



Republic of Zambia

Ministry of Health

ACTION PLANNING HANDBOOK
FOR
HOSPITALS

5th Edition

Ministry of Health
Haile Sellasie Road
Ndeke House
P. O. Box 30205
LUSAKA, ZAMBIA

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Foreword

This Planning Handbook is one of a series that has been developed for Statutory Boards, Training Institutions, First, Second, Third Level and Specialised Hospitals; District Health Offices, Health Centres/Health Posts and Communities.

The Handbook seeks to maintain simplicity while at the same time describing the planning process in detail to enable each level produce an action plan generic for that level of care, in order to ensure uniformity of the plans. In order to enhance this process, the outline and cost guide sheets for the action plan will be provided electronically and distributed together with the Handbooks.

Previously, the planning framework had been well developed for the Health Sector but there was a gap between intentions and practices. To bridge this gap, this edition provides:

- Some simple guidance on how to implement the aims of the action planning process;
- Results or activity based plans and budgets;
- A mechanism for migration of information from the action plans to the Activity Based Budgeting data base;
- Encouragement on delivery mode planning rather than disease/target group planning, which is more in line with service provision practices;
- A strong monitoring and evaluation framework.

The district and hospital priorities and objectives should be based on a solid analysis of their local health and environmental situations, previous experiences, performance assessments, research results and hospital accreditation results in line with the Medium Term Expenditure Framework (MTEF) requirements. Individual hospital departments should conduct the bottleneck analysis to identify constraints to achieving set objectives. They should then carry out a review of the present health situation in the catchment area, taken from the Health Management Information System reports and hospital performance assessment results.

Planning and budgeting under the MTEF should be resource based and allocation of resources should be in accordance with local priorities. The plans should, however, be results or activity based plans and budgets, have clear and coherent links with both the National Health Strategic Plan and the National Development Plan to ensure that action plans in districts, hospitals, statutory boards and training institutions adequately reflect national priorities and development objectives.

The Provincial Health Offices have been given authority to launch and support the planning process in districts and hospitals each year. The Provincial Health Office should also evaluate the plans and sign Memorandums of Understanding on behalf of the Ministry of Health. It is essential that the consolidated medium term plan and budget for a hospital is inclusive of, and consistent with, the objectives and activities that may have been formulated for specific priority areas.

Appropriate planning forms the basis of any system. I strongly appeal to each one to remain committed to the planning process as has been the case in the previous years.

Dr. Velepi C. Mtonga
Permanent Secretary
Ministry of Health

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Abbreviations

ABB	Activity Based Budgeting
ACT	Artemisinin Based Combination Therapy
AFB	Acid-Fast Bacillus
AFP	Acute Flaccid Paralysis
ANC	Antenatal Care
ART	Anti-Retroviral Treatment
ARVs	Anti-Retroviral Drugs
BCG	<i>Bacillus Calmette-Guérin</i> (TB vaccination)
BTL	Bilateral Tubal Ligation
CBO	Community Based Organisation
CBoH	Central Board of Health
CIP	Capital Investment Plan
CPs	Cooperating Partners
CSO	Central Statistical Office
CTC	Counselling, Testing and Care
DAO	District Accounting Office
DDCC	District Development Coordinating Committee
DHAC	District Health Advisory Committee
DHB	District Health Board
DHIO	District Health Information Office
DHIS	District Health Information System
DHMT	District Health Management Team
DOTS	Directly Observed Treatment Short Course
DPT	Diphtheria, Pertussis, Tetanus
EHT	Environmental Health Technologist/Technician
EMONC	Emergency Obstetric and Newborn Care
ENT	Ear, Nose, Throat
EPI	Expanded Programme of Immunisation
FBO	Faith Based Organisation
FP	Family Planning
GRZ	Government of the Republic of Zambia
HAART	Highly Active Antiretroviral Therapy
HAC	Hospital Advisory Committee
HAHC	Hospital Affiliated Health Centre
HB	Hospital Board
HC	Health Centre
HCC	Health Centre Committee
HCPT	Hospital Core Planning Team

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HIS	Hospital Information System
HMIS	Health Management Information System
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome
HMT	Hospital Management Team
HPMF	Health Performance Monitoring Framework
HRHSP	Human Resource for Health Strategic Plan
HSSP	Health Services and Systems Programme
IDA	International Dispensary Agency
IEC	Information, Education and Communication
IPF	Indicative Planning Figure
IPT	Intermittent Presumptive Treatment
IRH	Integrated Reproductive Health
IRS	Indoor Residual Spraying
ITGs	Integrated Technical Guidelines
ITN	Insecticide Treated Mosquito Net
IUD	Intra-Uterine Device
LCP	Local Cooperating Partners
LFA	Logical Framework Approach
MBB	Marginal Budgeting for Bottlenecks
MCH	Maternal Child Health
MDGs	Millennium Development Goals
MoFNP	Ministry of Finance and National Planning
MoH	Ministry of Health
MoV	Means of Verification
MSL	Medical Stores Limited
MTEF	Medium Term Expenditure Framework
MVA	Manual Vacuum Aspiration
NGO	Non-Governmental Organisation
NHC	Neighbourhood Health Committee
NHSP	National Health Strategic Plan
OI	Opportunistic Infection
OPD	Out-Patients Department
OPV	Oral Polio Vaccine
ORT	Oral Rehydration Therapy
PA	Performance Assessment
PEs	Personal Emoluments
PEP	Post-Exposure Prophylaxis
PHC	Primary Health Care
PHO	Provincial Health Office
PLWHAs	Persons Living with HIV/AIDS

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PMO	Provincial Medical Office
PMTCT	Prevention of Mother-to-Child Transmission
RPR	Rapid Plasma Reagent
STI	Sexually Transmitted Infection
SWOT	Strengths, Weaknesses, Opportunities and Threats
TB	Tuberculosis
TI	Training Institution
TS	Technical Support
TSS	Technical Support Supervision
UCI	Universal Child Immunisation
USAID	United States Agency for International Development
VCT	Voluntary Counselling and Testing
ZDHS	Zambia Demographic and Health Survey
ZEM	Zambia Enrolled Midwife
ZEN	Zambia Enrolled Nurse

Glossary of Terms

Accreditation	The process by which an institution is objectively judged against pre-established standards in order to provide advice on needed improvements and public acknowledgement.
Activity	A specific action taken to achieve the objective.
Administrative Support	All activities and expenses related to the administration and general running costs not directly allocated to other cost centres, e.g. telephone, communications, salaries, etc.
Bottleneck Analysis	Planning or monitoring exercise to determine where impediments exist to reaching desired goals. These can exist on the levels of availability, accessibility, utilization, continuity and quality. Once bottlenecks are identified, interventions can be chosen to remove the blockage and improve outcomes.
Budget	A quantification of the resources and the associated costs of implementing the plan within a defined time period.
Clinical Care Costs	All costs related to activities associated with patient care.
Clinical Teaching	Teachings done to correlate theory with practice in the practicum setting.
Curative	Actions that reduce or eliminate the impact of illness. They include the early diagnosis and initiation of treatment
Curriculum	All learning experiences planned to be covered within a specified period of time by learners.
Interventions	Detection and the prompt and effective treatment of illness.
Health Promotion	The process of using information, education and communication and community mobilisation to positively influence the health behaviour of individuals and groups.
Hospital Support to Health Centres	All activities and expenses related to technical support, in-service training, and clinical care provided by hospitals to health centres.
Indicator	An observable measure of the progress made towards achieving an objective.
Inflation	Sustained increase in prices and corresponding fall in the purchasing value of money.
In-Service Training	All activities related to retraining and orientation of existing staff.
Indicative Planning Figure	This is the projected level of funding anticipated for the next year.
Medium Term Expenditure Framework	Planning expenditure framework that provides budgetary information for the next three years for the health sector.
Monitoring	The process of regularly collecting and analysing information about the implementation of a plan to identify problems and take corrective action.

Objective	The desired end result of a set of actions. An objective should state clearly what is to be achieved and must be measurable (to see if it has been achieved).
Plan	The definition of what is to be achieved (objectives), how it is to be achieved (activities), and the resources (people, materials and money) needed for implementation.
Pre-Service Training	The basic course of training which leads to accreditation as a member of a profession.
Prevention	Actions taken to preserve health. Primary prevention is intended to reduce the incidence of disease and injury.
Priority	The most important thing. In planning, a priority might be a problem or a solution (intervention).
Programme	Within the Planning Handbooks, a programme is a classification of activities based upon what those activities are intended to influence. For example, malaria is a programme, therefore all planned activities intended to influence the malaria situation would be classified under the malaria programme.
Rolling Plan	This is a plan of a continuous nature, e.g. the MTEF. The MTEF is a rolling plan with a three-year planning framework, where the planning time is of a continuous nature. The continuity exists because each year a detailed annual plan is prepared for the next year as one year is dropped and another one added, and the three-year timeframe is therefore continuous.
Strategy	A planned approach for achieving an objective. A strategy tells you how the objective will be achieved and provides a guide for the selection of specific activities to be carried out.
Supportive Supervision	The process of monitoring and reviewing achievements with the purpose of providing the necessary supportive guidance and assistance to promote continuous performance and quality improvement.
Technical Support	Clinical or management guidance, advice and assistance provided to other levels in the health system.
Training Institute	A centre in the health sector which provides education and training for health.

1. Introduction

1.1 The Health Reform Vision

The vision of Zambia's health reform is to provide equity of access to cost-effective, quality health care as close to the family as possible. The strategy adopted to achieve this vision emphasises integrated delivery of cost-effective interventions that address the majority of health problems affecting the Zambian population. By decentralising and integrating services, and by shifting emphasis to health centre and community level interventions, costs will be contained while improving accessibility and quality of care.

Consistent with this vision, great emphasis is placed on the work of the district to deliver the Zambian Health Care Package which has been defined for the purpose of improving the overall health status of the Zambian people. Therefore, thoughtful planning and budgeting for these services are essential to make delivery possible and sustainable.

In 2003 the Government decided to shift the public sector planning process to a Medium Term Expenditure Framework (MTEF) with three-year rolling plans. The public sector as a whole and the Ministry of Health in particular, adjusted its annual planning process to meet MTEF objectives, which are to:

- Ensure efficient allocation and management of public resources;
- Develop and maintain fiscal discipline in planning and management of public resources;
- Ensure commitment to budget priorities at national and sector levels;
- Improve accountability for national resources;
- Increase predictability of resources;
- Improve the procurement system.

The Ministry of Finance and National Planning (MoFNP) now provides budget ceilings for 3 years under the MTEF to allow ministries, provinces and spending agencies to develop plans within the available resource envelope. Thereafter, the Ministry of Health provides the strategic focus (derived from the National Development Plan and the National Health Strategic Plan), technical planning guidelines and budget ceilings to all health institutions annually. This information is used alongside other locally generated information from such sources as Health Management Information System (HMIS) and PA reports to prepare action plans.

1.2 Rationale

The last revision of the Planning Handbooks, which incorporated guidelines for planning on HIV/AIDS activities, was undertaken in 2005. Since then, improvements have been recorded in the quality of district and hospital action plans though there is still room for improvement.

A number of planning issues as well as approaches have emerged, making it necessary to undertake a fresh revision to the Planning Handbooks. This revision is aimed at strengthening current planning guidelines to ensure effective planning for HIV/AIDS activities and other key public health programmes. Furthermore, the Ministry of Health has adopted fresh approaches to planning such as Marginal Budgeting for Bottlenecks (MBB) and Health Performance Monitoring Frameworks which place more emphasis on outcomes and outputs rather than inputs and processes. The major purpose of this revision, therefore, is to incorporate these issues and approaches into Planning Handbooks for all levels (district, hospital, health centre, training institution and statutory board). An annex of high impact interventions adopted from the MBB approach and an example of a logical framework template have been inserted into this Handbook (see Annexes 3 and 5C).

1.3 Purpose of this Handbook

Effective planning is cardinal to the realisation of the objectives of the National Development Plan as well as the National Health Strategic Plan. This Handbook has been prepared to provide planning guidance and information to districts for use in the process of developing action plans.

The hospital plans should be based on national priorities and an analysis of the local health situation. This forms the basis for the identification of local priorities as well as the development of cost effective interventions which are responsive to the local health needs of the society. The Handbook is periodically revised within the framework of the National Health Strategic Plan when need arises.

The Handbook is not intended to incorporate programmatic or financial guidelines which are subject to more frequent changes such as the:

- Basic Health Care Package;
- Integrated Technical Guidelines;
- Quantification of Medical Supplies Manual;
- Designing and Operating Cost Sharing Schemes for Health Care;
- District Health Financial Planning Guide (updated annually);
- Hospital Financial Planning Guide (updated annually).

2. The Hospital Health Teams and Planning

2.1 Roles of the Hospital Management Teams

2.1.1 Major Roles

The main objective of hospitals is to provide specialist services according to their level (*please see Table 2.1 below*). The major roles of the hospital management team include the following:

- Distributing resources (finances, supplies, equipment and human) to individual hospital departments;
- Setting performance targets for individual hospital departments;
- Monitoring and evaluating health care performance within the hospital in terms of quality and continuity and to take corrective action where necessary;
- Analysing and consolidating hospital information and providing feedback to hospital departments;
- Providing effective management of health staff and promoting retention and effective performance;
- Fostering research in health and related fields and ensuring that research results are disseminated and utilized.

2.1.2 Specific Roles of Planning

First level hospitals should, as members of the District Health Management Team (DHMT), coordinate with the District Health Office and health centres to ensure that the consolidated hospital medium term plan harmonizes the priorities and objectives from all the levels of care. This coordination should be done through the following:

- Sharing district health information which will form the basis for defining hospital priorities and objectives;
- Participating in the annual planning meeting with the DHMT, health centres, health posts, training institutions and non-governmental organisations (NGOs) in the district. The meeting reviews the previous year's achievements and challenges and helps in defining general district priorities and objectives for the next medium term plan;
- Assisting the health centres to define effective activities for each year and through this gain a better understanding of their contributions to the district's health situation and achievements;
- Participating in quarterly planning and monitoring meetings to review the level of implementation against the hospital plan and to identify and resolve problems that could lead to failure to achieve expected results;
- Using the opportunity presented by the planning process to help the district to integrate its resources to develop a well organised and effective supportive supervisory system;
- Agreeing with the district the areas requiring technical support to the DHMT and the health centres.

Table 2:1: Specialist Services of First, Second and Third Level Hospitals

Cost Centre	First Level	Second level	Third Level
Administration	General Administration	General Administration	General Administration
Clinical Care	Medical Wards	General Surgery	General Surgery (cardiac, neuro, orthopaedics, paediatrics, urology, facial-maxillo)
	Surgical Wards	Internal Medicine	Internal Medicine (cardiology, neurology, infectious diseases, endocrinology)
	Theatre	Obstetrics and Gynaecology	Obstetrics and Gynaecology (antenatal and deliveries, infertility, cervical cancer screening and treatment)
	Casualty	Paediatrics	Paediatrics (cardiology, haematology, neonatology, infectious diseases)
	Paediatrics	Psychiatry	Psychiatry
	Psychiatry	Anaesthesia	Anaesthesia
	Dental		Ophthalmology, dental, ear, nose, throat, Gastro-Intestinal Surgery
Support Functions	Laboratory, medical imaging, mortuary, laundry, kitchen, pharmacy	Pharmacy, medical imaging, training (In-service/Pre-service), laboratory, physiotherapy, dental, etc.	Pharmacy, medical imaging, laboratory, physiotherapy, dental physiotherapy, etc.
Training	In-service and pre-service	In-service and pre-service	In-service and pre-service
Technical Support	Health centres	District hospitals	General hospitals <i>Note:</i> Other services will be included as appropriate

2.2 Rationalisation of Hospital Services

In a situation where a hospital is unable to provide appropriate services for a period of time due to lack of competence at that level, it may be reclassified, and therefore, MoH HQ will adjust the hospital's grant appropriately.

In a situation where there are several hospitals in close proximity, then the hospitals should jointly agree the most cost-effective distribution of specialties. For example, one of the hospitals may be defined as the referral centre for paediatrics, while another may be defined as the referral centre for general surgery. These decisions should be evidenced through the distribution of consultants and through their internal resource allocation to support the planned services within the medium term plan. In these cases, the hospitals' Memorandums of Understanding (MoUs) with MoH HQ may be defined on the basis of service-specific competencies and the indicators and funding will be related to these competencies. The hospitals will be required to define unit costs for each of their departments and these unit costs will be used to determine the total costs for funding purposes.

2.3 Other Roles of Hospitals

- Participating in DHMT planning and monitoring meetings;
- Sharing information about hospital activities and outcomes with the DHMT and participating in review of the district health situation against the planned objectives;
- Providing technical support and backstopping to the DHMT and lower level health institutions when requested.

In Monitoring and Evaluation, the following are the roles of the hospitals:

- Setting performance targets for the departments within the hospital;
- Monitoring performance against set targets within and across hospital departments;
- Enhancing participation of hospital departments and units in monitoring and evaluation;
- Conducting research;
- Adjusting the plans based on the performance assessment results;
- Undertaking technical support visits to address weaknesses identified within the system.

3. The Annual Planning Schedule

The schedule below provides guidance on each step in the annual action planning process and the period within which it should be completed. The activities presented in bold are those which directly involve action by the hospital. Each of the activities for which the first, second, third level and specialised hospitals are directly responsible is described in more detail in *Section 4*.

Table 3.1: Annual Planning Schedule

Activity	Timeline
1. MoH HQ gives PHOs, specialised and 3rd level hospitals information on financial ceilings, technical planning guidelines and HMIS analysed data for the previous year.	1st wk. May
2. Provincial Health Office meets with DHMTs and hospitals to review programme guidance and provide other updates (Step 1).	3rd wk. May
3. DHMT meets with the District Health Advisory Committees to review the previous year's experiences and to obtain their inputs to the next year's plan (Step 2).	4th wk. May
4. DHMT meets with hospitals providing first level referral services to negotiate bed purchase and agree on the terms of the Memorandum of Understanding (MoUs) (Step 3).	4th wk. May
5. DHMT briefs first level hospitals, health centre/health post in-charges on programme and any planning updates (Step 4).	4th wk. May
6. Health centres meet with community representatives to review achievements and problems and to brief on any updates.	1st wk. Jun
7. Community representatives meet with community to review experiences, determine priorities and to agree on community actions.	2nd wk. Jun
8. Community representatives meet with health centre staff to draft community action plan.	3rd wk. Jun
9. 2nd/3rd level and specialised hospitals meet with their Health Advisory Committees to review progress in the first half year and to receive their input to the next year's plan.	2nd wk. Jun
10. Hospitals form core planning teams which brief their Departmental Heads.	3rd wk. Jun
11. DHMT meets with health centres, hospitals, health training institutions and NGOs to draft plans (Step 5).	1st wk. Jul
12. Health centres meet with community representatives to provide feedback on the projected budget and final community action plan.	3rd wk. Jul
13. Core hospital planning teams meet Departmental Heads to review next year's departmental allocations and planning launch.	2nd wk. Jul
14. Hospital departments draft their plans and submit to hospital core planning team.	4th wk. Jul
15. 2nd/3rd level hospitals present their plans to the Hospital Advisory Committee; and first level hospitals submit their completed plans to DHMT.	1st wk. Aug
16. 2nd/3rd level hospitals present their plans to the Provincial Office; first level hospitals present their plans to their DHMT.	2nd wk. Aug
17. DHMT drafts the district health office plan (training, supervision, advisory committee expenses, epidemic preparedness, etc.) (Step 6).	2nd wk. Aug
18. DHMT consolidates district action plan and budget (Step 7).	4th wk. Aug

Activity	Timeline
19. DHMT presents and defends the district health plan and budget to the Health Advisory Committee and District Development Committee (Step 8).	1st wk. Sept
20. DHMT submits the District Action Plan to the District Commissioner.	2nd wk. Sept
21. DHMT submits the District Action Plan to the PHO (Step 9).	2nd wk. Sept
22. PHO reviews District, Training Institutions, 2nd and 3rd level hospital plans and institutions revise/finalise their plans and resubmit to PHO (Step 10).	3rd wk. Oct
23. Provinces approve plans, sign MoUs and submit consolidated copies of district, training institutions and 2nd and 3rd level hospital plans to MoH.	3rd wk. Oct
24. MoH HQ consolidates and submits Health Sector plan and budget to MoFNP.	November

Table 3.2: Planning Schedule Gantt Chart

Action	May	June	July	August	September	October	November
1. MoH HQ gives financial ceilings for the three-year plan to the Provincial Health Office, and Specialised and 2nd/3rd level hospitals							
2. PHO meets with DHMTs and hospitals to provide updates							
3. DHMT meets with DHAC to review past year's experience							
4. DHMT negotiates purchase of first level referral services							
5. DHMT briefs 1st level hospitals, HCs and HPs on programme/ planning updates							
6. HCs meet with NHCs/ HCCs							
7. NHCs/HCCs meet with community members							
8. NHCs/HCCs meet with HC to draft community action plans							
9. 2nd/3rd level hospitals meet with their Hospital Advisory Committees							
10. Hospitals form Core Planning Teams							
11. DHMT, 1st level hospitals and HCs meet to define district objectives and plans							
12. HCs meet with NHCs/HCCs to give feedback on plans							
13. CHPTs meet with Dept. Heads to launch planning							

Action	May			June			July			August			September			October			November			
14. Hospital departments draft their plans																						
15. HCPT produces hosp. plan and presents to hospital management																						
16. 2nd/3rd levels and specialised hospitals present plans to PHO; first level to DHMT																						
17. DHMT prepares District Health Office plan																						
18. DHMT produces consolidated district action plan and budget																						
19. DHMT presents district action plan to DHAC for approval																						
20. DHMT and 2/3 level hospitals submit consolidated district action plan to PHO																						
21. PHO reviews district and 2nd/3rd level hospitals plans																						
22. DHMTs / hospitals / training institutions revise plans and re-submit finals to PHO																						
23. PHOs approve dist./hosp /training institutions plans, consolidate, sign MoUs and send to Centre																						
24. MoH HQ consolidates and submits Health Sector plan and budget to MoFNP																						

Note: The steps in bold are those for which hospitals are directly responsible

4. Planning Steps for Each Year

The following steps are intended to guide the hospital management in the development of a medium term plan that incorporates inputs from key stakeholders.

Step 1: Dissemination of Information about Financial Disbursements

MoH HQ will launch the planning cycle through the PHOs by the second week of May. The following information will be provided:

- a) Summary of national priorities and objectives from the National Health Strategic Plan (NHSP);
- b) District and hospital health financial planning guides for the next MTEF;
- c) Summaries of HMIS data Performances Assessments and any research results for the previous year by the hospital;
- d) Indicative planning figures for the next MTEF;
- e) Other guidance or updates related to planning and human resources.

Step 2: Meeting with the PHO

The Hospital Management and the DHMTs will receive briefing by the third week of June from the PHO on the updates from MoH HQ. The meeting will also discuss contracting of services and financial and technical support between hospitals and districts.

Step 3: Meeting with the Hospital Advisory Committee

The Hospital Management Team (HMT) should meet with the Advisory Committee by the second week of June. During this meeting, the Hospital Management shall brief the Advisory Committee on the information received from the PHO.

The meeting shall also review the hospital's performance against the plan for the previous year as well as the results of the last hospital accreditation survey, where applicable.

The Hospital Advisory Committee at this stage should provide guidance on issues that should be incorporated in the plan for the following three years.

Step 4: Formation of Core Planning Team

The Hospital Management should have in place a Core Planning Team by the third week of June each year. It is recommended that the Core Planning Team should comprise Director Clinical Services, Manager Administration, Pharmacist, Hospital Accountant, Hospital Information Officer, or any other officers as determined by the institution. The PHO will ensure that the core planning teams are in place and are functional. The PHO will also visit hospitals during the development of the hospital medium term plans to check on progress and provide appropriate guidance.

The Core Planning Team will be responsible for the following:

- To share information from MoH HQ regarding national goals and priorities and focus for the next MTEF.
- To review the hospital's performance over the past three years. This review should be an analysis of the HMIS data for the past three years; analysis of the hospital performance assessment results for the same period; analysis of research results where this has been done for the same period; a complete bottleneck analysis, highlighting blockages to achieving results (*see Annex 2 for a description of the bottlenecks analysis*). Based on the information analysed, the hospital should prepare its own assessment of the priority health problems facing the catchment area as identified through recent research, routine information systems and bottleneck analysis. This analysis will explore the underlying causes of these problems to ensure that there is proper understanding of the problem and to determine actions to be taken. Box 4.1 outlines the main elements of a situation analysis. The results of the analysis should be entered in Part 4.1 of the main plan and should form a

basis for priority setting.

Box 4.1: Contents of Situation Analysis

Population characteristics

- Demographic information
- Religious, educational and cultural characteristics

Area characteristics and infrastructure

- Geography and topography
- Infrastructure and socio-economic situation
- Public and private sector structures

Policy and political environment

- National and health policies
- Political environment

Health needs

- Medically perceived (HMIS)
- Community perceived

Health services

- Facilities and utilisation
- Service gaps
- Service organisation

Resources

- Financial and personnel
- Buildings, equipment and vehicles
- Drugs and medical supplies

Efficiency, effectiveness, equity and quality of services

- Definition of hospital objectives for the identified priority health issues for 3 years that will be shared, reviewed and agreed during the meeting, including solutions to the bottlenecks identified, using evidence based interventions (*see Annex 3*). The identified interventions should be entered in Part 4.2 which is the Logical Framework.

Box 4.2: The Logical Framework

The Logical Framework Approach (LFA) is an analytical, presentational and management tool which can help planners and managers to:

- Analyze the existing situation during project preparation
- Establish a logical hierarchy of means by which objectives will be reached
- Identify potential risks
- Establish how outputs and outcomes will be monitored and evaluated
- Present a summary of the project in a standard format
- Monitor and review projects during implementation.

The product of the LFA is a matrix (the Log Frame) which summarizes what the project intends to do and how, what the key assumptions are and how outputs and outcomes will be monitored. More details on the logical framework approach are provided in Annex 4.

Part One of the Meeting: Situation analysis and defining objectives

During the first part of this meeting, the hospital should lead participants in the following activities:

A SWOT Analysis

- Undertake an environmental analysis of both internal and external factors that may have had a bearing on health and also any general changes since the previous year. The team should also make an assessment of the assumptions that were made during the previous planning cycle that may have derailed the implementation of some activities in the plan;
- Review previous year's performance and results achieved

B Bottleneck Analysis

- Conduct the bottleneck analysis in order to identify constraints to achieving set objectives by the hospital departments. Enter this information in the *bottleneck analysis template provided in Annex 2*.
- Review the present health situation in the hospital, taken from the HMIS reports and performance assessment results submitted by the hospital departments.
- The hospital should share the hospital profile with stakeholders for key health indicators to see how they have performed against the national targets.
- Based on results from the SWOT, bottleneck and health situation analyses in the hospital, agree the priorities and the objectives that the hospital wishes to focus on in the next three years, and in order of priority (*please refer to Box 4.3 for definition of a good objective*). This should be in line with national goals and priorities and the identified local health problems in individual hospitals. It is important, however, that the hospital budgets for all the health programmes.
- Agree priority activities based on agreed objectives and these should be high impact interventions (*please refer to Annex 3 for some of the examples of high impact interventions*) for the coming year.

This part of the meeting will be followed by agreeing and drafting of the general district objectives. These will then be entered into the logical framework provided in **Annex 5**.

Box 4.3: Objectives

An objective states what will be achieved by the end of the period. A good objective is "SMART", i.e.:

- Specific: It will state an exact and single result to be achieved
- Measurable: Precisely defined and easily quantified. Data is easily available in numerical format to measure how far the objective has been achieved
- Achievable: It will be possible to achieve the objective in the specified time.
- Realistic: The resources (money, people and materials) will be available
- Time-bound: It states by when the objective will be achieved

Example of a good objective: "To increase the proportion of fully immunized children in the district from 71% to 80% by 31st December 2008."

Part Two of the Meeting: Identifying outputs and high impact interventions

In the second part of the meeting, the hospital will guide hospital department staff to identify outputs (e.g. service quality and coverage) and high impact cost effective interventions to achieve the general hospital objectives and to determine targets for each year for next 3 years in relation to the objectives. (*Refer to Annex 5B for example of outputs and Annex 3 for a list of high impact, evidence based interventions and the ITGs booklet (3rd Edition), for a wide range of appropriate health interventions*).

At this stage the hospital will have received the budget ceilings from MoH HQ and will share what is available in support of hospital medium term plans.

The hospital will inform each department of their projected service grant allocation based on available MTEF ceilings and will provide guidance on expenditure ceilings for each year as contained in the current year's Hospital Health Financial Planning Guide.

The hospital will, where applicable, assist each hospital department and unit in projecting its likely fee income (where applicable) for 3 years together with any other sources of support that may be forthcoming.

The total projected allocations and fees represent the total resources that each department should budget for in their plan. Any other known source of income for the coming year should be added at this stage to the appropriate column and year (**Table 5.2**). Based on the projected income levels provided, the hospital core planning team works with department/unit heads to define the hospital budget using the following steps:

Part Three of the Meeting: Costing and budgeting of the plan

1. Defining the scope of the costing exercise

Before undertaking a costing exercise, it is important to define the strategies to be employed in delivering services to the public. This will require evaluation of various options of providing services and then selecting one on the basis of cost efficiency and effectiveness. It is necessary to make a list of issues and then prioritize them putting aside the less important ones and present them in tabular form.

2. Identification and description of programmes and activities

This guide has adopted the Marginal Budgeting methodology which follows an integrated approach to service delivery and not a disease specific approach. The recommended interventions for hospitals are those listed under clinical care divided between various levels of service delivery at first level referral, second level and third level) (*please see Annex 3*). **The logical approach is a plan by department or service area.**

The hospital should (under these units or cost centres) describe the proposed objectives, main activities, level of operation hierarchical structure, units of "production" and the source of funds. The expected product of this process is a fleshed-out description of the programme with the activity section being the most detailed.

3. Identification of inputs

The identification of inputs can be aided by coming up with a checklist like the one provided in **Table 4.1 below**. Inputs are commonly grouped into two important categories, namely recurrent and capital.

Table 4.1: Cost Inputs

1 Staff allowances	5 Water	9 Travel
2 Drugs/other medical supplies	6 Stationery	10 Seminars and meetings
3 Transport and vehicle running	7 Cleaning materials	11 Bank charges
4 Electricity	8 Repairs	12 Linen

Recurrent inputs are resources that are used up and consumed within a year of purchase (e.g., drugs educational materials, labour). *Capital goods* are items such as vehicles, equipment and buildings that have a useful life of longer than one year. Capital items are one-off (in the short to medium term) while recurrent items continue to occur as part of the operations of the activity.

4. Developing an activity based cost framework

Each of the cost dimensions (activity, inputs, funding source, level of operation, etc.) can be broken down or subdivided in different ways and with different levels of detail. **Table 4.2** illustrates this for each of the dimensions of inputs, activities, level of operation and source of funds.

Table 4.2: Cost Framework for Hospital Activities

Programme	Activities	Inputs		Source of Funding	
		Recurrent	Capital	Domestic	Donor
Department or unit	Skilled delivery care; Basic emergency obstetric and newborn care (B-EmONC)	Staff costs, supplies, fuel, etc.	Vehicles, motorbikes, buildings and equipment	Govt./fees	Basket, project, etc.
	Appropriate treatment for malaria (Quinine or ACT); DOTS for TB	Staff costs, supplies, fuel, etc.	Vehicles, motorbikes, buildings and equipment	Govt./fees	Basket, project, etc.
	Complicated malaria; ART; Management of (pre) eclampsia; Comprehensive emergency obstetric and newborn care (C-EmONC)	Staff costs, supplies, fuel, etc.	Vehicles, motorbikes, buildings and equipment	Govt./fees	Basket, project, etc.
Admin. and TS	Performance assessment, supervision, utilities, other admin. costs	Staff costs, supplies, fuel, etc.	Vehicles, motorbikes, buildings and equipment	Govt./fees	Basket, project, etc.

It is up to the individual department or unit within the hospital to identify the activities under each programme for inclusion in the costed plan. Whatever the detail of the categories within each dimension, there are certain points to bear in mind. It is essential that the classification is comprehensive. There must be a “home” for each relevant cost, meaning each item must be placed within a specific cost centre. The classification should also be mutually exclusive. Within any given organising principle, a particular cost should only have one “home.”

The end product of this step is a cost framework that identifies the cost dimensions that will be focused on and how much detail and cross-linking of data there will be and a list of key activity categories categorized as either primary, secondary or ancillary activities with a description of what each involves and an indication of how the activities relate to each other and to outcomes.

5. *Determination of input unit costs and quantities*

The next step involves collecting data on unit costs of the various cost items to facilitate expressing the resources identified in money terms. The information for this stage can be obtained from existing budgeting and accounting systems, i.e. books of accounts, payroll and fixed assets register, etc.

The cost of drugs and other medical and laboratory supplies are obtainable primarily from the invoices of suppliers, the medical supplies department or the IDA price list or from pharmacy personnel. Other sources of information include expert opinion from programme officers or commercial firms in the case of specialist equipment costs. Building costs may be obtained from architects and quantity surveyors from the Buildings Department. A price list for selected key inputs will be provided annually by MoH HQ through the technical planning updates.

Having derived the unit costs of various inputs, the next stage will be to determine the quantity of inputs required to undertake the identified activities at the required scale. This determination will take into account the current operational levels as well as the planned scale-up if any. The data can then be collated into the basic tables of the **cost framework**. These tables will reveal the cost of different elements of the programme as well as the programme’s total costs.

In completing the cost framework for the hospital take note of the following points

- The hospital can calculate the cost of each activity and determine whether all these activities can be afforded out of next year’s funds for department based activities;

- Remove lower priority activities from the action plan if total cost exceeds what is available. If some activities have to be excluded, start a new **Worksheet D** and enter only those activities that can be afforded, together with the relevant costs;
- Each hospital should keep a copy of the original draft action plan to facilitate feedback to department heads at a later date;
- Refer to the Basic Health Care Package for hospitals and the list of high impact, evidence based interventions for selection of appropriate interventions;
- Refer to the Planning Cost Guide for a detailed discussion on costing.

The Hospital Core Planning Team should then lead a discussion of the actions that the hospital should take to support the DHMT to achieve their objectives. These should cover training, supportive supervision and technical support (such as hospital staff attending health centres/posts to run special clinics). The outcome of this meeting should be the first draft of detailed hospital plan.

Step 5: Meeting with the DHMT

First level hospitals will attend a planning meeting called by the DHMT by the first week of July. During this meeting, the hospital will be expected to assist the DHMT to:

- Review changes to the planning process and other key programmatic information received from MoH HQ as well as share information regarding national objectives and priorities for the next MTEF;
- Communicate any adjustments in the MTEF ceilings for first level services, health centre, health post and training institutions (where applicable);
- Review previous year's hospital plan and discuss experiences and lessons learnt;
- Outline hospital priorities for the next MTEF, based on national priorities and the district health situation analysis;
- Agree on how the hospitals will contribute towards the achievement of the defined district objectives;
- Outline effective interventions at health centre level that will contribute to achievement of district objectives;
- Agree on the technical support that the hospital can provide to the lower levels.

Step 6: Submission of Consolidated Hospital Plan to the PHO

Second and third level hospitals will submit the approved plan to the Provincial Health Office by the **4th week of August**. The PHO will review the plan to ensure that it is in line with the national priorities and the hospital situation analysis and provide feedback to the Hospital Management Team on any adjustments required.

Step 7: Submission of Final Version of Hospital Plan to the PHO

The hospital will re-submit the amended plan based on the feedback from the PHO by the **second week of September**.

Step 8: Signing of the Memorandum of Understanding

The MoU between MoH HQ and the second, third level and specialised hospitals will be signed and submitted to MoU HQ, once the PHO has approved the hospital plan by the **third week of September**.

5. Monitoring the Implementation of the Plan

The hospital will be required to monitor the implementation of its plan and to report on progress being made towards achievement of the defined hospital objectives in line with the planned activities. To do this, the district should build in a monitoring and evaluation plan within their hospital medium term plan in order to facilitate monitoring of the implementation process on quarterly basis. This information will also be used during the preparation of the annual report. The hospital will be expected to submit quarterly and annual progress reports to the PHO, for consolidation and onward submission to MoH HQ.

At the end of the MTEF each hospital will be expected to provide a report on how they have fared and what impact this has had on the expected outcome (the hospital objectives) and make recommendations for the future.

Each quarter, the hospital will produce updated quarterly summary action plans and budgets which take into account HMIS reports and the performance reports of the previous quarter.

As part of its monitoring responsibility, the hospital should prepare short reports each quarter to identify the progress that has been achieved in terms of implementation. Reports from the first level hospitals should be shared with health post, health centre and first level hospital staff during supervisory visits or meetings. Reports from higher referral hospitals should be shared with districts hospitals referring patients to it and with the PHO.

The following are some of the questions that may be answered during the monitoring process:

A. Original hospital activity plan and schedule:

- i) Have the planned activities been implemented at the intended time and by the designated person/s? If not, why?
- ii) Should activities that have not been implemented be rescheduled?

B. Hospital general objectives:

- i) Are the activities implemented achieving the desired result? (Reference should be to the quarterly self-assessment form, updated quarterly summary plans, performance assessment and accreditation results where possible)

C. Original hospital activity plan/schedule and hospital's general objectives:

- i) Should any of the activities in both hospital planned schedules and general objectives be adjusted, rescheduled or cancelled based on experience to date?

The hospital should prepare an annual report (during the first quarter of the following year) which compares progress on planned objectives and constraints experienced during the year and recommendations on the way forward. The annual reports will form the basis for producing a full report at the end of the MTEF.

6. Format of the Hospital Action Plan

- **Foreword by the Hospital Advisory Committee Chairperson**
- **Acknowledgements**
- **List of Abbreviations**
- **Glossary of Terms**
- **Executive Summary**
 - This section should only be written *after* drafting the whole plan.
 - It should provide a brief summary of identified problems and defined priorities.
 - It should summarize what is contained in the whole document. The author is at liberty to leave out what s/he feels is less important. What is hoped to be done or achieved should be left out of the main document. Only the summary of what is contained in the main document should appear in the Executive Summary.

Part 1: Introduction

- Give a brief layout of the plan.

Part 2: Hospital Profile

2.1 Overview

- Give a description of where the hospital is situated, catchment hospitals serving the same population, geographical size of catchment area, road network and communication channels (telephones, fax, e-mail, etc.).
- Provide a description of services being provided by the hospital including laboratory, medical imaging, VCT, PMTCT, ART and mortuary.

2.2 Clinical Care Services Offered by this Hospital

Table 2.1: Wards

Type of Ward	Number	Comments
Medical: Female		
Medical: Male		
Paediatric		
Surgical: Female		
Surgical: Male		
ANC Ward		
Labour Ward		
Postnatal Ward		
Gynaecology		
Neonatology		
Others (specify):		

Table 2.2: Specialised clinics

Type	Comments
Medical	
Surgical	
Chest, TB,	
Eye	
STI	
Dental	
MCH	
ANC	
Postnatal	
Family Planning	
Gynaecology	
HIV/AIDS	
Others (specify)	

2.3 Socio-Economic Profile

Description of major industries, level of education of the population, life styles, employment opportunities, schools, population movements, levels of wealth/poverty, literacy levels for males and females and other factors limiting development.

2.4 Stakeholders, Government Departments and Other Health Providers

Give a brief description about stakeholders, Government Departments, other health providers and the type of services/support they are providing.

Table 2.3: Partners, Government Departments and Other Stakeholders and Type of Service

Organization/Department	Catchment Area	Type of Service/ Activities

Part 3: Situation Analysis

3.1 Health Status

3.1.1 Filter Clinic Attendances

- Provide details for the top 10 causes of filter clinic attendances in Tables 3.1 to 3.5 and the top 10 sources of referrals to filter clinic in Tables 3.6 to 3.10.
- Write briefly about the top 10 per year.

Table 3.1: Top 10 Reasons for Filter Clinic Attendances, Under 1

No.	Disease	Year n-3						Year n-2						Year n-1					
		Males		Females		Total		Males		Females		Total		Males		Females		Total	
		Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
1																			
2																			
3																			
4																			
5																			
6																			
7																			
8																			
9																			
10																			
	Total		100		100		100		100		100		100		100		100		100

Table 3.2: Top 10 Reasons for Filter Clinic Attendances, 1-4 Years Old

No.	Disease	Year n-3						Year n-2						Year n-1					
		Males		Females		Total		Males		Females		Total		Males		Females		Total	
		Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
1																			
2																			
3																			
4																			
5																			
6																			
7																			
8																			
9																			
10																			
	Total		100		100		100		100		100		100		100		100		100

Table 3.3: Top 10 Reasons for Filter Clinic Attendances, 5-14 Years Old

No.	Disease	Year n-3						Year n-2						Year n-1					
		Males		Females		Total		Males		Females		Total		Males		Females		Total	
		Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
1																			
2																			
3																			
4																			
5																			
6																			
7																			
8																			
9																			
10																			
	Total		100		100		100		100		100		100		100		100		100

Table 3.4: Top 10 Reasons for Filter Clinic Attendances, 15+

No.	Disease	Year n-3						Year n-2						Year n-1					
		Males		Females		Total		Males		Females		Total		Males		Females		Total	
		Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
1																			
2																			
3																			
4																			
5																			
6																			
7																			
8																			
9																			
10																			
	Total		100		100		100		100		100		100		100		100		100

Table 3.5: Top 10 Reasons for Filter Clinic Attendances, All Ages

No.	Disease	Year n-3						Year n-2						Year n-1					
		Males		Females		Total		Males		Females		Total		Males		Females		Total	
		Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
1																			
2																			
3																			
4																			
5																			
6																			
7																			
8																			
9																			
10																			
	Total		100		100		100		100		100		100		100		100		100

3.2 Sources of Referrals to Filter Clinic

Table 3.6: Sources of Referrals to Filter Clinic, Less than 1 Year Old

No.	Source of Referral	Year n-3						Year n-2						Year n-1					
		Males		Females		Total		Males		Females		Total		Males		Females		Total	
		Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
1	Health centres																		
2	1 st level hospital																		
3	2 nd level hospital																		
4	3 rd level hospital																		
5	By-pass																		
6	High cost																		
	Total		100		100		100		100		100		100		100		100		100

Table 3.7: Sources of Referrals to Filter Clinic, 1-4 Years Old

No.	Source of Referral	Year n-3						Year n-2						Year n-1					
		Males		Females		Total		Males		Females		Total		Males		Females		Total	
		Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
1	Health centres																		
2	1 st level hospital																		
3	2 nd level hospital																		
4	3 rd level hospital																		
5	By-pass																		
6	High cost																		
	Total		100		100		100		100		100		100		100		100		100

Table 3.8: Sources of Referrals to Filter Clinic, 5-14 Years Old

No.	Source of Referral	Year n-3						Year n-2						Year n-1					
		Males		Females		Total		Males		Females		Total		Males		Females		Total	
		Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
1	Health centres																		
2	1 st level hospital																		
3	2 nd level hospital																		
4	3 rd level hospital																		
5	By-pass																		
6	High cost																		
	Total		100		100		100		100		100		100		100		100		100

Table 3.9: Sources of Referrals to Filter Clinic, 15+ Years Old

No.	Source of Referral	Year n-3						Year n-2						Year n-1					
		Males		Females		Total		Males		Females		Total		Males		Females		Total	
		Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
1	Health centres																		
2	1 st level hospital																		
3	2 nd level hospital																		
4	3 rd level hospital																		
5	By-pass																		
6	High cost																		
	Total		100		100		100		100		100		100		100		100		100

Table 3.10: Sources of Referrals to Filter Clinic, All Ages

No.	Source of Referral	Year n-3						Year n-2						Year n-1					
		Males		Females		Total		Males		Females		Total		Males		Females		Total	
		Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
1	Health centres																		
2	1 st level hospital																		
3	2 nd level hospital																		
4	3 rd level hospital																		
5	By-pass																		
6	High cost																		
	Total		100		100		100		100		100		100		100		100		100

3.3 Top 10 Reasons of Admissions, Mortality and Morbidity for Hospitals

(all ages or by <5 and >5 if data available)

- Provide details for the top 10 causes of admissions and mortality for Tables 3.11 and 3.12 and mortality for Tables 3.13.
- The lists of diseases in the tables should not be pre-populated. It is planned that in filling these tables, sorting of the top ten diseases will be by each year. The hospitals should then write about the top ten by year.
- In Tables 3.12, list the top 10 according to volumes/number of people dead.

Table 3.11: Top Causes of Admissions

Table 3.11A: Top 10 Causes of Admissions for the Under 1s

No.	Year 1				Year 2				Year 3			
	Disease	Incidence/1000			Disease	Incidence/1000			Disease	Incidence/1000		
		Male	Female	Total		Male	Female	Total		Male	Female	Total
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												

Table 3.11B: Top 10 Causes of Admissions for the 1-4 Year Olds

No.	Year 1				Year 2				Year 3			
	Disease	Incidence/1000			Disease	Incidence/1000			Disease	Incidence/1000		
		Male	Female	Total		Male	Female	Total		Male	Female	Total
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												

Table 3.11C: Top 10 Causes of Admission for those Aged between 5 and 14 Years

No.	Year -1				Year -2				Year -3			
	Disease	Incidence/1000			Disease	Incidence/1000			Disease	Incidence/1000		
		Male	Female	Total		Male	Female	Total		Male	Female	Total
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												

Table 3.11D: Top 10 Causes of Admission for those Aged 15 Years and Above

No.	Year -1				Year -2				Year- 3			
	Disease	Incidence/1000			Disease	Incidence/1000			Disease	Incidence/1000		
		Male	Female	Total		Male	Female	Total		Male	Female	Total
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												

Table 3.11E: Top 10 Causes of Admission for All Ages

No.	Year -1				Year -2				Year- 3			
	Disease	Incidence/1000			Disease	Incidence/1000			Disease	Incidence/1000		
		Male	Female	Total		Male	Female	Total		Male	Female	Total
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												

3.12: Top Ten Causes of Mortality

Table 3.12A: Top 10 Causes of Mortality, Under 1s

No.	Year- 1				Year- 2				Year- 3			
	Disease	Number of Deaths			Disease	Number of Deaths			Disease	Number of Deaths		
		Male	Female	Total		Male	Female	Total		Male	Female	Total
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												

Table 3.12B: Top 10 Causes of Mortality, 1-4 Years

No.	Year- 1				Year- 2				Year- 3			
	Disease	Number of Deaths			Disease	Number of Deaths			Disease	Number of Deaths		
		Male	Female	Total		Male	Female	Total		Male	Female	Total
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												

Table 3.12C: Top 10 Causes of Mortality, 5-14 Years

No.	Year- 1				Year- 2				Year- 3			
	Disease	Number of Deaths			Disease	Number of Deaths			Disease	Number of Deaths		
		Male	Female	Total		Male	Female	Total		Male	Female	Total
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												

Table 3.12D: Top 10 Causes of Mortality, 15+ Years

No.	Year- 1				Year- 2				Year- 3			
	Disease	Number of deaths			Disease	Number of deaths			Disease	Number of deaths		
		Male	Female	Total		Male	Female	Total		Male	Female	Total
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												

Table 3.12E: Top 10 Causes of Mortality All Ages

No.	Year- 1				Year- 2				Year- 3			
	Disease	Number of Deaths			Disease	Number of Deaths			Disease	Number of Deaths		
		Male	Female	Total		Male	Female	Total		Male	Female	Total
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												

Table 3.13: Top Ten Causes of Morbidity

Table 3.13A: Top Ten Causes of Morbidity, Under 1s

No.	Year- 1				Year- 2				Year- 3			
	Disease	Incidence/1000			Disease	Incidence/1000			Disease	Incidence/1000		
		Male	Female	Total		Male	Female	Total		Male	Female	Total
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												

Table 3.13B: Top Ten Causes of Morbidity, 1-4 Year Olds

No.	Year- 1				Year- 2				Year- 3			
	Disease	Incidence/1000			Disease	Incidence/1000			Disease	Incidence/1000		
		Male	Female	Total		Male	Female	Total		Male	Female	Total
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												

Table 3.13C: Top Ten Causes of Morbidity, 5-14 Year Olds

No.	Year- 1				Year- 2				Year- 3			
	Disease	Incidence/1000			Disease	Incidence/1000			Disease	Incidence/1000		
		Male	Female	Total		Male	Female	Total		Male	Female	Total
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												

Table 3.13D: Top Ten Causes of Morbidity, 15+

No.	Year- 1				Year- 2				Year- 3			
	Disease	Incidence/1000			Disease	Incidence/1000			Disease	Incidence/1000		
		Male	Female	Total		Male	Female	Total		Male	Female	Total
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												

Table 3.13E: Top Ten Causes of Morbidity, Under All Ages

No.	Year- 1				Year- 2				Year- 3			
	Disease	Incidence/1000			Disease	Incidence/1000			Disease	Incidence/1000		
		Male	Female	Total		Male	Female	Total		Male	Female	Total
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												

3.4 HIV/AIDS Services

Table 3.14A: Proportion of Clients Counselling for HIV Who Took an HIV Test									
Facility	Number of CT Clients								
	Year (n-1)			Year (n-2)			Year (n-3)		
	Counselled	Testing	%	Counselled	Testing	%	Counselled	Testing	%
Total									

Source: HMIS

Table 3.14B: Proportion of Clients Taking an HIV Test and Tested Positive									
Facility	Year (n-1)			Year (n-2)			Year (n-3)		
	Tested	Positive	%	Tested	Positive	%	Tested	Positive	%
Total									

Source: HMIS

Prevention of Mother-to-Child Transmission of HIV/AIDS

Table 3.14C: Proportion of Women Starting ANC who Take an HIV Test by Facility									
Facility	Year (n-1)			Year (n-2)			Year (n-3)		
	ANC 1 st Visit	Tested for HIV	% Tested	ANC 1 st Visit	Tested for HIV	% Tested	ANC 1 st Visit	Tested for HIV	% Tested
Total									

Source: HMIS

Table 3.14D: Proportion of Pregnant Women Testing HIV Positive by Facility									
Facility	Year (n-1)			Year (n-2)			Year (n-3)		
	Tested for HIV	Tested Positive	% Positive	Tested for HIV	Tested Positive	% Positive	Tested for HIV	Tested Positive	% Positive
Total									
<i>Source: HMIS</i>									

Table 3.14E: Proportion of Expected HIV-Exposed Babies Given ARV Prophylaxis by Facility

Facility	Year (n-1)			Year (n-2)			Year (n-3)		
	HIV Exposed Babies	No. Given Prophylaxis	% Given Prophylaxis	HIV Exposed Babies	No. Given Prophylaxis	% Given Prophylaxis	HIV Exposed Babies	No. Given Prophylaxis	% Given Prophylaxis
Total									

Source: HMIS

Table 3.14F: Cumulative Number of Patients Ever Enrolled on ART by Facility

Facility	Year (n-1)			Year (n-2)			Year (n-3)		
	Males	Females	Total	Males	Females	Total	Males	Females	Total
Total									

Source: HMIS

Table 3.14G: Proportion Ever Started on Therapy against Target by Facility									
Facility	Year (n-1)			Year (n-2)			Year (n-3)		
	Target	On Therapy	%	Target	On Therapy	%	Target	On Therapy	%
Total									

Source: HMIS

Table 3.14H: Patients Currently on Therapy by Age and Sex at End of Each Year by Facility												
Facility	Target	Year (n-1)			Year (n-2)			Year (n-3)				
		0-14 years	15+ Years	Total	0-14 years	15+ Years	Total	0-14 years	15+ Years	Total		

3.5 Present Hospital Staffing

- You are expected to fill Tables 3.15A and 3.15B. Note that this is only a guide; you can adapt these tables to suit your situation.
- You can also include other cadres not listed in the table.
- Highlight key findings and comment on the staffing situation.

Table 3.15A: Staffing Levels by Category of Staff

Category of Staff	Establishment			Existing		
	nn	Hosp.			nn	
Executive Director						
Managing Director						
Manager, Clinical Care						
Surgeons						
Physicians						
Obstetricians						
Gynaecologists						
Paediatricians						
Orthopaedic Surgeons						
Oncologists						
Ophthalmologists						
ENT Specialists						
Radiologists						
Psychiatrists						
Doctors						
Pharmacists						
Radiographers						
Pharmacy Technicians						
Hospital Administrator						
Medical Superintendent						

Category of Staff	Establishment			Existing		
	nn	Hosp.			nn	
Human Resource Manager						
Financial Administrator						
Hospital Accountant						
Assistant Accountants						
Chief Nursing Officer						
Nursing Officers						
Nursing Sisters						
Registered Midwives						
Senior Nursing Officer						
Hospital Administrator						
Principal Clinical Officer						
Senior Clinical Officer						
X-ray Assistant						
Theatre Nurse						
Enrolled Midwives						
Enrolled Nurses						
Nutritionists						
Social Worker						
Laboratory Technician						
Laboratory Assistant						
Dental Therapist						
Physiotherapist						
Stores Officers						
Dental Therapist						
Physiotherapist						
Secretaries						
Typist						
Registry Clerk						
Drivers						
Office Orderlies						
Clerical Officer						
Telephone Operator						
Cleaners						
Helpers						
Total						

Note: Use approved structure to complete this table

Table 3.15B: Attrition by Staff Cadre and Cause for the Year N-1

Staff category	Reason for Attrition							
	Retired	Resigned	Term Cont.	Dismissed	Deceased	Cont. Expired	Transferred	Totals
Executive Director								
Managing Director								
Manager, Clinical Care								
Surgeons								
Physicians								
Obstetricians								
Gynaecologists								
Paediatricians								
Orthopaedic Surgeons								
Oncologist								
Ophthalmologists								
ENT Specialists								
Radiologist								
Psychiatrist								
Doctors								
Pharmacist								
Radiographers								
Pharmacy Technicians								
Hospital Administrator								
Medical Superintendent								
Human Resource Manager								
Financial Administrator								
Hospital Accountant								
Assistant Accountants								
Chief Nursing Officer								
Nursing Officers								
Nursing Sisters								
Registered Midwives								
Senior Nursing Officer								
Principal Clinical Officer								
Senior Clinical Officer								
X-ray Assistant								
Theatre Nurse								
Enrolled Midwives								
Enrolled Nurses								
Nutritionist								

Staff category	Reason for Attrition							
	Retired	Resigned	Term Cont.	Dismissed	Deceased	Cont. Expired	Transferred	Totals
Social Worker								
Laboratory Technician								
Laboratory Assistant								
Dental Therapist								
Physiotherapist								
Stores Officers								
Dental Therapist								
Physiotherapist								
Others								

Source: Human Resource Data Base

3.5 Health Financing

- Provide summary information about Income and Expenditure for the 3-year period.

Table 3.16: Summary of Income and Expenditure by Year

Source of Funding	Income			Level	Expenditure		
	Period				Period		
	Year -1	Year -2	Year -3		Year- 1	Year -2	Year -3
Total				Total			

Comment on critical items, such as fuel, drugs, capital expenditure and allowances where expenditure is limited by ceilings. Describe any other potential resources for the hospital such as revolving funds, micro-projects, charitable institutions, etc.

3.6 Transport and Communications

- In Table 3.17A, provide information on existing transport and status.
- In Table 3.17B, provide details of fuel expenditure by level for a 3-year period.
- In Table 3.18, provide the status of communication system by institution.

Table 3.17A: Inventory and Distribution of Current Transport (motor vehicles, motor bicycles)

Make	Type	Vehicle No.	Runner/ Non-Runner	Year Acquired	Amount Spent on Servicing to-date (K)	Where Based

Note: Comments should include information on vehicle status. Indicate those vehicles currently in the workshop

Table 3.17B: Hospital Fuel Expenditure for Previous 3 Years

Hospital Name	Cost and Year		
	Year- 1	Year -2	Year -3

Table 3.18: Hospital Communication Support System

Name of Institution	Phones				Fax		E-mail		Radios	
	Land		Cell		No.	Status	Available	Status	No.	Status
	No.	Status	No.	Status						

- *Land refers to land phone line.*
- *Fax refers to fax lines.*
- *Status refers to functional or non-functional.*
- *If number is '0' i.e. not available, status will be Not Applicable (NA)*

3.7 Drugs and Medical Supplies

- Purchase from Medical Stores Limited and other local sources.
- Write briefly about drugs and logistics/pharmacovigilance.
- Also include the status of the infrastructure of the pharmacy store and plans (if any) for improvement.

Table 3.19: Emergency Drugs and Supplies Expenditure

Description	Expenditure in Previous Year			
	Expected/ Planned	Actual Received	Value of Drugs Received	Source of Funds
Total number of Contacts				
Purchase from MSL				
Emergency drugs and supplies (4%)				
Anti-Retro Viral drugs (ARVs)				
Coartem (4 Packs)				

Diagnostic Services

- In this table, provide information on laboratory services that have undertaken
- Comment on each of the tests.

Table 3.20: Laboratory Services

Tests Carried Out	Number of Tests			
	Year -1	Year -2	Year -3	Comments
Haematology				
Parasitology				
Malaria Parasitology				
Microbiology				
Biochemistry				
Blood Bank				
HIV test				
TB Sputum				
Others (specify)				

Note: Provide comment for each of the tests

Table 3.21: Radiology

Type of Examination	Number of Tests			Comments
	Year 1	Year 2	Year 3	
Medical Examinations				
Special Investigations				
Routine Investigations				
Emergencies				
Ultra Sound				
Others (specify)				

Note: Comment on experience

3.8 Other Supportive Functions

Description of any problems and special activities carried out in the previous year and experiences, covering: pharmacy; physiotherapy; catering services; laundry; mortuary; maintenance of buildings and equipment; library.

3.9 Quality of Services

- Provide a brief description of key findings from Supervisory visits undertaken during the year (accreditation, PA, TSS or any other supervisory visits conducted).

3.10 Research

Brief description of any research activities conducted within the district during the period under review, results obtained and follow-up actions that have been taken or need to be taken to build upon these results (including dissemination within or outside the district).

Table 3.22: Research Conducted and Planned for

Research/Conducted by	Major Findings	Recommendations for Action
List of questions that the district would like to be researched on	What needs to be done to conduct the required research	

Part 4: Main Plan

4.1 Progress on previous Year’s Plan

- Provide information on level of implementation and results achieved. Also comment on reasons for failure to achieve expected results.
- Insert a summary of results of the SWOT and Bottlenecks analysis in the tables provided below. For the main results of the local analysis of HMIS data and service delivery coverage, please enter this information into the tables provided in Part 3.1 (Health Status) of this Planning Handbook.

Table 4.1: Bottleneck Analysis, Summary

Tracer Intervention: PMTCT: Service Delivery Mode: Population Oriented Scheduled Services							
Coverage Determines	Indicators	Baseline Coverage (%)	Bottleneck Yes/no	Possible Causes of Bottleneck	Proposed Operational Strategies/Solutions	Specific Activities to Be Done	Expected Bottleneck Reduction
Availability of essential commodities							
Availability of human resources							
Physical accessibility							
Initial utilization							
Timely continuous utilization							
Effective quality							

Note: Please refer to example provided in Annex 2 (Bottleneck analysis) to complete the table. Please provide summary of key bottlenecks to be addressed

- Also report on main results of the performance assessment and self-assessment reports.
- This section together with sections 2 and 3 of the plan outline form the basis for the selection of priority areas for the coming planning period.

4.2 Logical Framework

You have now completed your situation analysis; please complete the Logical Framework template for each of your priorities. The Goal and purpose for each of the areas will be provided by MoH HQ. You, therefore, need to enter your agreed district objective, expected outputs by level of intervention and indicate the interventions (activities) you plan to implement as well as targets of key outputs. Unlike the traditional categorization of health care services which is often a disease-centred, vertical approach such as TB, HIV/AIDS and malaria programmes, this guide recommends that key results should be organised using the Marginal Budgeting for Bottlenecks methodology around different service delivery mechanisms, namely family and community based interventions, population based schedulable services and individual oriented clinical care services comprising health centre and first level referral clinical care services . This is because in the real world, health services are not delivered as a set of disease specific activities, but as part of service delivery mechanisms, each delivery mechanism contributing towards addressing several health problems.

Table 4.2

Results Chain		Indicators	MoV	NHSP Target	Base Year	Target		
						Year 1	Year 2	Year 3
Goal (impact level)								
Purpose (effect or outcome)								
Objectives (Effectiveness)								
Outputs								
Clinical Services by Department or Unit								
Admin. and Technical Support Services								

A list of interventions under each of the service delivery modes (Clinical Services) is provided in Annex 3. For a completed example see Annex 2A.

4.3 Cost Framework for Hospital Level Activities

The list of broad activities against each of the outputs should be inserted in the table below. For the completion of this section, please refer to *Annex 3* for a list of high impact interventions.

Table 4.3

Level	Output	Activity	Timeframe	Responsible Person	Cost		
					Year 1	Year 2	Year 3
Clinical Services by Department or Unit	Surgery						
	Medicine						
	Cancer Unit						
Others							
Administrative and Technical Support Services							

4.4 Supportive Supervision

Describe planned schedule of visits to health centres and first level referral hospitals.

Table 4.4

Performance Assessment				Technical Support Visit			
Department	Responsible Officer	When	Duration	Department	Responsible Officer	When	Duration
Team A		Every 6 months	No. Days				No. Days
Team B							

4.5 Summary of Hospital Training Plan

Table 4.5

Training Needed	For Whom	Number to Be Trained	Training Duration	Who Will Train	Place of Training	Cost	Source of Funds
Total							

Part 5: Budget

5.1 Projected Income for the Next MTEF

Worksheet A: Distribution of Projected Hospital Income

The new planning process requires that hospitals produce medium term plans. Therefore, each year the hospital is expected to project the total income it is likely to receive the following year in the form of service grants (MTEF ceilings) and other sources (e.g. rent, user-fees, direct project funding, etc.). The hospital then needs to decide on how to divide this total income by cost centre (service level). Finally, the hospital has to divide the funds allocated to the hospital departments/units. This Worksheet is intended to help the hospital to project its total income from fees and other sources and to record its decisions on how these funds should be distributed by level.

When entering the results in Form 1 below, carry out the following steps:

- Based on the ceilings received from MoH HQ for the next MTEF, complete Worksheet A – Form 1.
- Determine the sources of Other Income for the district (such as hiring out of district facilities) and enter these sources as a list in the second row. From this determine how much you expect to receive from “Other Income” in the coming year and enter in the column for “projected funding for next year”.
- Then consider whether there are any factors that may cause an increase or decrease in the income from a particular source next year. Enter the projected income for the coming year in the column for “projected funding for next year”.

Table 5.1: User Fee Levels for the Next MTEF

Service						
	Zambians			Non-Zambians		
	Year 1	Year 2	Year 3	Year 1	Year 2	Year 3

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Table 5.2: Worksheet A Form 1: Projected Grant and Other Income

Source of Income		Amount in Kwacha		
		Year 1	Year 2	Year 3
Projected grant allocation	GRZ			
	Donor			
Fees	Hospitals			
Local Donors				
Other income (specify):				
Total projected funds				

5.2 Debt Servicing Plan

The district should provide details of total debt, items owed, the amount owed and to whom this is being owed. Also the district should show how much to be paid each year, both the amount and percentage.

Table 5. 3: Debt Servicing Plan

Items Owed	Amount Owed	To be Paid					
		Year 1		Year 2		Year 3	
		Amount	%	Amount	%	Amount	%
Total							
Total debt as proportion of projected income (debt/income x 100)							

¹ *The proportion that the planned repayment represents of the total amount owed.*

5.3 Distribution of Projected Income by Cost Centre

The hospital should determine the proportions (percentages) of the total grant and other income that should be allocated to each department/unit. *The results should be entered in the 2nd column of Form 2.*

The hospital should then calculate the actual amounts to be allocated to each department/unit by adding the total projected income from grants plus other sources (A) by the decided percentages. *These amounts should be entered in the final column of Form 2.*

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Table 5.4: Worksheet A – Form 2: Projected Allocations by Department/Unit

Department/Unit	Determined %	Projected Amount for Year n+1	Projected Amount for Year n+3	Projected Amount for Year n+3
Total	100%			

The DHMT needs to provide guidance to the hospital departments/units on the fee income they are likely to have. It should review the fee income for the last 12 months and then project how this may change for each health department/unit. Changes in fee income may be caused by changes in the service charges or changes in service utilisation rates. *The results of this analysis should be entered in Form 4 on the next page.*

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Table 5.4b: Worksheet A Form 4 – Distribution of Departmental/Unit Allocations by Hospital Core Planning Team

Department/Unit	Distribution % for Service Grant			Fee Income (inc. income in kind)			Total Amount Allocated			
	Bed capacity	% of Total hospital capacity	Adjusted % /1	Last 12 Months	Projected Fee Income (A)			(A) + (B) + (C)		
					Year 1	Year 2	Year 3	Year 1	Year 2	Year 3
Total Allocation for Departments										

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5.4 Hospital Budget Spreadsheets

The budget spreadsheets as presented in Annex 10 of this Planning Handbook should be prepared showing the following:

- a. Basket funds (grant received by the hospital) + Other Income;
- b. Fees (revenue + income-in-kind);
- c. Referral income;
- d. Consolidated (for all sources of funds).

5.5 Budgets for Allowances and Other Emoluments

5.5.1 Ordinary Allowances

From the consolidated budget spreadsheet (*see Annex 10*) indicate these are allowances associated with service delivery including training workshops such as: subsistence, lunch and out of pocket. This must be budgeted for within the ceiling.

Table 5.5a

(Insert appropriate titles applicable for hospitals and the table should have 3 categories for Years 1, 2, and 3)

Allowance	Persons	Days	Rate	Cost
Lunch				
Subsistence				
Other (specify):				
Total for DHMT				
Lunch				
Subsistence				
Other (specify):				
Total for first Level Hospital				
Lunch				
Subsistence				
Other (specify):				
Total for Health Centres/Posts				
Total All Levels				

Note: *The total costs for allowances for each level in the table above (DHMT, first level hospitals and health centres) should be the same as the amounts entered on the Consolidated Hospital Budget Spreadsheet.*

5.5.2 Budget for Other Emoluments (specify the levels)

These are other emoluments such as: settling-in allowances, leave travel benefits, repatriation, funeral grant, etc. The budget line for this is at the Provincial Health Office.

Table 5.6

Allowance	Persons	Days	Rate	Cost		
				Yr 1	Yr 2	Yr 3
Total for Hospital						

Note: Information for completion of this table should be written on the Hospital Consolidated Budget Spreadsheet attached to this handbook as Annex 10.

5.6 Budgets for Transportation and Fuel

Information for completion of this table should be written on the Hospital Consolidated Budget Spreadsheet attached to this Handbook as Annex 10.

Table 5.7a: Fuel Cost

Level/Activity	Expenditure Previous Year	Projected Cost Year 1	Projected Cost Year 2	Projected Cost Year 3

Note: The total costs for these items for each department/unit in the table above should be the same as the amounts entered on the Consolidated Hospital Budget Spreadsheet.

Table 5.7b: Repairs and Maintenance

Vehicle Number	Repairs Required	Service Cost	Maintenance Cost	Total Cost		
				Year 1	Year 2	Year 3
Total Costs						

Note: The total costs for these items for each department/unit in the table above should be the same as the amounts entered on the Consolidated Hospital Budget Spreadsheet

5.7 Other Transport Costs

Table 5.7c

Vehicle Hire	Cost		
	Year 1	Year 2	Year 3

Note: The total costs for these items for each department/unit in the table above should be the same as the amounts entered on the Consolidated Hospital Budget Spreadsheet.

5.8 Equipment and Furniture Maintenance

Table 5.8

Priority/Level	Department	Item Required	Cost		
			Yr 1	Yr 2	Yr 3
Total Costs					

Note: The total costs for these items for each department/unit in the table above should be the same as the amounts entered on the Consolidated Hospital Budget Spreadsheet

5.9 Buildings and Grounds Maintenance

Table 5.9

Priority/Level	Department	Work and material Required	Cost		
			Yr 1	Yr 2	Yr 3
Total Costs					

Note: The total costs for these items for each department/unit in the table above should be the same as the amounts entered on the Consolidated Hospital Budget Spreadsheet.

5.10 General Charges

Table 5.10

Item/Level	Qty	Rate	Cost		
			Yr 1	Yr 2	Yr 3
Electricity Charges					
Water Charges					
Telephone Charges					
Other Charges (specify					
Total departments					

Note: The total costs for these items for each department/unit in the table above should be the same as the amounts entered on the Consolidated Hospital Budget Spreadsheet.

5.11 Budget for Capital Costs

5.11A New Medical Equipment and Furniture

The funds for this will be housed at MoH HQ; however, hospitals are expected to budget for this.

Table 5.11A: New Medical Equipment and Furniture

Priority/Level	Department	Item Required	Cost		
			Year 1	Year 2	Year 3
Total Costs					

Note: The total costs for these items for each department/unit in the table above should be the same as the amounts entered on the Consolidated Hospital Budget Spreadsheet

Table 5.11B: New Vehicles

Priority/Level	Department	Item Required	Cost		
			Year 1	Year 2	Year 3
Total Costs					

Note: The total costs for these items for each department/unit in the table above should be the same as the amounts entered on the Consolidated Hospital Budget Spreadsheet.

Table 5.11C: Non-Medical Equipment

Priority/Level	Department	Items Required	Cost		
			Y1	Y2	Y3
Total Costs					

Note: The total costs for these items for each department/unit in the table above should be the same as the amounts entered on the Consolidated Hospital Budget Spreadsheet

5.12 Construction of New Buildings

The funds will be held at the Provincial Health Office; however, hospitals are expected to plan for new infrastructure based on the Capital Investment Plan.

Table 5.12: New Buildings

Priority/Level	Department	Item Required	Cost		
			Year 1	Year 2	Year 3
Total Costs					

Note: The total costs for these items for each department/unit in the table above should be the same as the amounts entered on the Consolidated Hospital Budget Spreadsheet.

Annexes

Annex 1: Outline of the Hospital Action Plan

..... **HOSPITAL ACTION PLAN AND BUDGET, 20....**

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Annex 2: Bottleneck Analysis Explained (understanding constraints)

A bottleneck is an identified constraint to achieving goals and targets. The Marginal Budgeting for Bottlenecks or MBB, which uses the bottleneck analysis, is being rolled out in Zambia through nine pilot districts. This tool focuses on issues which prevent a health system from reaching its goals. The bottleneck analysis uses five implementation issues to identify issues at progressive levels. These are:

1. **Availability of essential commodities and human resources** – assessing the availability of critical health system inputs such as drugs, vaccines and supplies. This information is obtained from stock registers and facility surveys.
2. **Accessibility** – describing the physical access of clients to health services. Accessibility includes outreach services as well as physical and financial accessibility.
3. **Initial Utilization** – describing the first use of a multi-contact service, for example, first antenatal contact or BCG immunization. Initial utilization indicates the members of the target population actually using the services.
4. **Timely, Continuous utilization** – indicating whether patients get the full treatment. This aspect documents the continuity of care and compliance.
5. **Effective Quality** – explaining the quality of care measured by assessing the skills of the health workers. Effective quality means that potential clients are receiving quality care.

These determinants are sequential. Bottlenecks are identified by examining the gaps among the five determinants and finding the weakest link in the service delivery chain. For example, the figures below reveal that the bottlenecks in EPI coverage (seen as drops in coverage) are multiple:

- i. Availability of EPI is low (30%) at districts level with frequent stock outs of basic vaccines;
- ii. Use at household level is insufficient, with mothers not bringing their children in for vaccination (20%);
- iii. Besides this the quality is poor with 2% of children fully vaccinated at 11 months.

The key here is to reduce stock outs, and address the reasons why mothers are not using the immunization services.

Since the bottlenecks affecting scaling-up of interventions at a given level of service delivery are common, it is prudent to choose a representative intervention to act as a tracer for each service delivery mode and do an analysis for the five implementation issues (**Availability** of essential commodities and human resources; **Accessibility**; **Initial Utilization**; **Timely, continuous** utilization; and **Effective Quality**) with regard to existence of bottlenecks, sources of bottlenecks, solutions to remove bottlenecks, specific actions to be taken and the expected bottleneck reduction measured by specific indicators as in the example below.

Annex 2A: A Worked Example of Bottleneck Analysis

Tracer Intervention: PMTCT: Service Delivery Mode: Population Oriented Scheduled Services							
Coverage Determinants	Indicators	Baseline Coverage (%)	Bottleneck yes/no	Possible Causes of Bottleneck	Proposed Operational Strategies/Solutions	Specific Activities to Be Undertaken	Expected Bottleneck Reduction
Availability of essential commodities	% facilities with ART available	63%	Yes	Poor forecasting and commodity management	(1) Improve forecasting skills (2) Mid-level managers' training	Conduct workshop for facility staff on forecasting and logistics management	Increase from 63 to 81% by 2010 (50% bottleneck reduction)
Availability of human resources	Availability of trained nurses/ midwives in relation to need	20%	Yes	(1) Brain drain (2) Low staff retention (3) Lack of FP-trained nurses (4) Compensation for CHWs	(1) Strengthen staff retention schemes (2) Provide scholarships to nursing training conditioned on bonding	Develop staff recruitment and retention plan Goal: to have 2 trained per facility	30% bottleneck reduction
Physical accessibility	% communities within 8km of health facilities with regular PMTCT services	44%	Yes	(1) Skewed distribution of health facilities in favour of urban areas (2) Inadequate number of PMTCT sites	(1) Construction of health facilities in rural communities (2) Set up more PMTCT sites	Identify sites for construction of health facilities and lobby for financial support from the MoH HQ	25% bottleneck reduction
Initial utilization	% pregnant women receiving PMTCT counselling and being tested	60%	Yes	(1) Not all facilities currently provide PMTCT (2) Inadequate sensitisation (3) Low % of women delivering at facilities (4) Lack of privacy in rural delivery and the time/effort to travel to rural facility	(1) Building mothers' shelters (2) IEC package for PMTCT staff (3) Link PMTCT to immunization visits		40% bottleneck reduction
Timely continuous utilization	% HIV+ pregnant women receiving Nevirapine	39%	No				
Effective quality	% infants born to HIV + mothers receiving Cotrimoxazole prophylaxis	80%	No				

Annex 3: High Impact Interventions

Recent studies and subsequent publications have reconfirmed that around two-thirds of maternal and child mortality can be prevented through existing and proven health and nutrition interventions. Focusing on these activities will mean using the scarce resources available to get the most results. Below is a reduced list of these evidence based, high impact interventions, organized into Community, Primary and Referral level activities. For a full list and further information please refer to the bibliography in “**A User Guide for Marginal Budgeting for Bottleneck Toolkit - An Analytical Costing and Budgeting Approach and Toolkit for Health Service Management in Developing Countries**, UNICEF, June 2006.

Services Delivered by the Community for the Community	PHC and Outreach Activities	Clinical Care
ITNs for under-five children/pregnant women	Family Planning	Skilled delivery care
Supply of safe drinking water	Iron folate	Basic emergency obstetric care (B-EOC)
Latrines	Antenatal Care	Management of neonatal infections at PHC level
Hand washing	Calcium supplementation in pregnancy	Antibiotics
Indoor Residual Spraying (IRS)	Tetanus immunization	Vitamin A - Treatment for measles
Clean delivery and cord care	Deworming in pregnancy	Zinc for diarrhoea management
Breastfeeding	Prevention and treatment of iron deficiency anaemia in pregnancy	Appropriate treatment for malaria (ACT)
Complementary and supplementary feeding	Intermittent Presumptive Treatment (IPT) for pregnant women	Management of complicated malaria (2nd line drug)
Care for orphans	Balanced protein energy supplements for pregnant women	Antibiotics for opportunistic infections, U5 pneumonia, diarrhoea and enteric fever.
ORT	PMTCT	Male circumcision
Zinc	Condom use	ART
Vitamin A	Cotrimoxazole prophylaxis for HIV + mothers, adults, children of HIV + mothers	DOTS for TB
Malaria treatment of children	Immunizations	Detection and management of (pre) eclampsia (Mg Sulphate)
Antibiotics at community level	Post-partum Vitamin A Supplementation	Management of neonatal infections at primary referral level
	Vitamin A supplementation	Comprehensive emergency obstetric care (C-EOC)
		Clinical management of neonatal jaundice
		Universal emergency neonatal care
		Management of first line ART failures
		Management of TB moderate toxicities

Annex 4: Planning Guidance for HIV/AIDS

Please refer to this guideline when planning for HIV/AIDS Services for your institution to select appropriate interventions

Service Delivery Area	Area of Focus (activity)	Key Indicator
1. Blood Safety	▶ Reagents and Supplies (HIV test kits, Syphilis testing kits, Hepatitis B and C tests, Blood packs)	▶ Number of patients receiving screened (safe) blood
	▶ Transport for blood donation	
	▶ Equipment	
2. Antiretroviral Therapy (ART)	▶ ARVs – 1 st and 2 nd line	
	▶ Management of severely complicated cases (Severe drug reactions, Cardiomyopathy, acute and chronic renal failure, Hepatic failure)	
	▶ Management of long-term complication of HIV and ART	
	6. Post-Exposure Prophylaxis	
	7. Training in Antiretroviral Therapy Information System (Reporting)	
3. Laboratory	▶ CD4, Viral Load, CPK, Lipid profile, Histology, Invasive radiotherapy, Echocardiogram, Molecular Biology PCR , Viral TB, Toxoplasmosis, ARV Resistance Screening and Surveillance	
4. Management of Opportunistic Infections	▶ Management of OI with severe organ failure – life support	
	▶ Palliative surgery and care	
5. Work place programmes (absenteeism, loss of productive health workers, high funeral costs and compromised performance)	▶ CTC for health workers	
	▶ Train peer counsellors at work place	
	▶ Referral system	
	▶ ART schemes	
6. Monitoring, Evaluation and Operational Research	▶ Conduct operational research	▶ Number of operational research conducted ▶ Number of reports submitted timely

Annex 5: Example of the Logical Framework Approach

Annex 5A: The Logical Framework Matrix

Project Description	Performance Indicators	Means of Verification	Assumption
Goal: A broader development impact at national or sector level to which a project contributes	Measures of the extent to which there is a contribution to the goal – used at evaluation	Sources of information and means to report it	
Purpose: The development outcome expected at the end of the project. All components will contribute to this	Conditions at the end of the project indicating that the purpose has been achieved – used for project completion and evaluation	Sources of information and means to report it	Assumptions concerning the purpose – goal linkage
Component Objectives: The expected outcome of producing each component output	Measures the extent to which component objectives have been achieved – used during review and evaluation	Sources of information and means to report it	Assumptions concerning the component objective – purpose linkage
Outputs: The direct measurable outputs (goods and services) largely under management control	Measures the quantity and quality of outputs and the timing of their delivery – used during monitoring and review	Sources of information and means to report it	Assumptions concerning the output – component objective linkage
Activities: The tasks carried out to deliver identified outputs	Implementation/work plan targets – used during monitoring	Sources of information and means to report it	Assumptions concerning activity – output linkage

Annex 5B: Example of Outputs

- Number of health centres or hospitals assisted
- Number of people trained (by gender, programme area, long or short term)
- Number of women, men and children expected to access services in a given year
- Number of children and adults (by gender) immunized
- Number of men, women and adolescents (by gender) expected to access HIV/AIDS/STIs services
- Hospital departments' commodities procured and distributed.

Annex 5C: A Worked Example of the Logical Framework

Results Chain	Indicators	Means of Verification	NHSP target	Base Year	Target		
					Year 1	Year 2	Year 3
Goal: To contribute to improved health services on a sustainable basis	Life expectancy	HMIS/CSO Reports					
Purpose: To contribute to the reduction of maternal and child mortality and morbidity in the hospital	Maternal mortality ratio; Under five mortality rate	ZDHS					
Component 1: HIV/AIDS, STIs and Blood Safety							
All blood for transfusion screened for HIV, Hepatitis C, Hepatitis B and Syphilis according to the WHO guidelines	All units of blood screened as per guidelines	Blood bank records					
Adequate blood supplies exist (supply meets demand of hospital departments)	Appropriate blood supply reflect for hospital	Blood unit requests					
ART clinic – Guidelines on treatment initiation available and adhered to	All eligible clients on ART as per guidelines	ART clinic records/ Patients notes					
ART clinic – All patients on ART are evaluated and entered in appropriate register	100% patients evaluated and entered in register	ART clinic records					
Availability of eligibility forms; pre ART registers with tally sheets; ART registers with tally sheets; ART care cards	ART materials available	Physical check					
All HIV+ eligible persons accessing ART	# of persons accessing ART / total # of eligible patients	ART records					
All HIV+ clients are managed according to the guidelines	# HIV+ clients managed according to guidelines/#HIV+ clients records sampled	ART records					
80% of patients on ART have a 95% compliance	# patients registered on ART/ # collecting drugs monthly/quarterly	HMIS, ART registers and reports					
Referral systems in place from all counselling and testing entry points in the districts to ART clinic, including feedback mechanism	All eligible patients referred to ART clinic	Referral slips from wards to ART clinic, ART records, meetings with DHMT					

Results Chain	Indicators	Means of Verification	NHSP target	Base Year	Target		
					Year 1	Year 2	Year 3
	# of referral slips sent to DHMT/ # clients enrolled on ART						
Adherence counselling on site	# of ART clients receiving adherence counselling/#ART clients attended in reporting period	Patient records/ ART clinic records					
Hospital adheres to free ART guidelines	# of patients receiving investigations, consultation and treatment free of charge / # receiving ART	Financial records, client/ staff interviews					
Hospital accredited for ART service provision	Accreditation certificate available	Accreditation certificate					
Opt-out HIV testing policy implemented in In-Patients Department	# in patients tested for HIV / total # of in patients sampled						
Referral systems for ART in place from In-Patients Department to ART clinic	# of eligible in-patients referred to ART clinic / total #eligible in-patients	Referral slips from wards to ART clinic, ARTIS, ART registers and meetings with DHMT					
All eligible pregnant women on HAART	# of pregnant women referred for ART / # pregnant women eligible	PMTCT registers,					
80% STI clients tested for HIV	# of STI clients tested / total # of STI clients sampled	patient records, STI clinic registers					
100% STI patients treated according to guidelines	# of STI patients treated according to guidelines / total # STI patients sampled	Patient records					
75% STI clients' partners investigated for STI	# of STI clients' partners investigated / Total # of STI clients	STI register					
Component 2: Management of Malaria							
All patients diagnosed by laboratory tests and treated as per guidelines	# of malaria patients with laboratory diagnosis / # of patients treated for malaria	Patient records					
	# of malaria patients treated according to guidelines /						

Results Chain	Indicators	Means of Verification	NHSP target	Base Year	Target		
					Year 1	Year 2	Year 3
	# of malaria patients sampled						
All in-patients sleep under an ITN each night	# patients sleeping under an ITN/# in-patients	Physical check, patient interviews, availability of ITNs					
Component 3: Essential Drugs and Medical Supplies							
All essential drugs and medical supplies for each department listed have stock control cards	Comprehensive list and stock control cards available for all drugs required by each department	Stock control cards/recommended list of essential drugs for each department					
All essential drugs are available at all times for all departments	# of essential drug stock outs / # of stock control cards sampled	Stock control cards					
All essential supplies are available at all times for all departments	# of medical supply stock outs / # of stock control cards sampled	Stock control cards					
Drug and medical supplies management as per standards	# of pharmacy standards achieved / # of pharmacy standards set	Physical checks and records					
Drug and Therapeutics Committees meeting as per guidelines (monthly)	# of meetings held / # of expected meetings	Records and physical checks					
	# recommendations of the Drug and Therapeutics Committees followed up/ # recommendations.						
Active pharmacovigilance (side effects of drugs and completion of pharmacovigilance forms)	# of patients monitored for side effects / total # of patients sampled	Pharmacovigilance reports, patients' notes					
Distribution procedures of drugs to wards: for ward stock, 6 hours; for drug chart, 30 minutes.	Time taken for processing and dispensing drugs to wards/ expected time	Interviews with ward in-charges and pharmacy staff					

Annex 5D: A Worked Example of the Logical Framework – HMIS (continued)

Goal	Measurable Indicators	Means of Verification	Important Assumptions
To improve the quality of HMIS data in the hospital	Increased use of HMIS data in the hospital	Report from reviews of the hospital action plan	There will be a change towards the culture of information use by programme managers
Purpose			
<ul style="list-style-type: none"> • Reduced amount of errors in HMIS data • Increase in the use of HMIS data in decision-making 	<ul style="list-style-type: none"> • Proportion of health facilities submitting complete, accurate and timely HMIS reports • Revised action plan as a result of self-assessment 	<ul style="list-style-type: none"> • Data audit reports • Performance assessment reports • Report on the review of the action plan 	Staff trained in data quality assurance will remain in the same positions for some time
Outputs			
# of health workers trained in data management	Proportion of facilities with at least one trained staff	Bi-annual performance assessment reports	There will be health staff already with minimum skills to build on.
Structure of reporting and feedback deadlines published	Increased proportion of facilities that submit complete HMIS reports according to schedule from X% to Y% by the end of Year Y	<ul style="list-style-type: none"> • Data Audit Report • Review of HMIS hospital dataset • District annual report 	The deadlines will be politically accepted
	Increase in the quarterly report completeness from 80%	Review of hospital databases every quarter	All hospitals will have working computers
Activities	Inputs	Means of Verification	Important Assumption
<ul style="list-style-type: none"> • Train health workers in data management • Develop a reporting/feedback system • Print/distribute HMIS stationery • Revise the HIS database to incorporate error-trapping routines 	Resources: lodging; stationery; meals; consultancy fees	Project expense reports	<ul style="list-style-type: none"> • There will be adequate health staff with minimum requirements • Existence of a budget line from government to print HMIS materials New version will be accepted by users

Annex 5E: A Worked Example of the Logical Framework (continued)

Programme Goal(s)	Programme Objectives	Monitoring Objectives	Evaluations Objectives
To Improve the Quality of HMIS Data	1 To increase the percent of hospitals that submit complete HMIS reports according to schedule from 76% to 85% by the end of 2009	1.1 To monitor the changes in proportion of hospitals that submit correct reports within given deadlines on a quarterly basis	To determine whether the percentage of hospitals reporting according to schedule has increased by 9 percent by December 31, 2009
	2 To redeploy a revised version of the HIS database in all the hospitals in Zambia by June 2009	2.1 To check each district dataset every quarter for any existence of data errors that the revision was meant to address 2.2 Periodically conduct spot checks to ensure there are no districts that revert to the older version so that they can enter data easily	To determine whether all 72 district have a revised version of the database and are using it correctly by June of 2009
	3 Increase quarterly report completeness from 80% to 95% by the end of 2009	3.1 Observe and document variations in completeness as these might be seasonal changes caused by problems of communication/transport	To determine whether quarterly reports from all hospitals include at least 95 percent of the population in its catchment area
	4 To increase the percentage of quarterly departmental reports (in each hospital) that are correctly entered into the HIS database from 80% to 100% by the end of 2009	4.1 To develop mechanism for tracking different staff members who might be doing the data entry, so as to separate system problems from human competencies	To determine whether the proportion of correctly entered reports in each district has been rising over time and has reached at least 80 percent in all hospitals

Annex 6: Quantification Sheets

Annex 6A: Consumption-based Quantification Tool for Calculating Drugs, Contraceptives and Laboratory Supply Requirements

VEN	ITEM	Form & strength	Unit size	Total consumption in period	Days out of stock	Month in stock/months test available	Adjusted average monthly consumption	Lead time	Safety stock	suggested quantity to order	Total upward adjustment	Adjusted order quantity	Stock on hand + stock ordered but not yet received	# months stock on hand or stock ordered	Order quantity	Price	Value of proposed order	% cost (ABC analysis)	Adjusted order quantity	Adjusted value
A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U
				# packs of unit size (column D)	Days	Months	# units of pack size (column D)	Months Delivery	# units of pack size (column D)	# units of pack size (column D)	%	# units of pack (column D)	# units of pack size (column D)	Months	# units of pack size (column D)	\$	\$			
				Stock cards/books books service Statistcs	Stock cards/books books records	12-(F/30.5) (or records)	E/G	Delivery schedules, experience	I x H	(12 x H)+J	See manual	K x (100+L)/100	Stock cards, books	N/H	consider columns M,N & O (M-N)	Price list	P x Q	(R x 100)/total value of all items		T x Q

Columns D, F, M, O, P, R, T, U should be in whole numbers, i.e. no decimals

Columns E, G, H, I, J, K, N, S should be to 1 decimal place for drugs and contraceptives and to 3 decimal places for laboratory supplies (where applicable)

Note Please refer to the manual on quantification on Medical Supplies, June 1998. Once this table has been used for the calculation, please complete the table contained in Annexes 8 G, H and I

Annex 6C: Projected Requirements for Vaccines

Total Number of 1s:

Total Number of WCA:) v

Immunisation	District target	Routine	School	Mopping up	Outbreak	Total	Unit Cost	Total Cost		
								Yr. 1	Yr. 2	Yr. 3
BCG 20 dose/vial										
Measles 10 dose/vial										
DPT+Hib+Heb 1 dose/vial										
OPV 20 dose/vial										
TT 10 dose/vial										
Meningitis										
ARV (anti-rabies)										
Yellow Fever										
(if relevant)										

Annex 6D: Projected Contraceptive Requirements

Total Number of WRA:

FP Acceptors (X %):

Method	%	Persons Using Method	Quantity Needed per User/Yr	Total Needed for Year	Unit Price	Total Cost		
						Year 1	Year 2	Year 3
Pills	65%							
Injectable	15%							
Implants	1%							
Condoms	18%							
IUD	1%							
Sterilisation	1%				n/a			
Emergency Contraception								
Total	100%							

Annex 6E: Projected Requirements for Non-Medical Supplies

Cost Item	Item Description	Unit price	Quantity	Total cost		
				Year 1	Year 2	Year 3

Annex 6F: Projected Requirements for Food Supplies

Cost Item	Item Description	Unit price	Quantity	Total cost		
				Year 1	Year 2	Year 3

Annex 7A: Format for Reporting Action Plan Implementation

Name of Hospital.....Quarter..... Year.....

Programme	Planned Activities	Status	Comment	Expenditure in Kwacha		Challenges / Constraints
				Budget	Actual	

Note: Use this format to generate the Annual Report

Annex 7B: Gantt Chart for Summarizing Action Plan by Month

Programme Area	Planned Activities by Quarter	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec

Note: Hospitals will be expected to summarize planned activities by month to enable them monitor implementation of their plans

Annex 8: Essential Equipment List for First Level Hospital

The following list represents the basic minimum requirements for a 40-bed hospital with the following service units: OPD/Casualty; male and female wards; Dispensary; Laboratory; Radiography; Operating Theatre; Dental Unit; Physiotherapy; Kitchen; Laundry and Mortuary.

STANDARD EQUIPMENT AND FURNITURE FOR FIRST REFERRAL LEVEL HOSPITALS		
Items	Method to Calculate Adequate Quantity	Priority Rating (assuming qualified staff)
1. Hospital Affiliated Health Centre		
<i>1.1. Medical equipment and furniture</i>		
Ambu bag for adults (resuscitator)	2 per HC: 1 for OPD/wards + 1 for maternity ward	5
Ambu bag for children (resuscitator)	1 per HC	5
Autoclave, electric, small	1 per HC with electricity	5
Autoclave, non-electric, small (39 litres)	1 per HC without electricity	5
Bed pan	1 per 4 beds	4
Bedside cabinet (locker), health centre/health post model	1 per bed	3
Bedside screen	1 per consulting room + 1 per ward	4
Bowl, lotion, large	2 per HC	4
Bowl, lotion, medium	3 per HC	5
Bowl, lotion, small	2 per HC	3
BP machine, adult	1 per qualified staff, minimum 2	5
Chair for consulting staff	1 per consulting room + 1 per ward	5
Chair for patient	2 per consulting room	5
Delivery bed	1 per delivery room	5
Delivery/episiotomy set	3-5 per HC	5
Desk for consulting staff	1 per consulting room + 1 per ward	5
Drainage set	1 per HC	5
Dressing set	1 for HAHC OPD + 1 for HAHC wards	5
Dressing tray, medium	1 for HAHC OPD + 1 for HAHC wards	5
Drip stand	1 per 4 beds, including couches	5
Ear syringe	1 per HAHC	3
Equipment cabinet	2 per HC	3
Examination couch without leg holders	1 per consulting room	5
Examination couch, gynaecological	1 per HC	5
Examination light	1 per consulting room at HC with electricity or suitable solar energy supply	4
Footstool, one-step	1 per delivery bed	3
Gallipots, large	2 per HC as part of sets + 1 as loose item	3
Gallipots, medium	2 per HC as part of sets + 1 as loose item	5
Hospital bed back rest	1 per 4 beds	3 or 2
Hospital bed bednet, treated	1 per hospital bed	3

Hospital bed, health centre/health post model	No standards possible given variety of catchment areas and size of buildings	5
Indicator, TST control spot	1 per HC	5
Infant cot bed net, treated	1 per infant cot	3
Infant cot with mattress	1 per post-natal bed	3
Instrument tray, large	1 per consulting/treatment room	3
Instrument tray, medium	1 per consulting/treatment room	5
Kidney dish, large	1 kidney dish per HC as part of sets + 1 as a loose item	3
Kidney dish, medium	1 kidney dish per HC as part of sets + 3 as a loose item	5
Otoscope set in case	1 per consulting room, maximum of 2	4
Salter scale	1 per consulting room and 3 for outreach activities	5
Sterilising drum, medium	1 per HC	5
Sterilising drum, small	1 per HC	4
Stethoscope, binaural	1 per qualified staff, minimum 2	5
Stethoscope, foetal, Pinard	1 per consulting room + 1 for maternity + 1 for outreach	5
Stretcher, folding type	1 per HC	3
Suction pump, electric	1 per HC with electricity	4
Suction pump, foot operated	1 per HC without electricity	4
Suturing set	1 for HAHC OPD + 1 for HAHC wards	5
Thermometer jar	1 per consulting room + 1 per ward	3
Thermometer, digital	1 per consulting room + 1 per ward	5
Thermometer, mercury type	1 per consulting room + 1 per ward	5
Timer, 60 min	1 per HC	5
Torch, medical, pen-sized	2 per HC	5
Trolley, medicine	1 per HC	5
Urinal, male	1 per 4 beds	3
Vaginal speculum, large	2 per HC	4
Vaginal speculum, medium	5 per HC	5
Vaginal speculum, small	1 per HC	3
Wall clock	1 for OPD and 1 for maternity	3
Waste bin with lid	1 per consulting room + 1 per ward	3
Weighing scale, adult	1 per consulting room	5
Weighing scale, infant, beam type	1 for OPD + 1 for maternity ward	5
Weighing trousers	1 set of 5 per salter scale (because they are sold this way)	5
<i>1.2 Pharmacy equipment</i>		
20 ml medicine cup	2 per HC	3
Drug cabinet, lockable	1 per HC	4
Refrigerator, domestic	1 per HC	5
Tablet counting tray	1 per HC	3
<i>1.3 Cold chain equipment</i>		
Refrigerator for vaccines	1 per HC	5
Vaccine cold box	2	5
<i>1.4. Environmental health equipment</i>		
Bucket for mixing chemicals	3 per HC	5
Food and water sample box	1 per HC	5
Lovibond Comparator	1 per HC	3
Measuring jar	3 per HC	5

Meat inspection kit	2 per HC	4
Personal Protective Equipment	2 per HC	5
Rodent control apparatus	1 per HC	3
Squirt gun	2 per HC	3
Tape measure	2 per HC	5
Vector control sprayer	1 per HC	5
Water level meter	1 per HC	5
<i>1.5 Miscellaneous</i>		
Camping equipment set	2 per Rural HAHC	2
Fire extinguisher	1 per designated area	2
Hurricane lamp	1 per ward	1
2. OPD and Casualty		
<i>2.1. Hospital equipment</i>		
Stretcher, folding type	1 per ambulance/patient transporting vehicle	4
Wheelchair	2	3
<i>2.2 Office furniture and medical equipment for screening and consultation rooms (nurses, clinical officers, doctors)</i>		
Ambu bag for adults (resuscitator)	1 at casualty and 1 at OPD	5
Ambu bag for children (resuscitator)	1 at casualty and 1 at OPD	5
Bedside screen	1 per consulting room	4
BP machine, adult	1 per consulting room	5
BP machine, child	1 per consulting room	5
Chair for consulting staff	1 per consulting room	5
Chair for patient	2 per consulting room	5
Chart, vision-testing, Snellen type	1 per consulting room	3
Desk for consulting staff	1 per consulting room	5
Diagnostic set (otoscope and ophthalmoscope)	1 per consulting room	5
Drip stand	1 at casualty and 1 at OPD	5
Ear syringe	1 per consulting room	3
Equipment Cabinet	1 per consulting room	3
Examination couch without leg holders	1 per consulting room	5
Examination couch, gynaecological	1 per consulting room	5
Examination light	1 per consulting room	4
Medicine trolley	1 at casualty and 1 at OPD	5
Patella hammer	1 per consulting room	3
Salter scale	1 per consulting room	5
Stethoscope, binaural	1 per consulting room	5
Stethoscope, foetal, Pinard	1 for entire OPD	5
Suction pump, electric	1 for entire OPD with electricity	4
Suction pump, foot-operated	1 for entire OPD without electricity	4
Thermometer Jar	1 per consulting room	3
Thermometer, digital	1 per consulting room	5
Thermometer, mercury type	1 per consulting room	5
Torch, medical, pen-sized	1 per consulting room	5
Vaginal speculum, large	1 per consulting room	4
Vaginal speculum, medium	3 per consulting room	5
Vaginal speculum, small	1 per consulting room	3
Waste bin with lid	1 per consulting room	3
Weighing scale, adult	1 per consulting room	5
Weighing trousers	1 set of 5 per salter scale (because they are sold this way)	5

2.3 Medical equipment for dressing and injection rooms		
Autoclave, electric, small	1 for entire OPD with electricity	5
Autoclave, non-electric, small (39 litres)	1 for entire OPD without electricity	5
Bowl, lotion, large	1 for entire OPD	4
Bowl, lotion, medium	1 for entire OPD	5
Bowl, lotion, small	1 for entire OPD	3
Drainage set	3 per OPD (one in use, one being sterilised, one spare)	5
Dressing set	3 per OPD (one in use, one being sterilised, one spare)	5
Indicator, TST control spot	1 for entire OPD	5
Instrument tray, medium	1 per consulting/treatment room	5
Sterilising drum, small	1 for entire OPD	5
Suturing set	3 per OPD (one in use, one being sterilised, one spare)	5
Timer, 60 min	1 for entire OPD	5
2.4 Medical equipment for observation ward		
Bed pan	1 per 4 beds	4
Bedside cabinet, hospital model	1 per bed	3
Bedside screen	1 per 4 beds	4
Drip stand	1 per 4 beds	5
Hospital bed net, treated	1 per observation bed	3
Hospital bed cradle	1 per 4 beds	3
Hospital bed, hospital model, two-sectioned, with mattress	1 or 2 beds in prototype L1H Elsewhere depending upon space	5
Over-bed table	1 per bed	4
Oxygen concentrator	1 for the observation ward	4
Sputum mug	1 per 5 beds	3
Suction pump, electric	1 for the observation ward at observation wards with electricity	4
Suction pump, foot operated	1 for the observation ward	4
Urinal, male	1 per 4 beds	4
3. All wards, except maternity ward		
3.1. Nursing stations		
Chair	4 per nursing station	3
Cupboard, lockable	1 per nursing station	3
Desk	1 per nursing station	3 OR 2
Equipment cabinet	1 per nursing station	3 OR 2
Waste bin with lid	1 per nursing station	
3.2 Wards		
Autoclave, electric, small	1 per ward	4
Bed pan	1 per 4 beds	4
Bedside cabinet, hospital model	1 per bed	3
Bedside screen	1 per 4 beds	4
Bowl, lotion, large	2 per ward	4
Bowl, lotion, medium	3 per ward	5
Bowl, lotion, small	2 per ward	3
BP machine, adult	2 per ward	5
BP machine, child	1 per paediatric ward	5
Diagnostic set (otoscope, ophthalmoscope)	2 for all wards together	5
Dressing set	2 per ward (or 3: including one spare set)	5
Dressing tray, medium	1 per ward	4
Dressing trolley	1 per ward	4

Drip stand	1 per 4 beds	5
Glucometer	1 per ward	5
Hospital bed back rest	1 per 4 hospital beds without head section (HP/HC model)	3 OR 2
Hospital bed net, treated	1 per hospital bed	3
Hospital bed cradle	1 per 5 beds	3 OR 2
Hospital bed elevator	1 per 4 beds	3 OR 2
Hospital bed, hospital model, two-sectioned, with mattress	no official guidelines anymore	5
Indicator, TST control spot	1 set per ward	4
Infant cot	2 per paediatric ward	3
Infant cot bed net, treated	1 per infant cot	3
Instrument tray, large	1 per ward	3
Instrument tray, medium	1 per ward	4
Over-bed table	1 per bed	4
Oxygen concentrator	1 for paediatric ward	4
Oxygen cylinder	1 for paediatric ward	5
Rapid Diagnostic Test kits for malaria	1 per ward	5
Salter scale	1 per paediatric ward	5
Sputum mug	1 per 5 beds	4
Sterilising drum, small	1 per ward	3
Stethoscope, binaural	2 per ward	5
Suction pump, electric	1 for all wards together (hospitals with electricity)	5
Suction pump, foot operated	1 for all wards together	5
Thermometer jar	1 per ward	3
Thermometer, digital	5 per ward	5
Timer, 60 min	1 per ward	4
Traction frame	1 per 20 beds, excluding maternity beds	3 OR 2
Trolley, medicine	1 per ward	5
Urinal, male	1 per 4 beds	4
Weighing scale, adult	1 per adult ward, excluding surgery	4
Weighing trousers	5 per scale/ward	5
3.3. Miscellaneous		
Fire extinguisher	1 per ward	2
Heater, electric	1 per ward	1
4. Equipment for labour ward/maternity		
4.1 Sister' office		
Chair for consulting staff	2	4
Chair for patient	2	4
Cupboard, lockable	1	4
Desk for consulting staff	1	4
Waste bin with lid	1	3
4.2 First stage room		
Bedside screen	2	4
CT machine	1	5
Examination couch, gynaecological	1	5
Examination light	1	5
Foetal heart detector	1	5
Footstool, one-step	1	4
RPR rotator	1	5
Stethoscope, foetal, Pinard	2	5

<i>4.3 Delivery room</i>		
Bedside screen	2	4
Cabinet, instrument	1	3
Delivery bed	2	5
Drip stand	1	5
Footstool, one-step	1	4
Instrument trolley	2	5
Kick-about bowl	2	5
Neonatal incubator	2	4
Operating stool, revolving	2	4
Resuscitaire	1	5
Set, vaginal delivery /episiotomy	5	5
Suction pump, electric	1	5
Suction pump, foot-operated	1	5
Vacuum aspirator, manual, kit (MVA)	5	5
Vacuum extractor, electrical	2	5
Vacuum extractor, manual	1	4
Wall clock	1	4
Weighing scale, infant, beam type	1	5
<i>4.4 For recovery room</i>		
Bed pan	1 per 2 beds	4
Bedside cabinet, hospital model	1 per bed	3
Bed-side screen	1	4
Drip stand	1	5
Hospital bed, hospital model, two-sectioned, with mattress	2	5
Infant cot with mattress	1 per bed	4
Over-bed table	1 per bed	4
<i>4.5 For postnatal ward</i>		
Bed pan	1 per 2 beds	4
Bed net, long lasting insecticide treated, for hospital bed	1 per bed	5
Bed net, long lasting insecticide treated, for hospital cot	1 per cot	4
Bed-side cabinet, hospital model	1 per bed	3
Bed-side screen	1 per 5 beds	4
Drip stand	1 per 4 beds; 1 per ward in the prototype of L1H	5
Hospital bed, hospital model, two-sectioned, with mattress	depends, prototype L1H: 10 beds	5
Infant cot with mattress	1 for 4 beds	4
Over-bed table	1 per bed	4
Oxygen concentrator	1	5
Oxygen cylinder	4	5
Phototherapy Unit	1	not rated
<i>4.6 Equipment for use in various parts of maternity ward</i>		
Autoclave, electric, medium	1 per ward	4
Bowl, lotion, large	2 per ward	4
Bowl, lotion, medium	2 per ward	5
Bowl, lotion, small	2 per ward	3
BP machine, adult	2 per ward	5
Dressing set	2 per ward	5
Dressing tray, medium	1 per ward	4
Dressing trolley	1 per ward	4
Glucometer	1	3
Indicator, TST control spot	depends on consumption	5
Instrument tray, large	1 per ward	3
Instrument tray, medium	1 per ward	4
Medicine trolley	1 per ward	5

Rapid Diagnostic Test kits for malaria	not done by group	5
Sterilising drum, medium	1 per ward	4
Sterilising drum, small	1 per ward	3
Stethoscope, binaural	2 per ward	5
Thermometer jar	1 per 5 beds	2
Thermometer, digital	1 per 5 beds	5
Timer, 60 min	1 per ward	5
Vaginal speculum, large	2	4
Vaginal speculum, medium	2	5
Vaginal speculum, small	2	3
Weighing scale, infant, beam type	1	4
5. Operating theatre (the operating unit may consist of one or more operating theatres)		
<i>5.1. Operating theatre equipment</i>		
Ambu bag for adults (resuscitator)	1 per operating unit	5
Ambu bag for children (resuscitator)	1 per operating unit	5
Anaesthetic machine	2 per operating unit	5
Bowl, lotion, large	3 per operating table	4
BP machine, adult	2 per operating unit	5
Bucket, stainless steel with cover	4 per operating table	3
Cabinet, dangerous drugs	1 per operating theatre	3
Cabinet, instrument	1 per operating theatre	3
Coagulation Unit	1 per operating unit	4
Defibrillator	1 per hospital	5
Dressing tray, large	4 per operating theatre	5
Dressing tray, medium	6 per operating theatre	4
Dressing tray, small	6 per operating theatre	4
Dressing trolley	1 per operating theatre	5
Drip stand	2 per operating table	5
Ear syringe	1 for all wards (to be kept in minor theatre)	3
Footstool, one-step	2 per operating table	3
Instrument tray, large	8 per operating unit	5
Instrument trolley	1 per operating table	5
Kick-about bowl	3 per operating table	4
Laryngoscope set	5 per hospital	5
Mayo table	2 per operating table	5
Neonatal resuscitaire	1 per hospital operating unit	5
Operating stools, revolving	3 per operating table	4
Operating table	2 per hospital	5
Operating-room light, fixed, ceiling mounted	1 per operating theatre	5
Operating-room light, portable, with stand	2 per hospital	4
Oxygen concentrator	2 per operating unit	3
Oxygen cylinder	4 per operating unit	3
Patient trolley	2 per operating unit	5
Pulse oximeter, separate	not done by group	5
Recovery bed	1 per operating theatre	2
Stand, single bowl	2 per operating table	2
Stethoscope, binaural	2 per hospital operating unit	5
Suction pump, electric	3 (one for surgeon, two for anaesthetist)	5
Ventilator	1 per operating theatre	5
Vital signs monitor, portable	2 per theatre	5
Wall clock	1 per operating theatre	5
X-Ray film viewing box (negatoscope)	1 per operating theatre	3

5.2 Theatre instrument sets		
Set, amputation	2	5
Set, bilateral tubal ligation	3 or 5	3
Set, caesarean section	4 or 10	5
Set, decapitation	1	3
Set, dilatation and curettage Set (D+C set)	3 or 10	5
Set, fractures	1	5
Set, general	6	5
Set, laparotomy	3 or 4	5
Set, minor surgery	3	5
5.3 Sterilisation equipment		
Autoclave, electric, 400 litres	1 per operating theatre	5
Bed pan washer	1 per ward	
Sterilising drum, large	2 per operating unit	5
Sterilising drum, medium	2 per operating unit	5
Ultrasonic cleaner	1 per operating theatre	3
6. Dental unit		
Bench top autoclave	1	2
Dental amalgamator	1	2
Dental chair	1	2
Dental compressor	1	2
Dental film processor or developer	1	2
Dental instrument cabinet	1	1
Dental instrument set	1	2
Dental Instrument tray	2	2
Dental light	1	2
Dental light curing unit	1	2
Dental treatment trolley	1	1
Dental treatment unit	1	2
Dental x-ray unit	1	2
Dentist stool	1	2
Ultrasonic dental scaler	1	2
7. Pharmacy Equipment		
20 ml medicine cup	?	3
Drug cabinet, lockable	1	4
Graduated glass measure	?	2
Mixer	1	2
Mortar and pestle	2	2
Pharmacy balance	1	2
Pharmacy heavy duty trolley	1	2
Pharmacy refrigerator	1	5
Tablet and capsule counter	1	2
Tablet counting tray	1	2
Vaccine refrigerator	1	5
Water distiller	1	2
Water filter	?	2
8. Medical Laboratory Equipment		
8.1. Furniture for medical laboratory		
Stool for laboratory worker	1 per laboratory staff, minimum 2	4
Chair for laboratory worker (admin. duties)	1	3
Table for laboratory worker (admin. duties)	1	3

8.2. Laboratory equipment		
Anaerobic jar	3	5
Analytical balance	1	5
Autoclave for laboratory, medium	1	5
Blood bank refrigerator	1	5
Bunsen burner	1	5
CD4 counting machine	1	5
Centrifuge, medium	1	5
Chemistry analyser	1	5
Differential counter	1	4
Flammable liquid cabinet	1	3
Haematology analyser	1	5
Hot air oven	1	4
Hot plate, controlled temperature	not done by group	5
Incubator for laboratory, medium	1	5
Microhaematocrit centrifuge	1	5
Microscope, binocular	2	5
pH meter	1	3
Refrigerator/freezer for laboratory	2	4
Roller/mixer	1	5
RPR rotator	1	5
Spirit lamp	2	5
Timer	2	5
Vortex for CD4 counting	not done by group	5
Water bath	1	3
Water distiller	1	4
8.3 Miscellaneous		
Cool box for sample referral	1	2
Fire extinguisher	1	2
First aid box	1	2
Voltage stabiliser/UPS on all electric equipment	1 for each electric device	5
Wall clock	1	2
9. Equipment for Medical Imaging Department		
Dryer for manual film processor	1	5
Electrolyte Silver Recovery Kit	1	2
Examination couch	not done by group	not rated
Film hanger (set of five sizes)	4	5
Film processor, automatic	1	4
Film processor, manual	1	5
Lead apron	1 for patient, 1 for staff	5
Lead gloves	1 pair	5
Lead shield or screen, protective	1	5
Marker, actinic	1	5
Safety light holder, darkroom	2	2
Set for HSG	not done by group	not rated
Ultrasound scanner with printer	1	4
X-ray film stationery grid	1	5
X-Ray film viewing box (negatoscope)	1	5
X-Ray loading bench (Film hopper)	1	5
X-ray unit, fixed	1	5
X-ray unit, mobile	1	3

10. Kitchen		
Bain Marie	1	1
Boiling pot	2	2
Cooking pot of 10 litres	1	2
Cooking pot of 20 litres	1	2
Cooking pot of 40 litres	1	2
Fire extinguisher	1	2
Food trolley, basic	1	1
Freezer, domestic, chest model	1	2
Heated Bain Marie Trolley	1	1
Preparation table	2	2
Refrigerator, domestic		2
Stove, domestic, gas (back up)	1	1
Stove, industrial	1	2
Weighing scale , 0-120 kg	1	1
11. Laundry department		
Ironer, industrial	1	2
Laundry press	1	1
Laundry trolley	4	1
Sewing machine	1	1
Trolley, clean linen	1	2
Tumble dryer	1	2
Washer extractor	2	2
Water heater	1	1
12. Mortuary		
Autopsy saw	1	2
Autopsy scale	1	1
Autopsy set	1	2
Autopsy table	1	2
Body tray	not done by group	not rated
Bowl stand	not done by group	1
Mortuary fridge/unit (4 trays)	1	2
Mortuary trolley	1	2
Organ table	1	2
Waste bag trolley, cart	1	1

Annex 9: List of Cost Item Codes for Budget Preparation

Account Type	Sub-Head	Sub-head title
2	1	Personal emoluments
2	2	Use of goods and services
2	3	Consumption of fixed capital
2	4	Financial charges
2	5	Social Benefits
2	6	Grants and other payments
2	7	Subsidies
2	8	Legal costs
2	9	Constitutional and Statutory Expenditure
3	1	Non-financial assets

Account Type	Sub Head	Item	Item Title
2	1	1	Salaries
2	1	2	Wages
2	1	3	Allowances
2	1	4	Personnel related costs
2	2	1	Office costs
2	2	2	Buildings, repair and maintenance costs
2	2	3	Plant, machinery, vehicle running and maintenance Costs
2	2	4	Other administrative operating costs
2	2	5	Requisites
2	2	6	Services
2	2	7	Travel expenses
2	2	8	Training
2	2	9	Legal costs
2	4	3	Other financial charges
2	5	1	Social Assistance Benefits
2	6	1	Grants to grant-aided institutions
2	6	2	Grants to non-governmental organizations
2	6	3	Grants to households
2	6	4	Grants to Institutional Revolving Funds
2	6	5	Other grants
2	6	6	Transfers to Government units

2	6	7	Other payments
2	8	1	Legal expenses
3	1	1	Fixed assets

Account Type	Sub-Head	Item	Sub-Item	Sub-Item Title
2	1	1	1	Salaries - Public Service
2	1	2	0	Wages
2	1	3	1	Flexible allowances
2	1	3	2	Fixed allowances
2	1	4	1	Housing costs
2	1	4	2	Statutory Contributions
2	2	1	0	Office costs
2	2	2	0	Building, repair and maintenance costs
2	2	3	0	Plant, machinery, vehicle running and maintenance costs
2	2	4	0	Other administrative operating costs
2	2	5	0	Requisites
2	2	6	0	Services
2	2	7	1	Travel expenses within Zambia
2	2	7	2	Travel expenses outside Zambia
2	2	8	1	Short term training and Staff Development within Zambia (<= 6 Months)
2	2	8	2	Short term training and Staff Development outside Zambia (<= 6 Months)
2	2	8	3	Long term training and Staff Development within Zambia (> 6 Months)
2	2	8	4	Long term training and Staff Development outside Zambia (> Months)
2	2	8	5	Registration and subscriptions (Professional Bodies)
2	2	8	6	Medical costs
2	2	8	7	Other costs
2	2	9	0	Legal costs
2	4	3	0	Other financial charges
2	5	1	0	Social Assistance Benefits
2	6	1	0	Grants to grant aided institutions
2	6	2	0	Grants to non-governmental organizations
2	6	3	0	Grants to households
2	6	4	0	Grants to Institutional Revolving Funds
2	6	5	0	Other grants
2	6	6	0	Transfers to Government Units

2	6	7	0	Other payments
2	8	1	0	Legal expenses
3	1	1	1	Buildings and structures
3	1	1	2	Plant, machinery and equipment
3	1	1	3	Office equipment
3	1	1	5	Other assets
3	1	1	7	Vehicles and motor cycles
3	1	1	8	Specialized vehicles
3	1	1	9	Intangible fixed assets

Account Type	Sub-Head	Item	Sub-Item	Sub-Sub Item	Account Name
2	1	1	1	10	Super scale
2	1	1	1	20	Salaries Div. I
2	1	1	1	30	Salaries Div. II
2	1	1	1	40	Salaries Div. III
2	1	1	1	50	Contractual salaries
2	1	1	1	60	Salaries-locally engaged staff
2	1	2	0	10	Wages Classified Employees
2	1	3	1	10	Retention Allowance
2	1	3	1	20	Special Education Allowance
2	1	3	1	30	Rural Hardship Allowance
2	1	3	1	40	Extra Duty Allowance
2	1	3	1	50	Local Supplementation Allowance
2	1	3	2	1	Cash in Lieu of Leave Div. I
2	1	3	2	3	Cash in Lieu of Leave Div. II
2	1	3	2	5	Cash in Lieu of Leave Div. III
2	1	3	2	7	Cash in Lieu of Leave Teaching Service
2	1	3	2	9	Cash in Lieu of Leave Classified Employees
2	1	3	2	11	Commutated Night Duty Allowance
2	1	3	2	13	Overtime Div. II
2	1	3	2	15	Overtime Div. III
2	1	3	2	17	Overtime Classified Employees
2	1	3	2	19	Commutated Overtime
2	1	3	2	27	Responsibility Allowance
2	1	3	2	29	Instructor's Allowance

Annexes

2	1	3	2	33	Shift Allowance
2	1	3	2	47	Long Service Bonus
2	1	3	2	49	Travelling on Leave
2	1	3	2	59	On Call Allowance
2	1	3	2	67	Transport Allowance
2	1	3	2	69	Risk Allowance
2	1	3	2	71	Housing Allowance
2	1	3	2	75	Contract Gratuity
2	1	3	2	79	Education Allowance
2	1	3	2	83	Extra Accreditation Allowance
2	1	3	2	99	Other allowances
2	1	4	1	60	House rentals
2	2	1	0	10	Office material
2	2	1	0	20	Phone, Fax, Telex, Radio (charges and maintenance)
2	2	1	0	30	Internet charges
2	2	1	0	40	Postal charges
2	2	1	0	50	Computer and peripheral costs
2	2	1	0	60	Maintenance of office equipment
2	2	1	0	70	Machine spare parts
2	2	1	0	80	Data processing services
2	2	1	0	90	Books, magazines, newspapers, documentation
2	2	1	0	95	Insurance
2	2	2	0	10	Rentals for buildings
2	2	2	0	20	Water and sanitation charges
2	2	2	0	30	Electricity charges
2	2	2	0	40	Building maintenance (maintenance, consumables)
2	2	2	0	50	Office furniture and fittings (maintenance)
2	2	2	0	60	Insurance for buildings
2	2	2	0	70	Security and Caretaking Charges
2	2	3	0	10	Petrol, oil and lubricants
2	2	3	0	20	Servicing (other consumables)
2	2	3	0	30	Spare parts
2	2	3	0	40	Tyres
2	2	3	0	50	Repairs
2	2	3	0	60	Insurance

2	2	3	0	70	Licenses and taxes
2	2	3	0	99	Other costs
2	2	4	0	10	Provisions
2	2	4	0	30	Meal Allowance
2	2	4	0	40	Uniform Allowance
2	2	4	0	50	Repatriation Allowance
2	2	4	0	60	Boards and Committees allowances
2	2	4	0	99	Other costs
2	2	5	0	1	Hand tools and equipment
2	2	5	0	3	Dental material
2	2	5	0	5	Protective wear, clothing and uniforms
2	2	5	0	8	Blood Bank materials
2	2	5	0	10	Drugs, vaccines
2	2	5	0	13	Drugs for HIV and AIDS
2	2	5	0	15	Medical supplies (except drugs and vaccines)
2	2	5	0	18	Surgery materials
2	2	5	0	20	X-ray materials
2	2	5	0	23	Material and appliances for the sick
2	2	5	0	29	Insecticides
2	2	5	0	33	Veterinary material
2	2	5	0	38	Survey and Mapping
2	2	5	0	40	School requisites
2	2	5	0	43	Laboratory material
2	2	5	0	45	Medical stationery
2	2	5	0	48	Water treatment chemicals
2	2	5	0	99	Other purchases
2	2	6	0	1	Consultancy, studies, fees, Technical Assistance
2	2	6	0	3	Audit fees
2	2	6	0	4	Accounts and audit Services expenses
2	2	6	0	5	Printing
2	2	6	0	8	Advertisement and publicity
2	2	6	0	10	Technical equipment repair and maintenance
2	2	6	0	13	Transportation
2	2	6	0	18	Official entertainment
2	2	6	0	20	Public functions and ceremonies

2	2	6	0	23	Shows and exhibits
2	2	6	0	30	Accommodation
2	2	6	0	33	Expenses of Boards and Committees
2	2	6	0	35	Hire of motor vehicles
2	2	6	0	40	Insurance - technical equipment
2	2	6	0	45	Cultural promotion
2	2	6	0	48	Census and Statistical Survey expenses
2	2	6	0	50	Population and communication
2	2	6	0	53	Welfare and recreation
2	2	6	0	58	Research and feasibility studies
2	2	6	0	60	Labour Day Expenses and Awards
2	2	6	0	63	Hire of plant and equipment
2	2	6	0	73	Medical fees/charges
2	2	6	0	75	Medical fees/charges abroad
2	2	6	0	78	Conferences, seminars and workshops
2	2	6	0	83	Bank charges
2	2	6	0	99	Other services
2	2	7	1	10	Road, rail and air fares
2	2	7	1	20	Accommodation charges
2	2	7	1	30	Allowances
2	2	7	1	40	Kilometre Allowance
2	2	7	1	50	Petrol, oil and lubricant
2	2	7	1	60	Airport charges
2	2	7	2	10	Road, rail and air fares
2	2	7	2	20	Accommodation charges
2	2	7	2	30	Allowances
2	2	7	2	40	Kilometre Allowance
2	2	7	2	50	Petrol, oil and lubricants
2	2	7	2	60	Airport charges
2	2	7	2	70	Visas
2	2	8	1	10	Training Allowances
2	2	8	1	20	Training and Education Charges
2	2	8	1	30	Workshops, seminars and conferences
2	2	8	1	40	Road, rail and air fares
2	2	8	1	50	Other expenses

2	2	8	2	10	Training Allowances
2	2	8	2	20	Training and Education Charges
2	2	8	2	30	Workshops, seminars and conferences
2	2	8	2	40	Road, rail and air fares
2	2	8	2	50	Other expenses
2	2	8	3	10	Training Allowances
2	2	8	3	20	Training and Education Charges
2	2	8	3	40	Bursary Awards
2	2	8	3	50	Road, rail and air fares
2	2	8	3	60	Other expenses
2	2	8	4	10	Training Allowances
2	2	8	4	20	Training and Education Charges
2	2	8	4	30	Bursary Awards
2	2	8	4	40	Road, rail and air fares
2	2	8	4	50	Other expenses
2	2	8	5	10	Registration
2	2	8	5	20	Subscriptions
2	2	8	6	10	Medical charges within Zambia
2	2	8	6	20	Medical charges outside Zambia
2	2	8	7	10	Other expenses
2	2	9	0	10	Compensations and Awards
2	2	9	0	50	Legal fees
2	4	3	0	10	Contractual penalties
2	5	1	0	30	Social Assistance Benefits
2	5	1	0	99	Other Social Benefits
2	6	1	0	10	Grants to government agencies
2	6	1	0	20	Grants to local authorities
2	6	3	0	20	Scholarships
2	6	2	0	10	Grants to non-governmental organizations
2	6	3	0	50	Medical treatment outside Zambia (non-employees)
2	6	4	0	10	Grants to Institutional Revolving Funds
2	6	5	0	10	Other grants
2	6	6	0	10	Funding to Government Units
2	6	7	0	10	Contributions to international organizations
2	8	1	0	10	Compensations and Awards

2	8	1	0	30	Retrenchee claims
2	8	1	0	40	Penalties (court cases)
3	1	1	1	1	Residential buildings
3	1	1	1	2	Office buildings
3	1	1	1	3	Fixtures and fittings
3	1	1	1	5	Colleges
3	1	1	1	7	Hospitals, Clinics and Health Centres
3	1	1	2	3	Air conditioning equipment
3	1	1	2	4	Elevators
3	1	1	2	5	Electrical and electronic equipment
3	1	1	2	6	Medical equipment
3	1	1	2	7	Laboratory and scientific equipment
3	1	1	2	10	Marine equipment
3	1	1	2	12	Solar equipment
3	1	1	2	99	Other machinery and equipment
3	1	1	3	1	Computers, peripherals, equipment
3	1	1	3	2	Communication equipment
3	1	1	3	3	Telephone, Fax, Telex, Radio
3	1	1	3	4	Refrigerator, TV, VCR, cameras, air conditioners
3	1	1	3	99	Other office equipment
3	1	1	5	1	Office furniture
3	1	1	5	2	Residential furniture
3	1	1	5	3	School furniture
3	1	1	5	4	Hospital furniture
3	1	1	7	1	Bicycles
3	1	1	7	2	Motor Cycles =125cc
3	1	1	7	3	Motor Cycles = 125cc
3	1	1	7	4	Motor Vehicles = 3,500kg
3	1	1	7	5	Motor Vehicles over 3,500 Kg = 16,000Kg
3	1	1	7	6	Heavy Duty Vehicles = 16,000Kg
3	1	1	8	1	Ambulances

Annex 11: Costing Sheets

Annex 11A: Guidelines

Cat.	Description	Instruction
A	Institution	Ministry of Health
B	Department	Enter Department name, e.g. Public Health or Northern Province
C	Unit Name	Enter unit name e.g. Malaria Control Centre or Kasama
G	Programme	Enter programme provided for that particular level
K	Activity Name	Enter one particular activity for the programme selected in C
R	Location	List the sub-activities under that activity
S	Inputs:	
S1	Funding Source	Enter the code of the source of funding for that particular cost item from the list of funding sources
S2	Funding Type	Enter Grant
S3 – S8	Account type, Subhead Code, Subhead Description, Item Code, Item Description, Sub-item Code, Sub-item Description, sub- sub item code & description	Make reference to guidelines to the use of ABB codes
S9	Unit Cost	Price of each item for the total requirement
S10	Quantity	Number of units required
S11	Total	Product of F9 and F10
Year 2007 and 2008 - Repeat steps F9 to F11		
More Cost Items: Repeat steps F6 to 12 for the other cost items required		
Repeat steps F6 to 12 for the other cost items required		

Annex 11B: Activity Sheet

**MINISTRY OF HEALTH
MEDIUM TERM EXPENDITURE FRAMEWORK 20-- to 20--**

A. Institution: MINISTRY OF HEALTH

A. Department: _____

B. Unit: _____

D. Cost Centre _____

E. Objective Code _____ F. Objective _____

G. Programme: _____

H. Output Code _____ I. Output _____ J. Target _____

K. Activity name: _____ L. ABB Activity Code _____

O. Responsible Officer _____ P. Approving Officer _____

Q. Description

R. Sub-Activities

1. Sub-Activity	Level	
2. Sub-Activity	Level	
3. Sub-Activity	Level	
4. Sub-Activity	Level	
5. Sub-Activity	Level	

Annex 11C: Activity Sheet (continued)

**MINISTRY OF HEALTH
MEDIUM TERM EXPENDITURE FRAMEWORK 2008 - 2010
Sub Activity - Costing Sheet**

K. Activity

R. Sub-Activity

S. Inputs

S1	S2	S3	S4	S5	S6	S7	S8	S9	S10	S11	S12	S13	S14
Funding Source: (GRZ, EB)	Funding Type (GRZ, Loan or Grant)	Account type	Subhead	Item	Sub item	Sub-sub item	Item Description	Unit Cost	Quantity	No. of days	Total	Internal Funding (Yes/No)	Funds Available (Yes/No)
Sub activity Total													

Annex 12: List of Reviewers

No.	Name	Sex	Position	Station
1.	Reuben Banda	M	Acting Chief Accountant	Nchanga North General Hospital, Chingola
2.	Dr. Joseph C. Bwalya	M	Executive Director	Nchanga North General Hospital, Chingola
3.	Kelvin Matamwandi	M	Accountant	Livingstone General Hospital, Livingstone
4.	Dr. Robert Fubisha	M	Acting Executive Director	Livingstone General Hospital, Livingstone
5.	Dr. Kennedy Lishimpi	M	Executive Director	Cancer Diseases Hospital, Lusaka
6.	Peter Kapepe	M	Health Information Officer	Livingstone General Hospital, Livingstone
7.	Vide M. Mugwagwa	F	Acting Nursing Officer	Monze Mission Hospital
8.	Dr. John Y. Mvula	M	Acting Executive Director	Monze Mission Hospital
9.	Gift Muyombo	M	Health Information Officer	University Teaching Hospital
10.	Charles C. Chipalo	M	Chief Accountant	University Teaching Hospital
11.	Vivian Njekwa	F	Data Associate	Ministry of Health - PHO, Livingstone
12.	Mukuka Chanda	M	Data Management Specialist	Ministry of Health - PHO, Livingstone
13.	Steven S. Mtonga	M	Financial Specialist	Ministry of Health - HQ, Lusaka
14.	Killion Wanchete Ngoma	M	Health Planning and Costing Specialist	Ministry of Health - HQ, Lusaka
15.	Patrick Banda	M	Senior Planner	Ministry of Health - HQ, Lusaka
16.	Henry C. Kansembe	M	Chief Planner	Ministry of Health - HQ, Lusaka
17.	Emily Moonze	F	Health Services Planning Specialist	Health Services and Systems Programme, Lusaka
18.	Patrick M. Chewe	M	Monitoring and Evaluation Specialist	Health Services and Systems Programme, Lusaka