

REPORT OF THE COMMITTEE ON HEALTH, COMMUNITY DEVELOPMENT AND SOCIAL WELFARE FOR THE FIFTH SESSION OF THE TENTH NATIONAL ASSEMBLY APPOINTED ON 23RD SEPTEMBER, 2010

Consisting of:

Mrs J Kapata, MP, (Chairperson); Mr W Banda, MP; Col G A Chanda, MP; Mr M Habeenzu, MP; Mr B Imenda, MP; Mr K Kakusa, MP; Dr J Katema, MP; and Mr W Lumba, MP.

The Honourable Mr Speaker
National Assembly
Parliament Buildings
LUSAKA

Sir

Your Committee has the honour to present its Report for the Fifth Session of the Tenth National Assembly.

2.0 Functions of the Committee

The functions of your Committee, as set out in the National Assembly Standing Orders, 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 Services, departments and/or agencies under their portfolio;
- b) carry out detailed scrutiny of certain activities being undertaken by the Government Ministries of Health and Community Development and Social Services, 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 portfolios 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.

3.0 Meetings of the Committee

Your Committee held eighteen meetings during the period under review in which it undertook a study on the Status of Mental Health Services in Zambia and Provision of Education to the Deaf in Zambia.

It also considered the Action-Taken Report on its Second Report for the Fourth Session of the Tenth National Assembly. Your Committee further toured selected health institutions, deaf units and a high school for the deaf.

4.0 Procedure adopted by the Committee

Your Committee requested for detailed memoranda from relevant Government ministries, grant aided institutions, and non-governmental organisations. These stakeholders also appeared before your Committee and made oral submissions.

5.0 Report of the Committee

Your Committee's Report is in two parts. Part I deals with the topical issues and the resultant local tours while Part II deals with the Action-Taken Report on the Second Report of your Committee for the Fourth Session of the Tenth National Assembly.

PART I

6.0 THE STATUS OF MENTAL HEALTH SERVICES IN ZAMBIA

Stakeholders in the mental health sector are concerned at the status of mental health services being provided in the country. They argue that the services leave much to be desired and that the policy and legal framework that supports the sector needs to be reviewed in order to address certain challenges.

It is against this background that your Committee resolved to undertake a study on the Status of Mental Health Services in Zambia.

The overall objective of the study was to identify the major challenges in the provision of mental health services in order to recommend the way forward.

In order to gain insight into the topic, your Committee invited the following witnesses who represented the views of the major stakeholders, being the Government and non - governmental organisations:

- (i) Ministry of Health;
- (ii) Chainama Hills Hospital;
- (iii) Mental Health Users Network of Zambia (MHUNZA);
- (iv) Mental Health and Poverty Project;
- (v) Mental Health Association of Zambia;
- (vi) Care Ministry for the Mentally Ill;
- (vii) Lifeline Zambia;
- (viii) Christian Organisation for the Mental Patients;
- (ix) Prisons Care and Counselling Association;
- (x) Yellow Ribbon Zambia;
- (xi) House of Joy; and
- (xii) Ms J Ngandu, Nutritionist.

6.1 SUMMARY OF THE VIEWS BY THE GOVERNMENT

The Ministry of Health and Chainama Hills Hospital presented the views of the Government as summarised in the paragraphs set out below.

6.1.2 Mental Health and Mental Illness

Your Committee was informed that mental health refers to the wellness or soundness of the mind. Everything that pertains to thinking, wondering, remembering, calculating, judging, planning, learning, knowing, understanding, feeling, wanting and imagining is a component of mental health.

The World Health Organisation (WHO) describes mental health as a state *of well-being in which the individual realises his or her own abilities, can cope with the normal stresses of*

life, can work productively and fruitfully and is able to make a contribution to his or her community.

Some of the characteristics of good mental health are having a tolerating attitude; being realistic about one's abilities; and ability to love and consider the interest of others.

Mental illness on the other hand refers to a situation where the mind is not well such that the perceptions, thoughts, attitudes and behaviour of the affected person are seen to be out of tune with expectations of society and the people. The diagnosis is done by a mental health practitioner using accepted diagnostic criteria.

The potential causes of mental ill health and illness include, among others, poor family relationships such as perpetual quarrels in the household and family; infections such as malaria, meningitis, syphilis and HIV; and **use and abuse of alcohol and other psychotropic substances.**

Some of the common types of mental illness and their associated symptoms are as outlined hereunder.

- (a) Depression: the symptoms include extreme sadness, reduced self esteem and confidence, disturbed sleep and diminished appetite, among others.
- (b) Mania: the symptoms include extreme elevation of mood, extreme and increased sexual desire and activity, and exaggerated thoughts of importance contrary to reality, for example "I am the President of the Republic of Zambia.
- (c) Schizophrenia: the symptoms include lack of awareness of being mentally ill, accusing people of wanting to harm the patient and hearing of voices speaking to the patient.

6.1.3 The Role of Society in Promoting Mental Health

Society could assist in promoting mental health by doing the following, among other things:

- a) raising awareness at individual and family levels including the broader community to ensure that mental health was part of the daily life of individuals, families and groups;
- b) spearheading the formation of community support groups for users of mental health services, guardians and other family members; and
- c) providing information that could help to improve the knowledge, understanding and acceptance of mental disorders by the general population.

6.1.4 Government Policy on Provision of Mental Health Services

Your Committee was informed that there is a Mental Health Policy of 2005 whose vision is *a society in which Zambians create an environment conducive to mental health and learn the art of well being.* The objectives of the policy are to:

- a) promote mental health and prevent mental, neurological and psychosocial disorders and drug abuse-related problems;
- b) reduce disability associated with neurological, mental and psychosocial disorders through community-based rehabilitation;
- c) reduce the use of psychoactive substances (alcohol, tobacco and other drugs);

- d) change people's negative perceptions of mental and neurological disorders; and
- e) formulate or review existing legislation in support of the mental health and prevention and control of substance abuse.

The policy document also outlines policy measures related to service provision. They include measures to ensure the following:

- (i) provision of appropriate first, second, and third level referral mental health services in line with the basic health care package;
- (ii) provision of resources for the development and management of human resource in mental health at all levels of care. This includes training of psychiatrists, psychologists, social workers and occupational therapists and posting them to each provincial health unit;
- (iii) rehabilitation and maintenance of existing infrastructure for the provision of mental health services and where there is need, development of new infrastructure; and
- (iv) availability of cost-effective drugs for mental health services through out the health care system.

Your Committee also learnt that there was need to ensure that each Government ministry played its role as mental health issues could not be left to the Ministry of Health alone. For example, poverty perpetuated mental health problems and chronic mental illness contributed to poverty due to continuous admissions. Therefore, poverty reduction was a key component in the promotion of the mental health of citizens and the Ministry of Finance and National Planning should take a leading role in implementing poverty reduction policies.

As mentally ill people were subjected to injustices such as inhuman treatment, marginalisation, discrimination and deprivation of basic human rights, it was important for the Ministry of Justice to take a leading role in promoting justice and fair play, while the Ministry of Home Affairs was expected to protect the human rights of people suffering from mental disorders, especially those that were in the custody of police and prisons services.

The Ministry of Education was also expected to ensure that people suffering from mental disorders were given opportunities to acquire an education.

6.1.5 The Existing Legal Framework that Supports the Mental Health Sector

Your Committee heard that the *Mental Disorders Act, Chapter 305 of the Laws of Zambia*, enacted in 1951 still governed mental health services provision in Zambia. However, the law was not in tandem with the current political, economic and social dynamics of the country. The Act fails to safeguard persons with mental disorders against abuses related to involuntary admission, treatment, seclusion, restraints and experimental research.

6.1.6 Availability of Mental Health Institutions in the Country

Chainama Hills Hospital was the only third level referral hospital for mental health services. It was supported by seven provincial mental health units. These units provide second level referral services and are located at the following hospitals:

- i) Ndola Central Hospital;
- ii) Mansa General Hospital;
- iii) Kasama General Hospital;
- iv) Kabwe General Hospital;

- v) Chipata General Hospital;
- vi) Lewanika General Hospital; and
- vii) Livingstone General Hospital.

Other health institutions such as the University Teaching Hospital, Choma General Hospital, St Francis Hospital and Senanga General Hospital also provide mental health services.

Furthermore, there were three general psychiatric rehabilitation centres. These are Nsadzu in Eastern Province, Litambya in Western Province and Kawimbe in Northern Province. However, these rehabilitation centres are in a deplorable state and do not receive adequate funding to enable them function efficiently and effectively.

6.1.7 Achievements

Your Committee was informed that the Ministry of Health has integrated mental health into strategic plans, manuals and various guidelines at the Ministry of Health. The Ministry of Health has re-started further the direct entry training for clinical officers- psychiatry and registered mental health nurses in 2005. Ninety nine (99) clinical officers- psychiatry and ninety seven (97) registered mental health nurses have to date been trained and posted in the provincial, district and health centres.

The Government has also commenced the Master of Medicine (MMed) Psychiatry training at the University of Zambia, School of Medicine in June 2010.

Your Committee heard further that the Ministry of Health was, among other things, in the process of finalising the National Mental Health Services Bill in readiness for submission to the Ministry of Justice; and was also in the process of integrating mental health into the Global Fund rounds four and eight programmes.

6.1.8 Challenges in the Provision of Mental Health Services

Your Committee was informed about the following challenges faced in the provision of mental health services:

- (a) lack of infrastructure development and repair;
- (b) inadequate human resources ;
- (c) non-existence of a representative and responsive mental health information system; and
- (d) limited financial resources for mental health research and outreach services.

6.2 THE VIEWS OF THE NON-GOVERNMENT STAKEHOLDERS

Your Committee invited the non-government stakeholders most of whom represent the users of mental health services to present their views on the topic. A summary of their views and concerns is presented below.

6.2.1 Mental Health and Mental Illness

Stakeholders submitted that mental health was a positive concept which refers to a state of well-being in which an individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully and is able to make a contribution to his or her community. Therefore, mental health was the foundation for the well-being and effective functioning of an individual, community and the nation.

Mental illness is a disease of the mind with clinically recognisable sets of symptoms or behaviours associated, in most cases, with loss of touch with reality and significantly interfere with an individual's cognitive, emotional and/or social ability. There were many symptoms of mental illness including:

- a) persistent sad or “empty” mood;
- b) loss of interest or pleasure in hobbies and activities that one once used to enjoy including sex;
- c) decreased energy;
- d) thoughts of death or suicide;
- e) difficulties in concentrating, remembering and making decisions; and
- f) persistent physical symptoms that do not respond to treatment, such as headaches, digestive disorders and chronic pain.

6.2.2 Major Issues Raised by Stakeholders

(a) Existing Government Policy And Legal Framework That Supports The Mental Health Sector

Stakeholders acknowledged the existence of the Mental Health Policy of 2005. However, they bemoaned the non-implementation of the Policy and argued that the users of the mental health services had not felt the impact of having a policy in place. Your Committee was also informed that the Policy in its current form could not facilitate the provision of acceptable mental health services as it fell short of international best practices.

Stakeholders bemoaned further the continued use of an out-dated piece of legislation, the *Mental Disorders Act, 1951*. They were of the view that the Act had contributed to the continued violation rather than promotion of human rights of people with mental disorders because it aims at safe-guarding members of the public from perceived dangerous, demonic possessed and sub-human persons with mental health problems.

They informed your Committee that there was need to review the policy and the process should be evidence-based and in consultation with key stakeholders. Stakeholders stated further that the draft Mental Health Services Bill should be quickly enacted into law with adequate consultation with key stakeholders.

(b) Availability of Mental Health Institutions in the Country

Stakeholders submitted that there was one third level referral mental health hospital, Chainama Hills which was supported by mental health units in each province except North-Western. However, they complained that despite being a referral hospital, Chainama Hills Hospital attended to all types of mental health problems including minor ones which should otherwise be attended to at the urban clinics or district hospital facilities. They argued that this was a sign that the mental health institutions in the provinces were not functional and a lot of people with mental health disorders were failing to access the services.

Stakeholders pointed out that in fact, existing infrastructure for provision of mental health services was inadequate and dilapidated. They appealed to the Government to develop more infrastructure for provision of mental health services and ensure that the existing infrastructure was maintained.

(c) Availability of Mental Health Services in Health Institutions

Stakeholders were concerned that it was impossible to access mental health services at primary health care facilities in Zambia. They stated that clinics and most general hospitals did not offer mental health services due to lack of trained health workers and diminished interest in mental health by health workers in these institutions. In addition, community mental health services were non-existent as they collapsed in 1991 when the Government introduced health reforms.

Stakeholders told your Committee that mental health services should be integrated into primary health care and within the general health care. They submitted further that

community mental health services should be revived as community care was known for contributing to reducing stigma on issues of mental health.

(d) Funding for Mental Health Care

Stakeholders observed that funding for mental health care was inadequate as it was less than one percent of the health sector budget. They were concerned further with the difficulties in attracting cooperating partners and funders for mental health programmes and stated that it was important for the Government to allocate adequate financial resources for provision of mental health services.

(e) Absence of Public Education and Awareness Campaigns

Stakeholders bemoaned the absence of public education and awareness campaigns to sensitise the masses on issues of mental health. They were concerned further at the increasing number of persons with mental disorders becoming homeless, the stigmatisation of and discrimination against mental health issues. This situation was attributed to the absence of public education and sensitisation of communities. They, therefore, emphasised the need for educating the public on issues of mental health.

(f) Inadequate Mental Health Workers at all levels of Health Care

Stakeholders complained about the lack of mental health workers even in institutions that were supposed to provide mental health care services such as provincial mental health units. Your Committee was informed that the few health workers trained in mental health were wrongly deployed to provide general health services instead of mental health services.

Stakeholders submitted that there was need to train adequate human resource in the mental health sector and ensure that they were placed at all levels of health care.

6.3 Report of the Committee on the tour of mental health units in three provinces

Your Committee undertook a tour of selected mental health units at the following hospitals:

- i) Kabwe General Hospital;
- ii) Ndola Central Hospital;
- iii) Mansa General Hospital; and
- iv) Kitwe Central Hospital.

Your Committee also toured Chainama Hills Hospital, currently Zambia's only third level referral hospital for mental health.

The objective of the tour was to check on infrastructure, the drug supply situation and staffing levels for mental health personnel. Your Committee wished further to be acquainted with the mental health services that were being provided by mental health units.

6.3.1 Kabwe General Hospital

Your Committee was informed that the hospital's mental health unit offered both out-patient and in-patient mental health services.

The general psychiatry clinic attended to fifteen out-patients per day on average, with a variety of illnesses such as schizophrenia and depression.

The unit has a female and male psychiatric ward with a combined bed capacity of sixteen.

The five districts in the province also referred patients to Kabwe General Hospital Mental Health Unit.

Your Committee was informed further that all the essential drugs for the kinds of patients that the unit handled were in stock, except for phenytoin that Medical Stores Limited had stopped stocking.

However, staffing was inadequate as the hospital did not have a principal clinical officer-psychiatry as well as enough clinical officers-psychiatry. There was also no occupational therapist and hospital social worker. Furthermore, the hospital did not have infrastructure to house occupational therapy activities while furniture and beddings were inadequate. Other equipment lacking included drip stands and linen trolley.



A Patient in Kabwe General Hospital Psychiatric Ward

6.3.2 Ndola Central Hospital

Your Committee was informed that Ndola Central Hospital Mental Health Unit offered mental health services in form of psychiatric treatment, psychological assessment, mental retardation day care services, occupational therapy, individual/family therapies, and out-reach services.

At the time of the tour, staff running the unit included two senior clinical officers, three registered mental health nurses, eight enrolled psychiatric nurses, six mental health attendants, one clerk and five porters. The staffing levels were far much below the staff establishment and worse still, the unit did not have a psychiatrist, social worker and an occupational therapist.

In addition to the problem of inadequate staff, the following challenges were highlighted:

- i) the existing infrastructure was in a deplorable state. The buildings had huge cracks with broken windows. One of the two male wards had been closed awaiting renovations for close to twenty years resulting in congestion in the recovery ward;

- ii) the Unit lacked a high cost facility which made some clients to shun it;
- iii) the choice of drugs was very limited. The Hospital only relied on chlorpromazine (Largactil), Haloperidol (Sereacel), Benzhexol (Artane), Trifluoperazine (Stelazine) and Amitriptyline (Triptizol). This restricted the Hospital to a limited choice in terms of preference of drugs for the patients; and
- iv) the unit did not have its own transport.



A Patient in the Seclusion Room at Ndola Central Hospital

6.3.3 Kitwe Central Hospital

Your Committee found out that Kitwe Central Hospital only offered out-patient mental health services and serviced Chambishi, Kalulushi and Lufwanyama as well. Patients needing admission were sent to Ndola Central Hospital. The Hospital provides the following services, among others:

- i) clinical psychiatry;
- ii) substance abuse counselling;
- iii) assessment of children needing special education;
- iv) child psychiatry; and
- v) community outreach.

The patients admitted in the wards of the Hospital for other reasons were also attended to by the unit if they presented psychiatric symptoms.

Your Committee, however, observed that the Hospital was using one room in the orthopaedic section to conduct all clinical activities related to mental health.

Some of the Hospital achievements were the availability of transport to take patients who needed admission to Ndola Central Hospital and the availability of essential drugs. Cooperation of family members had also improved due to the follow-ups the Hospital was undertaking.

However, the following challenges were highlighted:

- (i) inadequate infrastructure as the Hospital was using one room in the orthopaedic section to conduct all mental health clinical activities;
- (ii) transportation of patients to Ndola Central Hospital was costly although transport was available;
- (iii) high cost patients shunned the services because of the low standard; and
- (iv) lack of appropriate equipment.

6.3.4 Mansa General Hospital

The mental health unit at the Hospital had been in existence since 1994. It was a referral centre for Luapula region with a bed capacity of twenty-three: fifteen for males and eight for females. The causes of admissions at the Hospital included:

- i) mania;
- ii) substance abuse and alcohol related psychosis;
- iii) schizophrenia;
- iv) transient psychosis; and
- v) depression.

In 2010 the Hospital had 149 and 83 new admissions and readmissions, respectively. In the same year, 4,487 out-patients with various mental disorders were attended to.

However, the Hospital management bemoaned the inadequate number of nurses as the unit had only three registered nurses and two Zambia enrolled nurses against the staff establishment of eleven nurses. Other staff working in the unit comprised four clinical officers (psychiatry) and one classified daily employee.

Other challenges were that some structures within the unit such as the self contained seclusion block had remained uncompleted for a long time due to inadequate resources. There was also shortage of mattresses in the unit.

6.3.5 Chainama Hills Hospital

Your Committee learnt that Chainama Hills Hospital was the only third level mental health referral hospital in Zambia. The Hospital was opened in 1932. Your Committee observed that the hospital's infrastructure was quite old and inadequate. The state of the seclusion wards was also a source of concern as the wards were designed like cells in prison and could bring issues of human rights. Your Committee heard that it was the Hospital's wish to build modern infrastructure in order to provide better clinical care for mental patients.

However, your Committee noted with satisfaction the rehabilitation works that were taking place. Some wards had been rehabilitated and the hospital had also created a high cost ward. Your Committee learnt that in the last four years, the Government had given the Hospital funds for rehabilitation which had been used to rehabilitate some wards.

On availability of mental health staff, your Committee was informed that staffing was a challenge but the hospital had requested the Ministry of Health to fill up all vacancies

according to the establishment. The Hospital bemoaned the lack of motivation among clinical officers to train as clinical officers-psychiatry. Stigmatisation of both staff and patients at the Hospital was another concern.

As regards availability of drugs, the hospital had enough stocks except that there was a legal restriction on some of the drugs that could be prescribed.

On congestion at the Hospital, your Committee heard that all that was needed was to build capacity at provincial hospitals. This would in turn decongest Chainama Hills Hospital as most patients would be attended to in their respective provinces.



The Front View of a Seclusion Ward at Chainama Hospital

6.4 COMMITTEE'S OBSERVATIONS AND RECOMMENDATIONS

Based on its interactions with the various stakeholders and the findings from the tour of selected mental health units, your Committee's recommendations and observations are set out hereunder.

6.4.1 Observations:

- a) The *Mental Health Policy, 2005* has not been implemented as evidenced by the non-implementation of the policy measures it contains such as those to ensure the availability of mental health drugs at all levels of health care and development of infrastructure.
- b) Stakeholders' concerns on *the Mental Disorders Act Chapter 305 of the Laws of Zambia*, the law currently governing service provision in the mental health sector, are genuine. The law is archaic and contains controversial provisions related to involuntary admission, treatment and seclusion. The Act also uses demeaning terms in section 5 such as imbecile and idiot.

- c) Funding for mental health services is inadequate. It is estimated at less than one percent of the health sector budget.
- d) Infrastructure (mental health units, hospitals and rehabilitation centres) for provision of mental health services is inadequate and where it exists, it is dilapidated and not appropriate sometimes. Furthermore, mental health services are not provided in primary health care institutions.
- e) Mental health workers in the country are not enough. The few frontline workers available have been demotivated for various reasons such as lack of career advancement and some have even opted to go back to general practice. Furthermore, the country does not have enough psychiatrists as there is currently only one practicing psychiatrist in the country.
- f) The security of mental health workers in psychiatric wards has been compromised as many wards were found without adequate security during the tours.

6.4.2 Recommendations

- a) The Mental Health Policy should be reviewed and implemented in order to improve service provision in the sector. In reviewing the policy, your Committee urges the Government to consider removing the restrictions on the mental health drugs for prescription so that they become readily available in health facilities at all levels of health care.
- b) Your Committee urges the Government to urgently enact a law that will be acceptable to all stakeholders. The law should provide for minimum standards of mental health infrastructure to ensure that persons with mental disorders are treated with dignity as human beings. This will be a solution to the current situation where certain mental institutions are like prisons.
- c) Funding to the health sector and mental health sector in particular should be increased.
- d) The Government should develop adequate infrastructure for provision of mental health services and renovate the existing dilapidated infrastructure. In addition, the Government should establish at least one rehabilitation centre in each province and ensure that mental health services are integrated into primary health care in order for them to easily be accessed by all those who require them.
- e) The Government should put measures in place to train and retain mental health workers, especially psychiatrists, social workers, occupational therapists, clinical officers and nurses.
- f) The Ministry of Health should come up with a deliberate policy to protect the mental health workers and patients in psychiatric wards from violent and dangerous patients.

7.0 PROVISION OF EDUCATION TO THE DEAF IN ZAMBIA

The deaf believe that the current methods of teaching deaf learners and students are a challenge to the advancement of education for the deaf. They observe that teachers lack the capacity to teach using sign language, especially at high school and tertiary levels.

Furthermore, the quality of education has been compromised due to lack of teaching materials and inadequate special education teachers in schools, among other things. According to the

deaf, this situation has impacted negatively on the standard and level of education among the deaf community.

In order to fully appreciate the concerns by the deaf community, your Committee undertook a study on Provision of Education to the Deaf in Zambia. The overall objective of the study was to identify the major challenges in provision of education to the deaf so as to recommend to the Government the way forward.

To help it study the topic, your Committee invited the following stakeholders:

- i) Ministry of Education;
- ii) The University of Zambia, School of Education;
- iii) Nkhroma College of Education;
- iv) Zambia Agency for Persons with Disabilities;
- v) Christian Information Network/Zambia Deaf Vision;
- vi) Beit Cure Hospital; and
- vii) National Association of the Deaf and Development of Zambia (NADDZ).

7.1 HIGHLIGHTS OF THE GOVERNMENT'S VIEWS ON THE TOPIC

The submissions from the Ministry of Education, Nkrumah College of Education, University of Zambia and Zambia Agency for Persons with Disabilities provided the views of the Government as summarised below.

7.1.1 Government Policy on Provision of Education to the Deaf

Your Committee was informed that the Ministry of Education did not have a specific policy on provision of education to the deaf. However, the Education Policy, *Educating our Future*, contained policy guidelines on provision of education to all learners with disabilities or special educational needs and all categories of disabilities were provided for, including the deaf. The policy guidelines were in line with international conventions such as the United Nations Educational, Scientific and Cultural Organisation (UNESCO) and the Salamanca Statement on Principles, Policy and Practice in Special Needs Education to which Zambia was a signatory.

Specific policy statements regarding provision of education to learners with special education needs, as contained in the policy document, were that the Ministry of Education (MoE):

- (a) will ensure equality of educational opportunity for children with special educational needs (SEN);
- (b) is committed to providing education of particularly good quality to pupils with SEN; and
- (c) will improve and strengthen the supervision and management of special education across the country.

There were sixty-four schools and units for the deaf throughout the country as summarised in the table below.

Table 1: Summary of Schools and Units for the Deaf

PROVINCE	SCHOOLS	BASIC SCHOOL UNITS	HIGH SCHOOL UNITS	TERTIARY UNITS	TOTALS
Central	00	02	00	00	2
Copper belt	01	15	00	01	17
Eastern	00	05	00	00	05
Luapula	00	07	00	00	07
Lusaka	00	08	01	00	09
Northern	00	06	00	00	06
North-western	00	09	00	00	09
Southern	00	05	00	00	05
Western	01	02	01	00	04
TOTALS	02	59	02	01	64

7.1.2 Specialist Training of Teachers and Lecturers for the Deaf

Specialist training programmes for teachers and lecturers were available and offered locally and internationally. Comprehensive in-service training in special education, including sign language was offered at the Zambia Institute of Special Education (ZAMISE) mostly to basic school teachers while all the ten pre-service colleges of education taught basic concepts in special education. ZAMISE's average annual output was 100 serving teachers and close to 1000 special education teachers had been trained since 2000.

Your Committee heard that very few high school teachers took up the in-service training at ZAMISE leaving deaf children at high schools without trained teachers.

Lecturers received local training in special education at the University of Zambia and the Zambia Open University.

7.1.3 Challenges in the Provision of Education to the Deaf

The following challenges were highlighted:

- a) inadequate teaching and learning materials;
- b) inappropriate teaching and learning materials, especially literature in sign language;
- c) insufficient trained teachers and lecturers, especially at high school and tertiary levels, where subject specialisation is mandatory;
- d) insufficient budgetary allocation considering the equipment and other assistive devices were expensive and not locally available, sometimes;
- e) inability by many lecturers, teachers, students and pupils to communicate effectively using sign language and the non-availability of sign language interpreters; and
- f) inadequate educational institutions for the deaf learners and students, that is, basic and high schools, colleges and universities.

7.1.4 The Way Forward

Your Committee heard that there were plans to construct special education infrastructure such as the centre of excellence at Munali High School, resource centers and boarding schools in all provinces starting in 2011.

There were also plans to include sign language in the national school curriculum and introduce sign language interpreters in the establishment. Sign language had further become a mandatory course for all students at colleges of education in a bid to address the challenge of insufficient trained teachers at high school level. *The Education Act, 2011* would also provide for sign language as an official medium of instruction for deaf learners.

7.2 THE VIEWS OF THE DEAF COMMUNITY AND OTHER STAKEHOLDERS

The views of the deaf community were presented by the Zambia Deaf Vision; National Association of the Deaf and Development of Zambia (NADDZ); and other stakeholders.

7.2.1 Situation Analysis

Your Committee was informed that the 2007 Educational Statistical Bulletin released by the Ministry of Education revealed that in 2007, the total enrolment in school for hearing-impaired learners from grades one to twelve was 29,748. Unfortunately, ninety-seven percent of the learners dropped out leaving only three percent to complete school. Of the three percent who completed school, none of them progressed to tertiary standard. This sad state of affairs implied that the deaf learners were spectators or passengers in the Zambian school system.

Stakeholders submitted that the current situation regarding provision of education to the deaf was of great concern as it had led to high illiteracy and lack of confidence and self esteem among the deaf.

To strengthen their case, the deaf community summarised the situation regarding provision of education to the deaf as outlined hereunder.

(a) Sign Language

The Ministry of Education did not recognise sign language as a medium of instruction for deaf learners and as a subject which should be taught in schools. This disadvantaged deaf learners as they could not acquire sign language communication skills from school.

(b) Availability of Teaching and Learning Materials

Owing to the absence of a clear policy on the use of sign language in schools, there were no sign language teaching and learning materials available or developed for teachers and learners to use in order to fully participate in the teaching and learning process, respectively.

(c) Training of Special Education Teachers

There was no emphasis on sign language teaching in training colleges as the training took a holistic approach of training teachers in general disability. As a result, graduating special education teachers found themselves incompetent to teach the deaf learners because they lacked sign language communication skills.

(d) Development of Sign Language

While local languages were being developed and nurtured in schools, sign language remained unrecognised and undeveloped. Deaf learners were left out even in important programmes such as the New Break Through to Literacy (NBTL) in which learners are taught reading skills in their language of play from grades one to seven.

(e) Availability of Special Units or Schools for the Deaf

Although the Government has made tremendous progress in building learning institutions in the country, these institutions did not accommodate deaf units. There were very few deaf units and schools for the deaf. The learners had to walk long distances to access the few units while boarding schools had limited places.

(f) Inclusive Learning Policy

The policy of inclusive learning involved integrating learners with special education needs into mainstream educational institutions. Although the policy was well intended, it was not helpful to deaf learners due to the complexity of the teaching methodologies and medium of communication. It was not possible for a teacher to handle an inclusive learning class with different media of communication such as braille or sign language.

In an inclusive class, sign language was only used by the deaf learners themselves and not the teacher or their fellow classmates, making inclusive learning ineffective.

(g) Teacher – Pupil Ratio

Due to lack of adequate deaf units and teachers, the available units were usually congested forcing one teacher to handle an over enrolled class with inadequate teaching aids. Consequently, individual attention, which is very important in special education, was not possible.

(h) Absence of a System for Early Detection of Deafness

There was also no universal testing for children entering school. This had affected the children negatively in that some children placed in deaf units were not deaf but hard of hearing and with proper interventions, they could be mainstreamed. On the other hand, many children who were hard of hearing were never diagnosed and were instead called slow learners or mentally challenged because no one took the initiative to examine the children and find out what their problem was.

In view of the foregoing, the deaf community recommended, among other things, that:

- (i) the promotion and development of sign language in schools should be provided for by making it a school subject appearing on the class time table. Sign language should further be made a compulsory and examinable subject in teacher training colleges or universities for special education;
- (ii) sign language should be included in the education curriculum;
- (iii) there was need to redesign and emphasise teaching methodologies that focus on practical skills development to prepare the deaf for survival skills; and
- (iv) adequate educational facilities, teaching and learning aids and equipment should be provided for deaf learners in schools.

7.3 Report of your Committee on the Tour of Selected Schools with Deaf Units

Your Committee toured four schools, namely Broadway Basic School in Kabwe, Kansenshi Basic School in Ndola, St Joseph's High School in Lufwanyama and Mutende Basic School in Mansa. Your Committee wished to check on the availability of:

- a) qualified teachers;
- b) infrastructure;
- c) teaching materials for the deaf; and
- d) pass rates and progression of deaf children to higher education.

7.3.1 Broadway Basic School

The deaf unit at the school had been in existence since the 1980s. The unit had recently been upgraded to basic school level and was, therefore, required to retain the pupils after grade seven. The unit had four teachers to teach all the grades.

The School bemoaned the inadequate number of teachers to teach children with hearing impairment and the inadequate infrastructure. The school also complained about lack of teaching materials and the absence of an official sign language.

Other concerns were that pupils usually reported late for school as they covered long distances to access the unit closer to their homes.

Your Committee further learnt that pupils with hearing impairment were very slow when writing examinations and did not usually finish answering examination questions. They did not also pay attention to grammar as they wrote what they had learnt in sign language where they normally used telegraphic speech. Your Committee was informed that the deaf learners needed extra time when writing examinations and their examination papers should be marked by teachers of special education who understood the learners' challenges.



Deaf Learners in Class at Broadway Basic School

7.3.2 Kansenshi Basic School

Kansenshi Basic School Deaf Unit had been in existence since 1988. The unit had eighty pupils at the time of the tour.

The school undertook visits to homes to recruit children with hearing impairment whenever it had information about children who were kept home by their parents.

On the challenges, your Committee heard that:

- a) the school had inadequate infrastructure. Three grades were sharing one classroom. The available classrooms were also not sound proof and that affected pupils who were hard of hearing;
- b) the school lacked teaching materials such as computers and books. The teachers were using one reference book for American Sign Language;
- c) hearing aids, for those who needed them, were very expensive;
- d) the school did not have enough trained teachers to teach pupils with hearing impairment; and
- e) pupils reported late for school due to the long distances covered from their homes to school.



Different Grades of Deaf Learners in One Class at Kansenshi Basic School

7.3.3 St Joseph's High School

Your Committee was informed that the school was started in 1972. The school offered co-education and currently, has 151 pupils.

The school is owned by the Catholic Church and the Government of Zambia on equal basis as the teachers are employed by the Government while the infrastructure is for the Catholic Church.

Your Committee noted the excellent performance of the school at grade nine for 2010 as the school recorded 100% pass according to the results that had been availed to your Committee. It was also impressed with the general maintenance of the school.

The school highlighted some of the challenges it was facing as follows:

- a) lack of reliable transport to ferry pupils for various activities;
- b) some buildings were dilapidated, for instance the grade eleven and twelve block. Furthermore, the school infrastructure was proving inadequate as there were requests for school places from all over the country; and
- c) the school lacked some teaching and learning materials. Specifically, the school was in need of sewing machines and power point projectors which could be used to beam the lessons.

The school also bemoaned the bad state of the road linking it to other towns.

7.3.4 Mutende Basic School

Mutende Basic School Deaf Unit was opened in 1987 with one teacher. The unit currently has six teachers and thirty-two pupils.

Like other deaf units, the school was facing the following challenges:

- i) inadequate teachers as the school required about ten teachers but currently, there are only six teachers. This had affected the pupils negatively in that some grades had no teachers to teach them, for example, there were two pupils who qualified to go into grade eight in 2011 but had not proceeded to grade eight because there were no qualified teachers to teach them;
- ii) the unit did not have enough classrooms as only one room had been partitioned with curtains and was being used by three different grades;
- iii) lack of teaching and learning materials; and
- iv) the pupils travelled long distances to attend school and therefore, usually reported late for school.

7.3.5 University Teaching Hospital (UTH) Special Education Unit

Your Committee was informed that the University Teaching Hospital Special Unit catered for various disabilities including deafness. The school had four departments namely:

- a) Multiple Disability Centre;
- b) Speech Centre;
- c) Hospital Teaching Department which provides teaching services to school going children who are admitted at UTH for a long time, according to need; and
- d) Cheshire Homes.

On issues of the deaf pupils, your Committee learnt that due to inadequate teachers and classrooms, different grades were being taught in the same classroom. For instance, grades two and three were being taught together.

With regard to challenges, your Committee heard that although the establishment for the whole school was thirty-five, the school only had twenty four teachers. The school bemoaned the lack of motivation by teachers of special education. The situation had affected pupils with special learning needs as teachers shunned teaching these pupils.

The school had only one bus covering the whole Lusaka to transport children who could not be taken to school by their parents or guardians. In addition, the school did not have enough house parents and mattresses. The pupils used the mattresses for sleeping as they easily got tired due to their various disabilities.

Your Committee noted the efforts the school management was making in trying to educate a very special group of pupils under difficult conditions.



Deaf Learners in Class at the University Teaching Hospital Special Education Unit

7.4 COMMITTEE'S OBSERVATIONS AND RECOMMENDATIONS

Having carefully considered the views of all stakeholders on the topic and its findings from the tour of selected deaf units, your Committee appreciates the efforts the Government has been making in providing special education. However, it makes the observations and recommendations set out hereunder.

7.4.1 Observations

- a) There are many disabilities and each one is unique, calling for special attention and interventions with regard to provision of education. Therefore, the current general policy on special education may not be addressing the unique education needs of disabilities such as deafness.
- b) There is no specialisation related to various disabilities for those who study and train in special education as their training takes a holistic approach and trains teachers in general methodology of teaching children with special education needs. This has negatively affected the quality of teachers for deaf learners and consequently the education of deaf learners.

- c) The country does not have enough teachers of special education needs to teach the deaf learners at all levels of education. Additionally, the few available teachers are not able to communicate with and teach deaf learners using sign language effectively.
- d) There is no officially recognised sign language in Zambia and its absence is a barrier to the overall improvement of education for the deaf in Zambia.
- e) There are inadequate schools for the deaf. The units at basic school level are too few resulting in learners having to cover long distances to reach a school. The few available high schools can only accommodate a limited number. Furthermore, the few schools and units do not have sufficient teaching and learning materials.
- f) Although the deaf learners do not normally obtain competitive results to enable them finish school and enrol in colleges, it has been observed that they are very good in practical subjects which teach practical skills.
- g) There is no system for universal hearing testing of all children entering school even though this is very important.

7.4.2 Recommendations

- a) The Government should develop a specific policy to address the challenges related to the provision of education to the deaf.
- b) There is need for the Government to urgently consider revising the training curriculum for teachers of special education needs to ensure that there is specialisation biased towards various major disabilities such as blindness, physical disability and hearing impairment. Teachers for the deaf must be appropriately trained for them to communicate and teach effectively using sign language, especially at high school and tertiary levels.
- c) The Government should address the shortage of teachers to teach the deaf learners by increasing the number of training institutions and trainees. The Government should further ensure that the teachers trained are able to communicate in sign language effectively.
- d) There is need to recognise and develop one official sign language. Alternatively, the American Sign Language can be adopted and made official. However, such a policy decision must be arrived at with proper consultation with the deaf community and other relevant stakeholders.
- e) The Government should build more deaf units and boarding schools at both basic and high school level. Each province should have at least one boarding basic school and one boarding high school for the deaf. The availability of many deaf schools and units will solve the problem of learners covering long distances to reach a school. Furthermore, there is need to develop and provide sufficient and suitable teaching and learning materials in all schools and units for the deaf.
- f) The Government should develop a curriculum for deaf learners which is focussed on acquisition of practical skills.
- g) The Government should come up with a system for universal hearing testing and ensure that all children entering school are tested and placed in the right education institutions.

PART II

8.0 CONSIDERATION OF THE ACTION-TAKEN REPORT ON THE COMMITTEE'S SECOND REPORT FOR THE FOURTH SESSION OF THE TENTH NATIONAL ASSEMBLY

Your Committee noted the responses by the Government to the issues raised in its previous report. However, your Committee resolved to follow up the issues set out below.

8.1 The Role of the Department of Community Development in Poverty Reduction

8.1.1 Your previous Committee had recommended that stakeholders should reach consensus on the definition and measure of poverty in the *Zambian context* as clarifying and reaching consensus on what was meant by poverty could contribute to focusing all programmes by various stakeholders towards effective poverty reduction.

It was reported in the Action-Taken Report that the *Non-Governmental Organisations Act, No. 16 of 2009* that was passed by Parliament would serve as a vital link and tool between the Government, non-governmental organisations (NGOs) and other players in the area of poverty reduction. When the Office of the Registrar for NGOs becomes operational one of its key functions would be to coordinate all players in the area of poverty reduction and one important task would be that of having consensus on the definition and measure of poverty within the *Zambian context*.

Committee's Observations and Recommendations

Your Committee observes that the office of the Registrar for NGOs has not yet become operational and will, therefore, await a progress report on the matter.

8.1.2 Your previous Committee had recommended that the Government should build capacity in the Department of Community Development by recruiting the required staff and providing reliable transport, among other things.

It was reported in the Action-Taken Report that the Government, through the restructuring process, that started in 2006 employed degree holders to fill vacancies that existed in the Ministry from districts to the headquarters and diploma holders were recruited as Assistant District Officers to manage community sub centres. Unfortunately, due to poor conditions prevailing in rural areas most of them either opted to leave or did not report at all. Recruitment had continued but vacancies still existed due to the high turnover. However, the Ministry had started filling vacancies by recruiting officers locally, who were from those areas.

It was further reported that the Ministry was looking into providing motorised transport, first, to those hard to reach districts and this would be done in a phased approach based on availability of resources.

Recommendations

Your Committee requests a progress report from the Ministry of Community Development and Social Services on the recruitment of staff for and provision of reliable transport to the Department of Community Development.

8.1.3 Your previous Committee had recommended that in order to ascertain the effectiveness of the programmes that the Department of Community Development implements, the Ministries of Community Development and Social Services and Finance and National Planning should develop clear monitoring, evaluating and tracking mechanisms. These mechanisms would ensure that beneficiaries whose poverty levels had been reduced graduated and left room for others to be assisted.

It was reported in the Action-Taken Report that the Ministry of Community Development and Social Services was working on developing a comprehensive monitoring and evaluation system that would monitor progress in the implementation of the programmes. Further, under the Ministry of Finance and National Planning, a Department for Research and Development had been set which would assist line ministries to evaluate the programmes and also facilitate the undertaking of detailed studies focusing on improving programming. On the aspect of graduation, this would be complemented with the guidelines that had been mentioned above to ensure that those who were eligible for graduation did so without any challenges.

Recommendations

Your Committee requests a progress report on the process of developing a comprehensive monitoring and evaluation system that would monitor progress in the implementation of the programmes.

8.2 Consideration of the Report of the Auditor-General on Medical Waste Management in Zambia

8.2.1 Your previous Committee had recommended that there was need to enforce laws on waste management in order to improve compliance of health care facilities with the standards and procedures on the management of health care waste.

It was reported in the Action-Taken Report that the Environmental Council of Zambia (ECZ) had been playing a very important role in ensuring that minimum standards in waste management were observed. It was also ECZ's mandate to regulate health care waste management and in line with this mandate, ECZ took a major role in the training of the health staff in waste management. Health workers from eight provinces were trained. This was a trainer of trainers' course with a view that those trained would in turn train their district staff. Districts were, therefore, expected to similarly train their staff from all rural health centres although this was hindered by the inadequacy of funds.

In addition, ECZ, working in collaboration with the Ministry of Health, had distributed the following documents to avail health staff with information on standards and specifications on sound management of health care waste:

- (i) ECZ Specification for Health Care Waste Incineration; and
- (ii) ECZ Technical Guidelines on Sound Management of Health Care Waste.

It was further stated that every year ECZ prepared a compliance monitoring programme which was used to assess and verify the levels of compliance. Further, Government had approved the Ministry of Health Establishment Structure which had provided for the environmental health staff at all health facilities so that these officers could adequately supervise and ensure that standards and provisions of relevant legislation were adhered to by all health facilities.

Recommendations

Your Committee requests a progress report on ECZ's assessment of the compliance levels for 2011. It further requests a progress report on the recruitment of environmental health staff at all health facilities in line with the approved Ministry of Health establishment structure.

8.2.2 Your previous Committee had recommended that the Government should provide all new and old public health care facilities or institutions with ECZ approved incinerators. Your previous Committee further recommended that the Government should provide adequate financial resources to the Ministry of Health so that the Ministry could attend to all issues of health care waste management.

It was reported in the Action-Taken Report that the Government appreciated the fact that provision of ECZ approved incinerators to all health institutions was a costly exercise. Therefore, the

Government was sourcing for funds from co-operating partners such as the World Bank to help purchase these incinerators.

It was further reported that the Government was alive to the health hazards associated with poor health care waste management and had, therefore, developed the National Health Care Waste Management Plan, 2008-2010. However, the smooth implementation of this plan was heavily dependent on the availability of financial resources and the Government was making efforts to mobilise financial resources from within and from co-operating partners to implement the plan.

Recommendations

Your Committee requests a time frame within which incinerators will be provided to all Government hospitals. In addition, your Committee requests a progress report on the sourcing of funds from cooperating partners for the implementation of the National Health Care Waste Management Plan and purchase of incinerators. Your Committee further wishes to know how much the Government has allocated towards the procurement of incinerators and the implementation of the National Health Care Waste Management Plan in the 2011 health sector budget.

8.2.3 Your previous Committee had recommended that the Government should undertake a comprehensive review of all the laws that had a component of health care waste management to ensure that they were harmonised and disseminated to all the stakeholders.

In response, it was reported in the Action-Taken Report that the Government had identified the following pieces of legislation as having a component of health care waste management:

- i) *the Public Health Act, Chapter 295 of the Laws of Zambia;*
- ii) *the Health Professions Act (Medical Council Act – Repealed);*
- iii) *the Local Government Act, Chapter 281 of the Laws of Zambia; and*
- iv) *the Environmental Protection and Pollution Control Act.*

The Public Health Act was due for review and harmonisation with other pieces of legislation that had a component of health care waste management.

The Government also agreed with the recommendation urging stakeholders to strengthen their relationship and co-ordination on issues of health care waste management. To this effect, the Government would continue to facilitate and encourage joint meetings between various stakeholders.

Recommendations

Your Committee requests a progress report on the review of the *Public Health Act*.

8.2.4 Your previous Committee had recommended that the Government should clarify who exactly was responsible for transportation of waste from the health care facility disposal site to the designated final dump site managed by the local authorities.

It was reported in the Action-Taken Report that under the current legal framework, health care waste is classified as hazardous waste and fell outside the mandate of the local authorities whose function was limited to municipal solid waste. Management of hazardous waste was licensed by the Environmental Council of Zambia (ECZ).

Local authorities managed municipal disposal sites and not hazardous waste disposal sites. They were also not responsible for the management of health care waste. The generators of health care waste, who in this case were the health care facilities or companies with the relevant authorisation from the ECZ, were instead responsible.

Recommendations

Your Committee notes the response and urges both the Ministry of Health and ECZ to ensure that health care waste from health care facilities is transported to designated final dump sites without delay.

Your Committee further urges the Government to ensure that hazardous waste which ends up at municipal disposal sites is segregated, clearly labeled and does not mix with general waste.

8.2.5 Your previous Committee had recommended that the Government should develop a comprehensive policy on health care waste management.

It was reported in the Action-Taken Report that the process of developing a comprehensive National Health Policy had commenced and a National Steering Committee had been appointed by the Government to spearhead the process. The National Health Policy would, among other things, chart the course of action that the Government intended to take in order to enhance sound management of health care waste throughout the Country.

Recommendations

Your Committee requests a progress report on the development of the National Health Policy and the time frame within which the process would be completed to pave way for implementation.

8.2.6 Your previous Committee had recommended that ECZ and the local authorities should work together and ensure that only certified companies who met ECZ conditions were contracted to transport and manage health care waste.

It was reported in the Action-Taken Report that the repealed Environmental Management and Pollution Control Act provided for the delegation of certain ECZ functions to the local authorities. ECZ had presence only in four districts while local authorities had presence in all the seventy one districts. The Government would endeavour to encourage ECZ and the local authorities to work together in order to enhance sound management of health care waste throughout the country.

Recommendations

Your Committee requests information on the ECZ functions that have been delegated to local authorities and whether licensing of companies to manage health care waste was among them. Your Committee also wishes to know whether ECZ is satisfied with the performance of local authorities regarding the delegated functions.

8.3 Foreign Tour (Maputo, Mozambique)

8.3.1 Your previous Committee had recommended that the Government should emulate Mozambique by giving loans to persons and groups who did not have access to commercial banks, at affordable interest rates. Furthermore, vulnerable groups such as persons with disabilities and women clubs should be provided with affordable credit and be monitored to ensure that they paid back so that others could be assisted.

It was reported in the Action-Taken Report that the Government, through the Ministry of Finance and National Planning, engaged Rural Net Associates Limited, a consultancy firm to conduct a study to identify key issues regarding rural financing. A draft report had been submitted by the firm and was awaiting discussion. The report would address issues of policies regarding access to credit facilities by the vulnerable groups and other categories.

Recommendations

Your Committee requests a progress report on the matter.

8.3.2 The Previous Committee had recommended that the Government should provide free extension and veterinary services to persons, clubs and associations that were involved in poverty reduction projects at community level. Such services would enhance the performance and contribute to the success of the projects.

It was reported in the Action-Taken Report that with regard to extension and veterinary services for the Alternative Livelihoods Initiative under the Food Security Pack Programme, the Ministry of Community Development and Social Services had ensured that these were made available to all communities and were offered by officers from both the Ministries of Community Development and Social Services and Agriculture and Cooperatives. However, the Ministry acknowledged that monitoring trips showed that in certain communities the services were not readily available and effort was being made to ensure that this was strengthened.

Recommendations

Your Committee requests information on what measures the Ministry has put in place to strengthen provision of extension and veterinary services in communities where they are not readily available.

8.3.3 Your previous Committee had recommended that the Government should pilot the idea of providing a ready market for various produce from the poverty reduction projects, especially the agriculture oriented projects. This would ensure that the beneficiaries were not left at the mercy of the exploitative market so that they made some profit. This would also guarantee continuity for many clubs to benefit.

It was reported in the Action-Taken Report that the Ministry agreed with this recommendation and effort would be made to explore how markets could be established especially for farmers under the Food Security Pack Programme. There was already an initiative under the programme known as Entrepreneurship and Marketing where beneficiaries were taught skills in entrepreneurship and marketing. The Ministry would deliberately look for possible markets where the farmers could sell their produce at reasonable prices.

Recommendations

Your Committee requests a progress report on the issue of establishing ready markets where farmers under the Food Security Pack Programme could sell their produce.

8.3.4 Your previous Committee had recommended that the grants system in the Ministry of Community Development and Social Services should be decentralised to district level so that as many beneficiaries as possible could access the funds. This would also reduce the processing period and quicken the disbursement of funds as beneficiaries would be identified and appraised quickly by the communities where they lived and the officers at the district level.

It was reported in the Action-Taken Report that the Government had put in place the National Decentralisation Policy where most of the programme activities were ear-marked for decentralisation including the identification of beneficiaries, appraisal of applications and disbursement of programme resources. This Ministry was one of those identified to devolve its functions to the municipalities and once this was done it would hasten the process of disbursing the grants to the communities.

Committee's Observations and Recommendations

Your Committee observes that implementation of the National Decentralisation Policy has stalled. Therefore, it urges the Ministry of Community Development and Social Services to decentralise the grants system without waiting for the implementation of the National Decentralisation Policy.

8.4 Other Outstanding Issues

8.4.1 Your previous Committee had urged the Government to domestically finance special programmes for the implementation of Regional and International Commitments. Your Committee further noted with dismay, the reduced allocation to the health sector in the 2010 national budget of 8.2% and urged the Government to allocate 15% of the national budget to the health sector as per requirement under the Abuja Declaration.

It was reported in the Action-Taken Report that implementation of special programmes for International and Regional Agreements required resources. Owing to other equally pressing competing needs, Government allocation to the health sector was still below 15% which was a requirement under the Abuja Declaration. This posed a challenge on the implementation of the Abuja Declaration and the Maputo Plan of Action hence the need to involve donors and cooperating partners.

The Government was taking steps to increase the allocation to the health sector over the medium term. This was important to reduce donor dependence on provision of health care and increase the overall resource envelope to finance provision of health services.

Committee's Observations and Recommendations

Your Committee observes that the budget allocation to the health sector is still inadequate. It urges the Government to increase the allocation by allocating at least 15% of the national budget to the health sector.

8.4.2 Your previous Committee had urged the Government to overhaul the sewer system of the old Choma General Hospital since the hospital would still be used even after the new hospital became operational.

It was reported in the Action-Taken Report that the Government through the Ministry of Health intended to overhaul the sewer system at the hospital within Phase 2 of the works which would involve refurbishment of the facilities at the old hospital. These works were programmed for 2011.

Recommendations

Your Committee requests a progress report on the overhauling of the sewer system.

8.4.3 Your previous Committee had requested information on the district establishment versus the current number of personnel in Namwala District and urged the Government to post more clinical officers to Namwala District. It further requested a progress report on the issue of the mortuary fridge which was reportedly purchased but not delivered.

It was reported in the Action-Taken Report that there were eight clinical officers in post and there were nineteen funded positions for clinical officers in Namwala district. There were no postings for clinical officers to Namwala district in 2010. However, the Government would continue with the recruitment of health workers and placement of the same on the payroll in line with the new structure.

As for the supply of the mortuary unit at Namwala District Hospital, the supplier namely Zubala Enterprises had failed to supply the unit. This matter was reported to the Anti-Corruption Commission (ACC) in 2005. The ACC concluded their investigations and established that Zubala Enterprises of Choma was paid on 21st April 2004 the sum of K64, 362, 500.00 to supply the said mortuary unit. To date, the unit had not been supplied, a fact acknowledged by Zubala Enterprises themselves.

Following Zubala Enterprises' failure to supply the unit on 8th October 2004, Namwala District Health Management Board cancelled the contract with Zubala Enterprises. On 8th April 2005 Zubala Enterprises through their lawyers, Marshall Chambers of Lusaka accepted the cancellation of the contract and promised to pay back the money within 90 days. This had not been done.

The Ministry of Health had to this effect written to the Attorney General to institute proceedings to recover the funds from Zubala Enterprises amounting to K64, 362, 500.00 as recommended by ACC.

Recommendations

Your Committee requests a progress report on the recovery of the funds from Zubala Enterprises amounting to K64, 362, 500.00 and urges the Government to procure a mortuary fridge for Namwala District Hospital. The Government should further recruit the remaining clinical officers for Namwala District since the positions are funded.

8.4.4 Your previous Committee had requested a progress report on the procurement of equipment for general use giving details on the twenty-three hospitals benefiting and what had been procured for each hospital.

In response, a list was provided in the Action-Taken Report showing twenty beneficiary hospitals and quantities of equipment.

It was further reported that a letter of credit in favour of Techfab International of India amounting to United States Dollars one million nine hundred and ninety nine thousand seven hundred and eighteen, nineteen cents (US\$1, 999, 718.19) equivalent to Zambian Kwacha nine billion eight hundred and sixty eight million six hundred and nine thousand two hundred sixty eight (K9, 868, 609, 268.00) had since been opened by Ministry of Health through Citi Bank (Z) Limited. The said equipment was expected to arrive by end of November 2010.

Recommendations

Your Committee wishes to find out whether the equipment has arrived.

9.0 CONCLUSION

Your Committee urges the Executive to seriously consider its recommendations and act on them in order to address the challenges facing the mental health sector and those associated with provision of education to the deaf. Most of the concerns by stakeholders in both sectors are genuine. Therefore, political will from both the Executive and the Legislature to address these challenges is required. The active participation of society in decision making on these issues is important. Therefore, stakeholders must be consulted and their views considered by those in decision making positions in order to build consensus on policy decisions.

Finally, your Committee is grateful to you, Mr Speaker and the Office of the Clerk of the National Assembly for the support rendered to it throughout this session. It is also indebted to all the witnesses that submitted memoranda and appeared before it.

Your Committee remains hopeful that its observations and recommendations will be considered by the Executive for the benefit of the nation.

April, 2011
LUSAKA

J Kapata, MP
CHAIRPERSON