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BASICS **TRIP REPORT**

**Facilitator's Report
Including Observations and Recommendations**

**Joint Ministry of Health/Donor
Health Sector Reform Technical Review Conference
and
Annual Ministry of Health/Cooperating Partners
Consultative Conference**

**Lusaka, Zambia
October 1995**

***BASICS is a USAID-Financed Project Administered by
The Partnership for Child Health Care, Inc.***



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**FACILITATOR'S REPORT
INCLUDING OBSERVATIONS AND RECOMMENDATIONS**

**JOINT MINISTRY OF HEALTH/DONOR
HEALTH SECTOR REFORM TECHNICAL REVIEW CONFERENCE
AND
ANNUAL MINISTRY OF HEALTH/COOPERATING PARTNER
CONSULTATIVE CONFERENCE**

Lusaka, Zambia

October 1995

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ACRONYMS

CIDA	Canadian International Development Agency
CMAZ	Church Medical Association of Zambia
DANIDA	Danish International Development Agency
DGIS	Dutch Development Assistance
EU	European Union
GANTT	General Agreement on Tariffs and Trade
HRD	Human Resources Development
HRIT	Health Reform Implementation Team
IDA	International Dispensary Association
JICA	Japanese International Cooperation Agency
MOH	Ministry of Health
NGO	Non-Government Organization
ODA	Overseas Development Agency (England)
PHC	Primary Health Care
REDSO	Regional Economic Development Support Office
SIDA	Swedish International Development Agency
UN	United Nations
UNDP	United Nations Development Programme
UNFPA	United Nations Fund for Population Activities
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WFP	World Food Program
WHO	World Health Organization
ZCCM	Zambia Consolidated Copper Mines

**CONFERENCE PROCEEDINGS AND
METHODS OF WORK**
Joint Ministry of Health/Donor
Health Sector Reform Technical Review Conference
Livingstone, Zambia
16 - 20 October 1995

BACKGROUND AND OBJECTIVES

From 16 - 20 October 1995, "Joint Ministry of Health/Donor Health Sector Reform Technical Review," a five-day conference, was held in Livingstone, Zambia. The objectives of the conference were to review the Ministry of Health's National Strategic Health Plan and to give key stakeholders an opportunity for input into the technical areas covered by the plan. The input received from collaborating partners was considered by the Ministry of Health's Health Reform Implementation Team (HRIT) and was integrated into a revised Strategic Plan, 1996 Implementation Plan and Financial Plan for 1996 - 1999.

PARTICIPANTS

Most major stakeholders in the reform process were represented at the conference, including representatives from the Ministry of Health, several Executive Directors of District Health Boards and Statutory Boards, technical assistants to the Health Reform Implementation Team, and representatives from DANIDA, DGIS, JICA, ODA, SIDA, UNDP, UNFPA, UNICEF, USAID, WFP, and the World Bank. In addition, delegates from Namibia and Swaziland attended as observer/participants. The HRIT organized the conference, and which facilitated by three professional facilitators. Three rapporteurs were appointed to document the key discussion issues and decisions made. A list of participants is included in the appendices of this report.

PROCEEDINGS

On the first day of the conference, presentations of the Strategic Plan, the 1996 Implementation Plan, and 1996 - 1999 Financial Plan were made by the HRIT. These presentations allowed for a review of issues and for a progress report on the status of the reforms. They also provided an opportunity for participants who were unfamiliar with health reforms to become more acquainted with the concepts underlying reform.

The end of the first day of the conference was devoted to working in small groups to identify key, non-technical issues that could possibly have an effect on the health reform process. The major issues the groups identified included lack of community participation in the health reform process and a limited awareness of health reforms at all levels. Other issues they saw as being crucial to the effective implementation of the reforms were traditional beliefs and religious practices that run counter to reform; the persistence of negative attitudes by de-motivated health workers and other

implementors; inadequate and inconsistent political commitment; lack of real donor coordination on technical issues and the need for better donor transparency; inadequate inter-sectoral cooperation and support; natural disasters such as drought and epidemics; and widespread poverty within the country.

On the second day of the conference, technical working groups were formed. They were asked to take the previously identified non-technical issues into consideration as they examined key areas of the Strategic Plan. Two sets of working groups were formed to allow delegates to contribute in two different technical areas. The first technical set consisted of health care services/essential health package of care; joint financial and administrative systems for health accounting and reporting; drug supply/drug policy development; management/ organization of the reformed ministry - roles of MOH and central board of health. The second set contained partnerships, infrastructure, human resource development, monitoring and evaluation, medical equipment, health care financing. Each group included members from ministry of health staff, donors and international subject matter experts. The HRIT appointed a moderator and resource persons for each group.

Each working group was asked for the following:

- Written inputs into an edited Strategic Plan;
- Written inputs into an edited 1996 Implementation Plan/Action Plan that shows how the technical area will advance in 1996, considering political environment, absorptive capacity, and resources;
- Written inputs into a financial plan that will sufficiently support all the costs of the activities within the action plan; and
- A brief note highlighting outstanding issues and concerns, critical activities remaining underfinanced, and specific areas requiring coordination with other areas.

Each day the groups reported their progress at the plenary sessions. These sessions provided the opportunity for delegates to contribute ideas to other groups and to debate integration and coordination issues.

On the last day of the conference, each group made final presentations to the plenary. These presentations included GANTT charts for the Implementation Plan for each technical area. Presenters identified bottlenecks that need to be addressed in order to move forward with reforms.

Dr. Katele Kalumba, Deputy Minister of Health and Member of Parliament, chaired the final session. At the closing plenary, concerns were voiced about certain aspects of the Plan, including how well it was integrated. Given time constraints, it had not been possible to see how the input given by participants affected the overall strategy, and to identify major gaps in it. Dr. Kalumba brought the group to consensus on how to proceed so that cooperating partners could have further input into issues of integration, coordination and financing in the Implementation Plan.

The consensus was:

- By the end of November 1995, an Implementation Plan, including a basic package for essential health care, will be prepared by the HRIT for the partners' reactions.
- By 15 December 1995, reactions to the Implementation Plan would be received from partners.
- By the end of January 1996, the Implementation Plan would be completed and delivered to cooperating partners.

Dr. Kalumba also asked participants in the conference for their honest and anonymous assessment of how the HRIT is doing on certain aspects of health reforms. On a scale of "1" to "10", with "10" being the highest ranking possible, the grades given by delegates were:

Health Packages	5
Financial Administration and Management Systems	7.5
Drug Supply Policy	4
Reformed Ministry Structure	5
Partnerships	6.5
Infrastructure	5.5
Human Resource Development	6
Monitoring and Evaluation	4.5
Health Care Financing	5.5
Medical Equipment	4

The conference ended with an acknowledgment of the hard work and dedication that all participants demonstrated during the week. The conference organizers recognized the need to continue their efforts in the next phase of health reforms and thanked participants for their efforts at continuing the spirit of partnership in health reforms.

EVALUATION

The conference was evaluated and the results are contained in the appendices to this report. On a scale of "1" to "5" with "5" indicating "Very Satisfied," the majority of delegates ranked the conference a "4" in terms of overall satisfaction. In meeting conference objectives, the majority again ranked the conference at "4," indicating a high level of satisfaction with the outcomes.

Also on that last day, each technical working group gave their written input to the Strategic Plan and Implementation and Financial Plans to the conference rapporteur. The rapporteur and a small HRIT working group stayed after the conference to integrate this input into a revised Strategic Plan, Implementation Plan, and Financial Plan, which formed the basis for discussions at the Joint Ministry of Health/Cooperating Partners Consultative Review Meeting in Lusaka the following

week. In addition, based on the input they received from the working groups, they wrote a summary report of the technical conference that was used to brief the participants to the Annual Consultation.

**CONFERENCE PROCEEDINGS AND
METHODS OF WORK**
Annual Ministry of Health/Cooperating Partners
Consultative Conference
Lusaka, Zambia
25 - 27 October 1995

BACKGROUND AND OBJECTIVES

The Ministry of Health of Zambia and its lead cooperating partners have an agreement whereby the Strategic Plan for Health Reforms in Zambia is to be updated annually and discussed with donors so that financing for the health sector will not fall outside the mutually-agreed upon plan. In the week preceding the Annual Consultation, the Ministry of Health's Health Reform Implementation Team sponsored a week-long technical review conference in Livingstone, Zambia. At that conference, a series of 11 technical working groups reviewed the Strategic Health Plan, the Implementation Plan for 1996, and the Financial Plan for 1996 - 1999. They discussed the plans in detail, made recommendations for how the Strategic Plan could be strengthened, and identified areas that needed to be addressed in order for the plan to be carried out.

At the end of the conference, all the technical working groups submitted their input to the Strategic Plan to a team of writers and editors from the Health Reform Implementation Team (HRIT). This team reviewed the input from the eleven working groups and incorporated it into the Strategic Plan. This revised, updated Strategic Plan was presented to the Annual MOH/Cooperating Partners Consultative Conference in Lusaka three days later.

The objectives of the conference were to agree on the framework for support to health reforms in Zambia, and to review the proposed Implementation Plan and Financial Plan. Agreement was needed between the cooperating partners and the MOH on the activities to be undertaken in order to move forward on the Strategic Plan, and on the proposed strategy for funding those activities. Another objective was to write a joint statement of support that would be acceptable to the MOH and to its cooperating partners. A copy of the Joint Donor/MOH Statement is included in this report.

PARTICIPANTS

The participants included the Minister of Health, Hon. M. C. Sata, the Deputy Minister of Health, Hon. (Dr.) Katele Kalumba (MP), several Ministry of Health and Ministry of Finance representatives, members of the Health Reform Implementation Team and high level representatives from donor agencies. Included among those were CIDA, DANIDA, EU, Irish Aid, JICA, the Netherlands, ODA, SIDA, UNDP, UNFPA, UNICEF, USAID, WFP, WHO and the World Bank. Other cooperating partners represented included ZCCM and CMAZ. A number

of delegations from SADC countries also participated, including Swaziland, Zimbabwe, Namibia and Uganda. Two professional facilitators were also present.

PROCEEDINGS

The three-day conference was opened by the Honorable Minister M.C. Sata, Minister of Health and Member of Parliament. His opening speech reaffirmed the willingness on the part of the Zambian government to reform the Zambian health care system. Honorable (Dr.) Katele Kalumba, Deputy Minister of Health, chaired the meeting. The first day concluded with a review of the current status of health reforms and a presentation of the updated Strategic Plan.

The remainder of the Consultation consisted of presentations and open discussions about the Strategic Plan and its financing. The chairperson encouraged participation in the discussions by listening to cooperating partners' concerns, and providing a written format on which they could articulate those concerns in the Joint Donor/MOH Statement. A synopsis of the Donors' concerns is included in this report.

The Joint Statement was drafted by a small working group, chaired by Mr. David Howells, WHO Health Advisor to HRIT, with representatives from the MOH and donor agencies working together. The Joint Statement Working Group worked concurrently with the plenary sessions and on the morning of the final day of the Consultation, they submitted a draft statement to the plenary session. Further discussions ensued and revisions to the statement were made until it was deemed agreeable by all parties. Following the conference, the Statement was signed by the Minister of Health and by cooperating partners representatives.

As the Statement was being written, plenary sessions proceeded. The MOH reviewed the expenditures for 1995, the outcomes of the previous week's Technical Review Conference and the 1996 Implementation Plan. Other policy issues were discussed including FAMS, basket funding, piloting the health care package, monitoring and evaluation, and the proposed budget for 1996.

EVALUATION

The objectives of the meeting were achieved, largely due to the very able facilitation of Dr. Katele Kalumba and the hard work and spirit of collaboration that was exhibited by all. Dr. Kalumba received high marks at the end of the Consultation for the team's determination and commitment to carrying out health reforms, and for his capable management of the meeting.

It should be noted that the two professional facilitators who were present at this conference, Mr. Steve Reimann and Ms. Beth Gragg, played a very different role for the HRIT at the Annual Consultation than they had at the Technical Review Conference in Livingstone. Whereas in Livingstone they actively facilitated and chaired plenary sessions, at the Annual Consultation they played a behind-the-scenes role. They helped set up the registration process, and acted as liaisons

between the plenary session and the Joint Statement Working Group. At Dr. Kalumba's request, they acted as "tension observers" for the chair, listening and watching the proceedings, to ensure that issues that might have blocked the process were dealt with in an equitable manner. The HRIT asked them to act in this capacity, given the high-level representatives that were present at the meeting, and the politically delicate situations that typified the conference.

Several participants in the technical review conference commented that important input from technical working groups did not appear in the Strategic Plan. Others observed that statistics were erroneous and that text often did not match budget tables. At the end of the meeting, the chair, Dr. Kalumba, reiterated a time line that would allow the HRIT to again review the document and submit it for further input from donors.

Through this process it also became clear that the Strategic Plan that the HRIT had presented to the technical review conference was not as complete as had been expected. There was a feeling among some donors that the planning process was not as far along as they had expected, and that basic information was still not available, even at this late point in the process. Dr. Kalumba conceded that he had demanded a lot of his team of health reformers, but that he was going to continue to ask for more, and more complete work in the future.

Given all of the pressures and the high stakes at both Conferences, the atmosphere at both the Technical Review Conference and the Annual Consultation was one of partnership. People spoke with people; colleagues listened to one another, and attempted to clarify points and understand one another. On the very few occasions in which a condescending tone was used, the group as a whole recognized it as such and dealt with it accordingly. In short, both meetings were venues for airing concerns on a collegial basis.

OBSERVATIONS

The HRIT did an outstanding job preparing for this Consultation. They incorporated reams of very complex input from the Technical Review Conference into the Strategic Plan under a very tight deadline. They had five days, one of which was a national holiday, in which to review the information from eleven separate working groups, and to integrate it into the existing chapters of the Plan. They then reviewed the overall plan and prepared it for distribution to more than one hundred participants in the Annual Consultation. The conference rapporteur also prepared a summary report of the conference. A copy of the Summary Report is included in this report.

In addition, several team members were responsible for preparing and making detailed presentations on substantive topics for the Annual Consultation. The team worked with the professional facilitators to provide a mechanism for all parties to air their concerns and for those concerns to be taken into consideration during the conference.

Although the HRIT were extremely professional, they did exhibit signs of fatigue. The presentations made at the Annual Consultation, while informative, were not the inspiring talks that

one would have hoped for in such a setting. In trying to gain donors' commitment, the presentations could have been more upbeat and enthusiastic, so as to capture the imagination and the confidence of the donors. The high points of the HRIT presentations were when they allowed themselves to speak from the heart and to quote proverbs that were meaningful to them. If their energy levels had not been so low, they might have been better able to convey the spirit of camaraderie and commitment that was exhibited throughout the Technical Review Conference.

In retrospect, the deadlines which the HRIT imposed upon themselves were not realistic. Furthermore, it was difficult to identify the appropriate HRIT person to make different kinds of decisions. There did not seem to be one person who had the responsibility and the authority to make necessary decisions in a timely manner. Without that kind of leadership, things fell between the cracks, and roles and responsibilities were not assigned until the very last minute. This caused confusion and possibly detracted from the overall quality of the product.

MANAGING CHANGE IN THE HEALTH REFORM PROCESS

The HRIT is leading one of the most ambitious organizational change exercises ever experienced on the African continent and indeed one of the most important and complex that can be undertaken in any country. The HRIT has shown an impressive ability to develop the reform concept and to remain "in the driver's seat" while negotiating with donors and cooperating partners in this process. Although some program design and conceptual work remains to be done, the important task now is to implement the reforms.

The stakes are high for ensuring that Zambians see the results of reforms soon. There are the political pressures of upcoming elections, when politicians who have staked their careers on health reforms must be able to show concrete results for the resources they have used and the services they have promised. International donors are watching this process closely and are interested in making sure that their investments are spent wisely. As the HRIT develops its plans, it must make sure to keep up the momentum of health reforms and to act on its plans. If not, it runs the risk of losing the donors' confidence in its ability to carry out the reform process. Equally important, the people for whom these reforms are intended are desperate for quality, affordable health care to which they can have access as close to the home as possible.

As the HRIT progresses in its work on health reforms, its nature of tasks will change and the skills required to carry out those tasks will change as well. As the main change agent in the process, with responsibility for all aspects of its completion, the HRIT has spent much time developing a vision and designing the product and production process. They have spent time and effort gaining commitment amongst donors and policy makers. It has clearly exhibited excellent conceptual skills which have formed the vision and molded the design of the new Zambia health system. But comparatively little emphasis has been spent on implementation and gaining commitment from those who will carry out the programs and from the consumers themselves—the community.

The HRIT now needs to adjust the balance and focus on implementation and on gaining commitment and maintaining momentum. This requires the use of a different set of skills than those employed in conceptualizing and planning programmes. It requires skills to communicate, motivate, market, implement, decide, move decisively, and control. And, very important to this process is a dynamic implementation leader who is capable of, and has the authority to, make difficult decisions and guide the implementation process into its next phase.

As part of its overall strategy for gaining support for health reforms, the HRIT has instituted the Technical Review Conference and the Annual Donor Consultations. Both of these could be viewed as important components of the HRIT's marketing strategy. They are excellent venues for showcasing the product, the team's plans for the future of Zambian health care. Another product the team is marketing at these events is itself and its ability to carry out complicated, highly visible tasks in an organized, well-conceived manner. The more the team can exhibit these abilities, the easier it will be to gain the confidence of all the stakeholders in the process.

The cornerstone of any marketing strategy is knowing the audience to whom the product will be marketed. The challenge that the HRIT faces with cooperating partners is a little like that of trying to sell a product in a foreign market. Again, there are at least two products: the Health Plan itself, and the HRIT's ability to carry out that plan. The more the HRIT can use venues like the recent conferences to showcase their ability to manage complex tasks, the more confidence the donors and other stakeholders will have in the team. The more prepared and thorough the team can be, the more leeway they will be likely to have in carrying out its tasks. It will also be easier to remain in the driver's seat if they appear to be in control of the process.

EVENT MANAGEMENT

There were many things that impressed the facilitators about the process of carrying out the two conferences:

The evening meetings of the Steering Committee, consisting of moderators from that day's working groups and the moderators for the next day's groups, were extremely useful. The meetings were used to share what went well, what needed to be changed, and got suggestions from the facilitators on moderating groups. They also updated organizers and facilitators on groups' progress, clarified working groups' tasks and roles of the moderators, aired outstanding issues that they had heard during the day, and helped to prepare for the next day.

The computer and photocopying capabilities were more than expected. Notebooks, pens, paper, easels, newsprint, markers, overhead projectors, and markers were all available in quantity.

Outside of the evening groups, several people wrote scopes of work for the technical working groups and presented them to the Steering Committee in the evening sessions. This attention to the process was a much appreciated, time saving effort that helped keep the working groups on track and allowed for input from all participants.

People were willing to volunteer for tasks, despite rank or status that might otherwise preclude them from such duties.

The HRIT insisted on starting on time and did so. This set a strong precedent and sent a positive message to participants that the HRIT meant business and was determined to work efficiently.

The HRIT was willing to hire facilitators, sight unseen, and to follow advice without giving up their own styles of work.

FEEDBACK ON EVENT MANAGEMENT

Conference participants were clear in their feedback about the need to have more thorough preparation take place before the event happened. For example, the Strategic Health Plan would have been more useful if it had been distributed to participants before they arrived at the conference or upon their arrival in Livingstone. This would have given them a chance to review it before the meeting started, instead of after the conference had already begun.

Within documents, inconsistencies repeatedly appeared. Some budget figures did not match, and some budgets did not appear at all. In many cases, statistical tables did not match text.

In Livingstone, name tags were not available. When managing large groups of people, not all of whom know one another, it is important to help people get acquainted as early in the process as possible. Name tags are valuable tools in making that happen.

Programs sent out prior to the Annual Consultation listed an incorrect registration and starting time. Several participants arrived at 10:00 for a 14:00 meeting. There was no one there to assist them.

Not all of the moderators had the proper skills or knowledge to chair working groups. The biggest problem the facilitators observed was that some moderators were too involved in the technical area to be able to facilitate the group objectively.

THE ROLE OF THE FACILITATORS

As time went on, the facilitators and the organizers became clearer about the facilitators' roles and responsibilities and the HRIT was willing to trust them. The great majority of the people who were asked about whether the HRIT should hire facilitators again said yes. Several said that, in previous conferences, much time was lost deciding who would chair the meeting, what the tasks were, and how to get them done. Several people said that the facilitators played an important role in keeping people on task, structuring time, managing the plenary sessions, and making sure that participants' concerns and issues were heard and managed, thus avoiding potentially contentious situations. Those asked also stated that they got a lot more done than in previous years.

However, two people steadfastly believed that the facilitators were unnecessary. They believed that without facilitation of the process, they could have gotten more technical work done. Neither of those two people had previously attended a technical review conference or a donors consultation.

RECOMMENDATIONS

The recommendations made in this report focus on two aspects of the HRIT's work. The first are suggestions that can be acted upon to help the team organize and facilitate large events like the recent Technical Review Conference and the Annual Donor Consultation. The second set of recommendations deal with longer-term aspects of the team's development as it moves into new phases of work.

Organizing and Facilitating Large Events

1. Start early. Give yourselves time. Three months before the first conference, set up a conference committee, a group of no more than four or five people responsible for coordinating the conferences. The group should be composed of representatives from the HRIT, donors and one other cooperating partner. It should be chaired by a strong leader who is ultimately responsible for the success of the conferences and who has the authority to make the appropriate decisions.

Functions of the committee would be to:

- Adjourn a meeting composed of representatives of all stakeholders in the conferences. Find out from them what their expectations of the conferences are, and what documents and other materials they need in order to prepare for the meetings. Based on the results of those discussions, and given the needs of the HRIT, determine the agenda for the meetings.
- Hire facilitators and work with them to develop objectives, structure the program, develop scopes of work for working groups, develop criteria for choosing moderators, and brief the moderators prior to the opening of the conference. Optimally, a one-day training on how to moderate/facilitate groups would be held prior to the conferences.
- Prepare all appropriate documents before the conferences. Form a sub-group to thoroughly read documents and edit them for inconsistencies and inaccuracies. This sub-group would work with support staff to ensure enough copies for all participants. They would ensure that those documents that are necessary to be read beforehand are circulated to all participants. This function is important: It will decrease the numbers of mistakes that appear in documents, help participants prepare beforehand, save time during the conferences and reduce the wear and tear on the computers and photocopying machine.

It should also save a lot of wasted paper, as everyone in the conference will not need to make copies of everything they bring to the meetings.

- Meet to agree on and finalize the agenda. This should eliminate the need to change starting times of conferences. Delegates need to know that if they arrive at 10:00 for the conference opening, that it will start at 10:00. This increases the participants' confidence that they are working with a capable, well-organized group.
- Distribute the agenda along with preparatory materials well ahead of time. Let participants know where the meeting will be, if they can expect lunch, etc. By clarifying logistical details and sticking to the program, participants will be able to focus on the real work of the conferences, rather than on the fact that the starting times changed and no one was on site to register them when they arrived.
- Visit conference sites ahead of time to see that there are enough working group rooms and that they are large enough, cool enough and easily accessible to the plenary sessions. Get recommendations from other groups that had used the sites previously to determine if they had any problems with food or other issues.

2. *Delegate.* This is an especially important skill to have. The HRIT is in the business of reforming health systems in Zambia, and is only peripherally involved in running conferences. Delegating important, but time-consuming tasks to other staff members allows team members who are responsible for the overall conceptualization of the conferences to be available for important tasks like designing the agenda, making sure everyone knows their roles and responsibilities, and listening to concerns that stakeholders have. It is not necessary for everyone to be involved in everything.

Being able to delegate means that one must give up some control. Tasks might not get done in exactly the way in which one would have them done, but people will generally rise to the occasion. *Start early.* Train people, be clear about expectations, and prioritize tasks. The team leader of the conference committee cannot be someone who will be involved in other large commitments during the crucial months before the conferences begin. S/he needs to be available to focus on the conference coordination duties and to shepherd that process. S/he needs to be given the authority by the rest of the HRIT to make decisions about the conference on their behalf. Designate responsibility, and then give the team leader the authority to carry out those responsibilities.

These conferences can be used as a quality improvement exercise: the team should know that things will go wrong, but that what is important is the team's ability to handle those things. Its willingness to respond, the speed with which it responds and the manner in which it responds is paramount. The team's responsiveness will speak loudly to the participants in these conferences,

and will help sell health reforms and the Health Reform Implementation Team better than anything else it can do in the short term.

Longer Term Role of Facilitation in the Reform Process

The focus for the HRIT is to manage the implementation of organizational change. This involves restructuring the jobs and activities people do; preparing people for new responsibilities and increased accountability; developing new work teams and reporting relationships; facilitating new patterns of interpersonal and organizational communication; exchanging knowledge and developing new skills and attitudes for all levels of staff; dealing with resistance to change through preparing and selling the need for change throughout the MOH; and ensuring sustainable systems, staff and material resources are available.

These challenges require the HRIT to use management and process skills rather than specific technical skills that have been their primary focus to date. To switch gears the HRIT will need help.

In the short term the HRIT needs skilled facilitators to run the meetings and workshops designed to deal with the introduction of change. In addition, the HRIT and the MOH staff require management training. Right now these needs will probably have to be met by using outside resources. However for the long term, appropriate training and facilitation skills need to be developed in-house. We therefore strongly recommend training of trainers and facilitator skill training and management skills training for suitable internal candidates.

APPENDICES

APPENDIX I
TECHNICAL REVIEW CONFERENCE

APPENDIX I-A
CONFERENCE OBJECTIVES

CONFERENCE OBJECTIVES

**Technical Review Conference
Livingstone, Zambia
16-20 October 1995**

- **Share ownership of a vision**
- **Agree and revise/amend/update strategic plan**
- **Finalize action plan for 1996**
- **Integrate all agreed activities covered in revised strategic plan and 1996 action plan**
- **Integrate common FAMS**
- **Recommend operational policy covering the following: drugs, human resource development, laboratories, hospital maintenance, transport**
- **Renew commitment among cooperating partners**
- **Continue to raise awareness of size of Zambia's health problems and what is being done to address them (reduce their size)**
- **Reinforce harmonious donor working relationship**
- **Strengthen relationship between UN family and others**
- **Strengthen information quality among all partners**
- **Document clearly all meeting outcomes as papers to be tabled at political meetings**
- **Decide which of the above papers to present at the political meeting**
- **Reinforce basket concept**
- **Revise Chapter Six - Implementation Strategies - of the Strategic Plan**

APPENDIX I-B
INDIVIDUALS' EXPECTATIONS

INDIVIDUAL EXPECTATIONS

**Technical Review Conference
Livingstone, Zambia
16-20 October 1995**

I hope that by the end of the conference we will . . .

- **Realize (stated) objectives of the conference**
- **That the outcomes of the conference will contribute to an overall goal of improving health care for Zambians**
- **Help get donor/MOH commitments (at donor conference) next week**
- **Gain an overall and better understanding of what has happened in the past, and specifically what has happened at provincial and district levels**
- **Address technical issues to achieve a health impact**
- **Understand the future of health reform and the roles all will play (GRZ, NGOs, all partners)**
- **Identify gaps and overlaps in health reform process**
- **See an acceptable (agree upon), implementable, transparent, findable, Health Sector Strategic Plan that is pleasing to both parties given human capacities and political realities**
- **Operate a health action plan and financial plan that all sectors can adopt and that will integrate all vertical programs**
- **Integrate and achieve inter-sectorial cooperation and collaboration, e.g., in areas of pharmaceuticals**
- **Consider issues in pharmaceuticals, occupational safety and health, and logistics**
- **Resolve policies on drugs and health care financing**
- **Resolve conditions under which donors will accept basket funding**
- **Expect the conference will take place in a way that uncovers hidden agendas and help to conclude unresolved issues (e.g., FAMS)**

- **Share information on health problems and discuss how they can deal with them, and how to strengthen the Zambia health care system**
- **Address the issues of logistics with emphasis on hospitals**

APPENDIX I-C
NON-TECHNICAL ISSUES

**GROUP TASK:
NON-TECHNICAL ISSUES**

Given past experience and future plans, what are the major non-technical issues that need to be addressed in order to ensure smooth implementation of the **Strategic Health Plan**?

SMALL GROUP RESPONSES:

LACK OF COMMUNITY PARTICIPATION DUE TO INSUFFICIENT UNDERSTANDING OF REFORMS

- limited awareness on health reforms at all levels
- communication; seven main local languages; English the eighth
- community ownership of reforms

TRADITIONAL AND RELIGIOUS BELIEFS, ETHNIC GROUPS

- socio cultural constraints, including witchcraft

PERSISTENCE OF NEGATIVE ATTITUDES BY DE-MOTIVATED HEALTH WORKERS AND OTHER IMPLEMENTORS

- lip service to partnerships
- political changes elections next year may mean more difficult to make structural changes
- fear of loss of power and influence
- waiving medical fees
- dissolution of Boards

REAL DONOR COORDINATION ON TECHNICAL ISSUES AND BETTER DONOR TRANSPARENCY

INADEQUATE INTER-SECTORAL COOPERATION AND SUPPORT

NATURAL DISASTERS AND UNFORESEEN SITUATIONS

- droughts
- epidemics

POVERTY - STRUCTURAL ADJUSTMENT POLICIES

APPENDIX I-D
EVALUATION RESULTS AND COMMENTS

EVALUATION COMMENTS

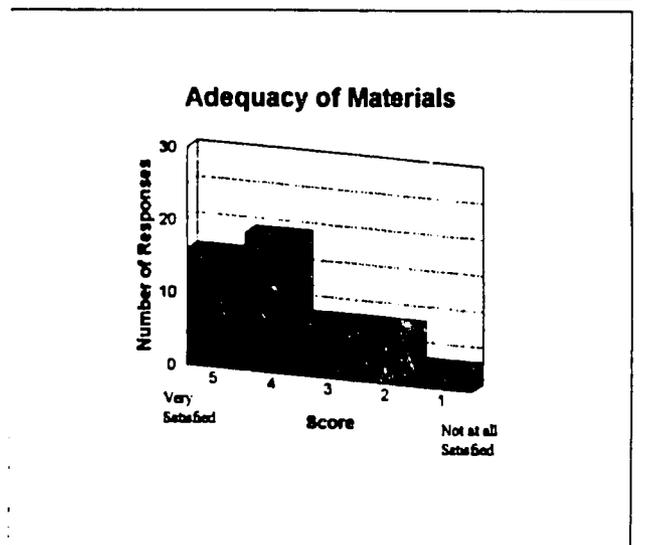
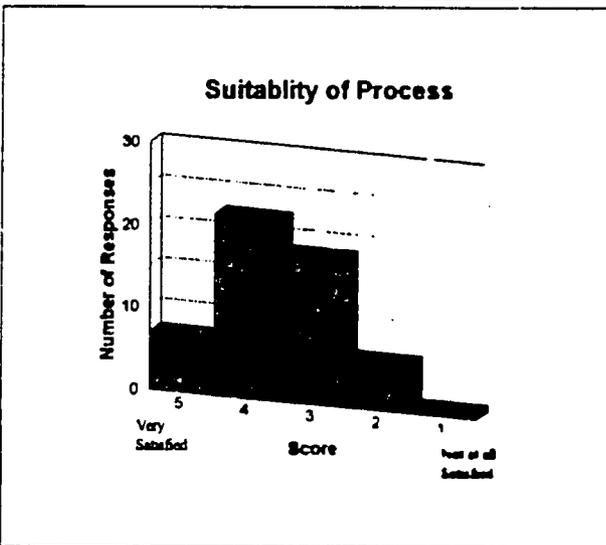
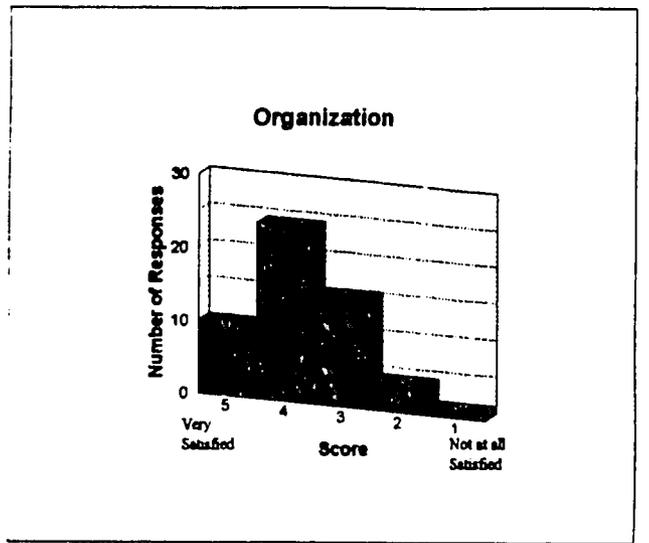
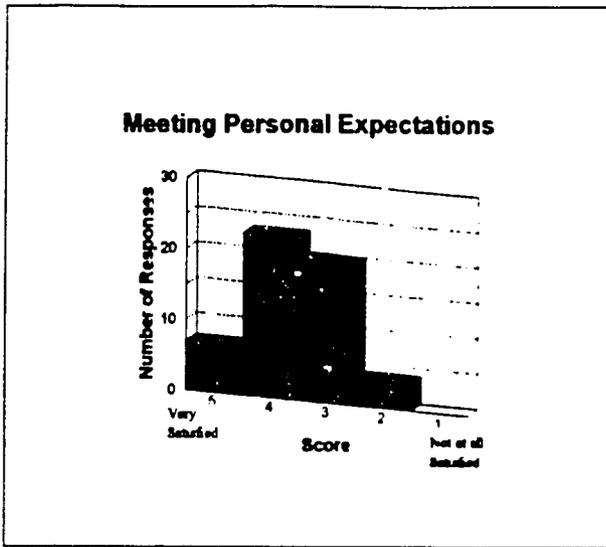
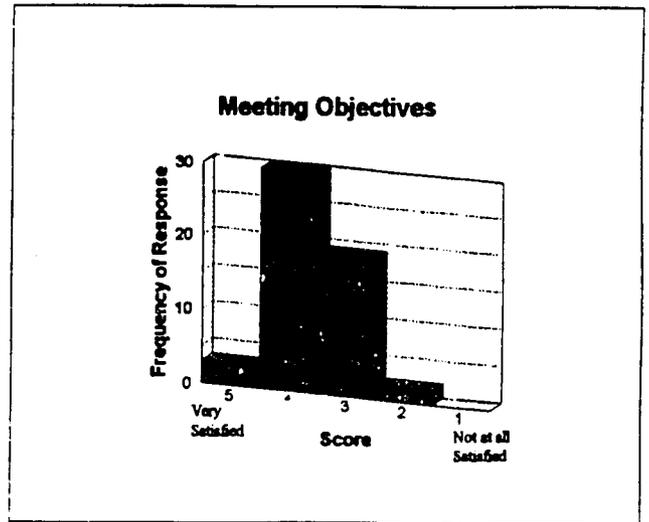
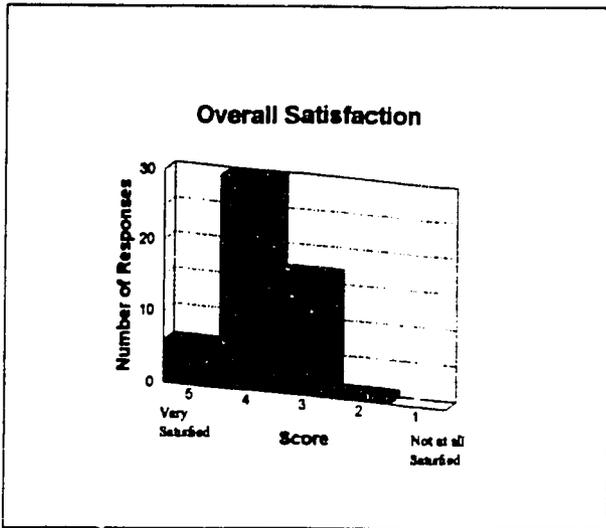
Technical Review Conference
Livingstone, Zambia
16-20 October 1995

What changes, if any, would you suggest for future meetings of this type?

- Preparation.
- Mention some prerequisite materials required to produce, i.e., budgetary information and costing.
- Properly briefed facilitators; more organized, lively facilitation.
- Donors need to put up their worries in advance before the general review meeting.
- Resource person should make material available for easy deliberation.
- Strong moderator who can and will link between groups to ensure overall impression and identification of issues.
- More preparation before the meeting in terms of technical materials.
- Relatively adequate working documents to enhance the process of purview. Adhere to first day attendance to avoid future interruptions of yesterday!
- Preparation better (materials, etc. from participants). Venue not fully satisfactory (group rooms, heat, conference room facilities).
- Better organization of working group, i.e., all available background material collected and made available to moderators prior to sessions. Only one set of working groups to run through the whole meeting would have kept some of larger groups smaller and could have made us even more productive.
- Groups should be realistically organized.
- I think some donor partners had unrealistic expectations.
- Smaller large groups. Adherence to free time schedule. Additional social event for whole group.
- Fewer topics.

- **Improve on evening reception.**
- **Skip the introductory mush-mush expectation stuff; the time schedule definitely doesn't allow those kind of unnecessary activities.**
- **Needed more authority in working groups so that decisions could be better made (or made at all in some cases). Overall - excellent Zambian leadership.**
- **Better prior preparation for group topics.**
- **Inform participants beforehand on the requirements of the workshop in order to get as much background work done as possible. Circulate critical documents beforehand.**
- **I would suggest a smaller number of participants to allow more time for preliminary discussion per subject/priority.**
- **Focus one smaller group on each topic to get maximum concentration and achieve more quality output. Attention to participation on first day.**
- **In future to toe-the-line towards achieving workshop objectives, i.e., not to divert from set objectives.**
- **More time on technical issues. Not Intercontinental Hotel - incidence of diarrhea affects productivity.**
- **The period should be extended to ten days. Papers prepared should be given to the participants before the meeting.**
- **More time is required for such workshop with much emphasis on internal controls for finance accountability.**
- **A proposed action plan with proposed budget presented to meeting for donor private/public sector. Identification of technical skills of individuals and use them to critique constructively relevant partners of the action/strategic plan.**
- **The strategic plan and all relevant documents should have been available to individual health institutions and partners at least a month before the conference, so as to allow wide consultation. That way we would have, each, come here with working papers.**

**Joint Ministry of Health/Donor Health Sector Reform Technical Review Conference
16 - 20 October 1995
Evaluations**



APPENDIX I-E
PARTICIPANT LIST

**TECHNICAL REVIEW CONFERENCE
PARTICIPANTS LIST**

Livingstone, Zambia
16 - 20 October 1995

MINISTRY OF HEALTH STAFF

Hon. M.C. Sata	Minister of Health (MP)
Hon. (Dr.) Katele Kalumba	Deputy Minister of Health (MP)
Dr. Kawaye Kamanga	Permanent Secretary
Dr. S.L. Nyaywa	DDMS (DEC), Team Leader HRIT
Mr. V. Musowe	Chief Health Planner
Dr. G.L. Kasanda	DDMS (Basic Health Programmes)
Mr. S. Mtonga	Assistant Internal Auditor
Mrs. G. Kahenya	A/Director, Laboratory Services
Dr. E. Limbambala	QA Coordinator
Mr. G.B. Kamungulu	Principal Internal Auditor
Dr. P.P. Mtolo	Senior Dental Consultant
Dr. H.B. Himonga	Senior Consultant (NMCC)
Dr. R. Msiska	PCB Coordinator/AIDS/HIV/STD
Mrs. Alfonsina Ndolo Banda	Senior Accountant
Dr. M. Shilalukey Ngoma	Senior Consultant (MCH/FP)
Dr. M. Mwale	Chief Medical Equipment Officer
Mr. J.E. Banda	Director, Procurement
Mr. D. Chimfwembe	Health Planner
Mrs. D.S. Mwewa	Chief Nursing Officer
Dr. E. Nangawe	PHC Advisor
Mr. R. Kampamba	Principal Pharmacist/Drug Policy Dev't. Coordinator
Mrs. G.E. Mundia	Donor/Project Coordinator (IDA)
Mrs. B.M. Mumba	Project Physical Planner (IDA)
Mr. D. Nshindano	Project Accountant (IDA)
D.E. Banda	Accountant
Miss J. Nyoni	HRD Specialist (A)
Dr. B.U. Chirwa	DDMS (A)

OTHER MINISTRY REPRESENTATIVES

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Mr. B.M. Mangala	Controller/ Internal Audit, MoF
Dr. D. Kalyalya	Lecturer, Economics, UNZA
Mr. P.M. Chikuba	Cabinet Office Mgt. Dev't Div

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Mr. J.W. Johannsen
Dr. Arne Poulstrup
Ms. Sally Lake
Ms. C. Cederlof
Dr. A. Thorfinn
Mr. D. Howells
Dr. Yoshida
Mrs. B.G. Pembamoto

Financial Advisor
Senior Advisor
Senior Health Advisor
Health Economist
Economist
Technical Advisor (Drugs)
Health Policy Advisor
PHC Advisor
HMIS Consultant

DONORS

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Dr. George Dorros
Dr. Jantine Jacobi
Mrs. M. Belleh
Dr. Anders Nordstrom
Ms. Carolyn Yetman
Dr. Goran Tomson
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Mrs. Bodil Mortensen
Dr. M. O'Dwyer
Ms. Deirdre Geurts
Mr. P. Hartenberger
Dr. Steve Weirisma
Dr. Melinda Wilson
Dr. Paul Freund
Dr. John Murray
Dr. Paul Zeitz
Dr. Dennis Carroll
Ms. Suzanne Thomas
Dr. S. Steenbergen
Dr. F. Ory
Dr. J.A.R. Koot

UNICEF
Resident Rep., WHO
WHO, Geneva
Reproductive Health (WHO)
Short Term Pro. Staff, WHO
SIDA
SIDA
IHCAR Karolinska Institut
SIDA (IHE)
SIDA (IHE)
SIDA (IHE)
HIV and Dev. NPO, UNDP
DANIDA
DANIDA
DANIDA
DANIDA
ODA
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USAID
USAID
REDSO, Nairobi
USAID
USAID
USAID
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COP. FPS/JSI
Regional Health Advisor, DGIS (Harare)
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Consultant, DGIS

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Ms. Veronica Vargas
Mr. Michael Gabra
Dr. P. Chibuye
Ms. Sarah Gowers
J.W. Harnmeyer

First Secretary, Netherlands Embassy, Lusaka
World Bank
Consultant, World Bank
Consultant, World Bank
Operations Officer (Social Sector) World Bank
World Food Programme
UNFPA

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Dr. R. Kumwenda Phiri
Dr. P. Mijere
Dr. C. Mbwili Muleya

Provincial Medical Officer (Southern)
Director, Livingstone District
Executive Director, Livingstone General Hospital
Director, Choma District

STATUTORY BOARDS

Dr. R. Musukwa
Dr. B.Chituwo
Dr. G. K. Bolla
Dr. C. Ng'ambi
Dr. Christopher Kawesha
Ms. V. Kabwe
Dr. C. Musowe
Mr. W. Siamusantu
Dr. J. Munkombwe
Dr. C. Puto

Flying Doctor Service
Ndola Central Mgt. Board
Kitwe Central Board
Arthur Davison Mgt. Board
ZCCM
Medical Stores Limited
Occupational Health Board
National Food & Nutrition Comm.
Chainama Hills Management Board
TDRC

NON-GOVERNMENTAL ORGANIZATION

Dr. M. Banda

Churches Medical Association of Zambia

GUESTS FROM SADC REGION

Swaziland:

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Mr. A. Mbingo
Mr. V. V. Ndlangamandla
Ms. S. Mohamed
Dr. Kunene
Mr. T. Matsebula
Ms. E. Dlamini
Mr. R. Maziya
Mr. T. Masiya

Minister of Health
Permanent Secretary, MOH)
Labor and Public Service
Finance
SMO/MOH
Planning, MOH
CNO, MOH
AIDS, MOH

Namibia:

Mr. O.S. Akwenye

MOH and Social Services

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Mrs. S.K. Mwango
Mr. F. Phiri
Mr. V. Mwamba
Mr. R. Simaluba

Secretary
Secretary
Office Orderly
Accounts Clerk
Systems Support

PROFESSIONAL FACILITATORS

Mr. Stephen Reimann
Ms. Beth Gragg
Mr. Gideon Buhwani

Management Sciences for Health
World Education, Inc.
Legend Management Consultants

APPENDIX II
ANNUAL MOH/COOPERATING PARTNERS
CONSULTATIVE CONFERENCE

APPENDIX II-A
CONFERENCE OBJECTIVES

CONFERENCE OBJECTIVES

**Annual MOH/Cooperating Partners Consultation
Lusaka, Zambia**

25 - 27 October 1995

- **Share ownership of a vision**
- **Agree on strategic plan**
- **Recommend operational policy covering the following: drugs, human resource development, laboratories, hospital maintenance, transport**
- **Renew commitment among cooperating partners**
- **Continue to raise awareness of size of Zambia's health problems and what is being done to address them (reduce their size)**
- **Reinforce harmonious donor working relationship**
- **Strengthen relationship between UN family and others**
- **Strengthen information quality among all partners**
- **Reinforce basket concept**

APPENDIX II-B
JOINT MOH/COOPERATING PARTNERS
STATEMENT

FIFTH DRAFT
JOINT DONOR/MINISTRY OF HEALTH STATEMENT
AT THE OCCASION OF THE 1995 ANNUAL CONSULTATIONS
ON THE NATIONAL STRATEGIC HEALTH PLAN

BACKGROUND

1. From 25 - 27 October 1995, joint Ministry of Health/Donor consultations on the Zambian National Strategic Health Plan covering the period 1996 -1999 was held in Lusaka, Zambia. These consultations were preceded by a collaborative technical review of the Strategic Plan, held in Livingstone from 16 - 20 October 1995. Representatives from the Zambian Ministry of Health, other health providers in Zambia (e.g., ZCCM, CMAZ), and donor organizations (Danida, the Dutch Government, EU, JICA, Irish Aid, ODA, Sida, WFP, UNDP, UNFPA, UNICEF, USAID, WHO, World Bank) were represented at the consultations and the preparatory review. These consultations were also marked by the presence of a number of delegations from SADC countries. Their presence enabled participants to share experiences in health reforms and marks the beginning of a more systematic regional cooperation in the field of health.
2. We acknowledge the many accomplishments made in 1995, as reflected within the Strategic Health Plan.

SHARED COMMITMENT

3. We are committed to the Health Reform process as defined within the National Strategic Health Plan which endeavors to provide Zambians with equity of access to cost-effective, quality health care as close to the family as possible. We are committed to using the implementation plan for 1996 as the basis for our collaboration in the coming year. We are committed to effective instruments of decentralization through active community participation. We agree that the criteria which will determine the priority for activities in 1996 will be the extent to which they will secure the provision of quality health care for the Zambian people as prescribed in the essential health package.
4. We are committed to moving towards a system in which donors contribute to a common "basket" in financing the health reforms. The following cooperating partners have already committed themselves to this principle: Danida, the Netherlands, ODA, USAID, Irish Aid, Sida, WHO, Unicef and the World Bank. The "basket" concept today, only refers to support for district level recurrent costs, but the eventual aim is to "basket" the global MOH budget.
5. We are committed to reviewing progress against the milestones indicated within the implementation plan through quarterly meetings, and the April and October consultative meetings. The October meeting will review the updated Strategic Plan and the financial and

implementation plans for the upcoming year, whereas the April meeting will provide the forum for reviewing the previous year's progress. The first and third quarterly reviews will be timed to coincide with the April and October meetings.

6. In an effort to better institutionalize monitoring and evaluation activities, the quarterly reviews, including the annual April meeting, will begin to incorporate the programmatic reporting and review requirements for all cooperating partners, and aim to eventually supercede the previous pattern of specific reviews by individual donors. The introduction of the FAMS is intended to provide a common financial accounting and reporting format for the GRZ and all participants in the "basket" funding, and should considerably reduce the demand for individual donor financial reports.

7. We are committed to the development of a National Drug Policy in 1996 and concurrent improvements in the selection, procurement, distribution and use of drugs and medical supplies. We will identify the most cost-effective and sustainable approaches to drug financing and procurement, considering the available management options for Medical Stores Ltd. and the possible establishment of a revolving fund.

8. In April 1996, we will evaluate this Joint MOH/Cooperating Partner Consultation process as part of the proposed review of 1995 achievements.

9. We are committed to establishing a joint MOH/Donor Steering Committee to monitor progress of the National Strategic Health Plan. The Steering Committee will in its first meeting agree on a TOR for future operation. The Steering Committee will be chaired by the Permanent Secretary, Ministry of Health, under the secretariat of the Planning and Management Unit. As part of its duties, the committee will review the revised 1996 implementation plan in mid-December, 1995, and will thereafter meet on a quarterly basis. It will review quarterly progress reports, and agree upon modification in implementation strategies and targets, and adaptations to Ministry of Health and donor budgets. It will monitor overall budget performance against agreed upon targets, and will enhance the spirit of collaborative partnership between the Ministry and donors.

10. We are committed to establishing a MOH Financial Review Committee, which will convene monthly to assess the financial status of the health reforms. Specifically it will review expenditure against allocated budgets throughout the health system, and record and recommend actions in case of variations in expenditures. It will also on a quarterly basis invite those cooperating partners who support the "basket" to join in a review of summary progress and financial reports from the districts and regions in order to jointly approve GRZ and donor disbursements to these levels of the health system for the coming quarter.

11. We are committed to finalizing a draft Health Care Financing Policy by the end of 1996.

12. Finally, we are committed to ensuring that an updated Strategic Plan, an investment plan for 1997-1999 and the implementation plan and recurrent budget for 1997 will be finalized by September 1996.

(SIGNED BY MINISTER OF HEALTH AND REPRESENTATIVES OF ALL DONOR AGENCIES)