DFID Management Response to the Independent Commission for Aid Impact recommendations on:

DFID'S SUPPORT TO THE HEALTH SECTOR IN ZIMBABWE

ICAI Recommendation	Action already taken	Action to be taken	Target date
Recommendation 1: As noted by the International Development Committee, DFID should support the Zimbabwe Ministry of Health to strengthen its capability to manage the health system.	 DFID has helped ensure that strengthened capability in the Ministry of Health is an important component of the Health Transition Fund, an instrument to provide comprehensive support to the health sector in Zimbabwe, which was launched in November 2011. Between 2009–11, DFID has provided long term technical assistance to the Policy, Planning, Monitoring & Evaluation Department of the MOHCW. 	 DFID will work closely with other funding partners and with the Ministry of Health and Child Welfare (MOHCW) to ensure the newly launched Health Transition Fund (HTF) strengthens the capability of the Ministry. DFID will consider with others the options for providing further technical assistance within the HTF to strengthen the capability of the MOHCW. 	2015 (progress reviewed annually in March). June 2012

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Recommendation 2: DFID should plan to address the risk of falling value for money if funding is scaled up further. This should include identifying the major value for money risks and specifying how they will be managed and monitored.	At the project design stage DFID identifies and assesses key risks and mechanisms to mitigate those risks.	 3. DFID Zimbabwe will produce a detailed Value for Money Strategy which will enable it to effectively prevent falling value for money in any of its projects. 4. Value for money work will include agreeing measures to mitigate the risks of corruption taking into account those to be agreed by DFID in response to the ICAI review of DFID's approach to Anti-corruption 	April 2012 April 2012
Recommendation 3: DFID should continue its efforts to promote the removal of user fees for pregnant women and children under five and ensure that this is a core objective in future support to maternal health.	 DFID has worked with partners to ensure that the removal of user fees is an explicit objective in the new Health Transition Fund, launched in November 2011. Regular meetings since March 2010 between senior DFID officials and the Ministers of Finance and Health and their senior officials have stressed the importance 	 5. DFID officials will seek Ministerial approval for financial support to the implementation of the Health Transition Fund. 6. DFID will work with partners during implementation of the Health Transition Fund to continue to press for the removal of user fees as soon as possible. 7. DFID will continue to support efforts to monitor and track user fee charges through the Vital Medicines and Health Survey (VMAHS) and will also monitor this through accountability initiatives 	March 2012 Ongoing Quarterly VMAHS reporting.

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	of removal of user fees. A technical assistance mission in 2010 provided advice on the user fees issue.	Operational Plan for Zimbabwe.	
Recommendation 4: DFID should ensure more comprehensive reporting across the delivery chains, with clearer linking of funding to performance delivered.		 8. DFID Zimbabwe's new Value for Money Strategy will ensure a more consistent and systematic approach to collecting data on our projects which will strengthen monitoring of results delivered against funding provided. 9. The focus of the new Annual Review and Project Completion Report templates on Value for Money will help support this process 	April 2012 January 2012 onwards
Recommendation 5: DFID should take the lead in the donor community to agree a common definition of administrative costs and require implementing partners to report administrative costs on that basis.	■ DFID Zimbabwe has taken a leadership role in the negotiation on overheads and administrative costs with UN agencies and other implementing partners for joint programmes.	10. DFID Zimbabwe will work with other bilateral agencies in Zimbabwe to seek to agree a common definition of administration costs and identify a suitable mechanism for regular reporting.	June 2012