

**INSPECTION REPORT OF THE RURAL HEALTH FACILITIES OF THE MINISTRY OF HEALTH
PROPOSED FOR USE AS FINANCIAL ACCESS POINTS**



DECEMBER 2021

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1. BACKGROUND

The objectives of the 2017-2022 National Financial Inclusion Strategy (NFIS) are targeted at increasing the population of financially included adults to 80 percent (i.e. both formal and informal) and the percentage for formal financial inclusion to 70 percent by 2022.

One of the initiatives to attain these high level targets is to promote financial inclusion in rural areas. In this regard, the Government has set the following specific targets:

- to increase the percentage of districts with at least one financial access point to 100 percent by 2022 from the 82 percent recorded in 2015; and
- raise the level of financial inclusion in rural areas to 75 percent from 50 percent during the same period.

According to the FinScope 2020 Survey, there has been some progress, as the level of financial inclusion among the adult population rose to 69.4 percent from 59.3 percent in 2015. The level of financial inclusion among adults in rural areas increased to 55.9 percent from 50.1 percent while that of urban based adults rose to 84.4 percent from 70.3 percent. This was largely attributed to the implementation of strategies and initiatives that led to higher uptake of digital financial services.

The main challenge observed was that only a few Financial Service Providers (FSPs) were motivated to expand their branch networks into rural areas. This was largely on account of sparse populations; poor infrastructure such as roads and communications networks; low financial literacy, high set up cost as well as lack of a business case for profitability to invest in the remote areas. As of June 2020, 39 out of the 116 districts in the country, did not have either bank branches or agents (Table 1).

Table 1: Number of Districts Without Financial Access Points in Zambia

PROVINCE	NUMBER OF DISTRICTS*
Central	3
Eastern	6
Luapula	6
Lusaka	1
Muchinga	5
Northern	4
North Western	3
Southern	2
Western	9
TOTAL	39

**See Annex 1 for names of the districts*

To contribute towards the achievement of the NFIS targets, the Bank of Zambia (BoZ), in collaboration with the Ministry of Finance (MoF), initiated an activity in June 2020, aimed at promoting the use of Government institutions such as schools and health facilities, as access points for the delivery of financial services by FSPs.

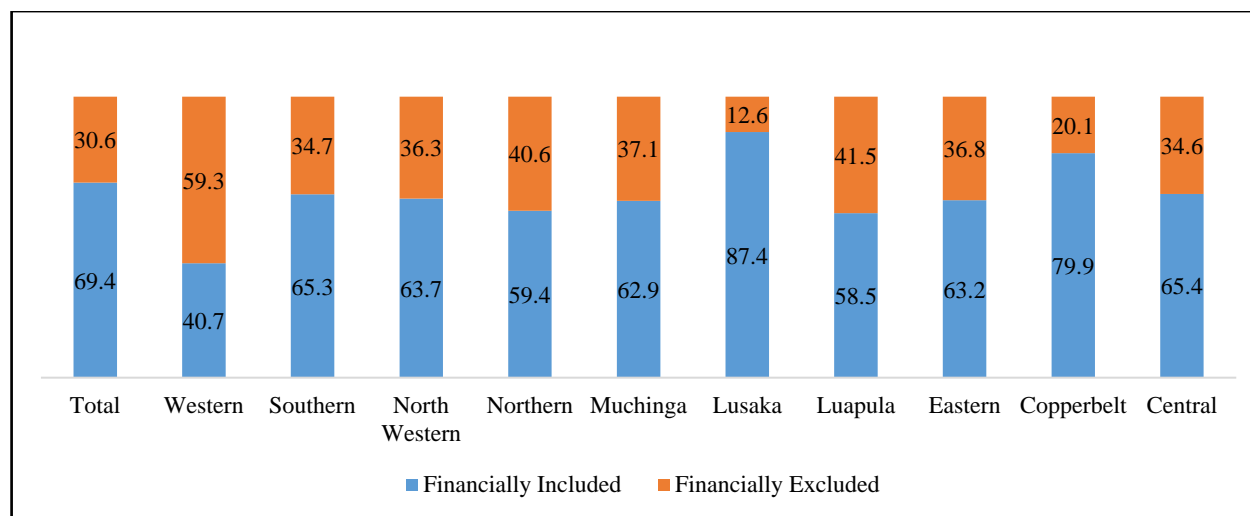
The undertaking was supported by results from the geo-spatial mapping exercise conducted by Financial Sector Deepening Zambia (FSDZ) in 2017, which showed that 45 percent of adults were within 5km of either a health facility or a primary school in rural areas. The proximity of the adult population to these and other government facilities presented an opportunity for their proposed use to provide financial services by FSPs who would be willing to do so, in addition to leveraging on the availability of digital financial services.

In December of 2020, the Ministry of Health (MoH), Ministries of Higher and General Education and church mother bodies, were engaged and requested to submit possible facilities that could be used as financial access points in the rural districts which were identified as being under/unserved.

As of end-April 2021, only the MoH responded positively to the request with a listing of 32 facilities in some of the under/unserved rural districts. The BoZ and MoF proceeded to the next phase of the project by working with the MoH. The activities involved inspections of 29 MoH facilities from the 32 facilities submitted across 6 provinces, to assess the suitability of use by FSPs¹.

The selected districts were from provinces that recorded low levels of financial inclusion according to the FinScope 2020 survey report as follows: Western (40.7 percent), Luapula (58.5 percent), Muchinga (62.9), Eastern (63.2 percent), Southern (65.3 percent) and Central (65.4 percent) (see **Figure 1**).

Figure 1: Level of Financial Inclusion by Province



The first phase of inspections were done in Luapula and Muchinga Provinces from 2nd to 15th June, 2021 as well as Western Province from 2nd to 11th June, 2021. However, due to the Covid-19 pandemic restrictions, inspections of the other provinces were suspended, until September 2021. The second phase of inspections were conducted in Southern and Central Provinces from 26th September to 3rd October 2021 and Eastern Province from 26th September to 1st October 2021. The team of inspectors comprised officers from the Bank, MoF and MoH.

¹ Three health facilities out of the 32 were not inspected due to the location, distance and time constraint.

2. EXECUTIVE SUMMARY

Financial inclusion has been adopted as one of two focus areas in the 2020-2023 Bank of Zambia (Bank) Strategic Plan, with financial stability as the other focus area. In order to contribute to raising financial inclusion of the rural based population, the Bank, working in collaboration with MoF, implemented an initiative to facilitate increasing outreach of financial service delivery. This activity involved the following:

- 1) Identifying districts without branches or agents;
- 2) Engaging government institutions such as MoH, MoE and religious bodies to request for the use of their facilities in rural areas, as Financial Access Points (FAPs) by Financial Service Providers (FSPs);
- 3) Inspecting the facilities to ensure fit for purpose of use to provide financial services; and
- 4) Consolidating the findings for presentation as a business case to FSPs for consideration.

A team comprised of staff from the BoZ, MoF and MoH conducted inspections in 29 health facilities from 26 districts, across six provinces namely, Luapula, Muchinga, Western, Southern, Central and Eastern. From these inspections, 18 (62 percent) health facilities were assessed as suitable for use as FAPs (assessed as “pass”). Generally, these facilities had a good road network; available office space; were connected to the national electric power grid, and had good internet/mobile telecommunication reception. The major constraint for facilities deemed not ideal for use (assessed as “fail”) was a lack of connection to the national electric power grid or the unavailability of a reliable alternative source for electricity and unavailability of free office space.

It was further observed that the uptake of financial services remained very low, despite the presence of mobile money providers like Airtel, MTN and Zamtel. This was largely due to agents not having adequate cash. Customers had to travel long distances to the nearest town to make cash-in/out transactions, or arrange a financial transaction (cash in/out) with a mobile money agent, several days in advance. It is from this backdrop, that this report of the inspections highlights the importance of promoting the expansion of agency banking into the rural areas. The main advantage for FSPs is the lower set-up costs, as they would be able to use existing MoH facilities to provide financial services in the rural districts.

The consolidated inspection report of the MoH facilities in Luapula, Muchinga, Western, Southern, Central and Eastern Provinces presents the following recommendations:

- FSPs should be encouraged to provide financial services to all the rural districts where the GAPS were assessed as “pass”; and
- Engagement of government through the main secretariat of the NFIS to improve road, electricity and communication infrastructure in rural districts where the GAPS were assessed as “fail”.

3. FINDING FROM THE FINSCOPE 2020 SURVEY

Financial inclusion has increased by 35.7 percentage points since the first survey was conducted in 2005. According to the Finscope 2020 Survey the level of financial inclusion rose to 69.4 percent from 59.3

percent in 2015, 37.3 percent in 2009 and 33.7 percent in 2005. Rural areas remained significantly behind in most major indicators of financial inclusion, despite having the largest population of adults compared to urban areas as shown in **Table 2**. Promoting financial inclusion in rural areas becomes particularly important if the country is to reach the national target of 80 percent by 2022.

Table 2: Financial Inclusion Statistics on Adults in Rural and Urban Areas

Indicator	2020		2015	
	Rural	Urban	Rural	Urban
Adult population (million)	5.0	4.5	4.4	3.7
Adult population (%) of national population	52.6	47.4	54.8	45.2
Financial inclusion (%)	55.9	84.4	50.1	70.3
Formal financial inclusion (%)	44.2	80.9	26.6	52.2
Informal financial inclusion (%)	30.6	34.1	37.8	48.1
Banked adults (%)	26.2	73.8	36.2	63.8
Adults using Microfinance Services (%)	24.4	75.6	51.8	48.2
Adults using mobile money services (%)	37.9	62.1	29.2	70.8
Adults using informal credit (%)	17.3	18.3	18.6	22.5
Adults using informal savings services (%)	19.5	22.7	13.7	17.5
Adults financially healthy (%)	11.7	15.8	-	-
Adults financially literate (%)	16.2	31.9	-	-
Adults who experienced climate change effects (%)	67.8	63.6	-	-

4. DETAILS OF THE INSPECTIONS

The 29 MoH facilities that were inspected from the listing provided, and the estimated population derived from the 2010 National Census, were as follows:

Table 3: Health Facilities Inspected for Potential Use as Financial Access Points

PROVINCE	FACILITY	POPULATION
Luapula	St Joseph Mission Hospital - Lubwe - Chifunabuli District	70,391
	Chipili Zonal Rural Health Centre – Chipili District	32,565
	East 7 Rural Health Centre - Milenge District	43,649
	Putu Rural Health Centre – Chienge District	27,254
	Kazembe Zonal Health Centre – Mwansabombwe District	25,550
Muchinga	Chalabesa Mission Hospital – Kanchibiya District	11,446
	Shiwangandu Urban Clinic – Shiwangandu District	5,145
	Thendere Rural Health Centre – Mafinga District	13,645
	Mpumba rural Health Centre – Lavushmanda District	7,774
Western	Sikongo Rural Health Centre - Sikongo District	13,484
	Muoyo Rural Health Centre - Nalolo District	6,551
	Masese Rural Health Centre - Mwandu District	31,265
	Mwandu Mission Hospital - Mwandu Royal village - Mwandu District	30,394
	Luampa Mission Hospital - Luampa District	53,000
	Mitete Rural Health Centre - Mitete District	6,300
	Nkeyema Zonal Clinic - Nkeyema District	9,000
Eastern	Chikoma - Vubwi District	11,620
	Madzimawe Rural Health Centre - Kasenengwa District	14,307

Eastern	Chasefu Mini Hospital - Chasefu District	12,440
	Kanyanga Zone Mission Clinic - Chasefu District	13,910
	Kasenga Rural Health Centre - Chipangali District	8,000
	Ukwimi A Rural Health Centre - Lusangazi District	5,012
	Mtenguleni Health Post - Kasengwa District	7,703
Southern	Munyumbwe Rural Health Centre – Gwembe District	7,920
	Gwembe Hospital affiliated facility – Gwembe District	5,544
	Pemba Main Clinic – Pemba District	7,011
Central	Chitambo District Hospital - Chitambo District	70,000
	Old Mkushi Rural Health Centre - Luano District	5,999
	Mumba Chala Rural Health Centre - Ngabwe District	5,373

5. SUMMARY OF INSPECTION FINDINGS

The measurement criteria focused on four components that were used to rate facilities as either “pass” or “fail”. Facilities rated “pass” were deemed most favourable for use by the FSPs, while those rated “fail” were the least favourable for use. The measurement criteria were as follows:

1. Office space – availability of free office space;
2. Accessibility - assessment of the location, road infrastructure and proximity to the community;
3. Information Communication and Technology (ICT) infrastructure – assessment of connection to the national power-grid and back-up power, availability of mobile network communication towers/masts, internet connection; and
4. Physical security – assessment of the availability of physical security and fire safety measures.

5.1. Facilities Assessed as Pass

The results of the inspection showed that 18 out of 29 facilities were assessed as “pass while 11 failed to meet the criteria (**Table 4**). Therefore, facilities assessed as “pass”, comprised 62 percent of total facilities inspected. These facilities were assessed to have good access roads and were close to the community. They were connected to the national electric power grid, had free office space and backup power solutions in the form of solar energy or fuel propelled generators. Further, physical security and fire safety measures were adequate. Anticipated costs of establishing operations at these facilities would largely reduce the cost for construction of brick and mortar structures or the need to seek suitable leasable buildings in rural communities with adequate basic amenities. These facilities were considered appropriate for use by the FSPs, who would be ready to take up this initiative, and to establish partnerships with the respective health facilities (through MoH).

Table 4: Inspection Results

Province	Facility	Free office available	Accessibility		ICT infrastructure	Physical security	Overall assessment	
			State	Type				
Luapula	St Joseph Mission Hospital - Lubwe - Chifunabuli District	No	Good	Gravel	Poor	Fair	Fail	
	Chipili Zonal Rural Health Centre – Chipili District	Yes	Good	Bitumen	Good	Fair	Pass	
	East 7 Rural Health Centre - Milenge District	Yes	Good	Gravel	Poor	Fair	Pass	
	Putu Rural Health Centre – Chienge District	No	Good	Gravel	Poor	Fair	Fail	
	Kazembe Zonal Health Centre – Mwansabombwe District	No	Good	Bitumen	Poor	Fair	Fail	
Muchinga	Chalabesa Mission Hospital – Kanchibiya District	Yes	Good	Gravel	Good	Fair	Pass	
	Shiwangandu Urban Clinic – Shiwangandu District	No	Good	Bitumen	Poor	Poor	Fail	
	Thendere Rural Health Centre – Mafinga District	No	Good	Gravel	Poor	Poor	Fail	
	Mpumba rural Health Centre – Lavushmanda District	No	Good	Bitumen	Fair	Fair	Fail	
Western	Sikongo Rural Health Centre - Sikongo District	Yes	Good	Gravel	Good	Fair	Pass	
	Muoyo Rural Health Centre - Nalolo District	Yes	Good	Bitumen	Good	Fair	Pass	
	Masese Rural Health Centre - Mwandu District	Yes	Good	Gravel	Poor	Poor	Fail	
	Mwandu Mission Hospital - Mwandu Royal village - Mwandu District	Yes	Good	Gravel	Good	Good	Pass	
	Luampa Mission Hospital - Luampa District	Yes	Good	Gravel	Good	Good	Pass	
	Mitete Rural Health Centre - Mitete District	Yes	Poor	Water	Poor	Poor	Fail	
	Nkeyema Zonal Clinic - Nkeyema District	Yes	Good	Gravel	Good	Good	Pass	
Eastern	Chikoma - Vubwi District	Yes	Poor	Gravel	Good	Fair	Pass	
	Madzimawe Rural Health Centre - Kasenengwa District	Yes	Good	Gravel	Good	Poor	Pass	
	Chasefu Mini Hospital - Chasefu District	Yes	Good	Gravel	Good	Fair	Pass	
	Kanyanga Zone Mission Clinic - Chasefu District	Yes	Good	Gravel	Good	Fair	Pass	
	Kasenga Rural Health Centre - Chipangali District	Yes	Good	Gravel	Fair	Fair	Pass	
	Ukwimi A Rural Health Centre - Lusangazi District	Yes	Good	Gravel	Good	Fair	Pass	
	Mtenguleni Health Post - Kasengwa District	Yes	Good	Gravel	Good	Fair	Pass	
Southern	Munyumbwe Rural Health Centre – Gwembe District	Yes	Good	Gravel	Good	Fair	Pass	
	Gwembe Hospital affiliated facility – Gwembe District	Yes	Good	Gravel	Good	Fair	Pass	
	Pemba Main Clinic – Pemba District	No	Good	Gravel	Good	Fair	Fail	
Central	Chitambo District Hospital - Chitambo District	Yes	Good	Gravel	Good	Good	Pass	
	Old Mkushi Rural Health Centre - Luano District	Yes	Good	Gravel	Poor	Poor	Fail	
	Mumba Chala Rural Health Centre - Ngabwe District	No	Good	Gravel	Poor	Poor	Fail	
Total Facilities Inspected								29
Facilities that passed								18
Facilities that failed								11

See Annex 2 for the detailed inspection findings

5.2. Available Options For Facilities Assessed As “Pass”

FSPs would have the option to either use allotted free office space or mount a container at the facility. The cost of establishing operations in these facilities by the FSPs would vary depending on the approach and agreement reached between the FSPs and MoH. FSPs with a strategy to mount containers or build own offices in these rural areas could still consider utilizing the available space at the health facility

grounds which is still more cost effective than buying own construction sites. The options available to all FSPs ranked from most cost effective to least cost effective are as shown in **Table 5** below:

Table 5: Options Available to FSPs

Options for FSPs	Cost
Use available office space	Low cost
Mount container at health facility grounds	Medium cost
Build brick & mortar office at health facility grounds	High cost

5.3. Facilities Assessed as Fail

There were 11 facilities assessed as “fail” out of 29 (38 percent) largely due to a lack of connection to telecommunication networks and/or the national electric power grid. The solar power system used by some of the facilities was only enough for lighting and could not run for 24 hours. In addition, some of the facilities were not easily accessible due to poor road networks. The set-up costs would be higher for FSPs and in some instances, unfeasible due to a lack of consistent and reliable mobile telecommunication and internet services. Some facilities, for instance, Mitete rural Health Centre did not have telecommunication or internet connection despite having a mast in the facility’s grounds (**Table 6**).

Table 6: Facilities Assessed as Fail

No	Facility	District	Free office (Yes/No)	Facility Connected to national power grid (Yes/No)	Internet
1	St Joseph Mission Hospital	Chifunabuli	No	Yes	Good
2	Thendere Rural Health Centre	Mafinga	No	No	Poor
3	Masese Rural Health Centre	Mwandi	Yes	No	Unavailable
4	Puta Rural Health Centre	Chienge	No	Yes	Good
5	Kazembe Zonal Health Centre	Mwansabombwe	No	Yes	Good
6	Mitete Rural Health Centre	Mitete	Yes	No	Unavailable
7	Shiwangandu Urban Clinic	Shiwangandu	No	Yes	Good
8	Mpumba rural Health Centre	Lavushmanda	No	Yes	Good
9	Old Mkushi Rural Health Centre	Luano	Yes	No	Poor
10	Mumba Chala Rural Health Centre	Ngabwe	No	No	Poor
11	Pemba Main Clinic	Pemba	No	Yes	Good

It is important to note that three of the facilities assessed as fail had free office space but were disqualified due to lack of connection to the national electric power grid. In the event that telecommunication and internet connection is improved in these districts as well as connections made to the national electric power grid, the facilities would become available for use by the FSPs. These facilities were Masese Rural Health Centre - Mwandi District; Mitete Rural Health Centre - Mitete District; and Old Mkushi Rural Health Centre – Luano District.

6. CONCLUSION

The need to promote rural financial inclusion cannot be overemphasized as indicated by the FinScope 2020 Survey which showed low levels of financial inclusion in rural areas (55.9 percent) compared to urban areas (84.4 percent). Despite the presence of Mobile Money Providers (MMPs) like Zamtel, MTN and Airtel money in some rural districts, the levels of uptake continue to be low and the MMPs continue

to face cash constraints resulting from an inadequate float, maxed out float or inadequate liquidity. As a result, people in rural areas, at times, travel long distances to conduct cash-in and cash-out transactions. This tends to be costly and leads to the loss of productive man-hours. This is an area of improvement that should be highlighted to mobile money service providers.

The promotion of financial inclusion in rural areas should transcend cash-in and cash-out transactions conducted through MMPs. Emphasis should be on enabling access to a full range of financial products/services that include savings, investments, deposits, access to credit, insurance and Automated Teller Machines (ATMs). Therefore, the MoH working in collaboration with the Bank and MoF is extending an opportunity for the establishment of partnerships with FSPs to utilise their already existing health infrastructure in rural districts as access points for financial services. This will reduce the cost on the FSPs of setting up branch buildings from scratch. Alternatively, containers may be mounted at the facilities and their presence and provision of the services will contribute significantly to the attainment of the NFIS objective of increasing financial inclusion for the rural population from 55.9 percent to 80 percent by 2022. This will augment efforts to leverage on the use of digital financial services once adequate infrastructure (i.e electricity and improved communication/internet) has been established.

7. RECOMMENDATIONS

- FSPs should be encouraged to provide financial services to all the rural districts where the GAPs were assessed as “pass”.
- Engagement of government through the main secretariat of the NFIS to improve road, electricity and communication infrastructure in rural districts where the GAPs were assessed as “fail”.

ANNEX 1: LIST OF DISTRICTS WITHOUT FINANCIAL ACCESS POINTS IN THE FORM OF A BRANCH OR AGENT AS OF 30 JUNE 2020

S/N	PROVINCE	DISTRICT
1	Central	Chitambo
2	Central	Luano
3	Central	Ngabwe
4	Eastern	Chasefu
5	Eastern	Chipangali
6	Eastern	Kasenengwa
7	Eastern	Lumezi
8	Eastern	Lusangazi
9	Eastern	Vubwi
10	Luapula	Chiengi
11	Luapula	Chifunabuli
12	Luapula	Chipili
13	Luapula	Lunga
14	Luapula	Milenge
15	Luapula	Mwansabombwe
16	Lusaka	Shibuyunji
17	Muchinga	Chilinda
18	Muchinga	Kanchibiya
19	Muchinga	Lavushimanda
20	Muchinga	Mafinga
21	Muchinga	Shiwang'andu
22	Northern	Lunte
23	Northern	Lupososhi
24	Northern	Nsama
25	Northern	Senga
26	Nwestern	Ikelenge
27	Nwestern	Manyinga
28	Nwestern	Mushindano
29	Southern	Gwembe
30	Southern	Pemba
31	Western	Limulunga
32	Western	Luampa
33	Western	Mitete
34	Western	Mulobezi
35	Western	Mwandi
36	Western	Nalolo
37	Western	Nkeyema
38	Western	Sikongo
39	Western	Sioma

ANNEX 2 DETAILED INSPECTION FINDINGS

1. WESTERN PROVINCE

1.1. Sikongo Rural Health Centre

Overall Assessment: Pass

Accessibility and Location

Sikongo Rural Health Centre in Sikongo District is located in the Central Business District (CBD). The facility is Within the same locality with Government offices namely, District Administration, Zambia Revenue Authority (ZRA), Zambia Police (ZP), Immigration, Town Council, Community Development and Social Welfare. The facility was surrounded by a catchment population of approximately 13,484 people.

ICT and Other Infrastructure

The facility was connected to the national electric power grid and used solar energy for backup. Despite the nearest telecommunication mast being only 600m away from the facility, internet connectivity was weak. The other nearest telecommunication mast was approximately 30 kilometres (km) away from the facility.

Physical Security

The security system at the facility was assessed as adequate. Some selected rooms were fitted with grill doors and all the windows were fitted with burglar bars. In addition, the facility was manned by a security officer employed by MoH.

The safety measures at the facility were assessed to be adequate due to the presence of fire extinguishers and sand buckets. However, all the rooms at the facility had a one-way entrance and exit.

1.2. Muoyo Rural Health Centre

Overall Assessment: Pass

Accessibility and Location

Muoyo Rural Health Centre in Nalolo District is 6 km away from Mongu/Senanga road. The facility is located on the east banks of the Zambezi river near Muoyo Royal Palace and is within the same locality as Muoyo Secondary school and Zambia Police Station. The facility was surrounded by a catchment population of 6,551 people.

ICT and Other Infrastructure

The facility was connected to the electricity national grid; had a generator for standby power supply and UPS equipment for backup power. The facility was 500 meters away from the nearest communication mast and had a strong mobile communication network and internet connectivity.

Physical Security

The security system at the facility was assessed as adequate. All the rooms were fitted with grill doors and the windows had burglar bars. The facility was manned by a security officer employed by MoH and was at an advantageous location that was about 300 meters away from the police station.

Although the facility had a one-way exit from all the rooms and had no fire extinguishers, the safety measures were still adequate as evidenced by the presence of sand buckets.

1.3. Masese Rural Health Centre

Overall Assessment: Fail

Accessibility and Location

Masese Rural Health Centre in Mwandu District is located approximately 2 km from Sesheke on Mulobezi road. The facility is in the same locality with Government offices namely, Forestry and Veterinary.

ICT and Other Infrastructure

The facility used solar for power supply because it was not connected to the national electricity grid. The nearest communication mast was approximately 20 km away. As such, there was no mobile phone network and internet connectivity at the facility.

Physical Security

The security system at the facility was assessed as inadequate. Despite having the security officer, all the rooms were not fitted with grill doors and the windows had no burglar bars. In addition, the inspection team assessed the safety measures as inadequate due to the absence of fire extinguishers.

Having noted that the facility did not meet the minimum requirements for use as a financial access point, the inspection team identified Mwandu Mission Hospital as an alternative facility to be inspected within the district.

1.4. Mwandu Mission Hospital

Overall Assessment: Pass

Accessibility and Location

Mwandu Mission Hospital is operated by the United Church of Zambia. It is located in the Mwandu Royal village which is approximately 3 km from Sesheke on Livingstone road. The facility is near the CBD and surrounded by a catchment population of over 30,394 people.

ICT and Other Infrastructure

The facility was connected to the national electricity grid though solar energy was used as the main source of power. In addition, the facility had a stand by generator for alternative power supply. The UPS equipment was also available.

The mobile communication network and internet connection were strong as the nearest communication mast was less than 2 kilometres from the facility.

Physical Security

The security system at the facility was assessed as adequate and was manned by a security officer employed by MoH. In addition, the facility had an advanced locking mechanism with alert sensors.

The safety measures were also found to be adequate as evidenced by emergency exits and the presence of fire extinguishers.

1.5. Luampa Mission Hospital

Overall Assessment: Pass

Accessibility and Location

Luampa Mission Hospital in Luampa District is operated by the Evangelical Church in Zambia. The facility is located approximately 18 km from Mongu on Lusaka road and is less than 500 meters from the CBD. Some buildings at the facility are used as Government offices namely, District Administration, Local council, Drug Enforcement Commission and Social welfare. It was brought to the attention of the team that the Government offices will relocate once the district offices which were under construction were completed. The facility was surrounded by a catchment population of over 53000 People.

ICT and Other Infrastructure

The facility was connected to the national electricity grid; had a power generator for standby power supply and had UPS equipment in each department. The mobile communication network and internet connectivity were strong as the communication mast was within the mission premises.

Physical Security

The security system at the facility was assessed as adequate. All the windows were fitted with burglar bars and some rooms were fitted with grill doors. The facility was manned by a security officer employed by the mission hospital.

The safety measures were assessed as adequate due to the availability of emergency exits and the presence of fire extinguishers.

1.6. Mitete Rural Health Centre

Overall Assessment: Fail

Accessibility and Location

Mitete Rural Health Centre in Mitete District is located approximately 90 km from Lukulu/ Katunda road and can also be accessed by water transport which takes about 3 hours from Lukulu harbour to Mitete Boma harbour. The road from Lukulu to Mitete was in a poor condition hence most people rely on water transport. The facility is within the CBD and is in the same locality as Mitete Secondary school and Mitete constituency office. The catchment population surrounding was approximately 6,300 people.

ICT and Other Infrastructure

Mitete District and the facility were not connected to the national electric power grid. The facility used solar power to service only a few selected rooms and there was no other alternative power solution. The mobile communication network and internet connectivity were not available despite having the telecommunication mast within the facility premises.

Physical Security

The security system at the facility was assessed as inadequate. Although the facility was manned by a security officer employed by MoH, only a few rooms had lockable doors. In addition, the rooms were not fitted with grill doors and some windows had no burglar bars.

The safety measures were inadequate due to the absence of fire extinguishers and sand buckets.

1.7. Nkeyema Zonal Clinic

Overall Assessment: Pass

Accessibility and Location

Nkeyema Zonal Clinic in Nkeyema District is approximately 2 km from the Mongu/Lusaka road and is surrounded by a catchment population of about 9000 people.

ICT and Other Infrastructure

The facility was connected to the national electric power grid; used a solar system as an alternative power source and had no UPS equipment. The mobile communication network and internet connectivity were strong since the nearest communication mast was 1.5 km from the facility.

Physical Security

The security system at the facility was assessed as adequate and was manned by two security officers. The rooms were lockable and fitted with grill doors. The fire safety measures at the facility were adequate as evidenced by the presence of a fire extinguisher at the premises.

2. LUAPULA PROVINCE

2.1. St Joseph Mission Hospital

Overall Assessment: Fail

Accessibility and Location

St Joseph Mission Hospital is situated in the southern part of Chifunabuli District, approximately 32 km from Musaila off the Samfya Mansa Road in Luapula Province. It is operated by the Diocese of Mansa. The proprietor is the Bishop of Mansa whilst the managing agency is the Sisters of Mercy. It has a population catchment of 70,391 in an area of 1,500 square kilometres. The facility is centrally located and easily accessible by the population of the community that it serves.

ICT and Other Infrastructure

The facility did not have a backup generator and UPS for standby power supply. The nearest communication tower/mast was located about 2 km from the facility.

The facility did not have a spare room where FSPs could be housed. However, there was a lot of space that could accommodate a container.

Physical Security

St Joseph Mission Hospital was wall fenced on one side whilst the other side, which borders Chifunabuli river was not fenced. All the windows are secured with burglar bars and the premises were guarded by one watchman during the day and two watchmen during the night. The physical security was considered adequate.

The facility had no emergency exit but had two points of entry and/or exit. 3 fire extinguishers at the facility had not been serviced and are considered inadequate. The facility needed a minimum of 6 fire extinguishers and there was a designated fire assembly point.

Other Observations

Although there was a presence of a Zanaco Express Agent, MTN and Airtel mobile money services at the market, about 2 km from the facility, there was a need for improved service provision and accessibility. The Zanaco Express Agent and mobile money facilities did not always have adequate cash/float when needed particularly at the month-end when people need to draw salaries. In this regard, people usually travelled to Mansa for cash in/out transactions and costs about K600.00 for a return trip.

2.2. Chipili Zonal Rural Health Centre

Overall Assessment: Pass

Accessibility and Location

Chipili Zonal Rural Health Centre is located about 65 km from Mansa in Chipili District of Luapula Province. It is operated by the Ministry of Health through Chipili District Health Office. The facility's physical address is Chipili Anglican Diocese, along Mansa - Luwingu-Kasama Road. The facility is easily accessible by the surrounding community because it is centrally located and is along the main road.

ICT and Other Infrastructure

The facility was connected to the national power grid; had a backup generator set and UPS for standby power supply. The nearest communication mast was located about 1.3 km from the facility.

The facility had rooms that could be given up for the provision of financial services or mounting of a container.

Physical Security

The facility was not enclosed in a wall fence, the windows had no burglar bars and there were no grill doors on the doors. The facility had two watchmen who guard the premises for 24 hours on a rotational basis.

The facility had a one-way emergency exit which was secured with a mortice lock and a grill door. There were 2 fire extinguishers which were in the District Health Offices housed at the same location. The fire extinguishers were not adequate since the facility needed a minimum of 4 fire extinguishers. The premises had a designated fire assembly point.

Other Observations

Although there is a presence of MTN and Airtel mobile money services in the area, the need for financial services is indisputable. The mobile money facilities did not always have cash when needed. For transactions above K200, one had to book and wait for as long as 3 days to access the cash.

2.3. East 7 Rural Health Centre

Overall Assessment: Pass

Accessibility and Location

East 7 Rural Health Centre is located at Nyembe Village in Milenge District. It is operated by the Ministry of Health. The facility's physical address is Nyembe Village, about 76 km from the Samfya – Mansa Road. The facility is centrally located and is easily accessible by the population of the community that it serves.

ICT and Other Infrastructure

The facility was connected to the national power grid; did not have a backup generator set and UPS for standby power supply. The nearest communication tower/mast was located about 1.5 km from the facility.

The facility had a room that could be given up for the provision of financial services. However, the room had no burglar bars on the window and no grill door.

Physical Security

East 7 Rural Health Centre was not enclosed in a wall fence; the other windows had burglar bars and there were grill doors on some doors. The facility had a watchman who guards the premises during the night.

The facility had no emergency exit and the only one exit was not enforced by a grill door. Two fire extinguishers at the facility had not been used or serviced. The fire extinguishers were not adequate as the facility needs a minimum of 4 fire extinguishers.

Other Observations

MTN and Airtel mobile money services in the area did not always have cash when needed. For transactions above K200, one had to book and wait for as long as 3 days to access the cash and demand was highest at month ends where most people travelled to Mansa to access financial services.

2.4. Puta Rural Health Centre

Overall Assessment: Fail

Accessibility and Location

Puta Rural Health Centre is located about 5 km from Chienge Boma (Central Business District) in Chienge District and has a catchment population of 27,254. The facility is centrally located and is easily accessible by the population of the community that it serves.

ICT and Other Infrastructure

The facility was connected to the national power grid; it did not have a backup generator set and UPS for standby power supply. The nearest communication tower/mast was located about 5km from the facility and did not have a free room that could be used by FSPs.

Physical Security

The facility was enclosed in a wire fence; the windows had burglar bars and there were grill doors on all doors. The facility had a watchman who guarded the premises during the day.

The facility had no emergency exit and there were no fire extinguishers. There were sand buckets at all corners but the facility required a minimum of 4 fire extinguishers.

2.5. Kazembe Zonal Health Centre

Overall Assessment: Fail

Accessibility and Location

The facility is located in Mwasabombwe District, the capital of the Lunda people of Mwata Kazembe. It is situated a few metres from Mwasabombwe District Health Office and about 12 km from Mbereshi Mission Hospital. It is located along the Mansa – Kashikishi Road, opposite the post office in the Arena area. It has a catchment population of 25,550. The facility is centrally located near the arena where the Umutomboko Ceremony of the Lunda people is held. It is, therefore, easily accessible by the population of the community that it serves.

ICT and Other Infrastructure

The facility had a backup generator set but did not have UPS for standby power supply. The nearest communication tower/mast was located about 1 km from the facility. The facility did not have a free room that could be used by an FSP.

Physical Security

The facility was in an open space and not enclosed in a fence. All the windows had burglar bars and there were grill doors on some doors. The facility had a watchman who guarded the premises during the night.

The facility required a minimum of 4 fire extinguishers and only had one.

3. MUCHINGA PROVINCE

3.1. Chalabesa Mission Hospital

Overall Assessment: Pass

Accessibility and Location

Chalabesa Mission Hospital is situated in Mpika North on Kasama Road. It is about 75km from Mpika and 35km from the Kanchibiya turnoff and a population catchment of 11,446. The facility is centrally located thus easily accessible by the population of the community that it serves.

ICT and Other Infrastructure

The facility had a borrowed backup generator set from Kanchibiya Council, a solar system in place but did not have a UPS for standby power supply. However, the inverter malfunctioned. The nearest communication tower/mast is located about 500 m from the facility. There was a room that could be used as an access point for FSPs.

Physical Security

The facility had burglar bars and grill doors and was guarded by a watchman. The facility did not have any fire extinguishers but only three sand buckets. It required a minimum of 4 fire extinguishers.

Other Observations

The nearest financial services were in Mpika which is about 110 km away. People had to travel to Mpika to access financial services which led to lost man-hours. Patients would benefit from having access to cash especially in times of emergencies. The district did not have any bank agents. Although there was a presence of mobile money providers like MTN and Airtel money, cash was never readily available when needed.

3.2. Shiwangandu Urban Clinic

Overall Assessment: Fail

Assessment and Location

The facility is located in Chafilwa village, a few metres from the Great North Road in Shiwangandu District. It has a population catchment of 5,145. The facility is centrally located near the CBD of Shiwangandu District thus it is easily accessible by the community.

ICT and Other Infrastructure

The facility had no backup generator set or UPS for standby power supply. The nearest communication tower/mast was located about 5 km from the facility.

The facility's rooms were all occupied. However, there was adequate space for FSPs to erect a small building or mount a container as an access point.

Physical Security

Shiwangandu Urban Clinic was enclosed in a wire fence. The windows did not have burglar bars and the doors did not have grill doors. The facility did not have a watchman and was located near a police station and sometimes benefited from night patrols conducted by the Zambia Police.

The facility had a one-way exit and had no fire extinguishers except for three sand buckets. Shiwangandu Urban Clinic requires a minimum of three fire extinguishers.

Other Observations

The district did not have any bank Agents. Although there was a presence of mobile money providers like MTN and Airtel money, cash was never readily available when needed.

3.3. Thendere Rural Health Centre

Overall Assessment: Fail

Accessibility and Location

The facility is located in Thendere Village, Chief Mwenechifungwe of Mafinga district. It is at the centre of the district, about 300 m from the Isoka -Muyombe Road and 6 km from the district health office with a population catchment of 13,645. The facility is centrally located and is easily accessible by the community.

ICT and Other Infrastructure

Mafinga District was not connected to the national power grid and depended on solar energy. The facility neither had a backup generator set nor UPS for standby power supply. The nearest communication tower/mast was about 8km from the facility.

The rooms were all occupied but there was adequate space for FSPs to erect a small building or mount a container as an access point.

Physical Security

The facility was not enclosed in a fence and the windows did not have burglar bars nor grill doors except those of the pharmacy and stores. The premises were close to a Zamia police station, about less than 2 km. The facility had two watchmen that alternated in shifts.

The facility had a one-way exit which had a mortice lock. There was one fire extinguisher that was in the screening room and had never been serviced. The facility required a minimum of four fire extinguishers.

Other Observations

The district did not have any bank agents. Although there was a presence of mobile money providers like MTN and Airtel money, cash was never readily available when needed. The nearest place where financial services could be accessed was Isoka which was about 140 km from the District.

3.4. Mpumba rural Health Centre

Overall Assessment: Fail

Accessibility and Location

The facility is located about 38 km south of Lavushmanda town and 200m from Great North Road in Chief Mpumba's area. It has a population catchment of 7,774. The facility is centrally located and is easily accessible by the community.

ICT and Other Infrastructure

The facility had neither a backup generator set nor UPS for standby power supply. The nearest communication tower/mast was located about 6 km from the facility.

The rooms were all occupied but had adequate space for FSPs to erect small buildings or mount a container as an access point.

Physical Security

Mpumba Rural Health Centre was not enclosed in a fence. The windows had burglar bars and only the pharmacy had a grill door. The premises were not guarded and there was no watchman employed.

The facility had a one-way exit fitted with a mortice lock. There were no fire extinguishers except for two sand buckets. The facility required a minimum of six fire extinguishers.

4. SOUTHERN PROVINCE

4.1. Munyumbwe Rural Health Centre – Gwembe Valley – Gwembe District

Overall Assessment: Pass

Accessibility and Location

The facility is located about 62km from the Livingstone Road turnoff, in Southern Province. It has a population catchment of 7,920. The facility is located in Chief Munyumbwe's area about 500m from the Gwembe District CBD opposite Gwembe council along Munyumbwe road. The facility is centrally located and is easily accessible by the population of the community that it serves.

ICT and Other Infrastructure

The facility was connected to the national grid and had a generator set for backup power supply. The nearest communication tower/mast was located about 800m from the facility.

The facility had a room available for use by FSPs and sufficient space for mounting of a booth or containers outside.

Physical Security

The facility was not enclosed in a fence and the doors were lockable though not enforced with grill doors. The Pharmacy was the only room that was enforced with burglar bars and a grill door. The windows were not enforced with burglar bars and the premises were guarded by 1 security guard during the night. There was no security guard during the day and the facility closed at 16 hours.

There was no emergency exit and the facility had one fire extinguisher located in the Pharmacy. In addition, the facility had two sand boxes. There was need for an additional two fire extinguishers.

4.2. Gwembe Hospital Affiliated Facility - Gwembe District

Overall Assessment: Pass

Accessibility and Location

Gwembe Hospital affiliated facility is located in the Gwembe Plateau, along Munyumbwe Road, approximately 17km from the Livingstone Road turn off in Gwembe District. It is bordered by Monze on the southern side and Pemba on the Northern side. The facility has a catchment population of 5,544 and is centrally located and easily accessible by the community it serves. The facility also serves people from Pemba and Monze rural areas.

ICT and Other Infrastructure

The facility was connected to the national power grid and did not have a generator set and UPS for standby power supply. The nearest communication tower/mast was located about 500m from the facility.

The facility had a room that could be used for financial services delivery as well as sufficient space for mounting a booth or containers outside.

Physical Security

Gwembe Hospital Affiliated Facility was enclosed in a fence and all windows were lockable and enforced with burglar bars whilst the doors are lockable and enforced with grill doors. The premises were guarded 24 hours by security guards employed by MoH.

There was a one-way emergency exit, three sand buckets and no fire extinguishers. There was need for at least three fire extinguishers.

4.3. Pemba Main Clinic – Pemba District

Overall Assessment: Fail

Accessibility and Location

Pemba Main clinic is located on the eastern side of Pemba District along Kanchomba Road, off Livingstone Road. It is approximately 300m from the main road and has a catchment population of 7,011. The facility is centrally located and is easily accessible by community it serves.

ICT and Other Infrastructure

The facility was connected to the national power grid of the Zambia Electricity Supply Corporation Limited and had a 3 phase generator which was not in use due to lack of fuel. The nearest communication tower/mast was located about 300m from the facility.

The facility did not have a room that could be used by an FSP but had sufficient space for mounting of a booth or containers outside.

Physical Security

Pemba Main Clinic was enclosed in a fence and the windows were lockable and enforced with burglar bars. Although all doors were lockable, only the Pharmacy, MCH and OPD units had grill doors. The premises were guarded 24 hours by two security guards employed by MoF and alternated between day and night shift.

There was a one-way emergency exit which had a mortice lock, two sand buckets and no fire extinguishers. The facility needed three fire extinguishers.

5. CENTRAL PROVINCE

5.1. Chitambo District Hospital

Overall Assessment: Pass

Accessibility and Location

Chitambo District Hospital is located in the northern part of Central Province at Plot 1, Chitambo Hospital Road, approximately 44km from Chitambo District Health Office and 7km from the Great North Road turn off. The facility is operated by the Ministry of Health and has a catchment population of about 70,000. The facility is centrally located and is easily accessible by the population in the community.

ICT and Other Infrastructure

The facility was connected to the national electricity power grid and does not have a generator set and UPS for standby power supply. The nearest communication tower/mast was located about 200m from the facility. The facility had a room that could be used by an FPS as well as sufficient space for mounting of a booth or containers outside.

Physical Security

Chitambo District Hospital was not enclosed in a fence and the windows are lockable with most of them enforced with burglar bars. Similarly, the the doors were lockable and most were enforced with grill doors. The premises were guarded 24 hours by two security guards employed by MoH. There was a police post within the hospital premises.

There were two emergency exit points which were lockable and had grill doors. There was one fire extinguisher in the pharmacy and a sand bucket in the environmental department. The facility required an additional five fire extinguishers at the minimum.

5.2. Old Mkushi Rural Health Centre – Luano District

Overall Assessment: Fail

Accessibility and Location

Old Mkushi Rural Health Centre is located in Chief Kanyensha's area in the CBD of Luano District, Central Province. It is operated by the Ministry of Health and has a population of 5,999. The facility is centrally located and is easily accessible by the population in the community.

ICT and Other Infrastructure

The facility was not connected to the national electric power grid and relied on solar power. It did not have a generator set for alternative power solution. The nearest communication tower/mast was located about 4km from the facility. The facility had a room that could be used for the delivery of financial services as well as sufficient space for mounting of a booth or containers outside.

Physical Security

Old Mkushi Rural Health Centre was not enclosed in a fence. the windows were lockable and doors were lockable but only the pharmacy had burglar bars on the wondows and a grill door. The premises were guarded during the night by a security guard employed by MoH.

There was no emergency exit and the place and the facility had one fire extinguisher in the pharmacy and three sand bucket. There was need for at least 3 additional fire extinguishers.

5.3. Mumba Chala Rural Health Centre

Overall Assessment: Fail

Accessibility and Location

Mumba Chala Rural Health Centre is located in Chief Mukubwe area in Ngabwe District. The facility is operated by the Ministry of Health. According to the Central Statistics Office, the facility has a catchment population of about 5,373. The facility is centrally located and is easily accessible by the community it serves.

ICT and Other Infrastructure

The facility was not connected to the national electric power grid and relied on solar energy for electric power supply. It did not have an alternative electric power solution such as a generator set. The nearest communication tower/mast was located about 10km from the facility. The area had intermittent internet connectivity which was only available in particular areas and positions.

The facility did not have a room that could be used for the delivery of financial services but had sufficient space for mounting of a booth or containers outside.

Physical Security

Mumba Chala Rural Health Centre was not enclosed in a fence. The windows and doors were lockable but only the Pharmacy and Environmental Health rooms had windows and doors enforced with burglar bars and grill doors, respectively. The facility did not have a security guard but relied on the services of the security guard under the District Health Office which was near the facility.

There were no emergency exits although there was a designated fire assembly point. There were no fire extinguishers at the facility and only one sand bucket was available.

6. EASTERN PROVINCE

6.1. Chikoma Rural Health Centre – Vubwi District

Overall Assessment: Pass

Accessibility and Location

Chikoma Rural Health Centre in Vubwi district is located in the CBD. As at the time of the inspection the district could only be accessed from Chipata using the Zambia- Malawi Mwami border road as the Chipata to Vubwi road was in a bad state and both roads were not bituminous standard. The facility was within the same locality with Government offices namely, District Administration, Zambia Police (ZP) and Town Council. The facility was surrounded by a catchment population of approximately 11,620

people. Apart from agriculture, there was also some mining activities going on in the district and to this effect some mining cooperatives were constituted.

ICT and Other Infrastructure

The facility was connected to the national electric power grid. However, it was noted that the facility did not have any backup power solutions. The team noted that the nearest telecommunication mast was 5km away from the facility and all the mobile network operators (MTN, Airtel and ZAMTEL) were present. The internet connectivity was strong for all networks.

There was a room that could be used by an FSP and adequate space for the mounting of a booth or container.

Physical Security

The facility was not surrounded by a perimeter fence. This notwithstanding, the rooms were fitted with grill doors and all the windows were fitted with burglar bars. In addition, the facility was manned by a security officer employed by MoH. The rooms had a one-way exit, sand buckets and no fire extinguishers.

6.2. Madzimawe Rural Health Centre - Kasenengwa District

Overall Assessment: Pass

Accessibility and Location

The facility is located in the Madzimawe Chiefdom which has a catchment population of 14, 307 people. The facility is about 10 kilometres away from the nearest police post. Other government institutions surrounding the facility include, a school, local court, Ministry of Agriculture offices and the department of Social Welfare. The facility is centrally located and is easily accessible by the community it serves.

ICT and Other Infrastructure

The facility was connected to the national electric power grid. However, the facility did not have alternative solutions for back-up electric power. In addition, the facility did not have UPS for its computers equipment. The facility was 600 meters away from the nearest communication mast and had strong mobile communication network and internet connectivity.

There was a room that could be used by an FSP and adequate space for the mounting of a booth or container.

Physical Security

The security system at the facility was assessed as inadequate. Despite being manned by a security officer employed by MoH, all the rooms were not fitted with grill doors and all the windows had no burglar bars. The facility had a one-way exit, one sand bucket and no fire extinguishers.

6.3. Chasefu Mini Hospital – Chasefu District

Overall Assessment: Pass

Accessibility and Location

Chasefu Mini Hospital which is located in Magodi Chiefdom and is approximately 3km from the District Health Office. The facility was constructed using prefabricated materials and is accessible by a good gravel road within the same locality as other government facilities which include office of the district commissioner, a primary and secondary school. The population surrounding this facility is approximately 12,440 people.

ICT and Other Infrastructure

The facility was connected to the national electric power grid and used solar power for backup supply. Network connectivity for mobile phones and internet was assessed as strong as the facility was approximately 1km away from the nearest communication mast.

A room was available for use by an FSP and there was adequate space for mounting of a container or booth.

Physical Security

The rooms to the facility were not fitted with grill doors and the windows had no burglar bars. In addition, the facility was not manned by a security guard. The inspection team assessed the safety measures as adequate as evidenced by the two-way emergency exit and the presence of fire extinguishers.

6.4. Kanyanga Zone Mission Clinic - Chasefu District

Overall Assessment: Pass

Accessibility and Location

Kanyanga Zone Mission Clinic is located in Magodi Chiefdom and shares the same premises as the District Health Office. The facility is along Chipata-Chasefu gravel road and has a population of approximately 13,910 people.

ICT and Other Infrastructure

The facility was connected to the national electric power grid and used solar power supply for backup. Network connectivity for mobile phones and internet was assessed as strong as the facility was approximately 500m away from the nearest communication mast.

The facility had an office that could be used for the delivery of financial services by an FSP or sufficient space for the mouting of a booth or container.

Physical Security

The facility had a parameter facing and all the rooms were fitted with grill doors and the windows had burglar bars. The was a two-way emergency exit and a presence of fire extinguishers. However, the facility had no security guards.

6.5. Kasenga Rural Health Centre – Chipangali District

Overall Assessment: Pass

Accessibility and Location

The facility is located approximately 1km from Chipata-Lundazi on a gravel road and is within the CBD. The facility was within the same locality as some government offices for district administration, Local council, a secondary school and social welfare. The facility was surrounded by a catchment population of over 8,000 People.

ICT and Other Infrastructure

The facility was connected to the national electric power grid but had no power generator or solar power for backup power. In addition, the facility did not have UPS equipment. Mobile phone and internet connectivity network at the facility was strong and the nearest communication mast was 10km away from the facility.

The facility had an office that could be used for the delivery of financial services by an FSP or sufficient space for the mouting of a booth or container.

Physical Security

Only one room was fitted with burglar bars and grill doors. The facility was closer to the police station and was manned by a security officer employed by the mission hospital. There were no emergency exists, fire extinguishers and sand buckets.

6.6. Ukwimi A Rural Health Centre - Lusangazi District

Overall Assessment: Pass

Accessibility and Location

Ukwimi A Rural Health Centre is in Lusangazi District along the Pateuke-Mfuwe gravel road, approximately 225km from Petauke District. The facility was within the CBD and same locality as, Ukwimi A Secondary School, Ukwimi Trade School and Social Welfare Department. The catchment population surrounding the facility was approximately 5,012 people.

ICT and Other Infrastructure

The facility was connected to the national electric power grid but had no power generator or solar for standby power supply. Mobile phone and internet connectivity network at the facility was assessed as strong since the nearest communication mast was 500m away from the facility.

The facility had an office that could be used for the delivery of financial services by an FSP or sufficient space for the mouting of a booth or container.

Physical Security

The facility did not have a parameter fencing and was manned by a security officer employed by MoH. All the rooms had lockable doors and were fitted with grill doors and the windows had burglar bars. The facility had a one-way exit and fire extinguishers and sand buckets were in place.

6.7. Mtenguleni Health Post - Kasengwa District

Overall Assessment: Pass

Accessibility and Location

Mtenguleni Health Post is in Kasengwa District and located approximately 26km from Chipata and 10km from Chipata – Lusaka Road. The facility was within the same locality as Mtenguleni Primary School and is surrounded by a catchment population of about 7,703 people.

ICT and Other Infrastructure

The facility was connected to the national electric power grid and had no UPS equipment in place or alternative power solutions such as solar or generator set. The mobile communication network and internet connectivity was strong and the nearest communication mast was 1.8km from the facility.

The facility had an office that could be used for the delivery of financial services by an FSP or sufficient space for the mouting of a booth or container.

Physical Security

The facility was manned by volunteer security officers from within the community, the rooms were lockable and were fitted with grill doors. There was a one-way exit, presence of sand buckets and no fire extinguishers.

ANNEX 3: STATUS OF ACTIVITIES

No.	Activity	Responsibility	Status
	Schedule a meeting with church mother bodies, Ministries of Finance, Health, Higher Education and General Education to familiarize the stakeholders.	Bank	Done Meeting held
	Prepare and send letters to church mother bodies, Ministries of Health, Higher Education and General Education requesting disclosure of general access points in the identified 39 District in appendix 1	MoF	Done Only MoH responded while Churches indicated an unwillingness to continue with the initiative.
	Schedule a meeting with MoF to strategize the way forward based on the single response from MoH	Bank	Done Meeting held on 23 March 2021. Agreed that a budget should be drawn and districts identified from the listing provided by MoH on facilities that would be inspected.
	Draw up the teams and conduct the Inspections	Bank/MoF/MoH	Done Inspection teams constituted and inspections conducted in June for Muchinga, Luapula and Western Provinces and in September/October for Southern, Central and Southern Provinces
	Produce inspection report	Bank/MoF	Done
	Hold workshop for the dissemination of inspection report	Bank/MoF	Hold workshop before end of Q4, 2021
	Facilitate the establishment of partnerships between FSPs and MoH	MoF	On-going – 2022

ANNEX 4: FOCAL POINT PERSONS

S/N	NAME	DESIGNATION	INSTITUTION	EMAIL
1	Brenda Mwanza	Assistant Director – Financial Sector Development	Bank of Zambia	bmwanza@Bank.zm
2	Kennedy Mukuka	Acting Manager – Financial Sector Development	Bank of Zambia	kmukuka@Bank.zm
3	Godwin Sichone	Assistant Manager – Research, M&E	Bank of Zambia	gsichone@Bank.zm
4	Kabaso Kabwe	Principal Economist	Ministry of Finance	kabaso.Kabwe@mof.gov.zm
5	Inonge Mundia	Economist	Ministry of Finance	inonge.Mundia@mof.gov.zm

ANNEX 5: FACILITY INSPECTION CHECKLIST

NAME OF FACILITY :

INSTITUTION OPERATING THE FACILITY :

DATE OF INSPECTION :

CONDUCTED BY : SIGN.....

SIGN.....

DATE OF INSPECTION :/...../.....

Checklist Items	Result/Comment
1. Location and contact details	
• Where is the facility located? (Describe the location of the facility giving which town, where in the town etc.)	
• What is the physical address of the facility? (Give Plot number, street etc.)	
• What is the mailing address of the facility?	
• Provide contact details of the facility. (Telephone/Fax/E-mail etc.)	
2.0 ICT and Other Facilities	
• Is there a generator set for standby power supply?	
• Is there a UPS for standby power supply?	

<ul style="list-style-type: none"> How far is the facility from the nearest communication tower/Mast? (Record the distance in kilometres) 	
3.0 Physical Security	
<ul style="list-style-type: none"> Describe the kind of physical security in place for the facility. (Comment on its adequacy) 	
<ul style="list-style-type: none"> Is the premises guarded by the State police? Private Security Company? 	
<ul style="list-style-type: none"> Do the premises have an emergency exit? Comment on whether they are one-way exits and the type of locking mechanism on the door. 	
<ul style="list-style-type: none"> Are there fire extinguishers on the premises? Comment on the adequacy of the extinguishers. 	
4.0 Recommendation	

ANNEX 6: PHASE ONE INSPECTION SITES

TEAM 1 INSPECTION SITES – LUAPULA/MUCHINGA AND SOUTHERN/CENTRAL

LUAPULA PROVINCE DISTRICTS	FACILITY	PHYSICAL ADDRESS	ADDRESS
Chifunabuli	Lubwa Mission Hospital	Lubwa	Box 720009 Chifunabuli
Chipili	Chipili RHC	Chipili	Box 760039, Chipili
Chienge	Puta RHC	Puta	Box 740010, Chienge
Milenge	Milenge East 7	Milenge East	Box 834, Milenge
Mwansobombwe	Kazembe RHC	Kazembe	Box 750052 Mwansabombwe

MUCHINGA PROVINCE DISTRICTS	FACILITY	PHYSICAL ADDRESS	ADDRESS
Mafinga	Thendele RHC	Mafinga	Box 440031 Mafinga
Lavushimanda	Mpumba RHC	Lavushimanda along Great N Road	Box 450044 Lavushimanda
Shiwangandu	Shiwangandu UHC	Shiwangandu	Box 480138 Shiwangandu
Kanchebiya	Chalabesa Mission Health Centre	Chalabesa	Box 450226, Chalabesa

CENTRAL PROVINCE DISTRICTS	FACILITY	PHYSICAL ADDRESS	ADDRESS
Chitambo	Chitambo District Hospital	850098	850098
Luano	Old Mkushi Rural Health Centre	Old Mkushi	-
Ngabwe	Mumba Chala Rural Health Centre	Mumbachala, Chief Mukubwe area	P.O. Box 80588 Ngabwe

SOUTHERN PROVINCE DISTRICTS	FACILITY	PHYSICAL ADDRESS	ADDRESS
Gwembe	Munyumbwe RHC	Munyumbwe township	P.O. Box 34 Gwembe
Gwembe	Gwembe Hospital Affiliated Facility	Gwembe township	P.O. Box 34 Gwembe
Pemba	Pemba Main Clinic	Along Kanchomba road	P.O. Box 640200

TEAM 2 INSPECTION SITES – WESTERN PROVINCE

WESTERN PROVINCE DISTRICTS	FACILITY	PHYSICAL ADDRESS	ADDRESS
Mitete	Mitete RHC	Mitete Boma	Box 910022, Mongu
Mulobezi	Masese RHC	Mulobezi Rd	157 Sesheke
Nalolo	Muoyo Rural Health Centre	Muoyo area	Box 920007 Nalolo
Luampa	Luampa Mission Hospital	Within Hospital Premises	Box 940097 Kaoma
Nkeyema	Nkeyema Zone Rural	Munkuye area	Box 940009 Kaoma
Sikongo	Sikongo Rural Health Centre	Nsama boma	Box 7 Nsama

EASTERN PROVINCE DISTRICTS	FACILITY	PHYSICAL ADDRESS	ADDRESS
Vubwi	Chikoma RHC	Vubwi boma	510914 Vubwi
Kasenengwa	Madzimawe RHC	Madzimawe	510205 Kasenengwa
Chasefu	Chasefu Mini Hospital	Chasefu Mini Hospital	530206 Chasefu
Chasefu	Kanyanga Zone Mission Clinic	-	-
Chipangali	Kasenga RHC	Lunda Rd near DEBS office	511205 Chipangali
Lusangazi	Ukwimi A RHC	Along Ukwimi Rd	560302 Ukwimi
Kasengwa	Mtenguleni Health Post	-	-

ANNEX 7: COMPOSITION OF INSPECTION TEAMS

INSPECTION TEAM 1 – MUCHINGA/LUAPULA PROVINCES FROM 2ND TO 15 JUNE 2021		
NAME	INSTITUTION	POSITION
Ms. Charity Mwenya	Bank	Analyst – Licensing & Enforcement
Ms. Inonge Mundia	MoF	Economist
Mr. Wesley Mwambazi	MoH	Assistant Director health financing
Mr. Alex Mbulo	MoH	Luapula - Principal Planner
Mr. Miyanda Mussolini Mupimpila	MoH	Muchinga - Principal Planner

INSPECTION TEAM 2 - WESTERN PROVINCE FROM 2 ND TO 11 JUNE 2021		
NAME	INSTITUTION	POSITION
Mr. Collins Muchipu	Bank	Assistant Manager – Programmes
Mr. Mubita Mubita	MoH	Western - Provincial Health Planner
Mr. Kabaso Kabwe	MoF	Principal Economist
Mr. George T. Sikazwe	MoH	Assistant Director Planning and Budgeting
Mr. Geoffrey Chinyemba	MoF	Driver

