2016 IHP+ Monitoring Round

Monitoring of Commitments on Effective Development Cooperation in Health

Presentation of the findings for Zambia
INTRODUCTION

- 30 countries participated in the 5th IHP+ Monitoring Round
- It measures 8 Effective Development Cooperation (EDC) practices with contributions from the Government, Development Partners (DPs), Civil Society Organisations (CSOs) and the private sector (PS).
- In our country, data was collected for 2015, 53% of DPs participated (including: CDC, CHAI, DFID, EU, Gavi, JICA, Sweden, UNAIDS, UNICEF, WHO), representing 18% of total external support in 2014 (source: CRS database);
- 10 CSOs participated in online survey and 4 in focus group discussion (FGD); 9 PS representatives participated in FGD
- Directorate – Planning at MoH led the process
- Facilitation from DFid – Lead DP & CHAZ – Lead CSO
- Quantitative questionnaires were followed with qualitative ones
IHP+ 2016
Monitoring Process

Collecting data → Discussion of findings → Actions
OBJECTIVE OF DISCUSSION

“to stimulate country-level dialogue between all partners, under the leadership of the Ministry of Health, on EDC in health and to strengthen mutual accountability for EDC performance at country level”

The presentation and discussion of the findings provide an opportunity for all partners to jointly:

• **Review performance** against the eight EDC practices
• **Identify barriers** to progress
• **Agree on actions** to improve accountability and performance of EDC in health.
## Eight EDC practices, four commitments

<table>
<thead>
<tr>
<th>EDC PRACTICE</th>
<th>COMMITMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>EDC 1</td>
<td>Partners support a single national health strategy</td>
</tr>
<tr>
<td>EDC 5</td>
<td>Mutual accountability is strengthened</td>
</tr>
<tr>
<td>EDC 2</td>
<td>Health development cooperation is more predictable and health aid is on budget</td>
</tr>
<tr>
<td>EDC 3</td>
<td>Public financial management (PFM) systems are strengthened and used</td>
</tr>
<tr>
<td>EDC 4</td>
<td>Procurement and supply systems are strengthened and used</td>
</tr>
<tr>
<td>EDC 6</td>
<td>Technical support is coordinated and south-south cooperation supports learning</td>
</tr>
<tr>
<td>EDC 7</td>
<td>Civil Society Organisations are engaged</td>
</tr>
<tr>
<td>EDC 8</td>
<td>Private sector are engaged</td>
</tr>
</tbody>
</table>
FINDINGS OF DATA COLLECTION
1. COMMITMENT

TO ESTABLISH STRONG HEALTH SECTOR STRATEGIES WHICH ARE JOINTLY ASSESSED AND STRENGTHEN ACCOUNTABILITY
PARTNERS SUPPORT A SINGLE NATIONAL HEALTH STRATEGY

Alignment of support against the Health Sector Strategy

All DPs confirm support is aligned with the national (or sub-national /sector) Health Strategic Plan 2011-2016

- The planning was inclusive to some extent: only a limited number of other Ministries, DPs, CSOs and private associations participated.
- Project model of implementation
- Ring fencing of funds
- Lack of effective leadership
- Need for harmonisation

Joint assessment of health sector plan

- CHAI, DFID, JICA, UNICEF and WHO participated in joint assessment
- While several DPs participated in the Mid-Term Review (MTR) of the NHSP only CHAZ participated from the CSOs and no PS was involved.
- There is need for a JANS and 67% of DPs consider separate assessments at sector or sub-sector level necessary.
- Need for effective engagement in the processes
MUTUAL ACCOUNTABILITY IS STRENGTHENED

Monitoring and Evaluation

- None of the DPs use only national health sector indicators to monitor their support.
- Some DPs took the national HMIS as the MA tool. However, most of them use agency project/program specific indicators, considered more robust.
- There is NO govt M & E System
- The HMIS is inadequate for the purposes
- More robust M&E systems are available for adoption/adaptation

Mutual accountability processes

- CHAI, DFID, JICA, Sweden, UNICEF and WHO participated in mutual accountability processes:
  - Joint Program visits,
  - Steering Committee meetings,
  - Sector Advisory Group meetings,
  - Policy meetings,
  - Health troika meetings,
  - Technical Working Groups
2. COMMITMENT

TO IMPROVE THE FINANCING, PREDICTABILITY AND FINANCIAL MANAGEMENT OF THE HEALTH SECTOR
Health development cooperation is more predictable (1)

Disbursements of funds

- Under-disbursement of the health sector annual budget are common, usually from inadequate allocation at the treasury.
- Only 50% of DP funding was disbursed according to agreed schedules mostly because of the low disbursement rate of UNICEF.
- Inefficient reporting by govt.
- Inadequate fund raising.
HEALTH DEVELOPMENT COOPERATION IS MORE PREDICTABLE (2)

Future funding

- There are discordancies between Gov and DPs about forward looking expenditure for 3 years.
- Reported to Ministry of Finance
- Information deficit at MOH
- Lack of harmonisation

Communication of planned resources for next 3 years by DP

- DPs who have communicated their planned resources for the next 3 years to the MoH (according to DPs)
- DPs who have communicated their planned resources for the next 3 years to the MoH (according to Gov)
HEALTH AID IS ON BUDGET

% of DP aid reported on budget

- There are discordancies between the Gov (22%) and DPs (68%) about funds reported on budget.
- The DPs decide which component of the NHSP would support, inform govt about the budget and disburse through several models (project, etc.).
- Some DPs disburse to implementing partners and thus not reflecting on the national budget.

% of aid reported on budget by DP

<table>
<thead>
<tr>
<th></th>
<th>Reported by DPs</th>
<th>Reported by Gov</th>
</tr>
</thead>
<tbody>
<tr>
<td>CDC</td>
<td>0%</td>
<td>48%</td>
</tr>
<tr>
<td>CHAI</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>DFID</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>EU</td>
<td>100%</td>
<td>14%</td>
</tr>
<tr>
<td>GAVI</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>JICA</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Sweden</td>
<td>0%</td>
<td>82%</td>
</tr>
<tr>
<td>UNAIDS</td>
<td>100%</td>
<td>0%</td>
</tr>
<tr>
<td>UNICEF</td>
<td>100%</td>
<td>0%</td>
</tr>
<tr>
<td>WHO</td>
<td>0%</td>
<td>46%</td>
</tr>
</tbody>
</table>
3. COMMITMENT

TO ESTABLISH, STRENGTHEN AND USE COUNTRY SYSTEMS
PUBLIC FINANCIAL MANAGEMENT (PFM) SYSTEMS ARE STRENGTHENED AND USED

Strength and use of PFM system

% of DP funding using national procedures

<table>
<thead>
<tr>
<th></th>
<th>budget executing procedures</th>
<th>reporting procedures</th>
<th>auditing procedures</th>
</tr>
</thead>
<tbody>
<tr>
<td>CDC</td>
<td>0%</td>
<td>0%</td>
<td>NA</td>
</tr>
<tr>
<td>CHAI</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>DFID</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>EU</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>GAVI</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
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<tr>
<td>JICA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Sweden</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
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<tr>
<td>UNAIDS</td>
<td>NK</td>
<td>NK</td>
<td>NK</td>
</tr>
<tr>
<td>UNICEF</td>
<td>100%</td>
<td>NK</td>
<td>NK</td>
</tr>
<tr>
<td>WHO</td>
<td>0%</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>

Comments and key findings

- There is a reform programme in place but perceived to be too slow by the DPs
- DPs have very little confidence in the PFM and thus reluctant to channel funds through it. ...
- However 71% of participating DPs confirm that sufficient support on PFM system strengthening and capacity building is in place
PROCUREMENT AND SUPPLY SYSTEMS ARE STRENGTHENED AND USED

Existence and use of national procurement and supply systems

- A national procurement and supply strategy exists
- 38% of DPs that use national procurement and supply systems

Capacity Strengthening

- 75% of DPs confirm that sufficient capacity strengthening support is available

Use of national supply and procurement systems

DPs who use national supply and procurement system:
- Gavi
- Sweden
- WHO

DPs who don’t use the national supply and procurement system:
- CDC
- CHAI
- DFID
- EU
- JICA

Comments and key findings

- There is a government plan for national procurement and supply that allows for global and regional procurement.
- There is no joint/harmonised procurement system among DPs except for the CDC.
- Most DPs consider the national procurement and supply system very inefficient and thus prefer utilising their own system.
- There are no regional procurement mechanisms available.
Technical support is coordinated

- A national plan for technical assistance is not in place
- % of DPs provide TA in line with the national plan

- All the DPs provide TA in response to identified gaps in national capacity, agreed between parties.
- GAVI and WHO confirmed they provide TA in line with the national plan.
- While most DPs are willing to render TA, govt has not been proactive in utilising this assistance.
- TAs available have not been effectively utilised in terms of local capacity building.

South-south cooperation

- The MOH benefits from south south cooperation
- % of participating DPs support south south cooperation

- CDC, DFID, Gavi, JICA and WHO support South-South Cooperation.
- Urge for better coordination of efforts between DPs.
- Govt should take ownership.
- Need to create frameworks that could be utilised for supporting SSC & TrC.
4. COMMITMENT

TO CREATE AN ENABLING ENVIRONMENT FOR CIVIL SOCIETY ORGANISATIONS AND PRIVATE SECTOR PARTICIPATION IN THE HEALTH SECTOR
CSOs who participated in focus group discussion &/or the on-line survey:

1. Zambia Interfaith Networking Group-ZINGO
2. Youth Alive
3. DAPP
4. Transparency International Zambia (TIZ)
5. Catholic Medical Mission Board
6. Zambia Civil Society Scaling Up Nutrition
7. Southern African AIDS Trust Zambia
8. Palliative Care Alliance Zambia
9. Zambia Red Cross Society
10. National Council of Zambia Young Men's Christian Association
CIVIL SOCIETY ENGAGEMENT (1)

What space is provided by the Government to effectively participate in health sector policy, planning and monitoring?

Key findings from Gov survey and CSO online survey

- Government consults CSOs in the design, implementation or monitoring of national health policies (70% of CSOs confirm they are consulted)
- Government provides financial resources (25% of CSOs receive financial resources)
- Government provides training support (11% of CSOs receive training support)

Key findings from CSO focus group discussion

1. Lack of effective engagement
2. No effective mechanisms of receiving feedback
3. Limited capacity of some of them
CIVIL SOCIETY ENGAGEMENT (2)

How effectively is the participation of CSOs in national health policy processes supported by international development partners?

Key findings from CSO focus group discussion

- CSOs not effectively engaged
- Support is not very well coordinated
- Very little funding goes to capacity building thus limiting capacity to effectively participate.
- Online survey: 66.7% CSOs consider few international agencies consult their organisation when developing their cooperation programmes, mainly the EU, USAID, GF and the Swiss Dev. Coop.
How effective are the mechanisms that assure that CSOs working in health are accountable for their contributions to effective, efficient and equitable health policies?

- Not very effective
- Involvement is seen mostly as a duty by the parties that involve them
- Lack of capacity
- Online survey: 60% of CSOs participate in CSO-managed processes or institutions in the country that serves to make CSO health sector activities more transparent & accountable.

How conducive is the national legal and regulatory environment to the maximisation of CSO contribution to national health policy?

- Very conducive environment for CSO participation
- Online survey: 77,8% of the CSOs think there is a recognition of and respect for CSO freedom in the Constitution and in policy, law and regulation.
- 55,6% consider that the legal and regulatory environment facilitates access to resources without restrictions.
- No feedback mechanisms to ensure effective contribution
PRIVATE SECTOR ENGAGEMENT

Private sector that participated in focus group discussion:

1. Prudential Life Insurance
2. Madison health Solution Insurance
3. Metropolitan Zambia Insurance
4. Zambia Pharmaceutical Business Forum
5. Faculty of General Practitioners
6. Private Hospitals Association
7. Zambia Union of Nurses Organisation
8. Zambia Medical Association
9. Defence Force Medical Services
PRIVATE SECTOR ENGAGEMENT (1)

What space does the government provide for the private sector to effectively participate in health sector policy, planning and monitoring?

• Not much space
• Reluctantly invite the PS to some meetings
• No effective mechanisms for feedback
• Perceived as being not a cardinal partner in the health care service arena.

How effectively is the participation of the private sector in national health policy processes supported by international development partners?

• Not effective participation
• Only some DPs consult the PS on their implementation of health sector programs.
• DPs have been important in ensuring participation of PS at Technical Working Groups and other meetings, but in a selective way (e.g. TB guidelines)
How effective are the mechanisms that assure that professional and industrial associations in the health sector are accountable for the delivery of quality products and effective services?

- There are currently no mechanisms
- The membership organisations attempt to be transparent by sharing their accounts and financial statements at the AGM together with the annual reports and having functional websites.

How conducive is the national legal and regulatory environment to the maximisation of private sector contribution to national health policy?

- These exist and grant a platform from which the PS could contribute but these are usually ignored by the govt.
- They are very free to organise and present their views.
- There is need for increased communication between the PS and the MoH to grant a platform on which to negotiate and come to a common position.
OVERVIEW OF DP PERFORMANCE
<table>
<thead>
<tr>
<th>EDC PRACTICE</th>
<th>INDICATOR</th>
<th>CDC</th>
<th>CHAI</th>
<th>DFID</th>
<th>EU</th>
<th>Gavi</th>
<th>JICA</th>
<th>Sida</th>
<th>UNAIDS</th>
<th>UNICEF</th>
<th>WHO</th>
</tr>
</thead>
<tbody>
<tr>
<td>EDC 1</td>
<td>DP participated in joint sector or sub-sector assessments</td>
<td>✗</td>
<td>✓</td>
<td>✓</td>
<td>✗</td>
<td>✗</td>
<td>✓</td>
<td>?</td>
<td>?</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>EDC 2a</td>
<td>% of funds disbursed according to agreed schedules</td>
<td>100%</td>
<td>NA</td>
<td>NA</td>
<td>100%</td>
<td>NA</td>
<td>95%</td>
<td>95%</td>
<td>18%</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>EDC 2b</td>
<td>Planned resources communicated for 3 years</td>
<td>✗</td>
<td>✓</td>
<td>✗</td>
<td>✗</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>EDC 2c</td>
<td>% of funds registered on budget</td>
<td>0%</td>
<td>NA</td>
<td>NA</td>
<td>100%</td>
<td>NA</td>
<td>0%</td>
<td>100%</td>
<td>100%</td>
<td>0%</td>
<td></td>
</tr>
<tr>
<td>EDC 3</td>
<td>% of funds using national budget execution procedures</td>
<td>0%</td>
<td>NA</td>
<td>NA</td>
<td>0%</td>
<td>NA</td>
<td>0%</td>
<td>?</td>
<td>100%</td>
<td>0%</td>
<td></td>
</tr>
<tr>
<td>EDC 3</td>
<td>% of funds using national reporting procedures</td>
<td>0%</td>
<td>NA</td>
<td>NA</td>
<td>0%</td>
<td>NA</td>
<td>0%</td>
<td>?</td>
<td>?</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>EDC 3</td>
<td>% of funds using national auditing procedures</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>0%</td>
<td>NA</td>
<td>0%</td>
<td>?</td>
<td>?</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>EDC 4</td>
<td>DP uses the national procurement system</td>
<td>✗</td>
<td>✗</td>
<td>✓</td>
<td>✗</td>
<td>✓</td>
<td>✗</td>
<td>?</td>
<td>?</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>EDC 5</td>
<td>DP only uses national health sector indicators to monitor their support</td>
<td>✗</td>
<td>✗</td>
<td>✗</td>
<td>✗</td>
<td>✗</td>
<td>✗</td>
<td>?</td>
<td>?</td>
<td>✗</td>
<td></td>
</tr>
<tr>
<td>EDC 5</td>
<td>DP participates in joint mutual accountability processes</td>
<td>✗</td>
<td>✓</td>
<td>✗</td>
<td>✗</td>
<td>✓</td>
<td>✗</td>
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<td>?</td>
<td>✓</td>
<td>✗</td>
</tr>
<tr>
<td>EDC 6</td>
<td>DP supplies TA in line with agreed national plan</td>
<td>✗</td>
<td>✗</td>
<td>✗</td>
<td>✗</td>
<td>✓</td>
<td>✗</td>
<td>?</td>
<td>?</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>EDC 6</td>
<td>DP supports south south collaboration</td>
<td>✓</td>
<td>✗</td>
<td>✓</td>
<td>✗</td>
<td>✓</td>
<td>✗</td>
<td>?</td>
<td>?</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>EDC 7</td>
<td>DP supports CSOs with financial resources</td>
<td>✓</td>
<td>✗</td>
<td>✓</td>
<td>✗</td>
<td>✓</td>
<td>✓</td>
<td>?</td>
<td>✓</td>
<td>✗</td>
<td></td>
</tr>
<tr>
<td>EDC 7</td>
<td>DP supports CSOs with training</td>
<td>✓</td>
<td>✗</td>
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<td>✗</td>
<td>✓</td>
<td>✗</td>
<td>?</td>
<td>✓</td>
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</tr>
<tr>
<td>EDC 7</td>
<td>DP supports technical assistance</td>
<td>✓</td>
<td>✗</td>
<td>✓</td>
<td>✗</td>
<td>✓</td>
<td>✓</td>
<td>?</td>
<td>✓</td>
<td>✗</td>
<td></td>
</tr>
<tr>
<td>EDC 8</td>
<td>DP provides financial or technical support to strengthen the private sector in health</td>
<td>✗</td>
<td>✗</td>
<td>✓</td>
<td>✗</td>
<td>✓</td>
<td>✓</td>
<td>?</td>
<td>?</td>
<td>✗</td>
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</table>
DISCUSSION OF FINDINGS
# MAIN POINTS FOR DISCUSSION (1)

<table>
<thead>
<tr>
<th>EDC PRACTICE</th>
<th>ISSUES IDENTIFIED</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>EDC 1</strong></td>
<td>How is the JANS targetted for 2016 going to be implemented?</td>
</tr>
<tr>
<td>(Health sector plan)</td>
<td>How could the involvement of DPs, CSOs and the PS in joint assessments of the national health sector or sub-sector plans/strategy be improved?</td>
</tr>
<tr>
<td></td>
<td>Is the common platform for dialogue offered by the MoH a useful fora to improve alignment of stakeholders with national priorities? Who should be part of it? How should it function?</td>
</tr>
<tr>
<td></td>
<td>What else is needed to improve the coordination between DPs?</td>
</tr>
<tr>
<td><strong>EDC 2</strong></td>
<td>Taking into account the main reasons for under-disbursements from some DPs, how could it be avoided?</td>
</tr>
<tr>
<td>(Predictability of funding)</td>
<td>How can communication between DPs and the Gov or implementing agencies and reporting be improved in order to meet the milestones for disbursements?</td>
</tr>
<tr>
<td></td>
<td>The percentage of DPs who communicated their planned resources for the next 3 years to the MoH according to DPs (50%) is different that the figures provided by the Government (10%), why?</td>
</tr>
<tr>
<td></td>
<td>How could health forward expenditure of health sector aid be increased?</td>
</tr>
<tr>
<td></td>
<td>There is a discordance with Govt data (22%) and DPs (66%) regarding the % of DP funds reported on budget. It will be interesting to analyse it.</td>
</tr>
<tr>
<td></td>
<td>Most of the support of DPs to the health sector is off budget making it difficult to account for the funds, how could this situation be improved?</td>
</tr>
</tbody>
</table>
## MAIN POINTS FOR DISCUSSION (2)

<table>
<thead>
<tr>
<th>EDC PRACTICE</th>
<th>ISSUES IDENTIFIED</th>
</tr>
</thead>
</table>
| **EDC 3** *(PFM systems)* | What are the steps to accelerate the reform program and to implement the PFM system approved by the MoH in order to increase DPs use of national procedures?  
What kind of support is needed for capacity building to strengthen the national PFM? |
| **EDC 4** *(Procurement and supply systems)* | Although there is a national plan for procurement, just 50% of participating DPs use national procurement systems; what are the main limitations? How could it be improved? |
| **EDC 5** *(Mutual accountability)* | What steps are needed to develop a National M&E framework and to align DPs monitoring with it?  
Are the existing mechanisms for mutual assessments of commitments in the health sector effective? Is there the need to develop a national compact aligned with the new national health strategy?  
How could the participation of DPs in mutual accountability processes be improved? |
### MAIN POINTS FOR DISCUSSION (3)

<table>
<thead>
<tr>
<th>EDC PRACTICE</th>
<th>ISSUES IDENTIFIED</th>
</tr>
</thead>
</table>
| **EDC 6** (Technical support and SSC) | What are the steps to follow to develop a TA plan?  
How could DPs and other stakeholders give support to the government to develop a national TA plan with specific knowledge and skills transfer strategies for local capacity building?  
There are gaps in the processes of getting TAs for govt. How could coordination and communication be improved to get better outcomes?  
What are the steps to follow to develop a framework that could be utilized for supporting SSC and TrC and improve ownership of the government?  
What mechanisms are needed to improve coordination of efforts between DPs and the government? |
| **EDC 7** (CSO engagement) | More effective ways of utilizing CSOs participation must be sought by govt. The current engagement is rather superficial and largely presumptive, how could it be improved?.  
There is need for evaluation of the inputs of the CSOs in the govt processes and adequate feedback granted to them for further engagement; what is needed?  
How could the alliance between DPs-CSO be improved?. |
**MAIN POINTS FOR DISCUSSION (4)**

<table>
<thead>
<tr>
<th>EDC PRACTICE</th>
<th>ISSUES IDENTIFIED</th>
</tr>
</thead>
</table>
| EDC 8 (Private sector engagement) | What is the role of the private sector in health policy dialogue?  
                      | How to improve the inclusion of the private sector in health policy processes? What mechanisms are needed? |
| OTHER:              |                                                                                   |
PLAN OF ACTION
## AGREED ACTIONS

<table>
<thead>
<tr>
<th>EDC PRACTICE</th>
<th>ISSUES IDENTIFIED</th>
<th>ACTION TO BE TAKEN</th>
<th>RESPONSIBLE FOR IMPLEMENTATION</th>
<th>DEADLINE</th>
<th>HOW WILL IT BE MONITORED?</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="eds.png" alt="Edc 1 Icon" /></td>
<td>EDC 1</td>
<td></td>
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<td><strong>OTHER ACTIONS</strong></td>
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Thanks!

Any questions?
You can find me at
gomafm@unza.zm
amukobe@yahoo.com
Colour coding

- Slide Blue: #1d7fde
- IHP Icons: #3A7CC0
- Development partners
  Graph Orange: #F36D26
- Government
  Graph light blue: #32C1D2
- Private sector
  Graph green: #77C29A
- Civil society
  Graph purple: #e6dae3