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4. OPENING 6f the Consultative Committee Meeting by the Secretary-General - Comrade Alfred Nzo.
5. Break
6. Evaluation of present state of affairs in the Health Department
Cde Manto Tshabalala. V
7. Recommendations from Health Teams at Angola, (b) HOCambique
(o) Tahzenia (1) Zambia
8. Disposition of points raised in No. 6 and 7 of the Agenda.
9. Decisions of the CCEF
4 410; Preparation for the 3rd Health Council Meeting .
11. Closing Remarks
12. 'National theme'
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'3.1 In his opening-remarks, the Chairman, Ode Peter Mfelang, declared that the Health Department had for a long time been plagued with complaints and accusations of various degrees from area to area by the membership of our organisation, both to the health teams and individuals and by the teams themselves.
3.2. He further explained that the 3rd Health council meeting could not be held in 1982 because of these accusations and complaints which had led to disorganisation and disorientation. The joint training programme of para-medics for ANC and SWAPO cadres in , which the Chairman and Secretary were involved was another reason why the 3rd Health Council Meeting could not be held. t
3. 3. It has been agreed that a Commission of Enquiry would be set to investigate to certain allegations against the Secretary of the Department and make appropriate recommendations before the holding of this Consultative Committee Meeting. He hoped the Administrative Secretary from the Office of the Secretary General would elaborate on this point.
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3.4 The Consultative Committee Meeting was also being asked to prepare ground for the 3rd Health Council Meeting, which would have a broader representation.

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4.1. The Clerk of the Council, Comrade Masemola, welcomed the participants for having invited him to participate in the opening session of the Consultative Committee Meeting; The holding of this meeting was a confirmation that the organisation cared for the health of the members. He wished the participants good-luck and success in their deliberations. -

4.2. The Head of the Women's Secretariat, Comrade Getrudo Shopo extended to the participants warm greetings on behalf of both the women's Section and all the women of South Africa.

The holding of the Consultative Committee Meeting was important because it was to discuss issues relating to problems relating to the health of all AEC cadres

She went on to underline that the deteriorating health situation among our cadres was not the problem of the health department alone. It was equally the duty of all to collectively identify priorities for attention.

The success of many tasks therefore depended on ideas to be exchanged during the deliberations. (LMEEX 2)

The Head of the Youth Section, Comrade Welile Thapo emphasised that the Youth League was participating not only as an interested party but also as involved parties in the health of our Communities.

The representative of SACTU, Comrade A. Zomlae expressed SACTU's feeling of esteem and pride in being invited to attend the Consultative Committee Meeting.

4.8. The Health Section was a vital section of the ANC. He cited the ' Movement's experiences ferleed'ef dedicated health personeel in Kbnawa and in the Eastern Front, emphasising that indeed First Aid was a lifesaving device. SACTU was r ady to assist .q

the Department with the acquisition of drugs and equipment. The Seer ta y of the RC, Cde John Nkadimeng, ih greeting the participants said that the very first Medical team developed out of the needs of Umkhonto We Sizwe. ii The work done by the Health Department was an intergral and indispenSable part of tie strufgle. As our strufgle escalated more and more was expected of the health department. The Department has then called upon to be ready fer combat; and it was expected of it tasliVe up to the best traditions of those who had served before. (ANNEX 3)

The Chairman of the R.P.C. Zambia Cde P nnv Nate welcomed the , Q; , .

pertieipants and congratulatee them for their foresightedness by holding the Consultative Committee Meeting in Lusaka, Zambia.

D The RPC was ready to assist with all xecilities_in order to ensure the success of the Consultative Committee Meeting.

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MM": mg.4.-...L.. .-:.. .. e-r .134 "Jib; ; i . allay, a In his remarks the Secretary-General, Alfred Nzo pointed outje that the holdin; of the Consultaive Committee Meeting was e clear evidence that the entire Movement recognized and endorsed the decision of the NRC to set up the department.

. It would have been unrealistic for the Movement to he e expected that the development of the Health Department would have preceded along unnatural lines of development. Its teething problems characterize the process of development.

: ' -.. It was therefore correct to bring together a group of people to look into these tee hina problems and draw out a programme of action to solve thee. u

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the 70th Anniversary and would no doubt serve to consolidate the Health Department.

The entire ANC had a right to expect that the results would lay proper groundwork for the 3rd Health Council Meeting.

6. SUMMARY OF TLJ CRITICAL ihD OHJECT CI AEALYSIS OF PRESEKT STATE OF AFFAIRS IN TIE EBZALTH DEPARTIEFEZT (NEW 4)

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6;1; Introduction'

'6.1. In introducing the objective and critical analysis of the present state of affirs in the Health Department, the Secretary of the

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Department, Cde Manto Tshabalala emphasised that the analysis would not dwell on the achievements of the department but would lay emphasis on the failures to achieve the targets that had been identified during the Special Health Council Meeting that was held in January, 1982. What was important to bear in mind was that after decisions and recommendations had been taken, then members would be faced with the greater tasks of implementation monitoring and evaluating programmes to be developed. All present were part of the problem and had to be part of the solution.

6.1.2 She regretted that the Commission of Enquiry had not as yet been constituted to thoroughly investigate the accusations and complaints against her, before the sessions of this meeting as had been agreed upon. In a way that was an inhibiting factor which would influence the level of her participation in the deliberations.

The department desperately needed a correct political and ideological orientation in a number of issues.

Whatever structure were to be created, these would have to be supported by our Movement, and in particular by the members of the Department.

The targets set for the Department by the President, Cde Oliver Tambo were recapitulated.

THE 70th ANNIVERSARY OF THE AFRICAN NATIONAL CONGRESS

The 70th Anniversary activities that were programmed were not implemented except for the Special joint training course for the First Aid Instructor both for SWAPO and EEC cadres. Only Mozambique had thus far given an account of the difficulties encountered in carrying out its assignment.

QUALITY PERSONNEL

The department had not grown in strength. It had not improved the quality of health care rendered to our communities.

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There was a growina'tendency to rccgit from the health department.

The deployment of personnel was uneven with the busiest areas having the least number of personnel.

Reports of activitisa in the regions had not been received for the whole Icar excevtyfdr'Mbcambi 0 that had made efforts to

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report on the sittation in the region.

There was need for a well spelt-out job description.

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The question of incentives for all the health personnel remained unsolved.

HEALTH SERVICES

The quality of health care delivered by the department left much to be desired with most of the complaints coming from the East Africa and Lusaka regions.

The health teams had not yet lgrnt to solve their problems locally.

There was growing healthy working relationship between the teams and local hcalth institutions.

The department was urged to seriously reconsider the suggestion of sending patients for Consultation, treatment ad admission to grade 1.

There was need to define a uniform policy regarding traditio-nal healing.

6.5. ,SUPPORTIVE SERVICES.

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All teams did not haVe proper and wcll-equipped premises from which to work. The health personnel needed proper acoomodation facilities.

Transport for patients and for personnel was an acute and chronic problem in all areas.

Instead of using health personnel as drivers, there was urgent need for reliable drivers to be seconded to the health teams.

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6.6. TRAINING

6.6.1. Desire from the teams to develop academically had been expressed on several occasions. The department had continuously and insistently tried to solve this problem, and a break through had just been made regarding training. Short courses under the auspices of WHO were now available. A training programme with the participation of SWAPO and the assistance of Norsk Folkehjelp C?

was envisaged.

6.6.2. The University of Angdla was prepared to enrol qualifying students to undergo medical training. An offer of ten(10) fellowship for each academic year by WHO had been made.

6.6.3. Members of the teams were urged to exercise a bit of patience as this problem was about to be solved.

6.6.4. A first aid Instructors Course had successfully been completed. However the in-services NEH Course had collapsed and reasons for this had to be investigated.

5.7. STRUCTURE OF THE DEPARTMENT

6.7.1. A brief summary of attempts to effect collective leadership, decentralisation and delegation with responsibility was given.

6.7.2. An organogram of the present structure of the Health Department was given.

6.7.3. No other aspect of the structure that needed consideration was the work load to be accrued now that a Joint NLh/WHO Action Group had been formed.

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. In conclusion a brief summary of illustrated effectiveness of the Department concluded was given.

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7. RECOMMENDATIONS FROM THE YOUTH TEAMS

7.1. ANGOLA

7.1.1. Recommendations from the Angola Health team revolved around the questions of upgrading health personnel, utilisation of;

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 personnel in their fields of study, stepping up health services in
 the forward areas 'transport and uniformity of structures. LHNEX'
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 7.1.2. The Mocambique health team recommended urgent requisition of
 7.1.3.
 transport, provision of accommodation facilities. (Annex 6)
 The Zambia health team made suggestions, to the effect that,
 there be an Assistant Secretary, urged that Lusaka be the H.Q.
 for the Health Department, made reference to the logistic
 needs of the department and advocated for more dialogue and
 discussion on health delivery services in South Africa (ANNEX?)
 The East Africa Health Team reviewed and made suggestions on
 the structure of the H.Q. Health Department Personnel.
 It went further to discuss subjects of recruitment and training
 and recommended that these be done locally. There was also
 reference to the issue of incentives and holidays for the
 health personnel (ANNEX 8)
 8. DISCUSSIONS AND CLARIFICATION
 8.1. ZAMBIA
 8.1.1.
 8.1.2.
 8.1.3.
 From the discussions, it was clear that Lusaka has the
 greater number of doctors and other qualified health personnel
 Most of them are employed by the Ministry of Health.
 Even though the team claimed that was an improvement in the
 delivery of health services, the meeting still felt Lusaka
 needed to take serious steps in organising its style of work.
 There were many complaints from the community and these could
 not be ignored. ' . . .
 Lusaka needs to use all available political weapons and bodies
 at our disposal to encourage all team members to attend meetings
 and contribute effectively
 Lusaka has no record of the number of patients seen daily;
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 The team does not know its workload. There is no systematic
 way of referring patients. There is no record of the team's
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financial statement. The arrangements that had been made with the Medical stores for bulk purchases were abandoned. The need for a list of essential drugs still paramount. What alarmed everybody was the huge sums of monies spent on 'Speoial Diets'. The prescription of these is not monitored by the health team.n The Lusaka Health Team has no programme of its activites and this leads both to non-eoordinsation and disorganisation of work done , it frustrates both the patients and the personnel.

8.1.4. The Congela Farm need a health worker as a matter of urgency.

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The name of omrade Isaac Salele was suggested for this post. .

EAST IFRICA

8.2.1. Emanating from the discussion on the structure, it was clear

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that a lot of confusion was brought about b7 the fact that anyone could write to the S.G.'s Office on any matter bye passing the structure that was ih existence. This procedure undermined the Health Department Local Missions should be used in solving some matters which the teams fail to resolve. Matters that still remain unresolved must he f referred to the Health Department.

The First Aid Insturctors Course would no longer be run in Norz-Jay, . as this was a er; expensive exercise. heat needed urgent attention was the corheet deployment of the First Aid Instrur ctors in order to enable them to conduct First Aid classes for all sectors of the Movement.

It was underlined that those who gained more from this course were undoubtedly the ANC cadres. They were the tutors and had the practieels been done in the ANC settlements, the trainees would not have gained as much exrerienee as they did in Kwanza-Sul. Arrangements have been made for intensie fication of this course as a joint routine with SWAPO.

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8.2.6. The meeting, having been briefed on the ircuutances tlat led

to the collapse of the MCH course, agreedt Lit tb cours o be

resuscitated in the Children's Centre immediately and tho

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Chairman and Secretariat on this subject.

8.2.1. On the question of the DAB school the meeting felt thai the

training in this school should be , Hectly under the 001ltrol

Iof the healt h department. The Consult ative Committee thrm had

Vbeen established provided a firm basis for this. Whai th;

SEudents in ihis School needed was an intensiio ution of

political educck ion and orientaion .

8.2.8. The meeting reviewed the wtiion ofa full-timo doctor for

SOMACO and feli the seturup_and workload in this area did not

iwarrantl30 pres ncc of a full-timc doctor at the moment. This

was considered on the available and known intdrnationalh

standards O.f patient/health personnel r atio.'

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8.2.9. ,The Secretartheneral's Office was to invxvtivtc tho ;ystcrious

tclex ;nesuaye'sent from.H.Q. to the East Africa ANC Representar

tive to the effect that Dr. Ike Nzo was not recognised as a

doctor.

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8.3. MOCLEBTQUE

8.3.1c' Readons the the non-availability of aoomodation facilities.
' fer the health personhel and working presmises in

MooambiQue given by the team were the general lack of housing in Mooembique and were further augmented by the fact that the Administration was not very helpful in sorting out other problems that compounded this issue. The Office of the SecretaryGeneral vas to write to the Office of the Chief Rehresentative in Mozambique urging for the urgent solution of those problems.

8.3.2. The Treasury in Maputo does also not assist the team in matters like the storage of medioaments and equipment, making aeoes easy to those that are stored elrcaiy; provision and maintenance of transpert. The Office of the Treasurer-General real sing'thc urgent nend for remedial measures in this area would immediately raise iSSL0S with the logistics department ih Maputo.

3.3.1. he Commanders in particular still continued to twbpass the team or disregard their recommendations on the fitness of the members for further assignments. This continued, inspite of the fact that his matter had been discussed with the R.C. Patients sent to Angola had to be transferred from here to East Afrioa, indeed an exrensive and timeweonsuming exercise. There is need for the recognition of the authority of the derartment. Its role must be properky emnhasized. Because of the complexity of the structures of the Movement, there it need also for an in-built safety value to avoid nonreonsultation. This could be done in the form of a CLEERANCE FORM to be complete& ly all concerned 6actors: of the organisation.

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Non-Consultation was also illustrated in the manner in which completing doctors had begun to maneuver their own deployment. Examples were

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simply because in the area disorganisation prevailed. The team spent more time discussing in the wk at the alr (already) discussed about the nature, content and even the name of the bulletins,

9.5; In Mozambique the problem was augmented by lack of transport, and also by the fact that, whereas the health team was not represented in the RFC, the RFC units themselves were not-functional.

9.6. The explanations given only further underscored that no department could exist without activities. There was need for monitoring the unit's activities. When decisions have been taken, the unit that fails to implement a relevant decision must refer the matter to the department and seek for assistance. This

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would assist the department to review the guideline and thus, make the task of the unit easier. The difficulty in this instance was that units did not forward their reports to the department. The department is charged with the task of setting up an Editorial Board to produce the journal in 1983.

9.7. On the question of reading material, it was generally agreed that the various health teams had a variety of sources for reading material. There was lacking; perhaps was the initiative to find out and utilise these sources. Members were urged to cultivate reading habits.

9.8. There is need for the intensification of recruiting health personnel were irrationally deployed in East Africa with a high percentage of personnel must share those with Mozambique and Lusaka. The Department is to re-deploy its health personnel to meet the needs of the different centres. In the meantime training and retraining should continue under the guidance of the department; The contents of primary health care and job description should be built into the training programme. If a department recruits from another, it must replace the recruited person. It is however, political incorrect - Hove

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:from one department to the other simply because of frustrations. N:
Members of the department are urged to work together in seeking ways
and Health Personnel must as far as possible be relieved from other
demanding tasks and assignments.'

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9.10. In discouraging grade 1 admissions, the meeting endorsed the
suggestion that all our people be admitted in grade IV and that
ameliorating facilities be provided.

9.11. The meeting approved the mental health Survey to be undertaken
and endorsed the incorporation of elementary psychiatry with
the training programmes. There is need for higher training in
psychiatry. There is need to organise seminars and/or work-
shop on the different health subjects, for our communities.

10. DECISIONS

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10.1. THE STRUCTURE:

10.1.1. The Chairman of the Department shall be called the Secretary
for Health. '

10.1.2. The Secretary of the Department shall be called the Deputy-
Secretary for Health.

10.1.3. The Secretariat shall consist of the Secretary, the Deputy
// Secretary and Secretaries for:

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-Health Surveillance and Social Welfare

-Mobilisation and Recruitment

-Training and Deployment

-Health Education, Information and Publicity

-Coordinating with Solidarity groups

Coordinating with other sectors of the movement.

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10.1.4. Because of lack of adequate staff qualified personnel to fill these posts, one person may be sent to fill one post initially. All posts shall be filled. The KCTuOHC appointed by the NEC.

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Ideally the Secretariat should with immediate effect be stationed in Lusaka. However for practical reasons, to start with, an Administrative Secretary should be stationed in IM: Lusaka, pending the establishment of the Departmental Headquarters in Lusaka.

10.1.5. The Health Council/Conference still remains the highest organ of the department. The Health Council shall meet to evaluate the departmental work and set out new targets.

10.1.6. The date and venue of the next Health Council meeting to be decided upon by the Chairman and Secretary of the Department in Consultation with the teams.

10.1.7. Each Health Team to be headed by a suitable qualified ANC doctor. If there is none, by the most qualified and qualifying health personnel.

10.1.8. At regional level, the office bearers shall be appointed.

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10.1.9. Office bearers to be appointed to the Health Council.

assignments and to coordinate with other departments.

10.1.10. Individuals in the different teams and other departments to stop direct correspondence with the office of the Secretary-General on health related matters.

These shall be addressed to the Health Department. Failure to do so, undermines the established structures. Structures created, shall be recognized and respected by all the sectors and departments of the Organization.

10.1.11. Projects with a direct bearing on health should be discussed with the health department. Any person recruited to deal with the health related matters must be accountable to the Health Department with regular quarterly reports.

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10.1.12. The Secretariat is charged with duties of Working out a job-
V I descri'jrj'lzzion for the different. categories of the departmental
personnel.

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110011111 1.101103 1111031111. 5:310 Secretariat shall work 0111; the
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insti'tuti on before being; referred for further 11102.1013011101111.
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serious cases, deaths, MOE and uhder-fives clinic activities in each area. these should also reflect the COmpreshenSive financial statement.

10.2.6. Lusaka to assemble records of the health work that has been done and compile a repott immediately.

10.2.7. The Secretariat should work out uniform record cards and ' screening procedures for the new arrivals in order to determine deployment. The RC; in this respect, not to release people before obtaining clearance from the health team.

10.2.8. A unifonn policy regardin' traditional healing to be adhered to. The department and teams should advise of known dangers related with traditional healing. It shouli, however, be borne in mind tECT various Governments and agencies supported 3y WHO are in the process 0? doing research on

10.3. I PUKSOHNWL

10.3.1. All health personnel within the movement SJall be accountable to the Health Departmeht.

10.3.2. All Health Personnel shall be deployed by the Health Department. hecruitment of health personnel for any sector of the Movement Shall be done in through the Ibalth Department, and in consultation with the Department.

10.3.3. In order to avoid unilateral recruitment from other departments, the Movemezt must develop a CLEARANCE FORM to be completed by all concerned sectors before anybody proceeds for the next assignement.

10.3.4. The Secretariat should work out a rest Scheme for the health personnel.

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The question of incentives for health personnel to He _jten
special attention ly the ETC and a full rcporu 01 this

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10.4. Accomodation

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The health team personnel must be provided with suitable
aocomodation facilities.

Health teams must be provided with suitablfxqu appropriately
equipped premises for consultation and treatment of.patients.
All areas to be provided with proper storage facilities for
drugs, medicaments and equipment.

The AHC stores in Mooambique to be extended, in order to
create storage facilities for the health team.

The Office of the Secretary-General to write to the Lission
in Maputo and seek for clarification on the oircustances that
led to the removal of the health team from tho Jnrdin
premises, withthe objective of reinstatiu':tg- team in these
premises.

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All teams to lwe supplied with roadworthy transport,
preferably with landoruisers.

Health Personnel to he provided with transport other than
ambulances which are meant to transport patients only.

Distribution of health transport to be done in consultation
with the Department, to ensure that the needs of the teams
are met.

The two landoruisers, ambulances earmarked for Mocambique
over to the health team in this area.

Both ambulances in Angola to remain in the region.

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10.5.6. Reliable drivers to be seconded to the health teams.

10.6. Distribution of Drugs

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10.6.1. Each team to compile list of its essential drugs not later than January 1963 in order to facilitate bulk purchasing.

10.6.2. A record of acquired and used drugs and equipment to be kept accurately. The exchange of drugs, medicaments and equipment with any health institutions to be accompanied by official

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10.6.3. All prescriptions to be met from the available stock first, before purchases can be made.

10.6.4. Requisitions to remote areas to be airfreighted.

10.7. PRESCRIPTIONS AND SPECIAL DIETS

10.7.1. The teams must work out special diets for patients; taking into account the situation of our struggle and the availability of resources.

10.7.2. The health teams in liaison with logistics in acquiring items in the special diets.

10.7.3.- Prescriptions of special diets must at all times be accompanied by health education, relating particularly to quantities and the mode of food preparation.

10.7.4.1 All attempts must be made to improve the diet of our cadres, especially those on Special mission, in order to fortify them healthwise.

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10.7.1. Commitment, dedication and political understanding of the role of the Department in our struggle to be underscored

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10.8.1.

at all levels, all the time, in order to ensure and encourage discipline and comradeship.

10.8.2. ANC missions, wherever they are, should in all cases, assist the health teams with all available supportive facilities to effectively and efficiently discharge their duties.

10.8.3. All new members of the health teams must thoroughly acquaint themselves with procedures, minutes, circulars and reports .
, of the Department.

10.8.4. there is urgent need for an active manpower development department for the organisation.

10.8.5. The mysterious telex on Dr. Ike Nzo from E.Q. must be investigated By the Secretary General's Office and other relevant departments.

10.8.6. Supervisory visits to all the centres by the Secretary, and/or the Deputy Secretary and other members of the Secretariat should be encouraged and supported.

10.8.7. Seminars and/or workshops on health related matters for all centres to be organised as soon and as often as possible.

10.8.8. The MCH Inservice Course in the Children's centre, Morogoro . to be resuscitated. The Department and the Women's Secretariat to hold discussions on this subject, so that the teams can effectively and efficiently discharge their duties.

10.8.9. An Editorial Board for the Medical Journal to be set up immediately. The name of the Journal shall be 'IMPILO' and initially this will be in the form of a Digest, and it shall be issued quarterly.

10.8.10. The envisaged training programme in Angola, a joint venture between the ANC and SWAPO financed and supported by the Norsk and Dansk Folkehjelp is endorsed.

10.8.11. Cde Isaac Salele to move immediately to LUSAKA to man the clinic at the Chongela Farm.

Qspisions of the heeting helg on 03.12.82 Between the Dexgntment_and
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the Womens' Secretariat
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(Present: Cde Mavis, Pauline, Mavivi, Peter and Manto)

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There is urgent need for the intensification of the DepOuFroverav
Campaign. The World Health Organisation will be willing to
publish any scientifically researched material on this subject.
The Department to send the Womens' Secretariat the article that
had been written on the subject of Family Planning and Depo-Provera
in the \$11. context.

Cde Eva Ngakane to pursue the course at the Center Family Planning
Course.

The MCH Course to be resuscitated under the guidance of the Health
Department. Dr(Mrs) Ebba Mokoena and Ivy Mkhize(Goba) are recommended
as tutors. The Womens' Secretariat and the Health Department
will inform the Womens' Section and the Health Team in East Africa
respectively of the decision. The Health Department will
formulate the report to the ECA on this course.

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MESSAGE FROM 11.0.
OBJECTIVE HLTD CRITICAL ANALYSIS OF PRESENT STATE OF AFFAIRS
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Chairman's Remarks

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Dear Comrades and Colleagues,

For a long time now the Health Department has been plagued with complaints and accusations of various degrees from area to area by the membership of our organisation, both to the health teams and individuals, and by the teams themselves. Below we quote only a few:

- _ Inefficiency of the health teams
- Lack of support from the Missions and Headquarters
- _ Acquisition of logistics
- Various complaints against office bearers of the Department
- Unnecessary and detrimental friction between nurses and doctors as to what their roles are
- Individuals writing to the Office of the SecretarybGeneral without referring to the Health Department
- Interference by non-medics in the treatment of patients
- Misuse of the property of the organisation: funds, medicaments vehicles

- Acute or chronic lack of accommodation and transport for health personnel in all regions.

The list of complaints is almost inexhaustible and even goes into the private lives of certain individuals.

The minutes of the Special Health Council meeting reflect an agreement to hold the 70th Anniversary Health Council Meeting in August, 1982.

However, due to the above-mentioned complaints and accusations that have led to disorganisation and disorientation, it became impossible to hold the 3rd Health Council Meeting under such an unfriendly atmosphere. Besides that at this particular time there was a joint training programme of paramedics for iWC and SWAFO cadres in which both the Chairman and Secretary of the Department were involved. This was a special activity for the 70th ANC Anniversary.

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After several consultations between the Office of the Secretary-General and the Chairman and the Secretary of the Health Department, it was agreed that a Commission of Enquiry would be set up to investigate certain allegations against the Secretary of the Department and make appropriate recommendations. This exercise would then enable the Secretary to participate fully in a conducive climate. It is hoped that the Administrative Secretary from the Office of the Secretary-General, Comrade Joe Nhlanhla will elaborate on this point.

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It was further agreed that after the Commission of Enquiry a Consultative Committee Meeting would be convened to clear all the allegations and come up with recommendations from each region in order to rectify our style of work and improve the quality of health care rendered to our committees.

The Consultative Committee Meeting is also being asked to prepare ground for the 3rd Health Council Meeting, which hopefully should have a broader representation. A date, venue and programme for holding this Council will be set at the end of this meeting.

Dear Comrades and Colleagues;

We hope this is not going to be a mere session of accusations and counter-accusation but also a session of sincere and constructive contributions geared towards the development of our department.

In so doing we must bear in mind that health is a humane, emotional and sensitive component of our lives and thus tends to be treated in a subjective manner for getting our operational conditions.

Therefore with these words we wish to welcome members of the AEC.

National Executive Committee, the Chief Representative, the Women's Secretariat, the Youth Secretariat, SACTU, the Revolutionary Council and the Regional Political Committee. We also thank them for having taken off time from their various important assignments to be with us in this opening session of the Consultative Committee meeting and for having agreed to give us words of encouragement in our deliberations.

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Without \$heir cooperation and that of other sectors of our movement it is almost imposrible to run the health s;rviccs efficiently. To accuse is very easy, but to implement decisions in an atmosphere of no consultation and coordination of activiiliics between do ariments is very difficult.

Once more thank you one and all for being here with us this morning.

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. IN.LUSAKA, NOVEMBER ggth, 1282. gPresentgingigmygde Gertrude Shggel
EIESSAGE OF GREETINGS TO TEE ANC IELALTH DEIFARNENT CONSULTATIVE IEETINQ
Allow me on behalf of the ANC_Women's Secretariat, the Women's Section
as a whole and of all the women of our country, to extend to you our
warm greetings on the opening of your very important Consultative
meeting.

We welcome your presence here and the initiative to hold this highly
necessary Consultative Meeting, whose purpose is to diScuss issues
relating to problems of the health of all ANC cadres. We say this
convinced that progress made in solving all important matters that have
brought you together will be a very important contribution to the
smooth running of the whole movement.

Our presence in you midst, as that of all departments represented here
today, is a true testimony to the effect that problems pertaining to
the health of a people cannot be separated from that of their political,
economic and social nature. It is in this spirit therefore that we have
acoeptei the iniitation to join you at the opening session of your
Consultative Mbeting.

Dear Comrades, you have come to tackle important problems realating
to the state of health and the life of all of us. And, according to
the information made available to us, you have before you two days
of intensive work. These we believe will be very tiring, even
exhausting days; but they will be days you shall always look back to
with satisfaction because ideas that will be exchanged during diSCUF
ssions and the decisions resulting will form part of the basis on
Which will depend the success of the many tasks that lie ahead of you.
It is our most sincere wish that this meeting creates conditions
whereby this responsibility entrusted to your guidance is fulfilled P
by all cadres taking care of the health of our ANC Communities every-
where .

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eDear Comrades, the deteriorating health situation among our cadres is not the problem of the health department alone. It is equally the duty of all of us in such circumstances to look out for area of need and collectively identify priorities for their attention. At the Memen's Conference held in Luanda, Angola from September 10 - 14, 1981 among issues of great concern during discussions, was the problem of the health situation within our movement. Discussions heated up and sometimes arguments were very strong. Conference came up with a recommendation. These positive ideas brought forth were all in an effort to find a solution to overcome these problems.

It is for this reason, dear Comrades, that we repeat as we have already stated that the success of the many tasks that lie ahead of you will depend to a very great extent on the ideas exchanged during this Session and decisions resulting therefrom. This is a very high responsibility. The ANC Women's Section wishes this meeting very fruitful discussions and that the purpose for which it has been convened, should be achieved.

AIENDLA!

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MESSAGE TO THE TESTING OF THE HEALTH DEPARTMENT CONSULTATIVE COMMITTEE

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FROM THE R . C'.

tulvm Mmts,

Comrade Chairman, Comrades:

Allow me to greet your important meeting on behalf of

- the combatants of WK, both inside and outside of our country;

- All Gun political activists

- Our political machinery supporting our activists inside:

- The Revolutionary Council, and all those associated with its work.

As is well known, our earliest gHQaIthTeam developed out of the needs of Umkhonto We Sizwe in the camps. Today we can proudly boast of Our Health Department with a great responsibility whose participants are to be found almost everywhere.

The work which you have been entrusted with is an integral and indispensable part of our struggle. Let it be clearly understood:

WE NEED YOU AS MUCH AS "E NEED FOOD; FA 3R, OR AN AK:

Without your organisation, we shall not be able to discharge other duties effectively. In the past few years, developments at home have taken a dramatic turn:

4 Community organisations are challenging the regime in virtually every sphere of life.

The youth is mobilising forces schools and universities in every region as important centres of resistance.

Women's organisations, recalling the Pretoria demonstration of 1956, are making their presence felt.

Church organisations are taking their positive rightful positions in the struggle.

The working people are challenging their employers and the state almost daily.

The Freedom Charter and Nelson Mandela have become the symbols of a new society.

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Comrades: Today, at home, despite the repression of the're u-h lcm oi the regime, our organisation enjoys massive support not Only among larwe numbers of African .60 le but also amongst the Indian and o i .

Coloured people, and even though in small numbers, amongst the whites. This wiiespread support has now to be harnessed organisationally, and the political oommittment must be encrioned militarily. This is the greatest challenge facing us today.

We are on the verge of having great demands made upon you all. You must be prepared. And in saying this we are sure that you will understand the importance of this statement.

Be ready for combat. Be alert and be prepared. Let us build a health department that will live my to the best traditions of those who have served before.

AMANDLAI

MATLA!

POWER!

Presented by John Nkadimeng.

OBJECTIVE AND CRITICAL "ANALYSIS OF THE PRESENT STATE OF AFFAIRS IN THE HEALTH DEPARTMENT"

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Introduction

1.

In giving the objective analysis of the present state of affairs in the Health Department, one feels inhibited because the Commission of Enquiry that was requested for, has not as yet had its session. The local Commission of Enquiry that was set up in "Hazimbu" at the instance of the mission failed to interview us. According to its members, this could be done even after six months. Meanwhile the unfounded accusations and the manner in which they have been viewed have continued to undermine and erode the very existence of the Department. The department is almost in disarray. One therefore is unable to contribute effectively in a hostile atmosphere and would rather keep options open, and at the same time reserve the right of action. Be as it may, it is hoped that this critical evaluation will give guidelines to the members of the Consultative Committee to help and assist them in making pragmatic and fruitful decisions and recommendations to the NEC for ratification and development of the Health Department, with the objective of strengthening the department that has a very vital role in our struggle. The review will deal mostly with the failures, the achievements during this year are tabulated at the end.

It is also hoped that there will be a definite apportioning of the political and ideological role to be played by the department. The department does need a correct ideological orientation. It would appear that the Country Health Programming that was organised in January this year, did not have the desired impact on the members of the health teams.

Whenever structures are going to be created, these will have to be respected by our Movement, and in particular by the members of the department themselves. A department without control is no department at all.

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1. The evaluation of the present state of affairs in the department, will be based on the period following the last Special Health Council meeting, held in January, 1982. At this Special Health Council Meeting all the teams were represented. The representative of the Treasury Department was present at most of its deliberations. Certain decisions and recommendations were made. A comprehensive report was sent to the NEC, all the teams and the Chief Representatives in order to facilitate implementation of those decisions and recommendations. None acknowledged receipt of the report.

2. The Secretary of the department has had the opportunity to visit all the health teams and has participated in their regional meetings as well.

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1. At the Special Health Council meeting all the teams were assigned activities to mark this anniversary and to use these as rallying objectives for the realisation of "Unity in Action".

2. In all the reports already received, there is no reference to these activities. Only Lesotho has made an attempt to highlight the difficulties encountered in implementing this decision. We hope this item will be discussed exhaustively.

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HEALTH PERSONNEL

1. The department has definitely not grown neither in strength nor has it improved the quality of health care it renders to our people.

2. There has been a growing tendency by other departments to recruit from the Health Department without consultation with the department itself. Unfortunately the members of the department have not resisted recruitment. Some of the reasons given being :-

-32-

- _ no hope for development within the department
- not being treated fairly .
- _ their authority being undermined
- other departments have a tendency of running the affairs of the health team and in a number of occasions give advices contrary to those given by the teams.
- not being assisted by the Missions in their areas nor by the H.Q. in fulfilling the departmental tasks effectively.

3. The deployment of our personnel has been absolutely uneven. Centres have failed to effectively utilise their personnel rationally.

There is a cry for more personnel particularly in those areas that enjoy the largest number of personnel. There is no setting up of priorities and consideration of personnel/patient ratio. Of course this must be seen in the light of the availability of the supportive services. Another factor to take into consideration is that we do not as yet have full-time qualified personnel. Perhaps the question of deployment would have been eased had all the centres handed in their various needs as had been agreed upon at the last Special Health Council meeting.

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4. The teams have neither sent in reports nor acknowledged receipt of correspondence.

5. Only Mocambique favoured the department with two reports. These, although not comprehensive, assisted the department to plan strategies on how to ease the situation in Mocambique. It even not he claimed that all the objectives were achieved, but at least now the team is represented in the RFC and the office committee; The problem of transport is also about to be resolved.

5.1. There has been no report from East Africa for the whole year.

5.2. Angola has given us verbal reports. These also, although irregular and not comprehensive, have been of tremendous assistance.

As a result of these we were able to arrange consultations with specialists and with the laboratory for our comrades.

5.3. Zambia sent in two reports in October this year. The first one 8.

was a 1980 report, by all standards outdated by the 1981 and 1982 events. The second report ended in a completely misleading tone:- "most of the decisions and suggestions have been fulfilled". No doubt such a statement gave no room for ratification of the situation in Lusaka in particular.

All reports did not reflect financial statements, but worst of all they made no reference to the prevalence and incidence of the diseases in their regions.

In utter desperation and motivated by the disgruntlement of our membership, sometimes we have had to step in, in consultation with the team concerned, and have done tasks which under normal circumstances should have been done by the teams. This has evoked a lot of criticism and has been termed as interference, but then who would sit back and watch a house burn to ashes? That would be completely unethical.

What we need perhaps is a well spelt-out job description. Some of these, however, are part of training in the health field and it would have seemed to us that they were obvious to all.

The question of incentives remains unsolved. The question to ask though is, can those not be mobilised from other sources other than from the Office of the Treasurer-General?

The team members are the last to be considered either for rest or for specialised treatment. They too need a break from time to time. health.ngyicee

1.
The quality of health care delivered by the department leaves much to be desired. From Lusaka and East Africa there have been a series of the complaints about the manner in which the teams run their affairs. This laissez-faire attitude has been costly both in terms of human suffering and lives.

2. Teams have not as yet learnt the mechanism of solving their problems locally. There is a tendency to shift responsibility either because we do not want to be unpopular or because we do not want to hurt one another.' Negative protection is destructive.

3. There is a healthy working relationship between the teams and local health institutions. Thanks to the initiative of the teams. There is need to strengthen this.

4. Your department urges you to seriously reconsider the suggestion that our patients be constlted, treated and admittee in Grade I. This matter was discussed and resolved some time back. Reversing this decision in effect means three things:

- spending a lot of money, which is not there.
- misleading our communities as to what they should expect in a liberated South Africa.
- exposing the organisation to political criticism.

Some special exceptions were made and these were in keeping with the objectives of our struggle. We need to learn to sacrifice for the front.

5. We need to define a uniform policy regarding traditional healing, given our circumstances. This tends to cloud and confuse issues, Su ortive Services

1. All the teams have no proper and well equiped premises from whiol to examine and treat patients. Under these circumstances the teams cannot observe patients, they cannot give proper care to the recuperating patients. There is urgent need for proper premises to work from and to store medicaments and equipment.

2. Transport and housing for health personnel has been an acute or chronic problem in all the centres. There is no consultation with the department on the distribution of the ambulances in order to ensure that the urgent needs of the teams are met. Work becomes practically impossible without roadworthy transport. Landruisers are preffered by all the teams.

Utilisation of health personnel as drivers means overutilising

3.

them, as both tasks are demanding. On the other hand they are under utilized in clinical work. What the department needs is reliable drivers. This then will give the teams more time to attend to patients.

Treiniqg

1. There have been several expressions of desire from the teams to

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develop academically. Naturally all must aspire for career development or else they vegetate and they would soon lose motivation in their work. This must be seen within the framework of our policies and struggle.

The department has continuously and insistently tried to solve this problem. Members of the health teams are being urged to exercise a bit of patience as the department has now made a break through with the World Health Organisation and the Norwegian People's Relief Association regarding training. Now remains the task of implementation. It is hoped that a training programme with the participation of SWAIU and the assistance of the Norwegian People's Relief Association will be realised early 1983.

Short courses have been arranged with the World Health Organisation. These are available, though in limited numbers for the year 1983

(Environmental Health and Systematic Course Design, Community Mobilisation and Management for Trainers and Supervisors of Primary Health Care Workers)

The Angolan medical School is now-ready to enrol qualifying students to undergo medical training.

The World Health Organisation has promised ten (10) fellowships for each academic year.

What is worrisome though, is that members of the health teams have started to make their own arrangements to upgrade themselves without making reference to the Health Department.

6. The department does not as yet have a complete list of all the medical students. This would give an idea as to when these are due to complete and at the same time it would assist in deployment projections.

7. A first Aid Instructors Course with the help of the Norwegian and Danish People's Relief Associations was run and successfully completed in October this year. This was a joint venture between the ARC Health Department and the SVATO Department of health and Social Welfare, Six (6) of our students completed the course.

8. The in-service HCH Course that was started in the Children's Residences collapsed. Reasons for this can be investigated. Items that were donated for this project are still lying with the UNDP office in Dar-es-Salaam.

9. Two very important seminars/workshops in which we would have thought it was only logical for the Health Department to participate took place in East Africa. The Health Department was not invited. Here we refer to the workshop on "Child Growth and Development" and the one on "Group Feeding".

Structure of the Department

1. Running through the received reports is the burning question 'of' . restructuring the department in order to emphasize the element of collective leadership, decentralization and delegation with responsibility.

2. In 1978 attempts were made at effecting this desire by dividing and distributing departmental activities in the following manner:

- Health surveillance
- Mobilisation and recruitment
- Education
- Work with solidarity groups

3. This arrangement was reversed in 1979, when the office bearers were to be the Chairman and Secretary of the department. The Health Council remained theoretically the highest organ of the department.

. In Januarv %Iis veiar the formation of a Secretariat was s JEOSTEd
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but this has not materialised.
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5. The other aspect of the structure to be considered is the work load that will arise now that a joint National Liberation Movement/World Health Organisation Action Group has been formed, Its duties centre around the implementation of the decisions and recommendations of the International Conference on Health and Apartheid.

CONCLUSION

1. It is hoped that the points raised in the report will provoke objective and fruitful discussions. The points raised are but a tip of the iceberg.

2. It is also hoped that the decisions and recommendations to be agreed upon, and after approval by the NEG; will be implemented in order to strengthen the infrastructures of the department.

Report prepared and presented by;

Manto Tshabalala

SECRETARY, ANC Health Department.

Lusaka. 24/11/82.

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1. Country Health Programming Workshop
 2. Special Health Council Meeting
 3. The Medische Komitee Angola presents the ANC Health Department .
with plaque for the Health Centre. W
 4. ANGeHolland Health Centre Construction begins.
 5. Production of the ANC Patients' cards.1
 6. Lbdical Examination at the ANC Children's Centre aha Nursery
Mbrogoroz Tanzania. _ 1
 7. Joint ANC/SWAPO First Aid Instruetofs Course run in Norway,
Denmark and. Angola. Gra-tifying resulggs.
 8. Inaguaation of an ANC clinic at Dekah.
 9. Fortmtion of the consultative Committee for OAU/UN Training
Centre in Morogoro with full and actite participation of the
Department. .
 10. Mental Health Survey for the ANC cadres in Zambia and Tanzania
 11. Formation of the HLM/WHO Action Group as a sequel to the
International Conference on Apartheid and Health.
 12. Contract for further assistance in health - related adtivities
signed between the Department Cld Norsk Folkehjelp.
 113. Dansk Folkehjelp donates funds for the renovation and equipment I
of Khrasini. More funds donated for the equipment of an ANC
clinic _ Tanzania.
 14. The Consultative Committee Meeting held, with the objective of.
consolidating and strengthening the Health Department.
 15. Sex health education sessions run in Angola.
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SUGGESTIONS TO THE COHST..TL"1?_LTIEQ COTEIITTEE IEETING :- Anglia;

Upgrading_and utilization of the personnel according to the area of study.

There is need to train more health personnel.

COurdination to be strengthened with all forward areas.

Accomodation of ptients Should be improvea " eog. renovation

Kurasini as a sick bay. Sick bays to be established in other areas a

Transpertfforvthe departmaht"t6 be improved. Membefs of the team to be taught driving so that they can serve as drivers.

6. 17s and means to be developed for tie disabled patients, their rehabilitation recuperation.

7. Health Team structures in all regions to be the same for uniformity as this will facilitates proper coordination.

8. There should be a clear out job descrirtion for all the members of the department their role.

HAIUTO I-iEALTH TEAM 1 82 ANNUAL . 113511112
FOR THE CONSULTATIVE COMMITTEE EEETIHQ
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This year began with the worsened transport problem, making it virtually impossible for the Team to execute its duties, except on rare occasions when a Machinery oar takes a serious case to hospital.

This came to a head when in March the car get off the road permanently. It was after this breakdown that the Team felt like we always had, that we definitely need suitable thhnspoft f6? all feeds; which the small car could not cope with.

The pattern of work worsened, and as complaints stemmed from all sections of the regional populatibn, we just did not have means of improving health services.

Coupled with lack of transport is also the lack of aoomodation and proper working premises.

One Comrade decided to leave the Medical Department in January to go to school for a different course.

Another Comrade is away in Cuba at a political school because she felt her role in the Department was not recognised.

We have regular medioaments supplies from overseas donors. Last July we received medioaments, clothing, wheelchairs, crutches and sticks plus hospital equipment and kitchenware.

Because of our ymesent situation all medioaments have been taken back to the stores, where it is innmssible to take stock,

Our Project for the 70th Anniverssary of the ANC (INTENSIFICATION OF HEAlmH EDUCATION) did not get off the ground for lack of transport and nonefunctioning of units. It is gratifying to note that the problem of transport will soon be solved by delivery of twc Land Cruisers, one of which is earmarked for Tax's area.

REPORT OI" TEIL LUSAKA Hi 31L my TEAL TO THE CONSULTITI VF. I": ETIizLG
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In this year of unity in action and the 70th anniversary of the ANC it is imperative that we strengthen our detachment in the movement. In the past and indeed, up to this very day there still exists poor communication and coordination within the department and between the health centres.

In January this year a workshop was convened in which delegates from most centres were present. Decisions were taken to rectify our mistakes and overcome our difficulties. Since then some progress was made, but nonetheless, problems continue to persist. It is our duty today, to bring to light these problems and put forth concrete suggestions in a bid to finally stabilise our department.

In Lusaka, out of an overall membership of fifteen (15) members only about eight members of the health team actively participate in our monthly meetings. This is due to the fact that some comrades have been posted to hospitals outside Lusaka, others have bizarre excuses for not attending: regularly as a result, the team now does not even inform them of its meetings.

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mhvtmsaka is the headquarters of ENC, and now SACTU, the work of the clinic increases by the day. Comrades on transit seek medical attention: comrades are sent to Lusaka from other centres with the hope that this will better treatment: the Lusaka Health Team has to cater for the large number of our comrades working here full time for the movement. To be able to cope with this setup the team requires proper transport and additional personnel. We presently have only one ambulance at our disposal. Many requisitions have been made in the past, but on all occasions the response was negative.

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Accommodation no further lessened the burden. Over the past one year we have been moved to three different places. Our Present clinic is poorly maintained; and has no proper working space, medications are scattered over two separate areas in Lusaka, medicines- are stored on open shelves. Supply of drugs are irregular. Much of the time we rely on the local pharmacy where large sums of money are spent.

Only recently our psychiatric patients referred from other centres were escorted to Tanzania because accommodation was severely lacking.

The Lusaka Health Team consists of only two full-time medical assistants in view of our growing work load. Indiscipline and petty squabbling was a contributory factor to the team's poor performance. Over the years and, indeed now, the team's petty cash is handled by its medical assistants. Expenses, have been poorly recorded. This is due to lack of experience. Efforts are being made to seek help and advice from the movement's treasury department.

The Lusaka Health Team suggests that:

a) There be the headquarters for the health department.
b) An assistant to the secretary of the department works full time; in the department; ensures regular visits to the various centres and updates the secretary of the department of the progress and problems encountered in each centre.

c) -The department's financial affairs be handled in close coordination with the treasury department of the movement.

d) Correspondence between centres should be prompt and regular.

e) All centres be regularly supplied with drugs.

f) All centres should be informed of any projects carried out by the department.

g) (More discussion about health services and diseases in South Africa should be encouraged. V J

h) Research be carried out on the pattern of diseases in South Africa and their prevention.