



# ZISSP SUPPORT FOR THE ZAMBIAN MINISTRY OF HEALTH PLANNING PROCESS IN 2013:

*A REPORT OF THE PROCESS WITH RECOMMENDATIONS*

February 2014

This publication was produced for review by the United States Agency for International Development. It was prepared by the Zambia Integrated Systems Strengthening Program (ZISSP).



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## Acronyms

ABB	Activity-Based Budgeting
AIDS	Acquired Immune Deficiency Syndrome
DMO	District Medical Office
HIV	Human Immuno-deficiency Virus
PHO	Provincial Health Office
MCDMCH	Ministry of Community Development, Mother and Child Health
MOH	Ministry of Health
ZISSP	Zambia Integrated Systems Strengthening Program

## **1.0 Introduction**

The Zambia Integrated Systems Strengthening Program (ZISSP) has provided technical support to the Ministry of Health (MOH) for the annual planning processes in 2011, 2012 and 2013 with support from the United States Agency for International Development. The annual planning process support is part of a wider systems-strengthening process aligned with the project's mandate and the Zambia National Health Strategic Plan 2011-2015. Support to the MOH annual planning process aims to improve the quality of action plans and budgeting in provinces and districts through adequate planning for key health interventions, namely: malaria, HIV and AIDS, and maternal, newborn and child health. The planning support also aims to ensure efficient and effective use of the available resources for implementing health interventions.

### **1.1 Background**

As in past years, the MOH provided leadership in the annual work planning process. The process began at national level through the development of technical updates that were based on the previous year's performance and included new emerging issues.

In 2013, the government realigned the MOH, transferring district medical offices (DMOs) to the new Ministry of Community Development, Mother and Child Health (MCDMCH), while leaving major hospitals, training institutions and statutory boards under MOH. As a result of this shift, ZISSP's support in 2013 focused on strengthening the collaboration between MOH and MCDMCH in the planning process.

Specific focus was placed on district-level planning processes to ensure the gains made in previous years were not lost as a result of realignment. District-level planning support also helped smooth the transition process of DMOs to the MCDMCH. Working with both ministries ensured a coordinated process for undertaking the 2013 annual planning process and also provided a learning environment for the MCDMCH.

## **2.0 Progress of Activities in 2013**

### **2.1 Development of the *Step-by-Step Guide to Planning***

As part of systems strengthening efforts in planning, ZISSP provided technical and financial support to MOH in 2013 to develop a seven-page manual called the *Step-by-Step Guide to Planning*. The *Step-by-Step Guide to Planning* is a summary of the current planning handbooks and is intended to be used side-by-side with the planning handbooks. This manual will assist MOH program officers to review program performance, to set priority health programs for the 2014-2016 Medium Term Expenditure Framework (MTEF), and to draft technical planning updates for the coming year.

The *Step-by-Step Guide to Planning*, disseminated electronically, was well-received at national, provincial, district and hospital levels, based on verbal feedback from government officials. In 2013, the guide was used alongside the Statistical Bulletins (developed in 2012 with ZISSP support) during the development of provincial, district and hospital action plans for 2014-16 medium-term plans.

## 2.2 Technical Support to the National Planning Launch

Initially, ZISSP was unclear about what approach would be used to launch the 2013 Annual Planning process due to the realignment of the MOH and MCDMCH. To address the situation, ZISSP collaborated with both ministries to find an appropriate strategy. The two ministries agreed to launch together, and therefore ZISSP provided financial and logistical support for both ministries to work together.

The MOH and MCDMCH developed annual planning updates for 2014, which were later presented on schedule during the Annual Planning launch meetings at national, provincial and district levels. In addition, ZISSP technical teams worked with program officers from MOH headquarters and MCDMCH to assist with the development of technical planning updates for key health interventions (e.g., maternal and child health, malaria, HIV and AIDS, nutrition and other priority health programs).

This collaborative effort resulted in a joint launch of the 2013 Annual Planning process in June 2013 in Lusaka's Mulungushi Conference Center, which was attended and graced by the Permanent Secretaries from the two ministries. The activity also marked the official handover of districts from MOH to MCDMCH. More than 200 program managers from the national and provincial levels and representatives from major hospitals, training institutions and statutory boards attended the two-day meeting.

As compared to previous years' launches, the 2013 national Annual Planning launch saw an increase in participation and contribution by partners. This interest could be attributed to the realignment of ministries, as partners wanted to better understand how both ministries would manage the health system and implement activities without duplicating efforts.

## 2.3 Support to the Provincial Planning Process

At provincial level, ZISSP assisted Provincial Health Offices (PHOs) to hold two- to three-day pre-planning launch meetings in all ten provinces. At these meetings, provinces reviewed their performance from the previous year in key health interventions (e.g., malaria, HIV and AIDS, maternal and child health, and nutrition) using the Health Management Information Systems (HMIS) indicators and provincial action plans for 2012 and 2013. A total of 195 provincial level program officers (130 males, 65 females) were oriented to the *Step-by-Step Guide to Planning*, which served as a reference tool along with the 2012 Provincial Statistical Bulletins.

Using these tools, PHOs adapted the national updates to reflect provincial-level performance in readiness for the launch to their districts. The tools also enabled the PHOs to set priorities for the coming year. ZISSP program officers worked in collaboration with the MOH and MCDMCH counterparts to provide on-site guidance during the development and review of the district and hospital annual plans.

ZISSP assisted MCDMCH to be part of the planners' training courses that were undertaken country-wide prior to the national and provincial planning meetings. These courses initiated orientation of senior MCDMCH officers to the MOH planning process, a necessary step to prepare them to assume the oversight of the planning, implementation, and monitoring and evaluation processes in the districts. Those trained included officers from the Directorate of Planning and Information, all the ZISSP Management Specialists and new planners from selected districts. The training was mainly

supported by MOH, although ZISSP provided financial assistance to these officers to participate. The training targeted officers who were not trained in the 2012 planners' course.

## 2.4 Support to the District Planning Process

In earlier years, ZISSP provided support for Annual Planning at national and provincial levels. However, to support the smooth realignment of ministries, ZISSP provided technical and financial support to the 27 target districts in 2013. ZISSP supported two-and-a-half-day pre-planning meetings in districts to prepare for the Annual Planning process. As part of these meetings, 151 district program officers (120 males, 31 females) were oriented to the *Step-by-Step Guide to Planning*. The guide and the 2012 Provincial Statistical Bulletins guided program officers in the process for reviewing the performance of districts in various areas in the past year.

The pre-planning meetings and the step-by-step guide were well-received by district program officers. Officers expressed that they felt that this was how planning should be approached because it enabled districts to assess their performance and understand the reasoning behind the planning launch meetings.

District planners felt that preparatory meetings had assisted them to speed up the process of planning and adequately prepared them to facilitate and guide the planning exercise with their health institutions in an effective way. The Director of Planning and Information from MCDMCH participated in the pre-planning meeting for Senanga, Kalabo, Lukulu, Shang'ombo and the Mulobezi Districts in Western Province. The director appreciated the support received from ZISSP. He mentioned that this also provided him an opportunity to understand the concept of bottom-up planning.

New innovations in the planning process were used in different provinces. For example, Luangwa and Chongwe Districts (which co-funded both the pre-planning and the review meetings) included hospital and health center staff from the onset. Holding combined meetings (as opposed to separate meetings as per the current planning guidelines) assisted the districts to speed up the process of planning and reduced the cost of undertaking separate meetings for districts and health centers. In Copperbelt Province, districts were paired from the onset of planning to work together and review each other's plans, ensuring that plans were ready for national and provincial review. This assisted Copperbelt Province to complete and sign off on their plans during the review meeting.

## 3.0 Achievements

- Working with both ministries ensured a coordinated process for undertaking the 2013 Annual Planning process and also provided a learning environment for MCDMCH.
- The *Step-by-Step Guide to Planning* was developed, disseminated electronically, and used by program officers to review their previous years' plan and to set priorities for 2014-2016 implementation periods.



“This pre planning exercise is very important because it sets a focus in the planning process. Other districts should be encouraged to come together and hold the pre planning meeting so that when they go back it will be easier for them to develop their plans,” explained Simmy Chapula Director – Department of Planning and Information, MCDMCH

- Nine Provincial Medical Offices and the 27 ZISSP target districts received technical and financial support to hold pre-planning launch meetings to adequately prepare for the planning meetings with their institutions.
- ZISSP provided orientation in the *Step-by-Step Guide to Planning* to 195 Provincial Program Officers and 151 staff from District Community Medical Offices, who used the tool to guide their planning process.
- Working with both ministries to review the annual plans, the districts and hospitals were able to finalize their plans on time and these were later submitted to MOH and MCDMCH headquarters for further action and onward submission to the Ministry of Finance and National Planning for funding consideration.

## 4.0 Challenges

- **Re-alignment of MOH and MCDMCH:** ZISSP was initially unclear on how the Ministries would share responsibilities related to planning.
- **Delays caused by the creation of new districts:**
  - Provinces with several newly-created districts were not able to prepare most action plans for review by the onset of the provincial review meetings (due to delays from the new districts). Action plans were still being merged or developed at the time of the review.
  - Some new districts did not have key staff. In these cases, the “parent” districts<sup>1</sup> were expected to develop the plans on behalf of those districts. This delayed completion of action plan development in that district and consequently, that province.
  - Information about the planning process for newly-created districts was delivered late (a week before the review meetings). This complicated the finalization of plans, especially where a “parent” district had to develop two to three action plans for the new districts that they were responsible for assisting.
- **Review team performance:** Some review teams placed higher concentration on completing the tables in the templates (which standardize planning formats), rather than making efforts to check performance of indicators on service delivery components. In other words, they focused on entering and documenting details, rather than on analysis of the information to use as evidence in creating plans.
- **Use of the Activity-based Budgeting (ABB) database:** Working with the ABB database has remained a major challenge, particularly for new planners and accountants at provincial and district level who did not have the opportunity for orientation to the database (either because trained people were transferred or new districts had untrained staff). As a result, the process is solely managed by central-level core teams.

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<sup>1</sup> A “parent” district is the original district that existed before it was divided in two or three. The “parent” district, therefore, housed the district government offices, while the “child” district was newly created and had new staff (or in some cases, new staff had not yet reported) and was in the process of setting up new offices

## 5.0 Recommendations

- MOH and MCDMCH should consider developing a strategy for launching the 2014 Annual Planning process. MOH and MCDMCH should consider other ways to launch annual planning, focusing more on provincial and district level planning as opposed to holding a national launch.
- National-level MOH and MCDMCH should provide planning process information in advance to the districts to avoid delayed completion of action planning processes.
- MCDMCH should finalize the placement of key staff in all newly-created districts and provide an induction program in planning and budgeting for them.
- MCDMCH could consider adopting some of the new innovations from district-level planning (Lusaka and Copperbelt), which worked well and assisted in the timely completion of district action plans.
- Print and disseminate the *Step-by-Step Guide to Planning* to provinces and districts so that it becomes one of the required documents for planning.
- Orient (train) planners and accountants in the ABB database.