the oldest is 26 years (incapacitated). You would wonder I said 5 – 16 years old but this 20 year old was incapacitated.

4.3.2 St. Francis has a shortage of staff as evidenced by the nonavailability of a speech therapist. There are no daily activities for the patients and this causes children to have bed sores because they will spend most of their time sleeping. The staff attends to them 2- 3 days a week and they are in need of additional manpower to help them carry those patients around.

4.3.3 There is a nursery ward at St Francis which accommodates 11 children ranging from 5 months to 1year. However, there are some who are 16 years but because they are incapacitated they cannot mix them with other teenage patients.

4.3.4 There is shortage of ablution facilities at St. Francis as evidenced by having only 5 working bathrooms out of 13.

5.0 NGOMAHURU PSYCHIATRIC INSTITUTION

5.1 Background

5.1.1 The institution was built in the early 1920s by the Dutch Reformed Church as a Leprosy Hospital. The Rhodesian Government took over the management of the institution from the Dutch Missionaries in 1925. The institution was converted into a tuberculosis sanatorium in 1945 till the end of 1968 and became a psychiatric unit in January 1969.

5.1.2 Ngomahuru has three (3) admission wards namely acute ward for male patients, Villa 3 for males and Villa 2 for the female patients. The hospital has a bed capacity of 100 in-patients per ward of which 80% are resident.

5.1.3 Ngomahuru admits patients who are 18 years and above and in rare occasions 16 years. Thus, the institution does not offer infants and adolescents mental health services.

5.1.4 Ngomahuru also has a Rehabilitation Department. It has a Halfway Home and two (2) resettlement schemes for patients who have nowhere to go after being discharged.

5.2 Finances

5.2.1 All services rendered to patients are for free and therefore, solely rely on Government of Zimbabwe for funding. The institution augments these funds through running small scale projects such as the Soweto Bar and Tuckshop and the Grinding Mill. However, of late, these projects were reported to be having viability challenges owing to the prevailing economic hardships and also inadequate financial support from the Government of Zimbabwe.

5.2.2 In the 2019 budget, the institution had bided for $1.5 million but was allocated $400 000.00. Of the allocated money, only $110 000.00 was released in February 2019 but the institution had not accessed the released funds at the time of the visit by the Committee.

5.2.3 It was reported that the institution does not have a functional Public Finance Management System.

5.3 Service Delivery

5.3.1 Ngomahuru treats the following top five (5) mental conditions: Drug Induced Psychosis, Schizophrenia, Acute Psychosis, Organic Psychosis and Epilepsy. It was reported that the prevalence of drug induced psychosis is on the increase and has become the top condition.

5.4 Patient Management

5.4.1 Ngomaguru gets its drug supply from Natpharm through the Health Levy. However, there are no refrigerators for patients’ medicines and there is shortage of lockable medicine trolleys.

5.4.2 Patients have inadequate linen, e.g blankets, jerseys, uniforms, bed sheets, mattresses and shoes. It was further reported that the institution had no detergents since the beginning of 2019 due to financial constraints.

5.4.3 Medicine stock supply status was as follows: Vital medicines- 92%; Essential medicines-76% and Necessary medicines-57%

5.5 Human Resources

5.5.1 The hospital officials reported that due to the current freeze the following critical posts are vacant: Clinical Psychologist (1); Psychiatrist (1) Accounting Assistant (1); X-Ray Operator Principal (1); Occupational Trainer (1); Government Medical Officer (1) and Matron Grade111 (1). Furthermore, it was stated that there is shortage of trained mental nurses (15 out of a possible of 52) due to lack of incentives. 5.5.2 It was also highlighted that there is under-establishment in posts such as drivers, typists, and hospital security guards and that staff uniforms for general hands, nurse aides, drivers among others is not provided regularly.

5.5.3 The Committee was also informed that staff at the institution was not benefitting from none monetary incentives such as vehicle loans, housing loans, and residential stands schemes.

5.5.4 The Committee was further informed that the morale of staff is low due to the unattractive salaries that they are currently being paid.

5.6 Laboratory Department

5.6.1 The Full Blood Count (FBC) machine was reported to be overdue for service and currently not being used because it was giving wrong readings and was taken to Masvingo Provincial Hospital for service. It was also reported that most of the reagents were out of stock.

5.7 Infrastructure and Equipment It was reported that the institution is in need of the following: functional drainage system; furniture for both patients and staff; new blair toilets; mobile generators; photocopying machine; refurbishment of the Soweto Bar and Tuck Shop; reliable internet and telephone services; construction of a Baby Nursery and Female Halfway Home; construction of a proper Nurses Home and dormitories; refurbishment, construction and electrification of staff houses; installation of solar power system; good road networks; incinerator; laundry machine; and fuel tanks installation

6.0 MLONDOLOZI FORENSIC PSYCHIATRIC INSTITUTION

6.1 At the time of the visit by the Committee, the institution had a total of 391 deemed mentally challenged inmates against a staff strength of 153 officers. In addition, the institution also had two babies in its care. Of the above-mentioned total number, 73 were females while 318 were males. It was reported that the ideal would be a staff establishment of 250 officers. 6.2 Human Resources

6.2.1 Staff morale of the officers at the institution was reported to be good and duties were being discharged as expected of them. However, it was indicated that there is a serious need for a forensic psychiatrist and more female and male officers. It was also requested that there be consideration to incentivise the general duty officers as is the case with medical professionals.

6.2.2 Although the institution has a post for a pharmacist, this post is still vacant and the institution has to do with a Dispensary Assistant and a Pharmaceutical Technician.

6.2.3 The institution also does not have an occupational therapist hence, no rehabilitation of patients.

6.2.4 It was reported that the institution does not have specially trained staff for inmates with disabilities.

6.3 Basic Necessities for Inmates 6.3.1 It was reported that food situation at the institution was generally fair as they could afford to provide inmates with three (3) meals per day. However, there is serious lack of nutrients in the food especially the animal protein resulting in 32 cases of pellagra.

6.3.2 It was reported that the institution is facing challenges in the provision of the following: detergents, sanitary wear, laundry soap and other toiletries such as toothpaste and teeth brushes; baby clothing and diapers for babies born in prison and those admitted from court.

6.3.3 There is acute shortage of uniforms for Mentally Detained Patients leading to the institution resorting to using khaki uniforms meant for remand prisoners.

6.3.4 The institution’s kitchen needs renovations as they are currently using one (1) pot out of the four (4) that they are supposed to use.

6.4 Transport 6.4.1 As a Specialist Institution, Mlondolozi usually refers patient and pregnant inmates to Central Hospitals for further management hence, ambulances are needed to carter for emergencies. The institution does not have an ambulance.

6.4.2 The institution did not have a court truck for female inmates since they are currently ferrying them together with male inmates from Khami Remand prison to the court using a truck borrowed from Ntabazinduna Training Centre.

6.5 Projects

6.5.1 The institution was running a broiler chicken project at the time of the visit by the Committee. However, the project was facing viability challenges due to fluctuation of prices owing to the economic hardships that are currently prevailing in the country.

6.5.2 The institution intended to venture into a nutritional garden and fish projects outside the prison but it had funding challenges to kick start them. 6.6 Health

6.6.1 It was reported that the institution had acute shortage of anti- psychotics drugs. This scenario has resulted in officers facing difficulties in controlling patients owing to violent behavior;

6.6.2 The institution gets very little allocation of drugs from Natpharm. It sometimes borrows from Ingutsheni Psychiatric Institution which can only give what is extra to them and not what the institution requires.

6.6.3 It was reported that the Mlondolozi Special Board and the Mental Health Review Tribunal Board have not been sitting as expected resulting in some patients relapsing due to prolonged stay in prison. It was further reported that Criminal Mental Patients that were detained in 2008/2009 were still at the institution at the time that the Committee made the visit.

6.6.4 Contrary to the above findings by the Committee, the Permanent Secretary for the MoHCC appeared before the Committee on the 23 rd of July 2019 and informed the Committee that the Tribunal Board did not have any outstanding cases for Mentally Detained Patients in prison settings.

6.6.5 The Committee was informed that there were no facilities at the institution for pregnant female inmates. Furthermore, it was stated that there were no health preventive service as well as Visual Inspection with Acetic Acid and Camera (VIAC) for cancer screening.

6.6.6 It was also reported that the institution had no rehabilitation activities.

6.7. Challenges

- ➔ Shortage of male and female officers to man yards, gangs, courts and hospital duties
- ➔ Unavailability of sanitary wear, diapers, detergents, laundry soaps and other toiletries
- ➔ Unavailability of utility vehicles for smooth operation of the institution
- ➔ Lack of printer to print patients' documents
- ➔ Shortage of kitchen pots to cook for the inmates
- ➔ Erratic supply of cooking oil.
- ➔ Mental Health Act is not very clear on roles and responsibilities of the MoHCC and Ministry of Justice, Legal and Parliamentary Affairs.

7.0 PSYCHIATRIC SERVICES AT CENTRAL AND PROVINCIAL HOSPITALS

7.1 The Committee visited central and provincial hospitals namely:

Harare and Mpilo Central Hospitals; Chinhoyi, Gweru, Gwanda, Masvingo, Bindura and Marondera Provincial Hospitals. Parirenyatwa Annex and United Bulawayo Hospitals were also visited.

7.2 Finances

7.2.1 Although psychiatric services are being offered for free at all visited government institutions, there is general neglect and low funding prioritisation of psychiatry services at public institutions, with majority failing to even fund occupational therapy and rehabilitation services. At Chinhoyi hospital patients lacked shoes and toiletries. Funds for recreation and repairs of infrastructure are a challenge at all psychiatric institutions.

7.2.2 Lack of funding by the government is well demonstrated at Harare hospital Psychiatry Unit. The Unit is a near state-of-the-art center following a donor sponsored major refurbishment, but has a donated kitchen structure dilapidating without functioning due to lack of funding for fittings and equipment.

7.3 Service delivery

7.3.1 Chinhoyi, Gweru, Masvingo and Gwanda Provincial Hospitals do not have dedicated psychiatric units resulting in mental health patients being admitted in general wards which are already overcrowded due to lack of space. Patients are referred to either Ingutsheni or Ngomahuru Psychiatric Institutions for further management.

7.3.2 All the hospitals visited have no paediatrics admitting wards. Harare and Parirenyatwa Hospitals run child psych clinic once every week. Gwanda Hospital does not offer mental health services for infants and adolescents. Masvingo Provincial hospital officials reported that although they do not have a dedicated psychiatric unit for infants, adolescents and adults, when mentally challenged female patients give birth, they are forced to keep the infants at the hospital since Ngomahuru does not have a psychiatric unit for infants and adolescents. In some instances the mentally challenged female patients are refereed to Ngomahuru for further management, leaving their babies at Masvingo Provincial Hospital since Ngomahuru cannot accommodate them.

7.3.2 **During an oral evidence meeting, the Minister of Health and Child Care admitted that what the petitioners were raising in the petition was pertinent, appropriate and relevant. He further admitted that there are some deficiencies in the current Mental Health Act and its implementation, hence, the MoHCC has tried to address this through the launch of National Strategy Plan for Mental Health Services sometime in March 2019.**

7.3.3 In order to address the mental health challenges, the Minister laid down the following possible measures:

- ➔ **Integration of mental health in maternal health care:- early screening for all pregnant women and appropriate treatment at the referrals has to be done;**
- ➔ **Train health staff in order to help them identify the risk factors for maternal health challenges and to mitigate against them at an early stage; and**
- ➔ **Train the mothers in responsive parenting and nurturing care as part of primary health education. This can go a long way in helping them to cope with the demands of motherhood.**

7.4 Infrastructure and Transport

7.4.1 It was observed that there is no standard set up on psychiatry and there is clear variances on infrastructure design and state as well as manpower in post from one psychiatric institution to the other.

7.4.2 All psychiatric units visited, except for Harare Hospital (which was well renovated by MSF), have conspicuous infrastructure and security confinements challenges. Chinhoyi has no lockable doors, exposing staff and other patients to danger. There is only one padded seclusion at Harare hospital to cater for the violent and suicidal cases, and none elsewhere.

7.4.3 Halfway homes came out as one main challenge, with Chinhoyi having been allocated a farm but has not managed to erect any structures to functionalise the place. As a result, patients who are stable and due to be released were still admitted at the hospital. Harare and Parirenyatwa Hospitals share Beatrice Farm Halfway Home and each also has a halfway home in separate Harare suburbs. All these homes are said to be inadequately structured and equipped to meet the needs of the mental patients. 7.4.4 Gwanda Provincial Hospital does not have the recommended ambulance with the specialised security features to transport mental health patients during the acute phase of illness. Due to a poor fleet of vehicles, at times, the same ambulance used to transfer medical and surgical patients is the one used to transfer these clients. Follow-ups of the same patients in their homes in the community cannot be done due to lack of a service vehicle dedicated for mental health activities for assessment, health education and supportive services.

7.5 Human Resources

7.5.1 The most close-to-ideal circumstances were at the Harare and

Parirenyatwa psychiatry hospitals, where Occupational Therapists, Psychologists and Psychiatrists including those specialising on children psychiatry were in post.

7.5.2 There was no institution with the recommended nurse to patient ration of 1:3 for acute; 1:1 for violent and 1:5 for chronic cases. Parirenyatwa Annex has the best scenario with 15 nurses for a maximum of up to 55 (though holding capacity is currently at 34 pending renovations) patients. Among some of worst staff shortages witnessed is Harare Hospital Psychiatric Unit that needs up to 27 more Registered Mental Nurses as well as 15 nurse aids and 9 general hand staff. Chinhoyi, Gweru, Mpilo, UBH, Gwanda, Masvingo, Marondera, and Bindura hospitals offer psychiatric services but there have shortages of psychiatrists and psychologists which compromises the effective management of patients.

7.5.3 Gwanda Hospital had limited knowledge on the management and care of mental health patients while many rural health centres in Matebelaland South were being manned by general nurses that did not have specialist training in mental health.

7.6 Medicine and Drug Supply

7.6.1 Most of the psychiatric institutions reported an improved supply of medicines for anxiety disorder from Natpharm but, indicated that the situation is not yet ideal, with irregular supplies still being experienced. It was recommended that the country moves from first generation group of medicines to the third generation group of medicines with fewer side effects. Patients often present to the Hospital with side multiples of effects of these medicines. Other medicines used in the management of mental health conditions which are not available at NatPharm are purchased using Health Services Fund (HSF) and/or Results Based Financing (RBF) funding, which has since been eroded by the current economic conditions. The newer, more expensive drugs with lesser side effects are the one most hard to keep in stock and where relatives can afford patience are put on those.

7.6.2 Gweru Provincial Hospital Officials reported that the hospital did not have paediatric medication for children with mental health challenges and even for other mental health patients.

7.6.3 Gwanda Hospital has moved a step further to decentralise the dispensing of psychiatric drugs to the clinics where mentally challenged patients can access medication. It was, however, reported that the hospital has a shortage of some drugs for mental health conditions.

7.7 Rehabilitation Services 7.7.1 Lack of drug and substance abuse rehabilitation expertise and services across the centers was bemoaned. Zimbabwe has no public drugs and substance abuse rehabilitation center. Consequently, cases of Revolving Door Syndrome are common since hospitals cannot offer up to 6 weeks needed to fully recover a patient from an addiction.

7.7.2 During an oral evidence meeting, the Minister of Health and Child Care, Hon. O. Moyo admitted that Zimbabwe lacks rehabilitation services, adding that there are some cases which should not be referred to Ingutsheni directly but can be attended to elsewhere in a friendlier environment. He cited Professor Chibanda’s Friendship Bench initiative as the best model Zimbabwe can adopt. The Minister added that the National Strategy Plan on Mental Health Service requires the Ministry to establish rehabilitation centres not only for mentally depressed people but for those affected by alcohol and substance abuse.

7.8. Of the Visited Provincial Hospitals only Bindura has no Psychiatric Unit and avoids admitting any psych patients since they will be forced to be placed in general wards and sometimes under handcuffs if violent which is not an ideal situation. Bindura District as a whole has no psychiatrist and only has 2 psychiatric nurses at the provincial hospital.

7.9 It was also reported that some patients with mental health challenges in Matebeleland South were not seeking medical treatment due to stigma and myths that the condition was associated with e.g evil spirits or demons.

8.0 COMMITTEE OBSERVATIONS AND RECOMMENDATIONS

8.1 Observation

The Committee noted with concern the lack of financial support towards the provision of mental health services for the infants, children and adults in the psychiatric institutions it visited, especially,

Ngomahuru and Mlondolozi. This has resulted in shortages of medicines, critical staff shortages; balanced diet food, and other basic commodities as this sector does not get donor support. 8.2 Portfolio Committee on Health and Child Care Recommendation Number 1/2020

The Committee recommends that the Government of Zimbabwe should provide adequate financial support to the mental health institution and unfreeze all the critical posts in order to improve service provision by June 2020.

8.3 Observation

The Committee also noted that the infrastructure at mental health institutions is inappropriate and dilapidated.

8.4 Portfolio Committee on Health and Child Care Recommendation Number 2/2020

The Committee recommends that the Government of Zimbabwe provide funds for the provision of the appropriate psychiatric infrastructure e.g padded walls by June 2020.

8.5 Observation The Committee noted with concern the disconnection in terms of information and what is obtaining on the ground between the Permanent Secretary of the MoHCC's Office as exemplified in the cases of Mlondolozi and Chikurubi Psychiatric Units. In these cases, the Permanent Secretary, Dr. Mahomva claimed that the Tribunal Board sits regularly to address mental health cases whereas findings of the Committee during its fact finding visits revealed that the board did not sit regularly.

8.6 Portfolio Committee on Health and Child Care Recommendation Number 3/2020

The Committee recommends that the officials at the MoHCC must take health issues seriously and be in grips with what is obtaining on the ground by conducting regular verification visits to ensure compliance by ensuring that the established boards are in place and effectively functional with immediate effect. I thank you.

HON. WATSON: Thank you Madam Speaker. I do not wish to take time to belabour the report of the Committee on this petition and these issues that surround mental health and mental health institutions in Zimbabwe.

However, I would like to stress the fact that Sustainable Development Goal No. 3 is for good health and well being for all. What I would like to buttress on is what the Committee saw. For example, at St. Francis Home which is the home for severely mentally and physically handicapped children; the lack of clinical psychologists, occupational therapists, proper food, proper furniture, proper bathing facilities leaves one with a sense of woeful inadequacy that the Ministry of Health and Child Care has. Yes, whilst it is under-funded, it has almost as great a responsibility to those of our society who are less able to - (a) care for them and (b) care for those whose families have effectively abandoned them. I think that is something that we saw across the specter of the mental health provision.

I would like to stress the Committee's recommendations in terms of it being also woeful that the gentlemen at Mlondolozi who appealed to the Committee as having already been assessed by the psychiatric staff to be released, who were still there because the relevant tribunal according to him and the psychiatrist, was not even constituted, let alone does not sit regularly. It is also woeful, it is a form of justice denied to people whose states of health and mental ability makes them lower shall we say or in greater need of our protection as Parliament and as ministries.

I would also like to say that it is imperative that the Ministry finds a way of obtaining sufficient ambulances to transport: -

(a) Mental health patients;

(b) Sufficient psychiatrists.

Bulawayo for its entire population, for the three institutions, has one fully qualified psychiatrist. It is not possible for mental health in all regards to be dealt with in that situation.

When Hon. Ndiweni spoke, when we went to Umlondolozi, there were more violent mental patients beating on the doors, we could hear them and it was violent because the doors were clearly unpadded and were made of metal. We should not allow as Parliament, Legislators and as people who have oversight over ministries the kind of almost inhuman treatment of those who require our care.

So, I would simply like to uphold and say that the recommendations of the Committee should be seriously looked at by Parliament and the Ministry and should be in fact, dealt with. I thank you.

HON. MUTAMBISI: I move that the debate do now adjourn. HON. K. PARADZA: I second.

Motion put and agreed to.

Debate to resume: Wednesday, 4 th March, 2020.

On the motion of HON. MUTAMBISI seconded by HON.

MUTSEYAMI the House adjourned at Three Minutes to Six o'clock p.m.

ADVANCE COPY- UNCORRECTED

No. 30

PARLIAMENT OF ZIMBABWE

VOTES AND PROCEEDINGS OF THE NATIONAL ASSEMBLY

SECOND SESSION – NINTH PARLIAMENT

WEDNESDAY, 4TH MARCH, 2020

35. Adjourned debate on motion of the Report of the Portfolio Committee on Health and Child Care on the Petition from the Society for the Pre and Post Natal Services (Adjourned 3rd March 2020– Hon. Mutambisi)

[Day elapsed: 2]

Question proposed: That this House takes note of the Report of the Portfolio Committee on Health and Child Care on the Petition from the Society for the Pre and Post Natal Services (SPANS) the State of Affairs in the Provision of Mental Health Services in Zimbabwe-Hon Ndiweni.