

**A Possibility not yet embraced
- NGOs and Health Sector Reform in Zambia**

by Richard Holloway, Pact Zambia

*document produced for
the Aga Khan Foundation/USA Policy Seminar on “The
Role of NGOs in Health Sector Reform in Developing
Countries”*

June 13 1997

A Possibility not yet Embraced - NGOs and Health Sector Reform in Zambia

by Richard Holloway, Pact Zambia

For the last two years I have been contracted by various donors in Zambia to work on matters of NGO capacity building (which is the particular speciality of Pact as an organization). This has included organizing and facilitating two workshops for UNICEF on GRZ/NGO collaboration in the field of health against the back drop of the Health Sector Reforms which were started in 1991. Since 1991 there has not been much collaboration between the Ministry of Health and NGOs - until June 97 when the first MOH/NGO Consultative Meeting was held. The reason for the lack of collaborative working practices seems to have been that the Ministry of Health gave a much higher priority to implementing the Health Reforms in its own Ministry. We thus have a situation where the Health Reforms are designed, shaped, and put in place with very little involvement of NGOs outside of those based on Christian medical missions. There has been little NGO input into policy, and little communication to the NGOs about their role in the implementation of the reformed health policy. Hopefully this will change now with the successful achievement of the first meeting, but it seems to be very late in the day, and many opportunities where NGOs could have contributed to MOH thinking seem to have already gone.

This paper looks at the background to the Health Reforms before 1991, their contents after 1991, the nature of the organizations of civil society in Zambia (both generally and in respect of health providers), the relations between the Government of Zambia and NGOs (both in general and in respect of the MOH), the problems that are evident, and suggestions on how to overcome these problems. There seem to have been the following milestones along the road:

- Sept 95: UNICEF suggests to the Ministry of Health that it is prepared to fund a first consultative meeting between the NGO in the field of health and the Ministry. While the idea elicits interest from both the Ministry and from the NGOs, the Ministry does not pursue the idea
- May 96: After a long period of negotiation the Ministry of Health signs a "Memorandum of Understanding" with the Christian Medical Association of Zambia (CMAZ), the organization which represents the Mission hospitals and health centers, an important block of the health involved NGOs¹. The MOU principally clarifies issues concerning MOH subsidies to the Mission hospitals and health centers.

¹ Available from the Ministry of Health, Lusaka

- Sept 96: UNICEF decides as an interim measure to sponsor a consultation between NGOs involved in the field of health and particularly those NGOs which are involved in community based work, this being seen as the most important experience that NGOs can bring to a Consultation with the Ministry of Health. This meeting takes place² and reveals not only that NGOs know little about what other NGOs are doing, but have a very varied pattern of interaction with the Ministry of Health. NGOs decide to make this a first in a series of meetings, but no NGO follows up.
- Jan 97: The Zambian Government holds a consultation with NGOs of all kinds with the intention of producing a draft “NGO Policy” for the Government. The World Bank, working behind the scenes, has made the production of such a policy a “soft conditionality” for further budgetary support to the Government. The World Bank would like to be able to fund NGOs to work further in social safety net activities in Zambia, and needs to be sure that a channel exists for their funding to Government to be channeled to NGOs. A well crafted document with the participation of both NGOs and Government is produced³ and sent to Cabinet in February 1997 for discussion and endorsement as official policy. To date (June 97) it has not been finalized in Cabinet.
- May 97: USAID, working through BASICS, agrees with the Ministry of Health that they will publicly solicit NGOs to work with the District health Management Teams (DHMTs) in 4 very needy districts. This solicitation is made in a public forum attended by very many NGOs. USAID agrees to fund the proposals of the NGOs which the DHMTs identify as the most persuasive, following a detailed and transparent selection procedure.
- June 97: UNICEF repeats its offer to the Ministry of Health to sponsor a MOH/NGO Consultation. This is accepted and finally takes place on June 7th in the presence of the Minister of Health⁴

Thus it is not until June 97 that the Ministry of Health invites NGOs working in the field of Health to a formal consultation with it on the subject of collaboration and cooperation

² The report of the meeting is “Learning from Each Other - report of a NGO Consultation on Community Based Approaches to Development (Nov 96): available from UNICEF, Lusaka

³ “Draft NGO Policy” available from the Ministry of Community Development and Social Services, Lusaka. Feb 97.

⁴ “Educating Each Other - report of a consultation between the Ministry of Health and NGOs involved in Health” (provisional title). June 97, available from Ministry of Health, Lusaka.

- 6 years after the Health Reform process has been started.

The Situation Pre-Reform

a. 1964 - 1975

At Independence in 1964 Zambia was one of the most prosperous countries in Sub-Saharan Africa, largely dependent on an extensive copper mining industry based in the Copperbelt Province. The copper industry also meant that Zambia had the highest proportion of urban population in Africa (approx 40%). The Government was organized on socialist principles and provided an expensive and publicly financed free health care system largely based on hospitals and health centers. These were provided by the Government, by the Christian Missions, and the Para-statal Mines. The emphasis was on a centralized Ministry of Health, largely curative services, and subsidies for the Mission hospitals and health centers. The disease pattern was one common to other tropical sub-Saharan countries, and Zambia was able to improve the health of its population considerably

b. 1975-1990

Following the collapse of the world price of copper, combined with the first oil shocks, the Zambian economy went downhill. These factors were combined with inappropriate pricing policies for agricultural production and an unwillingness to adjust to the new economic realities and resulted in declining incomes, and deteriorating social indicators⁵

In the field of Health, health infrastructure was not maintained, health centers were allowed to collapse, medical equipment became obsolete or was broken, doctors and other health professionals left to work in other countries (mostly Botswana and South Africa), and drug shortages were common.

All the common diseases (malaria, measles, cholera, tuberculosis) increased their prevalence and were joined to the usual pattern of existing disease (diahorrea, ARI etc) while the new pandemic of HIV/AIDS swept Zambia, putting a strain on the depleted existing health facilities.

⁵ An overview of this can be seen in the book "More Choices for our People" produced by the UN system and the Government of Zambia, 1996

Free health care became increasingly impossible, and was largely financed by external donors. There were occasional attempts at technical reform, but politically it was unacceptable to questioning the structure of the centralized ministry or the system of free health care. As the Ministry of Health put it, in its public information pamphlet on the Health Reforms in Zambia⁶,

“Death and malnutrition among young children is now more common than it was a decade ago, more women are dying during childbirth, and many preventable diseases are taking the lives or disabling thousands of Zambians every year”

With hindsight the World Bank produced a simile that has gained wide currency and acceptance in the Ministry of Health - the image of the Zambian Cadillac:

“The Zambian health system could be likened to a Cadillac which was maintained by a relatively wealthy family for years. But as the family’s economic situation has changed, it could no longer afford to maintain this gas guzzling vehicle without seeking assistance from cousins and relatives to help fuel, repair, and maintain it”

The 1991 Health Reforms

Following the elections of 1991 in which the old centralized political party of UNIP was defeated by the Movement for Multiparty Democracy, there was a burgeoning of new ideas for Zambia. Many health officials who had disliked, but endured the old health policies, found that this was the time and the opportunity to reform the old health system radically. They gave birth to the idea of fundamental Health Reforms, and were successful in eliciting a very large amount of external donor support for their ideas.

The revitalized Ministry of Health produced a New Vision for Health in Zambia

“to improve the quality of life of all Zambians through the Development of Health Care Systems which provide equity of access to cost effective, quality health care as close to the family as possible”⁷

and they based their Vision on three important principles which were enunciated in response to the problems suffered by the old health care system. These principles were:

Leadership

- to guide health service managers and provide a good example for all Zambians on

⁶ “Guide to Health Reforms in Zambia”. 1992. Available from the Ministry of Health, Lusaka

⁷ See footnote 6

how to protect and promote good health

Accountability

- to meet the needs and expectations of Zambians and to ensure that resources are used responsibly and well

Partnership

- for patients, health workers, traditional healers, community leaders, government, churches, NGOs, private sector and others to work together to produce better health

This was the first reference to NGOs in the Health Reform documents and it is noticeable that the Ministry distinguished between NGOs and Churches. Zambia is a very Christian country (in fact declared by the present President as “a Christian Nation”) with a rich legacy of missionary activities going back to David Livingstone.

Other features of the new Health Reforms were (and are)

- a commitment to decentralization of the Ministry of Health and the introduction of a system of bottom up planning
- a restructuring of the Ministry of Health in which the centralized Ministry retained the functions of policy making and fund-raising, but which set up a series of autonomous Boards to be responsible for implementation. These were:
 - the Central Board of Health
 - the District Health Management Boards
 - Hospital Boards
 - Area Health Management Boards
 These Boards were made fully responsible for planning and implementing the management of health services in their jurisdiction and operating areas.
- the introduction of user charges for health services with certain exceptions. In addition to the other privations that citizens of Zambia were going through in the multi party democracy era (galloping inflation, retrenchments of many public employees, rising consumer prices) this became a very emotive issue. The Ministry’s position was that not only were user charges essential to generate revenue for the Health Services, but also produced a new relationship between the people and the Government:
- By contributing to cover the costs of health services, Zambians are also earning the right to have a say in the planning and management of their services⁸

⁸ See “A note on User Charges” in footnote 6 *ibid*.

The Ministry committed itself by saying that “no Zambian will be denied access to quality health care because he or she is poor”⁹, and set up, in collaboration with the Ministry of Community Development and Social Services, a system for free referral of the most vulnerable via the Public Welfare Assistance Scheme.¹⁰

- The Ministry has identified the components of an Essential Basic Health Package which basically defines what strategies will be used to implement the new Health Policies. These have largely been agreed though not completely finalized and are costed at US\$ 7-8 per person per year.
- The Ministry has introduced and passed through Parliament new legislation which underpins its ability to implement the new policies. These are the National Health Services Act of 1995 and its Statutory Instrument 76 of June 97 which allows the Act to be finally implemented

Overview of the Civil Society in Zambia

In order to understand some of the dynamics between the Ministry of Health and the NGOs it is necessary to have an overview of the civil society sector in Zambia, and the place of NGOs in it¹¹. Within the civil society of Zambia there are two basic components, and a variety of sub-components¹². The first is:

Mutual Benefit Organizations

i.e. membership organizations set up voluntarily by people united by some common interest to help the members of that organization. Typically in Zambia these are:

⁹ Ibid

¹⁰ The PWAS has recently been redesigned for management at the community level and clear indicators produced for identifying those entitled to free health services, and free education (in the case of children). Available from the Ministry of Community Development and Social Services, Lusaka, May 1997.

¹¹ This analysis is based on the division of a society into three sectors - the first being the Government, the second being the for-profit Business sector, and the third being the not-for-profit, non-government Civil Society sector.

¹² See “Towards an Understanding of the Third Sector in Zambia” by Richard Holloway. Pact Zambia 1996

- professional associations (e.g. teachers, doctors, engineers etc)
- community based organizations (CBOs) - which typically are self help groups of people which operate in a limited geographical area. They may be indigenous, based on traditional associational patterns, but are much more likely to be induced i.e. introduced to the community by outsiders, and accepted by the community as providing a useful function in that community
- trade unions

The second is:

Public Benefit Organizations

i.e. organizations set up voluntarily by self-selected individuals or groups who chose to help society in general or special disadvantaged groups in society in particular.

Typically in Zambia these are:

- NGOs - both international and national¹³

Apart from these two important groupings within civil society, it is also important to note a third “anti-grouping” which are organizations that claim to be NGOs but which are actually self-serving, spurious organizations set up for individuals to help themselves while spuriously claiming to be NGOs. The existence of these “NGIs” (non-government individuals) has contributed to the attitudes of Government individuals towards NGOs in Zambia.

Overview of the Zambian Civil Society Health Providers

Within the range of mutual benefit and public benefit organizations of civil society in Zambia, let us focus down onto those which operate in the health field. These are:

¹³ In many countries there are also foundations or local philanthropic bodies in the sub-sector. Apart from the fraternal service organizations like Lions and Rotary, these do not obtain in Zambia

1. The Christian Medical Association of Zambia (CMAZ). This is the largest grouping of organizations working in health and represents the church mission organizations which have been in operation for over 50 years in most cases. The members of CMAZ represent 89 missions which in turn represent 16 different denominations (catholic and Protestant) and they operate in 39 provinces (out of a total of 61¹⁴). The members of CMAZ operate 29 hospitals (out of 82) and 72 rural health centers (out of 792)¹⁵, thus providing 50% of the formal health services in rural areas, and 30% of health care in Zambia as a whole.¹⁶ The Ministry of Health has always involved CMAZ in its discussions, and although the relationship has been stormy at times, it is now formalized through a Memorandum of Understanding.

2. Professional Associations. The most active of these are the associations of Nurses, Doctors, Pharmacists, and Traditional Healers. The Government has usually involved these organizations in its deliberations.

3. Community Based Organizations . The Ministry of Health has induced a CBO called the Health Neighborhood Committee which is based on the population served by a radius of 12 kms around a health center. This is the lowest rung of the Health Services. These organizations are relatively new and relatively unresearched. It is not clear yet whether they have been absorbed into the associational life of Zambia (like PTAs have been), or whether they are still seen as something belonging to the Ministry.

Donor organizations (working through different ministries and departments) and NGOs (both national and international) have also set up induced CBOs in fields pertinent to Health - e.g. nutrition committees, family planning groups, V-WASHE (village level water and sanitation health education), village development groups, satellite committees, neighborhood development groups. Recent research suggests that there is a proliferation of CBOs in Zambia induced by different bodies and not coordinated with each other. Certainly some of the CBOs only exist so long as there are material inducements to being a member¹⁷. The Ministry urges the DHMTs (District Health Management Teams) to form and to listen to Neighborhood Health Committees, but they have no official place in MOH discussions.

¹⁴ The Zambian Government is in the process of redefining district boundaries and subdividing some of the larger and more unwieldy ones. The final total may be closer to 72.

¹⁵ See "National Health Policies and Strategies" Ministry of health, Government of Zambia 1991

¹⁶ From presentation of CMAZ at the MOH/NGO consultation 7th June 97

¹⁷ See "the NGO Sector in Zambia - a study on enhancing its contribution to development" by Richard Holloway, Honorine Muyuyeta, and Hartmut Krebs. GTZ Zambia. June 1997

4. NGOs (both international and national). These operate mostly¹⁸ in the fields of Primary health care, water and sanitation, nutrition/food security, and HIV/AIDS education and prevention plus the care and welfare of AIDS sufferers and those left behind after their deaths. They vary from organizations which claim to have operations in every district of the country like PPAZ (Planned Parenthood of Zambia) and PCZ (Population Services of Zambia) to very small organizations operating in one urban compound, or one ward. The MOH has not involved such organizations into its discussions and deliberations, apart from occasionally inviting the largest international NGOs (like CARE and World Vision). NGOs have a lot of rich experience particularly in working at the community level in programmes connected to the social sectors.

The Role proposed for NGOs by the Ministry of Health

One of the Principles of the new Health Reforms is:

“For patients, health workers, traditional healers, community leaders, churches, NGOs, private sector and others to work together to produce better health”

and one of the Guidelines is:

“Partnerships with non-governmental organizations, the church, the private sector and traditional practitioners must be strengthened to promote better health”

but the situation has been that no consultation with NGOs in health (except for that subset of the Missions coordinated by CMAZ) has taken place from 1991 until June 97 to define what is meant by the principle and the Guideline. There have been no documents which spell out for the NGOs what this all means for them. There seems to have been insufficient clarity in identifying the differences between NGOs and CBOs and their respective functions, and very little involvement of NGOs in the policy and planning of the Health Reforms. The exceptions, as noted before have been CMAZ, the professional associations, and traditional practitioners. In Sept 1995 the Ministry of Health with sponsorship from USAID held a national meeting with the private sector involved in health care¹⁹, but did not do so with NGOs until June 1997.

For many NGOs, and perhaps for some in the Ministry of Health, it is not clear what “partnership” means, and what they are meant to do to be “partners”.

¹⁸ See “Learning from Each Other - report of a NGO Consultation on Community Based Approaches to Development” (Nov 96)

¹⁹ Report available from USAID, Lusaka

Relations between NGOs and Government in general

Before reflecting on the seeming mismatch between the rhetoric of the Health Sector reforms about NGOs, and the Ministry of Health's actions, it is valuable to put this into the larger context of the relations between NGOs and the Government of Zambia.

Before the new situation of 1991, NGOs had been discouraged in the first and second Republics. In Zambia during that time the party, UNIP, was considered to provide for all the associational needs of the people and NGOs were not considered necessary. They were not banned, however, and legally they had every right to exist.

Following the victory of multi-party democracy in 1991 there was an explosion of NGOs as Zambians translated one aspect of democracy as the right to form voluntary associations. There has been a steady growth in NGOs, and more particularly CBOs, in the years since 1991 as people realize they cannot depend on the government for many of the services they were used to, and need to form self-help groups. The usual legal persona of the Society has been largely used, and there has been no government pronouncements for or against NGOs until recently, apart from the disapproval of opportunistic "NGIs" as mentioned previously.

For the most part there have been good working relations between NGOs and Government at district and technical levels, although this has been less good at national and political levels. The Government, which has been operating in financial scarcity, and which has had to cut back on the services that the people expect from Government, has viewed NGOs sometimes as supporters who are able to supplement the work of the cash strapped government, and sometimes as competitors who deflect the peoples support from and loyalty to the existing political regime.

One significant factor in Government/NGO relations comes from the growth since 1991 not just in NGOs per se, but in NGOs formed to be watchdogs for democracy. Considerable numbers of NGOs have chosen that avocation, and they have been helped considerably by donors interested in strengthening democracy and governance in Zambia. Such NGOs, not surprisingly, spend some of their time criticizing Government for its shortcomings in pursuing democracy. In 1996 this was focussed on the Constitutional Reforms, the Voter Registration process, and the lead up to the 1996 elections in November. Some of these "civic" NGOs²⁰ declared that, in their opinion, the 1996 elections were not free and fair, and caused a strong reaction from the regime.

²⁰ "Civic" NGOs are those involved in civic education, and the promotion of democracy and governance. They are part of, but not all of, "civil society". There has been a lot of terminological confusion in Zambia on this point.

The regime attacked “NGOs” for being partisan, for being disloyal, for being unpatriotic. Its target was the civic NGOs, but that was never clarified sufficiently, so that the media reported attacks on NGOs as if they were all the same.

In January 97 under pressure from the World Bank (who saw NGOs as important actors in social safety net programs in Zambia), the Government of Zambia, through the Ministry of Community Development and Social Services, convened a meeting of Government and NGOs to agree a Draft NGO policy for the Government to adopt. There was a lot of plain speaking (two NGO participants were under court orders in connection with accusations of breaking the law in respect to partisan politics), but what eventuated was a generally agreed draft that would establish NGOs role much more clearly as contributors to development and supplements, complements and alternatives to government policies and practice²¹. The draft policy went to Cabinet for ratification in February, and at the time of writing in June 97, has not surfaced - which is causing scepticism and disappointment amongst the NGO community²².

Relations between Ministry of Health and Health Providing NGOs

I will try and sum up these relations to understand the present position, and then suggest some recommendations about how the relations could be improved>

1. The MOH has held specific discussions with CMAZ and clarified their contribution to the Health Sector culminating in a Memorandum of Understanding in May 1996. A large part of that Memorandum has to do with subsidies and personnel policies, rather than with the contribution of NGOs to the Health Policy
2. The MOH has involved professional associations in policy discussions, plus some foreign NGOs
3. MOH has been encouraged by donors to hold consultations with NGOs on partnership (this is a regular component in the annual donor review of the Health Sector Reform). In particular it has been encouraged since 1995 by UNICEF to hold such consultations (and UNICEF offered to pay for them). This produced no action until June 97
4. In 1996 an official at MOH was designated Coordinator for Donors and NGOs. It is not perhaps surprising that negotiations with donors have been of higher priority for that person than coordination with NGOs

²¹ See footnote 3

²² See Press Statement from the NGO Coordinating Committee in the Times of Zambia June 9th 1997

5. There has been good coordination between NGOs and Government at technical levels through their participation in such donor/govt/NGO fora as the National Aids Network, and the Technical Committee on Population.

Problems in the Ministry of Health's thinking on NGOs

A starting point is that the Ministry of Health is not well informed about NGOs working in the fields of Health, and does not keep good records on them. MOH officials knowledge of NGOs is mostly based on personal contacts. The Ministry, rightly, complains, that there is no locus for this information. Further problems are that:

1. There is no established forum for the Ministry of Health to meet NGOs, except for those coordinated by CMAZ
2. What research that has been done on NGOs in Zambia has a consensus that NGOs comparative advantage is community mobilizing, community inter-action, and community organizing. Yet the Ministry of Health policy suggests that the Central Board of Health, operating through the Area Boards of Health should do the required community organizing to set up Health Neighborhood Committees. The MOH does not seem to have a clear understanding of how NGOs work in Zambia - which is often to set up CBOs, and then support them.
3. The MOH explanation for the delay in the consultative meeting with NGOs was that the huge task of re-orienting, and re-structuring the Ministry of Health had consumed their time and that they had needed *"to get our own house in order first"*. While this is understandable it ignores the fact that NGOs could have been useful in that task as well.
4. The MOH's understanding of the role of appropriate to NGOs seems to be one of simply supplementing the work of the MOH - not complementary, and not alternative (although these roles were agreed for NGOs in the Draft NGO policy). This belief does not lead them to expect new ideas or constructive, and innovative ideas from the NGOs - and yet this is a commonly accepted feature of NGOs work.
7. It does not seem that there has been much attention paid to what the MOH can learn from the innovative activities of NGOs/CBOs, what NGO research findings can be fed into MOH policy thinking, what involvement there can be of NGOs/CBOs in District Health Boards, or what training opportunities NGOs can provide.

Problems in the NGO sector

The problems, of course, are not only at the Ministry of Health. The NGO sector in

Zambia is quite undeveloped as a sector, equally so the sub-sector dealing with health.

1. NGOs/CBOs are by no means present throughout the country - offering a shadow resource for health provision. NGOs in general are scattered and spotty, and this is even more true for NGOs in the health field.
2. NGOs/CBOs are very varied in competence, and it is generally agreed by them and their donors that they generally are lacking in management skills
3. NGOs are very dependent on donors, and are vulnerable to being donor driven and following donor dictates. This particularly contrasts with the MOH who claim to have a true partnership relation with their donors now which has transcended the donor domination of 5 year previously.
4. NGOs have no one representative body to represent their interests. Even worse, they have a collection of competing bodies, none of which can claim to represent all NGOs
5. NGOs have no sectoral representative body in the field of Health (except for CMAZ which represents one grouping within the NGOs, and various specialist technical groupings)
6. Largely because of No 5 above, NGOs in the Health field have not mapped, counted, measured, or defined themselves. There is no locus of information on who they are, where they work, and how competent they are.
7. NGOs as a sub-sector have not pushed for consultations with the Ministry of Health. Some NGOs, often on the basis of personal contacts with MOH officials, have held personal meetings
8. NGOs are generally ignorant about the way that the Health Reforms are being implemented and do not understand what it means to be a “partner”. To the Ministry of Health.

Having identified the problems from both the Government side, and the NGO sides, it is now time to suggest some possible improvements.

Possible Improvements from the Government's side

My suggestion is that there is a need to change certain attitudes within the Ministry of Health which would suggest some organizational structures to support better collaboration.

Generally the MOH should exhibit some interest in learning from NGO experiences, which, it is hoped, will lead to them appreciating the value of NGO work, and to an interest in setting up regular fora for communication. The Minister for Health at the June 7th Consultation suggested that it would be valuable to have one, or a series of, “Memorandum of Understanding” which would clarify the formal relations between NGOs and MOH, just as it had done with CMAZ.

In particular it is important for the MOH to research and reflect on the comparative effectiveness of Government and NGOs in community mobilizing, and following such reflection, to clarify the most effective roles for NGOs

The following organizational structures could be useful:

- regular consultative meetings with NGOs at national levels organized by CMOH and at District levels organized by DHMTs
- formal relations with a representative body or bodies for the NGOs (once the NGOs can be persuaded to set these up) for their contribution to policy matters
- a coordinating focal point at the MOH and/or the CBOH specifically for NGOs and clear guidelines for NGOs on their contact points in the Ministry of Health,
- clear guidelines produced for the NGOs on their opportunities to participate in the new Health Reforms
- a requirement that District Health Management Boards document the NGOs, and CBOs operating in their Districts in health service provision. DHMTs could be given Guidelines for meeting, mapping, and investigate NGOs/CBOs in their territory. This would give the MOH and CBOH considerable information as to the reality of the claims often made by NGOs about what they are doing where.

Possible improvements from the NGOs side

Just as with the MOH, the NGOs also need to change their attitudes. There should be an appreciation that in the Ministry of Health the NGOs have a Ministry which is involved in a radical review of its functions, a new approach to partnership, and appreciate its sincerity and commitment. As was repeated frequently at the June 7th meeting, it is *“Not like other Ministries”*

The NGOs involved in health matters should be truly interested in what is happening in Health Reforms and not remain detached and disengaged from a most important development. Specifically they should constructively engage with the Ministry and not wait for Donors to broker consultative meetings

From the perspective of organizational structures it is most important for NGOs in the health field to set up an umbrella body for Health NGOs (possibly a forum federated

from smaller existing fora). It is not clear who can do initiate and this, but NGOs must get over their disinclination to organize themselves and “get their act together”. One of the first tasks of such a body is to set up a directory of Health NGOs which is more than a listing of addresses. Such a directory must have a clear explanation of the contributing NOGS with their capacities and experiences. Another important task would be to write case studies which would illustrate the range of NGOs experiences. NGOs at District level should set up District level fora for Health NGOs and also District level fora between these NGOs and DHMTs

A combination of these measures, from both the MOH and the NGO side would go a long way to introducing the two sides to each other, clarifying their skills and experiences, and assessing their comparative advantages. Hopefully such an exchange of information would lead to a greater incorporation of NOGS into the work of the Health Reforms, which would in turn lead to greater performance in the Health Reforms. The opportunity is not lost, but it has been greatly delayed.

References

Ministry of Health, Government of Zambia: National Strategic Health Plan (3rd. Edition July 1996)

Ministry of Health, Government of Zambia: Partnership in Health Implementation Strategies (Oct 1996)

Ministry of Health, Government of Zambia: National Health Policies and Strategies (Health Reforms)(Dec 1991)

Ministry of Health, Government of Zambia: Memorandum of Understanding with CMAZ (Sept 96)

Learning from Each Other - report of a NGO Consultation on Community Based Approaches to Development (Nov 96)

Educating Each Other - Report of MOH/CBOH/NGO Consultative Meeting (June 97)

Richard Holloway: Toward an Understanding of the Third Sector in Zambia. Pact Zambia. July 1996

MCDSS, Govt. Of Zambia: Draft NGO Policy

Ministry of Health: A guide to Zambia's Health Reforms. Brochure 1994

Katele Kalumba: Towards an Equity Oriented Policy of Decentralization in Health Systems under Conditions of Turbulence - the case of Zambia. WHO Discussion Paper 6 (Mar 97)