SECOND REPORT OF THE COMMITTEE ON HEALTH, COMMUNITY DEVELOPMENT AND SOCIAL WELFARE FOR THE FOURTH SESSION OF THE TENTH NATIONAL ASSEMBLY APPOINTED ON 25 SEPTEMBER, 2009

Consisting of:

Mrs J Kapata, MP, (Chairperson); Mr M Habeenzu, MP; Mr B Imenda, MP; Dr J Katema, MP; Col G A Chanda, MP; Mr W Lumba, MP; Mr N P Magande, MP; and Mr G G Nkombo, MP

The Honourable Mr Speaker
National Assembly
Parliament Buildings
LUSAKA

Sir

Your Committee has the honour to present its Second Report for the Fourth 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 its 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 its 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 its 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.

3.0 Meetings of the Committee

Your Committee held eighteen meetings during the period under review in which it considered the Role of the Department of Community Development in Poverty Reduction and the Report of the Auditor-General on Medical Waste Management in Zambia.

Your Committee also considered outstanding issues from the Action-Taken Report on the Committee's First Report for the Fourth Session of the Tenth National Assembly and toured selected health institutions and community development projects. In addition, your Committee undertook a study tour of Mozambique.

4.0 Procedure adopted by the Committee

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

5.0 Report of the Committee

Your Committee's Report is in three parts. Part I deals with the topical issues and the resultant local tours while part II highlights the findings on the foreign tour to Mozambique. Part III deals with the Action-Taken Report on the First Report of your Committee for the Fourth Session of the Tenth National Assembly.

PART I

6.0 THE ROLE OF THE DEPARTMENT OF COMMUNITY DEVELOPMENT IN POVERTY REDUCTION

Zambia's poverty levels have remained high generally. According to the Living Conditions Monitoring Survey conducted from 1991 to 2006, the incidence of poverty is at 59.3% and poverty remains more severe in rural areas.

Your Committee is aware that the Ministry of Community Development and Social Services is one of the key social sector ministries required to contribute significantly to the reduction of poverty and improvement of the living standards of the most vulnerable in society, among other things. The two departments of Social Welfare and Community Development in the Ministry implement poverty reduction programmes.

It is in this vein that your Committee resolved to undertake a study on the Role of the Department of Community Development in Poverty Reduction, with intent to make recommendations to the Executive on the way forward in view of the worrying poverty levels.

In order to help it study the topic, your Committee invited the following witnesses who represented the views of the major stakeholders, being the Government and civil society organisations:

(i) Central Statistical Office;
(ii) Ministry of Finance and National Planning;
(iii) Ministry of Community Development and Social Services;
(iv) Programme Against Malnutrition (PAM);
(v) Micro Bankers Trust;
(vi) Project Urban Self Help (Push);
(vii) Civil Society for Poverty Reduction;
(viii) Caritas Zambia; and
(ix) Non–Governmental Organisations Coordinating Council (NGOCC).

6.1 HIGHLIGHTS OF THE SUBMISSIONS BY THE GOVERNMENT

The Central Statistical Office, Ministry of Community Development and Social Services and the Ministry of Finance and National Planning presented the views of the Government on the topic as set out below.

6.1.1 What is Poverty and an Overview of the Poverty Situation in Zambia

Your Committee was informed that the poverty monitoring framework that the Government is currently using is based on the Living Conditions Monitoring Surveys (LCMS) which the Central Statistical Office (CSO) periodically conducts. Five LCMS had been conducted since 1996. The LCMS collected information that was used to assess the poverty levels and other living conditions of the Zambian population over time.

In terms of poverty measurement, the Central Statistical Office (CSO) used household consumption expenditure when evaluating welfare outcomes of the Zambian population. The consumption expenditure aggregated at household level consisted of: (i) cash purchases; (ii) consumption from own produce; and (iii) consumption items that were received without payment including others such as gifts and food for work. Since 1991, the CSO had been measuring poverty using the Food Energy Intake method which essentially began by anchoring the value of the poverty line to some minimal nutritional requirements. The CSO poverty lines were, therefore, based on a food basket concept which corresponded to the caloric requirement of about 2,800 calories per adult equivalent per day. However, this poverty line did not take into account other basic needs such as housing, clothing, education and health services that a household might require. Furthermore, the CSO had started adjusting the food poverty line using an appropriate ratio (Engels Ratio) when determining the basic needs basket (BNB) or overall poverty line by taking into consideration other basic needs of life.

Based on the above welfare thresholds, a household was classified as poor (total poverty) if its total consumption expenditure per adult equivalent was below the overall (absolute) poverty line. Furthermore, a household was classified as extremely poor if its total consumption expenditure per adult equivalent fell below the lower (food) poverty line which was based on minimum food requirements only. The moderately poor consisted of households whose total consumption expenditure per adult equivalent was above the food poverty line but below the overall poverty line. Some households could be said to be experiencing food poverty if their food consumption per adult equivalent was below the food poverty line.

In 2006, the monthly per adult equivalent food and overall poverty lines were valued at K62, 248 and K106, 403 respectively. This implied that on average, a family of six members would require K373, 488 and K638, 478 and above in order to overcome extreme and moderate poverty respectively. The same basic needs basket would cost about K891, 238 for a family of six in 2009.

Your Committee was informed that the current poverty profiles indicate that the Zambian population had continued to be susceptible to poverty especially in rural areas despite recording some decline. Going by the CSO's review of poverty since 1996, the incidence of poverty declined from 68.1% in 1996 to 59.3% in 2006. Most of this decline was from urban areas where the population of the poor plummeted from about 40.5% to 26.7% compared to rural areas where it marginally declined from 84.2% to 76.8%. These results clearly showed that poverty in Zambia was more of a rural than urban phenomenon.

In 2006, 59.3% of the 11.7 million Zambians were classified as poor. Of these, 36.6% were actually living in extreme poverty, with the rest being moderately poor, at 22.8%. In rural areas, approximately three out of four persons were poor (76.8%) compared to one in every four in urban areas (26.7%).

6.1.2 The Role of the Department of Community Development with regard to Poverty Reduction

Your Committee learnt that Community Development is a "process by which the efforts of the people are coordinated with those of central and local governments as well as voluntary organisations to improve the social, economic, environmental and cultural conditions of the communities and to enable them to contribute fully to national development". Therefore, the role of the Department of Community Development with regard to poverty reduction was basically to facilitate self-help initiatives or projects among community members in order to bring about desired socio-economic changes and empower individuals and communities with relevant skills and requisites in order to enable them undertake poverty reduction activities.
The Department implemented community based programmes that were aimed at empowering the poor and vulnerable people and targeted those members of the communities who had the potential to undertake poverty reduction activities. The overall objective of the Department was to stimulate and enhance community participation in identifying, planning, implementing and managing poverty reduction programmes. The Department supported the programmes through the provision of technical, material and financial support and in isolated cases linking them to other cooperating partners.

6.1.3 The Role of Non-Governmental Organisations (NGOs) with regard to Poverty Reduction

Your Committee learnt that a 'non-governmental organisation' means "a private voluntary grouping of individuals or associations, whether corporate or unincorporated, not established or operated for profit, partisan politics or any commercial purposes and who or which had organised themselves for promotion of civic education, advocacy, human rights, social welfare development, charity, research or other activity or programme for the benefit or interest of the public, through resources mobilised from within or outside Zambia".

NGOs had supplemented Government efforts in poverty reduction programmes by implementing or participating in the following:

a) poverty reduction programmes through donor resources or through grants from the Government;
b) poverty reduction programmes outsourced to them by the Government or any other stakeholder;
c) formulation of strategic or sector plans of their relevant sector;
d) monitoring and evaluation of sector poverty reduction programmes; and
e) making contributions in various working groups that advised the Government in general and specifically on issues of poverty reduction.

The Government viewed NGOs as active partners in national development and their participation ranged from advocacy, policy dialogue to actual implementation. NGOs collaborated at three levels, that is, the district, provincial and national levels. For example, under the District Development Coordinating Committees, NGOs were represented. At national level their coordinating organisations such as Civil Society for Poverty Reduction (CSPR) and Zambia Council for Social Development were used when engaging with the Government.

6.1.4 Key Poverty Reduction Programmes Being Implemented by the Department of Community Development

The Department of Community Development implements programmes which cover the whole nation as outlined below.

a) Women in Development Programme

The overall objective of this programme is to empower disadvantaged groups, especially women, through provision of skills training, income generating activities, credit facilities and entrepreneurship skills. This programme is being implemented in all the districts. The Department currently has 3,388 registered groups. From an operational point of view, the Department facilitates the mobilisation and sensitisation of women in communities to form groups that could work together and access micro-credit for projects aimed at reducing poverty.

b) Non-formal Education and Skills Training Programme

This programme is meant to eliminate illiteracy among the marginalised groups such as women, children and persons with disabilities. The Department, therefore, facilitates the formation of literacy classes, identification and training of volunteer literacy instructors. The instructors are paid an allowance for teaching community members and the provision of learning materials such as books, boards and chalk. The programme is designed to assist vulnerable people have a chance to acquire reading, writing and simple arithmetic skills for livelihood improvement.

Furthermore, in order to complement the non-formal education, the Department provided tailor made training activities in the Provincial Community Development Skills Training Centres, aimed at improving the livelihood of low capacity individuals and communities. The Department also provided training kits for carpentry, tailoring, fabric printing, brick laying and metal fabrication to the Provincial Skills Training Centres.

c) Community Self-Help Initiative Programme

The objectives of this programme is three fold, namely to mobilise communities to improve their quality of life through undertaking self help projects, facilitate service delivery at community level through creation and/or strengthening of community based organisations (CBOs) and other community structures; and to create a favourable socio-economic environment for sustainable development of the communities by promoting local community action. This is also a national-wide programme which in 2009 supported fifty-four community self-help initiative projects. The projects include construction and rehabilitation of community foot bridges, community halls/markets, dam expansion and agricultural activities such as piggery, bee-keeping and gardening.

d) Food Security Pack Programme

The overall objective of the programme is to promote food security at household level in order to reduce poverty and enhance household nutrition. In the 2009/2010 farming season a total of nineteen thousand eight hundred and twenty-seven farmers were assisted with input packs.

6.1.5 The Effectiveness of the Poverty Reduction Programmes being implemented by the Department of Community Development in Reducing Poverty

Your Committee was informed that all the programmes being implemented by the Department are effective because they are driven by the demand of the communities involved and are meant to empower the intended beneficiaries.

The key departmental programmes have four ever-changing processes of seeking access to economic public resources; awareness–raising with regard to rights, equity and fairness in terms of access to public resources and their management; and action in order to effect changes or to modify the situations, circumstances and social relations in which people found themselves.

Communities participate at three levels namely: presence; involvement; and control. A person is said to have participated in an activity by virtue of being present at the scene of incident while at the level of involvement, a person participates in an activity that is planned elsewhere and is just made to perform certain tasks prescribed for him. The highest level of participation is control where a person controls the whole process of an undertaking from identification of problems, prioritising them, planning for social action, implementation and evaluation. This is the level promoted by the Department of Community Development. Members of the communities are sensitised through groups, clubs and associations to participate in poverty reduction through the key empowerment programmes implemented by the Department of Community Development.

6.2 THE VIEWS OF THE CIVIL SOCIETY ORGANISATIONS AND OTHER STAKEHOLDERS

Your Committee invited the Civil Society for Poverty Reduction (CSPR), Caritas Zambia and Non–Governmental Organisations Coordinating Council (NGOCC) to present their views on the topic. It also sought the views of the Micro Bankers Trust; Programme Urban Self Help (PUSH); and Programme Against Malnutrition (PAM). A summary of their views is presented below.

6.2.1 What is Poverty and the Current Poverty Situation in Zambia

Your Committee was informed that Poverty is understood in a number of different ways depending on who one talked to. Poverty could be broadly defined as unacceptable material and human deprivation, vulnerability, destitution, and social isolation. This broad definition of poverty includes three components namely; poverty of resources, poverty of public goods and services, and poverty of relationships. In many rural parts of Zambia, poverty is usually closely associated with being poor. Being poor is considered to be having few or no assets that enabled one to meet their basic needs such as food, shelter and clothes.

Your Committee also heard that women are more vulnerable to poverty because they had little education, more domestic responsibilities and therefore, less chances of formal employment. This prevented them from earning a good income.

Although the poverty figures that were released by the Central Statistical Office in 2006 showed a down ward movement, from 80% to 76% compared to those in 2001, ordinary men and women in rural areas still consider poverty in Zambia to be as high as 80%. The improved economic indicators achieved so far are at great variance with the social indicators such as illiteracy levels and mortality rates. The LCMS of 2006 indicated that 80% of the rural population lived below the poverty line while only 34% of the urban population lived below the poverty line.

6.2.2 The Role of the Department of Community Development with regard to Poverty Reduction

The stakeholders submitted that the Department of Community Development has a critical role in mitigating the impact of poverty on many vulnerable households and communities. They contended that the Department has the responsibility of reducing poverty and protecting the livelihoods of the Zambian people. The Department was therefore, known to perform three functions that were critical for poverty reduction namely:

a) policy making, managing the budget and implementation;
b) delivering critical goods and services in social support and community development; and
c) advancing economic and social equality through subsidies.

It is also the Department's responsibility to stimulate and enhance community participation in programmes aimed at alleviating poverty. Further, the Department plays a crucial role of identifying and building the capacity of stakeholders that promote community development activities.

6.2.3 The Role of Non-governmental Organisations (NGOs) with Regard to Poverty Reduction

Your Committee was informed that NGOs complemented and supplemented Government efforts in reducing poverty in the various sectors in which they operated such as in education, health, agriculture and environment. The role of NGOs could, therefore, be identified in four main areas where most NGOs in Zambia participated as outlined below:

a) community mobilisation;
b) advocacy around policies and programmes;
c) monitoring the implementation of poverty reduction programmes created in line with the Fifth National Development Plan (FNDP);
d) defending the vulnerable by promoting and defending their rights; and
e) direct community intervention.

Your Committee also heard that there was a misconception that Government and NGOs could not work together except in isolation. This has been particularly so regarding advocacy NGOs who had sometimes been accused of supporting opposition political parties. The civil society contended that contrary to this view, the two were partners as they both work for the development of the country with the latter complementing the former.

For example, the Civil Society for Poverty Reduction Network collaborates with the Government at different levels which included the Sector Advisory Groups, Parliamentary Committees, Ministry of Finance and National Planning as well as some line ministries where the organisation has made submissions and pro-poor policy recommendations on different projects and programmes undertaken by the Government. Examples included involvement in the Fifth National Development Plan (FNDP) and currently, the Sixth National Development Plan (SNDP) in process, among others.

6.2.4 The Effectiveness of the Poverty Reduction Programmes being implemented by the Department of Community Development

Your Committee was informed that drawing from evidence gathered on the Food Security Pack Programme (FSP), the programme has not been very effective due to four major challenges which included unfavourable weather conditions, low capacity of extension

system, untimely disbursements, poor correlation of funding versus beneficiaries and poor infrastructure in rural areas.

However, the beneficiaries, the Department and other stakeholders implementing some of the programmes on behalf of the Department have the general view that the programmes are effective because they are demand driven by the communities involved and were meant to empower the intended beneficiaries. People at the household level have received training in food processing, sustainable agriculture and in a number of cases restocking of animals, such as goats, among households.

It was observed that grants and finances were provided to small scale businesses numbering about 122,417 country wide, in 2008. The effect of this was that some of the beneficiaries were able to increase the output of their businesses while others set up new ones. Furthermore, the formation of groups in communities where the Department was active had been seen as an effective tool for community mobilisation and helped to enhance the implementation of the other programmes the Department was implementing. As for the literacy programmes, there were interesting testimonies in Mpika where adult learners have been able to advance and join main stream education system from literacy classes. However, these success stories needed to be replicated throughout the country.

6.3 Report of the Committee on the Tour of Poverty Reduction Projects Being Implemented By the Department of Community Development

Your Committee undertook a tour of selected poverty reduction programmes and projects in Kabwe, Ndola, Mufulira and Mansa to ascertain the following:

i) existence of poverty reduction projects in the communities visited;
ii) level of community participation and appreciation of poverty reduction programmes;
iii) whether the policy of graduating beneficiaries was being effected in the poverty reduction programmes; and
iv) impact of poverty reduction programmes in the respective communities.

In Kabwe, your Committee visited Makolela Women's Club in Makupu Sub-centre, Mpima Women's Club and some Food Security Pack (FSP) beneficiaries. In Ndola, your Committee visited Twikatane Area Association in Kaniki Sub-centre. In Mufulira, your Committee visited Mokambo Women's Club, Twime Women's Club and some FSP beneficiaries while in Mansa, your Committee visited Mabumba Women's Club, Tusungane Women's Club, Fino Women's Club and FSP beneficiaries.

6.3.1 Makolela Women's Club, Kabwe

Your Committee learnt that Makolela Women's Club has a membership of forty-five and was formed as a means to help the community to acquire a hammer mill. The community's nearest hammer mill used to be twenty kilometres away. The Ministry of Community Development and Social Services gave a hammer mill to the Club and funds raised from charges for using the hammer mill were used to start other ventures such as crop farming and livestock rearing. Funds raised from usage of the hammer mill were also used to assist community members with bereavements, hospital bills, fertilizer for old vulnerable persons and other activities. The monthly revenue from the hammer mill ranges from K 260, 000 to K 460, 000. The community has also managed to start a youth club through funds from the hammer mill.

6.3.2 Mpima Women's Club, Kabwe

Mpima Women's Club was a group of twenty women and two men (trustees). About half of the members were widows and vulnerable. The club benefited from the Poverty Reduction Programme under the Ministry of Community Development and Social Services through the receipt of twelve goats; six female and six male. The idea was that each member of the club would be given one female and one male goat as the goats reproduced. Due to the small number of goats received, this process was slow. The club was also supposed to pass on four goats to another club.

Africare also gave twenty chickens to the club from which each of them was supposed to benefit as the chickens reproduced and finally pass on the chickens to another club. The club also conducts other activities such as growing tomatoes, onions, rape and also produces cooking oil from sunflower using a treadle pump. The club however, complained that veterinary officers from the provincial administration rarely followed up to check on the state of the animals and poultry received from the Government and that when they did visit, they demanded for fuel for their transport.

A goat's shed at Mpima Women's Club

6.3.3 Twikatane Area Association-Kaniki Sub-Centre, Ndola

Twikatane Area Association was a grouping of about eighty people. The Association benefited from a K2 million grant from the Ministry of Community Development and Social Services from which it procured two female pigs which also reproduced eight piglets. The members managed to share out the pigs but they all died. The association, however, benefited from the NGOCC who gave them K36 million to acquire more pigs and another amount to procure a hammer mill. The association accessed another K2 million from the Ministry to acquire chickens. Although the club seemed to be doing fairly well, the members complained about the lack of electricity in the area, lack of transport coupled with a bad road and the recent hike of renting postal boxes at ZAMPOST Ndola.

6.3.4 Mokambo Women's Club, Mufulira

Mokambo Women's Club consisted of thirty eight members and was engaged in farming initially before diversifying to goat rearing. The Club benefited from a K2 million grant from the Ministry. At the time of the visit, a total of fifteen members had already benefited from the rotational distribution of goats among the members. The club assists other vulnerable

people in the community in times of bereavements and other trying periods. The club, however, complained about the inadequate water supply in the community as there was only one dysfunctional borehole.

6.3.5 Twime Women's Club, Mufulira

Twime Women's Club was formed as a result of the massive loss of jobs among miners in Mufulira after the privatisation of the mines. Four women initially started the club and bought sewing machines to teach other women how to produce various clothing garments which they could sell. The membership currently stood at thirty. The club benefited from a K3 million grant from the Ministry of Community Development and Social Services, K500, 000 from the Resident Development Committee and K1 million from the area Member of Parliament. All its members are engaged in farming and are rearing chickens.

6.3.6 Mabumba Women's Club, Mansa

The Club comprises thirteen women and seven men who are involved in matters of health and nutrition in the community. The club assists in feeding the malnourished and has helped feed 368 children since inception out of which a total of thirty-three died. The group was also involved in family planning services, malaria prevention and HIV/AIDS. The club was trained in processing of local food products by the Ministry of Community Development and Social Services. In addition, the club was involved in fish farming. They stated that they would want to venture into chicken rearing in order to have a source for proteins. The group also wished to have advanced food processing machines. Some of the constraints facing the group were lack of office accommodation for record keeping and shelter.

Processed local food products at Mabumba Sub-centre

6.3.7 Tusungane Women's Club

Tusungane Women's Club was involved in credit provision to its members on a rotating basis. The group usually engages in weeding fields in the community as a means of raising funds for itself. The Club was formed as a means of fighting poverty among members and in the community.

6.3.8 Fino Women's Club

The club has a total of eighteen members all of whom were women. Fino Club was formed as a basis for the women to sustain themselves. The Club's main activities are farming and fish farming and has two fish ponds.

6.3.9 Tour of the Fields of the Recipients of the Food Security Pack (FSP)

Your Committee visited a total of eleven FSP recipients in the towns covered. The FSP was targeted at vulnerable persons in the community like widows, households with orphans and child-headed households. Recipients were given one bag of urea, one bag of top dressing fertilizer, 10 kg of maize seed and a tuber seed. These were distributed by the Ministry of Community Development and Social Services. However, recipients complained about the late delivery of inputs which, in the 2009/2010 season, were distributed in late December and even as late as February. This resulted in poor yields by the beneficiaries and rendered the programme almost a failure. The recipients were, however, happy to be on the programme as it provided food for them. Most of the fields visited by your Committee exhibited poor crops and thus the expected yields would be poor.

Maize field for one of the beneficiaries of the FSP

It was also noted that officers in the Department of Community Development rarely visited recipients to check on their performance due to an acute shortage of transport in the department countrywide. This was reported to hamper the important interaction between officers in the department and the FSP recipients.

At the end of their tour, your Committee's main finding was that programmes such as the Food Security Pack and other poverty reduction programmes would not meet their intended outcomes due to the following challenges:

i) late delivery of inputs;

ii) inadequate inputs to make the recipients realise meaningful yields which can make them become self-sufficient and graduate from the programme;

iii) inadequate grants to clubs which usually do not exceed K 2 million per group;

iv) inadequate funding for the Ministry of Community Development and Social Services which has resulted in the Department of Community Development not having adequate transport to monitor the programmes; and

v) the number of goats and chickens given to groups is too little to create an impact on the recipients since the arrangement is that they benefit from the rotational access of the goats and chickens as they reproduce. This process is slow to achieve results as the numbers of members in the clubs are usually large.

6.4 COMMITTEE'S OBSERVATIONS AND RECOMMENDATIONS

Having interacted with the various stakeholders and based on the findings from the tour of selected poverty reduction programmes and projects, your Committee's observations and recommendations are set out hereunder.

6.4.1 Observations:

a) There are various definitions of poverty and each stakeholder adopts the definition they are comfortable with. Your Committee is concerned as this could have a negative effect on provision and implementation of poverty reduction services and programmes. Further, the measure of poverty being used by the Government (CSO) currently, which is based on the cost of food required to attain 2 800 calories per adult equivalent per day for an average household size is not even understood by many citizens and stakeholders. Your Committee also notes with dismay that at the time of their interaction with the Government on this important topic, the Government could not even reveal the cost of a monthly basic needs basket in 2010.

b) Both the Government and the NGOs acknowledge that they are partners in national development. However, your Committee is concerned with the assertion that is sometimes propagated that the two can not work together. It feels that this could be as a result of mistrust between the two.

c) The Department of Community Development lacks capacity in terms of financial resources, staff and even transport to carry out its role effectively. For instance, officers are unable to visit recipients of the food security pack to check on their performance.

d) Trying to achieve national coverage of the poverty reduction programmes being implemented by the Department, with inadequate resources, leads to spreading of resources thinly. The result is that there is little or no impact on poverty reduction. For instance, women's clubs receive K2 million per club but the number of Members renders the grant inadequate.

e) Your Committee notes that the food security pack and other poverty reduction programmes being implemented by the Department of Community Development are well intentioned and aimed at assisting the most vulnerable in society. However, your Committee is of the view that the Food Security Pack Programme cannot achieve its objectives with inadequate inputs provided to the beneficiaries and the late delivery of the same inputs.

f) There is a tendency by communities to accept their vulnerable condition willingly and sit back waiting for handouts. The phenomenon is worrying because even communities which have assets like animals and land consider themselves to be vulnerable and poor.

g) The Department of Community Development targets the vulnerable but viable clients who are expected to graduate from their initial poor status. The Department is expected to be tracking the beneficiaries by monitoring progress in the households

but does not seem to have the tracking mechanisms in place. Therefore, there is a danger of the programmes failing as the same people may be benefiting.

h) Despite some stakeholders submitting that the programmes being implemented by the Department of Community Development are effective, it is difficult to ascertain the effectiveness of the programmes in the absence of clear monitoring and evaluating mechanisms to indicate some positive performance.

6.4.2 Recommendations

a) The stakeholders should reach consensus on the definition and measure of poverty in the Zambian context as clarifying and reaching consensus on what is meant by poverty can contribute to focussing all programmes by various stakeholders towards effective poverty reduction.

b) Your Committee urges both the Government and NGOs to build mutual trust and agree on clear roles for each other in poverty reduction. The Government should be willing to provide space for the NGOs to participate fully in issues of poverty reduction.

c) The Government should build capacity in the Department of Community Development by recruiting the required staff, providing reliable transport and information and communication technology related equipment. This way, the Department will be able to monitor and evaluate programmes easily and provide extension services even to other stakeholders in the sector. In addition, there is need to provide adequate financial resources for programmes by funding the Department adequately.

d) The Department's programmes should target specific areas based on the poverty situation in various parts of the country rather than rushing to achieve national coverage. Other areas should be covered when one area has graduated from a high poverty level. In addition, there is need to target specific communities with specific poverty reduction interventions such as micro credit and functional literacy, based on the vulnerability assessment and the demand by a particular community.

e) In view of the potential benefit of the Food Security Pack Programme, of reducing poverty levels, your Committee implores the Government to provide adequate inputs and deliver them in time to the vulnerable people in communities.

f) There is need to sensitise people in order to change their way of thinking on issues of empowerment for poverty reduction. Your Committee urges the Ministry of Community Development and Social Services to develop deliberate transformation programmes aimed at changing the mindset of people and help them realise their own potential by effectively utilising locally and readily available resources such as livestock, land and timber to reduce vulnerability.

g) In order to ascertain the effectiveness of the programmes, the ministries of Community Development and Social Services and Finance and National Planning should develop clear monitoring, evaluating and tracking mechanisms. These mechanisms are to ensure that beneficiaries whose poverty levels have been reduced graduate and leave room for others to be assisted.

7.0 CONSIDERATION OF THE REPORT OF THE AUDITOR-GENERAL ON MEDICAL WASTE MANAGEMENT IN ZAMBIA

The Office of the Auditor General conducted an environmental audit on medical waste management in 2008. The audit was conducted pursuant to Section 45 (1) of the *Public Finance Act No. 15 of 2004* which states that:

"The Auditor-General shall carry out performance and specialised audits in respect of a Ministry, Government department or statutory corporation as the Auditor-General may

consider necessary and shall prepare a report on the audit for submission to the National Assembly".

The objective of the audit was to assess to what extent, the management of medical waste was in compliance with laws, rules and regulations in place and to identify causes and consequences of the ineffective waste management in order to provide relevant recommendations on how the deficiencies could be addressed.
The audit focused on the Ministry of Health headquarters, twenty-six hospitals and fifty nine clinics throughout the country and was carried out between January and June 2008.

7.1 Audit Criteria

The assessment of the performance of compliance levels of the health institutions with regard to medical waste management was primarily based on the provisions of the laws and regulations.

These included the:

i) Environmental Protection and Pollution Control Act (EPPCA);
ii) Technical Guidelines on sound management of health care waste prepared by the Environmental Council of Zambia (ECZ) in accordance with the EPPCA; and
iii) Hazardous Waste Management Regulations, Statutory Instrument No.125 of 2001.

7.2 What is Medical Waste?

Medical waste is a by-product of health care that includes sharps, non-sharps, blood, body parts, chemicals, pharmaceuticals, medical devices and radioactive materials. It is a reservoir of potentially harmful micro-organisms which could infect hospital patients, health-care workers and the general public.

7.3 Audit Findings

7.3.1 Handling

Waste handlers for the health care waste in all health care facilities visited did not have appropriate protective clothing. Furthermore, all the health care facilities inspected did not maintain waste records to keep track of the medical and domestic waste generated and disposed of, a practice that made it difficult to estimate the quantities and types of waste generated in a particular health care facility to aid in waste management planning. In addition, waste bins and sharps containers were sometimes overfilled, contrary to the regulations.

7.3.2 Storage

In most health centres inspected, waste was not being segregated and only sharps were separated from the rest of the waste while waste receptacles were not corresponding to the different waste types being generated and the segregation system was not uniformly applied.

Colour coding and labeling was hardly used or non existent and inappropriate bin sizes and types were being used. Furthermore, sharps boxes were generally not available, resulting in the health care facilities using improvised card board boxes to dispose of sharps.

7.3.3 Transportation and Disposal

Contrary to the technical guidelines on transportation of waste, 94% of the Health care facilities inspected did not comply with the guidelines in that waste was carried to the disposal sites by hand instead of using the recommended equipment such as trolleys. In addition, visits to all the health care facilities revealed that there were lapses in the management of waste in that there was no segregation of medical and domestic waste from the point of generation to disposal. Further, it was observed that eighty-one health care facilities disposed of waste such as sharps, blood-soiled cotton wool, tubes and syringes in unsecured pits.

Out of eighty-five health care facilities, only twenty-six health care facilities had incinerators which complied with ECZ standards, ten health care facilities had incinerators which were not of ECZ standard while forty-nine health care facilities had no incinerators.

7.3.4 Waste Management Plan

A survey conducted on fifty three health care facilities revealed the following:

a) thirty-four health care facilities did not have waste management teams contrary to the guidelines. The facilities comprised twenty-seven health care centres, four district hospitals and three general hospitals;
b) forty-seven health care facilities did not have waste management plans. The facilities comprised thirty-five health care centres, seven district hospitals and five general hospitals;
c) fourteen health care facilities did not have clearly defined procedures for collection and handling of waste and comprised eleven health care centres, two district hospitals and one general hospital;
d) thirty health care facilities including two district hospitals and three general hospitals did not have a manual or guidelines on the management of health care waste; and
e) although the Ministry of Health had prepared infection prevention guidelines, twenty-six health care centres, three district hospitals and two general hospitals were not aware of the guidelines.

7.4 SUBMISSIONS BY STAKEHOLDERS

Your Committee invited the following stakeholders to help them appreciate and understand the findings in the Auditor General's Report:

(i) Ministry of Local Government and Housing;
(ii) Medical Council of Zambia;
(iii) Environmental Council of Zambia; and
(iv) Ministry of Health.

Your Committee was assisted by the officials from the Auditor General's Office in their consideration of the submissions from the witnesses.

7.4.1 SUBMISSION BY THE CONTROLLING OFFICER, MINISTRY OF LOCAL GOVERNMENT AND HOUSING

The Controlling Officer, Ministry of Local Government and Housing informed your Committee that the situation on medical waste management in Zambia was as reported due to many players in the sector. This has resulted in fragmentation and lack of adherence to rules and regulations. Nonetheless, the local authorities and medical staff under the Ministry of

Health were working together to harmonise management of waste. The Government has embarked on policy development on solid waste in order to streamline the operations and compliance with laws and regulations. The policy would address comprehensively all other pieces of legislation that have the component of environment waste management as the laws were outdated and needed to be revised. The Solid Waste Management Policy would also take into account the new developments in environment management and protection.

7.4.2 SUBMISSION BY THE REGISTRAR, MEDICAL COUNCIL OF ZAMBIA

The Registrar, Medical Council of Zambia, informed your Committee that the Auditor-General's Report was in agreement with the Medical Council of Zambia's findings on the compliance monitoring of private clinics, private hospitals, training institutions and Anti Retroviral Therapy (ART) sites. The Medical Council's findings revealed that there was poor handling, storage, transportation and disposal of medical waste in these health care facilities. The Medical Council, therefore, recommended to your Committee that waste management should be prioritised in health care facilities by allocating adequate resources to ensure efficient and effective management of waste. In addition, more environmental health personnel should be trained and deployed to health care facilities.

7.4.3 SUBMISSION BY THE DIRECTOR, ENVIRONMENTAL COUNCIL OF ZAMBIA (ECZ)

The Director, ECZ informed your Committee that the Environmental Council of Zambia (ECZ) was established as an autonomous body through the enactment of the *Environmental Protection and Pollution Control Act (EPPCA) No. 12 of 1990 Chapter 204 of the Laws of Zambia.* The mandate of the ECZ as a regulatory body, as prescribed by this law is to implement the provisions of the *EPPCA*. Under the *EPPCA,* the *Waste Management Regulations of 1993, Statutory Instrument (SI) No. 71* and the *Hazardous Waste Management Regulations Statutory Instrument (SI) No. 125, 2001* specify procedures and practice for waste generation, storage, transportation and final disposal.

The ECZ through the *EPPCA* and its subsequent regulations is empowered to monitor industry and commerce in the area of waste, including hazardous waste, so as to foster environmentally sound waste management. The primary objective of waste management is to provide for a clean environment through ensuring environmentally sound solid waste management.

Your Committee was also informed that the ECZ has intervened by scaling up the licensing of generators and transporters of health care waste and this had resulted in reduced incidences of large quantities of health care waste being mixed with general waste and improper disposal. In addition, the Technical Guidelines on the Sound Management of Health Care Waste and Minimum Specifications for Health Care Waste Incineration were developed and launched in January 2008 in order to improve health care waste management in the country. The guidelines would be implemented over a five year plan, effective 2008.
The expected outputs from the use of the guidelines were:

a) development and implementation of a waste management plan for health care waste in health care facilities;
b) management of health care waste in an environmentally sound manner by individuals and institutions ;
c) improvement in the occupational health conditions for the employees in the system; and
d) reducing the risk of other people getting in contact with health care waste, that is, patients, visitors and the public.

In responding to the findings in the Auditor General's Report, the Director submitted that the audit took place at the same time as the launch of the technical guidelines whose implementation was expected to take not less than five years for change to be visible. However, because of the intervention and monitoring by the ECZ, the Ministry of Health and other stakeholders have so far done the following, among other things:

a) formation of a national working group on infection prevention and health care;
b) procurement of fifteen incinerators for selected health care facilities across the country; and
c) adoption of the Zambian colour coding system for health care waste receptacles by the private sector. For example, Mopani Copper Mines Plc health care facilities.

In addition, ECZ has continued to conduct health care waste management workshops aimed at creating awareness amongst health care technicians.

The ECZ pledged to intensify its efforts to ensure that health care facilities and the Ministry of Health prioritised the management of health care waste. However, the Director pointed out a number of challenges such as poor public attitude towards waste management in general and limited supply and high cost of commodities in health care waste management system.

7.4.4 SUBMISSION BY THE CONTROLLING OFFICER, MINISTRY OF HEALTH

The Controlling Officer, Ministry of Health informed your Committee that the situation on health care waste management was as reported in the Report of the Auditor General because the three documents which were to guide the management of health care waste were published in (2008) the same year that the audit was undertaken. These documents are:

a) Ministry of Health 2008 National Health Care Management Plan (HCWM 2008-2010)**;**
b) ECZ Minimum Specification For Health Care Waste Incineration; and
c) ECZ Technical Guidelines on the Sound Management of Health Care Waste.

Dissemination of the documents (guidelines and standards) and sensitisation also began in 2008. Some staff in the health facilities were not aware of the standards and guidelines for medical waste management. Some health facilities which were aware were those that took the initiative to learn, but faced some challenges such as inadequate staff and lack of equipment or appropriate equipment for use due to cost implications.

However, the Ministry has created a new unit called Waste Management at primary, secondary and tertiary health facilities through out the country. This unit together with the infection prevention unit at each hospital would oversee the issue of waste management. All health facilities were encouraged to have a health care waste management plan. This requirement was monitored biannually by a specialised team from the Ministry of Health using the Performance Assessment Tool.

Your Committee further heard that in a bid to correct the situation, the Ministry of Health has done the following:

i) conducted a situational analysis on the status of health care waste management in Zambia;
ii) developed the guidelines and standards and disseminated them to all health care facilities;
iii) launched the Health Care Waste Management Plan 2008-2010;

iv) engaged partners to assist in the funding of the Health Care Waste Management Plan;

v) reviewed the 2008-2010 Plan and developed the 2010-1014 Health Care Waste Management Plan;

vi) mobilised of funds to implement the 2010-2014 Health Care Waste Management Plan;

vii) sought the technical assistance of the University of Zambia (UNZA) through Technology and Development Advisory Unit (TDAU) to manufacture locally made sharps boxes;

viii) trained focal point persons and other awareness programmes in health care facilities; and

ix) putting in place the Infection Prevention and Control and Environmental Health policies; which policies would provide strategies which would assist in preventing and controlling infections arising from improper waste management in health care facilities.

With regard to the audit findings and recommendations at paragraphs eleven and twelve of the Auditor General's Report, the Controlling Officer explained what the Ministry of Health was putting in measures as outlined below.

a) Handling

The Controlling Officer submitted that in 2008, a total of 245 health care workers were trained in the guidelines and standards. Seven provinces were covered. In ensuring safe handling of waste at all points, the Ministry through Medical Stores provided non puncture sharps boxes to health care facilities. However, the major challenge was availability due to high cost of procuring this equipment. In order to mitigate this problem and be cost effective, the Ministry of Health commissioned the University of Zambia Technology and Development Advisory Unit (TDAU) to design and manufacture non puncture sharps boxes. 100 boxes have been manufactured as samples and distributed to ten sites for trials.

b) Storage

According to the Health Care Waste Management Plan 2008-2010, each district was expected to conduct training for thirty health centre staff in storage and the coding system. In addition, colour coded bins, bin liners and trolleys for all health facilities would be procured starting from 2010.

c) Transportation and Disposal

In the National Health Care Waste Management Plan 2008-2010, it has been proposed that each facility would provide an efficient and effective health care waste collection, segregation, storage, transportation and disposal system. In this regard, the Ministry of Health had written a proposal to World Bank Malaria Booster and Environmental Safe Guards to support procurement of materials and equipment. The plan has passed the disclosure stage and was awaiting approval and funding. The Ministry of Health Action Plan for 2010 also includes the procurement of materials and equipment for the handling, storage, transportation and final disposal of medical care waste.

The Ministry of Health has procured thirty-six ECZ approved incinerators with the assistance of partners. In the rural health facilities, ECZ approved solid fuel fired brick incinerators and waste pits were also being promoted.

d) Waste Management Plan

The Ministry of Health has approved and established an Environmental Health and Waste Management Unit in each health care facility. In addition, each health care facility was expected to appoint an infection prevention committee which should collaborate with the waste management unit in ensuring that the plans were put in place and implemented at facility level so as to ensure prevention and control of infections arising from improper medical waste management. At central level, a National Health Care Waste Management Plan 2010-2014 has been developed and would assist the Ministry of Health to allocate resources required in handling, storage, transportation and disposal of medical waste.

e) Adherence to Laws and Regulations for Health Care Waste Management by Facilities

Your Committee heard that the Ministry of Health has established an Environmental Health and Waste Management Unit whose core function was to ensure proper and safe management of health care waste in each health care facility. This unit would work in collaboration with the infection prevention and control unit. It was expected that with these units in place in health care facilities, health care waste management would be strengthened further.

7.5 Report of the Committee on the Tour of Selected Health Facilities to Inspect the Management of Medical Waste

Your Committee toured four health care facilities namely, Kabwe General Hospital, Ndola Central Hospital, Mansa General Hospital and Mansa Clinic. These institutions were cited in the Auditor-General's Report on Medical Waste Management in Zambia. Your Committee wished to find out how these institutions were managing health care waste in terms of the following:

i) segregation of waste according to types;
ii) storage of waste;
iii) use of standard (ECZ) approved incinerators;
iv) transportation of waste; and
v) disposal of waste.

7.5.1 Kabwe General Hospital

The Executive Director briefed your Committee that Kabwe General Hospital has been experiencing problems in the handling and disposal of waste but stated that the situation had improved after the audit by the Auditor-General. The hospital produced about 500 kilogrammes of general waste and 125 kilogrammes of infectious waste every day, which was incinerated and buried in pits within the hospital grounds. The hospital has tried to engage the local authority on several occasions to take up its responsibility of transporting and disposing of waste at the hospital but the council had not been cooperative.

A tour of two wards revealed that disposal bins were clearly labelled and colour coded to show the types of waste as per Ministry of Health Guidelines. However, the bins were not pedalled.

Fenced pit for disposal of waste at Kabwe General Hospital

Your Committee also inspected the hospital single chamber brick incinerator which was manually operated. The electric incinerator was not functional at the time of the tour and was noted to be too small for the capacity of the hospital. The Executive Director also informed your Committee that as regards disposal of expired drugs, the hospital burnt these on instructions from Medical Stores. The expired drugs could not be disposed of at the local authority dump site as the local authority had not designated an area for such waste. As regards concerns on whether the hospital's water sources (boreholes) within its grounds would not be contaminated as a result of burying incinerated medical waste within the same grounds, the Executive Director stated that the hospital ensured that the burial pits were maintained far from the water sources. The water was also subjected to quarterly tests to ensure that it was not contaminated.

7.5.2 Ndola Central Hospital

Your Committee was informed that Ndola Central Hospital has addressed almost ninety percent of the concerns raised in the Auditor-General's Report. The hospital, therefore, has very high standards in the area of medical waste management. The only problem identified was the issue of exposure of the waste handlers to the waste, itself. However, the handlers were subjected to tests every six months to check for possible infections resulting from handling the waste. The hospital generated 300 kilogrammes of medical waste every day.

A tour of several wards and the laboratory revealed that the bins were clearly labelled and the hospital wards, although very busy, were very clean and organised. The system of handling the waste seemed elaborate and the handlers were aware of the regulations regarding the handling of waste especially the medical waste. Your Committee also inspected the incinerator which was diesel operated and the site for storage of the incinerated and other waste. Your Committee heard that waste was handled by a private company which transported the waste to the local authority dump site every forty-eight hours. Private entities also used the hospital incinerator for incineration of various waste materials and these entities entered into agreements with the hospital on how to meet the costs of running the incinerator.

Colour coded and labelled waste bins and bags at Ndola Central Hospital

7.5.3 Mansa General Hospital

Your Committee undertook a tour of the hospital and found that there were some shortcomings in the management of waste. Although the hospital had clearly marked bins for different kinds of waste, the inspection by your Committee revealed that waste was mixed in different bins. For instance, some sharp objects such as used syringes were found in bins meant for non-sharps. Such lapses were attributed to the inadequate number of staff who had been trained in waste management.

The hospital's waste disposal function was outsourced to a private company. The contracted Company was responsible for removal of waste from the hospital to the incineration site and finally for transportation to the local authority dump site. The hospital's incinerator seemed functional and well maintained. Your Committee had some interaction with the contractor who had no knowledge of the rules and regulations on handling of medical waste. The provincial and hospital administration also brought out the issue of the local authority's shortcomings as regards its responsibility of disposal of medical waste. It was reported that the local authority did not have a secure disposal site let alone a separate area for disposal of medical waste like expired drugs.

7.5.4 Mansa Clinic

Your Committee was impressed with the clinic's organisation in terms of waste management as there was clear labelling of bins and bin liners to segregate medical waste. The clinic has a small improvised incinerator for burning the waste. However, waste was disposed of in pits within the clinic grounds which were fenced off. The clinic appeared clean and well administered.

An improvised incinerator at Mansa Clinic

7.5.5 Findings

Your Committee noted that generally the audit by the Office of the Auditor General had raised some awareness on health care waste management. All the institutions visited had some form of waste management system in place despite the various lapses. Your Committee is nonetheless, concerned with the following:

i) some health care facilities buried waste in pits within the grounds of the health care facilities, for example, Kabwe General Hospital and Mansa clinic;
ii) waste was not being segregated as was the case at Mansa General Hospital;
iii) there were complaints about the role of the local authorities as regards the transportation of incinerated and other waste and management of dump sites, the complaint was highlighted at both Mansa and Kabwe General Hospitals; and
iv) some private companies engaged to transport and dispose of medical waste were not conversant with the rules and regulations regarding the management of health care waste as was the case with the contractor at Mansa General Hospital.

7.6 COMMITTEE'S OBSERVATIONS AND RECOMMENDATIONS

Having carefully considered the submissions from the witnesses and the findings from the tour of selected health institutions, the observations and recommendations of your Committee are set out hereunder.

7.6.1 Observations

a. Laws enacted to aid the management of health care waste are not enforced, and therefore, not complied with, by health care facilities and other stakeholders.
b. The regulator who is the Environmental Council of Zambia (ECZ) is not doing enough to ensure compliance with laws, rules and regulations on the management of medical waste in health care facilities. This is evidenced by the lack of ECZ

approved incinerators in health care facilities and the burying of health care waste in pits within hospital grounds.

c. While there are a number of pieces of legislation that provide for health care waste management, these laws are not well coordinated resulting in the various stakeholders involved not taking up their statutory responsibilities in waste management.

d. The Ministry of Health which is the lead institution responsible for provision of health care seems to suggest that it has no financial capacity to effectively and efficiently manage medical waste in Zambia.

e. It is not clear who is responsible for transportation of waste from the health care facility disposal site to the designated final dump site managed by the local authorities.

f. There is no comprehensive policy on health care waste management.

g. Some private companies engaged to transport health care waste are not conversant with the regulations and guidelines on waste management. This could be that they are not certified by the ECZ and the respective local authorities.

h. There is a lapse in health care facilities as regards handling of waste. There is a danger of infecting the waste handlers, health personnel and patients due to the poor handling and storage of health care waste in health care facilities.

7.6.2 Recommendations

a) There is need to enforce the 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.

b) The Government should provide all new and old public health care facilities or institutions with ECZ approved incinerators. Your Committee also urges ECZ to enhance its regulatory role by carrying out regular inspections and ensuring that private health care facilities also have the approved incinerators in place. Furthermore, ECZ should supervise the burying of waste and ensure that land disposal practices are adhered to.

c) The Government should undertake a comprehensive review of all the laws that have a component of health care waste management to ensure that they are harmonised and disseminated to all the stakeholders. Your Committee also implores the various stakeholders to strengthen their relationship and coordination on issues of health care waste management.

d) Health care providers and health personnel should be sensitised on their obligations and responsibilities as regards health care waste management.

e) The Government should provide adequate financial resources to the Ministry of Health thereby building the financial capacity of the Ministry to attend to all issues of health care waste management.

f) The Government should clarify who exactly is responsible for transportation of waste from the health care facility disposal site to the designated final dump site managed by the local authorities.

g) The Government should develop a comprehensive policy on health care waste management.

h) Your Committee urges the ECZ and local authorities to work together and ensure that only certified companies who meet ECZ conditions are contracted to transport and manage health care waste.

i) The Government should ensure that waste handlers in public health care facilities are provided with protective clothing and educated on issues of handling health care waste. Furthermore, the Government should explore the option of coming up with a utility company to be in charge of general waste management.

PART II

8.0 FOREIGN TOUR (MAPUTO, MOZAMBIQUE)

Your Committee undertook a study tour of Mozambique in relation to their study on poverty reduction. The tour was undertaken for your Committee to share experiences and exchange views with appropriate Committees of the Mozambican Parliament and relevant government ministries and departments on the following aspects of poverty reduction at community level:

a) poverty reduction programmes among vulnerable groups;
b) community participation in poverty reduction programmes;
c) empowerment of women; and
d) micro credit schemes in the Mozambican experience.

Your Committee interacted with, among others, selected committees at the Parliament of Mozambique, the Minister of Women and Social Affairs, the Deputy Minister of Agriculture, the Permanent Secretary in the Ministry of Finance and various Directors and staff in the Ministry of Planning and Development.

8.1 Interaction with Selected Parliamentary Committees at the Parliament Mozambique

Your Committee was briefed that Mozambique has multi-sectoral poverty alleviation programmes for vulnerable groups which were aimed at the family unit. Some of these programmes were initiated by relevant ministries, others by communities while others were initiated by the President of the Republic. These programmes are also aimed at integrating and reintegrating orphans and vulnerable children into families under the HIV/AIDS programme as a way of avoiding institutionalisation of children in children's homes and orphanages. To this effect, the Government gives direct financial and other support to widows, vulnerable women and other vulnerable groups. In the current budget, sixty five percent of funds are targeted at poverty reduction programmes.

As regards provision of credit to persons and groups who could not access credit on commercial terms, the Government of Mozambique provides not less than US$ 300, 000 every year to each district in the country for onward lending especially to clubs and associations. These funds are supposed to operate on the lines of a revolving fund in order for a lot of people to benefit. It was however, reported that loan repayments from these funds were very low around nine percent. The President of Mozambique had, therefore, to go around the country to urge people who borrowed from the fund to repay their loans and in turn allow others to also benefit from the fund. Decisions on how the funds were distributed are made at the local authority level through consultative councils using a bottom-up approach. A total of 26, 000 projects have received funding from these funds and created a total of 108, 000 new jobs. This fund was supplementary to micro credit institutions which have also taken strong roots in Mozambique.

As new businesses and jobs were being created from the 7 Million Fund**,** businesses which have benefited from the fund are slowly becoming clients of commercial banks which earlier opposed this line of Government credit.

As regards persons who were perpetually affected by floods in the northern part of the country along the Zambezi River basin, the Government was trying to lessen the suffering of those people by encouraging them to shift from those areas and helping them to build houses in the drier areas.

Your Committee heard that the Government also ran a food subsidy programme where vulnerable groups were given money to help sustain them. Such groups included the unemployed, the disabled, those who were chronically ill, pregnant women who were undernourished, and other vulnerable persons. Another programme involved the engagement of women in some work and then paid them some money per month. In addition, the Government was building about 800-900 new primary schools annually in order to increase school enrolments.

8.2 Site Visits

8.2.1 Mozambican Producers Association

Your Committee toured Mozambican Producers Association in Boane District. The Association runs a cattle breeding ranch on a 1700 hectare farm with a current population of 600 cattle which was leased from the Government. The Association comprises four persons with forty-six employees and breeds cattle for onward lending to communities. The Association has other animals such as sheep and goats. The Government buys the animals from the Association at commercial prices and passes on the animals to identified beneficiaries at subsidised prices of fifty percent of the commercial price. Beneficiaries are usually given a bull and three cows as a start up. When the cows reproduced, beneficiaries are expected to give the loaned animals back to the state for onward lending to other beneficiaries. The veterinary department ensures that the animals are healthy and productive by providing free services to the beneficiaries for the animals like dipping.

In addition to breeding animals for the Government, the Association also trains animals for ploughing purposes and sales some for processing to the food industry. Between 2008 and 2010, the Association has supplied around 1110 animals to the Government for onward distribution to beneficiaries.

As regards the identification and selection of beneficiaries, your Committee was informed that this was done by communities themselves where the deserving persons are identified.

8.2.2 Hluvuku Micro Credit Fund Centre

Hluvuku Micro Credit Fund in Boane District of Maputo province was opened in 2006 and was involved in lending funds to people in the low income brackets who could not manage to borrow funds from commercial banks. Beneficiaries could access funds from the fund provided they have feasible business proposals and plans. The range of the credit line includes building of houses, procurement of livestock, trading, transport, weddings and other ceremonies. Interest rates range from three to five percent. Those who are eligible to access funds from the fund are residents who have lived in the district for not less than six months with confirmation of residence from the local authority. The amounts lent out range from about US$ 50 to US$ 1, 500. The collateral acceptable to the centre is in the form of livestock, household goods and the period of repayment was eighteen months. Land and buildings including homes are not accepted as collateral. Repayment rates are reported to be around ninety-eight percent.

8.2.3 Visit to an Old People's Home

Your Committee visited an old people's home which was jointly supported by the Government and the Catholic Church in Mozambique. The home had twenty four rooms with both male and female occupants including former combatants in the country's past civil war.

The home was involved in poultry rearing. Half of the poultry was sold to raise funds for the home while the other half was consumed at the home. The environment was very homely and the rooms were very clean and habitable.

8.2.4 September 25th Women's Club

Your Committee visited the September 25th Women's Club. September 25th Women's Club comprises thirty-nine members with twenty-two women and seventeen men. The Club is involved in agricultural production and recently received support from the Government to set up an irrigation system at their forty hectare farm. The Club was also funded to procure a water pump, seed and fertiliser. The funds for the irrigation system were a loan and would have to be repaid. The Club is sufficiently supported by the Government extension staff.

8.3 COMMITTEE'S OBSERVATIONS AND RECOMMENDATIONS

8.3.1 Observations

Your Committee notes that Mozambique's approaches and programmes for poverty reduction at community level are similar to Zambia's. Your Committee also note and appreciate the programmes aimed at integrating and reintegrating orphans and vulnerable children into families to avoid institutionalisation of children in children's homes and orphanages. They further make the following observations:

a) the Government of Mozambique provides loans to persons and groups who can not manage to borrow on commercial terms from the banks;
b) interest rates on the loans from the Hluvuku Micro Credit Fund Centre are between three to five percent and are lower than the commercial rates;
c) clubs and associations in Mozambique that are participating in poverty reduction programmes enjoy great support from the Government in terms of extension and veterinary services. This helps to lower their costs and improve the success of the projects. On the other hand, the situation is the opposite in Zambia as was discovered during the local tours. In the Zambian situation, clubs involved in animal rearing are not provided with veterinary services while the beneficiaries of the FSP are rarely visited by community development officers and extension workers to check on their performance;
d) the Government in Mozambique provides a ready market for the clubs that are involved in animal breeding in that it buys off the animals at commercial price immediately they are ready, for onward lending. This way Mozambique has made great strides in ensuring that as many persons as possible become beneficiaries; and
e) Mozambique has decentralised the funding for provision of loans to clubs and associations to district level.

8.3.2 Recommendations

Arising from the above observations, your Committee wishes to make the recommendations outlined below.

a) Your Committee urges the Government to emulate Mozambique by giving loans to persons and groups who do not have access to commercial banks, at affordable interest rates. Vulnerable groups like persons with disabilities and women clubs should be provided with such affordable credit and be monitored to ensure that they pay back so that others can be assisted.
b) The Government should provide free extension and veterinary services to persons, clubs and associations that are involved in poverty reduction projects at community level. Such services will enhance the performance and contribute to the success of the projects.

c) Your Committee implores the Government to pilot the idea of providing a ready market for various produce from the poverty reduction projects, especially the agriculture oriented projects. This will ensure that the beneficiaries are not left at the mercy of the exploitative market so that they make some profit. This will also guarantee continuity for many clubs to benefit.
d) 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 can access the funds. This will also reduce the processing period and quicken the disbursement of funds as beneficiaries will be identified and appraised quickly by the communities where they live and the officers at the district level.
e) The Government should consider undertaking exchange visits with other countries that have best practices in order to learn from each other.

PART III

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

9.1 Regional and International Health- Related Instruments to Which Zambia is a Signatory with Specific Focus on the Abuja Declaration and the Maputo Plan of Action

Your previous Committee had recommended that special programmes for the implementation of Regional and International Commitments should be domestically financed.

In response, it was reported in the Action-Taken Report that the Government had taken note of the recommendation, although 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 fifteen per cent 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.

9.1.1 Committee's Observations and Recommendations

Your Committee continue to urge the Government to domestically finance special programmes for the implementation of Regional and International Commitments. They further note with dismay, the reduced allocation to the health sector in the 2010 national budget of 8.2% and urge the Government to allocate fifteen percent of the national budget to the health sector as per requirement under the Abuja Declaration.

9.2 Monze District

Your previous Committee had recommended that the Ministry of Health should take the issue of staff housing in rural areas seriously by ensuring that building of staff houses was started and completed where the projects had been approved.

It was reported in the Action-Taken Report that the Government was concerned with the poor housing conditions prevailing in rural areas. To this effect, one of the core components of the Rural Retention Scheme for health workers was provision of appropriate housing accommodation for staff. In 2009 the Ministry of Health disbursed a total sum of K5, 615, 398, 831.00 through its Provincial Health Offices to address the problem of retaining staff with

emphasis to the rural areas through improved conditions of living. A total of forty-one houses were planned for construction through this programme in 2009.

9.2.1 Committee's Observations and Recommendations

Your Committee requests a progress report on the construction of the forty-one houses detailing the districts and specific institutions benefiting from the construction. It further requests the Ministry of Health to provide the National Assembly with the Infrastructure Operational Plan by laying it on the Table of the House.

9.3 Gwembe District Hospital

Your previous Committee had recommended that the Government should provide an ambulance to the Hospital and that the reported K400 million that was in the bank needed to be utilised to build more staff houses.

It was reported in the Action-Taken Report that due to resource constraints, it was not possible to provide the hospital with an ambulance at the moment. However, Government through the Ministry of Health had provided all the Hospitals (Government and Mission) with a brand new Land Cruiser which was being used to perform hospital activities and in the meantime when need arose the same was used as an ambulance.

On the issue of the K400 million, it was reported that the Ministry had constituted an Audit team to verify the existence of the K400m and the reasons why the funds meant for the construction of houses had not been utilised. The Committee would be informed on the findings of the audit team.

9.3.1 Committee's Observations and Recommendations

Your Committee urges the Government to provide an ambulance to the hospital and requests a progress report on the K400 million issue.

9.4 Choma General Hospital

Your previous Committee had recommended that the Government should release the K240 million for over-hauling the sewer system at the hospital.

It was reported in the Action-Taken Report that the Government had commenced the construction of a modern Hospital in Choma district which had its own new sewer system. Prior to commissioning of the new hospital, routine maintenance of the old sewer system would continue as overhauling the entire system at a cost of K240m might not be cost effective under the circumstances.

9.4.1 Committee's Observations and Recommendations

Your Committee urges the Government to overhaul the sewer system of the old hospital since the hospital will still be used even after the new hospital becomes operational.

9.5 Namwala

Your previous Committee had recommended that the Government should send more clinical officers to the district and also follow up the issue of the mortuary fridge, which was paid for but not delivered at Namwala Hospital.

It was reported in the Action-Taken Report that there were ten clinical officers in the district. The number of clinical officers remained unchanged between 2008 and 2009. The Ministry intended to recruit more clinical officers in 2010 under the on-going restructuring programme.

On the issue of the mortuary fridge, it was reported that the matter was reported to the Anti-Corruption Commission and investigations were still going on.

9.5.1 Committee's Observations and Recommendations

Your Committee requests information on the district establishment versus the current number of personnel and urge the Government to post more clinical officers to Namwala District. It further requests a progress report on the issue of the mortuary fridge.

9.6 Lack of Equipment, Delays in Disposal of Expiry Drugs in Hospitals and Policy on Nurses Uniforms

Your previous Committee had recommended that the Government should:

(i) put an end to the continuous lack of kitchen and laundry equipment in rural hospitals;
(ii) ensure that expired drugs were disposed of in a prompt and efficient manner; and
(iii) formulate policy guidelines on the procurement of uniforms for health workers.

It was reported in the Action-Taken Report that the Ministry was aware of the inadequate kitchen and laundry equipment in the rural areas. This problem was not only for rural hospitals but also for urban hospitals and the Ministry was approaching the issue in a phased manner. Currently, the Ministry was in the process of procuring equipment for general use, theatre equipment, equipment for the Intensive Care Unit, maternity equipment, laundry equipment, kitchen and mortuary equipment for twenty three 2nd and 3rd level hospitals at a total cost of United States Dollars 6,057,891.67. Upon completion of procurement of the above equipment for these hospitals, the Ministry would consider procuring kitchen and laundry equipment for 1st level hospitals especially those in rural areas depending on availability of funds.

It was also reported that the Ministry was making arrangements for the disposal of medicines that could have expired from 2008 to date. Instructions had already been sent to all the provinces to start stock-piling expired medicines in readiness for disposal. In addition, the Ministry had identified causes for the expiry of medicines and interventions had been put in place to minimise this recurrent problem. In 2007 the Ministry facilitated the disposal of expired medicines and this was implemented in all the provinces.

On the issue of nurses' uniforms, it was reported that the Ministry had the responsibility of procuring uniforms for all its health workers. The Ministry was in the process of procuring 10, 000 pieces of nurses' uniform which would be issued free to the nurses at a total cost of K4.8 billion. The manufacturer of the above uniforms would be contracted on long term basis to supply subsequent pieces of all the medical uniforms to the Zambian health sector

9.6.1 Committee's Observations and Recommendations

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

It further recommends that disposal of expired drugs be a permanent programme with scheduled time table. This would enable all health facilities to be ready for the activity all the time.

Your Committee also wishes to seek further clarification on whether the 10,000 pieces of nurses' uniform are enough for all the nurses in the country.

9.7 The Operations of the National Trust for the Disabled

Your previous Committee had recommended, among other things, that there was need to streamline and strengthen the administrative structure of the Loan Scheme so as to increase on the number of beneficiaries and also improve on the recovery rate. In addition, there was need to increase on the amounts to be lent out and also reduce the interest rates to lessen the burden of paying back.

In response, it was reported in the Action-Taken Report that the Government was alive to this weakness and had been exploring the possibility of using Community Development Officers who were in all the sub-centres country-wide to assist in the recovering of loans as the National Trust for the Disabled had very few officers working on the ground.

It was also reported that the loan amount ranged from K500, 000 to K5, 000, 000 and that it could be increased, although there was need to ensure that the beneficiaries had viable projects. Further, the National Trust for the Disabled had reduced the interest rates from twenty-five per cent to ten per cent and had adopted a group lending approach to counter defaulting by individuals.

9.7.1 Committee's Observations and Recommendations

Your Committee notes the response and urges the Government to employ more Community Development Officers and provide them with transport to enable them carry out field work effectively.

Further, in order to improve on the recovery rate, the Government should review the pre-loan training of all successful applicants in order to establish whether the training is, indeed, conducted and what its effectiveness is.

Your Committee also urges the Government to still increase the amounts to be lent out and ensure that the targeted beneficiaries are helped to write their proposals in order to come up with viable projects.

10.0 CONCLUSION

Your Committee wishes to express its gratitude 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 is hopeful that the observations and recommendations contained in this Report will go a long way in reducing poverty especially in rural areas. It is also hopeful that the management of health care waste in health care facilities will be enhanced.

May, 2010	J Kapata, MP
LUSAKA	**CHAIRPERSON**