

REPUBLIC OF ZAMBIA

REPORT

OF THE

COMMITTEE ON HEALTH, COMMUNITY DEVELOPMENT AND SOCIAL SERVICES

ON THE

**PERFORMANCE AUDIT REPORT OF THE AUDITOR GENERAL ON THE
PROVISION OF MENTAL HEALTH SERVICES IN ZAMBIA 2018 TO 2021**

FOR THE

SECOND SESSION OF THE THIRTEENTH NATIONAL ASSEMBLY

Published by the National Assembly of Zambia

FOREWORD

Pursuant to Standing Orders No. 198(g), of the National Assembly Standing Orders, 2021, the National Assembly of Zambia is vested with the power to consider audit reports referred to it by the Speaker or a resolution of the House. Thus, the Committee was mandated to consider the Performance Audit Report of the Auditor General on the Provision of Mental Health Services in Zambia, 2018 – 2021.

Mental health is paramount to personal well-being, healthy family relationships and successful contributions to society, as it is related to the development of societies and countries. Primary Mental Health (PMH) care is a crucial component of health care and overall health service delivery as it encompasses health promotion, prevention, early intervention, and treatment for mental health and/or addiction issues.

Historically, mental health care had been a neglected part of the health system in Zambia, with services concentrated at provincial government hospitals and not at the primary care level. The audit hence sought to establish the extent of the provision of mental services provided for by the Ministry of Health in the country. This was in line with building a health care system that ensured equitable access to essential medical products.

The Committee on Health, Community Development and Social Services has the honour to present its Report on the consideration of the Performance Audit Report of the Auditor General on the Provision of Mental Health Services in Zambia, 2018 – 2021, for the Second Session of the Thirteenth National Assembly.

In order to acquaint itself with the Performance Audit Report of the Auditor General on the Provision of Mental Health Services in Zambia, 2018 – 2021, the Committee sought both written and oral submissions from stakeholders. The stakeholders, who appeared before the Committee, are listed at Appendix II. The Committee held eight meetings to consider the Audit Report.

The Committee is grateful to all stakeholders who tendered both written and oral submissions. The Committee further wishes to thank you, Madam Speaker, for affording it an opportunity to carry out its work. It also appreciates the services rendered by the Office of the Clerk of the National Assembly and his staff throughout the Committee's deliberations.


Dr Christopher Kalila, MP
CHAIRPERSON

June 2023
LUSAKA

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List of Acronyms

| | |
|--------|---|
| PMH | Primary Mental Health |
| MoH | Ministry of Health |
| CHH | Chainama Hills Hospital |
| ZAMMSA | Zambia Medicines and Medical Supplies Agency |
| NDCs | Non-Communicable Diseases |
| DEC | Drug Enforcement Commission |
| MoE | Ministry of Education |
| MCDSS | Ministry of Community Development and Social Services |

1.0 Membership of the Committee

The Committee consisted of: Dr Christopher K Kalila, MP (Chairperson); Mrs Marjorie Nakaponda, MP (Vice Chairperson); Mr Luhamba Mwene, MP; Mr Miles Sampa, MP; Mr Joseph S Munsanje, MP; Mr Leevan Chibombwe, MP; Mr Monty Chinkuli, MP; Mr Paul Chala, MP; Mr Heartson Mabeta, MP; and Dr Aaron Mwanza, MP.

2.0 Auditor General's Comments

The Auditor General informed the Committee that in accordance with the Provisions of Article 250 of the *Constitution of Zambia (Amendment) Act No. 2 of 2016*, *Public Audit Act No. 13 of 1994* and the *Public Finance Management Act No. 1 of 2018*, the Office of the Auditor General was mandated to carry out performance audits in ministries, provinces, Government departments and agencies (MPAs) and to report the results to the Republican President and to the National Assembly.

2.1 Background to the Audit

The Committee was informed by the Auditor General that performance auditing was an independent, objective and reliable examination of whether Government undertakings, systems, operations, programmes, activities or organisations were operating in accordance with the principles of Economy, Efficiency and Effectiveness and whether there was room for improvement. This type of audit sought to promote economical, effective and efficient governance as well as contribute to accountability, transparency and quality delivery of public services.

2.2 Motivation of the Audit

The Auditor General stated that Mental Health was paramount to personal well-being, family relationships and successful contributions to society. Historically, mental health care had been a neglected part of the health system in Zambia, with services concentrated at Provincial Government hospitals and not at the primary care level.

The Committee was further informed that Zambia's total number of mental health professionals was 474; this included both the Government and non-government workers. The mental health workers' ratio per 100,000 population was estimated at 2.94 in 2017. As at December, 2021, the number of Mental Health workers stood at 797. Key factors such as few trained human resources and the reliance on traditional medicine at the community level contributed to challenges of inadequate care.

The Ndola District Commissioner, during the official launch of the 2017 World Health Day called for increased investment in mental health and the integration of services at primary health care facilities in response to the need for people with depression to seek and get medical assistance. He further stated that in 2016, a total of 19,733 new mental health patients were seen at mental health institutions across the country, out of which 8 per cent were treated for depression.

In addition, the 6th President of the Republic of Zambia in his speech on Ethics and Values to the Fifth Session of the Twelfth National Assembly on 12th February, 2021 stated that the rate of suicides (which is related to mental health) amongst citizens was of concern. He further stated that suicide rates were reported to be 17.5 per 100,000 males and 6.2 among women, a scenario that he indicated needed to be stemmed.

2.3 Objectives of the Performance Audit Report

The audit objective was to assess whether the Ministry of Health had put in place measures to efficiently and effectively provide mental healthcare services at all the levels of health service provision.

2.4 Audit Scope and Coverage

The audit covered the period 2018- 2021. The target population was the Ministry of Health. In this regard, seven out of the ten provinces, twenty-two out of the 116 districts, twenty-four out of 128 Health Facilities at tertiary, third, second and first level of health care as well as three rehabilitation centres were engaged. Twenty-two district pharmacies and Zambia Medicines and Medical Supplies Agency main store hubs in Chipata and Choma were also visited. The areas visited were selected districts in Lusaka, Eastern, Southern, Central, Northern, Western and Copperbelt provinces.

The sample size was purposively selected based on the health facilities at different levels such as tertiary, central, general and district hospitals that provide the service, the number of mental health service providers as well as limited resources allocated to the assignment.

2.5 Audit Questions

Based on the audit objectives, the audit questions were as follows:

- a) to what extent had the Ministry of Health provided the required mental health needs to ensure effective and efficient delivery of mental healthcare services to the users?

- b) what measures had the Ministry of Health put in place to ensure involvement of the communities and other stakeholders in mental healthcare service provision?

3.0 CONSIDERATION OF STAKEHOLDER SUBMISSIONS BY THE COMMITTEE

The Committee considered submissions from various stakeholders as per appendix II. The submissions from the stakeholders and the Permanent Secretary from the Ministry of Health as well as the Committee's observations and recommendations are as set out hereunder.

3.1 General Concerns

3.1.1 Inclusion of Psychologist in the Provision of Mental Health Services

Some stakeholders submitted that there was need to include psychologists in the establishments and structures of the health sector. It was submitted that psychologists played an integral role in the provision and treatment of mental illnesses and disorders, as they provided psychological and evidence based behavioural interventions. The Committee learnt that in the provincial hospitals, psychologists were not included.

Committee's Observation and Recommendation

In agreeing with the stakeholders, the Committee recommends that the position of psychologist should be included in the structure as they play an integral role in the provision and treatment of mental illnesses and disorders. Further, psychologists played a vital role in the provision of psychological and evidence based behavioral interventions to mental patients before treatment can be commenced. In this regard, the Committee recommends that the Government should put measures in place to ensure that psychologists are registered by the Health Professionals Council of Zambia.

3.1.2 Role of the Private Sector in Provision of Mental Health Services

Some stakeholders submitted that the role that the private sector was playing in the provision of mental health services should be supported by ensuring that the sector is regulated.

Committee's Observation and Recommendation

The Committee in noting the submission recommends that the Government should leverage on the other players in the mental health sector by regulating them.

3.2 Specific Audit Concerns

3.2.1 Policy, Standards and Guidelines

Stakeholders raised concern that the Ministry of Health (MoH) had not developed standards and guidelines to assist with mental health service delivery. Stakeholders also submitted that the Mental Health Policy required to be updated as a matter of urgency in order to incorporate current developments in the sub-sector.

Ministry's Response

The Committee was informed that the Ministry of Health had embarked on a process to review a number of national policy documents within the health sector and that the National Mental Health Policy was planned to be revised this year (2023). In order to ensure implementation of the policy, the Ministry working closely with key stakeholders will in addition prepare a National Mental Health Implementation Plan. The Ministry will ensure that the findings and recommendations made by the Office of the Auditor General were taken into consideration.

Further, the Committee was informed that the Ministry of Health had developed the Treatment Guidelines for Mental Health Disorders which were launched on 10th October, 2022 during the commemoration of the World Mental Health Day.

Further, the Committee was informed that mentorship and supervisory visits for mental health services were conducted in all the ten provinces in the second half of the year of 2022. So far in 2023, mental health orientation workshops were conducted with the District Health Directors and their district mental health focal point persons and strategies put in place to have mental health services in the districts. This had been conducted in six provinces namely, Southern, Western, Eastern, Muchinga, Central and Northern provinces, as a step towards decentralising mental health services and taking them as close to the people as possible.

The Non-Communicable Diseases (NCDs) Multi-sectoral Strategic Plan was also developed awaiting finalisations. This draft included strategies for mental health services.

The Committee was also informed that the National Health Strategic Plan 2022-2026 had also a significant mental health component highlighting strategies and priority areas for mental health.

Committee's Observation and Recommendation

The Committee is elated to learn that Treatment Guidelines for Mental Health Disorders were launched on 10th October, 2022 during the commemoration of the World Mental Health Day. The Committee therefore, recommends that modalities to distribute the guidelines to the various districts for use by health care providers must be expedited. Further, the Committee recommends that as submitted, the Government should ensure that the Mental Health Policy is revised within 2023.

3.2.2 Resource Allocation to Mental Health

Stakeholders submitted that during the period under review, the MoH allocated a total of K66,863,125 to non-communicable diseases, out of which K894,701 was allocated to mental health, representing 2 per cent for the period 2018-2021, was not adequate to manage mental health services. Stakeholders in this regard expressed concern that the 2 per cent allocation for mental health services was insufficient to enable Chainama Hills Hospital to fully coordinate provision of mental health care to the general population.

Ministry's Response

The Committee was informed that the Ministry of Health allocated a total of **66, 863,125** Kwacha for Non-Communicable Diseases (including Mental Health) for the period 2018 to 2021. Of these resources, only **894,701** Kwacha was applied for mental health services representing 2 per cent of the total budget. In 2023, mental health services had been allocated **396,533** Kwacha from the total NCDs budget of **4,805,251.20** kwacha.

This was obviously too low to provide quality and equitable mental health services in all the districts of Zambia. In 2024, the Ministry of Health would increase the allocation for mental health from the non communicable diseases budget to 10 per cent.

The Committee was further informed that the Ministry would continue to prioritise Chainama Hills Hospital to improve its tertiary services.

Committee's Observation and Recommendation

The Committee in agreeing with stakeholders recommends that the allocation to mental health services should be increased. The Committee further urges the Government to ensure that Chainama Hills Hospital is capacitated to fully coordinate the provision of mental health care to the general population.

3.2.3 Availability of Infrastructure and Equipment

Stakeholders raised concern that mental health services were not provided in all the health facilities, and in facilities where mental health services were being offered, it was observed that some facilities had no mental health units and the required equipment to assess mental health patients. The Committee also learnt that mental health services were provided in disused TB wards or old dilapidated buildings as was the case with Chainama Hills Hospital, a situation which did not inspire confidence in the mental health workers and members of the public who sought mental health services.

Stakeholders also submitted that Kalindawalo mental health unit which was not operational at the time of the audit, was now functional, but needed to be strengthened by sending more mental health workers despite its limited establishment.

Security for Mental Health Facilities

Regarding the issue of security in mental health units, stakeholders submitted that patients often absconded as a result of poor security at all mental health facilities in the country.

Psychiatry Equipment

The Committee was informed that at the time of the audit, Chainama Hills Hospital had a functional Electroencephalogram (EEG) machine; however, this machine has been non-functional since 2021. As a result, Chainama Hills Hospital had been unable to perform EEG on patients.

Stakeholders also submitted that the Ministry of Health working through its agency ZAMMSA was revamping service contracts for complicated medical equipment to ensure the pieces of medical equipment were maintained in good working conditions.

Ministry's Response

The Committee was informed that Mental Health infrastructure had over the years remained a challenge as the country depended on old institutions such as Chainama Hills Hospital for delivery of mental health services.

Progress on some of the infrastructure designated for mental health services is as tabulated below.

a) **Ndola Psychiatric Hospital**

The Committee was informed that the construction of the new Psychiatric Hospital in Ndola which had stalled for some time because of lack of funds would be completed in 2023 (The hospital was at 95 per cent of completion).

b) **Chinsali and Kalindawalo General Hospitals**

The Committee learnt that two new psychiatric units that met the recommended specifications with full equipment were constructed at Chinsali and Kalindawalo General Hospitals.

c) **20 First Level Hospitals**

The Committee was informed that about 20 level 1 hospitals under construction in the country were designed to have spaces for providing mental health services with a bed capacity of 6 beds per hospital.

d) **Rehabilitation of Dilapidated infrastructure**

The Committee was informed that the Ministry would lobby for resources in the 2024 budget to:

- a) refurbish dilapidated infrastructure at Mongu, Choma, Kasama, and Kabwe;
- b) complete the new psychiatric facility in Ndola by the end 2023.
- c) build a new psychiatric facility in Solwezi; and
- d) modernise Chainama Hills Hospital.

Committee's Observation and Recommendation

In agreeing with stakeholders the Committee urges the Government to ensure that the required equipment to assess mental health patients is procured and distributed to health facilities. This will ensure the provision of full services to the affected people as close to their families as possible. Further, the Committee recommends that psychiatric units should be given the same attention as that given to other illnesses in terms of infrastructure and where infrastructure is available, the units should be operationalised. There should also be basic equipment, security to avoid absconders and seclusion wards that will enable the mental health providers to contain the violent psychiatric patients and to protect both users/patients and mental health service providers.

Further, the Committee recommends that the dilapidated infrastructure in Mongu, Choma, Kasama and Kabwe should be refurbished. The Committee also urges the Government to ensure that construction of a new psychiatric facility

in Ndola is completed and that new psychiatric facilities are built in Solwezi and at the Chainama Hills Hospitals.

3.2.4 Availability of Mental Health Drugs

Stakeholders raised concern that in most facilities psychotropic drugs were not available, especially the controlled drugs resulting in some mental health patients being affected negatively by illnesses and advancing to critical stages.

Further, stakeholders submitted that the Zambia Medicines and Medical Supplies Agency (ZAMMSA) who are mandated to procure medicines and medical supplies were not supplying adequate psychotropic drugs to mental health facilities and units. For example, Chainama Hills Hospital was supplied with less than 20 per cent of the required monthly essential psychotropic drugs by ZAMMSA. Therefore, on a monthly basis the facility was spending 30 per cent of its operational grant to procure these medications to try and improve service delivery with regards to the provision of essential drugs. As a result, the facility had been experiencing difficulties to work in other areas of need as the medicines were a priority.

The Committee also learnt that despite the Zambia Medicines and Medical Supplies Agency Act No. 9 of 2019 it only became operational in February 2021. Further, the Committee also learnt that ZAMMSA only ready to carry out its added mandate of procuring medicines and medical supplies later in October 2021. Since then the Agency had been undertaking all medicine, medical supplies and medical equipment procurements. However, some drugs were not available especially the controlled medicines due to lengthy processes required to access them. It was further submitted that regardless of the aforementioned, the MoH was working to ensure that availability of mental health commodities was increased. The Committee was informed that laws and regulations were to be updated to facilitate easy access to these medicines for the patients who required them while keeping away those who would want to access them for illicit use.

The Committee also learnt that in all health packs whose procurements were underway had some mental health drugs included in them especially those to do with depression.

Ministry's Response

The Committee was informed that ZAMMSA was procuring the mental health drugs and that the availability of mental health drugs was mixed in most of the facilities. For example, at Chainama Hills Hospital, ten out of the thirty-five essential drugs for mental health were completely out of stock; fifteen out of the thirty-five essential drugs were below the desired stock level to run effective mental health services; only ten of the thirty-five essential medicines for mental

health were stocked equal to and/or above the desired stock levels. If we used the Chainama Hills Hospital situation as a proxy for availability of medicines nationally, Zambia was far below where it needed to be in terms of availability of mental health drugs. The Ministry of Health was working with ZAMMSA, to procure mental health drugs through UNICEF, the Egyptian Government to Government arrangement and through an agreement with Tanzania. These commodities once in, would stabilise the supply chain for mental health drugs.

The Committee was also informed that the MoH faced delays in the procurement of selected drugs for the management of psychiatric conditions because of the current procurement procedures. However, in order to ensure quick access to these products, the Government had facilitated the enactment of the *Controlled Substances Act, No. 2 of 2023*. The Act was awaiting a commencement order. Once this was done, the acquisition of these drugs would be faster.

Committee's Observation and Recommendation

The Committee expresses concern that the supply of essential psychotropic drugs to mental health facilities and units by ZAMMSA is insufficient. The Committee therefore, urges the Government to ensure that attention is paid to mental health by ensuring that psychotropic drugs were always available. This will ensure that mental health patients receive the required treatment on time, so as to prevent them from advancing into critical stages. Further, the Committee recommends that a system should be devised which will provide a timely report on the levels of available drugs. This will prevent the occurrences of drug stock outs.

3.2.5 Provision of Rehabilitation Services to Users/Patients

Stakeholders expressed concern that Zambia had no fully functional rehabilitation centres that were government run. The existing ones were all extremely dilapidated and required huge financial and logistical investment to have them revamped.

Ministry's Response

The Committee was informed that the rehabilitation services for users still remained a challenge as the country's three known rehabilitation centres were in an inhabitable and deplorable state. These were Nsadzu in Chadiza, Kawimbe in Mbala and Litambya in Senanga. However, there were plans to have the named rehabilitation centres revamped and local authorities had been engaged to secure the Title Deeds in order to protect them from encroachments by the end of 2023.

Committee's Observation and Recommendation

The Committee notes with concern that Zambia does not have a fully functioning Government run rehabilitation centre as all the centres were extremely dilapidated. In this regard, the Committee recommends that the Government should without further delay secure funds to renovate the three dilapidated rehabilitation centres. Once rehabilitated, the centres will provide occupational therapy to users/patients as they are being prepared for reintegration into communities. Further, the Committee recommends that the Government should construct more rehabilitation centres countrywide.

3.2.6 Referral Mechanism

Stakeholders submitted that there was no proper system to follow up on user/patients referred and discharged. For example, referral system to lower level health facilities by the higher level health facilities to provide feedback on the treatment provided and further action required.

Stakeholders also submitted that mental health services within the districts were not consistent in terms of availability; hence, whenever general health care providers encountered patients with mental health problems, they referred them to Chainama Hills Hospital, with minimal attempts to stabilise or observe the patients. It was therefore, anticipated that the newly developed treatment guidelines for mental disorders would be used as a reference tool to guide health providers on the management and referral process for mental disorders. The Committee learnt that one of the objectives of the mental health orientation workshops for the districts was to provide guidance on the referral system.

Ministry's Response

The Committee was informed that the Ministry of Health followed the established referral system; hence, every patient regardless of the condition was to be provided with the necessary health services and referred accordingly.

Committee's Observations and Recommendations

The Committee in noting the submission recommends that strict measures should be put in place to ensure that the established referral systems are adhered to ensure effective feedback on the treatment provided and further action required. Further, the Committee recommends that the Government should ensure that all health facilities are provided with mental health units and staff, so as not to overwhelm the Chainama Hills Hospital. Further, measures should be put in place to ensure that users/patients are followed up to

3.2.7 Establishment of Structures in the Community to help with Early Identification of people with Mental Health Disorders

Stakeholders were particularly concerned about the weak collaboration and community participation in the prevention, early identification and management of patients with mental health disorders. Stakeholders were of the view that the MoH, DEC, Ministry of Education (MoE) and the Ministry of Community Development and Social Services (MCDSS) could work together in implementing drug use prevention education programmes in communities, institutions of learning and work places. Stakeholders further submitted that collaboration of the MoH and other state and non-state agencies for purposes of up-scaling and replicating existing interventions in order to strengthen the early identification and management of people with drug use mental health disorders was important.

Stakeholders further proposed that other programmes being implemented by the DEC such as Peer Education, Family and Parenting Skills Trainings, Juvenile Diversion and Counselling Services should be incorporated in the collaborative efforts.

Ministry's Response

The Committee was informed that most health units in health facilities have been activated to provide mental health services, as a way of bringing mental health services to the communities. The Committee was further informed that the treatment guidelines developed would enhance skill and mental health competencies. The Committee also learnt that mental health staff had been recruited and deployed in various health facilities and that mentorship and supervision activities were being undertaken in all the provinces.

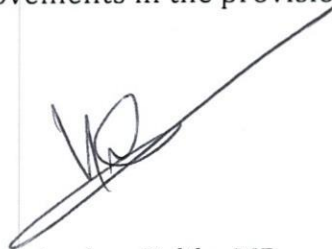
Further, the Committee was informed that community involvement and/or participation in the management of the mental health programme in Zambia were part of the national guidance. Implementation however lags due to many issues, including lack of resources to motivate community mental health care volunteers. The Ministry of Health committed to work with other stakeholders including cooperating partners to scale up community based mental Health services.

Committee's Observations and Recommendations

The Committee in noting the submission recommends that the Ministry of Health should enhance collaboration with other Government institutions such as the MoE, DEC, MCDSS in addition to cooperating partners in order to scale up community based mental health services and early identification of people with mental health disorders.

4.0 Conclusion

The Committee observes that the Government has indicated its intention to provide universal health care coverage through primary healthcare with a focus on community health. However, the objective has not been met as not all health facilities provide mental health services; thereby, denying mental health users/patients access to quality and affordable mental health services. It is therefore, the hope of the Committee that going forward; the Government will prioritise the provision of mental health services by ensuring availability of resources to meet the needs of the mental health users/patients and bring about improvements in the provision of mental health services in Zambia.



Dr Christopher Kalila, MP
(Chairperson)

June, 2023
LUSAKA

APPENDIX I - National Assembly Officials

Mr Francis Nabulyato, Principal Clerk of Committees (SC)

Mrs Chitalu K Mumba, Deputy Principal Clerk of Committees (SC)

Mrs Angela M Banda, Senior Committee Clerk (SC1)

Mrs Media Mweele, Committee Clerk

Ms Catherine Chibuye, Administrative Assistant

Mr Daniel Lupiya, Committee Assistant

APPENDIX II- WITNESSES

Office of the Auditor General

Ministry of Health

Ministry of Education

Ministry of Community Development and Social Services

Zambia Medicines and Medical Supplies Agency

Drug Enforcement Commission

Chainama Hills Hospital

Serenity Harm Reduction Programme Zambia

Mental Health Users Network of Zambia

Great North Road Academy

Psychological Association of Zambia