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**REPORT OF THE
PORTFOLIO COMMITTEE ON HEALTH AND CHILD WELFARE
ON THE FIELD VISITS TO THE MIDLANDS AND HARARE
PROVINCES ON THE HEALTH DELIVERY SYSTEM**

Presented to Parliament on 23rd May 2006

S.C 4, 2006

ANNOUNCED

19 July 2005

That the Committee consists of the following;

Mr. B. Chebundo, Mr J. Chandengenda

Mr T. S. Chipanga ,Mr E. Chindori-

Chininga,Ms N. Khumalo,Mr J. Madubeko,Mr P.

Madzore,Mr. L. Mupukuta, Mrs .E. Nyauchi, Mr. M Zwizwai

Mr. B. Chebundo to be Chairperson

Senators Appointed – 23 February 2006

Dr. D. T. Mombeshora

Dr. T. Mutinhiri

Dr.S.U Sakupwanyanya,

Ms. A.Mkhwebu

ORDERED

In terms of Standing Order No. 153

At the commencement of every session, there shall be as many select committees to be designated according to government portfolios to examine expenditure, administration and policy of government departments and other matters falling under their jurisdictions as the House may be resolution determine and whose members shall be nominated by the Standing Rules and Orders Committee. Such nominations shall take into account the expressed

interests, experience or expertise of the members and the political and gender composition of the House.

Terms of reference of Portfolio Committees S.O. 154

“Subject to these Standing Orders a Portfolio Committee shall:

- a) consider and deal with all bills and statutory instruments or other matters which are referred to it by or under a resolution of the House or by the Speaker;
- b) consider or deal with an appropriation or money bill or any aspect of an appropriation or money bill referred to it by these Standing Orders or by or under resolution of this House; and
- c) monitor, investigate, enquire into and make recommendations relating to any aspect of the legislative programme, budget, nationalization, policy formulation or any other matter it may consider relevant of the government department falling within the category of affairs assigned to it, and may for that purpose consult and liaise with such a department.

1. EXECUTIVE SUMMARY

This enquiry on the health delivery system was prompted by the evidence gathered from the Health Services Board on 1st November 2005. The Board Chairperson, Dr. Lovemore Mbengeranwa and his team made revelations about the country's ailing Health delivery system.

In its written and oral evidence, the Board outlined the following problems:

- ❖ *Unprecedented staff exodus and low morale for those remaining*
- ❖ *Ineffectiveness of the referral system*
- ❖ *ill-equipped training schools, coupled by shortage of tutors*
- ❖ *general shortage and lack of equipment and skilled personnel*
- ❖ *poor remuneration, lack of accommodation and other incentives for personnel in this unique sector*
- ❖ *inadequate funding for the health sector over the past few years*
- ❖ *Shortages of essential drugs including ARVs.*

The Committee resolved to conduct visits to some selected hospitals in order to get an appreciation of some of the problems raised by the Board. The findings were shocking to the Committee. The Committee found out that the Health delivery system is collapsing. Hospitals and training centers are seriously understaffed, the referral system has collapsed, buildings are dilapidated, equipment is obsolete or broken down, drugs are in short supply and erratic, including the life-prolonging Anti Retrovirals.

Action Aid Zimbabwe and the Community Working Group on Health sponsored the Committee to undertake the field visits to Gweru Provincial and Shurugwi District Hospitals in the Midlands and Harare Central and Beatrice Road Infectious Diseases Hospital in Harare. The Committee is very grateful to the two organizations in their support of the Committee's activities and their desire for an improved health delivery system in the country.

The Committee would like to thank the Secretary for Health and Child Welfare , Dr. Mabiza and his team ,the Midlands Provincial Medical Doctor, Dr. Chimusoro, Harare City Medical Superintendent, Harare Hospital Superintendent, Dr. Christopher Tapfumanei for their cooperation and support to make the Committee's visits successful.

2. INTRODUCTION

2.1 Mr. Speaker Sir, Your Committee was surprised to learn that 5 years after implementation of the Health Sector Reforms, the sector is still inundated by a host of challenges. The challenges range from shortage of drugs, high staff attrition, lack of and shortage of equipment to poor working conditions.

2.2 Your Committee decided to embark on the tour of hospitals following recommendations made by the Health Services Board at a meeting with the Committee on 1st of November 2005. The purpose of that meeting was to find out from the Board, the challenges that the health sector was facing and the proposed way forward. At that meeting, the Board identified the following as the major challenges facing the health delivery system in the country:-

- Salaries and working conditions for health workers
- Equipment
- Infrastructure
- Accommodation
- Transport
- Drugs
- Food for patients

It is against this background, and concerned with the picture presented by the Board, your Committee resolved to conduct a visit to selected hospitals in the country to assess the situation on the ground.

3. METHODOLOGY

3.1 In order to get an in-depth understanding of the challenges highlighted by the Health Services Board, your Committee conducted field visits to :

- a) Gweru Provincial and District hospital, Shurugwi District Hospital and Zhaugwe clinic in the Midlands Province.
- b) Harare Central and Beatrice Road Infectious Diseases hospital in Harare Province.

3.2 Your Committee also received written and oral evidence from the Health Services Board and held focused group discussions with health personnel from the following organizations:

- ❖ *Zimbabwe Nurses Association*
- ❖ *Health Professions Authority.*
- ❖ *Allied Ambulance Service of Zimbabwe*
- ❖ *Medical Rehabilitation Association*
- ❖ *Medical and Dental Practitioners*
- ❖ *Hospice Association of Zimbabwe*
- ❖ *Environmental Practitioners Association*
- ❖ *Natural Therapy Association*

3.3. The Committee then analyzed and deliberated on the evidence gathered in order to come up with recommendations.

4. FINDINGS OF THE COMMITTEE

4.1 Human Resources

4.1.1 Mr. Speaker, your Committee noted that the Ministry of Health and Child Welfare is currently experiencing an unprecedented loss of professionals and technical expertise needed to run an efficient and effective health delivery system. Poor remuneration in the health sector has been attributed as the reason for this high attrition. Mr. Speaker, your Committee observed that the lowest paid nurse earned between \$2m and \$3m as of November 2005 against a poverty datum line which was then

pegged at \$12.5m per month. On the other hand, private companies and municipalities were paying their nurses between \$11m and \$18m for similar posts. In fact, the bulk of the work force in the Ministry of Health and Child Welfare is earning net salaries well below the poverty datum line.

4.1.2 Due to poor salaries, qualified staff have been resigning enmasse creating a vacancy rate of between 41.4% to 73.7%. At the time of the visit, there were 8 047 vacancies for nurses, 37 for dentists, 883 for doctors, 101 for pharmacist, 841 for environmental health officers and technicians and 257 for laboratory scientists. Twelve nurses resigned at Gweru Provincial hospital alone in October 2005. Harare Hospital Superintendent, Dr. Christopher Tapfumanei informed your Committee that the staffing situation at the hospital, as of November 2005 was as follows for some of the departments:

Category	Authorized Establishment	In Post	Vacancy Rate %
Specialists	51	17	33
Registrar's	57	22	35
Training Registrar	63	53	10
Casualty	21	11	10
Dental Officers	1	1	1
Pathologists	2	1	1
Chief Pharmacists	1	0	1
Pathologists	2	1	1
Senior Nursing Officers	18	16	2
Matron G2	11	9	
Nursing Tutors	32	10	22

Midwives Tutors	8	3	
General	20	9	
Senior in Wards	74	50	
Senior Trainee Midwives	100	57	
Health Promotions Officer	1		
General	700	507	271
State Certified Nurse	164	82	82

4.1.3 Mr. Speaker, your Committee noted that this country is privileged in that the labor force produced locally is of high quality and is recognized internationally. The biggest challenge however, is to retain this labor force and reverse the brain drain. There is need for salaries in the health sector to compare favourably with the private sector and regional countries.

4.1.4. Your Committee observed that besides salaries, there are other factors which contribute to the staff exodus. These include lack of decent accommodation for personnel. Most employees can not afford the high rentals for accommodation from their meager salaries. It is estimated that 30% of health personnel in urban centers were displaced by 'Operation Restore Order,' In addition transport costs are no longer affordable to most of the health personnel. The transport issue is very critical considering that staff do shift work. The general working environment is not conducive as staff are exposed to danger and stress due to heavy workloads made worse by the HIV and AIDS pandemic. The prevailing nurse to patient ratio is 1;40 instead of 1:10. The night duty allowances are not conducive as during the interviews they were pegged at \$70 000

per night. At Beatrice Road Infectious Diseases Hospital , the staff were disgruntled by lack infection allowances as they are exposed to TB and other infections.

4.2 Equipment

4.2.1 Mr. Speaker, Your Committee is concerned about the state of equipment at all the institutions visited. Equipment at Harare Hospital and Gweru Provincial Hospital is either half functional or obsolete. Broken down equipment cannot be easily repaired due to the shortage of foreign currency to procure the requisite spares. In addition, most of the equipment is obsolete and in some instances most of the companies that used to provide the equipment have long stopped the production of such equipment.

4.2.2 At Gweru Provincial Hospital, Your Committee observed that the general X-ray machine needed replacement. All the four machines in the theatre room were sub-functional and the sterilizer was down as well. Mr, Speaker, Your Committee noted with concern that some operations which used to be done at Harare hospital have long since been stopped mainly because of the broken down equipment and partly as a result of the brain drain which is taking its course on medical consultants.

4.2.3 Mr. Speaker Sir, your Committee observed at the time of the visit to Harare Hospital that the hospital' a referral institution needs to be better equipped. For instance, only one X-Ray machine was working. The CT Scan was also not working. The Pediatric unit though new, still needs more equipment. The intensive care unit has only 5 monitors instead of 20. Of the 3 boilers, one is brand new, the other one was refurbished and the other is idle since the suppliers awarded the tender were still waiting for payment in foreign currency.

4.4 Drug Situation and Anti Retrovirals

4.4.1 Mr. Speaker, your Committee noted that the drug supply situation in the two provinces had reached critical levels. Natpharm stopped supplying drugs 6 months ago citing the shortage of foreign currency. This was forcing public health institutions to procure drugs from private suppliers. This has resulted in draining of the limited financial resources allocated for drugs.

4.4.2 Mr. Speaker, Gweru Provincial Hospital alone requires more than \$1.9 billion for medicines and surgical supplies/equipment per month. The price difference between drugs obtained from Natpharm and the private sector is too large. For instance in October, a box of gloves was selling for \$15 000 from Natpharm. The same product had a price tag of \$1 000 000 in the private sector. Mr. Speaker, your committee further observed that budgetary allocations to health institutions fall far short of their requirements and bids. In the 2005 financial year Gweru provincial hospital bided for \$580 billion, only \$16.6 billion was allocated. It therefore means that in this hyper inflation environment the hospital was operating with a very limited budget thus compromising it's ability to offer an efficient and effective service.

4.4.3. Mr. Speaker, your Committee noted that about 600 AIDS patients are on ARVs, in the Midlands province. This figure can not be increased because the limited drugs for the current beneficiaries would run up to December 2005. The same situation obtained at Harare hospital where ARVs were reported to last up to January 2006. At Harare hospital the HIV and AIDS clinic has 2000 patients under treatment.

4.4.4. Mr. Speaker, your committee is concerned about the ARV drug supply situation in the two provinces. The current stocks are estimated to run out, by the latest, January 2006. This may affect the health condition of

those patients who have been under treatment and have been positively responding to the therapy. The latest date for new patients to be taken on board is June 2006. This backlog worried the Committee, since during the interval some prospective patients could lose their lives.

- 4.4.5** At Harare Hospital your Committee observed that the Roll-out of ARVs at Harare Hospital was not progressing as expected. The initial target was 20 000 patients yet currently only 1250 patients were on the programme. The major set back was the inadequate and erratic supply of drugs. Inconsistent use of ARVs may lead to drug resistance which have negative effects on patients.

4.5 Infrastructure

- 4.5.1** Mr. Speaker, some of the buildings are in desperate need for major refurbishment. At Beatrice Road infectious diseases hospital, repairs are required for plumbing works, floor tiles and carpentry. The steam reticulation system at Gweru Provincial hospital needs to be changed to an electrical system and the air conditioning and refrigeration systems need to be revamped.

- 4.5.2** Mr. Speaker, your Committee noted with concern that at Harare Hospital the building that houses trainee nurses was condemned in 1992 and needed to be demolished. The two classrooms at the hospital accommodated 300 student nurses, thus making the learning environment very unfavorable with congested rooms, crumbling ceilings and hot temperatures of more than 30 degrees.

Buildings at Beatrice Road Hospital are in a dilapidated state. When the Committee visited, the lifts were not working, which makes ferrying of food linen and deceased bodies very difficult. It also poses a serious medical hazard to members of staff and those who may assist in the

movement of bodies, supplies and clinical waste. The floors also needed to be repaired. A temporary shed is currently used as the outpatients department.

- 4.5.3** Despite the Challenges, your Committee was impressed by the efforts being done by the Health institutions in order to improve the physical outlook of their premises. Harare Central Hospital had gone out of its way to renovate the infrastructure at the hospital including buildings, with most of them having received a face lift. A 40 bed ward at Shurugwi district hospital was 99% complete. In Shurugwi district all health institutions have been linked to a radio communication network including Zhaugwe a remote clinic in the district.

4.6 Water

- 4.6.1** Mr. Speaker, your Committee believes that water remains one of the critical components in the health delivery system. The water supply situation at Gweru Provincial Hospital is erratic putting at risk the lives of both patients and medical staff. Some machines and the kitchen are powered by a steam reticulation system whose operations are compromised by the frequent water cuts by the City Council and at times without notice.

4.7 Transport

- 4.7.1** Mr. Speaker, your committee noted that in some instances, transport costs have increased to an extent that some low level workers in the health sector are earning a negative salary after taking into account their daily transport requirements. The situation is even worse for those who use two buses to get to and from work. Mr. Speaker, this state of affairs has resulted in low moral and high absenteeism among the health workers,

putting under pressure the already stressed health delivery system. To some workers, it does not make any economic sense to continue coming to work and for those with vehicles the cost and availability of fuel have been prohibitive. Health workers can not afford the cost of fuel. Most health workers could not afford the market price to run their vehicles.

4.8 Accommodation

4.8.1 Mr. Speaker, the prevailing economic situation makes it extremely difficult for health sector employees to acquire a house let alone to lodge. Rentals for residential accommodation have been increased to an extent that rental of a room in Harare now costs in the region of Z\$2million. It is sad to note that some health sector workers were being displaced because of their inability to meet the expected rental costs.

4.8.2 Mr. Speaker, the prevailing macro economic factors have seriously impacted negatively on health workers. The health workers are demotivated and stressed due to their inability to meet their basic needs, thus prompting the brain drain.

4.9 Nurse Training

4.9.1 Mr. Speaker, your committee noted that nurse training schools are operating under enormous challenges. The student tutor ratio has grown to 1 tutor to 66 students. The normal ratio is 1 as to 20. This scenario has put a lot of pressure on the tutors and most of them have resorted to resigning. The infrastructure at the schools has remained in a poor state for years.

4.9.2 At Gweru Provincial Hospital the classrooms are too small, the students are over crowded, most of the requisite teaching equipment is not available and the library is literally empty. More than 300 students share one

essential textbook and students cannot afford to buy individual textbooks due to prohibitive costs, which are in most instances more than their monthly allowance of \$1.8m per month.

- 4.9.3.** As at Gweru Provincial Hospital and Harare Central Hospital nurse enrollment streams are above the capacity. There were 600 students enrolled when the establishment should be 526. This puts a strain on the tutors who are 8 instead of 32. The basic allowances for trainee nurses were very little. Students were getting \$1.8million a month yet a basic textbook costs about \$1.5 million. This has resulted in a drop in the pass rate from 100 to 90 %. Your Committee further observed that Training institutions should have their own budgets , separate from the main institutions from which they operate.

4.10 The Referral System

- 4.10.1** Mr. Speaker, it is disturbing to note that the referral system for the two provinces is almost non-existence due to two reasons. Firstly, provincial and central hospitals offer cheap medical service to the public than the lower tier systems. Patients prefer to be treated at these institutions where services are cheaper. This had the effect of drawing patients to these institutions instead of going to district hospitals, thereby undermining the referral system. Secondly, specialized services such as complicated heart and kidney operations, which used to be done at central hospitals are no longer being offered either because the equipment is down or the doctors have left for greener pastures.

4.11. Linen

- 4.11.1** .Mr. Speaker, your committee observed with concern the state of linen in the two provinces. At Gweru Provincial Hospital linen was torn to an extent that patients are at times asked to bring their own linen. This is a sorry situation which requires urgent attention. The same hospital does

not have a washing machine adding costs to an already stressed institution.

4.11.2 Your Committee noted that Beatrice Road Infectious Diseases Hospitals was burdened with linen. It caters for laundry for 52 Clinics and 3 hospitals. The situation was made complex by the fact that there was inadequate transport to deliver the linen since there were only two delivery vehicles which were responsible for the transportation of other supplies and sundries.

4.12 Health Professionals

4.12.1 Your Committee held discussions with representatives of Health Professional bodies such as the Zimbabwe Nurses Association, Health Professions Authority, Allied Ambulance Service of Zimbabwe, Medical Rehabilitation Association, Medical and Dental Practitioners, Hospice Association of Zimbabwe, Environmental Practitioners Association and Natural Therapy Association

4.12.2 The Professionals highlighted the problems affecting them. The Health Professions Authority reiterated the need for provision of housing, transport, provision of attractive conditions for staff serving in rural areas and reviewing the entire grading system of the Ministry of Health and Child Welfare. The Health Professions Authority noted that personnel needed improved working conditions that include higher salaries and well resourced institutions.

4.12.3 The Environmental Health practitioners highlighted that in executing their duties they were hampered by inadequate staff and their mobility was restricted by lack of vehicles and motor cycles. The Hospice Association stressed the need for emphasis on Hospice care, especially with the increasing number of HIV and AIDS Home –Based

care patients. The challenge was on the Ministry and the National AIDS Council to co-ordinate these activities in communities and expertise to run these programmes. The Medical and Dental Practitioners Association pointed out that Zimbabwe had one of the best systems. What is needed is to give the Health Services Board the autonomy to turn around the sector. Training schools needed to be adequately resourced because the quality of training affected the quality of service delivery when the trainees graduate.

- 4.12.4** The Nurse's Council added that the grading system disadvantages nurses as their ceiling was the Chief Nursing Officer. The Allied Ambulance services also pleaded to have their conditions improved especially the revision of grades for their personnel like ambulance drivers.

In summation, it emerged that most of the problems cited would be solved with increased financing for the Health Sector.

4.13. 2 User Fees

Your Committee was appalled by the user fees charged by the institutions visited. The fees are very low and unrealistic. They do not even reach the cost recovery level. For instance, Harare Central hospital's outpatient charge was \$ 300 only. Besides the low fees, both Harare and Beatrice Infectious Diseases Hospital have social obligations like free treatment for the under 5s and over 60 years old and free treatment for TB. The low fees have caused congestion in the past as more people are lured to these hospitals avoiding institutions that charge higher fees.

4.13.3. Mr. Speaker, despite the numerous challenges the health delivery system is facing, your committee strongly believes that there is still hope at the end of the tunnel. Your committee still carries vivid memories of the post independence health sector expansion. The same enthusiasm and drive should be allowed to act as an inspiration to change the fortunes of our health system.

4.13.4. Mr. Speaker, your committee observed that despite inadequate budgetary allocations to health institutions a lot of positive progress has been made. Gweru Provincial Hospital established a private ward. Funds generated from the ward were being used to supplement the budget deficit by providing essential services to the hospital.

4.13.5. Your Committee noted that the Health Services Board was one avenue that should guarantee the revival of the Health Sector. As it stands now, the Board appears to have a sound strategic framework in place, which, if implemented would make the country's health delivery system avert the 'Death Trap'.

4.13.6 Dr. Mbengeranwa, Chairman of the Health Services Board informed Your Committee that the Health Services Board would be in place soon to take care of the sector, removing their welfare from the Public Services Commission. The Board intends to address the critical challenges and issues peculiar to the sector. He stressed that all this was possible with adequate provision of the necessary resources. Priority was to be accorded to improve working conditions for staff and well equipped working places with adequate drugs and other supplies.

4.13.6 Mr. Speaker, it is unfortunate that even after an in-depth justification for adequate funding of the Health sector, the 2006 budget is just a drop in

the ocean if the Board's mission is to be realized. This is so because the Committee believes that the Health sector is unique as the Board said :

“ Health is an essential objective of development. The capacity to develop is in itself dependant on health. The Heath status of the Zimbabwean Nation and its development cannot be traded off against economic gains or competing needs.”

- 4.13.7** What the above implies is that diagnosis, interventions and skilled care can not be done by anyone other than qualified professionals. The availability of these professionals at all levels of the health delivery system is critical at all stages of the referral chain. More important was that it costs a lot of money and time to train the personnel and equally more expensive to train replacements.

5. Recommendations

- 5.1** The government through the Reserve Bank of Zimbabwe should allocate adequate foreign currency to Natpharm for the procurement of drugs, especially Anti Retrovirals.
- 5.2** The Ministry of Health and Child Welfare should be allocated enough foreign currency and encouraged to mobilize resources for the procurement of equipment for district, provincial and central hospitals
- 5.3** Salaries and allowances for health workers should be increased substantially to compare favourably with those offered in the private sector and municipalities.

- 5.4 Service equipment like lifts at hospitals should be replaced by new ones or be refurbished.**
- 5.5 The steam reticulation system operating at Gweru Provincial Hospital should be replaced by an electrical powered system as the water supply at the hospital was erratic. This should apply to other remaining institutions throughout the country.**
- 5.6 The Ministry of Health and Child Welfare should give equal recognition to all health sector employees and revise the grading system so that there is equal advancement and promotion opportunities.**
- 5.7 The process of integrating all health personnel in the country into the Health Service Board should be preceded by matching the salaries and working conditions offered in the private sector and local authorities.**
- 5.8 There is need to review allowances for health personnel for night duty, overtime and exposure to infections to realistic levels.**
- 5.9. User fees charged by institutions should be realistic, affordable and sustainable**
- 5.11 The Budget allocation for the Ministry should be increased so as to meet the minimum allocation of 15 % of the national fiscus as stipulated in the Abuja Declaration**
- 5.12 The Ministry should carry out a staff audit with a view to restructuring the grading system as one of the ways to restore staff confidence.**

6. Conclusion

Mr. Speaker, your committee believes that the current challenges being faced by the health sector can be solved but requires our commitment and full support from government.