

# 2016 IHP+ Monitoring Round

Monitoring of Commitments  
on Effective Development  
Cooperation in Health

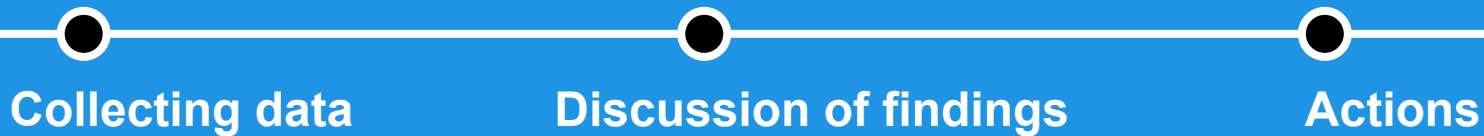
**Presentation of the  
findings for Zambia**



# INTRODUCTION

- 30 countries participated in the 5<sup>th</sup> 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



# 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

EDC PRACTICE		COMMITMENT
 EDC 1	Partners support a single national health strategy	1 COMMITMENT TO ESTABLISH STRONG HEALTH SECTOR STRATEGIES WHICH ARE JOINTLY ASSESSED, AND STRENGTHEN ACCOUNTABILITY
 EDC 5	Mutual accountability is strengthened	
 EDC 2	Health development cooperation is more predictable and health aid is on budget	2 COMMITMENT TO IMPROVE THE FINANCING, PREDICTABILITY AND FINANCIAL MANAGEMENT OF THE HEALTH SECTOR
 EDC 3	Public financial management (PFM) systems are strengthened and used	3 COMMITMENT TO ESTABLISH, STRENGTHEN AND USE COUNTRY SYSTEMS
 EDC 4	Procurement and supply systems are strengthened and used	
 EDC 6	Technical support is coordinated and south-south cooperation supports learning	
 EDC 7	Civil Society Organisations are engaged	4 COMMITMENT TO CREATE AN ENABLING ENVIRONMENT FOR CSO AND PS PARTICIPATION IN THE HEALTH SECTOR
 EDC 8	Private sector are engaged	

# 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

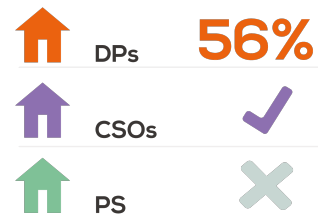
### Alignment of support against the Health Sector Strategy



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



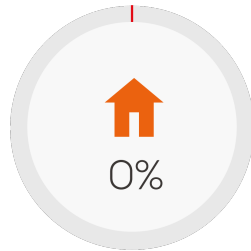
- CHAI, DFID, JICA, UNICEF and WHO participated in joint assessment
- While several DPs participated in the Mid-Term Review (MTR) of the NHSP only CHAZ participated from the CSOs and no PS was involved.
- There is need for a JANS and 67% of DPs consider separate assessments at sector or sub-sector level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





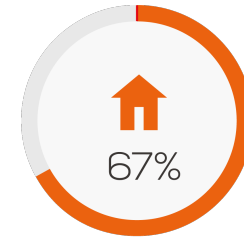
## MUTUAL ACCOUNTABILITY IS STRENGTHENED

### 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

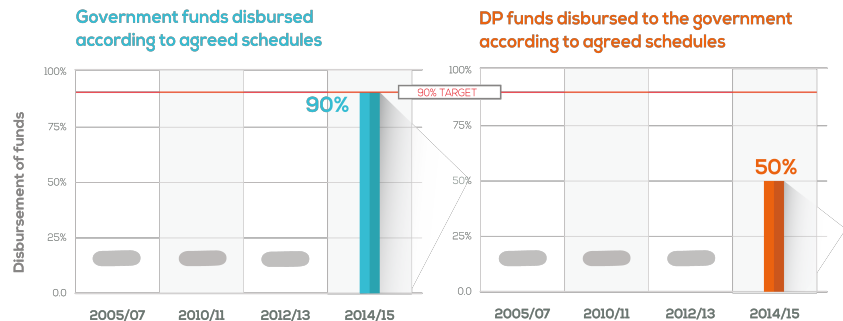
TO IMPROVE THE FINANCING, PREDICTABILITY AND FINANCIAL  
MANAGEMENT OF THE HEALTH SECTOR





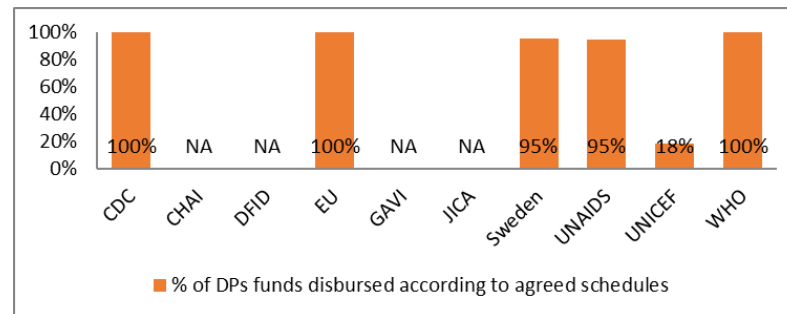
# HEALTH DEVELOPMENT COOPERATION IS MORE PREDICTABLE (1)

## 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

## % of funding disbursed according to agreed schedules by DP





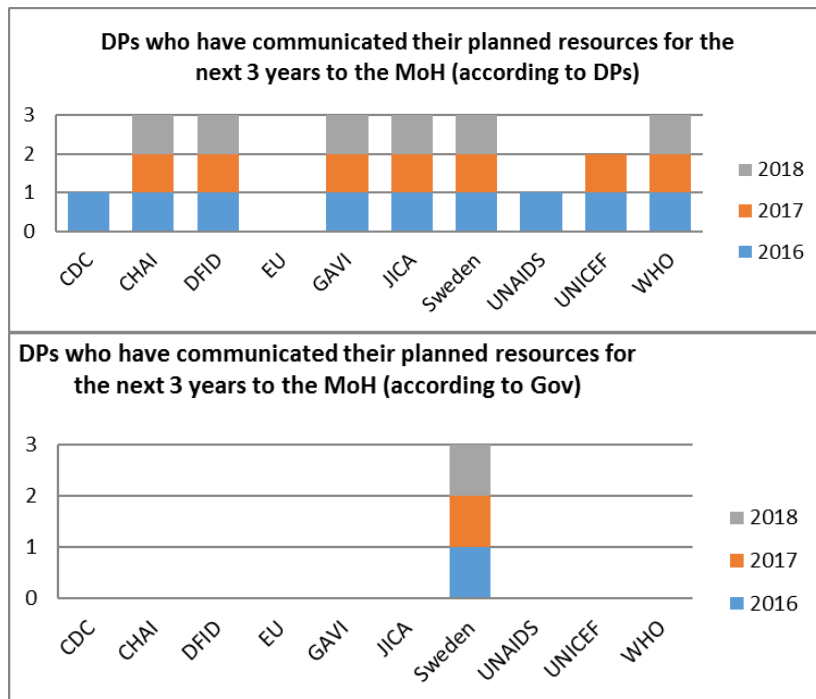
## HEALTH DEVELOPMENT COOPERATION IS MORE PREDICTABLE (2)

### 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

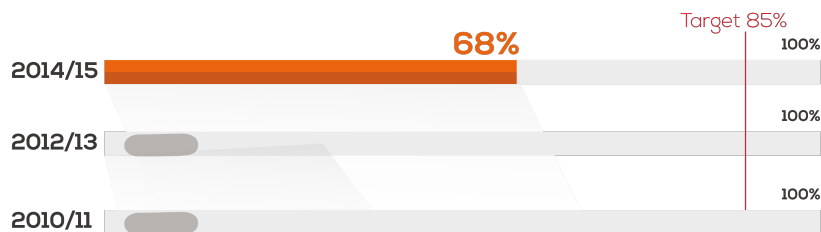
### Communication of planned resources for next 3 years by DP





## 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 gov 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

	Reported by DPs	Reported by Gov
<b>CDC</b>	0%	48%
<b>CHAI</b>	NA	NA
<b>DFID</b>	NA	NA
<b>EU</b>	100%	14%
<b>GAVI</b>	NA	NA
<b>JICA</b>	NA	NA
<b>Sweden</b>	0%	82%
<b>UNAIDS</b>	100%	0%
<b>UNICEF</b>	100%	0%
<b>WHO</b>	0%	46%

# 3. COMMITMENT

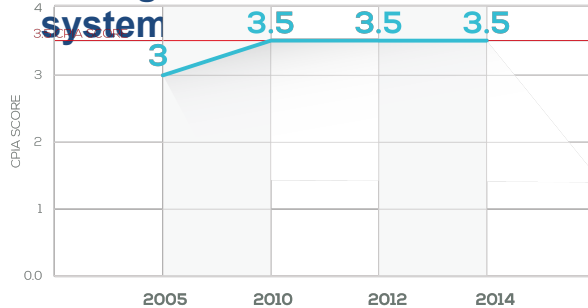
TO ESTABLISH, STRENGTHEN AND USE COUNTRY SYSTEMS



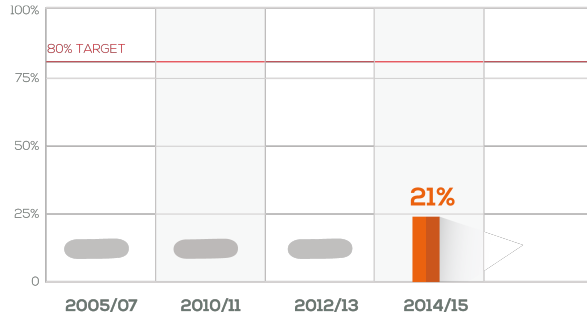


# PUBLIC FINANCIAL MANAGEMENT (PFM) SYSTEMS ARE STRENGTHENED AND USED

## Strength and use of PFM system



Source: World Bank, CPIA data 2014



## % of DP funding using national procedures

	budget executing procedures	reporting procedures	auditing procedures
CDC	0%	0%	NA
CHAI	NA	NA	NA
DFID	NA	NA	NA
EU	0%	0%	0%
GAVI	NA	NA	NA
JICA	NA	NA	NA
Sweden	0%	0%	0%
UNAIDS	NK	NK	NK
UNICEF	100%	NK	NK
WHO	0%	100%	100%

## 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

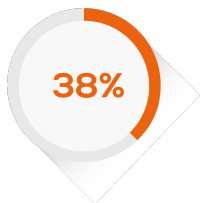


# PROCUREMENT AND SUPPLY SYSTEMS ARE STRENGTHENED AND USED

## Existence and use of national procurement and supply systems

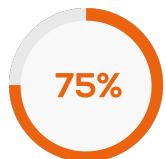


A national procurement and supply strategy exists



% of DPs that use national procurement and supply systems

## Capacity Strengthening



% 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 AND SOUTH-SOUTH COOPERATION SUPPORTS LEARNING

## Technical support is coordinated



A national plan for technical assistance is not in place



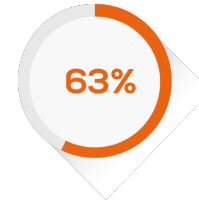
% of DPs provide TA in line with the national plan

- 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



# CIVIL SOCIETY ENGAGEMENT

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?



100% of DPs consult CSOs when developing their cooperation programme



67% of DPs provide financial resources



44% of DPs provide technical assistance



67% of CSOs confirm they are consulted



44% of CSOs receive financial resources



56% of CSOs receive technical assistance

### 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.



## CIVIL SOCIETY ENGAGEMENT (3)

**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)





## PRIVATE SECTOR ENGAGEMENT (2)

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



EDC PRACTICE	INDICATOR	CDC	CHAI	DFID	EU	Gavi	JICA	Sida	UNAIDS	UNICEF	WHO
 EDC 1	DP participated in joint sector or sub-sector assessments	✘	✓	✓	✘	✘	✓	?	?	✓	✓
 EDC 2a	% of funds disbursed according to agreed schedules	100%	NA	NA	100%	NA	NA	95%	95%	18%	100%
 EDC 2b	Planned resources communicated for 3 years	✘	✓	✘	✘	✓	✓	✓	✘	✓	✓
 EDC 2c	% of funds registered on budget	0%	NA	NA	100%	NA	NA	0%	100%	100%	0%
 EDC 3	% of funds using national budget execution procedures	0%	NA	NA	0%	NA	NA	0%	?	100%	0%
	% of funds using national reporting procedures	0%	NA	NA	0%	NA	NA	0%	?	?	100%
	% of funds using national auditing procedures	NA	NA	NA	0%	NA	NA	0%	?	?	100%
 EDC 4	DP uses the national procurement system	✘	✘	✓	✘	✓	✘	✓	?	?	✓
 EDC 5	DP only uses national health sector indicators to monitor their support	✘	✘	✘	✘	✘	✘	✘	?	?	✘
	DP participates in joint mutual accountability processes	✘	✓	✓	✘	✘	✓	✓	?	✓	✓
 EDC 6	DP supplies TA in line with agreed national plan	✘	✘	✘	✘	✓	✘	✘	✘	✘	✓
	DP supports south south collaboration	✓	✘	✓	✘	✓	✓	✘	?	?	✓
 EDC 7	DP supports CSOs with financial resources	✓	✘	✓	✘	✓	✓	✓	?	✓	✘
	DP supports CSOs with training	✓	✘	✘	✘	✓	✘	✘	?	✓	✘
	DP supports technical assistance	✓	✘	✘	✘	✓	✓	✘	?	✓	✘
 EDC 8	DP provides financial or technical support to strengthen the private sector in health	✘	✘	✓	✘	✓	✓	?	?	?	✘

# DISCUSSION OF FINDINGS



# MAIN POINTS FOR DISCUSSION (1)

## EDC PRACTICE

## ISSUES IDENTIFIED



**EDC 1**

(Health sector plan)

How is the JANS targeted for 2016 going to be implemented?

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 ?

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?

What else is needed to improve the coordination between DPs?



**EDC 2**

(Predictability of funding)

Taking into account the main reasons for under-disbursements from some DPs, how could it be avoided?

How can communication between DPs and the Gov or implementing agencies and reporting be improved in order to meet the milestones for disbursements?




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?

How could health forward expenditure of health sector aid be increased?



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.

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?


# MAIN POINTS FOR DISCUSSION (2)

EDC PRACTICE	ISSUES IDENTIFIED
 <p><b>EDC 3</b> (PFM systems)</p>	<p>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?</p> <p>What kind of support is needed for capacity building to strengthen the national PFM?</p>
 <p><b>EDC 4</b> (Procurement and supply systems)</p>	<p>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?</p>
 <p><b>EDC 5</b> (Mutual accountability)</p>	<p>What steps are needed to develop a National M&amp;E framework and to align DPs monitoring with it?</p> <p>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?</p> <p>How could the participation of DPs in mutual accountability processes be improved?</p>

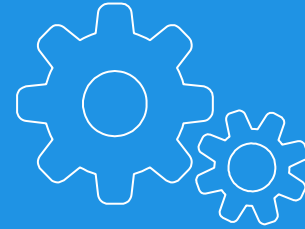
# MAIN POINTS FOR DISCUSSION (3)

EDC PRACTICE	ISSUES IDENTIFIED
 <p><b>EDC 6</b> (Technical support and SSC)</p>	<p>What are the steps to follow to develop a TA plan?</p> <p>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?</p> <p>There are gaps in the processes of getting TAs for govt. How could coordination and communication be improved to get better outcomes?</p> <p>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?</p> <p>What mechanisms are needed to improve coordination of efforts between DPs and the government?</p>
 <p><b>EDC 7</b> (CSO engagement)</p>	<p>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?.</p> <p>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?</p> <p>How could the alliance between DPs-CSO be improved?.</p>

# MAIN POINTS FOR DISCUSSION (4)

EDC PRACTICE	ISSUES IDENTIFIED
 <p><b>EDC 8</b> (Private sector engagement)</p>	<p>What is the role of the private sector in health policy dialogue?</p> <p>How to improve the inclusion of the private sector in health policy processes? What mechanisms are needed?</p>
<p><b>OTHER:</b></p>	













# PLAN OF ACTION



# AGREED ACTIONS

EDC PRACTICE	ISSUES IDENTIFIED	ACTION TO BE TAKEN	RESPONSIBLE FOR IMPLEMENTATION	DEADLINE	HOW WILL IT BE MONITORED?	COMMENTS
 EDC 1						
 EDC 2						
 EDC 3						
 EDC 4						
 EDC 5						
 EDC 6						
 EDC 7						
 EDC 8						
OTHER ACTIONS						



# Thanks!

## Any questions?

You can find me at

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# Colour coding



Slide Blue: #1d7fde



Development partners  
Graph Orange: #F36D26



Private sector  
Graph green: #77C29A



IHP Icons: #3A7CC0



Government  
Graph light blue: #32C1D2



Civil society  
Graph purple: #e6dae3

