



REPUBLIC OF ZAMBIA

REPORT

OF THE

**COMMITTEE ON HEALTH, COMMUNITY DEVELOPMENT AND SOCIAL
SERVICES**

ON THE

**REPORT OF THE AUDITOR GENERAL ON THE PROVISION OF COMPREHENSIVE
EMERGENCY OBSTETRIC AND NEWBORN CARE IN MATERNAL HEALTH**

FOR THE

**FIFTH SESSION OF THE ELEVENTH NATIONAL ASSEMBLY APPOINTED ON
THURSDAY 24TH SEPTEMBER, 2015**

PRINTED BY THE NATIONAL ASSEMBLY OF ZAMBIA

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TABLE OF CONTENTS

ITEM	PAGE
1.0 Membership of the Committee	1
2.0 Functions of the Committee	1
3.0 Meetings of the Committee	2
4.0 Procedure adopted by the Committee	2
5.0 Background to the Audit	2
5.1 Motivation for the Audit	3
5.2 Objectives of the Audit	3
5.3 Audit Criteria	3
5.4 Audit Scope	5
5.5 Audit Methodology	5
6.0 Audit Findings - Auditor General's Recommendations; Stakeholders' Views; Government Responses; and Committee's Observations and Recommendations	5
7.0 Tour of Selected Health Institutions	16
7.1 Levy Mwanawasa General Hospital	16
7.2 Committee's Observations and Recommendations	17
7.3 University Teaching Hospital	17
7.4 Committee's Observations and Recommendations	18
8.0 Conclusion	20
Appendix I – List of officials	21

REPORT OF THE COMMITTEE ON HEALTH, COMMUNITY DEVELOPMENT AND SOCIAL SERVICES ON THE REPORT OF THE AUDITOR GENERAL ON THE PROVISION OF COMPREHENSIVE EMERGENCY OBSTETRIC AND NEWBORN CARE IN MATERNAL HEALTH FOR THE FIFTH SESSION OF THE ELEVENTH NATIONAL ASSEMBLY

Consisting of:

Mr L M Mufalali, MP (Chairperson); Dr C K Kalila, MP; Mr C J Antonio, MP; Mr E C Musonda, MP; Mr M Simfukwe, MP; Mrs S T Masebo, MP; Mr M Habeenzu, MP; and Mr L Lingweshi, MP.

The Honourable Mr Speaker
National Assembly
Parliament Buildings
Lusaka

Sir

Your Committee has the honour to present its Report on the Report of the Auditor General on the Provision of Comprehensive Emergency Obstetric and Newborn Care in Maternal Health for the Fifth Session of the Eleventh National Assembly.

Functions of the Committee

2.0 The functions of your Committee are as follows:

- 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 Welfare, departments and/or agencies under their portfolio;
- b) carry out detailed scrutiny of certain activities being undertaken by Ministries of Health and Community Development and Social Welfare, departments and/or agencies under their portfolio and make appropriate recommendations to the House for ultimate consideration by the Government;
- c) make, if considered necessary, recommendations to the Government on the need to review certain policies and certain existing legislation;
- d) examine annual reports of Government ministries and departments under their portfolio in the context of the autonomy and efficiency of Government ministries and departments 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 it by the House.

Meetings of the Committee

3.0 Your Committee held three meetings to consider the Report of the Auditor General on the Provision of Comprehensive Emergency Obstetric and Newborn Care in Maternal Health.

Procedure adopted by the Committee

4.0 To help it fully appreciate and understand the issues raised in the Report, your Committee requested written memoranda from the following stakeholders who also appeared before your Committee and made oral submissions:

- i) Levy Mwanawasa General Hospital;
- ii) Zambia Union of Nurses Organisations;
- iii) Midwives Association of Zambia;
- iv) Zambia Medical Association;
- v) Non -Governmental Organisations Coordinating Council; and
- vi) Ministry of Health.

Your Committee also undertook a tour of Levy Mwanawasa General Hospital and the University Teaching Hospital.

Background to the Audit

5.0 In 2014, the Office of the Auditor General conducted an audit on the Provision of Comprehensive Emergency Obstetric and Newborn Care in Maternal Health. Emergency Obstetric and Newborn Care (EmONC) refers to care given to women and newborn babies experiencing complications occurring during pregnancy, labour and immediately after childbirth.

There are two types of EmONC, namely; basic and comprehensive EmONC.

Basic EmONC is provided in large or small health facilities. The services provided under basic EmONC include the following:

- i) administration of parenteral antibiotics and uterotonic drugs;
- ii) administration of parenteral anti convulsants for pre-eclampsia and eclampsia;

- iii) manual removal of the placenta;
- iv) assisted vaginal delivery; and
- v) newborn resuscitation.

Comprehensive EmONC is provided in the first, second and third level hospitals. It comprises all the services under basic EmONC plus surgery (caesarean section) and safe blood transfusion.

The Ministry of Health introduced EmONC in 2006, as an intervention to help prevent the maternal and neonatal mortalities.

Motivation for the Audit

5.1 The audit was motivated by the factors outlined hereunder.

- i) Debates in Parliament on the adequacy of maternal health care services as well as Government's efforts to attain Millennium Development Goal (MDG) number five on improving maternal health.
- ii) The unacceptably high maternal mortality ratio of 591 deaths per 100,000 live births reported in the 2007 Zambia Demographic and Health Survey.
- iii) Inadequate information on the extent to which the EmONC services were available.

Objectives of the Audit

5.2 The objectives of the audit were to:

- i. assess the measures put in place by the Ministry of Health in providing Comprehensive Emergency Obstetric and Newborn Care under maternal health; and
- ii. assess the preparedness of the hospitals in the provision of Comprehensive Emergency Obstetric and Newborn Care under maternal health.

Audit Criteria

5.3 In order to evaluate the findings against the standard, the assessment criteria presented below were used.

1. **EmONC Training**

- a) Staff should receive training and continuing professional development.

2. **Staffing Levels**

- a) To distribute human resources equitably and ensure appropriate skills mix for achieving the MDGs.
- b) To improve the availability of and distribution of qualified health workers in the Country.
- c) To increase numbers of specialist doctors to provide specialised services in hospitals and contribute to the strengthening of referral services.

3. **Infrastructure**

- a) Health facilities should provide the health care services in the environment that is accessible, well maintained, fit for the purpose, safe, secure and in line with legislation, directions and guidance.
- b) To ensure optimal availability, appropriateness, distribution and conditions of essential infrastructure, in order to facilitate equity of access to essential health services.

4. **Essential Equipment**

- a) To improve on the availability, distribution and condition of essential equipment in order to ensure equity of access to essential health services.
- b) Operating rooms are serviced by a sterilisation service compliant with infection control procedures.
- c) All equipment must be provided with a full set of technical documents, that is, documents for installation, for user operation, for repair and maintenance (manuals).

5. **Guidelines and UN Process Indicators**

- a) Formulate all policies and procedures, guidelines, standards and manuals to be used in the hospitals.
- b) Specific national guidelines, protocols and procedures or internationally agreed guidelines are available to relevant members of staff.

6. Monitoring and Evaluation/Risk Assessment of EmONC Package

The Ministry of Health has the mandate to provide leadership in establishing appropriate systems and procedures for reliable monitoring and evaluation of the sector's performance at all levels. In this respect, the Ministry has established structures and systems to guide.

Audit Scope

5.4 The audit focused on the assessment of the effectiveness in the provision of Comprehensive EmONC to mothers with complications during pregnancy, at the time of delivery and soon after delivery under the Ministry of Health. The audit sampled facilities that provide Comprehensive EmONC in four provinces namely: Lusaka; Central; Copperbelt; and North-Western.

There were twenty-four second level hospitals and six third level hospitals in Zambia at the time of the audit. The second level hospitals are all general and central hospitals while the third level hospitals are tertiary hospitals. For the purpose of the audit, three second level and two third level hospitals were sampled.

Audit Methodology

5.5 The audit methodology involved the review of documents such as policies and guidelines, and data analysis; interviews and questionnaires; and physical inspections.

AUDIT FINDINGS; AUDITOR GENERAL'S RECOMMENDATIONS; STAKEHOLDERS' VIEWS; GOVERNMENT RESPONSES; AND COMMITTEE'S OBSERVATIONS AND RECOMMENDATIONS

6.0 The audit findings; Auditor General's recommendations; stakeholders' views; Government's responses on the findings; and the Committee's observations and recommendations are as presented below.

a. Insufficient Enhancement of EmONC Skills through EmONC Training

Interviews with key personnel at Levy Mwanawasa, Solwezi and Kabwe General Hospitals as well as Kitwe and Ndola Central Hospitals revealed that out of 226 officers providing EmONC services to mothers during pregnancy, childbirth and after delivery at these health facilities, only fifty-two officers representing 23 percent had been trained. It was further observed that out of the fifty-two officers trained, thirty-one were providing EmONC services. The remaining twenty-one were deployed to other departments and were not involved in the provision of the EmONC services.

Auditor General's Recommendations

The Ministry of Health should put in place a system that promotes the training of staff in EmONC from the second and third level hospitals. Obstetricians, gynaecologists and other senior medical doctors should be trained as trainer of trainers in EmONC to enhance skills of mentorship and on the job training of junior medical doctors, clinical officers, midwives and anaesthetists. This will promote more staff being trained during normal work at no cost and certification of staff can be given when fully trained.

Stakeholders' Views

The stakeholders were of the view that the current practice of conducting the EmONC training away from the health facilities was costly and contributed to the low staffing levels as the trainees were taken away from their duty stations for an extended period of time.

The stakeholders recommended that the training should be conducted at the health facilities to make it affordable and that the training should include both the lower level and higher level cadres. Furthermore, the EmONC training should be incorporated into the standard health professionals' training programmes.

Government's Response

The Ministry of Health submitted that in 2015, all the midwives at Levy Mwanawasa General Hospital were trained in EmONC service provision. Further, more trainings were conducted in different provinces with financial support from the implementing partners as shown in the table below.

Medical staff trained in EmONC in 2015

Province	Number Trained	Target	Variance
Copperbelt	96	50	46
North Western	37	40	-3
Western	52	45	7
Central	91	40	51
Lusaka	71	35	36
TOTAL	347	210	137

Furthermore, the Ministry of Health through the support of the World Bank under the Zambia Health Systems Improvement Project (ZHSIP) had revised the nursing curricula to strengthen the EmONC component. The implementation of the curricula started in January, 2015, in all the Government nursing schools in North Western, Luapula, Northern and Western Provinces. This meant that

all the enrolled and registered nurses expected to graduate in December, 2017 and thereafter would graduate with strong competencies in EmONC.

The Ministry of Health had also developed a three months in-service training targeted at all nurses that did not have the EmONC and nutrition skills. The Ministry had further started a mentorship programme to strengthen the EmONC services through the support of the *Swedish International Development Agency* (SIDA). The programme would be rolled out to the rest of the provinces after an evaluation.

Committee's Observations and Recommendations

Your Committee observes that the Ministry of Health has been conducting the EmONC training in selected provinces. Furthermore, the EmONC training had become part of the nursing curriculum and is being implemented in nursing schools in selected provinces.

Your Committee, therefore, recommends that the new curriculum should be implemented in all the nursing schools. In the interim, the training should be conducted for more health workers country wide. Further, as alluded to by the Auditor General and the stakeholders, the EmONC training should be conducted within health facilities and should involve both senior and junior staff involved in the provision of the EmONC services.

b. Misplacement of the EmONC Trained Staff

A check at Levy Mwanawasa, Solwezi and Kabwe General Hospitals as well as Kitwe and Ndola Central Hospitals revealed that staff that had been trained in EmONC were not providing emergency obstetric and newborn care due to the staff rotation practice, which requires midwives and general medical doctors to work in other departments within a hospital.

Auditor General's Recommendations

The Ministry of Health should re-examine the staff rotation policy to provide for staff trained in EmONC to continue to practice in areas of EmONC competence. The staff that have been trained in EmONC should continue to practice in the provision of EmONC to enable them develop the skills they obtained during the training and improve service delivery

Stakeholders' Views

While acknowledging that staff rotation in health facilities was good for maintaining staff morale, stakeholders observed that it was one of the factors contributing to the misplacement of the staff that had been trained in EmONC. They recommended that the staff rotation policy should be reviewed to ensure

that the staff remained where their services in EmONC were needed most. This would ensure enhancement of their skills and continuity of service provision to clients.

Government's Response

The Controlling Officer informed your Committee that the Ministry of Health had directed the hospitals to stop rotating the few health workers that had been trained in EmONC where possible, to ensure skills utilisation. The Ministry had further requested the staff trained in EmONC who were performing administrative functions to start offering specialised services in EmONC for at least two hours per week.

Committee's Observations and Recommendations

Your Committee observes that staff rotation is a factor in the misplacement of EmONC trained staff and commends the Ministry of Health for implementing the Auditor General's recommendation on this issue. Your Committee, therefore, urges the Ministry of Health to ensure that its directive to hospitals on the issue is complied with. Further, the staff should be rotated only in areas where they can continue to offer the EmONC services.

c. Inadequate Staff

Although obstetricians were key personnel in providing EmONC services, interviews conducted with key personnel revealed that there was a shortage of obstetricians. A documentary review of the establishments for the hospitals revealed that Levy Mwanawasa, Solwezi and Kabwe General Hospitals as well as Ndola Central Hospital did not have obstetricians despite the staff establishments having vacancies for obstetricians. Levy Mwanawasa General Hospital and Ndola Central Hospital had medical consultants to assist in managing the departments, but the General Medical Officers (GMOs) played the role of the obstetrician. At Kabwe General Hospital, the general doctors had not been trained in EmONC as at 2nd March, 2014.

Auditor General's Recommendations

The Ministry of Health should ensure that the existing establishment is filled and further, the existing establishment should be revised to provide for the requirements in the National Human Resource for Health plan of 2011-15 whose objective is to increase the number of employed and equitably distributed health workforce with appropriate skills mix.

Stakeholders' Views

The stakeholders submitted that obstetricians were a back-up for basic EmONC services and were vital in providing optimal decision making in EmONC. They, therefore, urged the Ministry of Health to distribute the available obstetricians equitably and to obtain Treasury authority to expand the existing staff establishments to increase the number of obstetricians. The stakeholders also recommended that there was need to train more health workers to provide the EmONC services.

Government's Response

The Controlling Officer informed your Committee that the situation had since changed as there were four, two and three obstetricians at Levy Mwanawasa General, Kabwe General and Ndola Central Hospitals, respectively.

Committee's Observations and Recommendations

Your Committee is concerned that the health sector has insufficient obstetricians while the available ones may not be equitably distributed around the country. It urges the Government to prioritise the training of the various cadre for the health sector including obstetricians and to distribute the available ones equitably. The Ministry of Health is further urged to seek Treasury authority to increase the staff establishment for obstetricians so that facilities that do not have obstetricians can be allocated according to demand.

d. Inadequate Infrastructure

A physical inspection of the maternity wards at Solwezi and Kabwe General Hospitals revealed that there was not enough buildings and physical space to separate the units under maternal health providing the different services. It was found that the labour ward, delivery room, post-natal ward for both normal and caesarean section deliveries and the special care baby unit were all operating in the same ward.

Ndola Central Hospital did not have a special care baby unit and referred the neonates with complications to Arthur Davison Children's Hospital. It was also observed that although Levy Mwanawasa General Hospital had separate wards for labour, ante-natal and post-natal, it did not have a special baby care unit. The audit revealed that neonates requiring special attention had to be transported to the University Teaching Hospital.

Auditor General's Recommendations

The Ministry of Health should ensure that a plan is put in place to provide adequate infrastructure. Further, the plan should include strategies of how to respond to the increase in population of pregnant mothers and neonates.

Stakeholders' Views

The stakeholders recommended that there was need for the Government to build new health infrastructure in under-served areas and to modernise and rehabilitate existing infrastructure. This would make health infrastructure to correspond to the increase in the country's population.

Government's Response

The Controlling Officer informed your Committee that Ndola and Kitwe Central Hospitals as well as Levy Mwanawasa General Hospital had been earmarked for upgrading in terms of capacity and infrastructure in 2016, in order to separate the maternity, postnatal and caesarean services. The consultants were on the ground working on the upgrading plans for the hospitals' infrastructure.

Your Committee was further informed that Solwezi General Hospital had identified a new maternity wing for deliveries as a temporary measure. Its infrastructure plans had also been included in the 2016 action plan. For Kabwe General Hospital, plans were underway to rehabilitate the labour ward using the SIDA/United Kingdom's Department for International Development (DFID) funds.

Committee's Observations and Recommendations

Your Committee observes that inadequate infrastructure poses challenges to health service provision. Therefore, in agreeing with the Auditor General's recommendation, your Committee urges the Government to expand and modernise existing infrastructure where possible. The Government should further build more infrastructure especially in rural areas for the provision of the EmONC services.

e. Use of Inappropriate Equipment and Broken Down Essential Equipment

A physical check at the five hospitals revealed that at Ndola Central and Solwezi General Hospitals, ordinary beds were improvised in the labour wards instead of the ideal delivery beds which are adjustable in case of complications arising during delivery.

Four out of the five hospitals audited had broken down equipment for the provision of the EmONC services. The breaking down of the equipment was attributed to the age of the equipment, the limited number of the essential EmONC equipment given the overwhelming number of mothers that sought the services at these hospitals, low level of equipment maintenance, and non-enforcement of guidelines on after sales service.

Auditor General's Recommendations

The Ministry of Health should ensure that the health facilities are provided with the appropriate essential equipment in order to provide quality EmONC services. Further, there should be a system of keeping detailed status of the equipment maintained in all the hospitals so as to provide information needed for planning, budgeting, procurement and maintenance of medical equipment.

The Ministry of Health should re-examine the plans on the implementation of the EmONC programme to provide the special essential equipment for specialised services such as separation of blood and blood products and their storage.

Procurement contracts for specialised medical equipment should include a clause for after sales service. The Ministry of Health should ensure that all medical equipment donated have available spare parts to keep them running. The Ministry of Health should also ensure that the equipment purchased or donated is fully functional with all the necessary accessories, operational and repair manuals as stated in the Medical Equipment Management Guidelines.

Stakeholders' Views

The stakeholders recommended that the Government should allocate adequate funding for the procurement of essential equipment for the provision of the EmONC services. In a similar vein, the stakeholders were of the view that the Ministry of Health should review the system for scheduled maintenance of essential equipment in order to improve it. The Ministry should further invest heavily in preventive maintenance and explore the possibility of entering into agreements with the suppliers of essential equipment to provide technology transfer skills to the maintenance staff in health facilities.

Government's Response

The Controlling Officer informed your Committee that the Ministry of Health had procured 120 delivery beds recently which were delivered to Medical Stores Limited for onward distribution to all the hospitals. The distribution would be undertaken in February, 2016.

The Controlling Officer further informed your Committee that the Ministry was working with the European Union (EU), SIDA/DFID and the World Bank health services improvement projects to draw plans and procure the essential EmONC equipment in 2017. The Ministry had also procured some assorted EmONC equipment to help reduce the use of inappropriate equipment as tabulated below.

Assorted EmONC equipment procured

Product Code	Product Description	Pack Size	Stock on Hand
EMONC0005	Suction Machine- Electric	1	1
EMONC0006	Vacuum Extractor	1	46
EMONC0007	Dissecting Scissors	1	57
EMONC0009	Vaginal Speculum- medium	1	8
EMONC0012	Caesarian Section Kits	1	63
EMONC0013	Operating Tables	1	1
EMONC0014	Hysterectomy Sets	1	63
EMONC0015	Kidney Dishes-small	1	600
EMONC0017	Vaginal Speculum-small	1	5
EMONC0019	Gynaecological Examination Couch	1	5
EMONC0026	Straight Artery Forceps-plain	1	480
EMONC0028	Silicone for <i>Manual Vacuum Aspiration</i> Kit 15cc	1	800
EMONC0029	Infant Incubators	1	1
EMONC0031	<i>Manual Vacuum Aspiration</i> Kits	1	323
EMONC0032	Face Masks	1	480
EMONC0033	Infant Laryngoscopes	1	38
EMONC0035	Manual Suction Aparatus	1	297
EMONC0036	Gallipots -large	1	428
EMONC0037	Gallipots- medium	1	378
EMONC0047	Kerosene Stoves	1	56
EMONC0049	Infant Face Mask	1	116
EMONC0054	Manual Neonatal Suction Apparatus	1	632
EMONC0063	Pulse Oximeter- Portable	1	19
EMONC0071	Tenaculum	1	464

With regard to the broken down essential equipment reported at most of the hospitals visited by the Auditor General, your Committee was informed that the Ministry had procured some essential equipment and spare parts. These would be distributed to the health facilities for them to repair the broken down equipment.

Committee's Observations and Recommendations

Your Committee laments the non-maintenance of the much needed expensive equipment in the health sector and therefore recommends that the Ministry of Health should prioritise the maintenance of hospital equipment. Your Committee further recommends that the Ministry of Health should procure the relevant equipment for the provision of the EmONC services.

f. Insufficient Guidelines on Monitoring, and the United Nations (UN) Process Indicators of EmONC

The guidelines on monitoring provide guidance on how to treat the different types of complications that arise during pregnancy, childbirth and after.

However, the audit revealed that no guidelines were provided on how to assess and monitor the provision of EmONC to establish the availability, use and quality of services and the specific information needed for detailed planning. Further, the health facilities and Provincial Medical Officers did not have any guidelines showing the requirement to use the UN process indicators that were drawn from the World Health Organisation guidelines and how they have been customised to suit the local environment.

Auditor General's Recommendations

The Ministry of Health should ensure that the guidelines on the provision of emergency obstetric care are developed to include aspects of all the process indicators used to assess and monitor the EmONC services being implemented. These will help to establish the availability, use and quality of services and the specific information needed for detailed programme planning such as equipment inventories, availability of basic and comprehensive emergency obstetric care facilities, the geographical distribution of emergency obstetric care facilities, and the proportion of all births in emergency obstetric care facilities. In order to monitor the effect of the EmONC activities, the WHO process indicators must be more integrated into monitoring and evaluation plans. All staff working within the Obstetrics and Gynaecology Departments should be trained in the process indicators to ensure more accurate data is used for monitoring and evaluation. If staff are provided with the current EmONC standards, guidelines and training on how to use the guidelines, it will improve the quality of care.

Stakeholders' Views

In view of the importance of the WHO guidelines, stakeholders proposed that a task team should be set up to track changes to the WHO guidelines as they were released. The guidelines should then be customised and integrated into the guidelines on the provision of EmONC. Further, the Ministry of Health

should develop effective methods or ways of disseminating the new guidelines to the service providers.

Government's Response

Your Committee was informed that after the EmONC National Assessment was conducted in 2015, the detailed assessment and monitoring plan and the customising of the process indicators were being done through the consultant recruited to review the EmONC curriculum for training colleges. The adaptation process of the UN indicators was being undertaken with the financial support from the World Bank and was expected to be completed by the end of the first quarter of 2016.

Committee's Observations and Recommendations

Your Committee observes that the Ministry of Health has commenced the process of developing the guidelines and customising the UN process indicators, and therefore, urges the Ministry to expedite the process and ensure that the guidelines are disseminated to the relevant staff.

g. Monitoring and Evaluation of the EmONC Activities

The Ministry of Health and the Provincial Medical Officers are required to carry out performance assessments on a quarterly basis at the health facilities, which include an assessment of the component of the EmONC services being provided at the health facilities.

However, the audit revealed that performance assessments were being done bi-annually. Further, the assessments were not specific to EmONC services as they were an assessment of the activities of the hospital as a whole. There had also not been any evaluation of the EmONC programme since its inception in 2006.

Auditor General's Recommendations

The Ministry of Health should ensure that a detailed monitoring plan is developed and implemented for the monitoring of EmONC in Zambia.

Stakeholders' Views

Some stakeholders urged the Ministry of Health to undertake an evaluation of the EmONC programme.

Government's Response

The Controlling Officer informed your Committee that the performance assessment activity that was being conducted in hospitals was focused on how the whole system was performing, without focussing on any specific programme. However, another assessment tool had been introduced that included key EmONC indicators.

The Provincial Medical Officers and hospitals were conducting self assessment of the service delivery at health facilities in order to benefit from the assessment and design interventions that were feasible and smart. In addition, the Provincial Medical Officers sent weekly reports on the status of health services, infrastructure, equipment and drugs to the Ministry Headquarters for further action.

Committee's Observations and Recommendations

Your Committee is disappointed that the Ministry of Health has been implementing a programme for almost ten years without any serious monitoring of how it has been performing and without any evaluation of its impact. Your Committee wonders how quality control can be ensured and whether value for money being spent on the programme can be ascertained in the absence of a monitoring plan for EmONC. Your Committee, therefore, recommends that the Ministry of Health should develop and implement a monitoring plan for the EmONC programme. Further, the Government should undertake an evaluation of the EmONC programme and use the results to guide further decisions on the programme.

h. Lack of Risk Assessment of the EmONC Package

The audit revealed that risk assessments of the EmONC package were not being done. Further, a review of the performance assessments undertaken quarterly revealed that the Ministry of Health and the Provincial Medical Officers only focused on the performance of the hospital as a whole and did not consider the risks attached to implementing EmONC.

This resulted in lack of development of a plan for quality improvement in the implementation of EmONC and led to challenges in identifying priority areas to focus attention and resources on.

Auditor General's Recommendations

The Ministry of Health should adequately plan for and undertake a risk assessment of the EmONC to ensure that priority areas are identified and resources are allocated to maximise resource utilization in the provision of the EmONC services.

Stakeholders' Views

A concern was raised that risk assessment of the EmONC package was not being undertaken. The stakeholders recommended that there was need to strengthen quality assurance and continuous quality improvement activities in order to identify gaps that may pose a risk to the clients.

Government's Response

The Controlling Officer submitted that the component of risk assessment was in the process of being incorporated into the curriculum review and should be part of the implementation of the EmONC plan. The quality assessment and improvement tool was also being developed and was scheduled to be completed in the first quarter of 2016. Further, the Ministry undertook a national assessment of the EmNOC package in 2015 and the findings would be shared to further develop action plans as well as resource mobilisation.

Committee's Observations and Recommendations

Your Committee is disappointed that the Ministry of Health has not been undertaking risk assessments of the EmONC package. This implies that the risks associated with the provision of the EmONC services are not known. Your Committee wonders how the Ministry of Health would minimise the risks that are not even identified. Your Committee, strongly recommends that the Ministry of Health should undertake a risk assessment of the EmONC package in order to prepare for and minimise the risks involved in the EmONC package.

TOUR OF SELECTED HEALTH INSTITUTIONS

7.0 As a follow up to some of the issues that arose during the meetings with the stakeholders, your Committee resolved to undertake a tour of the Levy Mwanawasa General Hospital. The purpose of the visit was to verify some of the responses to the audit findings by the Hospital management.

Your Committee also had an opportunity to combine the visit to Levy Mwanawasa General Hospital with a tour of the University Teaching Hospital (UTH). The purpose of the tour of the UTH was to appreciate the services that the UTH provides in the Renal Unit and the Radiology Department. The findings of your Committee are set out below.

Levy Mwanawasa General Hospital

7.1 The tour revealed that:

- i) the Hospital has a bed capacity of 207;

- ii) the Hospital has a neonatal ward which could accommodate twenty babies;
- iii) the space in the neonatal ward was inadequate and the ward requires more incubators;
- iv) critical neonatal cases were referred to the University Teaching Hospital;
- v) there was a functional refrigeration room;
- vi) there was one functional C T Scanner; and
- vii) there was no functional autoclave in the labour ward. However, the Hospital had a sterilisation unit which serviced all the departments.

Committee's Observations and Recommendations

7.2 Your Committee observes that the inadequate space and incubators in the neonatal ward are a serious challenge to effective service provision. Therefore, your Committee recommends that the Ministry of Health should consider creating an alternative neonatal ward which has adequate space for more than twenty babies and ensure that more incubators are procured.

University Teaching Hospital

7.3 The tour revealed issues as set out below.

Renal Unit

- i. The Renal Unit had twenty-four dialysis machines. However, only fourteen were functional. Six were obsolete while four were being repaired.
- ii. The Renal Unit faced the challenges of inadequate dialysis machines, space and staff considering the high number of patients that seek services there.

Radiology Department

- i) The Radiology Department was currently operating at 20 percent in terms of radiological services offered due to the delay in the servicing of the equipment.
- ii) The Department had one C T Scanner and other specialist equipment.

Although the CT scanner was functional at the time of the tour, it constantly breaks down.

- iii) The funding to the UTH was inadequate. This affects the provision of quality radiological services.
- iv) The Radiology Department was understaffed as there were only two consultants against an establishment of ten.
- v) There was inadequate maintenance of equipment and service planning.

The Hospital management recommended that there was need to:

- i) fund the UTH adequately according to the level of the services it provides;
- ii) procure more dialysis machines and provide adequate space in the Renal Unit;
- iii) ensure that the Renal Unit has adequate staff;
- iv) strengthen the referral system in order to reduce pressure on the UTH;
- v) urgently train the much needed specialist human resource to manage the Radiology Department;
- vi) enter into long term maintenance and service contracts of ten years for the expensive and imaging technologies;
- vii) purchase a PAC system (archiving software that enables the transmission of images from one location to another) which will enable the Radiology Department to transmit images to partner departments and reduce on the waiting time for reports.

Committee's Observations and Recommendations

7.4 Your Committee's observations and recommendations are set out hereunder.

- i) Your Committee bemoans the inadequate funding of the UTH despite the fact that it provides more services than it should as a specialist hospital and therefore recommends that the Hospital be funded adequately and consistently.

- ii) Your Committee observes that the dialysis machines at the UTH are not adequate to cater for the number of clients that seek services at the Hospital and urges the Government to procure more dialysis machines.
- iii) In view of the inadequate space and staff at the Renal Unit, your Committee recommends that the Ministry of Health through the UTH management should consider establishing another Renal Unit and ensure that the Unit is adequately staffed.
- iv) Your Committee observes that the UTH has only one C T scanner which is usually overwhelmed due to the number of clients requiring C T scans. It is concerned that the machine will continue to constantly break down as has been the case in the past. Your Committee, therefore, recommends that the Ministry of Health should buy more C T scanners for the UTH in order to relieve pressure on the only available scanner.
- v) Your Committee observes that there is inadequate specialist staff in the Radiology Department. It recommends that the Ministry of Health should urgently train more consultants needed to provide services in the Radiology Department.
- vi) Your Committee laments the non-maintenance of the equipment in the Radiology Department and, therefore urges the Ministry of Health to prioritise the maintenance of equipment and consider entering into long term maintenance and service contracts with the suppliers of equipment.
- vii) Your Committee notes the submission by the UTH management on the need to procure archiving software that enables the transmission of images from one location to another to enable the Radiology Department to transmit images to partner departments and reduce on the waiting time for reports. Your Committee recommends that the Ministry of Health should engage the UTH and explore the possibility of procuring such a system.

Conclusion

8.0 Your Committee is grateful to you, Mr Speaker, and to the Clerk of the National Assembly for the support rendered to it during the consideration of the Report of the Auditor-General on the Provision of Comprehensive Emergency Obstetric and Newborn Care in Maternal Health. Your Committee is also indebted to all the witnesses who appeared before it for their cooperation in providing the necessary memoranda and briefs.

L M Mufalali, MP
CHAIRPERSON

March 2016
LUSAKA

APPENDIX I

List of Officials

Mr S C Kawimbe, Principal Clerk of Committees
Ms M K Sampa, Deputy Principal Clerk of Committees
Mr F Nabulyato, Committee Clerk (SC)
Mrs A M Banda, Assistant Committee Clerk
Mrs S M Mensah, Personal Secretary II
Mr R Mumba, Committee Assistant
Mr C Bulaya, Committee Assistant
Mr M Chikome, Parliamentary Messenger