

2014



*Creating an Inclusive Society*

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## Workshop Report<sup>i</sup>

**CENTRAL HOSPITALS : TRAINING FOR HEALTH WORKERS**

**TRAINING DATES: 29-30 September 2014**

SUPPORTED BY:



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## 1. Background

In recent decades, the exclusion of many people with disabilities from society has been recognized as a human rights issue, resulting from social barriers rather than the individual's inability to participate. This transition from a social welfare perspective to a rights-based approach has brought about a focus on improving access to healthcare, reflected in the United Nations Convention on the Rights of Persons with Disabilities (ref: article 25 : *State 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. State Parties shall take all appropriate measures to ensure access for persons with disabilities to health services that are gender sensitive, including health-related rehabilitation.*). Improving care for people with disabilities is an ethical imperative. The United Nations Convention on the Rights of Persons with Disabilities affirms that people with disabilities “have the right to the enjoyment of the highest attainable standard of health without discrimination on the basis of disability.”

The World Health Organisation (WHO) estimates that 15% of the world's population have a disability, making PWDs the world's largest minority. The World Disability Report of June 2011, reported that 16.9% of Zimbabwe's population have a disability. It is estimated that the number of PWDs is increasing “due to population growth, ageing, emergence of chronic diseases and medical advances that preserve and prolong life”. Eighty percentage (80%) of PWDs live in resource poor settings, where they have difficulties in accessing the most basic services to accommodate their needs. With the signing of the United Nations Convention of the Rights of Persons with Disabilities (UNCRPD) Zimbabwe has now committed to providing services that are accessible to and inclusive of PWDs, including health services for HIV prevention, treatment, care and support and Sexual Reproductive Health (SRH).

Due to their respective physical, sensory, social, intellectual and emotional functional limitations, persons with disabilities are limited in day-to-day activities and participation. Society has beliefs and myths that stigmatize disability and the environments in which PWDs live do not have adequate provisions that facilitate specific needs of PWDs. As a result most PWDs are excluded from accessing opportunities for education, health, employment, economic ventures, etc, and are therefore less empowered compared to non-disabled people. The limitations noted above subject people with disabilities to privation and deprivation in many aspects. As a result of limited access to opportunities, most persons with disabilities in Zimbabwe are among the most

socio-economically needy and therefore highly vulnerable to HIV and AIDS and lack access to SRH services.

## **2. Overall Objective of the Training Workshop**

- ✓ To sensitize the health workers on the public health needs and challenges faced by persons with disabilities.

## **3. Specific Objectives of the Workshop**

- ✓ To train the health workers so that they grasp some of the public health needs and challenges faced by persons with disabilities.
- ✓ To identify policy and operational gaps that affect persons with disabilities.
- ✓ To give an opportunity to persons with disabilities to “tell a story”.
- ✓ To allow the health workers to share experiences of interacting with persons with disabilities within the health setting.

## **4. Training Overview**

The 2 day training was conducted from Monday 29 September to Tuesday 30 September 2014, at Harare Safari Lodge in Harare. Forty-eight (45) participants on both day 1 and day 2.

6 Central Hospitals represented:

- Harare Central Hospital – 8 participants
- Parirenyatwa Hospital – 8 participants
- Chitungwiza Hospital – 8 participants
- United Bulawayo Hospital – 8 participants
- Mpilo Hospital – 8 participants
- Ingutsheni Hospital – 5 participants

The workshop was organized, hosted and funded by the Southern African AIDS Trust (SAT) and facilitated by DHAT. The training was conducted using various methods such as, presentations, group work, role plays and story telling and plenary discussions. All the methods used gave the participants the opportunity to share and learn increasing knowledge on disability.

During the workshop participants reviewed implementation mechanisms in place concerning healthcare for persons with disabilities (PWDs), and identified steps required to improve health service delivery for persons with disabilities. Participants examined examples of effective strategies and methods for skills acquisition to provide better healthcare for PWDs. Ways to improve and increase skills development for health workers were considered and follow-up action to be taken by DHAT as funds permit. The workshop noted that the Millennium Development Goals 5 (*combat HIV and AIDS, Malaria and other diseases*) and 6 (*improve maternal health*) with a focus on health will not be reached without the inclusion of persons with disability in mainstream health programmes.

#### **4.1 Presentations**

Formal presentation were combined with plenary discussion and working group sessions, with the view of encouraging a high level of participation. In addition, to the presentations one person with a disability (visual impairment) spoke of his experience and experiences of persons with disabilities in accessing healthcare. This helped the participants to understand that the challenges faced by persons with disabilities are real.

##### **4.1.1 Thematic Presentations**

The following thematic presentations were given during the workshop:

- Key facts on disability and Models of Disability
- Key messages about PWDs and their right to healthcare
- PWDs unmet needs for healthcare
- Existing barriers that deny persons with disabilities to access healthcare
- Addressing barriers to healthcare
- HIV and Sexual Reproductive Health Rights

#### **4.2 Working Groups**

During the workshop, working groups debated and discussed the following questions:

- i. Access to health facility
- ii. Attitudinal, Social and Policy Barriers
- iii. Rapport and Interview (Exam, Diagnosis and Treatment)

### **4.3 Issues and recommendations arising from the group work are summarized below:**

**Access to health care facility:** Transportation and mobility were highlighted as a key challenge for persons with disabilities, especially those in rural areas. Affordable and reliable transportation allows persons with disabilities access to important opportunities in health care. Persons with disabilities due to their low standard of living often lack viable transportation options. Adult persons with disabilities sometimes don't leave their homes to seek healthcare due to transportation difficulties.

Hospital infrastructure was recognized as not user friendly, an example was given of lack of ramps, steep ramps not user friendly to wheelchair users; narrow doorways unable to accommodate wheelchairs and poor signage. Hospital beds which are unable to be adjusted were raised as a major challenge during examination of a patient with a disability, especially those in wheelchairs and short-statured persons. Experience was shared of a woman based in Bulawayo who uses a wheelchair due to spinal cord injury, was unable to be screened for cancer due to bed type and examination kit. During examination communication was noted as a barrier especially for the hearing impaired and mental challenges. Due to unavailability of sign language health workers tend to ask questions to the assistant and not the patient and this has compromised confidentiality.

Lack of IEC materials on HIV and AIDS and services for persons with disabilities was debated and that the quality of life and safety of persons with disabilities is compromised. A high percentage of persons with disabilities are not aware of their HIV status and fail to access treatment, care and support. An example was given of access to VCT, as these centers are not manned by appropriately trained staff.

**Attitudinal, Social and Policy Barriers:** Participants acknowledged that not much training on disability has been done for health workers to be able to deliver services to persons with disabilities, especially that persons with disabilities are not a homogenous group. Most health workers are unable to communicate effectively with persons with disabilities, especially those with hearing impairments. Negative attitudes of health workers was noted as a barrier during group discussions, an example was given of a wheelchair user who seeks treatment for an STI is shunned and ridiculed, health workers myth that persons with disability are asexual. Participants also acknowledge the misconception that persons with disabilities are not sexually

active and therefore not at risk of HIV infection. This has led to the low awareness among persons with disabilities on existing HIV and AIDS services.

*A role play focusing on a visually impaired woman living with HIV who had visited the hospital to collect her monthly ARV medication. She arrived late due to mobility challenges, after the hospital had already administered medication for that day. The nurse failed to understand her reason for lateness and addressed the patient with stigma that the disabled are a problem. The patient told her assistant that she would not return again to the health facility. This was to illustrate that persons with disabilities are afraid to seek services due to negative attitudes.*

It was also noted during group work debate that persons with disabilities were not adequately involved in policy formulation and review process and that women with disabilities tend to face greater disadvantages and barriers than disabled men, and this also should be reflected in policy and legal provisions.

**Report and Interview :** Communication was identified as the biggest barrier for persons with disabilities when accessing healthcare. Due to the language barrier confidentiality is compromised during healthcare interviews. In the case of the hearing and visual impairment, most times the health worker tends to feel more comfortable in interviewing the assistant as opposed to addressing questions directly to the patient. Due to lack of sign language at times there is a possibility of wrong diagnosis and treatment. Health workers also listed lack of assistive devices within hospitals during examination was a challenge for some disabilities, especially lifters for wheelchair user and other physical disabilities. It was also noted that persons with disabilities portray a negative attitude; the thinking of persons with disabilities is that society has a negative attitude towards them. In plenary participants discussed the negative state of mind of some persons with disabilities and there is need to dialogue with persons with disabilities to change negative perceptions.

### **Recommendations (short term)**

- Depict people with a disability as members of the general population in health education and health promotion messages (“***see the person first***”).
- Give training feedback to hospital management and advocate for a disability friendly healthcare environment.
- Disability to be included on the agenda for hospital monthly meetings.
- Identify available HIV and AIDS IEC material in hospitals to be translated in Braille.
- Give health information on HIV and SRH to patients with disability even when they don't ask for it.
- Consult disabled peoples organisations and their members for identification of their health-related barriers and encourage them to speak up on their health related issues to ensure better care (dialogue with persons with disabilities).
- Advocate for chiefs to support mobility for persons with disability where necessary, utilize cars given by the government.
- Advocate for adjustable hospital beds and assistive devices.

### **Recommendations (medium/long term)**

- Train health workers in sign language
- Advocate re-introducing travel warrants from Social Services for persons with disabilities (*those unable to afford*) to access free transport to and from the healthcare centre.
- Advocate of persons with hearing impairment as support staff in hospitals to support and sustain sign language
- To reduce health disparities and deliver compassionate and equitable care, need to advocate for health educators to ensure that future health workers are trained on skills as it relates to caring for and working with persons with disabilities. This should include communications skills.
- Register persons with disability by developing swipe cards, an example was given of how patients are registered under opportunistic infections (OI).
- Advocate for and encourage students with disabilities to be trained as health workers, health care workers, an advantage in terms of the empathy and communication skills they bring to health centers.
- Government to subsidize costs of assistive devices

### **Quotations from Participants**

- *“When we received the invite, I asked myself why has this come now almost at the end of my nursing career”;*
- *“As health workers we tend to overlook things and persons with disabilities get affected without us as health workers realizing it.”;*
- *“How can we sustain this learning and how can we implement this program? How is DHAT going to follow-up?”*

### **Training Challenges**

- Time allocated for training was not adequate considering a wide range of issues that cover disability and healthcare.

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