

**REPORT OF THE COMMITTEE ON HEALTH, COMMUNITY DEVELOPMENT AND
SOCIAL WELFARE FOR THE FIRST SESSION OF THE TENTH NATIONAL
ASSEMBLY APPOINTED ON 8TH NOVEMBER, 2006**

Consisting of:

Mr M Habeenzu, MP (Chairperson); Mr I Banda, MP; Mr B Imenda, MP; Mrs J Kapata, MP; Dr J Katema, MP; Mr Y D Mukanga, MP; Mr M Ndalamie, MP; and Mr E Sing'ombe, MP.

The Honourable Mr Speaker
National Assembly
Parliament Buildings
LUSAKA

Sir,

Your Committee have the honour to present their Report for the year 2007

Terms of Reference

2. Your Committee are guided by the following terms of reference as set out in the National Assembly Standing Orders:

- a) study, report and make recommendations to the Government through the House on the mandate, management and operations of the Ministries of Health and Community Development and Social Services, departments and agencies under their portfolios;
- b) carry out detailed investigations or scrutiny of certain activities being undertaken by the Ministries of Health and Community Development and Social Services, departments and agencies under their portfolios and make appropriate recommendations to the House for appropriate consideration by the Government;
- c) make, if considered necessary, recommendations to Government on the need to review certain policies and certain existing legislation;
- d) examine in detail the annual reports of the Ministries of Health and Community Development and Social Services and departments and agencies under their portfolios and determine whether the affairs of the said bodies are being managed according to relevant Acts of Parliament, established regulations, rules and general orders; and
- e) consider any Bills that may be referred to them by the House.

Meetings of the Committee

3. During the period under review, your Committee held sixteen meetings.

Programme of Work

- 4. Your Committee undertook a detailed study of the topics set out hereunder.
 - a) Review of the Operations and Performance of the Zambia Agency for Persons with Disabilities (ZAPD);

- b) Prevention of Mother to Child Transmission of HIV (PMTCT) and Management of Paediatric HIV/AIDS in Zambia; and
- c) Tours.

Your Committee undertook tours to the following institutions:

- a) Disacare Wheelchair Centre Trust;
- b) ZAPD's Mimosa Farm (Lusaka);
- c) ZAPD's Chitila Farm (Kasama);
- d) Chileshe Chepela Special School;
- e) University Teaching Hospital (UTH);
- f) Chikankata Mission Hospital;
- g) Monze Mission Hospital; and
- h) Mbala General Hospital.

Your Committee also considered the Action-Taken Report on your Committee's Report for 2006.

Procedure adopted by the Committee

5. Your Committee requested detailed memoranda on the topics under consideration from the Ministries of Health, Community Development and Social Services and other stakeholders concerned. Thereafter, the Controlling Officers of the ministries and Chief Executives of stakeholder institutions were invited to appear before your Committee to give oral submissions and clarifications on issues arising from their submissions.

PART I

CONSIDERATION OF TOPICAL ISSUES

1.0 REVIEW OF THE OPERATIONS AND PERFORMANCE OF THE ZAMBIA AGENCY FOR PERSONS WITH DISABILITIES (ZAPD)

6. The Zambia Agency for Persons with Disabilities (ZAPD) was established by an Act of Parliament, the Persons with Disabilities Act No. 33 of 1996 and is charged with the responsibility of administering the provision of services to persons with disabilities on behalf of Government.

There has been a general observation by persons with disabilities, nevertheless, that much has changed since then and the legislation in place seems to be inadequate to respond to the changing needs of the persons with disabilities. There is widespread concern amongst the persons with disabilities that there has been so much emphasis on rehabilitation and prevention of disability at the expense of economic empowerment. In addition, the persons with disabilities have used the slogan "nothing about us without us" in order to send the message that there is need for representation of persons with disabilities at various levels. This is in order for the persons with disabilities to have a voice of their own and have meaningful consultations on issues of disability and development.

It is against this background that your Committee undertook a detailed study to review the operations and performance of the Zambia Agency for Persons with Disabilities (ZAPD) in order

to give an opportunity to the stakeholders to share their concerns and experiences with them and to also suggest the way forward in improving provision of services to persons with disabilities.

To help them in the study, your Committee sought the assistance and views of the following stakeholders:

- i) Ministry of Community Development and Social Services;
- ii) International Labour Organisation;
- iii) Zambia Agency for Persons with Disabilities (ZAPD);
- iv) Zambia Federation of the Disabled (ZAFOD);
- v) Zambia National Federation of the Blind (ZANFOB);
- vi) Disability Rights and Independent Living Trust Zambia (DRILTZ);
- vii) Zambia Association of Parents of Children with Disabilities (ZAPCD);
- viii) Zambia National Association of Disabled Women (ZNADWO); and
- ix) a concerned citizen.

STAKEHOLDERS' VIEWS ON THE PERFORMANCE OF THE ZAMBIA AGENCY FOR PERSONS WITH DISABILITIES

Your Committee's witnesses were from the Government, the Disabled People's Organisations (DPOs), representing the views of the persons with disabilities in Zambia, and the International Labour Organisation (ILO), which has been a valued partner of the Agency.

In this regard, your Committee wish to present the views of the witnesses of the three categories of stakeholders, namely, the Government, the Disabled People's Organisations (DPOs) and the International Labour Organisation. Below are the highlights of the stakeholders' views.

a) The Government/Zambia Agency for Persons with Disabilities (ZAPD)

Both the Zambia Agency for Persons with Disabilities (ZAPD) and the Ministry of Community Development and Social Services informed your Committee that, Part II, section 6 of the Persons with Disabilities Act No. 33 of 1996, sets out the functions of the Agency as follows:

- i) plan, promote and administer services for all categories of persons with disabilities;
- ii) keep statistical records relating to incidences and causes of disabilities, which may be used for the planning, promotion, administration and evaluation of services for persons with disabilities;
- iii) keep a register of persons with disabilities;
- iv) provide rehabilitation, training and welfare services to persons with disabilities;
- v) promote research into general rehabilitation programmes for persons with disabilities;
- vi) promote public awareness relating to the prevention of disabilities and the care of persons with disabilities;
- vii) cooperate with ministries and other organisations in the provision of preventive, educational, training, employment and rehabilitation and other welfare services for persons with disabilities;
- viii) coordinate rehabilitation and welfare services provided to persons with disabilities by ministries and voluntary associations;

- ix) monitor and supervise the provision of services to persons with disabilities;
- x) promote, directly and indirectly, the development of human resources in the prevention of disabilities and in the rehabilitative, education, training and the general welfare of persons with disabilities;
- xi) advise the Minister on matters relating to the social and economic development and the general well-being of persons with disabilities; and
- xii) do all such things as are incidental to or conducive to the attainment of the functions of the Agency.

Your Committee were further informed that the Agency had been successful in the following areas:

1. Resource Mobilisation

- The Agency provided some financial support to some Disabled People's Organisations (DPOs) for capacity building. The table below indicates those associations which have been assisted.

Table of Assisted Associations

Name Association	of Nature Business	of Grant Provided (ZMK)	Year
Zambia National Federation of the Blind	Looks after interests of the blind	10,000,000	2005
Zambia National Association of the Disabled Women	Looks at empowerment of women	1,500,000	2005
Zambia National Association of the Deaf	Looks after interests of the deaf	10,572,921	2005
Chikondi of Matero	Looks after disabled women and children	10,000,000 (grant) 15,000,000 (Soft loan)	2006
Kalundu View Disabled Association	An association of 35 disabled persons	1,500,000	2007
Zambia National Federation of the Blind	Looks after interests of the blind	1,500,000	2007
Total		50,072,921	

Mainstreaming

- With the assistance of the International Labour Organisation (ILO), the Agency had facilitated the review of the Persons with Disabilities Act No. 33 of 1996 in wide consultations with the associations of the disabled persons themselves, among other stakeholders, to bring it in tune with changed circumstances.
- The Agency had been funding the commemoration of the International Day of the Disabled Persons (IDDP) which falls on 3rd December of every year.

2. Public Awareness

- With funding from ILO, the Agency facilitated the sensitisation of media personnel on disability issues. The workshop attracted thirty journalists from various print and electronic media.
- For the first time in 2007, the Agency facilitated the participation of disabled women in the commemoration of the International Day for Women. However, due to limited resources, only the disabled persons in five provinces, namely, Lusaka, Copperbelt, Luapula, Northern and North-Western, were afforded an opportunity to participate.

3. Rehabilitation

- With the assistance of well-wishers, the Agency managed to have some persons with disabilities provided with wheelchairs and clutches as follows:

Donated Wheelchairs and Clutches

Well Wisher	Number Clutches Donated	of	Number Wheel Chairs Donated	Beneficiaries	Year
Kasama Teachers Training College	591		0	Disabled persons within Northern Province	2005
Rotarians of Lusaka	0		30	Various constituencies	2006
United Methodist Church of Kitwe	0		25	Mbala residents	2006
Rotarians of Mansa	0		10	Luapula –based disabled persons	2007
Lions of Mansa	0		10	Luapula –based disabled persons	2007
TOTAL	591		75		

Empowerment

The Agency:

- employed one hundred and fifty (150) disabled persons in Zambia and was the largest employer of the persons with disabilities;
- in partnership with the International Labour Organisation, had embarked on a programme to impart business skills to five hundred and seventy six (576) disabled women involved in various business ventures to earn a living. Of these, one hundred and twenty five (125) had already been trained in basic business management skills and marketing and had been linked to micro-credit schemes. The initial training was in Lusaka and was earmarked to roll out;
- had solicited donor support for fifty nine (59) Lundazi-based disabled persons, who were trained in bicycle assembly, ceramics, knitting, metal fabrication and carpentry; these persons were currently operating their businesses in their five groups;
- had been sponsoring twenty one (21) disabled youths for general and tertiary education, skills training and entrepreneurship development training and had also been meeting some medical expenses for some persons with disabilities who could not afford them; furthermore, the Agency had been providing agricultural inputs for a limited number of the disabled farmers as well as meeting transport expenses for stranded persons with disabilities; and
- had resettled a total of forty two (42) families; twenty one (21) at Kampumbu Resettlement Scheme in Serenje, five (5) at Katikulula in Serenje, thirteen (13) at Chifwema east of Lusaka, and four (4) at Katoba, east of Lusaka. Kampumbu and Katikulula are Government Resettlement Schemes under the Office of the Vice-President while Chifwema and Katoba are under traditional land. The Government submitted that progress had been hampered by inadequate resources.

Failures of the Agency

The Government submitted that the Agency has not been very successful in meeting the demands of its mandate, mainly, as a result of the bloated labour force it inherited from the defunct Zambia Council for the Handicapped.

The Agency has also failed to significantly improve the conditions of service for its employees and to attract and retain the adequately qualified staff to build capacity and enhance its performance. Furthermore, it had not completed its restructuring process due to lack of resources. The required amount for the separation of employees was about K8 billion.

There had been a high staff turn over at chief executive level due to various differences. For instance, in a space of ten years of its existence, the Agency had seven (7) chief executives, none of whom had ever completed their three year term of office.

Challenges faced in Provision of services to Persons with Disabilities

Your Committee were informed that the improvement of provision of services to persons with disabilities faced the following challenges:

- inadequate funding, which made it difficult for the Agency to address the problem of the bloated labour force so as to devote more resources to service delivery; the current situation was that the larger proportion of the grant went to meet the high wage bill of the bloated labour force;
- mainstreaming of disability issues had been difficult as some of the key Government ministries and institutions, such as Cabinet Office and the Ministries of Information and Broadcasting, Lands, Local Government and Housing, Youth Sports and Child Development and Commerce Trade and Industry were not even represented on the Zambia Agency for Persons with Disabilities Board;
- the absence of the National Policy on disability had contributed to failure of the mainstreaming of disability issues;
- the Ministries' representatives on the Board had not attached serious importance to disability issues and had, therefore, been shunning Board meetings, leaving the issues of disability to the disabled members of the Board;
- the calibre of some representatives, especially those from certain associations of the disabled persons, had been quite low, largely because most highly educated disabled persons shunned such associations as being for the less educated;
- poor conditions of service had made it difficult to attract, let alone, to retain qualified staff to enhance the performance of the Agency;
- frequent changes in the chief executives of the Agency had made it difficult to effectively plan for the Agency as no chief executive had chance to complete his or her term of office. As a result, the Agency had no strategic plan for the past ten (10) years of its existence;
- the frequent changes in the chief executives had contributed to the ineffectiveness of the Board the effectiveness of the Board was partly dependent on the personal efforts of the chief executive as the principal officer of the Agency; and
- the absence of a strategic plan for the Agency in the past ten (10) years of its existence had resulted in over-dependence on the grant from Government as it was not easy for any organisation to mobilise resources from the donors and other sources in the absence of a strategic plan.

The Way Forward

The Government highlighted the following as the way forward:

- there was need to appoint a new Board for the Agency.

Taking advantage of the term of office of the existing Board which was about to expire, the Ministry had since written to advise all concerned to see to it that they nominated for consideration for appointment to the membership of the new Board, representatives of high calibre;

- there was need to bring sanity and stability in the Agency by not entertaining malice, indiscipline and anarchy in order to ensure that the Agency operated like any other semi-Government body and put an end to the frequent changes in the chief executives, as that had been counter-productive;
- diversification of sources of income for the Agency so as to lessen dependence on the grant from the Government;
- close monitoring of the performance of the Agency so as to ensure efficiency and effectiveness in the delivery of services;

- there was need to fund the restructuring process of the Agency so that it could reduce its bloated labour force;
- while appreciating the slogan of the disabled persons that “nothing about us without us” the view of the Government was that this should not be at the expense of quality, as the Government believed that the disabled persons deserved the best, if the majority of the disabled persons were to significantly benefit from the operations of the Agency; and
- there was need to have a law that would ensure all buildings are disability friendly.

b) The Disabled People’s Organisations Views

Your Committee sought views from the following Disabled People’s Organisations:

- 1) Zambia Federation of the Disabled (ZAFOD);
- 2) Zambia National Federation of the Blind (ZANFOB);
- 3) Disability Rights and Independent Living Trust Zambia (DRILTZ);
- 4) Zambia Association of Parents of Children with Disabilities (ZAPCD);
- 5) Zambia National Association of Disabled Women (ZNADWO); and
- 6) A disabled member of the public also submitted to your Committee. His views have been captured together with those of the Disabled People’s Organisations because they were similar.

Successes of the Agency

The Disabled People’s Organisations submitted to your Committee that the only successes of the Agency to talk about were that the Agency had:

- i) established fifteen (15) farm centres across the country where a good number of persons with disabilities were in sheltered employment;
- ii) at times provided assistive devices (such as wheelchairs) to persons with disabilities;
- iii) been supporting, in a small way, the celebrations of the International Day of Disabled Persons (IDDP);
- iv) been sponsoring a few disabled youths to go to college; and
- v) assisted a few persons with disabilities resettle by building shelter for them and providing farming inputs.

Rehabilitation and Empowerment measures currently in place

The Disabled People’s Organisations were of the view that there were only scanty rehabilitation services currently existing in the country, especially as regards physiotherapy in the main hospitals such as the University Teaching Hospital. However, the services suffered from lack of specialists, inadequate funding, equipment and information on their availability.

There was also one vocational rehabilitation centre in the country, based in Ndola, where persons with disabilities could go for vocational training. However, the programme was inadequately funded to have meaningful impact on the lives of persons with disabilities.

The persons with disabilities commended the Government for establishing a National Trust Fund for the Disabled as a micro-credit scheme aimed at economically empowering persons with disabilities who are not in gainful employment. The National Trust Fund for the Disabled was supposed to provide loans for small business ventures for self-sustenance.

They, however, lamented that the National Trust Fund for the Disabled had not been effective because more than ninety percent (90%) of its resources were directed towards its personnel and administrative costs.

Failures of the Agency

The Disabled People's Organisations submitted to your Committee that there was very little, if anything, that the Agency was doing that was significant or conducive to the attainment of the general well-being of persons with disabilities.

According to the Disabled People's Organisations, the Agency had failed to:

- i) put any plan in place to guide them in promoting and administering services for all categories of persons with disabilities; while it was true that the Agency was poorly funded, there was also lack of strategic focus on the part of the management of the Agency;
- ii) keep statistical records relating to incidents and causes of disabilities, which may be used for the planning, promotion, administration and evaluation of services for persons with disabilities;
- iii) keep a register of persons with disabilities;
- iv) provide rehabilitation, training and welfare services to persons with disabilities;
- v) comply with its statutory obligation of presenting audited accounts annually to Parliament through the Ministry as stipulated in the Persons with Disabilities Act, Part II of the Schedule, Paragraph 12;
- vi) promote research into general rehabilitation programmes for persons with disabilities;
- vii) promote public awareness relating to the prevention of disabilities and the care of persons with disabilities;
- viii) co-operate with other ministries and other organisations in the provision of preventive, educational, training, employment and rehabilitation and other welfare services for persons with disabilities, other than the Ministry of Community Development and Social Services;
- ix) co-ordinate rehabilitation and welfare services provided to persons with disabilities by ministries and voluntary associations;
- x) monitor and supervise the provision of services to persons with disabilities;
- xi) promote, directly and indirectly, the development of human resources in the prevention of disabilities and in the provision of rehabilitative, education, training and the general welfare of persons with disabilities;
- xii) advise the Minister on matters relating to the social and economic development and the

- xiii) general well-being of persons with disabilities;
put mechanisms in place that would ensure that the provisions of the Persons with Disabilities Act were enforced; and
- xiv) put mechanisms in place that would ensure that the provisions of the Disability and Development Chapter in the Fifth National Development Plan were implemented.

Challenges faced by Persons with Disabilities

Your Committee were informed that a comprehensive nationwide consultation process had been carried out on the challenges that are faced by persons with disabilities. The issues set out hereunder were some of their findings on the challenges faced by persons with disabilities in Zambia:

1) Inaccessible Health Services

Government had been instrumental in carrying out programmes on disability prevention especially the polio immunisation exercise by the Ministry of Health. There was also a non-written understanding that poor persons with disabilities were entitled to free medication. However, medical services remained largely inaccessible to persons with disabilities due to inaccessible physical structures, the high cost of such services as potent drugs and surgical operations and lack of information in a format accessible to deaf and blind persons.

2) Non availability of Support Services and Information

There were no specific support services prescribed by law for persons with disabilities such as provision of personal assistants, sign language interpreters, mobility aids, counselling and disability allowance, among others. This had added to the abject poverty being faced by persons with disabilities.

In addition, most persons with disabilities did not have access to information disseminated through the radio, television and newspaper and other literature. This was especially true, with the blind and the hearing impaired people who were disadvantaged by being out of touch with current affairs and life saving information on such topical issues as HIV/AIDS.

3) Inaccessibility of Physical Environment

More than ninety percent (90%) of the buildings and streets were inaccessible to persons with disabilities. This problem had been compounded by the fact that the Town and Country Planning Committee did not have any representation from persons with disabilities.

To emphasise the negative impact of inappropriate infrastructure on persons with disabilities, your Committee were informed that some students who had disabilities were forced to withdraw from certain institutions of learning, including the University of Zambia.

4) Mediocre Education

Currently, the quality of education for persons with disability in Zambia was extremely poor. Zambia had an educational policy of inclusive education which required persons with disabilities to be integrated in predominantly able-bodied schools.

There still existed special schools to take care of the special learning needs of children with disabilities (especially those with severe disabilities).

It had been observed that from the time the policy was introduced, the quality of education of the disabled had degenerated tremendously, characterised by exceedingly low pass rates at examinations, insignificant numbers of admissions to colleges and universities, and the resultant all time low literacy levels amongst the disabled Zambians.

The reasons for the current situation were that, firstly, there were no facilities and materials for disabled children to use in predominantly able-bodied schools. Secondly, the majority of teachers in ordinary schools, in which persons with disabilities were included, were not qualified to teach children with special learning needs. Thirdly, so far, more than five hundred (500) ordinary teachers had received training in Special Education at the Zambia Institute of Special Education (ZAMISE). Yet, instead of posting such teachers to schools earmarked for integration of children with disabilities, Government tended to send such teachers to non-integrated ordinary schools, to the detriment of the education of the disabled.

5) Unemployment and Social Security

Most persons with disabilities were not employed due to, among others, inadequate education and training, inaccessible environment, communication barriers and stigma towards persons with disabilities.

Sometimes, employers' misconceptions about the intellectual capacities of persons with disabilities prevented even the highly educated disabled persons from landing executive or managerial jobs in Government, quasi-governmental organisations and the private sector.

A few persons with disabilities were taken care of by the church and non governmental organisations (NGOs), while Government had put in place a National Trust Fund for the Disabled. This is a micro-credit scheme aimed at economically empowering persons with disabilities who are not in gainful employment by providing them with loans for small business ventures for self-sustenance. However, the National Trust Fund for the Disabled had not been effective.

6) Lack of Recreation and Sports Facilities

There were very few recreation and sports facilities available, specifically for persons with disabilities. There were some schools offering recreation and sports facilities to the physically disabled and the hearing impaired but such facilities were not available to the mentally retarded and the visually impaired persons.

7) Religion

Most church buildings were not accessible to many persons with disabilities. Church materials were also not made available in braille for blind persons and there were no sign language interpreters to interpret church sermons for the hearing impaired persons. This had led to deaf persons in some cases forming their own churches.

8) Lack of Representation at Decision Making and Planning Levels

Persons with disabilities were rarely represented in Government and other decision making and planning institutions like Parliament and Councils.

9) Legislation and Policy in Existence

There was only one piece of legislation on disability, namely, the Persons with Disabilities Act, 1996. However, since its enactment, the Act had not been effectively implemented and its violations were rarely recognised due to, mainly, ignorance among the various stakeholders, of what it entails.

For example, physical infrastructure in Zambia, including Government buildings, was generally unfriendly to persons with disabilities, and there had been no enforcement of the provisions that make it mandatory for buildings to conform to international standards for making buildings accessible to persons with disabilities.

Another area of concern in the Act was the provision for a tax rebate for companies that employed persons with disabilities. Apart from the fact that such a rebate had never been granted to any company since the law was enacted, it also promoted discrimination among the disabled themselves, because employers could choose to employ persons with minor disabilities in order to access the rebate, while persons with more serious disabilities would become further marginalised. The persons with disabilities felt that the quantum of the rebate should have been linked to the degree of disability.

The issue of Representation at All Levels and the slogan, "Nothing about Us without Us"

Your Committee heard that the slogan, "Nothing about Us without Us" and the concept of "Representation at All Levels" were built up of several important principles, some of which were that:

- i) organisms become stronger by exercising, struggling, and facing adversity, and the slogan incorporates this principle;
- ii) if the one who feels the need is not involved, they are bound to be misrepresented; and
- iii) it aims at ensuring that the participants take full control, full decision-making, and full responsibility for the actions, which would lead to their increased strength.

The concept of "Nothing about Us without Us" and "Representation At All Levels" therefore, means, the presence, as much as possible, by persons with disabilities at many fora, including Parliament, Cabinet, local councils, political parties and civil society organisations.

The Way Forward

The Disabled People's Organisations proposed the following as the way forward:

- i) the Zambia Agency for Persons with Disabilities (ZAPD) should urgently undergo a financial audit through the office of the Auditor General and both Accounts and Management Reports be made available to Parliament and other stakeholders so that it could be ascertained as to how persons with disabilities have benefited from the Agency, and such audits be done annually;
- ii) the Agency should be adequately funded; this would help in expediting the process of restructuring;
- iii) the Agency should have a separate directorate for rehabilitation and education headed by a qualified director in order to promote and provide appropriate rehabilitation, training and social welfare services to persons with disabilities;
- iv) in order to promote relevant research in the general rehabilitation of persons with disabilities, the Agency should employ a research officer who should be under the directorate of rehabilitation to research and coordinate all research work of the Agency;
- v) Parliament should establish a Parliamentary Committee on Disability and Development with adequate representation from DPOs, as provided for in the FNDP on page 206 under the Political and Public Life programme; there must also be an effort to appoint qualified persons with disabilities to higher decision making positions in the public service;
- vi) the Persons with Disabilities Act, 1996, should be amended as a matter of urgency in line with the recommendations of the Technical Committee on the Review of the Persons with Disabilities Act, 1996 appointed by the Zambia Agency for Persons with Disabilities; in so doing, extensive consultations with persons with disabilities should be undertaken;
- vii) the Agency should spearhead the establishment of the Disability and Development Division at Cabinet Office, which would coordinate the implementation, mainstreaming, monitoring and evaluation of disability programmes as provided for in the FNDP on page 207; consequently, the control of ZAPD should also be shifted from the Ministry of Community Development and Social Services to Cabinet Office;
- ix) the Agency should spearhead the establishment of Disability Focal Points headed by persons with disabilities at all Government levels, including national and local levels, as provided for in the FNDP on page 206;
- ix) the Director General of the Zambia Agency for Persons with Disabilities should establish an open door policy towards representatives of Disabled Peoples Organisations and other stakeholders to improve coordination, implementation, monitoring and evaluation of programmes on disability;
- x) immediate measures should be taken to ensure accessibility of vital buildings such as hospitals and learning institutions to persons with disabilities;
- xi) the Minister responsible should, with urgency, appoint a new Board for the Agency; and
- xii) Government should encourage the micro-finance companies to give priority to viable persons with disabilities when giving loans.

c) The International Labour Organisation (ILO)

The International Labour Organisation submitted that the Agency had a central role to play in the implementation of the National Disability Policy of 2002 and, in particular, in the coordination of service provision for persons with disabilities in the framework of that policy. The Agency also

administered the National Trust Fund for the Disabled, established by the Schedule of the Persons with Disabilities Act, 1996.

Your Committee were informed that under the ILO/Irish Aid Programme, the Agency had worked in partnership with ILO to facilitate and support the participation of women entrepreneurs with disabilities in activities under the ILO/Irish Aid project, the *Women's Entrepreneurship and Gender Equality (WEDGE)* and to organise seminars on the review of disability-related laws and policies.

The International Labour Organisation observed that, in carrying out assignments in these arrangements, the Agency had shown a willingness to participate and a capacity to organise the support services required. The National Trust Fund for the Disabled had also conducted entrepreneurship training for women with disabilities through a series of workshops, funded through the Partnership Programme.

However, while these assignments were organised to the satisfaction of the ILO, the progress reports submitted by the Agency, as was required under the arrangement in place, indicated the need for capacity building of the Agency's staff.

The Agency appeared for budgetary reasons and, due to limited human resources capacity in some areas, to be constrained in the fulfillment of its legally defined functions.

Your Committee were informed that the function of promoting, coordinating and providing services for disabled persons, including training services, would appear to require considerable strengthening, given the findings and recommendations of the exploratory ILO study, "Strategies for Skills Acquisition for Persons with Disabilities - Zambia".

The International Labour Organisation was of the view that, while the original mandate required the Agency to reflect the voice of persons with disabilities in its operation, through the eight representatives of Disabled People's Organisations, on the Board, the extent to which the Board was working to champion issues of disability required further investigation, given the discord which had been registered among Disabled People's Organisations, and between Disabled People's Organisations and the Agency, in the ILO-sponsored activities.

Rehabilitation and Empowerment measures currently in place

The International Labour Organisation was of the view that a review of the vocational rehabilitation services was required to increase the relevance, quality and marketability of the skills training provided.

The International Labour Organisation observed that mainstream training centres were frequently poorly prepared to accommodate trainees with different disabilities in terms of preparedness of trainers, accessibility of buildings, accessibility of information, availability of sign language interpretation, vocational assessment and career guidance and availability of

accessible transport.

In addition, lack of accessible and affordable transport appeared to present difficulties for persons with disabilities wishing to attend training. Lack of awareness among training providers of the accommodation requirements of individual trainees appeared to be a problem for many disabled persons, pointing to the need for a systematic way of assessing such requirements. Moreover, the International Labour Organisation was of the view that many disabled people were not in a position to pay training fees, and consideration should be given to the introduction of training allowances and scholarships in selected cases.

Challenges faced in tackling issues of disability

The International Labour Organisation observed that challenges faced in promoting equal opportunities for persons with disabilities needed to be tackled with a variety of different measures. The following challenges, among others, were highlighted:

- i) mistaken attitudes towards persons with disabilities and perceptions of persons with disabilities and their capacities often promote discrimination, particularly on the part of employers and also training providers. These needed to be tackled through targeted information and sensitisation campaigns;
- ii) unequal access to education, leading to low levels of formal education and of literacy and numeracy, meant that persons with disabilities were at a very significant disadvantage in seeking access to skills training and decent work. Measures were needed to ensure that all children with disabilities went to school and the youth and adults with disabilities had access to training in functional numeracy and literacy courses, as well as continuing education, training, and life-long learning;
- iii) unequal opportunities for training and lack of training in marketable skills meant that disabled people were at a serious disadvantage in seeking formal employment or in setting up micro or small enterprises. The quality and relevance of courses offered in training centres for persons with disabilities needed to be reviewed and improved upon. General training programmes should be opened up to trainees with disabilities, with accommodation as required;
- iv) accessibility issues are a major barrier to persons with disabilities when they seek to participate fully in society; this action was required to ensure that buildings were accessible, information was provided in a variety of formats and public transport was also accessible;
- v) lack of assistive devices and support services prevent some persons with disabilities from accessing training, performing their jobs and living their lives to the full. Such devices and support services should be made available and information about these should be made widely available too; and
- vi) lack of access to employment and self-employment opportunities and lack of access to credit and business development services are constraints which need to be tackled through active policy measures.

The Way Forward

The International Labour Organisation suggested the following, among others, as the way forward:

- i) a review of the legal and policy framework for the work of the Agency should be undertaken, including a review of the Agency's functions, in order to identify its core functions; this should lead to possible dropping of former means of fulfilling functions and the possible adoption of new means;
- ii) an adequate annual budget allocation should be provided for the Agency's core functions and its capacity to carry out these functions should be assured through the training or further training of existing staff and the appointment of new staff, as required;
- iii) representation of Disabled People's Organisations on the Agency's Board should be maintained and reinforced;
- iv) a review of the curriculum and operations of special training centres for women and men with disabilities should be undertaken so as to improve their standard and labour market relevance;
- v) the Agency should promote the provision of induction training for training centre managers, training instructors and other training centre staff, so that they are adequately prepared to include trainees with disabilities of different types both in special training centres for persons with disabilities and mainstream centres;
- vi) there is need to promote education for all disabled children as this would make a real difference;
- vii) the Agency should strengthen its focus on entrepreneurship development for persons with disabilities and use its influence to negotiate access of disabled entrepreneurs to credit provided by credit unions and other micro-finance institutions; for many persons with disabilities, setting up a micro or small enterprise was the most likely means of earning a living;
- viii) in addition to promoting initial training for disabled persons, the Agency should also focus on facilitating continuing training (life-long learning) for adults with disabilities;
- ix) career guidance and job placement services for persons with disabilities should be reviewed and strengthened; and
- x) the Agency should seek to work with employers, through their representative organisations, in order to improve opportunities for disabled persons.

COMMITTEE'S OBSERVATIONS AND RECOMMENDATIONS

Based on their of the Operations and Performance of the Zambia Agency for Persons with Disabilities (ZAPD), the observations and recommendations of your Committee are set out hereunder.

OBSERVATIONS

- Your Committee bemoan the non-implementation and enforcement of the Persons with Disabilities Act.

Several provisions of the Act have not been implemented, yet nobody notices, because the existence of the law is little known due to lack of sensitisation and education.

Buildings have been built after the commencement of the Act without taking into consideration the plight of the persons with disabilities on accessibility to those buildings. This has resulted into most physical infrastructure being inaccessible to persons with disabilities. Your Committee observe, further, that although the Act empowers the Agency to raise an adjustment order to any person it considers has premises, amenities or services that are not accessible to persons with disabilities, the Act does not even provide the adjustment order form and the Agency has, therefore, rarely raised adjustment orders. Furthermore, the persons with disabilities are not represented on the Country and Town Planning Committee.

The Agency has failed to produce audited accounts thereby making it difficult to appreciate how accountable the Agency is in terms of Government grants because the Agency has not been audited for the last ten years.

The Agency has never employed inspectors to inspect institutions for purposes of monitoring and supervising the services provided to persons with disabilities, as provided for in Part V of the Act.

The prolonged tenure of office of the current Board is also testimony of the non implementation of the Persons with Disabilities Act;

- the policy of inclusive education was introduced in good faith. Nonetheless, your Committee are convinced that it is not achieving its purpose. Persons with disabilities integrated in mainstream schools lack facilities and educational materials, unlike their able bodied counterparts. Therefore, there can not be effective implementation of that policy in the absence of educational facilities and materials for persons with disabilities;
- the Agency is not adequately funded. This is evidenced by the failure to complete the restructuring exercise, leaving the Agency with a bloated labour force. This has made the Agency spend almost the whole Government grant on personal emoluments at the expense of the provision of services to persons with disabilities. Inadequate funding has also made the Agency fail to build its capacity by attracting qualified staff;
- the Agency has been experiencing a leadership crisis to the point of not having a strategic plan; as a result, the Agency lacks direction;
- persons with disabilities are not adequately represented at decision making levels in the public service; and Presidential nominations of Members of Parliament in the past fifteen (15) years have not considered representation from persons with disabilities; and
- there are no reliable statistics on the magnitude, spread and various issues of disability in the country and the Agency has no up-to-date register of persons with disabilities.

RECOMMENDATIONS

- the Government should undertake measures to sensitise and educate the citizens and the stakeholders on the existence of the Persons with Disabilities Act No. 33 of 1996, and its provisions; and
- the Government should ensure that it provides the necessary educational materials to persons with disabilities learning in mainstream schools. Otherwise, the policy should be changed so that persons with disabilities, whether with minor or severe disabilities, are taken to special schools.

The existing special schools should also be reinforced and provided with the necessary educational facilities and materials.

Your Committee further urge the Ministry of Education to ensure that teachers of special education, who have been trained at the Zambia Institute of Special Education (ZAMISE), are posted to special schools and units, instead of mainstream schools where their services are not required. This will go a long way in addressing the falling education standards among persons with disabilities;

- Government should put measures in place to address the leadership crisis at the Agency. Your Committee urge Government to seriously consider, in future placements, giving an opportunity to qualified persons to administer and manage the Agency. For the position of chief executive, disability should be an added advantage;
- a new Board for the Agency should be constituted as soon as possible and the Agency should be audited in order to ascertain how prudent and accountable it has been in managing its financial affairs;
- there is need to adequately fund the Agency. Your Committee envisage an Agency which has a manageable labour force of skilled personnel and is able to use a reasonable percentage of the Government grant to improve service delivery to persons with disabilities. Adequate funding will also allow the Agency to build capacity in the Agency especially at Provincial and District levels;
- Government should fund the revamping of the farms to make them engage in sustainable production. The farm centres, if managed well, will not only provide employment, but will also be a source of revenue for the Agency;
- Government should seriously monitor the performance of the National Trust Fund for the Disabled and ensure that it provides loans to persons with disabilities at reasonable interest rates;
- your Committee commend Government for appointing a person with disability as a member of the Citizens Economic Empowerment Commission. They urge Government to identify many others and consider them for appointment to decision making positions, including nominations to Parliament by the President;
- the Agency should undertake to build statistical records on various issues of disability as only then will they be able to plan and implement policies properly;
- the review of the Persons with Disabilities Act should be expedited; and
- there is need for the Government to urgently address the issue of accessibility of physical

infrastructure to persons with disabilities through the necessary legislation.

2.0 PREVENTION OF MOTHER-TO-CHILD TRANSMISSION OF HIV (PMTCT) AND THE MANAGEMENT OF PAEDIATRIC HIV/AIDS IN ZAMBIA

7. Mother-to-child transmission is said to be the largest mode of HIV infection in children. It is the transmission of HIV infection from a mother to her child. Infection can pass from an HIV positive mother to her baby during pregnancy, during labour and delivery and while she is breast feeding. It is presently estimated that the HIV virus infects about 40% of all babies born to HIV positive mothers in Zambia. Little is, however, said of the number of children who die of HIV/AIDS or efforts being made to provide treatment for the younger category.

Your Committee undertook a study of the Government's Programme of Prevention of Mother- to-Child Transmission of HIV (PMTCT) in Zambia. The primary aim was to acquaint themselves with the programme in order to appreciate the efforts that were being made to protect children born to HIV positive mothers *vis-à-vis* Government policy on management of Paediatric HIV/AIDS.

They requested comments on their study from the following stakeholders:

- i) Ministry of Health;
- ii) Joint United Nations Programme on HIV/AIDS (UNAIDS);
- iii) Churches Health Association of Zambia (CHAZ);
- iv) National HIV/AIDS/STI/TB Council;
- v) Network of Zambian People Living with HIV/AIDS (NZP+);
- vi) University Teaching Hospital (UTH);
- vii) Traditional Health Practitioners Association of Zambia; and
- viii) Interested organisations (Treatment Advocacy and Literacy Campaign and 80:20 Educating and Acting for a Better World)

Salient Issues

The stakeholders submitted to your Committee the salient issues set out below.

- The PMTCT Programme offered the following services:
 - i) routine offer of HIV counselling and testing; all pregnant mothers were routinely offered group counselling and offered the HIV test using the “opt-out” approach, i.e that unless the mother declined to take the test, the health provider went ahead to test;
 - ii) those who tested positive were further assessed for eligibility for Anti Retrovirals (ARVs); Antiretroviral preventive treatment was given to the mother and her baby; the minimum that an HIV positive mother could receive was a single dose of Nevirapine at the onset of labour;
 - iii) clients were educated on safe delivery practices; and
 - iv) counselling and support was offered on safe infant feeding practices.

- Mother to Child Transmission (MTCT) was by far the largest mode of HIV infection in children below the age of fifteen (15) years.
- Zambia was amongst the countries hardest hit by the HIV/AIDS epidemic in Africa. Although declining HIV trends had been observed in young people since 1998, HIV/AIDS in Zambia was still a major threat to the lives of women in the reproductive age group and their children.
- Though the PMTCT services were currently being offered in all the seventy two (72) districts in Zambia, the programme was only meeting twenty five percent (25%) of those in need.
- Of the estimated 1.1 million Zambians infected with HIV, one hundred and thirty thousand (130,000) were children. HIV/AIDS disease progression in children was faster and about thirty percent (30%) of these children needed to be on Anti Retrovirals (ARVs) because they had progressed to AIDS.
- Currently, there were three hundred (**300**) health facilities providing PMTCT services across the seventy two (72) districts and nine (9) provinces; these 300 health facilities represented twenty percent (**20%**) of all the 1,280 health facilities in the country.
- Without any intervention, one third of children born with HIV would die by their first birthday and a half by their second birthday; the majority of these deaths could be avoided if infection was detected early and effective care, treatment and support provided. While access to Anti Retroviral Therapy (ART) for adults had dramatically increased in the last few years, results had not equally been encouraging for children; only two percent (2%) of children needing Cotrimoxazole preventive therapy had access to it and less than ten percent (10%) of those needing ARV treatment were receiving it.
- Whereas the PMTCT programme was in all the seventy two (72) districts of Zambia, accessibility of services was still a challenge; in real terms, there were only three hundred (300) PMTCT centres out of 1,280 health facilities, indicating coverage of twenty percent (20%) only. The obvious barrier to easy access was distance to PMTCT sites.
- PMTCT services were generally affordable as they were offered at no cost to the pregnant mother; however, it is increasingly challenging to provide counselling on infant and young child feeding options. The majority of women were poor and could not simply afford baby formula and other replacement feeds.
- A comprehensive package of PMTCT services had the following benefits:
 - i) under primary prevention, health education was given for Behavioural Change Communication (BCC), condoms were distributed, sexually transmitted infections screening and management was offered as well as infection prevention;
 - ii) family planning and referral services were offered in order to prevent unintended pregnancies;
 - iii) the focussed antenatal care, education/counselling, routine offer of testing and the antiretroviral prophylaxis and treatment that were given to clients

- helped to prevent vertical transmission. Infant feeding counselling and education on safe obstetric practices were also offered; and
 - iv) Cotrimoxazole prophylaxis treatment, psychosocial and nutrition support and the Anti rétroviral therapy (ART) services provide care, support and treatment.
- Government had a policy on Management of Paediatric HIV/AIDS which centres on normalising HIV and AIDS care in all settings dealing with children. The policy aimed at having wide access to early diagnosis, treatment and care for all exposed and infected children.

In this regard some of the interventions that had been put in place were:

- i) development and implementation of a robust PMTCT scale up plan;
- ii) development of a Paediatric HIV / AR T care plan;
- iii) placing of two PCR machines for DNA early diagnosis of HIV in Zambia, with two more coming into the country. These machines, along with the courier system being put in place, will service both the northern and southern parts of the country;
- iv) procurement of Paediatric specific Anti Retrovirals (ARVs) to support 10,000 additional children. This would be in addition to the 7,000 already on treatment. The support would extend to nutrition supplements for those found eligible; and
- v) a training plan and resources had been mobilised to train more staff in managing Paediatric HIV/AIDS.

COMMITTEE'S OBSERVATIONS

Your Committee commend Government for responding to the mother-to-child transmission of the HIV burden. They are convinced that the programme is a major intervention in the prevention of vertical transmission of HIV in order to protect children.

They, nonetheless, note with concern that HIV in Zambia is still a major threat to the lives of women in the reproductive age group and their children.

Arising from the submissions made by the stakeholders, your Committee wish to make the following observations:

- i) there is no serious integration currently of PMTCT services into Maternal and Child Health services; each service stands alone;
- ii) there is little or no follow up, generally, of exposed children. However, your Committee welcome the coding of the under five card, by using a neonatal stamp in order to identify a child who has been exposed to the HIV/AIDS virus through the mother. This makes other health institutions easily identify such children and provide them with the care they require;
- iii) the PMTCT Programme is threatened with failure due to the following:
 - inadequate funding of the health sector;
 - the human resources crisis in the health sector; there is a critical shortage of service providers, both in numbers and capabilities, at all levels, from the remote health posts, through all the districts, provinces and national levels. The University Teaching Hospital, which is a major referral hospital, is operating at one third of the

- required number of midwives and laboratory technicians, and yet these are critical service providers in the implementation of the programme;
- iv) health institutions lack vital hospital equipment like Polymerase Chain Reaction (PCR) and CD4 Count machines. Despite the Polymerase Chain Reaction test being the only sure way of testing and ascertaining the status of children under eighteen months old, the country has only three of these machines;
- v) there is a gap concerning persons with disabilities in as far as dissemination of information on HIV/AIDS is concerned;
- vi) there is a high percentage of deliveries outside health institutions; it is currently estimated that 53 percent of the total deliveries are outside health institutions;
- vii) traditional healers can complement Government in information dissemination on PMTCT and HIV/AIDS as they have a comparative advantage of being many in number and are culturally accepted and accessed by many women;
- viii) men have not been sensitised enough on the importance of VCT, especially when a pregnancy is involved; as a result, there have been cases of women who, despite knowing the importance of PMTCT, have not acted because their husbands have objected to testing and or enrolment on anti retroviral therapy;
- ix) while pregnant women who attend Government hospitals and clinics are tested for HIV/AIDS, using the opt out method, very few private clinics and hospitals are doing the same; and
- x) most mothers can not afford baby replacement feeds when they are given that option in view of their HIV Status.

COMMITTEE'S RECOMMENDATIONS

In view of the above observations, your Committee make the following recommendations:

- i) there is need for Government to expedite the proposed integration of PMTCT into Maternal and Child Health services. This will improve follow up of children exposed to HIV;
- ii) exposed children should be followed up and monitored so that their status can be known early for further action; your Committee welcome the addition of the exposure status mark on the under-five card. They urge Government to scale up the initiative country wide so that children who need special attention, monitoring and follow up are identified easily;
- iii) there is need to improve funding to the health sector;
- iv) Government should urgently operationalise the human resource strategy for the health sector, in order to address the human resource crisis;
- v) there is need to increase the number of PCR machines in the country by having at least one in each province; the current situation, where the country only has three, is a source of concern as far as early infant diagnosis is concerned. The CD4 count machines should also be spread in all the districts of the country;
- vi) Government should develop policy measures to address the gaps in information dissemination on HIV/AIDS to persons with disabilities; your Committee further recommend that Government should consider including a component of basic sign language in the curriculum for various health practitioners;
- vii) Government should continue using traditional birth attendants to help sensitise communities on the importance of delivering at hospitals and to encourage their clients to visit the nearest health institutions upon delivery;

- viii) Government should partner with traditional healers on information dissemination on HIV/AIDS and PMTCT; traditional healers can sensitize and inform their women clients, especially on HIV/AIDS and PMTCT issues due to their comparative advantage;
- ix) there is need for Government to increase education and awareness among men on the importance of PMTCT;
- x) there is need for Government to develop policy that will compel private practitioners to provide routine PMTCT services in order to further reduce the transmission rate; and
- xi) Government should address the issue of mothers failing to afford replacement feeds by developing a clear policy on the issue.

PART II

TOURS

8. Your Committee undertook local tours to selected health institutions that were implementing the PMTCT programme, thereby offering PMTCT services as well as institutions that were involved in the provision of services to persons with disabilities in one way or the other.

The following institutions were visited:

1. Chikankata Hospital
2. Monze Mission Hospital
3. Mbala District Hospital
4. University Teaching Hospital
5. Chileshe Chepela School for the Disabled
6. Chitila farm for the Zambia Agency for Persons with Disabilities
7. Mimosa farm for the Zambia Agency for Persons with Disabilities
8. Disacare Wheelchair Centre

CHIKANKATA MISSION HOSPITAL

Your Committee learnt that Chikankata Mission Hospital was the birth place of the Home Based Care Programme in Zambia.

The hospital had experienced an increase in child mortality at one point. The hospital, therefore, intervened by starting the Government's Prevention of Mother-to-Child Transmission of HIV (PMTCT) Programme and, since then, mothers have been sensitised on the importance of testing for HIV and delivering at the hospital.

Your Committee noted with happiness that the Hospital had made many positive strides in fighting stigma against HIV positive persons. The subject of HIV/AIDS and testing was discussed publicly in the community.

The hospital has been trying to educate the community on issues of HIV/AIDS and specifically on PMTCT. This could be seen even through the existence of the mobile unit despite the difficulty of transport.

COMMITTEE'S OBSERVATIONS

Your Committee, nevertheless, observe that the hospital is facing the following challenges:

- i) despite the efforts the hospital is making in the area of PMTCT, it has few trained staff in PMTCT who have not been retrained in order to be updated on the current issues in HIV/AIDS and PMTCT specifically;
- ii) various logistical issues are hampering the institution's effort in attracting qualified staff to the institution. There is, for example, inadequate staff housing and delayed inclusion of graduate nurses on the Government payroll;
- iii) the institution has difficulties in securing nevirapine from Medical Stores Limited; and apart from administering nevirapine to pregnant mothers in order to prevent transmission, children who are exposed, or born, to HIV positive mothers are not followed up to establish whether they had converted to positive or negative. In other words, there is no monitoring of exposed children.

COMMITTEE'S RECOMMENDATIONS

Your Committee recommend that Government should:

- i) help the hospital procure or source reliable transport so that the outreach programme could continue by using the mobile unit;
- ii) come up with a deliberate strategy to help the hospital train more staff in the area of PMTCT and also retrain those who had received the PMTCT training in the recent past;
- iii) speed up the engagement of graduate nurses and include them on the payroll;
- iv) improve the disbursement of essential drugs like nevirapine to all health institutions and especially to institutions like Chikankata hospital which were doing commendable work in the area of PMTCT;
- v) assist the institution build at least a block of flats for staff in order to alleviate the housing problem; In addition, the Government should help the institution source funds to expand infrastructure, especially that the institution will start training laboratory technicians; and liaise with the hospital on how it could send specimen for children under eighteen (18) months old for testing to the University Teaching Hospital (UTH), which is able to perform Polymerase Chain Reaction Tests; this could be done through the newly introduced courier system. This would help in knowing the status of exposed children early in order to plan for further action.

MBALA GENERAL HOSPITAL

The PMTCT Programme was introduced at Mbala General Hospital in October 2005. At the time of commencement, the labour ward had only two nurses trained in PMTCT.

Your Committee noted with happiness the steady increase in the number of mothers being counselled. From the start of implementation to June 2007, about ninety one (91) mothers had been counselled.

CHALLENGES

Your Committee observed that the hospital was facing the following challenges in implementing the PMTCT programme:

- i) PMTCT staff are not retrained in order to continue being well informed on the current trends in the implementation of PMTCT and so they lack current data/information on the implementation of the PMTCT programme;

- ii) shortage of consumables like gloves and disinfectants;
- iii) shortage of skilled staff to fully implement the PMTCT programme at the hospital;
- iv) there is inadequate transport, a situation which has affected the following up of clients;
- v) the hospital is not doing any follow-ups on children born to HIV positive mothers and those mothers who need monitoring;
- vi) Voluntary counselling in the maternity ward is done in an unfriendly environment as it is being conducted in a staff room;
- vii) insufficient linen in the children's ward; and
- viii) the hospital had no fire extinguishers at the time of the visit as the gas in the cylinders had run out.

COMMITTEE'S RECOMMENDATIONS

Your Committee urge the Government to:

- i) help the hospital procure a vehicle to be used, specifically, for PMTCT Programmes;
- ii) build capacity in the staff involved in PMTCT by retraining them;
- iii) assist the hospital solve the human resources challenge by employing health workers;
- iv) assist the hospital reorganise its rooms and set aside an appropriate room for counselling in the maternity ward;
- v) procure linen for the hospital, especially for the children's ward; and
- vi) assist the hospital resolve the issue of fire extinguishers because it is dangerous for the hospital to operate without fire extinguishers.

MONZE MISSION HOSPITAL

Monze Mission Hospital was opened in October 1964 and was being administered and managed by the Catholic Church through a congregation called the Sisters of the Holy Spirit as the managing agency. Currently, the hospital had a bed capacity of 274 and had been turned into a grant aided general hospital.

Your Committee learnt that the PMTCT Programme started in 2000 and, at the time, it was being sponsored by United Nations Children's Fund (UNICEF). This was a project that was to run for five years and it came to an end in 2005.

The programme was restarted in January 2007. Counselling and testing was done within the maternity department. There were fifteen (15) trained nurses who were helped by other health cadre from various departments, like clinical officers and nurses in the Anti Retroviral Therapy clinic.

COMMITTEE'S OBSERVATIONS

Your Committee appreciate the efforts the hospital is making in offering PMTCT services, but are concerned at the lack of continuity by Government of donor sponsored programmes when the donors hand them back or pull out. This had been the case with the PMTCT programme at Monze Hospital between 2005 when UNICEF stopped running the programme and early 2007 when the programme was restarted.

Your Committee observe that the hospital is facing the following challenges:

- i) shortage of drugs;

- ii) inadequate funding of the hospital to meet the cost of administering it in order to provide quality service. In addition, release of the grant from Government is erratic. This also affects the smooth operations of the PMTCT Programme. However, the Churches Health Association of Zambia had come in to help at the time of the visit;
- iii) shortage of staff in nearly all departments; there were only eighty five (85) nurses out of the required establishment of two hundred (200), and only six (6) tutors at the nursing school out of the required seventeen (17);
- iv) the few available trained staff in PMTCT, who were trained by UNICEF in 2000, have not been retrained in order to keep them updated on the new trends in the implementation of PMTCT; and
- v) shortage of staff accommodation.

COMMITTEE'S RECOMMENDATIONS

Arising from their observations, your Committee recommend as follows:

- i) Government should fund the hospital adequately and release the grant in good time; this would help the hospital improve service delivery generally and specifically in the PMTCT Programme, especially that it is providing both first and second level health care services despite being a second level hospital;
- ii) Government should provide medical supplies to the hospital to make it easy for staff to work and provide quality services;
- iii) Government should source funds to enable the hospital construct staff houses as the grant is inadequate for such a venture;
- iv) Government should help the Hospital retrain PMTCT service providers on new developments in PMTCT ; and
- v) Government should source funds for procurement of a vehicle to assist in community education and outreach programmes as the grant is not enough to enable the hospital improve its transport system.

THE UNIVERSITY TEACHING HOSPITAL (UTH)

Your Committee observe that one of the positive measures the hospital has put in place is to make all the ART related tests at Clinic Five, free, in addition to free ARVs', despite the budgetary constraints. They commend Government for such positive action.

Challenges Faced in the Implementation of the PMTCT Programme

- i) there is no proper follow up of children born to HIV positive mothers to ensure that they are tested early to ascertain their status both before and after eighteen (18) months of age;
- ii) maternity services, where the PMTCT service is offered, are not integrated into the Paediatrics Department. This has impacted negatively where follow up of children born to HIV positive mothers is concerned;
- iii) although the hospital has state of the art machinery, like the Polymerase Chain Reaction (PCR), it experiences shortages of consumables like reagents which are expensive for the hospital to procure;
- iv) shortage of skilled human resources in PMTCT and other fields generally;
- v) the hospital is inadequately funded by the Government; and

- vi) the Government grant is always released late to the hospital. For instance, at the time of the visit to the hospital on Monday 18th June 2007, the hospital had not received the May 2007 grant.

COMMITTEE'S RECOMMENDATIONS

- i) Government should start releasing the monthly grant to UTH in a timely manner;
- ii) Government should start funding UTH adequately, especially that it is a teaching and referral hospital whose services are well beyond primary health care. UTH should, therefore, be funded according to its budget estimates;
- iii) Government should ensure that reagents and other consumables are available at UTH so that the clients could benefit from the machinery at the hospital, which is able to perform various tests;
- iv) there is need for Government to employ the required human resources at the hospital in order for it to provide quality service; and
- v) Government should develop a deliberate policy of integrating the maternity and paediatrics sections so that children could be properly followed up. Otherwise, the whole essence of PMTCT would be defeated without proper follow up and monitoring of exposed children.

CHILESHE CHEPELA SPECIAL SCHOOL

Chileshe Chepela Special School was officially opened on 22nd October, 1976 and was named after Chileshe Chepela Wansongo, a Bemba Paramount Chief, who had an impaired arm. It is a grant aided school run by the Catholic Church.

The school runs from Grades 1 to 9 on a two stream basis, that is, one for the hearing impaired, and the other stream for the physically impaired.

The school was initially designed for eighty (80) pupils but it had two hundred and twenty two (222) pupils as of 31st May, 2007 (one hundred and thirty six (136) boys and eighty six (86) girls).

There were one hundred and forty six (146) pupils in boarding (91 boys and 55 girls). Day scholars were seventy six (76), forty five (45) boys and thirty one (31) girls.

The school had thirty one (31) teachers at the time of the visit, eighteen (18) males and thirteen (13) females.

COMMITTEE'S OBSERVATIONS

Your Committee observe that the school is facing the following challenges:

- i) inadequate dormitories. While each wing of a dormitory was designed for 10 pupils, there are more than twenty (20) pupils in each wing, which is very unhygienic and dangerous to the health of pupils;
- ii) pupils have problems of where to go for school in Grade ten (10). The hearing impaired pupils go to Munali in Lusaka, but they find it a problem because Munali is too far from their homes and also, while there, the pupils are integrated into ordinary classes where

- most teachers do not use sign language when teaching. The physically impaired also find problems in fitting into other schools because they are not special education friendly, especially in terms of accessibility of infrastructure;
- iii) inadequate classrooms as well as classroom furniture;
 - iv) inadequate staff accommodation; the current situation is thirty one (31) teachers against seventeen (17) housing units;
 - v) the school uses firewood in an outside kitchen as the electric pot broke down a long time ago;
 - vi) the school is in an open and dangerous area where anyone could enter or pupils could sneak out of the campus any time;
 - vii) unreliable transport; the school has a very small, old and unreliable open Toyota Vannette on which the school depends. It was donated by missionaries a long time ago;
 - viii) there are continuous cases of sick children due to their conditions;
 - ix) currently, the school has only three (3) house parents against one hundred and forty six (146) pupils in boarding;
 - x) specialist teachers in the school are demotivated because the special education allowance has been withdrawn; and
 - xi) pupils are in need of Special Aids like wheelchairs, hearing aids, speech trainers and walking appliances.

COMMITTEE'S RECOMMENDATIONS

Your Committee, therefore, recommend as follows:

- i) Government should source funds to build more hostels, teachers' houses and classrooms;
- ii) Government should consider starting high school learning at the school by opening a grade ten class next year;
- iii) Government should urgently find a way of motivating the teachers for special education as a way of retaining them where they are needed and also urgently address the controversy surrounding the abolition of the allowance for teachers of special education;
- iv) in view of the vulnerability of the pupils at the school, Government should build a brick wall fence around the school;
- v) there is need to have a full time nurse and physiotherapist at the school;
- vi) Government should assist the school source reliable transport;
- vii) Government should employ more house parents at the school; the school requires at least eight house parents; and
- viii) Government should procure modern electric cooking pots for the school.

ZAMBIA AGENCY FOR PERSONS WITH DISABILITIES, CHITILA AND MIMOSA FARMS

Chitila Farm Centre is 27 kilometres east of Kasama in Mungwi District. The centre was established in 1982 and covers about 111hectares. The labour force is currently at thirteen (13): five (5) blind, three (3) partially sighted and five (5) able bodied persons.

Mimosa Farm is situated 15 km from Lusaka and covers about 10 acres of land, six of which is arable.

Your Committee were informed that although the farms were initially established for the purpose of rehabilitating and employing persons with disabilities, they were later turned into production centres. To this effect, your Committee are of the view that it is possible to revamp production at the two farms in order for them to generate income for the Agency. In addition, the farms can also create employment for those productive persons with disabilities. The Government could monitor the farms' activities through the Ministry responsible and the Agency itself.

COMMITTEE'S OBSERVATIONS

Your Committee, therefore, observe the following challenges:

- i) the farms are being under utilised;
- ii) the infrastructure is almost intact, especially at Mimosa. Chitila Farm also has a borehole, sunk in 2001, which is almost intact but not in use as the pipes and the tanks have not been installed while a hammer mill is in operation;
- iii) the farms have no qualified supervisors to manage them effectively and efficiently;
- iv) there are retired workers still staying on the farms, who are still waiting for their retirement packages;
- v) the centres are capable of generating income which can be used as a revolving fund. For instance, Chitila Farm has a hammer mill while Mimosa Farm was, at the time of the tour, keeping K8 million in its account, raised from some of the activities at the farm; and
- vi) the centres lack basic farming equipment.

COMMITTEE'S RECOMMENDATIONS

Your Committee, therefore, recommend as follows:

- i) the farms should diversify into piggery and poultry farming as they already have the infrastructure;
- ii) Government should employ qualified farm managers to manage the farms;
- iii) Government should provide initial funding to the farms for them to start production in order to revamp them;
- iv) in the interim, Government should provide initial funding to the farms for them to start commercialised vegetable growing rather than depend on maize production which may not be profitable for small scale farming;
- v) there is need for the Agency to pay the retired workers their pension packages so that they can leave and create accommodation space for the productive workers at the farms;
- vi) Government should complete the sinking of the borehole at Chitila Farm and sink one at Mimosa Farm as well. This would help with vegetable growing; and
- vii) there is need for the centres to be assisted with transport once production resumes.

DISACARE WHEELCHAIR CENTRE TRUST

Disacare Wheelchair Centre Trust is a self-help disability non governmental organisation (NGO) that is involved in the production and repair of wheelchairs and other mobility aids, thereby providing employment to persons with disabilities. The organisation was formed by persons with physical disabilities in 1991.

Among the products that the centre manufactures are auxiliary crutches, bicycle ambulances, walking frames, sports wheelchairs and cerebral palsy accessories.

COMMITTEE'S OBSERVATIONS

Your Committee observe that the organisation needs the support of both the public and the private sector because it is providing a service and, at the same time, empowering persons with disabilities.

On the other hand, your Committee are concerned with the following challenges that the Centre is facing:

- i) the Centre's products are expensive; for example, one ordinary wheelchair costs K1.4 million, at cost price, making the wheelchairs beyond the reach of ordinary Zambians;
- ii) the Centre has not done enough to market its products due to logistical problems;
- iii) lack of adequate funds to recapitalise the business and diversify;
- iv) payment of tax on materials procured locally while it does not pay tax on materials imported and yet it currently relies mainly on local materials; and
- v) lack of adequate state of the art machinery in the workshop.

COMMITTEE'S RECOMMENDATIONS

Your Committee, therefore, recommend as follows:

- i) Government should consider partnering with Disacare Wheelchair Centre and help to recapitalise it in recognition of the good service it is rendering to the nation; this would actually demonstrate Government's commitment towards empowering targeted citizens economically;
- ii) Government should assist the institution make known its existence and market its products;
- iii) Government should assist the institution source state of the art machinery for its workshop;
- iv) Government should assist the organisation, through the University of Zambia, to develop appropriate technology to make the products cheaper;
- v) Government should consider purchasing the bicycle ambulances that the Centre is making for the remotest rural health posts; these could go a long way in alleviating the transport problems in the remotest health posts; and
- vi) Your Committee recognise Government's efforts, so far, through the waiver of tax on materials that are imported. Nonetheless, the Government should go a step further and waive tax on materials procured locally. This incentive would go a long way in sustaining production at the centre.

PART III

CONSIDERATION OF THE ACTION-TAKEN REPORT ON THE COMMITTEE'S REPORT FOR 2006

THE UNIVERSITY TEACHING HOSPITAL (UTH)

9. In their previous Report, your Committee had recommended, among other things, that the Government should urgently expedite the tender procedures and fulfil its part by releasing the counterpart funding towards the project of constructing the new Eye Hospital as the cooperating partners had honoured their part. It was envisaged that the new hospital would alleviate the problems that the current UTH Eye Clinic was facing.

In response, it was reported in the Action-Taken Report that Government fully agreed with the recommendation of the Committee to speed up tender procedures and would endeavor to speed up the process.

Your Committee, however, requested a progress report on the issue.

In his subsequent appearance before your Committee, the Permanent Secretary submitted that the Ministry of Health had held a series of meetings with Operational Eye Sight, Sight Savers International and the UTH Management on the subject of expediting the construction of the eye clinic. The Ministry of Health had committed itself to financing, under the 2007 budget, an amount of K700 million towards this project, whilst the balance would be financed in 2008. The Ministry of Health was currently awaiting release of funds from the Ministry of Finance and National Planning in order to meet their commitment.

COMMITTEE OBSERVATIONS AND RECOMMENDATIONS

Your Committee note the submission and request a progress report on the release of funds by the Ministry of Finance and National planning.

CHOMA DISTRICT HOSPITAL

In relation to Choma District Hospital, your previous Committee had observed that the amount of money allocated to the hospital from the 2005 financial year for Poverty Reduction Programme (PRP) was not enough and, therefore, urged the Ministry of Health to source more funds to enable the hospital rehabilitate the infrastructure.

It was reported in the Action-Taken Report that the PRP funding for the rehabilitation of all health facilities were budgeted for under one budget line. Upon receipt of the funds from the Ministry of Finance and National Planning, allocations were then made to relevant institutions based on demand and information from health facilities census. The health facilities census had provided the Ministry of Health with information for the development of a capital investment plan. In 2005, the total amount that was allocated for rehabilitation of all health facilitates under the PRP was K2 billion, but this amount was increased to K7 billion in 2006.

The Ministry of Health had not yet received the 2006 allocation for the rehabilitation of health facilities and would endeavour to increase the allocation to Choma Hospital after scrutinising all the requests from other health facilities.

Your Committee, however, resolved to get an update from the Ministry of Health on whether funding for 2006 for rehabilitation of health facilities had been received and whether Choma Hospital had been given an increased allocation and how much.

In his subsequent appearance before your Committee, the Permanent Secretary submitted that no funding was received in 2006 for rehabilitation of health institutions despite the Ministry of Health budgeting for the same. No allocations were, therefore, made towards rehabilitation of health institutions.

COMMITTEE'S OBSERVATIONS AND RECOMMENDATIONS

Your Committee note the submission and urge Government to seriously ensure that funds for the rehabilitation of Choma Hospital are provided and that construction of a new hospital is funded in the 2008 national budget.

CONCLUSION

10. In conclusion, your Committee wish to express their gratitude to you, Mr Speaker, and the office of the Clerk of the National Assembly for the support rendered to them during the year. They are also indebted to all witnesses who appeared before them for their co-operation in providing the necessary memoranda and briefs. Your Committee are hopeful that the observations and recommendations contained in this Report will go a long way in improving the implementation of the PMTCT Programme and the provision of services to persons with disabilities in Zambia.

August 2007
LUSAKA

M Habeenzu, MP
CHAIRPERSON

/pz