

**COUNTRY ACCOUNTABILITY FRAMEWORK: Assessment*,
Dar-es-Salaam, Tanzania, February 13-15, 2012**



ZAMBIA

Policy Context	Situation Analysis
<p>Global strategy on women and children/ commitment</p>	<p>Zambia commits to: increase national budgetary expenditure on health from 11% to 15% by 2015 with a focus on women and children’s health; and to strengthen access to family planning - increasing contraceptive prevalence from 33% to 58% in order to reduce unwanted pregnancies and abortions, especially among adolescent girls. Zambia will scale-up implementation of integrated community case management of common diseases for women and children, to bring health services closer to families and communities to ensure prompt care and treatment.</p>
<p>National Health policy/National Health Plan/Strategies</p>	<p>Zambia has recently revised its National Health Strategic Plan 2011-2015 (NHSP 2011-2015) and developed the Maternal Newborn and Child Health roadmap for the period 2007-2014</p> <p>Zambia is a member of the International Health Partnership+ (2009)</p>
<p>M&E platform</p>	

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Country team present at the Tanzania Accountability Workshop, Feb 13-15, 2012

GOVERNMENT

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Civil registration & vital statistics systems 	Situation Analysis	Possible actions
<ul style="list-style-type: none"> Assessment  Plan  Coordinating Mechanism  Commitment  Hospital reporting  Community reporting  Vital statistics  Local studies  	<p>An assessment of the status and practices of civil registration and vital statistics (CRVS) is in process. Sample Vital Registration with Verbal Autopsy (SAVVY) and verbal autopsy are done, but there is no dissemination of the data. With regards to hospital reporting, recording of cause of death is done, but there is no reporting and obtaining of death certificated. Community reporting of births and deaths and verbal autopsy are carried out in sampled areas only. Local studies exist in pilot form, but these studies are not representative.</p>	<ol style="list-style-type: none"> 1. Need for LG to be placed at institution to provide death certificates, automation of reporting relooking at the law 2. Strengthen community reporting of birth and death through community workers, test new approaches, and also Neighborhood watch e.g. cell phones, develop/strengthen use of VA by community workers, test new approaches
Monitoring of results 	Situation Analysis	Possible actions
<ul style="list-style-type: none"> National M&E Plan  M&E Coordination  Health Surveys  Facility data (HMIS)  Data sharing  Analytical capacity  Equity  MNCH indicators  	<p>While Zambia has recently revised its National Health Strategic Plan 2011-2015 (NHSP 2011-2015) and developed the Maternal Newborn and Child Health roadmap for the period 2007-2014, the M&E plan of the NHSP (2011-2015) does not capture all the 11 MNCH indicators. Currently it is observed that the M&E plan does not adequately specify the roles and responsibilities of key actors in the area of data collection, compilation, analysis and dissemination. At facility level there is still need to have a well functioning facility data reporting system (HMIS) that provides annual statistics on the core MNCH indicators. It is also observed that not all facilities are preparing facility data quality reports on a yearly basis. The Service Readiness Availability Mapping (SAM) is still in its infancy and has not yet been scaled up. At present only 8 of the 11 MNCH indicators are utilised in most recent annual health sector performance assessment reports.</p>	<ol style="list-style-type: none"> 1. Strengthen monitoring and evaluation (M&E) plans related to MNCH to capture all the 11 recommended MNCH indicators; 2. Strengthen M&E plans to specify roles and responsibilities of key actors in data collection, compilation, analysis and dissemination; 3. Need to establish a well functioning data reporting system at facility level; 4. Need for facilities to start preparing data quality reports on a yearly basis; 5. Need to institutionalize Service Readiness Availability Mapping (SAM)

Maternal death surveillance & response 	Situation Analysis	Possible actions
<p>Notification </p> <p>Capacity to review and act </p> <p>Hospitals / facilities </p> <p>Quality of care </p> <p>Community reporting & feedback </p> <p>Review of the system </p>	<p>There is no current national policy requiring notification of all maternal deaths. Reporting of causes of death using ICD is being piloted in one province, but is not yet in the routine system. Quality of care assessments are done as part of general performance assessments biannually. There is no separate comprehensive MNCH assessment. There are no formal multi-stakeholder reviews of the maternal death surveillance and response system, but reports are received at the national level.</p>	<ol style="list-style-type: none"> 1. Make maternal death notifiable, health committee to look into legislation to support MDR notification 2. Further training for MDSR at all levels 3. Ensure dissemination of report 4. Learn lessons from pilot, strengthen community reporting 5. Strengthen system of reviewing MDR at national and sub-national levels; strengthen reporting from the sub-national to national level
Innovation and eHealth 	Situation Analysis	Possible actions
<p>Policy </p> <p>Infrastructure </p> <p>Services </p> <p>Standards </p> <p>Governance </p> <p>Protection </p>	<p>eHealth services are effective, but only for immunization. There are multiple systems running vertically and systems shared. Currently no standards for eHealth services and application exist, but there are plans to develop this in the National Health Strategic Plan (NHSP). The Ministry of Health (MoH) has an existing mHealth committee, which works primarily with EID. The new health policy includes data protection clauses.</p>	<ol style="list-style-type: none"> 1. Revise the ICT strategy to encompass eHealth 2. Facilitate broadband connectivity 3. Continue strengthening eHealth, improve infrastructure (more computers, servers, etc), migrate to web-based which will need training of staff, interface multiple systems of smart care, and DHIS 4. Develop ICT standards 5. Expand terms of reference for MoH led mHealth committee on EID to include broader representation, IDENTIFY other stakeholders to be part of the committee 6. Introduce a motion to ensure legislation on eHealth is tabled to be passed as a Bill

COUNTRY ACCOUNTABILITY FRAMEWORK: Scorecard





Monitoring of resources 	Situation Analysis	Possible actions
<p>National health accounts</p> <p>Compact and coordination</p> <p>Production capacities</p> <p>Data use</p> 	<p>The national health accounts (NHA) framework is based on the International Classification for Health Accounts (ICHA) and is in the process of migrating to System of national accounts (SHA). There are two people in charge of producing health accounts' key indicators, one primary and one secondary. Health account specific indicators were produced for HIV/AIDS, TB, and Malaria in the last NHA for 2005-2006, but not for maternal, newborn, child health (MNCH) although this has been planned for the current NHA. There is a MoU (not called a compact) which came to an end in 2010 thus providing the opportunity to sign a compact when this is renewed. All stakeholders are involved in this process. A general NHA series is produced and publically available, but it is not produced annually and it does not include RH and CH sub-accounts. The NHA is an input to the budget process, but not for the RMNCH budget.</p>	<ol style="list-style-type: none"> 1. Review and sign the compact 2. Institutionalization of the NHA and RMNCH subaccount

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Accountability processes 	Situation Analysis	Possible actions
Annual reviews Synthesis informs reviews From review to planning Compacts or equivalent	 <p>Collaboration between Partners , Civil Society and Government in Zambia is guided under the health sector coordination framework (SWAPs) which is guided through a SWAP calendar. The SWAP calendar includes the following health sector coordination Meetings: (1) MoH/CP Monthly Policy Meetings (2) Sector Advisory Working Group Meetings(SAG), (3) Joint Annual Reviews (JAR), (4)Various Technical Working Group meeting including Monitoring and Evaluation Technical working Group (M & E TWG), There is an intergrated coordinating committee for Maternal Newborn and Child Health (ICC for MNCH) and there are annual consultative meetings. Despite the existence of this committee since 2009, health sector coordination still requires strengthening. This situation is being addressed through the revision of the memorandum of understanding (MoU) between government , partners and civil society. Despite Zambia being a signatory to the Global IHP+ Compact, at country level, Zambia has not signed the IHP+ Compact. The revision of the MoU between government, partners and civil society offers this opportunity. In addition, in order for the sector coordination mechanisms to be adequately informed, there is need for a strong M&E system supported by a robust Health management Information System (HMIS). Unfortunately, at present the HMIS is not linked between the various ministries responsible for vital registration in the country, namely ; Ministry of Health, Central Statistical Office, and the Ministry of Home Affairs. The recent review of the Ministry of Health HMIS system exposes a lot of gaps relating to management, lack of adequate human resources as well as inadequate infrastructure.</p>	<ol style="list-style-type: none"> 1. There is need to establish a robust M&E system to support coordination of information related to VRS between the three key ministries as well as other related information for maternal Newborn and childhealth 2. Need to revise and sign the new MoU among partners, government and civil society 3. To invest in infrastructure for M&E to capture VRS as well as MNCH indicators across all three ministries and other relevant authorities.

COUNTRY ACCOUNTABILITY FRAMEWORK: Scorecard



Advocacy & outreach 	Situation Analysis	Possible actions
Parliament active in RMNCH Active RMNCH civil society RMNCH progress report/review Media role National Countdown meeting	 <p>A parliamentary committee on health exists, but there is no sub-committee for reproductive, maternal, newborn, and child health (RMNCH). However, this health committee is currently focusing on RMNCH and will continue to follow-up RMNCH issues until goals and objectives are met. Public participation is poor in public hearings concerning RMNCH issues. RMNCH is part of the Joint Annual Review process. A countdown event for RMNCH was planned for 2011 but did not take place because of inadequate funds. A 2008 countdown report is available.</p>	<ol style="list-style-type: none"> 1. Ensure that RMNCH is put on the agenda for this committee, Parliament to advertise public hearing encourage civil servants and public to attend, identify specialists and technical groupings to be invited to the parliament public hearing 2. Provide technical updates 3. Plan for countdown between 2012 - 2014, Plan to engage stakeholders in preparation for the next countdown

KEY:

- Needs to be developed/done
- Needs a lot of strengthening
- Needs some strengthening
- Already present/no action needed