

# ZAMBIA



## 2016 IHP+ MONITORING ROUND National performance review

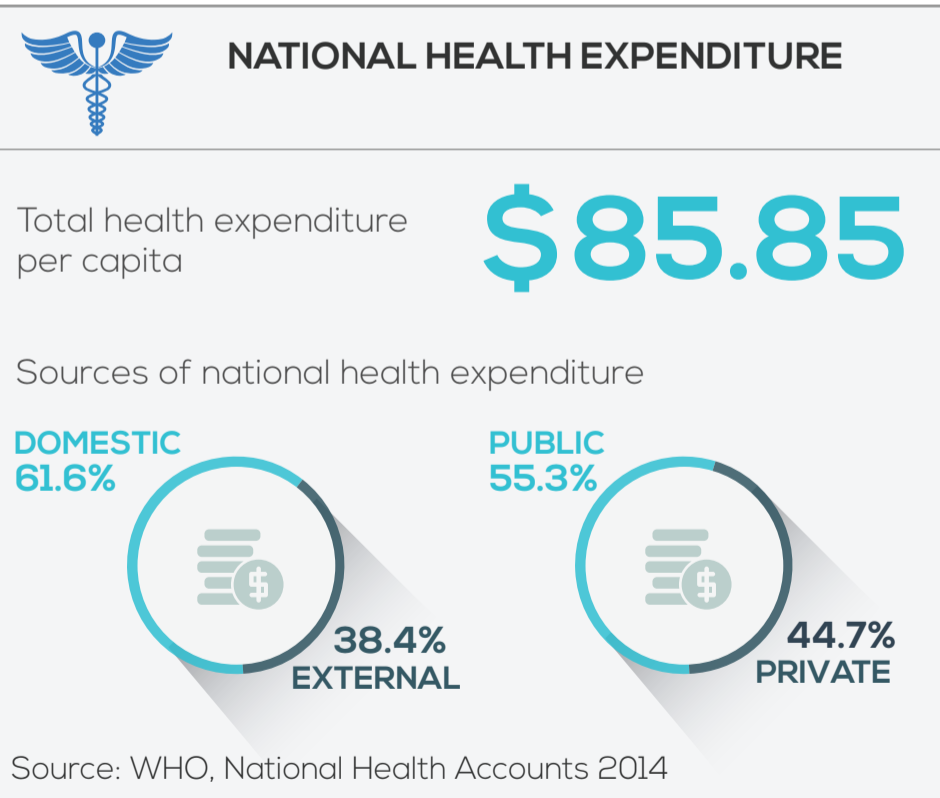
### HOW TO READ THE COUNTRY PROFILE

All data presented on this visual aid are self-reported by the Ministry of Health (MoH), development partners (10 DPs out of 19 participated), civil society organisations (10 CSOs participated) and private sector representatives (9 PS participated) supporting the health sector. All data provided by DPs, CSOs and PS have in principle been validated by MoH.

The 8 Effective Development Cooperation (EDC) practices in health are captured in 4 commitments. The first three commitments present the performance of the government and DPs against 6 EDC practices. The last commitment also includes the opinion of the CSOs and PS on the EDC practices relevant to their engagement.

Where possible, trends in performance are documented over 4 monitoring rounds (2007, 2011, 2013 and 2015). When relevant, a comment relative to the EDC practice is provided in a text box.

For more detailed and disaggregated information on the data presented please visit [www.internationalhealthpartnership.net/zambia](http://www.internationalhealthpartnership.net/zambia).

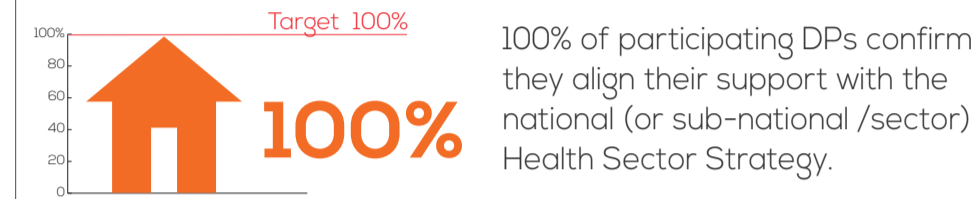


## COMMITMENT

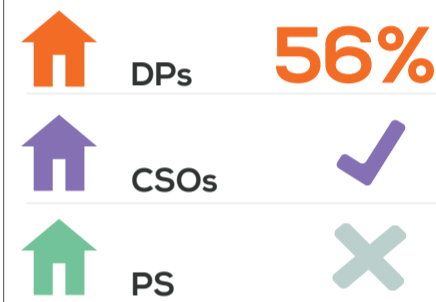
TO ESTABLISH STRONG HEALTH SECTOR STRATEGIES WHICH ARE JOINTLY ASSESSED, AND STRENGTHEN ACCOUNTABILITY

### PARTNERS SUPPORT A SINGLE NATIONAL HEALTH STRATEGY

#### Alignment of support against the Health Sector Strategy



Was the national health sector plan jointly assessed?

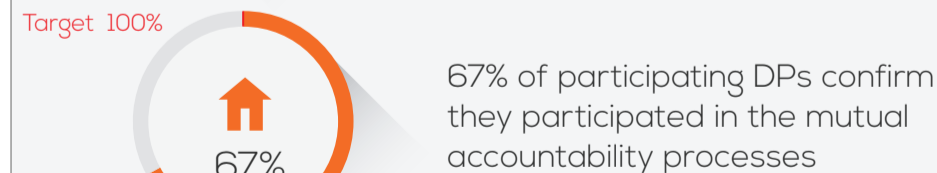
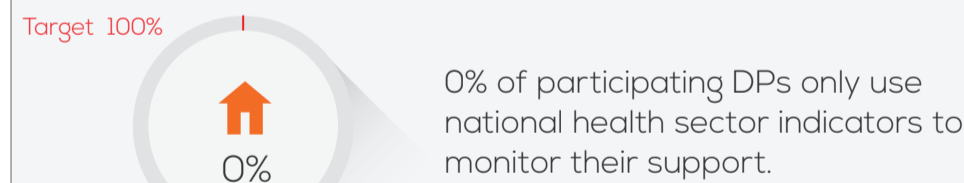


Stakeholders that supported the joint assessment

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.

### MUTUAL ACCOUNTABILITY IS STRENGTHENED

A national M&E plan for the National Health Strategy exists?

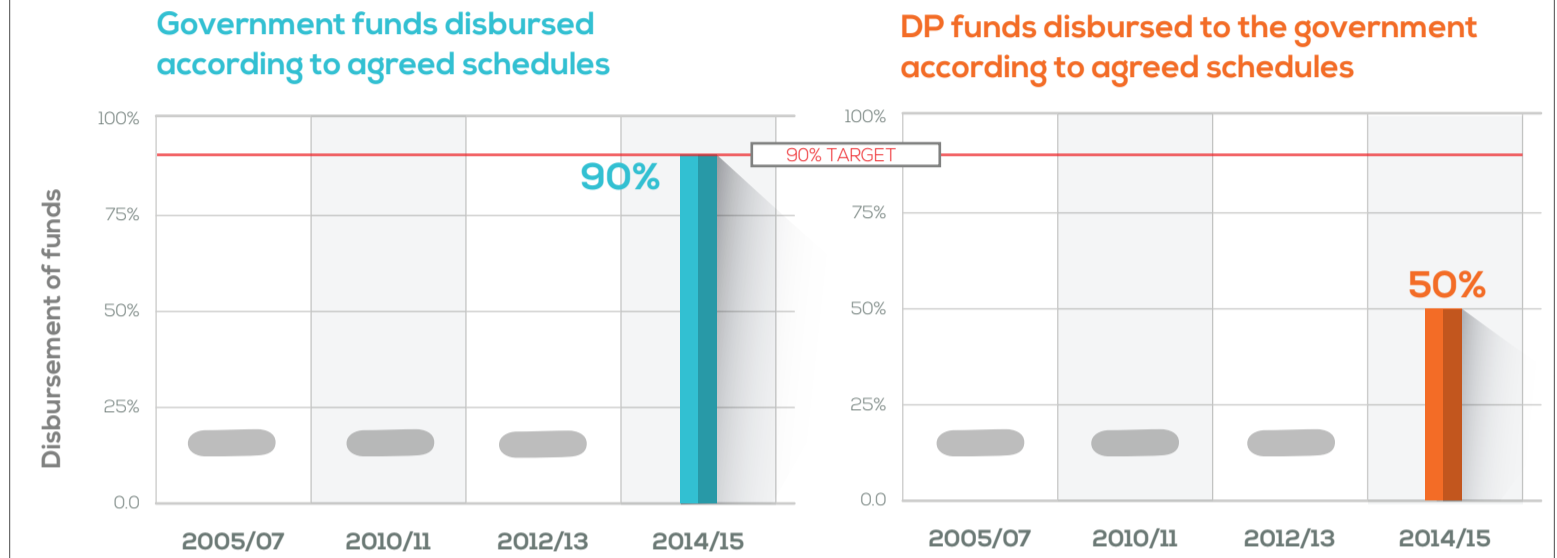


Some DPs took the national HMIS as the MA tool. However, most of them use agency project/program specific indicators, considered more robust.

## COMMITMENT

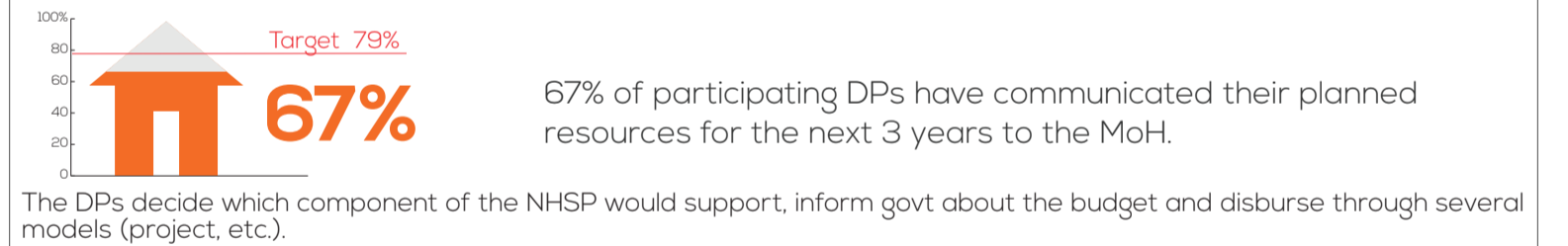
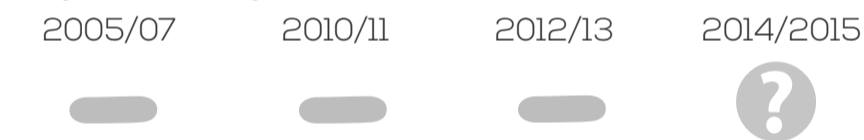
TO IMPROVE THE FINANCING, PREDICTABILITY AND FINANCIAL MANAGEMENT OF THE HEALTH SECTOR

### HEALTH DEVELOPMENT COOPERATION IS MORE PREDICTABLE

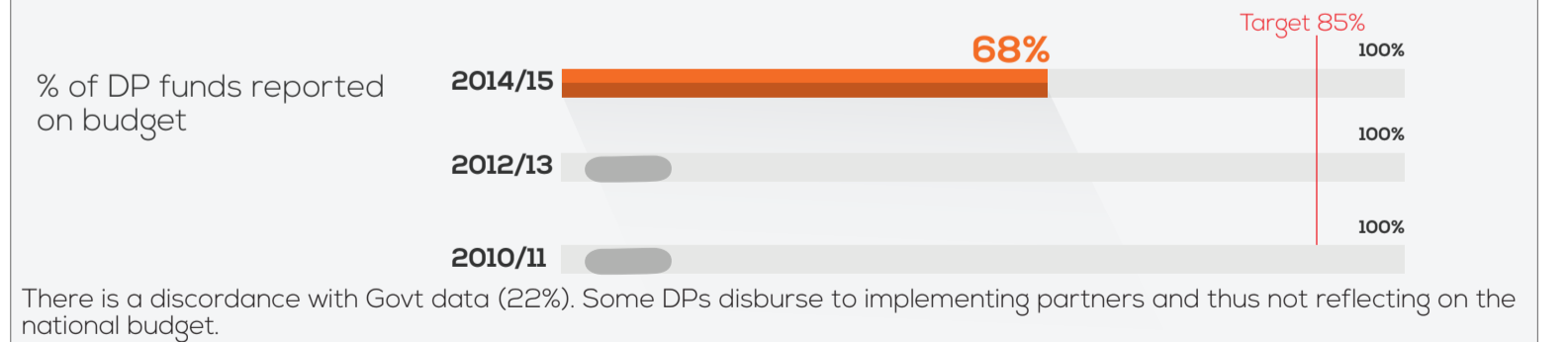


#### Predictability of funds for the future

Rolling 3 year budget or Mid-Term Expenditure Framework in place:



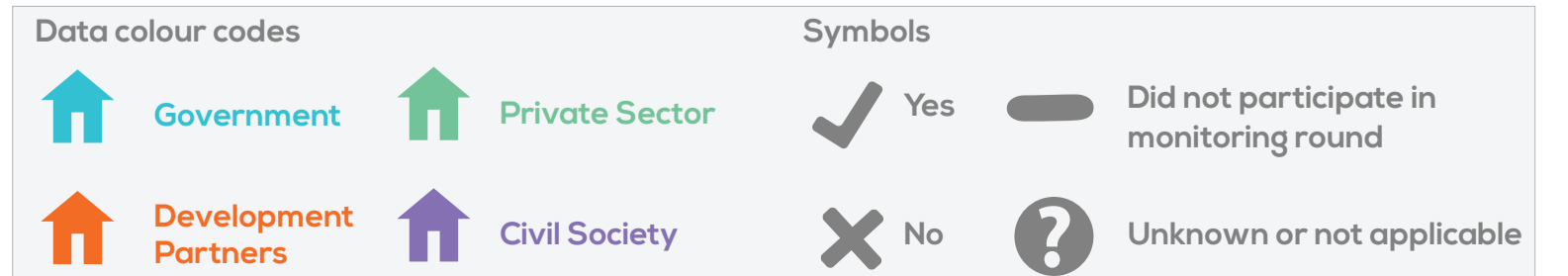
### HEALTH AID IS ON BUDGET



## 2016 IHP+ MONITORING ROUND



### LEGEND



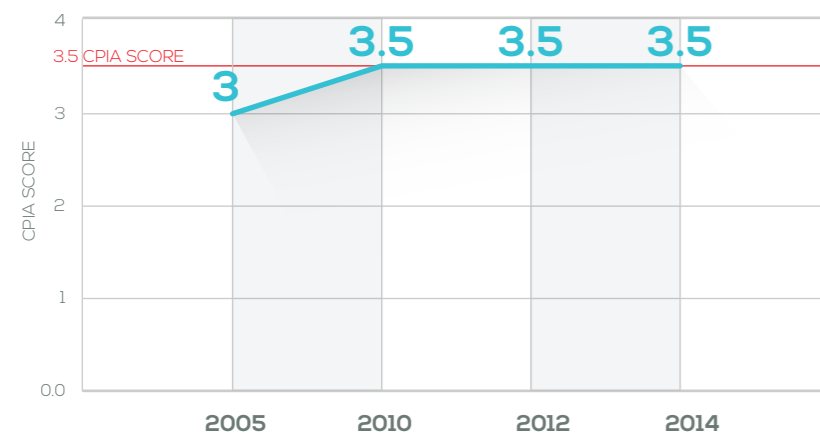
# COMMITMENT

TO ESTABLISH, STRENGTHEN AND USE COUNTRY SYSTEMS



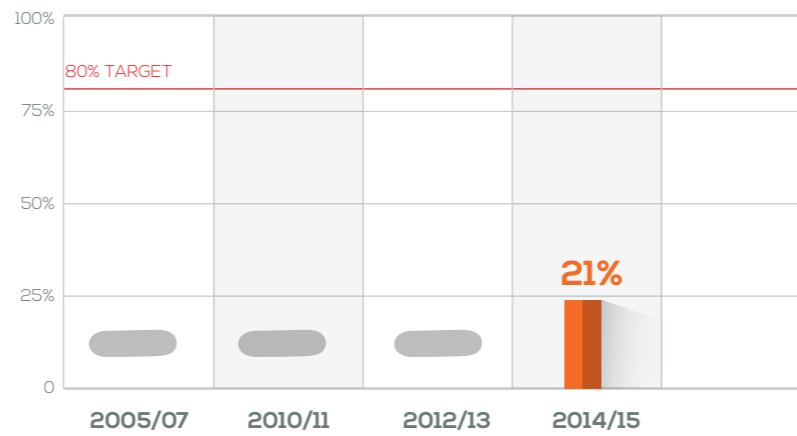
## PUBLIC FINANCIAL MANAGEMENT (PFM) SYSTEMS ARE STRENGTHENED AND USED

Are PFM systems of sufficiently good quality?



Source: World Bank, CPIA data 2014

Percentage of DP funds using PFM systems



**75%**

75% of participating DPs confirm that sufficient support on PFM systems strengthening and capacity building is in place.

DPs have very little confidence in the PFM and thus reluctant to channel funds through it.



## PROCUREMENT AND SUPPLY SYSTEMS ARE STRENGTHENED AND USED

A government plan for national procurement and supply exist?

**38%**

38% of participating DPs use the national procurement and supply systems.

**75%**

75% of participating DPs confirm that sufficient support on procurement or supply systems strengthening and capacity building is in place.

Most DPs consider the national procurement and supply system very inefficient and thus prefer utilising their own system.



## TECHNICAL SUPPORT IS COORDINATED AND SOUTH-SOUTH COOPERATION SUPPORTS LEARNING

An agreed national TA plan exists?

**22%**

22% of participating DPs provide TA in line with the national plan.

Does the Ministry of Health benefit from south-south cooperation? **SOMETIMES**

**63%**

63% of participating DPs support South-South cooperation.

While most DPs are willing to render TA, govt has not been proactive in utilising this assistance.

# COMMITMENT

TO CREATE AN ENABLING ENVIRONMENT FOR CIVIL SOCIETY ORGANISATIONS AND PRIVATE SECTOR PARTICIPATION IN THE HEALTH SECTOR



## CIVIL SOCIETY ORGANISATIONS ENGAGEMENT

What space does the **government** provide for CSOs to effectively participate in health sector policy, planning and monitoring? (Sources: Government qualitative survey and CSO online survey)



Government consults CSOs in the design, implementation or monitoring of national health policies

**70%**

70% of CSOs confirm they are consulted



Government provides financial resources

**25%**

25% of CSOs receive financial resources



Government provides training support

**11%**

11% of CSOs receive training support

How effectively is the participation of CSOs in national health policy processes supported by **development partners**? (Sources: DP qualitative surveys and CSO online survey)

**100%**

100% of DPs consult CSOs when developing their cooperation programme

**67%**

67% of CSOs confirm they are consulted

**67%**

67% of DPs provide financial resources

**44%**

44% of CSOs receive financial resources

**44%**

44% of DPs provide technical assistance

**56%**

56% of CSOs receive technical assistance



## PRIVATE SECTOR ENGAGEMENT



The PS has resources that may benefit govt systems and processes and thus are worth the consultation and collaboration.



The government includes the private sector in health policy processes but in a rather selective way, depending on the activity, as the PS is not considered to be aligned with national priorities.



There is need for more transparent mechanisms to show govt uptake of PS proposals on important issues by effective feedback.



Some International partners consult the PS on their implementation of health sector programs, mostly for consultations on proposed activities. They also ensure participation of PS at technical fora.



The legal and regulatory environment is conducive for the PS to organise and present their views but there is the need to grant a platform for better communication to contribute to the health policy.



<http://www.ihplusresults.net/zambia>