Health Development Fund

Supporting the National Health Strategy to improve access to quality health care in Zimbabwe

RESULTS-BASED-FINANCING /
Strengthening the health delivery system in Zimbabwe

Mainstreaming quality health care for people living with disabilities (PLWDs)

OCTOBER 2020

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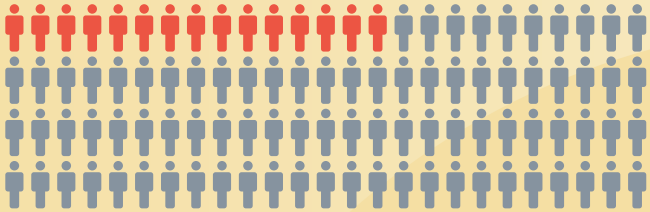
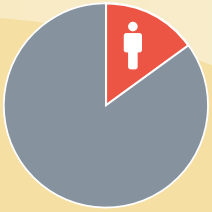
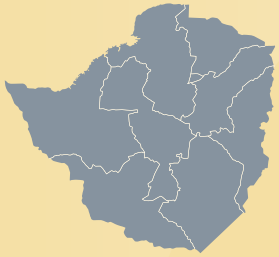
PEOPLE LIVING WITH DISABILITIES IN ZIMBABWE: AN OVERVIEW /

According to the World Bank, one billion people, or 15% of the world's population, experience some form of disability*



One-fifth of the estimated global total - between 110 million and 190 million people - experience significant disabilities**





Due to diverse cultures in communities there are different views on PLWDs: In some families, disability is viewed as a curse, while others believe that it is indeed a health issue and choose to adhere to the advice and explanations of health experts. However, more often than not, PLWDs face stigmatisation and discrimination and in some cases, PLWDs are even rejected by their own families and friends and are suffering from severe psychological trauma as a result.

PLWDs are also likely to be excluded from formal education which results in a life in poverty for many PLWDs. Luckily, many charities in Zimbabwe support children with disabilities with primary education, whilst others support adolescents and young people with professional courses.

PLWDs also experience challenges in accessing health services. Accessible health services, however, are a prerequisite for any other work which is done in this area. As COVID-19 continues to have wide-reaching impacts across the world, it is important to consider how PLWDs who are uniquely impacted by the pandemic can access essential health services and put measures in place that work.

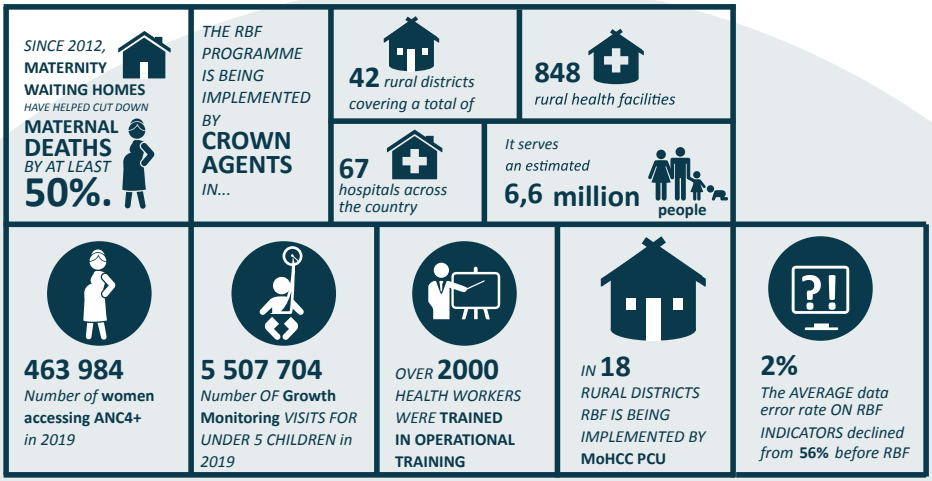
The 2030 Agenda for Sustainable Development clearly states that disability cannot be a reason or criteria for lack of access to development programming and the realization of human rights, of which access to health is one.

This edition of the RBF booklet therefore focuses on the health challenges encountered by PLWDs and the potential solutions which can be provided, amongst others, through the RBF programme.

*World Bank, accessed 1 October 2020, <https://www.worldbank.org/en/topic/disability>
** 2013 National Survey on Living Conditions among People Living with Disabilities (PLWDs); Zimbabwe 2012 Population Census

RBF - OUR UNIQUE APPROACH AND IMPACT /

LEAVE NO ONE BEHIND: HOW RBF CAN PLAY A VITAL ROLE IN MAKING HEALTH INSTITUTIONS MORE ACCESSIBLE AND INCLUSIVE



The Results-Based Financing Programme (RBF) makes health services in Zimbabwe accessible through removing user fees with a particular focus on mothers and children.

The programme rewards health facilities based on their performance and is funded by the Health Development Fund (HDF) donors in 42 rural districts of Zimbabwe, while the remaining 18 districts are funded by the Government of Zimbabwe and the World Bank.

The Programme allows more people to access health services, supporting the World Health Organisation Goals of Universal Health Coverage that aims to ensure that all people obtain the health services they need without suffering financial hardship due to scarcity of funds.

Focussed on rural areas, the RBF programme has made great strides to reach those mothers and children who are geographically marginalized and have little or no resources at their disposal. For mothers and children living with a disability, this is even more so the case. Given RBF is geared towards inclusiveness and that it works through and with existing systems and structures, it is perfectly placed to deal with the challenges people living with disability (PLWDs) face when it comes to accessing basic healthcare services. This way, governments, health institutions and communities will not only become more aware, but also, we hope, champion opportunities for the RBF programme to add value through targeted interventions, ensuring rural health facilities become more accessible and inclusive.

FOREWORD FROM THE MINISTRY OF HEALTH /

The Government of Zimbabwe (GoZ) remains committed to ensure that all citizens are able to access quality health care services, including PLWDs.

To ensure that this objective is attainable, the Ministry of Health and Child Care (MoHCC) has made substantive progress through its Mental Health Policy as they are now offering free health services to people living with mental health issues. Further to this, the GoZ is also working to finalize a tailor-made policy for other types of disabilities, thus ensuring that this key population is not left behind.

The present COVID-19 pandemic has made PLWDs more vulnerable, as they are likely to rely on assistance from caregivers and significant others which makes them more endangered to infection. It is to note is that this dependence on significant others to perform their daily self-care tasks means that social distancing is particularly challenging for PLWDs. In addition, PLWDs need to frequently rely on hands-on assistance from surfaces, wheelchairs or crutches which may have been touched by infected people, which raises their risk of infection even more. This is worsened by their inability to implement World Health Organization (WHO) precautionary measures such as sanitizing their own wheelchairs and hands as well as wearing a mask.

Additionally, communication materials and channels such as pamphlets, radios and flyers are not conducive for some PLWDs, such as the blind and deaf. Furthermore, having nurses not trained in sign language trying to communicate COVID-19 preventative measures is also a challenge, and PLWDs might miss important information regarding precautionary measures as a result.

Lastly, there is a widespread belief that people with underlying illnesses such as hypertension and diabetes- from which many PLWDs suffer- are inherently at higher risk of infection.

Above the challenges faced by PLWDs which are also applicable to every other citizen concern unavailability of public transport, especially with lockdown measures implemented to mitigate COVID-19 transmission. As a result, individuals relying on public transport are experiencing challenges to visit health facilities and access drugs. This may promote drug resistance due to poor adherence.

We therefore strongly encourage health facilities supported through RBF programme subsidies to make sure that there is proper sanitization of equipment and supplication of masks for PLWDs to avoid putting them at risk. We also hope that Health Centre Committees (HCCs) organize meetings which involve PLWDs, making sure that they have access to all vital information relating to the virus and its impact.

Air Commodore, Dr Jasper Chimedza
Permanent Secretary for Health and Child Care

FROM THE EDITOR /

2020 **will hopefully be remembered as a year where humanity demonstrated great ability to innovate and work together to make the world a better place for all. After all, we have witnessed a worldwide effort to achieve significant improvements in the prevention and management of COVID-**19 **cases within a very short period.**

However, whilst governments and development actors are striving to keep communities safe, concerns are rising about whether PLWDs are being considered sufficiently in this effort. Only recently, Jimmy Innes, Chief Executive at Action on Disability and Development International, stated: "People with disabilities are affected by the impacts of COVID-19 and are disproportionately left out of the response to COVID-19".

Leaders around the World are now committing for better inclusion of PLWDs in the global response to the pandemic. Whilst this is very commendable and also necessary, will this rather sporadic commitment address the systemic health service access issue?

If we let COVID-19 progressively disappear without addressing the issue of equal access to quality healthcare for PLWDs, concerns may wane off; it is therefore vital that we acknowledge now that our health policies and strategies do often not cater for the special needs of PLWDs. To remedy this, a systemic change of our health systems is necessary.

In this edition, we would like to show how health facilities in Zimbabwe have harnessed the RBF programme to incorporate and modify their ways of working to accommodate PLWDs, and how communities are now taking action, being more aware of the barriers that are faced by PLWDs. We will also share with you the views of Ministry officials and donors on what more can be done to contribute to building more inclusive and responsive health services for PLWDs in the future.

It is our hope that the health system in Zimbabwe effectively assists persons with all types of disabilities so they can achieve their maximum level of independence and contribute to their communities as equal and healthy participants in society.

Marie-Jeanne Offosse
HDF/RBF Team Leader at Crown Agents Zimbabwe

HOW A HEALTH WORKER PREVENTED A MATERNAL DEATH IN MUTASA DISTRICT /

Great strides have been achieved in Mutasa district in ensuring that the RBF's commitment to reducing maternal mortality and morbidity yields the desired health outcomes. Samanga Clinic is one facility that has demonstrated that women living with disability can receive quality care.

During the month of October 2019, Mrs Bridget Phiri, a woman living with deformed legs, came to the clinic for her antenatal care (ANC) booking. Due to her physical disability, she was considered a high-risk delivery case. Committed to save a life, the Sister-in-Charge (SIC), Betty Makuwaza, took extreme measures to prevent a child delivery of such high risk at the Clinic. She did so by engaging the Health Centre Committee (HCC) to arrange for an emergency referral of the client to Hauna District Hospital, which is about 20 km away from the Samanga Clinic. "We currently do not have a caesarean section at our clinic thus I had to refer Mrs Phiri to our district hospital where she had access to adequate equipment and well trained specialists."

This was of crucial importance because Mrs Phiri had high chances to experience obstructed labour which requires a caesarean delivery. With the patient failing to raise USD 20 for transport, we utilised RBF funds and paid the travelling expenses, a courtesy of the programme's referral system" explained SIC Betty Makuwaza.

"If it had not been for the compassion of SIC Betty Makuwaza and the RBF programme's effective referral system, there was a possibility that myself, the baby or both of us could have died. I hope this programme will go a long way in ensuring quality safe deliveries to anyone and especially us, the disabled, since we need extra care"

There are 37 public health facilities in Mutasa: 34 Clinics/Rural Health Centers and three hospitals. All 37 are contracted under RBF. The trend of positive Malaria cases decreased by 75% during the period of 2014 to 2019. Average Client Satisfaction Score in Mutasa District is at 89%. Total earnings for the contracted rural health facilities were $990,000 for the period of Quarter 2, 2014 to Quarter 1, 2020. An average of $14,000 was earned by the three hospitals and $1,500 for the Rural Health Centre since Quarter 1, 2019.

ENSURING QUALITY HEALTHCARE TO PREVENT PERMANENT DISABILITY AND DEATH AT BIRTH: A FOCUS ON NEONATES /

Menahem Nyahwema was born with a serious condition of an imperforated anus and was supposed to die or develop permanent physical disability, had he not been sent for corrective surgery.

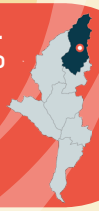
When Mrs Netsai Nyahwema delivered a baby boy, healthcare workers (HCWs) noticed during initial examinations post-delivery that the child had an imperforated anus and that he could not pass stool. The Nurse-in-Charge Mr Chigumira immediately referred the child to Nyanga Hospital for further examination and specialised care using RBF's referral system, which meant that all ambulance costs were paid using RBF funds.

"I thought my child was going to die, but the nurses and the RBF programme provided my family with the much needed help, which I am incredibly grateful for".

A colostomy was successfully done, and the baby can now pass stool. The mother is currently taught how to care for a colostomy whilst the baby awaits opening of the anus when his weight reaches the 10kg threshold.

Nyanga District has 27 public health facilities of which 22 clinics and three hospitals are contracted under RBF. The trend of positive Malaria cases decreased by 55% during the period 2014 to 2019. The district recorded zero maternal deaths in 2019.

Average Client Satisfaction Score in Nyanga District is at 86%. Total earnings for the contracted rural health facilities were $580,000 for the period of Quarter 2, 2014 to Quarter 1, 2020. An average of $11,900 was earned by the three hospitals and $1,700 for the Rural Health Centre since Quarter 1, 2019.



INTERVIEW PEOPLE LIVING WITH DISABILITIES AND THE DECISION-MAKING PROCESS /

How a Health Centre Committee Member inspires change

PLWDs is pivotal in fighting the stigma associated with disability and ensuring that the voices of PLWDs are heard when making laws and policies that involve them. To this end, the HCC at Hwedza Rural Hospital has ensured that at least one of their members represents the disabled population. Ms Chinsipu serves as a Committee Member since the inception of the RBF programme in 2014.

Ms Chinsipu, please tell us how long have you been in the HCC. What is your specific role?
I have been a member of the HCC since early 2014. I serve as a community member, thus my role is to represent my colleagues and advise on innovative solutions that are significant to us to have access to maximum quality healthcare services.

How do your colleagues and the broader community that you serve view you and your work, given that you are living with disability?
The community at large respects me as I have shown my capability to lead; my colleagues view me as their mentor and their voice. These days, people hold a positive attitude towards the disabled without the labelling we were exposed to before the RBF programme started. Whilst we were previously excluded in health matters, people have come to understand that disability does not equal inability.

Are there any special thresholds that you have to overcome or circumvent in the delivery of your duties?
Being a woman is already a challenge, because people tend to look down upon female leadership as they often believe males are the better leaders. Having a disability makes things even more challenging. However, I worked hard to prove myself and my community gave me a lot of support and never ceased to believe in me.

Do you have any other information regarding the support you receive from the Ministry of Health and Childcare (MoHCC) and the RBF programme that you would like to tell us about?
On behalf of the disabled community, I would like to thank both the MoHCC and the RBF programme for uplifting our hopes. The hospital and the community at large have made a real effort to champion high quality healthcare for PLWDs by building ramps for our wheelchairs and offering special visits by the rehabilitation department manning Hwedza District. During these visits, the department assists PLWDs with critical physical therapy and health education. We can certainly say that we are no longer being left behind as we can now participate in the decision-making process which influences not only our health and wellbeing, but also that of the whole community.

Hwedza District has 15 public health facilities of which 13 clinics and one hospital are contracted under RBF. The trend of positive Malaria cases decreased by 62% during the period of 2014 to 2019. The average Client Satisfaction Score in Hwedza District is at 91%. Total earnings for the contracted rural health facilities were $340,000 for the period of Quarter 2, 2014 to Quarter 1, 2020. An average of $12,000 was earned by the hospital and $1,500 for the Rural Health Centre since Quarter 1, 2019.

HOW THE RBF PROGRAMME STRENGTHENS HEALTHCARE FOR CHILDREN LIVING WITH DISABILITIES: A FATHER'S TESTIMONY /

Tinotenda was born without a disability. However, when he was about one year and six months old, he fell ill with tuberculosis meningitis and became deaf, dumb, blind and completely physically impaired.

"Moving to a rural district as Crown Agents Health Field Officer has not been a hindrance to access quality health care for my son." says Tino's father. "The health workers at Rusape General Hospital, New Life Medical Clinic, Uptown Surgery and Rusape Physiotherapy Centre have offered various forms of medical support. The hospital also provides specific support to each patient depending on the disability that he or she has. A case in point is my child who is being referred as a special case and receives specific medication such as carbamazepine because he is epileptic."

Dr Karembo, the medical superintendent, points out: "Rusape General Hospital offers comprehensive support to people with disabilities, especially every last Thursday of the month. During this day, we offer necessary health education and group therapy. In addition, we are planning to revive our outreach programme for PLWDs so we can offer comprehensive care and health education for all. RBF funds are significant for people living with hypertension and diabetes to supplement critical drugs such as hydrochlorothiazide (HCTZ) and nifedipine, as these patients are at high risk to develop a stroke".

"The RBF helped us to adjust psychologically, especially taking into consideration the financial hardships that we were set to endure."

Mr C. Severa,
Tino's father

Makoni District has 54 public health facilities of which 53 clinics and one hospital are contracted under RBF. Maternal deaths decreased by 71% during the period 2014 to 2019. The trend of positive Malaria cases decreased by 74% during the same period.

The average Client Satisfaction Score in Makoni District is at 88%. Over a million USD was cumulatively earned by the RBF health facilities in Makoni district for the period of Quarter 2, 2014 to Quarter 1, 2020. An average of $22,000 was earned by the hospital and $1,600 for the Rural Health Centre since Quarter 1, 2019.

INTERVIEW EXCEPTIONAL LEADERSHIP SKILLS CHAMPIONING QUALITY HEALTH SERVICES /

A medical doctor demonstrating that disability is not inability

Dr Mapanda is a disabled professional and a mother of three. She is a qualified medical doctor with a Master of Science degree in peace leadership and conflict resolution from Zimbabwe Open University. Dr Mapanda is the current medical Superintendent of Kwekwe Hospital.

How is your hospital participating in the RBF programme?

By virtue of being a secondary hospital, we have been catering for all maternal referral cases from Gokwe North, Gokwe South, Kadoma and Kwekwe District. We have also been conducting caesarean sections for mothers referred from District Hospitals which either did not have anesthetic machines or theatre personnel. At Kwekwe Hospital, there are two obstetrics and two gynecology practitioners to manage all patients including the disabled cases.

What is your motivation for participating in the programme?

I am greatly motivated by the RBF subsidy, which we receive quarterly to procure food, hospital sundries and medicines for people living with diabetes and mental illnesses. The staff incentives also motivate my personnel, which results in better quality care provided to our clients.

What is your personal strength and how?

I am quite a resourceful person. Whilst I use RBF subsidies to support our Hospital, I also believe that as leaders, we need to source from other stakeholders and promote community participation in health care so we do not solely depend on RBF. This is why I wrote several detailed proposals to many potential partners and the business community to bridge our financial gap. As a result of these proposals, I received various donations, which enabled us to refurbish the post-natal ward with financial assistance from the Zimbabwe Mining and Smelting Company (ZIMASCO). Sables Chemicals funded the renovation of the incinerator and the laundry department, and the Nyaradzo Group donated boardroom furniture. We now have a vegetable garden spanning almost 1000 square meters for supplementing meals offered to patients at the hospital. The money which we previously used to purchase cabbages and green vegetables can now be channelled to other critical areas.

What achievements can you look back at in relation to RBF?

The number of institutional deliveries and caesarean sections performed has doubled since the beginning of RBF. Our Provincial Health Executive Scores, which are measured on the basis of indicator reports from our health facility, are gradually rising as we strive to improve on the indicators themselves. I take also pride in a functional and hardworking Hospital Management Board that is responsive to the issues that we work on.

Kwekwe district has 37 public health facilities of which 25 clinics and two hospitals are contracted under RBF. The trend of positive Malaria cases decreased by 54% during the period of 2014 to 2019.

The average Client Satisfaction Score in Kwekwe District is at 94%. Total earnings for the contracted rural health facilities were $650,000 for the period of Quarter 2, 2014 to Quarter 1, 2020. An average of $17,000 was earned by the two hospitals and $1,600 for the Rural Health Centre since Quarter 1, 2019.

INTERVIEW HOW HEALTH WORKERS CAN CONTRIBUTE TO QUALITY HEALTHCARE SERVICES FOR PATIENTS LIVING WITH DISABILITIES /

Access to quality healthcare services by people living with disability has been a challenge in Bindura District, especially due to communication barriers. However, the case of Rutope Clinic in rural Bindura shows how facilities can go the extra mile to train its staff in the use of sign language to better communicate with clients who are deaf and dumb. Crown Agents interviewed Mr Moses Masiiwa, a Primary Care Counsellor (PCC), to find out more.

Mr Masiiwa, thank you for taking the time to speak to us. The engagement of your staff to learn sign language is very impressive. What has driven this initiative?

My work at this institution afforded me an opportunity to meet many dumb and deaf clients. I remember my first encounter where I couldn't communicate with them. Nobody here could and this barrier affected the quality healthcare we could provide for these patients. Can you imagine having a deaf person in labour? How do you tell them to breathe in and out rhythmically? Since there was no possibility of communicating this, we were always forced to refer such clients to the next level of care, which had a knock-on effect on clients' health outcomes due to delays. Some would opt to not attend clinic visits and risking delivering at home.

Please tell us about your experiences with the delivery of healthcare after the sign language training had taken place?

It has been amazing ever since I had my training in sign language. I love the experience of using sign language when communicating with clients because I am confident that I can be of help to them. As a result, they now come more often and some even refer their friends from outside our community area to access healthcare services here. Furthermore, neighboring clinics are now referring their clients to Rutope Clinic.

This is indeed an impressive achievement. What else would you say has been achieved and what will be the next steps to ensure health care in your facility becomes even more accessible to PLWDs?

In terms of improving accessibility to quality healthcare services, ramps have been constructed, which is an important development. However, we still need toilets and bathrooms that are compatible with the needs of PLWDs. For those with mobility challenges, we need to develop a telemedicine approach and rather treat them at home than ask them to come to the facility, which can be a significant challenge for them.

The District has 22 public health facilities of which 13 clinics and one hospital are contracted under RBF. Early neonatal deaths decreased by 57% during the period of 2014 to 2019. The trend of positive Malaria cases significantly decreased by 90% during the period of 2014 to 2019.

Average Client Satisfaction Score for Health Facilities under RBF in Bindura District is 87%. Total earnings for the contracted rural health facilities were $640,000 for the period of Quarter 2, 2014 – Quarter 1, 2020. An average of $22,000 was earned by the hospital and $2,000 for the Rural Health Centre since Quarter 1, 2019.

STANDARDS OF LIVING AND MENTAL HEALTH FOR PLWDs: THE STRENGTH OF MUTUAL SUPPORT /

Team work and the determination by community leaders, Health Centre Committee persons (HCCs) and healthcare workers (HCWs) to ensure access to quality healthcare for PLWDs in Umguza District have taken Nyamandlovu Rural Health Centre (NRHC) to the next level. A notable achievement is the procurement of crutches for PLWDs and bringing together representatives living with disabilities to learn skills that will help them to generate income for themselves.

Mr Maposa who is 46 years old, told us his story about how he got disabled and what it is like to live with a disability. He was involved in a road traffic accident and was ferried to Mpilo Hospital in Bulawayo for medical attention. After treatment he could no longer walk as he had a fracture on the femur.

"Upon this incident, I received care, rehabilitation, social support and much needed counselling from the hospital. I later started to participate in a support group for PLWDs, supported by the Department of Social Welfare and community leaders, including HCC members. As of now, I am physically, psychologically and spiritually well".

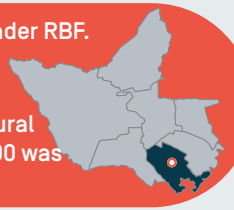
"I am a farmer, and after this accident, I was at first no longer actively participating in my core duties of producing crops for sale. As a result, my livelihood was affected. However, becoming a member of the Sibambene Social Support Group reassured me that I can still use my knowledge to earn a living. I realised that my skillset is critical as I am able to supervise some of the activities in my plot which produces good crops ready for the market. Future plans of our group are to apply for bank loan schemes to start poultry livelihoods projects" noted Mr Maposa.

"The support group gives PLWDs the relevant skills on how to generate income, develop mental and emotional resilience through testimonials and teachings from other members. This way, the group ultimately improves the mental health of PLWDs in our community, which is something that is of crucial importance to us".

Mr Ndlovu,
HCC Chairperson

Umguza district has 11 public health facilities of which nine clinics and one hospital are contracted under RBF. Early neonatal deaths decreased by 60% during the period of 2014 to 2019. The trend of positive Malaria cases decreased by 57% during the period of 2014 to 2019.

The average Client Satisfaction Score in Umguza District is at 81%. Total earnings for the contracted rural health facilities were $140,000 for the period of Quarter 2, 2014 to Quarter 1, 2020. An average of $8,000 was earned by the hospital and $1,200 for the Rural Health Centre since Quarter 1, 2019.



A JOURNEY THROUGH THE DISTRICTS /

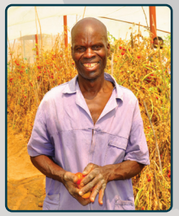
CASE STUDY: GOKWE NORTH

In the Madzivazvido community, lavatories have been constructed to provide easy manoeuvrability of wheelchairs. Furthermore, the district used RBF subsidies to buy chronic medicines for patients suffering from epilepsy and hypertension, treatment which they could otherwise not afford. One of the District's patients who benefits from RBF can be seen in the picture on the right.

Gokwe North District has 22 public health facilities of which 21 clinics and one hospital are contracted under RBF. The District had only one maternal death in 2019.

CASE STUDY: HWANGE

In this District, RBF funds have been used to enable the Lukosi Rehabilitation Department to conduct capacity building trainings for PLWDs to be rehabilitated. Activities include engaging them in small projects like sewing and breadmaking to give them the life skills necessary to generate income for themselves. RBF funding has also been used to conduct evaluations on PLWDs who have undergone these training to assess their impact on their clients' lives.



Hwange District has 28 public health facilities of which 17 clinics and two hospitals are contracted under RBF. Maternal deaths decreased by 50% during the period of 2014 to 2019. The trend of positive Malaria cases decreased by 77% during the same period.

CASE STUDY: CHIRUMANZUI

Through the RBF programme, clinic staff working together with their Health Centre Committee (HCC) and the broader community managed to provide a wide range of modifications and adjustments to facilitate access to healthcare services for PLWDs, such as suitable accommodation. The clinic also changed its physical layout to provide access for people with mobility difficulties by constructing a ramp at the facility. As of now, nurses are improving the health of PLWDs by providing information, training and peer support.

Chirumanzui District has 19 public health facilities of which 14 clinics and five hospitals are contracted under RBF. Early neonatal deaths decreased by 51% during the period of 2014 to 2019. The District recorded zero maternal deaths in 2019.

CASE STUDY: MBIRE

The Chikafa community used some of the RBF funds for the procurement of drugs such as painkillers, heat rubs and crepe bandages for the reduction and alleviation of pain and immobility amongst the disabled community. Further to this, the community devised a system for follow ups to visit PLWDs, most of which are dependent on others. RBF funds were also used for fuel to conduct visits and disseminate important information to PLWDs such as the dates for special visits by the District Rehabilitation Department.

Mbire District has 13 public health facilities of which 12 clinics and one hospital are contracted under RBF. The trend of positive Malaria cases decreased by 76% during the period of 2014 to 2019.

CASE STUDY: GUTU

The District utilized RBF funds to procure four cot side beds and three wheelchairs for Gutu Rural Hospital, resolving the challenge of health personnel having to carry physically disabled patients to facilitate treatment. In addition, the equipment offered mothers the opportunity to cuddle with their baby instead of putting the baby in a crib by itself, resulting in more bonding time and easier breastfeeding at night.

Gutu District has 30 public health facilities of which 28 clinics and one hospital are contracted under RBF. Early neonatal deaths decreased by 48% during the period of 2014 to 2019. The District had only one maternal death in 2019.

CASE STUDY: MWENZI

Challenges faced by PLWDs in wheelchairs prompted the Health Centre Committee (HCC) in the Maranda community to construct ramps. At present, the Maranda Sub Clinic is building lavatories fit for usage for PLWDs.

In Mwenezi District the trend of positive Malaria cases decreased by 57% during the period of 2014 to 2019.

INTERVIEW MR K.NCUBE, DEPUTY DIRECTOR REHABILITATION SERVICES, MINISTRY OF HEALTH AND CHILDCARE (MOHCC) /

The MoHCC's objective is to promote equality and acceptable quality health services to all citizens and especially PLWDs who need extra care. The Ministry made great progress through its Mental Health Policy and is now offering free services to people living with mental disabilities. The Ministry's universal coverage policy has been further affirmed through its partnership with UNICEF aimed at promoting quality health services to vulnerable children living with disability. Mr K. Ncube, Deputy Director of Rehabilitation Services, tells us in more detail what has been achieved and what plans the Ministry holds for the future.

Mr K. Ncube, please do tell us what the Ministry has done so far when it comes to providing essential services to children living with disabilities?

Our Child Protection Department has renovated and equipped the Children Rehabilitation Unit at Mpilo and Sally Mugabe Central Hospital, which has been supported by the Kapneck Trust and also UNICEF. In addition, we have renovated rehabilitation villages in Chinhoyi, Bindura and Tsholotsho and provided additional training for staff to be able to offer improved services to children and young people with physical and developmental disabilities or communication disorders. Furthermore, 13 clinics were opened for Ponseti clubfoot treatment in partnership with the Zimbabwe Sustainable Clubfoot Programme (ZSCP) to improve children's rehabilitation programmes and eliminate clubfoot* as a lifelong disability.

What are your future plans for health services for children living with disabilities in rural districts?

Our main focus area is early detection of disability. Therefore, we intend to train village health workers, rehabilitation staff, midwives and nurses at community level in the 'at risk' surveillance system. The system identifies children which are at risk of developing a disability later in life because they were exposed to perinatal threats such as prolonged labour or severe birth asphyxia. Plans are also underway to upgrade the diploma curriculum for rehabilitation technicians to improve the quality of services offered to children living with disabilities.

How do you think the RBF programme can help improving the quality of life of children and mothers living with disabilities?

I would encourage the RBF program to adopt at least three indicators on children living with disability and add them to its incentives. In addition, I think the programme would be well placed to fund the renovation of Clinical Research Unit (CRU) equipment, the cascading of the "at risk" surveillance programme and the construction of rehabilitation villages to all districts.

One of the RBF programme's aims is to ensure that every Zimbabwean citizen can access quality health care services, including children living with disabilities. What suggestions do you have to ensure that programme structures and processes fully address these issues?

Personally, I think there is an opportunity to work with the rehabilitation departments and the Ministry so that rehabilitation programmes can link up with the RBF programme. This way, both initiatives can achieve great strides by mutually supporting each other.

*Clubfoot is a congenital deformity that some children are born with. It occurs during the in-utero development of the foetus. When identified early, this deformity is 100% correctable using the Ponseti Technique; otherwise, the deformity will lead to permanent disability of the child's feet as she/he grows.

INTERVIEW SHELLY CHITSUNGO, HEALTH SPECIALIST, UNICEF ZIMBABWE /

Could you please tell us what role UNICEF currently plays in improving access to quality healthcare for PLWDs and what the organization's priorities are for the future?

UNICEF's work puts a major focus on promoting issues of equality and equity, especially in the health sector, where we work closely with the government.

In Zimbabwe, UNICEF contributed to the development of the disability policy, which has a special focus on how PLWDs can access different types of health care services. The policy makes sure that even new-borns with a disability are being looked after. UNICEF is also supporting the enhancement of a surveillance system to see which children have existing disabilities which need to be attended to. The system was developed for health workers to monitor children under five years of age for developmental issues. The children identified receive a sticker, which is attached to their baby card to alert health workers that they could be a developmental challenge and the child needs continuous assessment for developmental milestones.

Lastly, we also promote the training of health workers to manage their interactions with People living with Disabilities (PLWDs,) for example by learning sign language.

Given the current situation caused by COVID-19, do you feel PLWDs face bigger challenges than others to stay healthy?

In terms of COVID-19 prevention, yes. Behaviour change communication materials, for example, are sometimes not considering the needs of PLWDs. In order to do so, they would need to incorporate messages in braille for blind people or sign language for deaf people, which they often do not. The Ministry of Health and Child Care is working to finalize a tailor-made policy to ensure that this key population is not left behind.

PLWDs also have limited access to health facilities, including those which test for COVID-19. PLWDs often travel long distances to get tested for the virus, only to queue at the health facility for hours to find out that the building they are trying to access does not have a ramp, or that the testing is taking place on the second floor of a building. This can be very discouraging for people who have mobility challenges. Testing facilities are being rolled out to all districts to increase accessibility to all including PLWDs.

RBF has established Health Centre Committees (HCCs) comprising of individuals representing the community. How do you think the programme can involve these individuals to ensure PLWDs' needs are met?

I think the committees are instrumental, because the members know what is happening at the grassroots- their villages. HCCs are already advocating for health facilities to allocate a portion of Results Based Financing (RBF) earnings to accommodate the needs of PLWDs like building of ramps in various health facilities which include Rutope clinic (Bindura district) and Nyikavanhu clinic (Chirumanzu district). In addition to this, HCCs have the opportunity to participate in the RBF District Steering Committee meetings which is attended by various stakeholders including MoHCC and the Council. As the voice of the community, they must use this platform to advocate for the production of suitable communication materials for PLWDs- in their community.

Committee members could also help programme implementors aggregate the relevant data- they know how many PLWDs are living in their communities and what their challenges are, which will help assessing what is needed and for whom, enabling health facilities to adapt accordingly.

INTERVIEW PAULA NOLAN, HEAD OF DEVELOPMENT COOPERATION, EMBASSY OF IRELAND, SOUTH AFRICA /

Thank you for taking the time to talk to us about your ideas on how to improve access to quality healthcare for PLWDs. As a donor partner to the RBF programme, we are especially interested in hearing your views on how RBF facilities can play a role in achieving this goal.

Let us start with the challenges PLWDs in rural settings face: Firstly, there is of course the distance that PLWDs have to travel to access health facilities- the journey is much longer than it is in urban settings. To make matters worse, the COVID-19 lockdown has resulted in the disruption of public transport systems.

A way to tackle this challenge is to put more emphasis on outreach visits by health professionals. PLWDs must be identified by them and ensure that they are not left behind. An effective way forward could be integrated outreach visits addressing multiple medical needs in one visit, taking into account the community coordination mechanisms which are already in place.

During the present pandemic, we also need to consider the increased risk of abuse during lockdown and social distancing, particularly in relation to the most vulnerable, such as PLWDs, women and children. Communities should act on this by ensuring continuity of services by child protection committees, councils dealing with domestic violence and victim-friendly units in policing departments.

Thank you very much for these really interesting points. My next question is about improving access to health facilities for PLWDs: We know that some facilities are constructing ramps to provide better mobility for PLWDs.
They are often funded by the RBF programme. How else do you think health facilities can enable better access?

Firstly, health facilities could do audits to assess their infrastructure and accessibility. It would also help to establish feedback mechanisms for people with disabilities who visit health facilities, so the institution has a chance to adapt its services accordingly. Furthermore, districts could appoint champions tasked with spreading knowledge about the needs of PLWDs and encourage health facilities to offer these services.

Another way of tackling the challenges PLWDs face is the integration of services at health facilities. This way, PLWDs do not have to go to different locations to access multiple services, which would have them incur additional expenses and add further mobility challenges.

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We have worked in Zimbabwe for over a quarter of a century, from remote areas such as Binga in Matabeleland North to the capital of Harare. Proud of our continuing partnership with the Ministry of Health, UNICEF and others, we collaborate with a wide range of stakeholders to deliver practical and innovative development solutions. We have supported Zimbabwe's RBF programme nationwide since 2014.

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