**MALAWI COUNCIL FOR THE HANDICAPPED**

**Questionnaire on the right of persons with Disabilities to the highest attainable standard of health**

1. The existing or planned legislation and policies are as listed below and access to these documents on website is as provided in the footnotes.
	1. Legal instruments and policy frameworks
2. **The Constitution of the Republic of Malawi**

The Bill of Rights in Chapter IV Section 20 (I) of the constitution guarantees equality and effective protection for all persons and forbids discrimination on any basis including disability.

In addition, section 13 provides for the state to progressively come up with policies and legislation towards achieving the goals of children and persons with disabilities, gender equality, health and education, among others.[[1]](#footnote-1)

1. **The Disability Act 2012**

Part IV of the Disability Act (currently under review) section 6 obligates the Government to provide appropriate health services to persons with disabilities that include prevention, early identification and intervention.[[2]](#footnote-2)

1. **The Malawi Growth and Development Strategy III**

Section 7.3 – Table: Outcome and Strategies for Gender, Youth Development, Persons with Disabilities and Social Welfare has one outcome, that is, improved welfare and health status for the elderly, persons with disabilities and albinism.[[3]](#footnote-3)

1. **National Policy on equalization of opportunities for Persons with Disabilities**

Section 4.0 of the national disability policy has as a priority area on the prevention, early identification and intervention that are backed up by the disability Act. Section 2.4.4 talks about challenges about HIV and AIDS faced by persons with disabilities.[[4]](#footnote-4)

1. **Handicapped Persons Act 1971**

The Act gives the Malawi Council for the Handicapped (MACOHA) powers to design, implement and monitor rehabilitation programmes and services for the socio- economic empowerment of persons with disabilities. MACOHA also regulates operations of organizations to make sure they are disability inclusive that includes health facilities.[[5]](#footnote-5)

1. **The National Health Policy**

The policy merely mentions encouragement of research on the trends and economic consequences of disease, disability and ill health.[[6]](#footnote-6)

* 1. **Challenges**

Persons with disabilities have challenges to access health facilities and services due to the following reasons:-

1. **Long distances to health facilities**

Most people stay far from health facilities that render it difficult for them to travel to access treatment or rehabilitation. It includes geographical factors like rivers and mountains.

In addition, health infrastructure is concentrated in urban areas while as the majority of the Malawi population lives in the rural area.

1. **Degree of sickness**

Some people may not access health facilities because they are too sick to travel and have nobody to help them. Others although not too sick do not bother at all to seek treatment or rehabilitation services until it is too late.

1. **Preference for Traditional Healers**

Other individual spend more time with traditional healers than seeking conventional health services. It may be because the healers know their families well, give more time to them or are more friendly that at health institutions.

1. **Language and communication**

Persons with speech and hearing impairment may fail to access healthcare due to the barrier imposed by language and communication. Medical personnel fail to understand such type of individuals because they are not able to explain what they are suffering from or neither do they understand what the medical personnel are explaining.

1. **Cost Implications**

When health services have to be paid for, most persons with disabilities cannot access them due the cost. This is very true with facilities that belong to the Christian Health Association of Malawi (CHAM) that charge for health services.

1. **Attitudinal barrier**

Many persons with disabilities fail to access health facilities because of negative attitudes of the health workers that marginalizes them. Some of the workers are harsh, rude and over pitiful

1. **Lack of medication/facilities**

Due to lack of medication and facilities in most health centres, persons including those with disabilities are not able to access treatment and rehabilitation among other interventions.

For instance, assistive technologies that are under the Health component are not considered like the way drugs are that makes them scarce.

1. **Religious Beliefs**

Religious reasons also play a role in access to health facilities. Some religious groups do not allow members of their congregation to receive or access health care.[[7]](#footnote-7)

* 1. **Good practices**

 There are several good practices available highlighted as below:-

1. The National AIDS Commission (NAC) supports MACOHA in an HIV and AIDS institutional project. All health academic institutions have accepted and are including sign language in their respective curricula in order to deal with the barrier of language and communication at health facilities.
2. The Central Government Medical Trust that procures medical drugs and facilities have included sun screen lotion for persons with albinism on the list of essential drugs for the first time in the country.
3. The National Mainstreaming Strategy that has already been validated and waits launching includes mainstreaming of disability in the health sector. It has laid out goal, expected outcomes and strategies to this effect.[[8]](#footnote-8)
4. Good practices also include implementation of the Community Based Inclusive Development (CBID) following the WHO, CBR Guidelines that has a Health Component. MACOHA coordinates this programme and has recently come up with a new harmonized CBID model that is attached.

The Health component is championed by a representative from the Ministry of Health on the CBID National Steering Committee, to make sure that persons with disabilities are included in accessing health facilities and services.

1. **Information and statistical data related to access to health by persons with disabilities:-**
2. The Population and Housing Census 2008 Analytical Report Volume II on Disability and Elderly Affairs.[[9]](#footnote-9)
3. An article on “Barriers to Accessing Health Care Services among People with disabilities in Malawi by Alister C. Munthali, et al.
4. Data from the Disability Management Information System (DMIS) managed by the Malawi Council for the Handicapped (Attached).
5. NAD report of 2017 for the Malawi Council for the Handicapped CBID programme (Attached).
6. Living Conditions among People with Activity Limitations in Malawi[[10]](#footnote-10)
7. Mapping of Medical Services in Malawi (Attached).
8. **Information on discrimination against persons with disabilities in the provision of**

**healthcare, health insurance and/or life insurance by public or private service providers.**

 Please find the report from the Malawi Human Rights Commission on discrimination

 of persons with disabilities that would include health.[[11]](#footnote-11)

1. **Information on the observance of the right to free and informed consent of persons with disabilities regarding healthcare, including sexual and reproductive health and mental health services.**

Information on this is not readily available. However, Malawi has no law on legal capacity (Article 12 of the United Nations on Rights of Persons with Disabilities. Therefore, there is substituted decision making. Decisions are made on behalf of persons with disabilities and includes treatment in health facilities.

1. **The extent persons with disabilities and their representative organizations are involved in the design, planning and implementation and evaluation of health policies, programmes and services.**

MACOHA coordinates the National Community Based Inclusive Development Programme through the National CBID Steering Committee. The Federation of Disability Organization of Malawi (FEDOMA) is represented in the committee and champions the empowerment component.

The committee approves plans for implementation of disability programmes and services and gets reports on the same that involves FEDOMA mentioned above. In addition, persons with disabilities are involved at all levels, from the village, Traditional Authority Area, District up to the National level.[[12]](#footnote-12)

Please find attached the CBID report supported by the Norwegian Association of the Disabled (NAD).[[13]](#footnote-13)

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1. The Constitution of the Republic of Malawi. Available at http://www.sdnp.org.mw/constitut/dtlindx.html. [↑](#footnote-ref-1)
2. Disability Act 8 of 2012. Available at <http://www.scotland-malawipartnership.org/files/8414/3384/6304/Governement_of_Malawi_Disability_Act_2012.pdf> [↑](#footnote-ref-2)
3. Malawi Growth and Development Strategy (MGDS) III. Available at https://cepa.rmportal.net/...malawi-growth-and-development-strate [↑](#footnote-ref-3)
4. National Policy on Equalization of Opportunities for Persons with Disabilities (2006) 3. Available at htpp://www.**malawi**.gov.mw/images/Publications/**policy/Malawi National Policy** [↑](#footnote-ref-4)
5. The Handicapped Persons Act 0f 1971. Available at https://dredf.org/...disability...laws/malawi-handicapped-persons-ac. [↑](#footnote-ref-5)
6. National Health Policy. Available at http://www.300in6.org/.../4.-National-Health-Policy-by-GoM-20121.do. [↑](#footnote-ref-6)
7. P.M.G. Ngomwa, “Action Plan on CBR Programme in Karonga A.D.D. (MACOHA) 1990-1992” *Institute of Child Health, University of London;* Alistair Munthali etal, “Barriers to Accessing, Health care Services Among People with Disabilities in Malawi,” *Centre for Social Research Malawi.* hppts://www.tandfonline.com/doi/abs/10.1080/09638288.2017.1404148 [↑](#footnote-ref-7)
8. The National Mainstreaming Strategy. [↑](#footnote-ref-8)
9. Disability and Elderly Analytical report Available at http://www.nso.malawi.net [↑](#footnote-ref-9)
10. unipd-centrodirittiumani.it/public/docs/31839\_statistics.pdf. [↑](#footnote-ref-10)
11. Malawi Human Rights 2016 Report. Available at https://www.state.gov/documents/organization/265486.pd. [↑](#footnote-ref-11)
12. A village is headed by a Village Headman then several villages are headed by a chief known as traditional authority area. The Chief reports to the district council. [↑](#footnote-ref-12)
13. NAD CBID Report for 2017. [↑](#footnote-ref-13)