



# Zambian case study

*Key lessons on PPP between CHAZ and MoH*



*Religion & Sustainable Development*  
*Building Partnerships to End Extreme Poverty*

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# Zambia's Health System

## *Key Players*



ZAMBIA – 752,612 SQ KM – 14M POP



- The Government (Public health facilities).
- The Church (private non-profit).
- Private (for Profit).
- Non-Governmental Organizations (Project Mixed).
- Traditional health practitioners (for profit).



# Background

## - *Pre-Independence*



- Pre-colonial Missionary/Religious activities in social mobilisation and community responsiveness
- Colonial Administration: regulation and enforcement
- Missionaries/Faith-based organisations in health related activities:-
  - Basic medical/clinical services
  - Caring for the sick, e.g. Leprosy centres
  - Community medicine on safer maternity services
  - Community nutrition promotion
  - Health awareness, community hygiene and sanitation
- Facility share >10% of Religious Health facilities in rural and peri-urban



# Background:

## - *Post-Independence*



- Accelerated Health Infrastructure development by the New  
Zambian Government at all levels:-
  - University Teaching Hospital, 1967
  - Central Hospitals, Provincial Hospitals, etc
  - District hospitals and Health centres
  - Health Workers (Nurses, Drs, etc) Training schools
- However New Government fully acknowledged important role  
of the Religious/Missionary work in health
  - Expanding mandate of the Religious organisations in Health;
    - Increased activities by Missionary Medical Teams
    - Services expansion, e.g. Monze Mission and St Francis becoming University Teaching centres in Obs & Gyn. in collaboration with the School of Medicine, UNZA
- CHAZ, 1970 established, primarily for effective coordination of Church owned hospitals( Catholic and protestants)
- Facilitating the Partnership with Government (MoH)



# Background

## - *Post-Independence*



- Increased community trust towards Christian health facilities due to perceived better services and patient care
- Expanded mandate of CMAZ to support the broad Government Policy agenda on health sector development, including:-
  - Medical services
  - Training
  - Health promotion
- 1991 New Government took over, embarked on structural adjustment (PSRP)
  - Introduction of radical health sector reforms with mission to: *provide equity of access to quality cost-effective health services as close to the family as possible.*
  - ☐ Key guiding principles (LAP):-
    - Leadership
    - Accountability
    - **Partnerships.**
- *The LAP principle emphasized a Platform of greater harmonization and through strengthened partnerships with different stakeholders in the sector.* <sup>5</sup>



# Health sector reforms

## - *Partnerships*



- Government emphasis on joint sector investment
  - One Sector Strategic Plan (NHSP)
  - One Coordination framework (SWAp MoU)
  - One M&E framework (HMIS, ZDHS,)
- Re-organisation of CHAZ with expanded role, CHAZ established, and signatory to the Health sector MoU.
- Strengthened partnership modalities under CHAZ, with membership of Church Health facilities.
- Health Facilities > 6% Religious at all levels (L1H, L2H, L3H, HCs, Training schools)



# Health sector reforms

## - *Areas of support*



- Joint implementation of successive NHSP.
- Under *fifth* NHSP (2011-16)
  - Health Facilities under CHAZ beneficiary to the pooled (GRZ, Donors) sector funding for programme implementation
  - GRZ/MoH and CHAZ, PR under GFATM
  - CHAZ Lead NGO in Health sector policy dialogue
  - CHAZ ascribing to the principle of 3 Ones
  - Key Investment areas:
    - 1) Services delivery
    - 2) Health Information, M&E
    - 3) Human Resources for Health
    - 4) Infrastructure development
    - 5) Pharmaceuticals, 6) Leadership and Governance/Financing

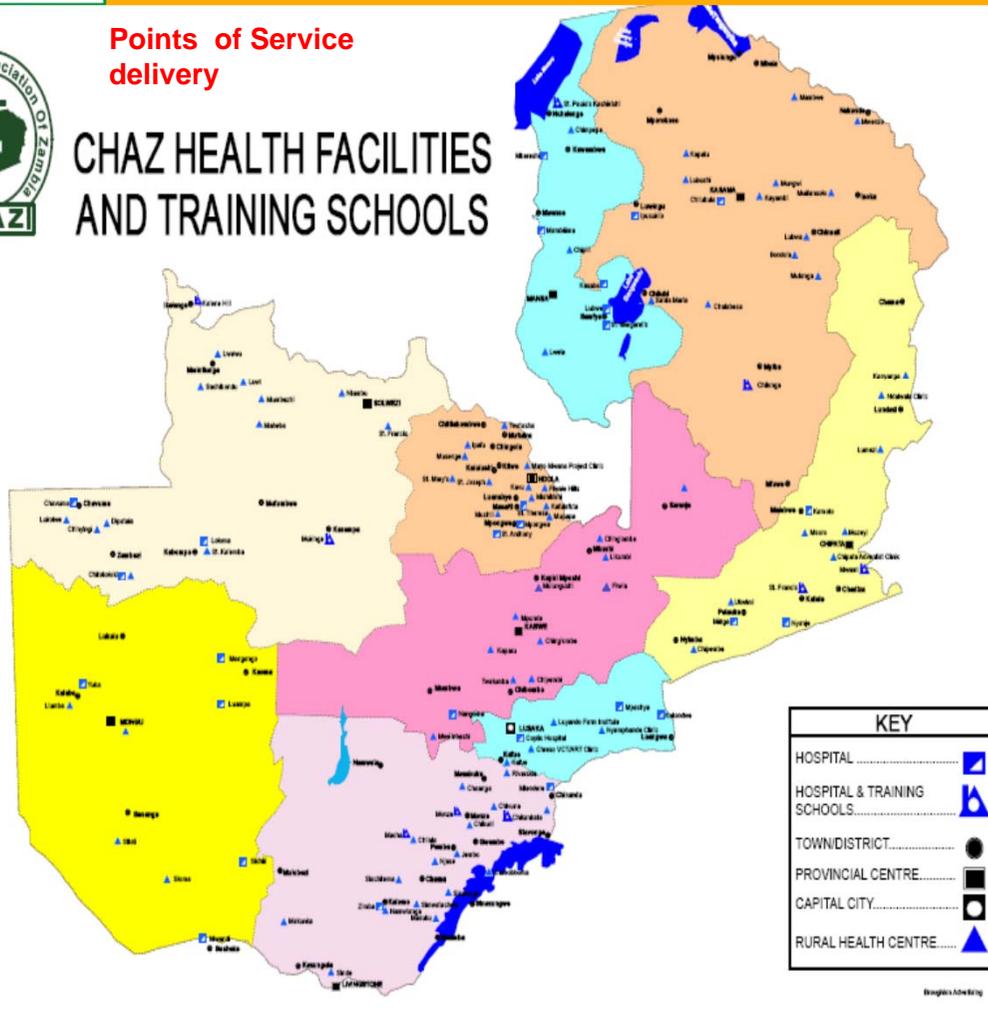


# PPP between GRZ and Church : *the case of CHAZ*



Points of Service  
delivery

CHAZ HEALTH FACILITIES  
AND TRAINING SCHOOLS



- Christians Missionaries established formal health care services in Zambia (>100 years ago)
- Partnership dates back to 1964 (Zambia's independence from Britain)
- Zambia's National Health Policy (conducive environment for PPP)
- Memorandum of Understanding (MoU) with government; partnership is through the MOH

- CHAZ is Interdenominational (**Catholic and Protestant**) umbrella organisation of **152 CHIs** in all the 10 Provinces of Zambia: **36 Hospitals (9 Training Schools); 84 RHCs & 32 Community Based Programmes**



# Framework of Partnership:

## MoU/CHAZ with government: *Key Elements*



- Funding – at least 75% of funding for operational costs
- Health workers (*doctors, nurses, pharmacists and other health workers*)
- Essential Medicines



# PPP between GRZ and CHAZ:



## *WHAT HAS WORKED WELL*

- Government Support with HR, finances, essential medicines to Church owned health facilities , this ensure universal coverage of health services and as close to the family as possible.
- Drug status monitoring mechanism through meetings coordinated by MoH. This ensures visibility of stocks held by partners and guarantees national security of commodities

## *WHAT HAS NOT WORKED VERY WELL*

- Staff transfers
- No equity in:
  - funding in selected districts
  - HR allocation in selected districts



# Results

- *Mtendere Mission Hospital Funding Trend*





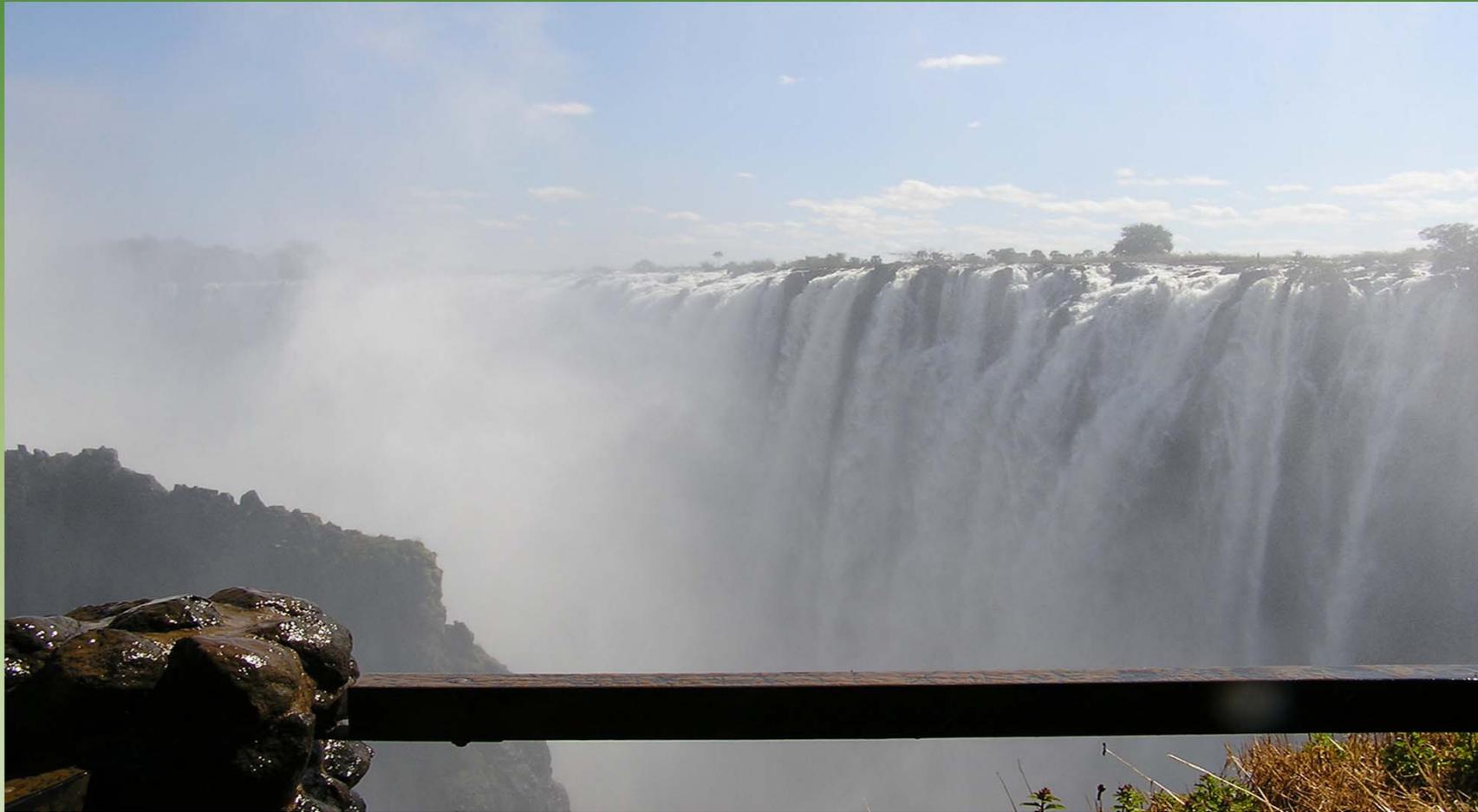
# Summary



- MoH-CHAZ Partnership is anchored on the robust health SWAp framework, and has essentially grown on a strong culture of mutual accountability, aimed at achieving better health outcomes in a sustainable environment, but recognising the mandates and policies of each Partner.
- PPPs present major opportunities for scaling up efforts in Health service delivery to achieve the desired outcomes through leveraging of financial, technical, material and logistical support.



Thank you and God Bless



*Musi-oa-Tunya (Victoria Falls), Zambia*