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## **Examining the Effects of Budgetary Process on Public Financial Management: A Case Study of Ministry of Health Headquarter**

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### **Abstract**

This study examines the effects of the budgetary process on public financial management at the Ministry of Health Headquarters in Zambia. Using a mixed-methods approach, the research assesses the effectiveness of the budgetary process, its relationship with financial management outcomes, and the limitations faced. Data were collected from 30 ministry officials via questionnaires and secondary documents. Findings indicate that the budgetary process is

generally effective and supports transparency, accountability, and goal achievement. However, challenges such as delayed fund disbursement, rigid procedures, political interference, and inadequate stakeholder involvement limit its full potential. Recommendations include strengthening monitoring and evaluation, enhancing training, and promoting stakeholder participation.

**Keywords:** Budgetary Process, Public Financial Management, Ministry of Health, Zambia, Accountability, Resource Allocation

### **1. Introduction**

#### **1.1 Overview**

The effectiveness of the budget process in public institutions is central to achieving intended outcomes, ensuring efficient resource allocation, and upholding good governance. In the context of the Ministry of Health Headquarters in Zambia, examining the effects of the budget process on public financial management (PFM) is crucial for understanding how resources are planned, allocated, and utilized to deliver quality healthcare services. This study focuses on both financial and non-financial performance indicators to assess how the budget process influences transparency, accountability, and service delivery within the Ministry.

#### **1.2 Background**

Budgeting is a cornerstone of public financial management worldwide, underpinning effective public administration by ensuring resources are aligned with policy priorities through a structured process of formulation, approval, execution, and evaluation. Mandl *et al.* (2020) define budgeting as the valuation of receipts and expenditures, alongside legislative actions authorizing spending and taxation, while Horngren *et al.* (2016) describe a budget as a quantitative expression of a proposed plan for a specific period. Blumentritt (2016) further emphasizes budgeting as the allocation of financial resources to various organizational units and activities. Regionally, many public sectors, including those in Africa, have increasingly adopted New Public Management (NPM) principles to enhance efficiency and service delivery by integrating private-sector management practices such as cost-benefit analysis, performance measurement, and output-based budgeting (Mandl *et al.*, 2020; Van Dooren *et al.*, 2016). These frameworks promote fiscal discipline, transparency, and accountability, which are critical for improving public sector financial management.

In Zambia, the Ministry of Health (MOH) faces significant challenges including limited financial resources, inadequate infrastructure, and inefficient resource allocation that hamper its ability to provide accessible and quality healthcare services. The MOH budget process encompassing prioritization, distribution, and monitoring of funds, is pivotal in determining how effectively scarce resources are utilized to meet health sector goals. Despite nominal increases in health budgets, allocations often fall short of targets such as the Abuja Declaration's 15% of public expenditure, and the sector struggles with persistent

underspending and weak budget execution, which undermine service delivery and financial credibility. Limited financial autonomy at district and facility levels further restricts local managers' capacity to respond to specific needs, exacerbating inefficiencies.

Theoretical perspectives such as allocative efficiency, transaction cost economics, principal-agent theory, and systems theory provide valuable lenses for analyzing these budgetary challenges. NPM, in particular, advocates for adopting private-sector tools to improve public sector budgeting and management (Mandl *et al.*, 2020; Van Dooren *et al.*, 2016). Implementing best practices such as performance-based and zero-based budgeting, alongside financial management information systems (FMIS) and adherence to International Public Sector Accounting Standards (IPSAS), can enhance transparency, reduce waste, and curb corruption within the MOH. These reforms not only improve financial management but also build public trust and contribute to national development.

Given the ongoing challenges in resource allocation and financial oversight within Zambia's health sector, strengthening the budget process at the MOH Headquarters is essential. Leveraging modern budgeting frameworks and technologies can help overcome systemic inefficiencies, ensuring that public funds are managed effectively to improve health outcomes. Ultimately, the effectiveness of the budget process has far-reaching implications for public financial management, service delivery, and the wellbeing of the Zambian population. Prioritizing reforms that enhance fiscal sustainability, transparency, and accountability will enable the Ministry of Health to fulfill its mandate of providing quality healthcare services (Mandl *et al.*, 2020; Horngren *et al.*, 2016; Blumentritt, 2016; Van Dooren *et al.*, 2016).

### 1.3 Problem Statement

The Zambian health sector continues to face persistent and multifaceted challenges that undermine its ability to deliver quality healthcare services and achieve optimal health outcomes. Despite ongoing reforms and increased attention to primary healthcare (PHC), the sector remains constrained by chronic underfunding, inadequate infrastructure, and severe shortages of healthcare personnel. For example, Zambia's health workforce density stands at only 11.2 doctors, nurses, and midwives per 10,000 people, well below the World Health Organization's recommended threshold of 22.8 per 10,000. The doctor-to-patient ratio is 1:12,000, compared to the ideal 1: 5,000, further highlighting critical staffing gaps. Financial constraints are a central issue (WHO, 2023). Although health sector budgets have increased in nominal terms, allocations remain below the Abuja Declaration target of 15% of public expenditure. More concerning is the rising trend in budget underspending, which grew from 8% in 2015 to 26.7% in 2020. This persistent underspending undermines the credibility of the budget process, disrupts service delivery, and signals weaknesses in budget execution and financial management. Furthermore, limited financial autonomy at district and facility levels restricts the ability of local managers to address context specific needs, resulting in inefficiencies and service delivery gaps.

### 1.4 General Objective

Examined the Effects of Budgetary process on financial management: A Case Study of the Ministry of Health Headquarters.

#### 1.4.1 Specific Objectives

1. To assess the effectiveness of budgetary process in financial management.
2. To ascertain the relationship between effective budgetary processes and financial management.
3. To identify limitations faced by budgetary processes in public institutions.

### 1.5 Research Questions

1. How effective is the budgetary process in financial management at the Ministry of Health Headquarters?
2. What is the relationship between effective budgetary processes and financial management outcomes in public institutions?
3. What limitations are faced by budgetary processes in public institutions such as the Ministry of Health Headquarters?

### 1.6 Theoretical Framework

This study adopted the Public Financial Management (PFM) Cycle Framework as its theoretical foundation to examine the effects of the budget process on public financial management at the Ministry of Health Headquarters in Zambia. The PFM cycle conceptualizes the budget process as a continuous and interconnected sequence of stages, formulation, approval, execution, and evaluation, each of which plays a critical role in ensuring that public resources are effectively allocated and utilized to achieve policy objectives and service delivery outcomes.

According to the PFM framework, the budget process is not only a financial planning tool but also a governance mechanism that promotes fiscal discipline, transparency, and accountability. The framework emphasizes that budget execution is particularly significant, as it translates approved plans into actual expenditures and outputs. Inefficiencies during execution, such as delays in cash disbursement, procurement challenges, and budget underspending, can undermine the credibility of the budget and negatively affect institutional performance and service delivery (PEFA, 2016). The PFM cycle also highlights the importance of monitoring and evaluation to provide feedback for improving future budget cycles, enabling public institutions to adapt and respond to changing priorities and constraints. This cyclical nature ensures that budgeting is a dynamic process, fostering continuous improvement in resource management.

Applying this framework to the Ministry of Health Headquarters allowed for a structured analysis of how budget processes affect financial management outcomes, including resource allocation efficiency, financial accountability, and service delivery effectiveness. It also facilitated the identification of systemic weaknesses such as limited financial autonomy at decentralized levels, procurement inefficiencies, and the impact of donor dependency on budget reliability.

The PFM framework aligns with international best practices and standards, such as those outlined by the Public

Expenditure and Financial Accountability (PEFA) program, which provides a comprehensive methodology for assessing PFM performance across multiple dimensions, including budget reliability, transparency, and control (PEFA, 2016). This makes it a robust and relevant theoretical lens through which to assess the budgeting effectiveness within Zambia's health sector.

In summary, the PFM Cycle Framework offered comprehensive perspective on the budget process by outlining it as a sequence of interrelated stages essential to effective public financial management. It highlights budget execution as the pivotal phase that significantly impacts the achievement of planned health outcomes. The framework also emphasizes the importance of accountability, transparency, and ongoing evaluation to strengthen budgeting practices. Additionally, it serves as a practical tool for diagnosing issues and recommending reforms to improve financial management within the Ministry of Health Headquarters.

## 2. Literature Review

### 2.1 Overview

The literature shows a global shift in public health budgeting from traditional input-based models toward program-based and results-oriented budgeting. International bodies such as the WHO and OECD have promoted reforms that link budget allocations to measurable outcomes, transparency, and accountability. Approaches such as performance-based budgeting, global budgeting, capital budgeting, and participatory budgeting have been implemented in various countries to improve financial management and resource efficiency. However, challenges remain, including weak public financial management systems, limited capacity, fragmented funding flows, and inadequate monitoring tools.

In Sub-Saharan Africa and Zambia, financial sustainability and service delivery are hindered by donor dependency, high out-of-pocket payments, poor data quality, delays in fund disbursement, and limited financial autonomy at local levels despite decentralization policies. Zambia has adopted innovative models such as results-based financing and program-based approaches, but misaligned allocations, insufficient domestic financing, and weak inter-ministerial collaboration continue to undermine effectiveness.

Emerging literature emphasizes the growing role of digital health technologies and data systems in budgeting and financial management. However, major gaps exist including lack of interoperable systems, limited economic evaluation of digital health investments, poor integration of public financial management tools with digital platforms, and inadequate frameworks for inter-ministerial coordination. These issues restrict the potential of digital tools to improve budgeting efficiency and equitable resource allocation.

Budgeting and public financial management in the health sector differ across global, regional, and national contexts, shaped by resource availability and institutional frameworks. Effective budgeting ensures the equitable allocation of resources and supports improved service delivery (WHO, 2020).

### 2.2 Effectiveness of Budgetary Processes in Financial Management

Globally, health systems have shifted from traditional input-based budgeting to results-based and program-based budgeting to improve accountability and link spending to

measurable outcomes (OECD, 2018<sup>[38]</sup>; WHO, 2017). The World Health Organization introduced Results-Based Management (RBM) to ensure transparency and alignment of funds with health priorities (WHO, 2021). Countries including Chile, New Zealand and Latvia have adopted program-based budgeting to improve accountability and transparency (OECD, 2022; Smith, 2017)<sup>[42, 54]</sup>. However, partial implementation in countries like France and Italy limits effectiveness (Jones, 2020)<sup>[28]</sup>.

Public financial management reforms, such as multi-year planning and stakeholder consultations, have enhanced alignment between long-term strategies and annual budgets (Robinson, 2016; UNDP, 2019)<sup>[51, 56]</sup>. In low- and middle-income countries, community insurance schemes often struggle due to low contributions and high costs, leading to increased reliance on public budgeting (Dixon *et al.*, 2017)<sup>[13]</sup>.

Despite improvements, challenges include unpredictable funding and rising healthcare costs (Getzen, 2016)<sup>[20]</sup>. WHO notes that reliance on voluntary contributions, up to 80% of its budget, threatens sustainability (WHO, 2023).

### 2.3 Relationship between Effective Budgeting and Financial Management

Global budgeting, used in Taiwan and Canada, sets expenditure ceilings to control costs and improve efficiency; however, budget pressure may reduce quality when revenue cannot increase with demand (PMC, 2021; Commonwealth Fund, 2022)<sup>[46, 10]</sup>. Performance-based budgeting links funds to results and improves resource targeting (WHO, 2025).

Collaborative budgeting between Ministries of Finance and Ministries of Health is critical to align funding with sector priorities (MOF, 2019<sup>[36]</sup>; Global Fund, 2022).

### 2.4 Limitations of Budgeting Processes in Public Institutions

Sub-Saharan African health budgeting is affected by underfunding, weak public financial management systems, delayed disbursement of funds and inefficient allocation processes (IMF, 2023; Brookings, 2024)<sup>[24, 7]</sup>. Further challenges include donor dependency, fragmented financing systems and high out-of-pocket costs (PMC, 2024<sup>[49]</sup>; WHO, 2025). In some countries, donor funding accounts for more than 60% of health financing, creating sustainability risks (PMC9005653, 2022)<sup>[47]</sup>.

In Zambia, decentralisation aimed to increase financial autonomy, but central control limits flexibility (Bossert *et al.*, 2003; Exemplars Health, 2023)<sup>[6, 16]</sup>. Despite increased budget allocations, Zambia remains below the Abuja target of 15% expenditure on health (UNICEF Zambia, 2024)<sup>[58]</sup>.

### 2.5 Research Gaps

There is limited evidence on digital health budgeting frameworks, economic evaluations, and integration of digital budgeting tools with decision-making platforms (USAID, 2019; World Bank Report, 2025)<sup>[60, 64]</sup>. Digital solutions are underutilised because health data lacks interoperability across systems (WHO Mapping Report, 2025)<sup>[68]</sup>, and less than 5% of health data is used for decision-making (Arcadia, 2024)<sup>[5]</sup>.

Inter-ministerial collaboration remains weak, with limited frameworks to align finance and health sector budgeting (AERC, 2023; AERC, 2024)<sup>[2, 3]</sup>.

Overall, effective budgeting and financial management in the health sector require strengthened public financial management systems, increased domestic financing, better data utilization, and coordinated multi-sectoral reforms to support progress toward universal health coverage.

### 3. Methodology

#### 3.1 Overview

The study employed a mixed-methods approach to assess the effects of public financial management and budgeting practices in Zambia's health sector. The use of both qualitative and quantitative methods enabled a comprehensive understanding of budgeting processes and their implications on healthcare delivery.

#### 3.2 Research Design

An exploratory case study design was adopted, integrating qualitative inquiry with quantitative data analysis. This facilitated an in-depth investigation of budgeting practices, challenges, and their impact on financial management.

#### 3.3 Target Population

The target population consisted of key stakeholders involved in budgeting within the Ministry of Health, including district health officers, facility managers, and financial administrators.

#### 3.4 Sampling Method

Purposive sampling was used to select participants based on their direct involvement and expertise in budgeting and resource allocation.

#### 3.5 Sample Size

A total of 30 key informants, health officials with relevant decision-making roles, were included in the study.

#### 3.6 Data Collection Methods

- **Primary Data (Questionnaires):** Structured questionnaires were administered to gather information on budgeting practices and challenges.
- **Secondary Data:** Derived from government reports, financial statements, and national strategic health documents (2015-2024).

#### 3.7 Data Analysis

Qualitative data was examined using thematic analysis, while quantitative data was analyzed using descriptive statistics with Microsoft Excel.

#### 3.8 Triangulation

Triangulation was applied by comparing primary data with secondary document analysis to improve reliability and validity.

#### 3.9 Limitations of the Study

Limitations included potential self-reporting bias and the restricted availability of up-to-date financial records.

#### 3.10 Ethical Considerations

Ethical approval was obtained from the relevant ethics committee. Informed consent was secured from all participants, confidentiality and anonymity were guaranteed, and all data was securely stored. Participants' rights, dignity,

and autonomy were respected throughout the research process.

## 4. Presentation of Research Findings and Discussion of Results

### 4.1 Overview

This chapter presents the empirical findings of the study, focusing on the assessment of the budgetary process within financial management at the Ministry Headquarters. The investigation is structured around three key objectives: (i) assessing the effectiveness of the budgetary process in financial management, (ii) ascertaining the relationship between effective budgetary processes and financial management outcomes, and (iii) identifying the limitations faced by budgetary processes in public institutions.

#### 4.1.1 Socio-economic characteristics of respondents

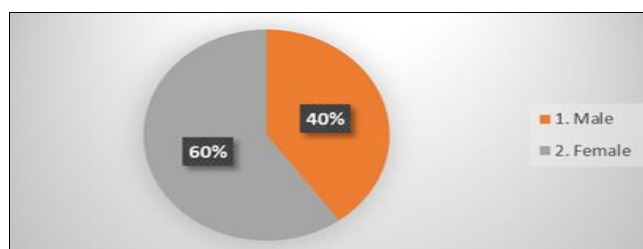


Fig 4.1: Gender of respondents

Figure 4.1 presents the gender distribution of the survey participants. Out of the total respondents, 18 were female, representing the majority, while 12 were male. This gender distribution indicates a higher participation rate among female respondents in the study.

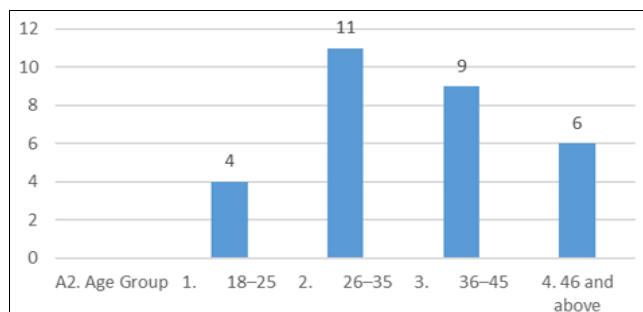


Fig 4.2: Age groups of respondent

Figure 4.2 shows the distribution of respondents by age group is presented in Figure 4. 2. The majority of participants were aged between 26 and 35 years (n=11), followed by the 36 to 45 years' group (n=9). The youngest group (18-25 years) and the oldest group (46 and above) had fewer respondents, with counts of 4 and 6 respectively. This distribution reflects a relatively young to middle-aged workforce participating in the study.

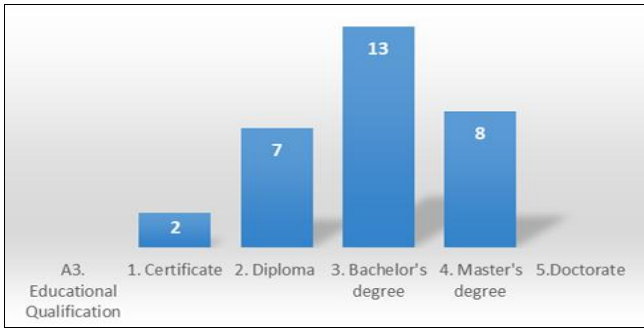


Fig 4.3: Education qualification of respondents

Figure 4.3 illustrates the educational qualifications of the respondents. The majority held a Bachelor's degree (n=13), followed by those with a Master's degree (n=8) and Diploma holders (n=7). A smaller number possessed Certificates (n=2), and there were no respondents with a Doctorate degree. This profile reflects a generally well-educated workforce engaged in the budgetary processes.

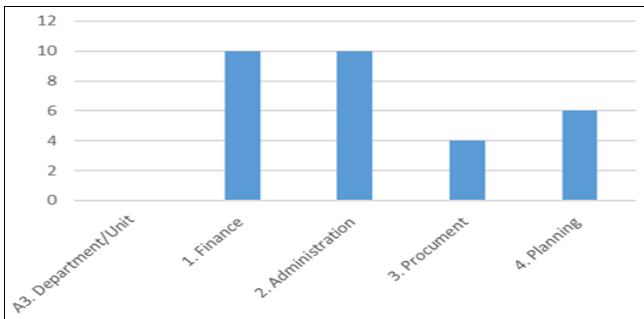


Fig 4.4: Department/Unit of respondents

As shown in Figure 4.4, respondents were drawn from various departments, with equal representation from Finance and Administration units (n=10 each). Planning and Procurement units had fewer respondents, with 6 and 4 participants respectively. This departmental mix provides a balanced insight into the budgetary process across key organizational functions.

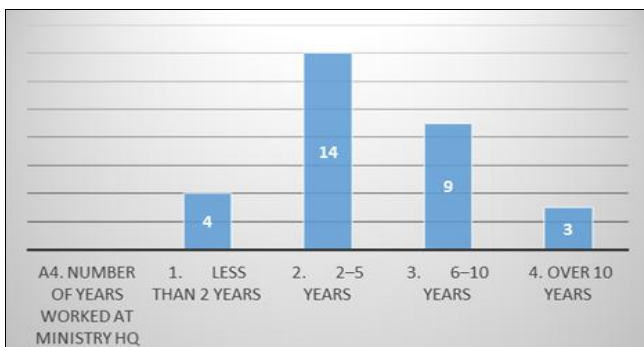


Fig 4.5: Number of years working at the ministry HQ

Figure 4.5 shows the distribution of respondents by their tenure at the Ministry Headquarters. The largest group had worked between 2 and 5 years (n=14), followed by those with 6 to 10 years (n=9). Fewer respondents reported less than 2 years (n=4) or over 10 years (n=3), indicating a workforce with moderate experience in the organization.

4.2 Effectiveness of the budgetary process

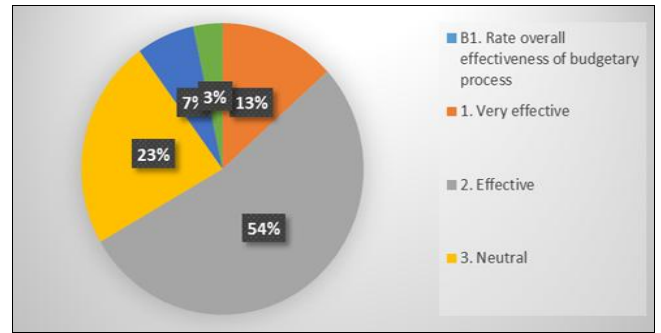


Fig 4.6: Effectiveness of budgetary process

As illustrated in Figure 4.6, the majority of respondents rated the budgetary process as effective (n=16), with a smaller group rating it very effective (n=4), several remaining neutrals (n=7), and only a minor proportion viewing it as ineffective (n=2) or reporting a categorization error (very effective, n=1). Overall, this indicates general satisfaction with the budgetary process, largely influenced by clear procedures, regular budget reviews, and collaboration between departments, which were seen to promote transparency, accountability, and achievement of goals. Those with neutral or negative views cited factors such as occasional delays in information, inflexible processes, mixed stakeholder involvement, and insufficient training, suggesting that while the process is valued, targeted improvements in communication and adaptability are needed to enhance its effectiveness.

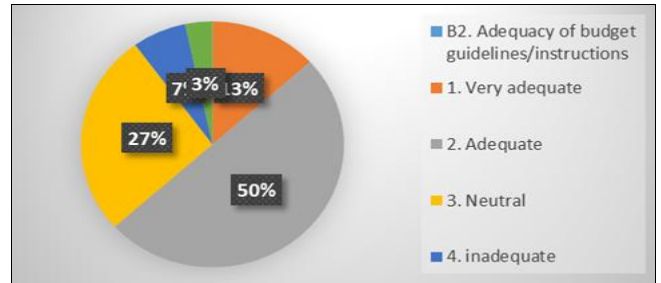


Fig 4.7: Adequacy of guidelines/instructions

Figure 4.7 presents respondents' perceptions of budget guideline adequacy, with most finding the guidelines adequate (n=15) or very adequate (n=4), while others were neutral (n=8) or considered them inadequate or very inadequate (n=3 combined), highlighting some inconsistencies in the clarity and usefulness of budget instructions. For those who rated the guidelines as inadequate or very inadequate, suggested improvements included clearer formatting, more practical examples, comprehensive step-by-step procedures, and periodic updates to reflect current financial practices, indicating a need for more user-friendly and relevant guidance materials.

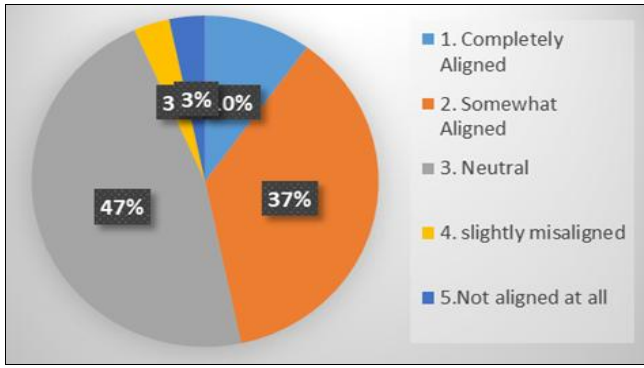


Fig 4.8: Allocation aligned with department needs

Figure 4.8 highlights perceptions regarding how well budget allocations align with departmental needs. While some respondents indicated allocations were somewhat aligned (n=11) or completely aligned (n=3), a significant number remained neutral (n=14). A few respondents noted slight misalignment or no alignment at all (n=2 combined). This implies potential gaps between allocated budgets and actual departmental requirements.

Figure 4.8 highlights perceptions regarding how well budget allocations align with departmental needs, showing that while some respondents indicated allocations were somewhat aligned (n=11) or completely aligned (n=3), a significant number remained neutral (n=14), and a few reported slight misalignment or no alignment at all (n=2 combined). This suggests there are gaps between allocated budgets and actual departmental requirements. For those experiencing misalignment, resources or budget items most affected included operational supplies, training funds, equipment upgrades, and program implementation budgets, indicating that essential functional areas sometimes do not receive sufficient financial support.

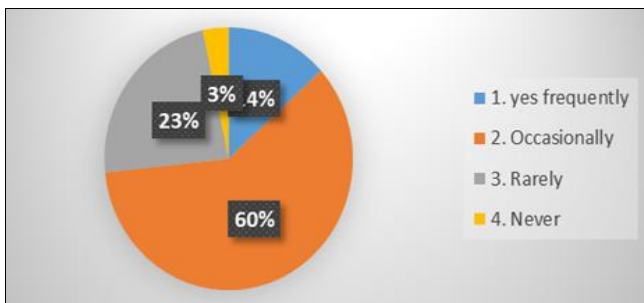


Fig 4.9: Have you encountered any challenges interpreting or applying the budget guidelines? Please specify

Figure 4.9 depicts the frequency of challenges respondents encounter in interpreting or applying budget guidelines, with most indicating occasional challenges (n=18), followed by rare challenges (n=7), a smaller group reporting frequent challenges (n=4), and just one respondent stating they never face any difficulty. This distribution suggests that while budget guidelines are generally understandable, occasional difficulties arise that may impact their consistent application. For those who faced challenges, specific areas causing difficulty included interpreting technical terminology, applying funding formulae, understanding procedural steps, and reconciling budget guidelines with

departmental reporting formats, reflecting a need for clearer explanations and practical examples within the guidelines.

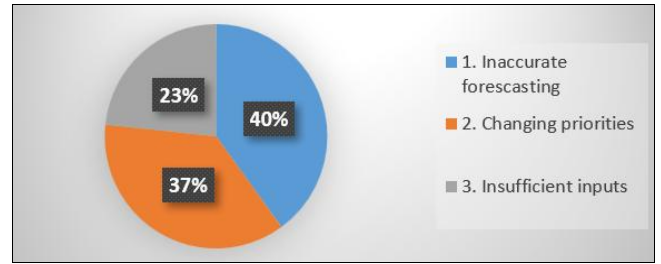


Fig 4.10: In your view, what are the main reasons for any misalignment between budget allocation and department needs

Figure 4.10 highlights the primary reasons for misalignment between budget allocations and departmental needs as perceived by respondents, with inaccurate forecasting (n=12), changing priorities (n=11), and insufficient inputs (n=7) identified as the main causes. These factors reveal challenges in planning accuracy and flexibility within the budgeting process. To minimize these causes of misalignment in future budgeting cycles, respondents suggested implementing more frequent and data-driven forecasting reviews, enhancing communication and stakeholder involvement during budget planning, and allowing for greater flexibility to adjust allocations as departmental priorities evolve, thereby improving overall responsiveness and alignment.

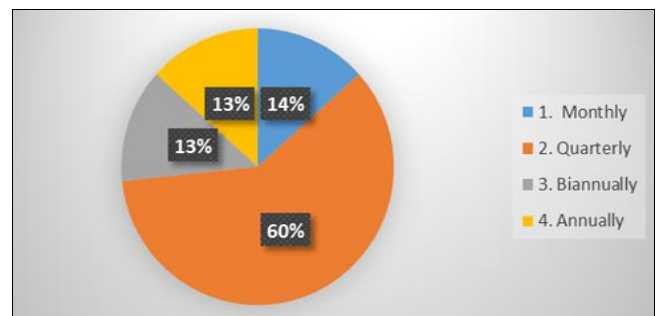
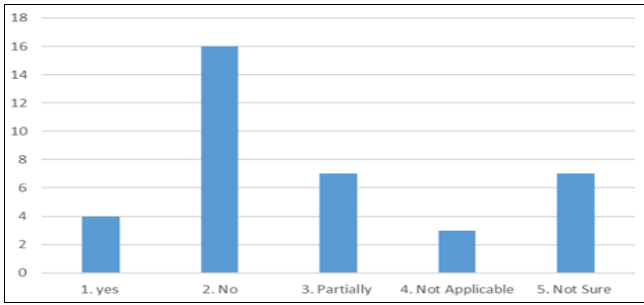


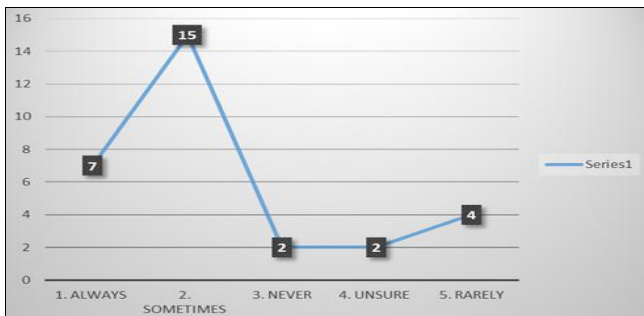
Fig 4.11: How often do you think budget reviews should ideally occur to ensure financial control and accountability

Respondents largely favored quarterly budget reviews to ensure financial control and accountability, with 18 indicating this preference, while monthly, biannual, and annual reviews were less favored with only 4 respondents each selecting these frequencies. This consensus suggests a general agreement on the need for regular, but not overly frequent, budget oversight. In response to whether more or less frequent budget reviews would produce better outcomes, many participants explained that quarterly reviews strike an effective balance by providing timely opportunities to adjust for changing circumstances without causing administrative burden, though a few noted that in periods of rapid change or financial uncertainty, more frequent reviews might be beneficial for proactive management, while less frequent reviews could risk delayed responsiveness and missed opportunities for corrective action.



**Fig 4.12:** Can you provide an example of how budget reviews have led to changes or improvements in your department's operations

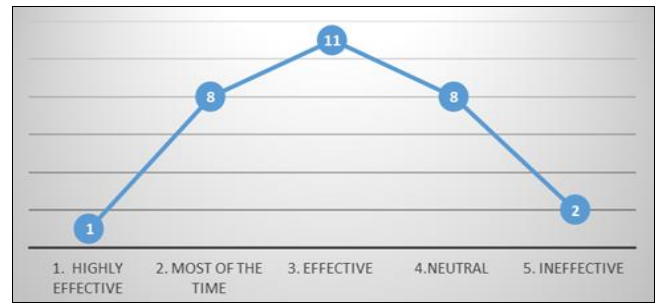
Figure 4.12 shows that when respondents were asked if budget reviews had led to improvements in their departments, only a small number (n=4) answered yes and described positive changes such as resource reallocation, elimination of redundant expenditures, better policy compliance, and timely problem-solving. The majority (n=19) reported that budget reviews had not resulted in any noticeable improvements, highlighting a perceived disconnect between the process and tangible outcomes. Another group (n=7) indicated that improvements were only partial or limited to certain areas, suggesting that while some benefits were realized, they were not comprehensive. Additionally, three respondents (n=3) found the question not applicable due to their roles or the absence of formal budget reviews in their departments. Overall, these findings emphasize that clear, substantial benefits from budget review processes were experienced by only a minority, while most departments saw either limited or no impact, underlining the need for better follow-up and communication of budget review outcomes.



**Fig 4.13:** Are stakeholders (such as department heads or managers) sufficiently involved during the budgeting process? Why or why not?

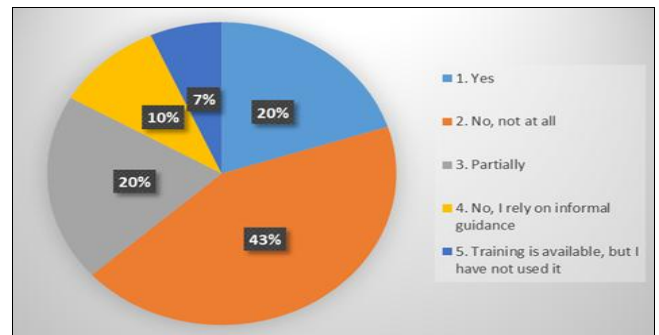
Figure 4.13 presents a detailed view of stakeholder involvement in the budgeting process, revealing that most respondents (n=19) selected “sometimes,” indicating that stakeholder engagement occurs intermittently depending on the context or department. A smaller group (n=7) reported stakeholders are “always” involved, reflecting consistent and structured participation throughout the budgeting process. Meanwhile, a few respondents indicated stakeholders are “rarely” involved (n=4), with an additional two respondents stating it “never” occurs, suggesting complete absence of stakeholder input in some departments. Finally, two respondents selected “unsure,” highlighting uncertainty about the extent of involvement. This distribution underscores significant inconsistencies in stakeholder engagement, with experiences ranging from full

and regular participation to little or no involvement at all, emphasizing the need for more standardized and inclusive practices across the organization.



**Fig 4.14:** How effectively does the current budgetary process support the strategic objectives of your department or the organization

Figure 4.14 explores how effectively the current budgetary process supports the strategic objectives of each department or the organization as a whole. The responses were distributed across all available options, with 1 respondent selecting “Highly effective,” 8 choosing “Most of the time,” and 11 indicating it was simply “Effective.” Meanwhile, 8 respondents were “Neutral” in their assessment, while another 2 found the process “Ineffective.” This range of perspectives shows that while the majority, 11 out of the total, viewed the budget process as effective to some degree in advancing strategic objectives, a smaller but notable share perceived limited or no strategic benefit. The diversity in responses reflects mixed experiences with how well budgets are adapted to and support wider organizational goals, suggesting that further efforts may be needed to enhance the alignment and adaptability of the budgetary process for all departments.



**Fig 4.15:** Do you receive adequate training or support regarding participation in the budgetary process

Figure 4.15 investigates the adequacy and nature of training or support that respondents received regarding their participation in the budgetary process by capturing several distinct response options. Some respondents selected “Yes,” indicating they had received adequate training or support to fulfill their roles effectively. However, several others chose “No,” denoting a lack of formal or structured preparation. A smaller number responded with “No, not at all,” highlighting a complete absence of support or training in their experience. Some participants indicated “I rely on informal guidance,” meaning their learning stemmed mainly from colleagues or on-the-job experience rather than through formalized training sessions. Others selected “Partially,” reflecting that only some aspects of training or

support were available or useful, and a final group reported “Training is available but I have never used it,” which suggests awareness of resources that remain untapped or inaccessible for various reasons. This distribution illustrates a broad spectrum of experiences, underlining the necessity for not just the provision but also the promotion and accessibility of relevant capacity-building opportunities to ensure all staff are confident and capable in their budgetary responsibilities.

### 4.3 Relationship between budgetary process and financial management

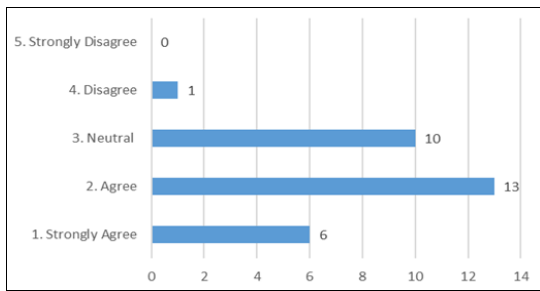


Fig 4.16: Budget process leads to better financial performance

Figure 4.16 shows that when respondents were asked to give an example of how the budget process affected financial performance, several (n=11) indicated that the budgeting process had a positive impact by allowing early planning, taking advantage of discounted procurement, and reducing unnecessary spending. A considerable group (n=8) reported that the process was effective most of the time, describing situations where timely budget approval helped departments operate within financial limits. A smaller number (n=8) were neutral, saying they could not directly link budgeting to financial outcomes. Only a few (n=2) felt that budgeting negatively affected financial performance, citing delayed approvals, while one respondent (n=1) reported very strong improvement. Overall, the responses reflect that most participants perceive the budget process as a tool that enables better financial outcomes, mainly through improved planning and controlled expenditure.

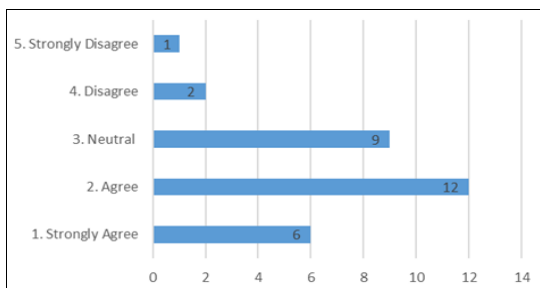


Fig 4.17: Budget process promotes transparency & accountability

Figure 4.17 shows that the majority of respondents (n=23) reported that the budget process improved transparency and accountability in their departments. They described situations where expenditures had to be justified during quarterly budget reviews, which reduced misuse of funds. However, a smaller group (n=7) disagreed, stating that although processes exist, follow-up or communication on spending decisions is limited.

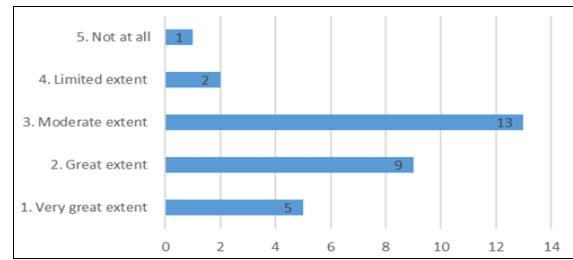


Fig 4.18: Budgeting supports achievement of department goals

Figure 4.18 shows that most respondents perceived budgeting as moderately to greatly supportive of achieving department goals. Specifically, 13 respondents indicated a moderate extent of support, 9 to a great extent, and 5 to a very great extent. This suggests that the budget process is generally aligned with departmental objectives.

Figure 4.18 indicates that most respondents felt that budgeting supported departmental goals to either a moderate extent (n=13) or great extent (n=9). Many cited examples such as successful implementation of training programs due to early budgeting and timely funding. A smaller group (n=5) strongly agreed that budgeting contributed to goal achievement, noting that clear financial planning prevented projects from stalling. Conversely, some respondents (n=2) reported that budgeting only helped to a limited extent due to rigid approvals and delays from finance departments.

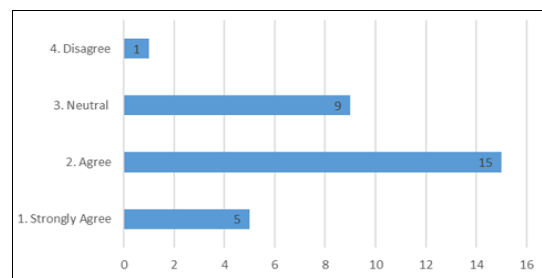


Fig 4.19: The budgetary process improves efficient resource utilization

Figure 4.19 shows that respondents commonly indicated that budgeting improved efficient use of resources occasionally (n=14) or frequently (n=11). Examples included reallocating unused funds and repairing existing equipment instead of purchasing new assets. However, a few respondents stated that inefficient use of resources occurred due to poor planning or delayed disbursements. Only a small number (n=2) reported that budgeting rarely or never contributed to efficiency, while two noted that inefficiencies arose when emergency expenditures occurred outside planned budgets. Overall, the responses reflect that budgeting generally enables efficiency but not consistently across all departments.

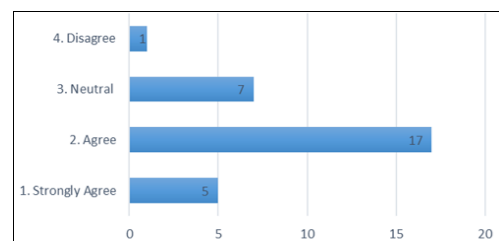
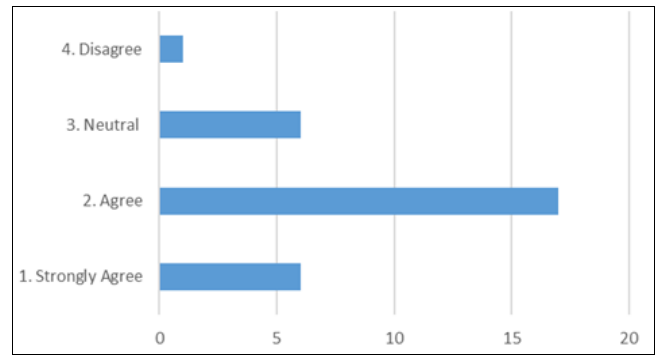


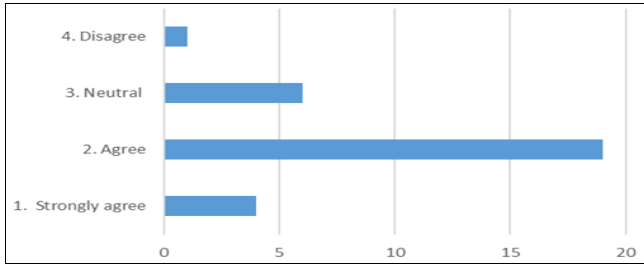
Fig 4.20: The budget process enhances compliance with financial regulations and policies

Figure 4.20 displays respondents' assessment of the role of budgeting in achieving departmental goals. Most respondents perceived moderate (n=13) to great extent (n=9) of support, supplemented by some very great extent (n=5), limited extent (n=2), and one respondent indicating no support. These findings affirm the strategic importance of budgeting for goal realization. Most respondents perceived budgeting as contributing to compliance, particularly because spending had to align with documented financial policies. Respondents explained that budgeting ensured adherence to procurement guidelines, authorization procedures, and spending ceilings. A minority reported limited compliance benefits, stating that documentation exists but is not always followed in practice.



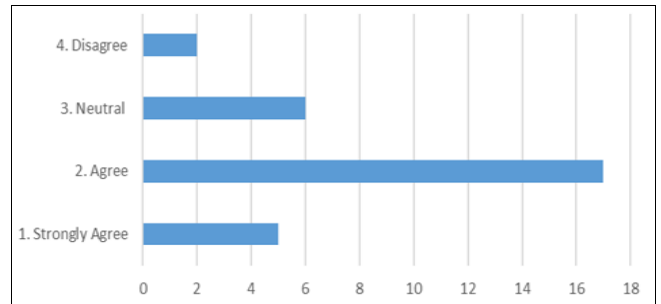
**Fig 4.23:** Budgeting encourages responsible spending in the department

Figure 4.23 shows that respondents overwhelmingly agreed that budgeting promotes responsible spending, with many stating that all expenditure must now be justified and linked to a budgeted activity. A smaller number indicated that spending discipline was only partially achieved due to weak monitoring or poor communication. Overall, budgeting appears to reinforce spending control and reduce impulse expenditure.



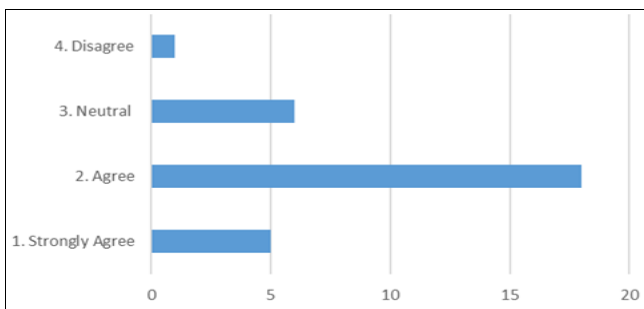
**Fig 4.21:** Regular budget reviews contribute to better financial decision-making

In Figure 4.21, respondents reported that budget reviews often influenced decision-making by identifying areas of overspending and allowing timely reallocation of funds. Most (n=19) indicated that rigid procedures sometimes limit flexibility, yet budget reviews remain useful for tracking progress and avoiding financial mismanagement. A few respondents (n=6) described minimal impact, while four (n=4) stated that rigid procedures significantly limit effective decision-making. These findings indicate that while reviews support better decisions, procedural rigidity remains a key challenge.



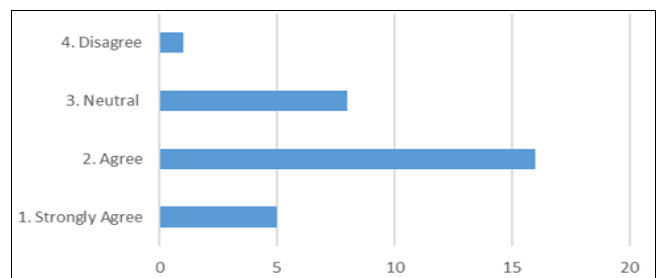
**Fig 4.24:** There is a clear link between budgeting and overall financial management outcomes

Figure 4.24 shows perceptions regarding staff training adequacy in budgetary procedures. The majority considered training adequate (n=17) or somewhat adequate (n=8), with a few respondents stating training was very adequate (n=3) or inadequate (n=2). These findings highlight generally positive but improvable training provisions. Most respondents (n=17) believed that adequate budgeting training resulted in positive financial management outcomes. Examples included reduced unplanned expenditures and stronger financial reporting. A few noted that while budgeting is beneficial, lack of skills among some officers limits its effectiveness. This suggests that continued training could strengthen financial outcomes.



**Fig 4.22:** The budget process helps identify and mitigate financial risks

The data in Figure 4.22 indicate a positive perception of the budgeting process as an effective tool for risk management. The majority of respondents agreed or strongly agreed with this statement (n=23 combined), emphasizing the role of budgeting in promoting financial prudence. This reveals that most respondents (n=23) agreed or strongly agreed that budgeting facilitates risk identification. Examples included anticipating cost fluctuations and budgeting for contingencies. Only a few respondents remained neutral or disagreed, mostly citing lack of follow-up on identified risks. Collectively, responses suggest that budgeting plays an active role in risk mitigation and financial prudence.



**Fig 4.25:** Budgeting facilitates collaboration among financial and operational departments

Figure 4.25 shows that respondents generally felt budgeting enhanced collaboration between departments. Many described joint planning sessions with finance units where priorities and available funds were discussed. However, some reported that political interference (n=16) or administrative bureaucracy negatively affects collaboration. The overall findings indicate that while budgeting encourages interdepartmental cooperation, external pressure and interference sometimes hinder smooth collaboration.

#### 4.4 Limitations of the budgetary process

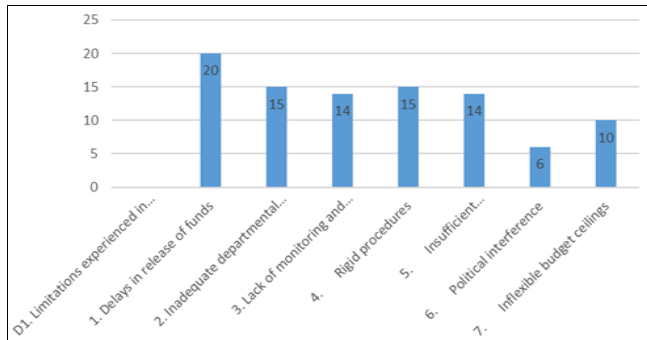


Fig 4.26: Limitations experienced in budgetary process

Figure 4.26 highlights key challenges faced during budgeting. The most frequently cited limitation was delays in the release of funds (n=20), followed by inadequate departmental participation and rigid procedures (n=15 each). Additionally, lack of monitoring and evaluation and insufficient information/training were noted as significant impediments, reflecting areas needing improvement.

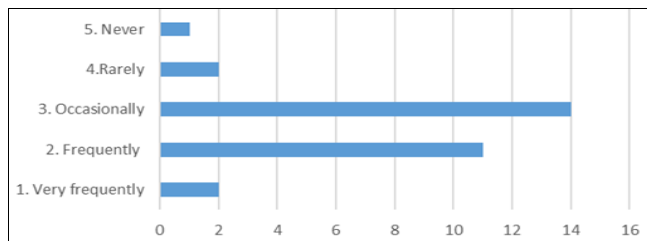


Fig 4.27: Frequency of limitations impacting management

Figure 4.27 illustrates that insufficient information or unclear instructions are frequent challenges in the budgetary process. Most respondents indicated sometimes facing this issue (n=18), while others reported often (n=7) or always (n=3). Only a few respondents (n=2) rarely encounter this problem. This highlights the need for improved communication and training to enhance budgeting effectiveness.

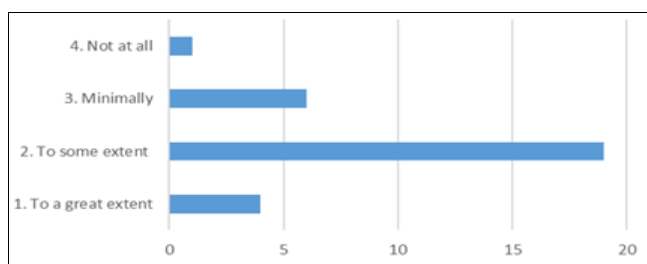


Fig 4.28: How much do rigid procedures hinder budget flexibility in your department

Figure 4.28 shows how often delayed release of funds hinders project and program implementation. The majority indicated that delays occur sometimes (n=15) or often (n=9), with fewer respondents experiencing always (n=3) or rarely (n=1). This underscores delayed funding as a significant operational challenge affecting successful project execution.

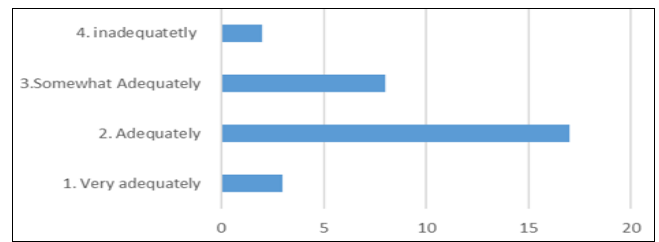


Fig 4.29: How adequately are staff trained on the budgetary process

As depicted in Figure 4.29, budget ceilings are often perceived as too inflexible to accommodate departmental needs. Most respondents reported that ceilings are sometimes (n=18) or often (n=6) inflexible, with fewer stating always (n=4) or rarely (n=2). These perceptions suggest limited budget flexibility, which constrain responsiveness to departmental priorities.

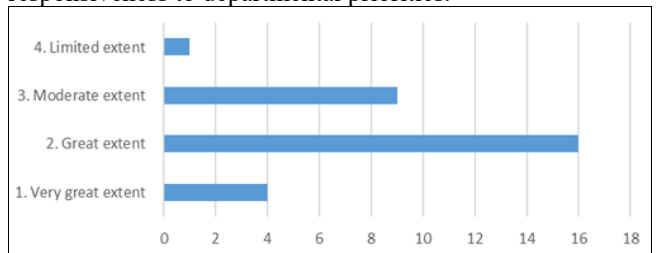


Fig 4.30: To what extent does political interference affect your budgeting process

Figure 4.30: Extent of Political Interference Affecting the Budgeting Process political interference was perceived to impact the budgeting process to varying degrees. The majority reported a great to very great extent of influence (n=20 combined), signaling that political factors may pose challenges to impartial and efficient budgeting.

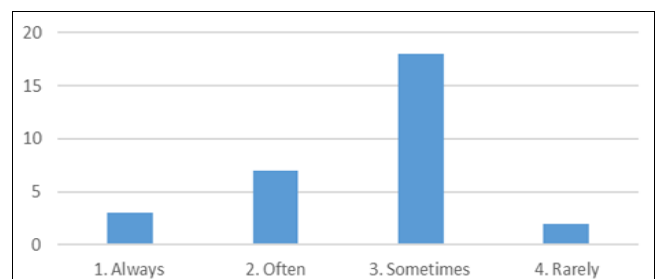
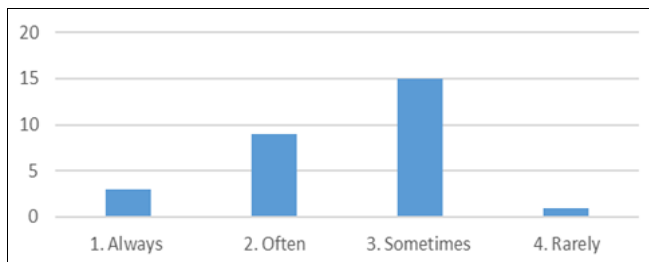


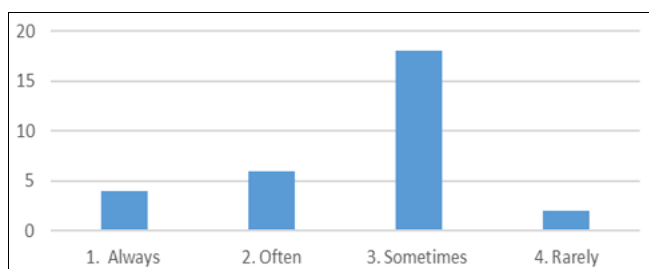
Fig 4.31: Is lacking information or unclear instructions a frequent challenge

Figure 4.31 presents respondents' views on the difficulty of involving stakeholders in the budgeting process. Most respondents indicated that involvement is somewhat difficult (n=14) or not so difficult (n=10), with a smaller number finding it very difficult (n=2) or not difficult at all (n=4). These varied responses imply challenges in engagement but also areas where involvement is manageable.



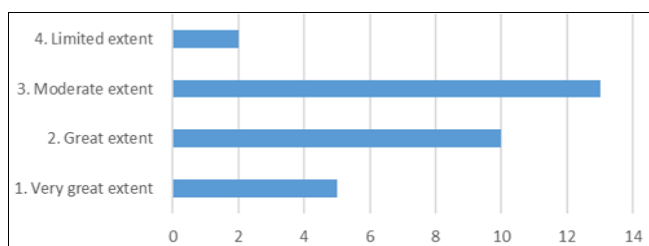
**Fig 4.32:** How often does delayed fund release hinder project or program implementation

Figure 4.32 illustrates respondents' views on the impact of insufficient monitoring and evaluation on the effectiveness of the budgetary process. The majority indicated a moderate extent (n=13) or great extent (n=10), with fewer reporting very great extent (n=5) or limited impact (n=2). These findings suggest that lack of monitoring and evaluation is a significant barrier to maximizing budget effectiveness.



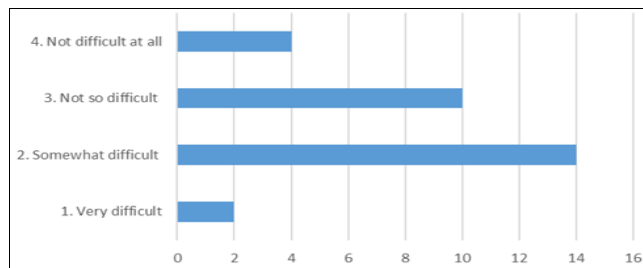
**Fig 4.33:** Are budget ceilings too inflexible to accommodate departmental needs

Figure 4.33 presents the perceived difficulty of involving stakeholders in the budgeting process. Most respondents reported that involvement is somewhat difficult (n=14) or not so difficult (n=10), with fewer stating it is very difficult (n=2) or not difficult at all (n=4). This indicates varied experiences with stakeholder engagement, suggesting room for improving participation.



**Fig 4.34:** To what extent does lack of monitoring and evaluation impact budget effectiveness

Figure 4.34 shows the frequency with which delayed fund release hinders project or program implementation. Most respondents indicated sometimes (n=15) or often (n=9) experiencing such delays, with fewer citing always (n=3) or rarely (n=1). This reflects the persistent challenge of timely fund allocation affecting project delivery.



**Fig 4.35:** How difficult is stakeholder involvement in the budgetary process

Figure 4.35 depicts responses on the flexibility of budget ceilings in accommodating departmental needs. Most respondents indicated that ceilings are sometimes (n=18) or often (n=6) inflexible, while a smaller proportion reported always (n=4) or rarely (n=2) inflexible ceilings. This highlights concerns about budget adaptability limiting departmental responsiveness.

#### 4.5 Discussion of the Findings

This section interprets the results presented in the previous figures and tables and explains what they mean in relation to the study objectives. The discussion highlights how the budgeting process is perceived by respondents, its effectiveness, and how it influences financial management at the Ministry of Health Headquarters. Overall, the findings show that while the budgeting process is generally effective and contributes to financial accountability, efficiency, and responsible spending, challenges still exist such as limited stakeholder involvement, unclear guideline interpretation, capacity gaps, and political interference. The discussion therefore connects the results to the theoretical framework and existing literature to show how budgeting practices shape financial outcomes in the public sector.

##### 4.5.1 Socio-economic characteristics of respondent

###### Gender of respondents

The gender composition revealed a higher participation of females (60%) compared to males (40%). This majority female representation indicates a gender-balanced workforce with more women involved in the budgetary process or a greater willingness among female employees to participate in the study. This slope impacts the findings, potentially reflecting gender-related experiences in organizational budgeting practices.

###### Age groups of respondents

Respondents were predominantly in the younger to middle-aged categories, with the largest group between 26 to 35 years (37%), followed by 36 to 45 years (30%). The lower representation of the youngest (18–25 years) and oldest (46 and above) groups suggests that the workforce actively engaged in budgeting activities is primarily mid-career professionals. This age distribution implies that the insights gathered reflect the views of employees likely balancing career development with organizational responsibilities.

### Education qualification of respondents

The data shows a generally well-educated sample, with the majority holding at least a Bachelor's degree (43%), and a significant portion having attained a Master's degree (27%). Diploma and certificate holders made up smaller portions and no respondents held a Doctorate degree. This educational profile suggests that the participants possess a considerable level of academic preparation, which positively influence their understanding and execution of budget-related tasks within the ministry.

### Department/ Units

The respondents came mainly from Finance and Administration units, each making up one-third of the sample. Planning and Procurement had fewer respondents (20% and 13%, respectively). This distribution ensures a balanced insight particularly from the departments most directly involved with budget administration and execution. The smaller representation from Planning and Procurement reflect either their comparatively smaller size or lesser involvement in budget setting and monitoring.

### Tenure of working at the ministry of health HQ

Most respondents have moderate work experience, with nearly half (47%) having worked between 2 and 5 years, and 30% between 6 and 10 years. Fewer respondents reported very short (<2 years) or long (>10 years) tenure. This suggests that the study captured the views of staff with enough experience to provide informed perspectives, but not necessarily those deeply entrenched or very new in the organization. The mix of tenure may contribute to diverse viewpoints about institutional knowledge and evolving budget practices.

### 4.5.2 Assessing the Effectiveness of the Budgetary Process in Financial Management

The findings presented in Figures 4.6–4.15 reveal that the budgetary process at the Ministry of Health Headquarters is generally perceived as effective, though with notable areas for improvement.

Figure 4.6 showed that the majority of respondents rated the budgeting process as *effective* or *very effective*, which confirms that budgeting procedures are understood, functional, and supportive of departmental activities. This aligns with the PFM Cycle Framework, which states that well-structured budget processes enhance efficiency, accountability, and fiscal discipline. However, the presence of neutral and dissatisfied respondents indicates inconsistencies in implementation, reflected further in Figure 4.7, where some respondents reported inadequate or unclear guidelines.

Similarly, Figure 4.9 illustrated that most respondents "occasionally" faced challenges in interpreting or applying guidelines. This supports the interpretation that although the budgeting framework exists, usability and clarity issues continue to hinder smooth execution. Budget guideline complexity is a common issue in public sector budgeting, especially where technical terminology and rigid procedures are applied (OECD, 2020) <sup>[40]</sup>.

Figures 4.8 and 4.10 highlighted challenges with alignment between budget allocations and departmental needs. Many respondents felt that budget allocations only *somewhat* reflected actual needs, and the main causes cited were inaccurate forecasting, shifting priorities, and insufficient stakeholder input. These findings emphasize the importance

of participatory budgeting and data-driven planning, practices recommended by WHO (2016) and PEFA (2016) to improve credibility of budget allocations.

This was reinforced in Figure 4.13, where stakeholder involvement was described as inconsistent. Most respondents indicated involvement happens only "*sometimes*," suggesting that participation may depend on managerial preference rather than organizational policy. Insufficient involvement reduces ownership and weakens alignment between budgets and operational goals.

The effectiveness of the budgeting process in supporting strategic objectives was further confirmed in Figure 4.14, where most respondents rated the process as effective or effective most of the time. However, the presence of respondents who rated it ineffective reflects the challenges highlighted in earlier figures, especially unclear guidelines and insufficient stakeholder input.

Training also plays a critical role in enabling effective budget participation. Figure 4.15 showed that while most respondents received some form of support or training, others relied on informal guidance or indicated training gaps. This is consistent with literature stating that capacity-building is fundamental to budget implementation (OECD, 2018) <sup>[38]</sup>.

Finally, Figure 4.12 showed that only a small number of respondents reported that budget reviews resulted in improvements in their departments. This suggests that budget reviews may be occurring as a procedural requirement instead of a learning and corrective mechanism. Overall, the discussion of Figures 4.6–4.15 indicates that:

- The budget process is valued and seen as effective.
- Weaknesses exist in guideline clarity, allocation alignment, stakeholder involvement, and training.
- Budget reviews are not yet fully leveraged to drive improvement.

### 4.5.3 Establishing the Relationship between the Budgetary Process and Financial Management

The results from Figures 4.16–4.25 demonstrate that budgeting has a strong positive relationship with financial management outcomes.

Figure 4.16 showed that many respondents believe budgeting improves financial performance by enabling forward planning, cost-saving procurement, and reduction of unnecessary spending. This aligns with the performance-based budgeting theory, which asserts that resource planning leads to better financial outcomes (World Bank, 2019) <sup>[62]</sup>.

Budgeting was also seen to promote transparency and accountability, as shown in Figure 4.17. Respondents noted that expenditures must be justified and supported by documentation, which is consistent with global findings from OECD (2020) <sup>[40]</sup> and PEFA (2016), indicating that transparency is a natural output of structured budgeting processes.

Figure 4.18 confirmed that budgeting supports the achievement of departmental goals, which is further supported by examples respondents provided, such as timely funding enabling completion of planned departmental activities. Literature stresses that alignment of resources to planned outputs is key to achieving organizational goals (WHO, 2016).

Figures 4.19 and 4.23 highlighted that budgeting improves efficient resource utilization and encourages responsible spending. Respondents explained that budgeting limits impulsive expenditure and enforces approval processes. This

aligns with fiscal discipline theory, which states that budgeting constrains expenditures to available resources.

Compliance with financial regulations was emphasized in Figure 4.20. Respondents stated that budgeting helps them follow procurement rules, authorization procedures, and spending limits. The PFM framework emphasizes that compliance mechanisms strengthen institutional credibility and prevent financial irregularities.

Figure 4.21 highlighted that budget reviews support decision-making, but rigid procedures limit flexibility. This mirrors findings in the literature, where poor budget flexibility reduces responsiveness to emerging needs (UNDP, 2019) [56].

Figure 4.22 reinforced that budgeting assists in identifying and mitigating financial risks. Respondents mentioned that budgeting enables contingency planning, which literature regards as an essential component of financial risk management (CABRI-SBO, 2012) [8].

Finally, Figure 4.25 revealed that budgeting facilitates collaboration between departments, but political interference remains a challenge. This supports global evidence showing that politics can distort resource allocation and reduce budget efficiency (Brookings, 2024) [7].

#### **4.5.4 Identifying limitations faced by budgetary processes in public institutions**

The study revealed a number of significant challenges constraining the budgetary process at the Ministry of Health Headquarters. The most pressing limitation reported was delays in the release of funds, 66.7% of respondents indicated that such delays hinder project and program implementation. These delays not only disrupt service delivery but also weaken trust in the financial management system, as planned activities often fail to align with actual disbursements. In addition, respondents highlighted rigid procedures (50%), inadequate stakeholder participation (50%), and political interference (66.7%) as major constraints. Insufficient monitoring and evaluation mechanisms and limited staff training were also cited as impediments, pointing to systemic weaknesses in capacity building and accountability structures.

These findings are strongly aligned with international literature. Globally, health budgeting processes face common limitations such as underfunding of primary healthcare (PHC), over-reliance on donor funding, and weak budget execution systems (WHO, 2025; PMC, 2022 [47]). For instance, in many low- and middle-income countries (LMICs), budget ceilings are often rigid and fail to adapt to dynamic sectoral needs, a problem mirrored in this study where respondents noted that budget allocations were frequently misaligned with departmental priorities due to inaccurate forecasting (40%) and changing priorities (36.7%). These misalignments reduce the responsiveness of the budgeting process, limiting its contribution to effective financial management.

In the Zambian context, similar challenges are well documented. Equinet Africa (2024) highlights that despite decades of decentralization reforms, financial autonomy at district and facility levels remains minimal, with only 10–19% of cash disbursements being discretionary. This aligns with the study's findings where respondents reported limited departmental involvement in budget formulation and inadequate stakeholder participation, suggesting that decentralization has been more theoretical than practical. Weak data systems further exacerbate the problem, as

population growth and local health needs are not adequately captured in planning processes, resulting in misallocation of scarce resources (WHO, 2025).

The issue of political interference, which two-thirds of respondents viewed as a significant constraint, is particularly concerning. Literature from Sub-Saharan Africa shows that political influence often distorts budget priorities, leading to inefficiencies and undermining accountability (Brookings, 2024; IMF, 2023) [7, 24]. In Zambia, this has been seen in the centralization of key financial decisions, where national-level political considerations override district-level needs, thereby weakening the credibility of the budgeting process.

The theoretical insights of the Public Financial Management (PFM) Cycle Framework further reinforce these findings. The framework emphasizes that execution and monitoring stages are the most vulnerable points in the budget cycle, as delays, rigidities, and poor oversight erode the credibility of the process (PEFA, 2016). The study's findings that delayed disbursements, inadequate monitoring and evaluation, and limited training are key barriers directly reflect this theoretical position. Moreover, the persistence of donor dependency and fragmented funding streams, as noted in the literature, create unpredictability in financing, further weakening budget reliability (PMC, 2022) [47].

In sum, the study highlights that while Zambia's Ministry of Health has established a functional budgetary framework, systemic limitations, including delayed disbursements, rigid budgetary procedures, limited financial autonomy, weak data systems, and political interference, continue to undermine its effectiveness. These findings mirror global and regional evidence, confirming that without reforms to strengthen monitoring, enhance stakeholder participation, and ensure timely fund releases, budgetary processes will remain constrained in their ability to deliver financial credibility, efficiency, and improved health outcomes.

## **5. Conclusion and Recommendations**

### **5.1 Overview**

This chapter provides the overall conclusion and recommendations derived from the study on the effects of the budgetary process on financial management at the Ministry of Health Headquarters. The discussion integrates empirical findings from respondents with insights from the literature review and the Public Financial Management (PFM) Cycle Framework. The study aimed at achieving three objectives: (i) to assess the effectiveness of the budgetary process in financial management, (ii) to establish the relationship between effective budgetary processes and financial management, and (iii) to identify limitations faced by budgetary processes in public institutions. The results highlight both the strengths and weaknesses of the current budgeting system, as well as opportunities for reforms to strengthen financial accountability, efficiency, and service delivery.

### **5.2 Conclusion**

The findings indicate that the budgetary process at the Ministry of Health is perceived as moderately effective, with the majority of respondents rating it effective or very effective. The availability of adequate guidelines and periodic reviews demonstrates a structured process. However, occasional difficulties in interpreting guidelines and inconsistencies in departmental alignment suggest that

the effectiveness of budgeting is not uniformly experienced across all units.

A strong relationship exists between effective budgetary processes and financial management outcomes, as evidenced by respondents' acknowledgment that budgeting promotes transparency, accountability, responsible expenditure, compliance with regulations, and risk management. These findings confirm theoretical insights from the PFM Cycle Framework and international experiences, where program-based and performance-based budgeting enhance efficiency and financial discipline when effectively implemented.

Despite these positive aspects, the study also uncovered persistent limitations. Key among them were delays in fund disbursements, rigid budgetary procedures, inadequate stakeholder participation, political interference, and weak monitoring and evaluation systems. These challenges mirror both regional and global experiences, particularly in low- and middle-income countries where financial autonomy is limited, donor dependency is high, and governance systems face pressure from political influences.

In conclusion, while the Ministry of Health Headquarters has a functional budgeting system that contributes to improved financial management, its full potential is undermined by systemic inefficiencies and governance challenges. Addressing these issues through reforms that strengthen transparency, flexibility, and stakeholder participation is essential for achieving sustainable improvements in financial management and service delivery.

### 5.3 Recommendations

Based on the study's findings and literature review, the following recommendations are proposed:

#### 1. Strengthen Timely Fund Disbursement

The Ministry of Finance and Ministry of Health should improve coordination to ensure predictable and timely release of funds, enabling more effective financial management and enhancing the overall budgetary process.

#### 2. Institutionalize Effective Monitoring and Evaluation (M&E)

Establish robust M&E mechanisms that continuously assess how budgets are executed, offering real-time feedback on the effectiveness of budget processes and fostering improvements in financial management practices.

#### 3. Enhance Clarity and Accessibility of Budget Guidelines

Simplifying and standardizing budget instructions, supported by regular refresher workshops and manuals, will ensure consistent application across departments, thereby strengthening the link between sound budgetary processes and improved financial management.

#### 4. Build Capacity through Training and Digital Tools

Continuous financial management training combined with adoption of financial management information systems (FMIS) can improve budget execution, demonstrating how effective budgeting processes directly enhance financial management efficiency and accountability.

#### 5. Address Political Interference in Budgeting

Strengthening institutional safeguards against political meddling, such as independent oversight committees, will reduce constraints on the budgeting process, allowing for more objective decision-making in resource allocation.

#### 6. Promote Stakeholder Participation and Financial Autonomy

Encouraging greater involvement of departmental staff and granting financial autonomy at district and facility levels will help overcome bureaucratic and operational limitations that often challenge public sector budget implementation.

### 6. Acknowledgment

I am deeply grateful to my family for their love, encouragement, and support throughout the course of this study. I also extend my appreciation to colleagues, mentors, and all those who rendered their assistance during the preparation of this thesis. Finally, I acknowledge the guidance and knowledge imparted by my former lecturers, whose contribution has been invaluable to my academic journey.

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