

## Oxfam Management response to the review of *Citizen Voice in Zambia: Evaluation of the ‘Vote Health for All’ campaign*

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### 1. The context and background of the review

As part of Oxfam Great Britain’s (OGB) Global Performance Framework (GPF), samples of mature projects are randomly selected each year and their effectiveness rigorously assessed. The “Vote health for all” project was selected for review in this way under the citizen voice thematic area in its contribution towards:

- Increased budgetary allocation to health to at least 15% of country national budget in line with the Abuja Declaration
- Abolition of user fees in all public urban health facilities

The 2011 parliamentary and Presidential elections in Zambia in September 2011 were identified as a key moment to press for change in access to healthcare in the country. Notably and learning from other election-related campaigns in Malawi, Nigeria, and Liberia, Oxfam and her partners used the opportunity to mount a campaign dubbed “Vote Health for All” to improve access to health care for all Zambians. Among many health issues that the campaign focused on was advocacy towards increased commitment to health budgetary allocation in line with 15% Abuja declaration commitment and increased access to health services through abolition of user fees in urban areas. Campaign activities were implemented at constituency and national level, mobilising thousands of community members to engage with the democratic process and express their views on health provision in the country.

The evaluator applied a form of system mapping to the campaign, identifying various key players, activities, outputs and outcomes that were expected to change and how this change occurred. Ways of measuring or capturing whether those changes have occurred were then identified.

## 2. Summary main findings and recommendations

### Summary of main findings:

Outcome	Rating	Short commentary
<b>Increased budgetary allocation to health to at least 15% of the country's national budget in line with the Abuja Declaration.</b>	<b>3.5</b>	Although the Government has not yet reached the 15% Abuja Declaration target, It is highly likely to achieve this target by 2016. This can be deduced from increased budgetary allocation to health due to the political commitment from the current leadership. This commitment is also referenced in various Government documents.
<b>Abolition of user fees in all public urban health facilities.</b>	<b>4</b>	The main influencing factor to achieving the outcome is an increased allocation to the health budget, followed by the PF manifesto, which was targeted at improving access to quality services. Commitment to increased funding to health was partly influenced by the 'Vote Health for All' campaign, although there is evidence that the campaign itself had a direct influence on abolition of user fees.

### Recommendations and Lessons:

#### Key Recommendations:

**Strengthen follow up mechanism of the outcomes:** some of the advocacy outcomes are long term and a campaign of this nature can be sustained if there is a clear follow-up mechanism of the anticipated outcomes, as it is there is seemingly weak or no clear follow up mechanism for the campaign outcomes. This can be strengthened through strengthening of the organisation M&E system. There is also a need to ensure that communities and political leaders provided feedback on whether or not the commitment made by political leaders has been achieved or not so that they hold the leaders accountable.

**Include constituency and area Members of Parliament accountability in the campaign and in future ones:** While this campaign targeted high level national commitments, it is imperative that at a lower level such as at constituency and ward level, leaders are also held accountable, thus a need for future campaigns to consider ensuring that civic leaders too are held accountable. There is also a need to carefully consider working with losing aspiring candidates and opposition party members who also made commitments during the 2011 campaign.

**Ensuring sustainability with clear exit strategy:** A campaign of this nature should have a clear sustainability plan with clear exit strategy. This is also given the fact that it involved a number of key stakeholders and different CSOs who can play a critical sustainability role even after the campaign cycle if they were clear of the exit plan



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**Strengthen Partner Coordination:** The campaign involved a lot of CSOs and one of the challenges faced was coordination and ensuring that each organisation played an effective role. Future campaigns of this nature should ensure effective coordination with clear roles defined for each of the organisations involved.

**Map out rival interventions:** There is need for clear mapping of similar campaigns/intervention occurring concurrently with Oxfam campaigns, so clear areas of influence can be established right at campaign conception. This would also be of importance to inform an evaluation of this nature.

**Consider the following lessons for future campaigns:**

- Target influential leaders even its only one leader:  
From the findings of this evaluation, it is clear that targeting influential leaders in the country is strategic and effective tool to achieving the advocacy outcomes. Similarly the inclusion of influential individual community leaders such as chief Mumena played a very critical role in influencing the outcomes
- Timing is crucial:  
The campaign came at critical time. There is a higher likelihood that the outcomes would have been different if the campaign came at a different time.
- Targeting is key:  
The campaign targeted a coalition of CSOs, community members, and community and political leaders who would make a change. For instance highest holder of offices of political leaders such as party presidents and representatives of political party health committees were strategically targeted. This played a positive aspect in influencing the campaign outcomes.

**3. Overall do the findings of the review concur with you own expectations or assessment of the project's effectiveness?**

The findings of the assessment are consistent with the findings and information shared during programme monitoring, review and reflection activities undertaken during and after the campaign. This gives enough credence to the findings and hence a firm foundation for planning consequent actions.

The Project's objectives were to increase national budgetary allocation to the health sector to at least 15% in accordance with the Abuja declaration and abolish user fees in all health facilities. Although the budgetary allocation to the health sector did not reach the target of 15% of the annual national budget, during the period from 2011 to 2013, there was a progressive increase each year in the allocation of resources to the health sector. However, the drop in 2014 presents a challenge as to whether the government will meet the 15% target by 2016 as articulated in the report. The abolishing of user fees was fully achieved as user fees were removed from all public health facilities in both rural and urban areas just a few months when the new government took office following the parliamentary and presidential elections of September 2011.

**4. Did the review identify areas that were particularly strong in the project?**

The review identified some key areas that were strong in influencing the achievement of the desired outcomes and these included;

**Targeting of influential leaders;** The campaign's strategy of targeting the influential candidates, some of whom became Ministers after the 2011 elections as they became the decision makers who influenced policy to favour the outcomes of the campaigns by acting on the campaigns requests.

**Timing of the campaign;** the Vote Health for All campaign was well timed as it took advantage of the election period when aspiring candidates go to the electorate to explain what they would deliver if they are elected into office. The campaign made them sign pledge cards to commit to what they were promising to do for the people.

**Working with CSO Coalitions;** working with CSO coalitions helped to increase the number of organisations speaking with one voice and the networking allowed for greater skill sets that helped in the mobilisation of communities as well as candidates from various political parties, chiefs and MPs.

**Community Participation;** The mobilisation and participation of community members in the campaign gave the campaign the people's face as they were the ones that were meeting with the candidates to demand for their right to health. This gave legitimacy to the campaign as it reflected the people's needs and their expectations from the people in government.

**5. Did the review identify areas that were particularly weak in the project?**

The review did identify some areas that need to be improved for better outcomes to be obtained from the campaign and these included;

**Follow up;** the follow up activities to the campaign need to be strengthened and realigned with what is obtaining in the health sector in order to keep the momentum going.

**Sustainability;** with the follow up activities having dragged to start, the sustainability of the project's outcomes would need to be strengthened. Mechanisms need to be put in place to ensure that the communities are empowered to monitor and hold the authorities accountable to the delivery of health services to all. One effect of this is that the budget allocation for 2014 reduced to 9.

**6. Summary of review quality assessment**

The assessment was strong as it covered most aspects of the two project objectives that were selected for assessment. A wide range of evidence was examined during the review exercise and these were adequately covered in the session of the discussion of findings. The relevant policy documents were reviewed and the events in the health sector that occurred after the parliamentary and presidential elections of 2011 were sufficiently traced to bring out the changes that could be attributed to Vote Health for All campaign. The appropriate methodologies were adopted to give a clear picture of the effectiveness of the campaigns interventions.

**7. Main Oxfam follow-up actions**

The following actions will be done

- Increase follow-up advocacy and monitoring activities on the government expenditure in the health sector by developing an action Plan to address specific issues raised in the review.
- Integrate the Vote Health for All campaign follow up activities in the community health meetings on MDGs by 2015
- Sensitize communities through radio programmes on their right to health and spaces they can use to hold authorities accountable by December 2015
- Capacity building of the Civil Society Health Forum and its members by December 2015.
- Conduct an intervention mapping of similar campaigns around elections by July 2016.

**8. Any conclusions/recommendations Oxfam does not agree with or will not act upon**

All the conclusions and recommendations have been taken into account and used to inform the next steps of improving the implementation of health campaigns. Some of them are already receiving active attention such as the development of new concepts for follow up interventions on the campaign.

**9. What learning from the review will you apply to relevant or new projects in the future? How can the regional centre/Oxford support these plans?**

**Targeting influential leaders even its only one leader**

From the findings of this evaluation, it is clear that targeting influential leaders in the country is strategic and effective tool to achieving the advocacy outcomes. The fact that the campaign targeted leaders such as Professor Nkandu Luo, who has been Minister of Health, civil society leader, advocate and activist and became Minister in the new government, she also understands international and regional commitments towards improving health. She and other key individual political leaders are able to influence the change if timely engaged with evidence. Similarly the inclusion of influential individual community leaders such as chief Mumena played a very critical role in influencing the outcomes.

However, targeting will be broadened to ensure a broader spectrum of leaders at various levels talk about health funding and commit to the cause

**Timing is crucial**

The campaign came at critical time when political leaders needed votes and thus they needed to be identified with the people. The campaign was also launched at the time that calls for increased funding and improved access to health services as such it resonated very well with the needs of the people. Thus it helped in ensuring that the political party manifestos were somewhat aligned to the critical needs of people. The campaign was also timely launched in relation with change of the government, which was anxious to fulfilling its campaign promises. There is a higher likelihood that the outcomes would have been different if the campaign came at a different time.

However, activities that support this campaign would need to roll out in good time so as to allow adequate preparation for the climax of the campaign

**Targeting is key**

The campaign targeted a coalition of CSOs, community members, and community and political leaders who would make a change. For instance highest holder of offices of political leaders such as party presidents and representatives of political party health committees were strategically targeted. This played a positive aspect in influencing the campaign outcomes.

**Regional Centre/Oxford**

The Regional Centre/Oxford can provide support by proving technical input into the actions that are being taken forward. Experiences from other countries and regions of the world can be shared for learning purposes in order to improve the quality of the campaigns. The Regional Centre/Oxford can also help to link the campaign to other similar world wide campaigns as well as link the country to resources that can make help push the campaigns further.

10. **Additional reflections** that have emerged from the review process but were not the subject of the evaluation.

N/A