

**Final Edition**



Government of the Republic of Zambia  
Ministry of Health

**MUTUAL ACCOUNTABILITY FRAMEWORK**

between

**The Government of the Republic of Zambia (Ministry of Health and Ministry of  
Community Development, Mother and Child Health;  
Cooperating Partners**

and

**Civil Society Organisations /Non Government Organisation (FBOs, NFBOs & PHP)**

**September, 2012**

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## List of Acronyms

<b>Abbreviation</b>	<b>Full meaning</b>
AAP	Annual Action Plan
ABB	Activity Based Budgets
ACM	Annual Consultative Meeting
AIDS	Acquired Immune Deficiency Syndrome
CHAI	Clinton Health Access Initiative
CIDA	Canadian International Development Agency
CSOs	Civil Society Organisations
CMA	Common Management Arrangements
CPs	Cooperating Partners
DCI	Development Cooperation Ireland
DfID	Department for International Development of the UK
EU	European Union
FBOs	Faith Based Organisation ( local and international)
FAMS	Financial and Administrative Management System
FMS	Financial Management Systems
GAVI	Global Alliance Vaccine Initiative
GBS	General Budget Support
GFATM	Global Fund for AIDS, TB and Malaria
GMCSPP	Governance and Management Capacity Strengthening Plan
GRZ	Government of the Republic of Zambia
HIV	Human Immuno-deficiency Virus
HMIS	Health Management Information System
iPAF	Interim Performance Assessment Framework
IFMIS	Integrated Financial Management Information System
IPs	Implementing Partners
JAR	Joint Annual Review
JASZ	Joint Assistance Strategy for Zambia
JICA	Japan International Cooperation Agency
MDG	Millennium Development Goals
M&E	Monitoring and Evaluation
MOF	Ministry of Finance
MOH	Ministry of Health
MOU	Memorandum of Understanding
MTEF	Medium Term Expenditure Framework
MTPP	Medium Term Procurement Plan
MTR	Mid Term Review
NDP	National Development Plan
NGO	Non- Governmental Organisation
NFBO	N- Faith Based Organisation (local and international)
NHSP	National Health Strategic Plan

OAG	Office of the Auditor General
PAF	Performance Assessment Framework
PHP	Private Health Provider (for profit, local and international)
PS	Permanent Secretary
PSRP	Public Sector Reform Programme
RNE	Royal Netherlands Embassy
SAG	Sector Advisory Group
SBS	Sector Budget Support
Sida	Swedish International Development Cooperation Agency
TA	Technical Assistance
USAID	United States Agency for International Development
USD	United States Dollars
WHIP	Wider Harmonisation in Practice
WHO	World Health Organisation
ZPPA	Zambia Public Procurement Authority (ZPPA)

## MEMORANDUM OF UNDERSTANDING

This Memorandum of Understanding (hereinafter referred to as MOU) is being made between the Government of the Republic of Zambia (GRZ) / through its Ministries of Health -MOH and Community Development, Mother and Child Health – MCDM&CH) (hereinafter referred to as “the Government” on one part), and Cooperating Partners supporting the health sector in Zambia, (hereinafter referred to as “Cooperating Partners”(CPs) on the second part, and Civil Society Organisations (CSOs) and Non- Government Organisations- NGO ( Faith Based Organisation- FBOs, Non Faith Based Organisation-NFBO, and Private Health Providers - PHPs) on the third part; jointly referred to as participants. Participants to this MOU are presented in a list provided at the end of this document, are together referred to as the “signatories”.

### Introduction

**WHEREAS** the Government’s Vision 2030, Aid Policy and Strategy (2007), and Sixth National Development Plan for 2011 (SNDP) provide the overarching framework for Zambia’s development policies, strategies and plans, and Official Development Assistance (ODA) to Zambia;

**WHEREAS** the signing of this MOUs is seen as a commitment to both health reforms and a Sector Wide Approach by Co-operating Partners through their support to the Government’s National Health Strategic Plans with financial aid and technical assistance as requested and as detailed within the bilateral and multilateral agreements between each Cooperating Partner and GRZ;

**WHEREAS** the Government, CPs, and CSOs/NGOs (FBOs, NFBOs, and PHPs) are desirous of implementing the National Health Strategic Plan – 2011-2015 (hereinafter referred to as NHSP 2011-2015) for the period covering the years from 2011 to 2015, through a Sector-Wide approach or SWAp to meet the targets set in the above document and Millennium Development Goals (MDGs).

**WHEREAS** the Government through the Ministry of Finance (MOF) has signed bilateral and multilateral agreements with individual CPs outlining areas of financial and technical support to the health sector.

**NOW THEREFORE** the signatories confirm their intentions as follows:

### 1: Definitions

In this document the following terms are defined as:

**1.1 Alignment** herein refers to CPs directing their overall support to the Government on the NHSP 2011-2015 being implemented through the MOH Annual Plans under the MTEF; using

Government institutions, systems and procedures that will be strengthened progressively through joint effort to meet internationally accepted standards.

**1.2 Annual Plans** herein refers to a set of planned and costed activities lined up for the implementation of the NHSP each year

**1.3 Common Management Arrangement (CMA)** refers to joint planning, budgeting, reporting, monitoring and evaluation systems which will be carried out jointly between the Ministry of Health, Co-operating Partners and Implementing Partners.

**1.4 Consultation** will mean open and constructive dialogue between and within the various Participants engaged in this partnership on any and all topics related to the pursuit of the common goals and objectives. Wherever possible, consultations should not imply request from any of the participants for endorsement of predetermined conclusions or outcomes.

**1.5 Governance Management and Capacity Strengthening Plan(GMSCP)** a plan developed by Government and Cooperating Partners to strengthen capacity of the Ministry of Health following the 2009 financial irregularities

**1.6 Technical Assistance** refers to support requested by the Ministries of Health and Community Development, Mother and Child Health for enhancing implementation of health programmes plans. This support should essentially facilitate transfer, adaptation, mobilisation and utilisation of services, skills, knowledge and technology. The support is often in the form of advice, skills, expertise and knowledge.

**1.7 MTEF** herein refers to the Medium Term Expenditure Framework, a three year rolling budget.

**1.8 Mutual accountability** implies working together to establish jointly decided frameworks that provide reliable assessments of performance, transparency and accountability of systems and procedures, with shared responsibility for successes and failures of the partnership in reaching the goals and objectives of the health sector plan.

**1.9 The National Health Strategic Plan 2011 –2015** refers to a set of strategies for the development of the Health Sector in Zambia for a five year period and it is an overarching policy framework for all health service activities within the broader framework of national policy set out in the Sixth National Development Plan 2011-2015 (SNDP) and the National Decentralisation Policy (2003). The NHSP will be operationalized through the Medium-Term Expenditure Framework (MTEF) and the Annual Activity Based Budgets (ABB).

## **2: Scope of MOU**

2.1 This MOU reflects the joint commitment to increased partnership of all participants who recognise it as guidelines for the implementation of the NHSP 2011-2015 and Ministry of Health GMCSF. While the MOU is not legally binding, as a matter of principle and

continued service delivery, the signatories intend to abide to the provisions and code of conduct herein stipulated.

2.2 This MOU provides an outline of the negotiated and accepted collective commitments of the signatories to further strengthen the partnerships of all the participants who recognise it as an appropriate framework for:

- Scaling up support towards the attainment of the health related MDGs, universal commitments to health and other related international and regional health commitments;
- Effective implementation of the national health priorities and strategies;
- Improvement in aid harmonisation and coordination in the health sector, along the principles of the Paris Declaration, the **Busan Global Partnership for Effective Development Co-operation**, the Harmonisation for Health in Africa (HHA), and the International Health Partnerships(IHP+);
- Sustainable improvements in aid effectiveness in the health sector;
- Strengthen transparency and good governance in the health sector; and
- Strengthen the sustainability and predictability of support to the sector.

### **3: General Principles of Partnership**

In line with Zambia's Aid Policy and Strategy, the Paris Declaration on Aid Effectiveness, the Accra Agenda for Action, the, and the Busan Global Partnership for Effective Development Co-operation, the signatories commit to the following set of guiding principles, which aim at achieving greater harmonisation and coordination:

- 3.1 ONE single country level strategy (NHSP):** All the partners to use one single country-level strategy, as the basis for determining and providing support to the Health Sector.
- 3.2 ONE single results framework:** All partners to approve on one single results framework, as the basis for monitoring and evaluation of the country's health strategy/plan. The framework should be linked to the SNDP, the National Health Strategy Plan AAB and budget, and include data collection and verification processes. It should also clearly specify the objectives and indicators to demonstrate progress towards country health targets and the MDGs targets/results (outcomes/outputs).
- 3.3 ONE single policy matrix:** All partners to commit to the use and reliance on one single policy matrix for guiding the development and implementation of the strategy. The matrix should summarize the key policy, analytical and implementation milestones required for the national health strategy to be successfully implemented, such as, human resource, financing, public sector management and other policies. The matrix should also include a plan for integration of "sub-plans or strategies" that might exist for specific diseases into the overall national health strategy.
- 3.4 ONE single budget process:** All the partners to commit to one single budget process, aligned with the country's budget cycle. CPs who traditionally do not contribute to pooled funding mechanisms would be required to allocate resources according to priority areas,

and in line with the planning, implementation and reporting timeframes described in the national health strategy and budget.

- 3.5 ONE single fiduciary risk management/mitigation framework:** To decide on and commit to the use of one jointly reviewed single fiduciary framework, including shared procurement and financial management and reporting systems and procedures for the sector, aligned with country systems.
- 3.6 Ownership of development priorities:** Partnerships for development can only succeed if they are tailored to country-specific situations and needs.
- 3.7 Focus on results:** Investment and effort that are aligned with National priorities and policies must have a lasting impact on reducing disease burden, poverty reduction, and reducing inequality and on sustainable development

#### **4: Government's Commitment of Intent**

4.1. The Government will ensure transparency, predictability and efficiency of its policies, planning, budgeting, implementation, and monitoring and evaluation systems and procedures.

4.2. The Government reaffirms its commitments contained in this MOU and upholds the following principles in a transparent and accountable manner:

##### **4.2.1. Leadership**

The Government will:

- a) Provide effective leadership in overall policy formulation, planning, budgeting, implementation, management, and joint monitoring and evaluation of the Health Sector. It will also demonstrate leadership, commitment, transparency and accountability in the development and implementation of the policies, plans, this MOU, and any other partnership agreements signed with individual partners.

##### **4.2.2. National health strategy:**

Government will:

- a) Ensure that ONE single costed and validated national health strategic plan is in place for use by all the partners/ participants as the single sector investment plan for purposes of determining the levels and modes of support to the sector.
- b) Hold consultations with all SAG-members on envisaged changes to policies, plans, management arrangements, or budget allocations that have significant implications.

##### **4.2.4. Results Framework:**

The Government will:

- a) Ensure that an appropriate results framework (Annex 3) is in place, which will shall serve as the basis for effective joint monitoring and evaluation of the implementation of the NHSP and sub sector plans. The results framework will be



based on the Key Performance Monitoring Indicators and the Sector Output Matrix annexed to the NHSP and will be reviewed on an annual basis.

#### **4.2.5. Policy matrix, including milestones:**

The Government shall:

- a) Maintain a policy matrix outlining all the policies and legislation required for the smooth implementation of the NHSP and other related national and multi-sectoral strategies which may impact on the implementation of the NHSP.

#### **4.2.6. Budget process, aligned with the National budget cycle:**

The Government will:

- a) Put in place guidelines for Planning and budgeting at all levels of service delivery in the sector. Government shall commit itself by providing appropriate levels of funding to the health sector in line with the commitments made through various global declarations.
- b) Ensure that the budgeting provides for a consultative and participatory process that would include: feedback from the CPs and CSOs /NGOs (FBOs, NFBOs, and PHPs) on their financing **commitments** for the budget period, including proposed levels of funding, preferred modes of funding and timing of the support; ensuring broad participation of the all stakeholders.

#### **4.2.7. Quality of Public Financial Management Systems:**

Government will:

- a) Use public financial management systems at all levels of the sector (national, provincial, district, and facility levels) that are comprehensive and conform to international best practice and are in line with the legal, accounting and financial provisions and standards of the country.

#### **4.2.8. Capacity to manage and coordinate:**

The Government will:

- a) Ensure that adequate capacity to manage and coordinate aid flows is provided. To this end a prioritised GMCSP has been developed and will be implemented jointly with CPs and CSOs/NGOs (FBOs, NFBOs, and PHPs) to strengthen capacities at the central, provincial and district levels.

#### **4.2.10. Fiduciary risk management/mitigation framework:**

The Government will:

- a) Ensure that procedures and systems for fiduciary risk management systems are functional and in line with legal provisions.
- b) Ensure that all the weaknesses and gaps that may be identified in the Fiduciary Framework are promptly rectified.

## 5: Cooperating Partners **Commitment of Intent**

Cooperating Partners (CPs) will, within their general policies and legislation:

- 5.1 Work together to improve development and aid effectiveness in line with the key principles of Zambia's Aid Policy and Strategy, the Paris Declaration on Aid Effectiveness, the Accra Agenda for Action, and the Busan Global Partnership for Effective Development Co-operation.
- 5.2 Ensure that all current and proposed support to the health sector is aligned with the NHSP 2011-2015 and the MOH Annual Plans. Support Government development priorities and systems by aligning their Aid to National health strategies, policy dialogue, and development cooperation programmes on the NHSP 2011 -2015, the SNDP and Aid Policy and Strategy.
- 5.3
- 5.4 Support the implementation of the NHSP 2011-2015 and GMCSPP through technical and financial support.
- 5.5 Endeavour to adhere to the Common Management Arrangement outlined in this MOU
- 5.6 Reflect the basic principles of the MOU in their future bilateral agreements with the Government as this MOU will not affect bilateral agreements that are already in force at the time of signing this MOU.
- 5.7 As much as possible, progressively align their own planning, financing, budgeting, review, monitoring, evaluation, and reporting processes with those procedures and process established for implementation of the NHSP 2011-2015 and the MOH Annual Plans.
- 5.8 Negotiate with the MOH/MOCDDM&CH all new programmes or initiatives pertaining to health and health services to be implemented in the country before finalizing bilateral agreements with MOF and/or CSOs/NGOs.
- 5.9 Ensure that support to the health sector has long term commitment, predictability of resource flow, and strategies of financial sustainability, continuity of implementation and exit strategies, **as much as possible**.
- 5.10 Work towards synchronizing their support and activities with the Government budget cycle and financial year.
- 5.11 Ensure that financial information on all grants and credits, including details of procurement and technical assistance, are provided in a timely manner to the Ministry of Finance and Ministry of Health/Ministry of Community Development, Mother and Child Health so that they may be reflected in the plans and budgets of the Government **to the extent possible**.
- 5.12 Recognize the importance of timely disbursement of funds and work towards ensuring that budget support releases are made according to a schedule jointly decided with the Government.
- 5.13 Continue with their own internal coordination mechanisms and structures to facilitate their dialogue with the Government and other CPs in line with good practice as described in the Paris Declaration on Aid Effectiveness and related declarations.
- 5.14 Adopt the use of government systems to the extent possible. Where use of current Government systems is not feasible, establish jointly with the Government, additional safeguards and measures in ways that strengthen rather than undermine country systems and procedures.

- 5.15 Provide comprehensive relevant information regarding resources provided to implementing partners to support the health sector in Zambia, and provide expenditure reports on a quarterly basis on donor managed funds using jointly decided formats.
- 5.16 Ensure that implementing partners support and coordinate their programs and activities with the Ministry of Health/ Ministry of Community Development, Mother and Child Health including provincial and district health management teams, and that these activities are directly in support of the NHSP 2011-2015 and the MOH/MOCDM&CH Annual Plans.
- 5.17 Use government systems and procedures to deliver assistance and strengthen these systems in a coordinated manner. CPs will equally use the existing common arrangements for appraising, funding, and reviewing their development assistance.
- 5.18 Recognise approved SWAp coordination structures as reflected in Annex 1

### **6: CSOs/NGO (FBOs, NFBos, & PHPs) Commitments**

CSOs/NGO (FBOs, NFBos, & PHPs) will, within their general policies and legislation:

- 6.1 Organize themselves into distinct and fully representative umbrella organizations or constituencies in the field of Health (FBOs, NFBos, PHPs) for purposes of interacting with other stakeholders within the SWAp mechanism in the context of this MOU.
- 6.2 Ensure that all CSOs'NGO (FBOs, NFBos,& PHPs) programmes and plans, irrespective of source of funding, are consistent with the NHSP 2011-2015 and are reflected in the MOH/ MOCDM&CH Annual Action Plans at level of implementation.
- 6.3 Consult with Government (MOH/MCDM&CH) when engaging in negotiations with CPs on health matters with national scope; provincial health offices for regional health matters and with the **District Health Management Teams (DHMTs)** for matters related specifically to district and community level plans, programs and activities.
- 6.4 Ensure that their health programs are aligned and included in the District Health Annual Action Plans.
- 6.5 Disclose freely all support being received or solicited for health activities using an approved format (including source of funding, amounts, purpose, duration, geographical area, etc) for their programmes, highlighting funding gaps where appropriate for inclusion in the health sector resource envelope, MTEF, provincial and district planning processes.
- 6.6 Report regularly and in a timely manner on financial and technical performance in accordance and consistent with the MOH/MCDM&CH reporting and monitoring systems and formats.
- 6.7 Adhere to the approved SWAp coordination structures and mechanism as reflected in Annex 1
- 6.8 Ensure high standards of transparency and accountability in all the dealings, internally within the respective CSOs/NGO (FBOs, NFBos, & PHPs) and with external stakeholders including MOH/MCDM&CH, and CPs, the communities they serve and the general public. This includes establishing and strengthening appropriate systems and structures for ensuring transparency and accountability, including procurement and stores management systems, and financial and administrative management systems, which

- meet the minimum local and international standards. Transparency in the declaration and reporting on programmes and financial needs, and in accounting for resources obtained.
- 6.9 Adhere to good ethical and codes of conduct of best practice when dealing with the Government and CPs.
  - 6.10 Use ONE single results framework for monitoring and evaluating the performance of the health sector, against the MDGs, NHSP, MTEF and annual action plans and targets. To use the same sets of targets, indicators and benchmarks and, monitoring and evaluation systems, provided for in the results framework, as the basis for tracking performance. Actively support and participate in joint missions and sector reviews.
  - 6.11 Ensure mutual accountability amongst the participants, i.e. the Government and CPs.

### **8: Effectiveness and Duration**

- 8.1 This MOU will become effective on the date of signature in relation to each individual CP and CSOs/NGO (FBOs, NFBOs, & PHPs) Troika
- 8.2 And will be effective for a period of 5 (five) years.
- 8.3 This MOU constitutes the entire shared intention with all Participants, and there will be no variation of it, unless served in writing after statement has been signed by all the Participants.
- 8.4 While the signatories commit to jointly work together in accordance with the above principles, this MOU does not constitute a legally binding agreement. To the extent that this MOU may be inconsistent with the laws, or with the provisions of bilateral agreements or arrangements between the Government and a signatory, the provisions of such laws, bilateral agreements or arrangements will prevail over the provisions of this MOU

### **9: Amendments/Modification**

- 9.1 This MOU may be amended or replaced by mutual consent in writing of the participants parties.
- 9.2 Where one party is desirous to amend or replace this MOU, that party will do so by serving notice to other parties in writing stating the reasons for such amendment or replacement .
- 9.3 Any new partner who wishes to co-operate with the Government under the provisions of this MOU will be free to do so on signing this MOU.

**IN WITNESS WHEREOF** the Participants hereto acting through their authorised representatives have signed this MOU as follows:

**For and on behalf of:**

**The Government of the Republic of Zambia**

.....(Date/signature)

MINISTRY OF HEALTH OP ZAMBIA (MOH)

**For and on behalf of:**

**The Government of the Republic of Zambia**

..... (Date/signature)

MINISTRY OF COMMUNITY DEVELOPMENT, MOTHER AND CHILD HEALTH (MOCDM&CH)

**Co-operating Partners**

..... (Date/signature)

**(Authorised Representative)**

CANADIAN INTERNATIONAL DEVELOPMENT AGENCY (CIDA)

.....(Date/signature)

**(Authorised Representative)**

PEOPLES' REPUBLIC OF CHINA

.....(Date/signature)

**(Authorised Representative)**

COMMISSION OF THE EUROPEAN UNION (EU)

..... (Date/signature)

**(Authorised Representative)**

DEPARTMENT FOR INTERNATIONAL DEVELOPMENT OF THE UNITED KINGDOM (DfID)

..... (Date/signature)

**(Authorised Representative)**

INTERNATIONAL DEVELOPMENT ASSOCIATION – WORLD BANK (WB)

..... (Date/signature)

**(Authorised Representative)**

**EMBASSY OF JAPAN**

..... (Date/signature)

**(Authorised Representative)**

SWEDISH INTERNATIONAL DEVELOPMENT CO-OPERATION AGENCY (SIDA)

..... (Date/signature)

**(Authorised Representative)**

UNITED STATES OF AMERICA

..... (Date/signature)

**(Authorised Representative)**

WORLD HEALTH ORGANIZATION (WHO) AND OTHER UN AGENCIES IN THE HEALTH SECTOR

..... (Date/signature)

**(Authorised Representative)**

GLOBAL FUND FOR AIDS, TB AND MALARIA (GFATM)

.....(Date/signature)

**(Authorised Representative)**

CLINTON HEALTH ACCESS INITIATIVE (CHAI)

**Civil Society Organisations Troika signatures (CSO, IPs & Private health Providers) (More additions to be made)**

ADRA KHAFI
Africa Health Care Foundation
Afya Mzuri
AIDS Alliance
Breakthru cancer Trust,
Cancer Trust
Care International.
Caritas
Catholic medical Missions Board (CMMB)
Catholic Relief services (CRS)
CBTBO,
CHAMP
Cheshire Homes Society of Zambia
Chesore
CHRESO
Churches Health Association of Zambia
Copper belt Health Education Programme (CHEP).
Corridors of Hope.
Civil Society Health Forum
CSPR
Dan Church Aid
Expanded Churches Response (ECR).
Family Health Trust
Health Communication Partnership.
Help line
Henwood Foundation
Jesuit Centre for Theological reflection (JCTR)
JHPIEGO

John Snow International (JSI)
Kara Counseling and Training Trust.
Medecins Sans Frontieres
MS Zambia
Network of Zambian People Living with HIV and AIDS.
Oxfam
Palliative Care Association of Zambia (PCAZ)
Rapids
Red Cross Society of Zambia
REPSSI
Society for Family Health.
Southern African AIDS Trust.
Transparency International Zambia (TIZ)
Treatment Advocacy and Literacy Campaign (TALC)
World Vision
World Vision Zambia
YMCA (Men)
Youth Alive Zambia
Youth Vision Zambia
YWCA (Women)
Zambia centre for Health Communication Programmes.
Zambia National AIDS Network
Zambia Redcross Society,
Zambia UK Health Workforce Alliance
ZARAN.
ZINGO
ZPCT