



ZAMBIA INTEGRATED SYSTEMS STRENGTHENING REPORT ON THE 2011 MINISTRY OF HEALTH PLANNING PROCESS

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REPORT ON THE 2011 MINISTRY OF HEALTH PLANNING PROCESS

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ACRONYMS

LOG FRAME

Logical Framework

MBB

Marginal Budgeting for Bottlenecks

MTEF

Medium-Term Expenditure Framework

MOH

Ministry of Health

NHSP

National Health Strategic Plan

PHOs

Provincial Health Offices

ZISSP

Zambia Integrated Systems Strengthening Program

I. INTRODUCTION

Planning remains one of the key functions of the Ministry of Health (MOH) and is the basis for institutions under the MOH to secure funding for implementation of health interventions. Each year health institutions are expected to review their performance in various program areas and to come up with priority health programs and interventions to be undertaken to meet the health needs of the population they are serving. The health plans will be developed based on previous year's performance levels in each of the priority health programs and will address the main challenges facing the particular health institution in that particular health program. Every institution is expected to buy into the National Health Strategic Plan (NHSP) which sets the overall health goals and objectives while applying various program policies and guidelines to select high impact interventions that address the identified health problems.

2. BACKGROUND

The planning process under the MOH occurs annually using a yearly medium term expenditure framework (MTEF). Health institutions are expected to review performance for the past three years and develop plans for the next three years of which the first year should be a detailed plan.

Prior to the commencement of planning at the different levels of the health care system, the MOH headquarters central level directorates, under the guidance from the MOH Planning Unit, will have compiled technical planning program updates which will highlight performance of each program area during the previous year, challenges faced and priority focus areas for the following year. The MOH also uses this forum to share indicative planning figures which were calculated using a well-defined allocation formula for the next MTEF. These updates are shared during the planning launch meetings at various levels: MOH headquarters, provincial, and level 2/3 hospitals; province with districts; districts with health centers.

These updates are adjusted for each level's meetings to reflect the respective situation. The first meeting between the MOH headquarters and provinces shares the national picture; the province and districts should share their provincial or district performance during their meetings. This process ensures that plans developed are relevant and in line with the overall and local situation and within the expected district budget. This report provides a summary of the planning process, achievements and challenges during the 2011 planning cycle.

3. KEY AREAS OF SUPPORT TO THE 2011 PLANNING PROCESS

The MOH has invested great effort in improving the planning process at all levels of the health care system. However, there were still some challenges in 2011 that had negatively impacted on the overall planning process. Some of the key challenges identified are listed below.

- a) The restructuring process that occurred resulted in hiring new planning officers who had not yet been trained in the MOH planning processes.
- b) The recruitment process was not completed for some district planner positions. The new planning officers exhibited particular difficulties in working through the various planning tools and databases.
- c) The provinces still had no formal planning tools to guide their planning processes. MOH headquarters and statutory boards planning tools had not been revised to meet the requirements of the new planning concepts, i.e., the Marginal Budgeting for Bottlenecks (MBB) and Logical Framework (Log frame). Although the provinces developed their plans using spreadsheets and formats provided by MOH headquarters, it was not clear how their plans linked up with their health institutions (districts/hospitals). The new planning tool is therefore aimed at addressing this identified gap.
- d) The health center/post/community planning tools lacked adequate guidance on community engagement in planning.

The Zambia Integrated Systems Strengthening Program (ZISSP) collaborated with MOH to undertake a number of activities aimed at addressing identified system gaps in a number of areas described in greater detail below.

3.1 DEVELOPING AND BUILDING CONSENSUS ON PLANNING TOOLS

ZISSP worked with the MOH to revise the planning handbooks for the Statutory Boards, MOH headquarters and health center health center and community levels. This revision focused on provincial level planning, a topic that had not been previously addressed. The revised handbooks are in line with the new MOH planning procedures and will be used by both Provincial Health Offices (PHOs) and the central MOH to develop their action plans. The team also revised the planning handbook for Statutory Boards to align it with the new MOH planning processes. The planning handbook for health center, health post and community level was also revised to incorporate guidance on how to engage communities in the planning process. These revisions have since been finalized and the planning handbooks will be printed during the first quarter of 2012. The process completes the standardization of the MOH planning process at all levels and strengthens community involvement in planning at the health center level.

3.2 PARTICIPATION IN THE NATIONAL AND PROVINCIAL PLANNING PROCESS

3.2.1 SUPPORT TO THE PRE- LAUNCH PREPARATORY MEETING

ZISSP staff participated in the MOH pre-launch meetings at national level to review the sector performance in the previous year and to identify priority focus areas for the 2012-2014 MTEF planning cycle. At provincial level ZISSP supported the PHOs to hold preparatory meetings to review updates received from MOH headquarters directorates and to compare these with the provincial performance. This process assisted PHOs to identify priority health programs that were based on their health situation.

3.2.2 PARTICIPATION IN THE PLANNING LAUNCHES

ZISSP program officers participated in the planning launches at national and provincial levels. This enabled ZISSP staff to identify the MOH priority health programs for 2012-13 and to ensure that the ZISSP priority activities were in line with the MOH health priorities. Furthermore, ZISSP in collaboration MOH headquarters, oriented PHO staff on how to use the new provincial planning handbook as part of a pilot and to gather lessons learned that would be used to finalize the same planning tool.

3.2.3 PARTICIPATION IN DISTRICT PLANNING

Districts remain the vehicle for delivering MOH health interventions. To strengthen planning at this level as well as in other health institutions, ZISSP collaborated with PHOs in all nine provinces to provide onsite coaching in planning to provincial and district hospitals. The coaching focused particularly on using data, priority setting, identifying high impact health interventions to address identified health problems, and assisting program officers to work through the various planning processes, tools, and formats.

ZISSP staff worked with the provincial teams to conduct the technical review of the action plans and check the appropriateness of the proposed interventions in relation to objectives as these relate to the health situation in the district and the identified health priorities. This ZISSP support in all provinces helped to expedite the completion and submission of the 2012-2014 health plans to the MOH for budget consideration.

4. ACHIEVEMENTS

The major program achievements in 2011 were as follows:

- 90 (71 males and 19 females) provincial, district, and hospital planners in the MOH were trained in the planning processes to prepare them for the 2011 planning cycle.
- A provincial planning tool was developed to guide planning at that level. This tool will be used by both MOH headquarters and provinces due to their similar functions.
- The planning handbook for Statutory Boards was revised to bring it in line with the new planning concepts.
- The health center/health post and community planning handbook was revised to incorporate guidance on community engagement in planning. The revised handbook now fits with the new MOH planning procedures.

5. CHALLENGES

- Some positions for district planners are still not yet filled. Planning in these districts may remain a major challenge as planners are expected to coordinate planning at these levels.
- Program officers not clear as to whether plans are supposed to be “strategic” or rolling plans.”
- Despite MOH efforts to strengthen planning at various levels, some skill gaps remain for example many program officers are not able to apply the new planning concepts. Some of the program officers are new due to the restructuring process and have not received any orientation to the revised planning processes.
- Many program officers at both district and hospital levels did not have adequate skills in data management and use, as a result of not receiving any orientation to basic information management systems. This has contributed to poor prioritization of health programs. To address this, ZISSP initiated and provided both technical and financial support to various PHOs to orient program officers at district and hospital levels and selected health facilities in data quality audit trainings. A total of 255 program officers were trained during 2011.
- Some newly recruited planners in some of the provinces have only social science academic background. As a result they faced challenges to understand the medical language and to effectively participate in the planning meetings and report writing.
- Most of the new planners did not have adequate computer skills to work through the MOH planning tools. MOH may have to invest in building computer skills capacity of this cadre before the next planning cycle begins.
- The planning process was conducted in a hurried manner due to the timing of the national elections. This had a negative impact on the overall coordination of planning at all levels affecting the quality of most of the plans that were developed.
- Districts continued to complain about the short time given to them to produce action plans. This has contributed to problems of cutting and pasting parts of previous year’s activities to ensure timely submission of plans to the center (MOH headquarters) for budget consideration.

6. RECOMMENDATIONS

- MOH needs to speed up recruitment/confirmation of new planners in the remaining districts that do not have planners so that they can receive orientation to the recommended planning processes before the onset of the next planning cycle.
- MOH needs to consider providing appropriate computer-based training to those new planners with inadequate computer skills so that they are able to work through the various planning spreadsheets.
- Further guidance is required by MOH in relation to MTEF as most planners are not clear as to whether the plans are supposed to be “strategic” or rolling plans.”
- Program officers for various programs need to be trained /oriented to the MBB and activity-based budgeting processes. These were identified as major gaps during the 2011 planning cycle.
- ZISSP should continue to strengthen partnerships at provincial and district levels to ensure the maximum participation of partners in planning for health services. This will not only increase partner collaboration, but also provide an added financial resource and expertise in the districts.
- In view of the approved Decentralization Policy, MOH has to quickly provide guidance to their institutions on how planning will be conducted under this new policy direction.
- MOH should consider developing a database that will link plans from the districts/hospital through PHOs to the MOH headquarters.

7. CONCLUSION

ZISSP will continue to provide the necessary technical support to the MOH to ensure a well-coordinated planning process at all levels which will include onsite coaching and mentoring, especially in the 27 target districts. At provincial level, support will be provided to PHOs to implement the new provincial planning tool and to ensure activities developed are in support of the district action plans. Under the community technical area, ZISSP support will focus on implementing the revised Health Center/ Post/Community Planning Handbook which incorporates community engagement guidelines in planning.. This activity should result in better planning at community level not only in the 27 ZISSP target districts but in all districts in the country.