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ZAMBIA INTEGRATED SYSTEMS STRENGTHENING PROGRAM HEALTH PLANNING DOCUMENTATION STUDY

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DISCLAIMER

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Contents

Acronyms	v
Acknowledgements	vi
Executive Summary.....	1
1. Background and Study Purpose	4
1.1 Health Planning Introduction	4
1.2 The Health Planning Process in Zambia	4
1.3 ZISSP's Support to Health Planning	6
1.4 Study Purpose	7
2. Methodology	8
2.1 Study Methods	8
2.2 Data Collection Tools	8
2.3 Study Sample	8
2.4 Data Collection and Analysis	9
2.5 Study Limitations	10
3. Key Findings.....	11
3.1 Theme 1: ZISSP Involvement in Health Planning/Use of Planning Tools	11
3.2 Theme 2: Leadership and Governance	14
3.3 Theme 3: Bottom-up Approach and Community Engagement	15
3.4 Theme 4: Resource Allocation (Financial and Human Resources for Health).....	17
3.5 Theme 5: Gender.....	18
4. Discussion.....	21
5. Conclusion and Recommendations.....	22
Annex A. Reference Documents	23
Annex B. Data Collection Tools.....	25
Tool 1	25
Tool 2	26
Tool 3	27
Tool 4	28
Tool 5	29
Tool 6	30
Tool 7	31
Tool 8	32
Tool 9	33
Tool 10	34

ACRONYMS

HCAC	Health Center Advisory Committee
HIV/AIDS	Human Immunodeficiency Syndrome/ Acquired Immunodeficiency Syndrome
MCDMCH	Ministry of Community Development Mother and Child Health
MBB	Marginal Budgeting for Bottlenecks
MOH	Ministry of Health
MTEF	Mid-Term Expenditure Framework
NHC	Neighborhood Health Committee
NHSP	National Health Strategic Plan
PMO	Provincial Medical Officer
SMAGS	Safe Motherhood Advisory Groups
ZISSP	Zambia Integrated Systems Strengthening Program
ZMLA	Zambia Management and Leadership Academy

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EXECUTIVE SUMMARY

Background: According to the National Health Strategic Plan (NHSP), which is based on the key priorities and development objectives from the National Development Plan, Zambia's health vision is "to provide equitable access to cost-effective, quality health care services as close to the family as possible". Each year the Ministry of Health (MOH) and the Ministry of Community Development, Mother and Child Health (MCDMCH) in Zambia coordinate an annual planning process, whereby institutions at each implementation level in the public health system develop Annual Action Plans and Activity Based Budgets to translate the priorities and goals of the NHSP into specific implementation steps for the year. Neighborhood Health Committees (NHCs), health centers, hospitals, district health offices, provincial health offices, statutory boards, and the MOH and MCDMCH all produce Action Plans and budgets to address the health challenges specific to their catchment areas. The Government employs both "bottom-up" and "top-down" planning approaches to include community needs in facility and district action plans and to develop plans in-line with strategic and policy directions from the central level. Once the plans are finalized, the Ministry of Finance releases funds, through the respective ministries, to health institutions under a three-year medium-term expenditure framework (MTEF).

In 2010, Abt Associates initiated the Zambia Integrated Systems Strengthening Program (ZISSP) on behalf of the United States Agency for International Development (USAID). Since inception, ZISSP has supported the MOH and the MCDMCH to improve health outcomes through improved health system management and increased utilization of high-impact health services. In line with the NHSP, ZISSP has provided technical and financial support to the annual planning process, as part of broader systems strengthening efforts, as follows:

- **National level.** ZISSP staff worked with government counterparts to build capacity in health planning, develop and produce various planning tools for all levels (national, provincial, district, and community), including the Zambia Management and Leadership Academy (ZMLA) curriculum, and provided guidance during health sector plan consolidation.
- **Provincial and district levels.** The ZISSP team, together with their government counterparts, participated in and provided onsite technical support during the development and final review of action plans for the provincial health offices, district health offices, hospitals, and other health institutions (statutory boards, training institutions). During this process, ZISSP staff worked in partnership with government officials to ensure that provincial and district action plans were developed according to national guidelines and that the final product reflected community level inputs.
- **Community level.** ZISSP assisted the MOH to develop a simplified guide for community planning and trained NHCs in all 27 ZISSP target districts. This community level support enhanced the government's bottom-up approach to health planning.

Study Purpose: The purpose of this health planning documentation study is to: a) capture the perception of government regarding ZISSP's support to the MOH and MCDMCH's planning processes at national and provincial levels, and in ZISSP target district and communities between 2011 and 2014; b) document key achievements, challenges, and lessons learned; c) provide recommendations to strengthen future health planning efforts by government officials and/or support from programs supporting the Government.

Methodology: The researchers reviewed MOH planning tools developed with ZISSP support and reports detailing ZISSP's technical support to the Ministry. They also used in-depth interviews and focus group discussions to collect qualitative data from public-sector stakeholders at the national, provincial, district, facility, and community levels. The team used a purposeful sample of three ZISSP target districts of Chongwe, Mansa, and Lundazi where ZISSP has invested significantly in terms of onsite coaching and mentoring for the planning and where the Government has introduced new interventions such as the "Saving Mothers Giving Life".

Key Findings: Key findings, detailed further in the body of the report, include:

Theme I: ZISSP Involvement /Use of Planning Tools

- Health planning tools developed, revised, and updated with ZISSP support are being utilized in the health planning processes and are perceived to have contributed to improved health planning processes overall.
- Revitalization of stakeholder collaboration and hosting regular meetings, supported by ZISSP, has enabled provinces to better-coordinate their planning processes and better-support the most under-served areas
- The Zambia Management and Leadership Academy (ZMLA) training was perceived as being very beneficial to the health planning process, and there is a strong desire for this training to be scaled-up so that more health officials can participate.
- There were some noted gaps in collaboration and communication between ZISSP and government field staff which could affect coordination and timely implementation of planned activities.

Theme 2: Leadership and Governance

- ZISSP's national- and provincial-level training, statistical analysis and management, policy development, and monitoring and evaluation support was greatly appreciated.
- The re-alignment of the MOH and the MCDMCH has created some challenges in relation to coordinating, monitoring and evaluating health planning due to unclear roles for the Provincial Medical Office, affecting lower level implementing structures.
- Assisting planners to improve data usage and to strengthen community involvement were viewed as positive contributions, which enhanced overall planning.
- Some newly employed managers at district level have not received orientation in the health sector planning process.

Theme 3: Bottom-up approach and community engagement in planning:

- Community participation in planning and implementation has greatly improved following ZISSP-supported trainings in planning at district-, health center-, and community-level.
- Planning tools that ZISSP supported the MOH and the MCDMCH to develop have been found useful and are being used in the planning process.
- ZISSP assisted the Government to build the capacity of community leaders, traditional leaders, community groups and other important community-level decision-makers in the community health planning process, to strengthen bottom-up planning.

Theme 4: Resource Allocation

- Staff shortages and attrition have continued to contribute to weak planning processes at district level.
- Erratic or fewer resources going to districts have contributed to reduced staff motivation and reduced implementation of health plans especially at health center and community level.

Theme 5: Gender

- ZISSP worked with the government to develop guidelines on gender mainstreaming in health. However, these guidelines have not yet been disseminated.
- Most respondents still exhibited a lack of understanding of the key gender issues and how gender mainstreaming can be applied in health planning.
- Respondents asked for more support to help program managers understand gender empowerment issues and suggested incorporating more 'gender'-related data through existing data management systems.

Conclusions:

- The government has appreciated ZISSP's support to simplify and strengthen community-level health planning, which is helping the government to realize the vision of the National Decentralization Plan.
- Study findings reveal a strong desire from the informants at all levels for continued partner support. The following areas were specifically identified:
 - further assistance to strengthen the health planning-related management and leadership capacity of health managers and clinical personnel
 - assistance to strengthen knowledge on issues of inclusivity and gender empowerment
 - continued partner collaboration with the government, in a transparent manner that allows for continuous sharing of information and feedback

- The various health planning tools that have been developed, revised and updated were being used for planning and well appreciated by various levels.

Recommendations: Eight recommendations emerged from the study. Government and/or future partners supporting the government should aim to:

- Scale-up and continue to train health managers, including clinical personnel, on management and leadership.
- Partners urged to share financial commitments and planned activities for the year and the previous year's expenditures to enable districts to understand the type of support they are likely to receive from their partners for implementation of priority health programs.
- Advocate for increased community-level funding from the government, for Action Plan implementation.
- Support the government, through training and mentoring, to emphasize gender empowerment and inclusivity of vulnerable populations and their needs in the planning process.
- Ensure that future projects involved in health planning and implementation maintain high standards of accountability and work collaboratively with their government counterparts.
- Continue to support the government to revise and update health planning and resource tracking tools, to ensure they remain up-to-date and reflect changes in government policies and processes.
- Provide assistance to strengthen the knowledge and skills required of district level and health facility officials during the health planning process.
- Translate community planning tools in local languages to enhance understanding and ensure active participation of communities in planning.

I. BACKGROUND AND STUDY PURPOSE

I.1 HEALTH PLANNING INTRODUCTION

According to the National Health Strategic Plan (NHSP) Zambia's health vision is "to provide equitable access to cost-effective, quality health care services as close to the family as possible". Zambia's strategy to achieve this vision emphasizes an integrated approach to the delivery of cost-effective interventions that address the majority of health problems affecting the Zambian population. By decentralizing and integrating services, and shifting the emphasis of resource allocation, decision-making and planning to health center and community level, the Government expects that costs will be contained and accessibility and quality of care will improve.

Consistent with this vision, the Government has placed great emphasis on the role of the districts in delivering the Zambian health care package. Therefore, thoughtful planning and budgeting for these services is essential to make health care delivery possible and sustainable (MOH, *Planning Handbook for District Health Teams*, 2009).

Each year, the Government expects that all health institutions¹ will produce action plans and budgets that show what they will do to address the health challenges in their own catchment areas.

I.2 THE HEALTH PLANNING PROCESS IN ZAMBIA

Policy Framework. The NHSP is based on the key priorities and development objectives detailed in the National Development Plan. Together, the NHSP and the National Development Plan define the broad public sector goals and policy framework for health interventions. The key government documents relevant to the health planning process are identified and explained in Table I.

In 2003, the Government switched the public sector planning process from an annual planning process to a Medium-Term Expenditure Framework (MTEF) based on three-year rolling plans. (MOH, *MOH-HQ/Provincial and Headquarters Planning handbook, second Edition, 2011*). Under this arrangement, the public sector as a whole, including the health sector, adjusted their planning processes to meet the MTEF requirements, whose objectives are to: a) ensure efficient management of public resources, b) develop and maintain fiscal discipline in planning and management of public resources, c) ensure commitment to budget priorities at national and sector levels, d) improve accountability for national resources, e) increase predictability of resources, and f) improve the procurement system.

Roles and Responsibilities. Before 2012, the MOH was responsible for leading and coordinating the health planning process. However, in 2012 the Government realigned the MOH and transferred responsibility for primary health care functions to the newly formed MCDMCH. This change left responsibility for policy formulation, infrastructure development, drugs and medical supplies, and secondary and tertiary services (among other responsibilities) to the MOH. Currently the MOH and MCDMCH guide the government's health planning process together. The two ministries, through their provincial health offices, oversee and coordinate the planning processes in districts, hospitals and other health institutions each year (MOH, *MOH Headquarters/Provincial Planning Handbook, 2011*).

The Ministry of Finance provides each ministry with three-year budget ceilings and, using resource allocation criteria, allocates funds to districts, hospitals and other health institutions. This pre-defined ceiling enables health institutions to develop budgeted plans within the available resource envelope (MOH, *Planning Handbook for District Health Teams- 5th Edition, 2009*)

Table I. Overview of the key government documents relevant to the health planning process

¹ The health institutions required to submit health plans are the Neighborhood Health Committees, health centers, hospitals, district health offices, province health offices, statutory boards, and the Ministry of Health and Ministry of Community Development, Mother and Child Health.

The Planning Approach. The MOH and MCDMCH promote a “bottom-up” approach to planning which encourages community participation in the planning process. The rationale for this approach is that communities are best placed to understand their own health problems and can best identify how to address those problems. Through bottom-up health planning, the government encourages community participation in the planning process and inclusion of community needs in facility and district action plans. Using the bottom-up approach, planners aggregate plans upward, from the community to the national level.

However, the MOH and MCDMCH also use a “top-down” approach to provide strategic direction and funding for health programs, as depicted in Figure I. The MOH and MCDMCH use the top-down approach to verify that interventions included in the annual provincial, district, and health facility (which includes the community component) plans are responsive to the goals and objectives defined in the NHSP.

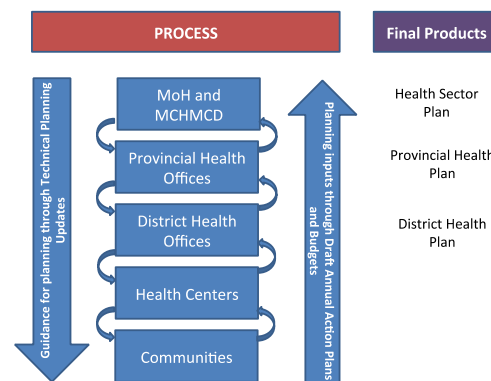
Each year the MOH and MCDMCH review their national performance indicators to check progress towards achievement of these goals and objectives. Based on their findings, the central level ministries then prepare Technical Planning Updates—which provide performance updates using HMIS indicators and technical and financial guidance to the institutions developing Annual Action Plans—that they share with Provincial Medical Officers (PMOs) through a National Planning Launch. The PMOs also receive three year budget estimates for implementation of their health interventions. Following the National Planning Launch, Provincial Health Offices review their provincial-level performance data and adapt the Technical Planning Updates to reflect the situation at their level. They then share the technical and financial updates with the health institutions feeding-into the Provincial Health Plan (i.e. districts, hospitals, training institutions and local non-governmental organizations supporting government efforts).

Similarly, Districts then review their district level performance indicators and this helps them to prioritize district-level health interventions in line with the national level guidelines and strategies. The districts then launch their planning process with their relevant health institutions (health centers, district hospitals, local non-governmental organizations, and other local partners) through a District Launch Meeting. During the district launch meetings, the District Medical Officers share performance data and lead a discussion to determine district-wide objectives based on performance level and to take into account any new or emerging issues from national level.

By the time the districts hold their launches, the health centers will have already had planning meetings with their community representatives through Health Center Advisory Committee (HCAC) meetings, and will have agreed on priority community interventions they would like to focus on in the following year. Health facilities

Document	Purpose
National Decentralization Plan	Provides Framework for the National Decentralization Policy. The Plan decentralizes responsibilities for resource allocation, decision-making, and planning to the sub-national levels.
Medium-Term Expenditure Framework (MTEF)	Framework to ensure efficient allocation and management of public resource and improve accountability of national resources. Adopting this framework shifted budgeting within the public sector from a one-year budget to a three-year budgeting framework.
National Development Plan	Defines key health priorities and development objectives for the country.
National Health Strategic Plan (NHSP)	Provides the policy framework for all development interventions and broad goals for the public health sector.
Annual Action Plans and Activity Based Budgets	Documents developed by each institution at the central, provincial, district, facility and community levels.
Technical Planning Updates and other documents (Sector Advisory Group reports, Annual Reports, Statistical Bulletins, Performance Assessment and Technical Support Supervision Reports, etc.)	Documents produced by the MoH, the Provincial Health Offices, and the District Health Offices to provide technical and financial guidance to the institutions feeding into their Annual Action Plans.

Figure I. Depiction of the Zambian health planning process



use information from the District Medical Officer and the HCAC to develop annual action plans which identify the community activities that require funding from the district and the community activities which will need to be implemented using the community budget. The health facilities give these plans to the District Health Office to produce an overall District Action Plan, which incorporates health center action plans and reflects activities being supported by both government and local implementing partners. A combined team of central and provincial technical experts review the consolidated District Action Plans and, once approved, submit the plans to the MCDMCH and MOH through Provincial Medical Officers. The MCDMCH and MOH consolidate all the District Action Plans into the overall Health Sector Plan for funding consideration.

1.3 ZISSP'S SUPPORT TO HEALTH PLANNING

The Zambia Integrated Systems Strengthening Program (ZISSP) is a four and half-year USAID project, implemented by Abt Associates, that will come to an end in December 2014. ZISSP's goal is to support the government's efforts to improve the health status of the Zambian people. USAID designed the program to build upon previous health systems improvements supported by the predecessor USAID project, the Health Services and Systems Program (2004-2010). The main objective of ZISSP is to increase utilization of public health interventions at the district and community levels, through a health systems strengthening approach, in the interlinked areas of HIV/AIDS, malaria, family planning, nutrition, and maternal, newborn, and child health.

The Health Services and Systems Program assisted the MOH to develop planning tools and frameworks aimed at improving quality of planning in the health sector and to standardize planning across different planning levels in the health system. However, despite these programming efforts, in 2010 the following health planning capacity gaps:

- The MOH adopted the use of Marginal Budgeting for Bottlenecks (MBB) and MTEF concepts in 2006, however, in 2010 the MOH had not yet standardized the planning process across the health system.
- As at 2010, only the district and health center and hospital planning tools had been aligned to the MBB and MTEF concepts, while the tools for statutory boards, and training institutions had not yet been revised.
- The MOH had not yet created guidelines specific to provincial level planning, so Provincial Health Offices were relying heavily on formats provided by the national level, and these did not link well with the district level planning guidelines and tools.
- Health Center, Health Post and Community Planning Guidelines did not include adequate guidance on how to engage communities in planning, which was determined to be essential to strengthening the bottom-up approach.
- As a result of MOH restructuring, the government had hired new officers at the provincial and district health offices and in the hospitals that had not yet been oriented to the MOH planning process but needed to take over the planning roles.
- Many of the managers heading institutions and various health programs had not received management and leadership trainings, and were unfamiliar with many of the key skills for effective program management.

As summarized in Box 1, to address these identified gaps ZISSP worked with government counterparts to provide technical and financial support for planning at national, provincial and district level across the country, and at community level in the 27 ZISSP target districts. At national level, ZISSP staff worked with government counterparts to develop and produce various planning tools including the Zambia Management and Leadership Academy (ZMLA) training Package for all levels (national, provincial, district and community) as well as to consolidate the final Health Sector Plan. At provincial and district level, ZISSP staff, together with their MOH and MCDMCH counterparts, participated in and provided onsite technical coaching for 241 district staff during the development and final review of the provincial, district, hospital and other health institutions' (statutory boards, training institutions) action plans. This assistance helped to ensure adherence to the guidelines provided, and to ensure district action plans reflected community level needs. At community level, ZISSP supported the MOH to develop a simplified community planning guide, and 514 train Neighborhood Health Committees (NHCs) in 14 of the 27 ZISSP target districts to enhance the government's bottom-up approach to health planning.

Box 1. Key activities, conducted by ZISSP and government counterparts, to support the MOH and MCDMCH's health planning processes:

- Updated and revised national planning guidelines to standardize planning across all levels.
- Developed provincial planning guidelines to enhance linkages between provincial and district planning.
- Revised the community planning guideline to increase community participation in planning.
- Trained newly recruited planners at various levels to prepare them for their new role in the system.
- Introduced new innovations (e.g. pre-planning meetings to develop technical planning updates that are responsive to national strategies and plans, Zambia Management and Leadership Academy [ZMLA] program whose tools assist district officers to analyze and define health problems and possible solutions to identified problems). Under ZISSP, 767 program managers participated in the ZMLA training and mentoring.
- Improved data usage by developing provincial statistical bulletins which provided a summary of performance based on district-level health indicators.

I.4 STUDY PURPOSE

The purpose of this health planning documentation exercise is to better understand and document the perception of the government (at all levels) and key stakeholders of ZISSP's support to the MOH and MCDMCH planning processes. This report documents the key achievements, challenges, and lessons learned with regard to ZISSP's health planning support and offers recommendations for continued health planning assistance and activities.

2. METHODOLOGY

2.1 STUDY METHODS

The study team used a document review of the tools and interim reports related to ZISSP's health planning process support and stakeholder engagement to draw conclusions. (A list of reference documents is included as Annex A.) The study team used semi-structured, in-depth interviews and focus group discussions to collect qualitative data from eligible, preselected respondents, including individuals engaged in the health planning process for their health institutions in the past three years. The team spoke with a total of 69 individuals, as follows:

1. Seventeen in-depth interviews.
 - **National level:** Seven national level stakeholders from the MOH and the MCDMCH, including Directors of Planning, Monitoring and Evaluation and Mother Newborn and Child Health, the Chief Planner, and Accountants.
 - **Provincial level:** Four provincial level staff including a PMO, a Planner, an Accountant, and a Senior Health Information Officer.
 - **Facility level:** Six individuals from three health centers, including In-Charges and Environmental Health Technologists.
2. Three focus group discussions per selected district, for a total of nine focus group discussions. The study team grouped participants as follows:
 - **District level:** Participants from the District Community Medical Office, including District Medical Officer, Accountant, Health Information Officers, and Clinical Care Officers.
 - **Facility level:** Hospital teams, including Medical Superintendent, Hospital Planner, Hospital Information Officer and Hospital Accountant.
 - **Community level:** Members from the HCAC, including Chairperson, Member, and two other Community Representatives.

2.2 DATA COLLECTION TOOLS

The data collection tools consisted of a series of semi-structured interview guides, including general questions about the health planning process as well as specific themes meant to gather input from respondents about ZISSP's contributions and support to strengthen the planning process. The study team tailored questions in each interview guide to the role of the individual respondent in the health planning process. The ZISSP team designed the interview guides to allow the researchers to gain in-depth insights on respondents' perceptions of the impact of ZISSP's contribution to the planning process and their experience in planning and managing the planning process. (Copies of the in-depth interviews and focus group discussion questions are included as Annex B.) Specifically, the interview guides included questions to address the following planning related themes:

1. ZISSP involvement in the planning process and the use of the planning tools
2. Leadership and governance
3. Principles of the bottom-up approach (community engagement in planning)
4. Resource allocation
5. Gender

2.3 STUDY SAMPLE

The study team selected a purposeful sample of three districts (Chongwe, Mansa, and Lundazi), in Lusaka, Luapula, and Eastern provinces (Table I), representing urban, rural and semi-urban environments for this study. These specific districts were chosen because they are ZISSP target districts which have received onsite coaching and mentoring in health planning at both the district and community level and two of these (Mansa and Lundazi) are "Saving Mothers Giving Life" (SMGL) intervention sites. SMGL is a strategy adopted by different U.S. Government implementing partners to reduce maternal mortality by 50%. These partners are channeling extra resources to four districts with high maternal mortality ratios to pilot the use of the SMGL

approach. The study team selected two SMGL districts to compare the perceptions of stakeholders in those districts with stakeholders in non-SMGL districts, since the SMGL districts received extra resources and health planning and budgeting technical expertise.

The team purposefully sampled one hospital in each of the provinces where the districts are located, targeting one provincial hospital (Level 2), one district hospital (Level 1), and one privately owned Mission hospital to gauge whether their experiences varied by type of hospital.

Table 1: Sampled Study Sites

Level	Location	Targeted Respondents
Central	MOH & MCDMCH Headquarters	MOH 1. Dir. Planning 2. D/Dir. Monitoring and Evaluation 3. Chief Planner 4. Accountant MCDMCH 5. Dir. Planning & Information 6. Dir. Maternal, Neonatal and Child Health 7. Accountant
Province	Lusaka (Urban) Luapula (Rural) Eastern (Semi-urban)	1. PMO 2. Planner 3. Accountant 4. Clinical Care Specialist (Government) 5. Health Information Officer
Districts	Chongwe Mansa Lundazi	1. Medical Superintendent 2. Hospital Planner 3. Hospital. Health Information Officer 4. Accountant 5. Clinical Care Officer
Hospital	Mpanshya Mission hospital Mansa General Hospital Lundazi District Hospital	1. District Community Medical Officer 2. Planner 3. Accountant 4. District Health Information Officer 5. Clinical Care Officer
Health Centers, HCACs, and NHCs	Kanakantapa Health Center Senama Urban Health Center Nkhanga Rural Health Center	1. Health Center In-charge 2. Environmental Health Technologist 3. HCAC Chairperson and 2 NHC Members

2.4 DATA COLLECTION AND ANALYSIS

From July to August 2014, an independent consultant and an independent assistant data collector (the “researchers”) hired by ZISSP, engaged stakeholders at the central, provincial, district, health center, and community levels. Seconded, ZISSP Provincial Management Specialists in each province secured appointments for provincial, district and hospital interviews and ZISSP Community Health Coordinators assisted the team to schedule community focus groups.

The researchers collected data using semi-structured, in-depth interviews and focus group discussions. Both researchers participated in all interviews; one leading the interview, the other recording the responses. In addition, the researchers recorded all interviews after obtaining written informed consent.

The researchers analyzed the data manually using several analytic approaches:

- **Thematic analysis** looking for themes and patterns among data (verification).
- Grounded theory, wherein data is re-organized by **concepts and categories** until general theories can be established.
- **Narrative analysis**, which helps to identify narratives or stories, and explores how they differ between groups.

2.5 STUDY LIMITATIONS

It was not possible to set appointments with all respondents pre-selected for interviews. A few of the intended participants were not at their work stations when the researchers were in the field, either for personal reasons, study leave, or for other official duties. This led the researchers to select alternate interviewees. Researchers made every effort, however, to ensure that the alternatives were also individuals who were involved in and knowledgeable of the health planning process.

3. KEY FINDINGS

The key findings from this study are arranged according to the five main themes introduced in the methods section: 1. ZISSP involvement in the health planning process and the use of planning tools, 2. leadership and governance, 3. principles of the bottom-up approach, 4. resource allocation, and 5. gender.

For each theme, the researchers first explain the issue or the situation requiring ZISSP support, then they detail the kind of support ZISSP offered and, lastly, they note the key achievements and challenges reported by respondents. The findings are supported by several quotes from respondents at all levels (i.e. from national, provincial, district, facility and community) to highlight the variety of responses received.

3.1 THEME 1: ZISSP INVOLVEMENT IN HEALTH PLANNING/USE OF PLANNING TOOLS

Under this theme, the researchers sought to understand the perceptions of program officers at each level regarding the ZISSP-supported trainings, the tool-development assistance, and how this support may have influenced program managers' planning proficiency.

Situation Analysis: The MOH restructure necessitated hiring new program managers to lead planning at provincial, district and hospital levels. Most of the newly recruited program managers were not familiar with the health planning process.

ZISSP Support: ZISSP staff, working in partnership with MOH and MCDMCH officials, oriented 90 newly recruited planners from provinces, districts, and hospitals to their new roles in the health planning process. ZISSP also supported the MOH to revise and develop various planning tools for provinces and central level staff, district health centers, health posts, communities, hospitals, statutory boards, and training institutions. ZISSP also assisted the MOH to incorporate guidance on engaging communities in the health planning process into the health center tool and worked with MCDMCH to develop a simplified guide to community health planning.

Key Findings

National Level: Both MCDMCH and MOH respondents indicated that ZISSP has helped to improve the planning process at all levels, and officials highlighted that district-level planning support has been particularly helpful. Likewise, national level officials noted that ZISSP has provided technical, financial, and material support to institutions and lower-level structures at the community level. This support has allowed communities to engage directly in the planning process. With ZISSP support, 54 health centers in 14 districts covering 514 communities have learned to prepare Community Action Plans, and this has helped some communities' secure much-needed funds from the government to implement these plans.

"ZISSP has been so helpful to this process at all levels. E.g district-specific planning is helpful. It has provided technical, financial and material support to institutions and lower level structures at community. Communities have been given grants to implement community action plans." (MCDMCH Respondent, In-Depth Interview, August/September 2014)

National-level respondents also cited that the new planning responsibilities were a significant challenge for the MCDMCH after the realignment of the ministries. Respondents identified challenges in the planning process and in implementation of the plans, such as delayed disbursement of funds from government for operationalization of action plans and general service delivery.

"The health sector has been aligned with the community development and social welfare. There has been challenges in the planning and implementation processes such as erratic and delayed disbursement of funds for operationalization of action plans and general service delivery." (MCDMCH Respondent, In-Depth Interview, August/September 2014)

Respondents at the level of MOH headquarters and the Lusaka Provincial Health Office also cited challenges in synergizing the planning efforts between the two ministries.

Provincial Level: Provincial level respondents from all the three provinces indicated that ZISSP has constructively supported planning by providing and disseminating guidelines for planning at each level through the five planning handbooks. Respondents also indicated that ZISSP supported the health planning process technically and financially through capacity building programs and also supported community-based non-governmental organizations through the grants program, to help them develop and implement their action plans. In addition, Respondents also indicated that ZISSP had provided materials and funds to the Provincial Medical Office and District Medical Offices' orientation and planning launch activities from 2011-2014. New innovations, such as the ZMLA and partner meetings, were identified by Respondents as having reduced stress and duplication of effort among government staff and partners.

"ZISSP contributed and supported, among others, the health planning process and training for management staff in planning process, given grants to community-based [non-governmental organizations] to help in action plan development and to some extent implementing of the action plans" (Provincial Respondent, In-Depth Interview, August/September 2014)

In relation to stakeholder participation in the planning process, the study revealed that ZISSP is perceived as a catalyst in revitalizing stakeholder collaboration meetings at provincial and district levels. Respondents reported that following the revitalization of stakeholder collaboration meetings, stakeholder involvement increased and this has benefited the planning and implementation of health programming. Respondents also noted that various partner organizations now attend meetings, whereas before they operated in isolation and often in parallel.

"...before [stakeholders] operated on their own. We have stakeholder participation and provincial and partner meetings to review the progress and the planning and do planning launches. In Eastern Province we have a stakeholders' meetings to see each other's role and spearhead and see what happens in the districts. To see who is where to avoid duplication and see what has been done" (District Respondent, In-Depth Interview, August 2014)

The stakeholder meetings provide an opportunity for PMOs and District Medical Officers to identify which partners are doing what and in what areas. As a result of these regular meetings with partners, supported by ZISSP, the province is increasingly able to advise partners to operate in the areas that are under-served. In addition, these stakeholder meetings have also influenced the provinces to recognize the value of working in partnership with the various stakeholders. Respondents noted that in the past there was a lot of duplication of activities; however some respondents claim that now the provinces are receiving more information about where different partners are operating (e.g. communication on where one partner set-up a Safe Motherhood Action Group led another partner to redirect its Safe Motherhood Action Group resources to another area).

Respondents from Eastern Province also commended ZISSP for the stakeholder collaboration system that it has left in place, which they feel will be sustained by the PMO.

"ZISSP has left a system that much of every institution desires to have and this is a resource that PMO will maintain forever and continue to improve upon"- (Eastern Province, Provincial Medical Office Respondent, In-Depth Interview, August/September 2014)

Study respondents also commended the ZISSP-supported training in MBB concepts and Activity Based Budgeting. Respondents specifically identified the problem-identification and bottleneck analysis as having added value to the planning process. In addition, the newly introduced ZISSP innovation of holding Pre-Planning Meetings, and the ZMLA trainings helped provinces and districts to become more focussed and strategic in their planning approaches.

"We now get ready for the planning process with the template forms from ZISSP. We have pre-planning meetings now, which are big. These meetings never happened before. So the planning process has improved ... ZISSP sponsored [trainings] taught about data collection, and taught how to identify problems. ZISSP provided technical support. There are quarterly-basis reports to support us. They gave the ZMLA training and training in planning skills and to see results, and capacity building. Now we do better planning and timely, timely submission of plans. We have more knowledge and capacity now." (Provincial Respondent, In-Depth Interview, August/September 2014)

District Level: At district level, respondents remarked on how ZISSP has contributed to building the capacity of community members, so that communities can now meaningfully participate in health planning. This view was particularly prevalent in Luapula Province, it was fairly well represented in Lusaka/Chongwe, and less represented in Eastern province. However, it was generally cited that ZISSP, or agencies outsourced by ZISSP,

(in the case of Luapula province a local non-governmental organization used “Groups Focused Consultations”), has trained community members and has provided transport, logistics support, and tools (i.e. the manuals for the community and trainings). The ZISSP support for the pre-planning meetings prior to district planning launches, and training offered to community groups, such as the Safe Motherhood Action Groups (which are involved in community planning) was widely recognized and applauded by several respondents.

“ZISSP[has contributed to training] NHC members, capacity building them in various areas including SMAGs which has really relieved the health center from daily heavy workload, orientation workshops to planning process, sponsors the launch at health center and community level with logistics and technical and financial assistance” (Rural Health Center Respondent, In- Depth Interview, August 2014)

District hospital respondents also disclosed that ZISSP collaborated with the district hospitals to support the identification and analysis of problems, and conducted capacity-building activities to develop hospital and district officials’ skills in planning. As a result, respondents noted significant improvements in the planning process, and one district hospital stated that now the planning process is communicated to all departments (within the hospital), and all units have to provide an Action Plan. They also enthusiastically noted that they now have individual work-plans that go from the individual to the department, and that all nurses now come to the Nurse In-Charge to discuss the work plan. They further explained that there is now a meeting every morning at all units in line with the planning and implementation of the programs, as well as clinical meetings to strengthen information sharing on diseases and objectives of the action planning. Respondents recognized these improvements as positive steps towards enhancing their planning and, ultimately, their health service delivery system.

Respondents from Lundazi District commended ZISSP support to planning, which contributed to the district being voted as best performing district in planning by the PMO. The district was able to showcase their award.

“Due to ZISSP support in various management and systems strengthening activities, Lundazi has been voted the best district in terms of planning and implementation of action plans”. (Lundazi District Respondent, In- Depth Interview, August/September 2014)

Health Center Level: At rural and urban health centers, Nurse In-Charges reported attending MOH workshops, supported by ZISSP, during which the action planning process was launched and that, unlike in the past, now the HCACs, who are part of NHCs, were routinely involved as part of the training. They recognized that ZISSP supported the MOH to further orient communities on how to develop Community Action Plans. One health center reported that after the support and training they received, the health center and the community now work “as a team in the community,” and the respondent noted that this is a “transformational change.” Another respondent also commented on how their appreciation for planning has improved:

“The NHC had [inadequate] skills until ZISSP came in. ZISSP explained what they expected from us. We worked at twelve health centers in Mansa with the NHC. We trained health center staff, the In-Charge, and NHCs for five days. We trained health staff in the community. We had meetings with [the District Medical Officer] and health center staff. Before they did not appreciate planning, now they do.” (Health Center Respondent, In-Depth Interview, August/September 2014)

Other Respondents positively recognized ZISSP guidance and training support. However, Respondents from the Eastern Provincial Health Office and district officials requested greater transparency and increased information sharing among ZISSP and other partners supporting government efforts, to avoid duplication of activities. This would assist government officials to comprehensively track expenditures, regardless of the source.

Respondents urged future programs to strengthen the partnership approach, to work hand-in-hand with the government officers at all levels, and to apply good communication principles and use feedback mechanisms. In Luapula Province, Respondents reported the existence of “good communication” between ZISSP and the Provincial Medical Office.

Summary of Theme 1 Findings

- Health planning tools developed, revised, and updated with ZISSP support are being utilized in the health planning processes and are perceived to have contributed to improved health planning processes overall.
- Revitalization of stakeholder collaboration and hosting regular meetings, supported by ZISSP, has enabled provinces to better-coordinate their planning processes and better-support the most under-served areas

- The ZMLA training was perceived as being very beneficial to the health planning process, and there is a strong desire for this training to be scaled-up so that more health officials can participate.
- There were some noted gaps in collaboration and communication between ZISSP and government field staff which could affect coordination and timely implementation of planned activities.

3.2 THEME 2: LEADERSHIP AND GOVERNANCE

Under this theme, the researchers sought to understand the perception in terms of the influence of ZISSP support in the area of leadership and governance from national, provincial, district, and community levels.

Situation Analysis: As of 2012, two ministries, the MOH and the MCDMCH, are responsible for the Government of Zambia’s health planning process. The MOH focuses on policy, secondary, and tertiary level health care functions, training institutions and statutory boards, as well as provincial-level health functions. MCDMCH is mandated to oversee primary health care at the district and community levels. However, without an established MCDMCH provincial structure, the Provincial Medical Offices under the MOH are mandated to provide oversight and leadership of governance structures under them in relation to planning, implementation, monitoring and evaluation of health programs.

ZISSP Support: Since 2010, before the realignment of MOH, ZISSP had already been working with districts, health centers, and community structures in 14 ZISSP target districts to strengthen the health planning systems at those levels. Realizing MCDMCH health planning challenges, during the 2012 and 2013 planning cycles, ZISSP extended their support and built the capacity of MCDMCH program managers to support health planning processes.

Key Findings

Several respondents, especially those working at the provincial level, noted that reporting to two ministries is somewhat challenging. Respondents cited issues in coordinating, monitoring and evaluating health planning due to unclear Provincial Medical Office mandates. This they said has affected even the lower level implementing structures.

“The aspect of coordination, monitoring and evaluation of planning has been affected by the restructuring of the two government ministries and this has even affected the lower level implementing structures. It is not clear as to which [ministry] the PMO falls under between MOH and MCDMCH though the two ministries seem to have agreed that the PMO continues to coordinate planning for both ministries”. (Provincial Level Respondent, In-Depth Interview, August/September 2014)

This means that although this realignment of the ministries serves a clear strategic purpose in the longer-term, the present duality of the relationship between the ministries is still a concern for many program officers involved in health planning.

Provincial level respondents in all three provinces indicated that ZISSP has provided support to strengthen leadership in health governance by contributing to and supporting national level trainings, helping with managing statistics (i.e. improving data usage), strengthening community planning and helping communities to identify health problems in their communities and in the health centers.

Both national and provincial level managers interviewed asserted that they fully understand the importance of planning and that their skills in health planning have improved with ZISSP support (e.g. improving data usage, understanding the value of community input to the planning process). However, some district respondents cited that some District Managers did not have adequate skills in the planning process, contributing to poor planning in those districts. For example, in one district it was widely reported that most people at the District Medical Office, especially those newly employed, did not appreciate or understand planning because they did not have orientation to planning before taking up their positions. Due to the lack of orientation in that district, one respondent noted *“Managers at the district don’t appreciate planning; planning is weak at the district. They don’t understand planning, despite the guidelines. Especially the newly employed have no knowledge about it and have had no training.”*

In addition to district planners not understanding the importance of planning, another challenge to health planning and implementation reported by respondents is the “erratic and unpredictable disbursement of funds.” Respondents repeatedly noted that community members sometimes feel “cheated” as they are

supposed to receive a minimum of 10% budget allocation from the district service grants for implementation of community interventions, but they claim they often do not receive these funds.

Another complaint by some respondents is that the budgeting and costing figures for planning set by the Ministry of Finance often differ from actual figures planned (or budgeted for) by the district. One reason cited for this discrepancy is the failure at the national level to appreciate the distances, seasonal factors, and infrastructural constraints involved in implementation at field level.

“...[District Medical Office] budgeted for 100% but was just given 60%. The funds have been disbursed in an erratic, delayed manner and activities have had to be cut off.”(Respondent, Focus Group Discussion Interview, August 2014)

Another challenge reported by respondents from nearly all health center level personnel interviewed was the poor planning for primary health care services. They reported that not enough attention is given to planning for preventive services, and that current planning focuses largely on curative services, with most of their budgets being spent on curative services. This could be due to heavy concentration towards the district level planning, with very little effort to health center level in the area of planning process. It could also be due to short time allocated to planning process and it comes as one of the challenges highlighted at district level.

“The government’s challenges to health planning is that the time allocated to planning process launch is too short”. (District Respondent, In-Depth Interview, August 2014)

Summary of Theme 2 Findings

- ZISSP’s national- and provincial-level training, statistical analysis and management, policy development, and monitoring and evaluation support was greatly appreciated.
- The re-alignment of the MOH and the MCDMCH has created some challenges in relation to coordinating, monitoring and evaluating health planning due to unclear roles for the Provincial Medical Office, affecting lower level implementing structures.
- Assisting planners to improve data usage and to strengthen community involvement were viewed as positive contributions, which enhanced overall planning.
- Some newly employed managers at district level have not received orientation in the health sector planning process.

3.3 THEME 3: BOTTOM-UP APPROACH AND COMMUNITY ENGAGEMENT

The researchers sought to understand how ZISSP support to strengthening the bottom-up approach to planning has influenced planning at community level from the perspective of national-, provincial-, district-, health center-, and community-level individuals involved in health planning.

Situation Analysis: The bottom-up approach aims to ensure that activities are being developed and included from the lower levels of the health system, while the top-down approach ensures that plans are developed in line with the NHSP goals and objectives. One of the key principles of the Zambian health reforms of the early 1990s, which has continued to date, is the promotion of the bottom-up approach to planning which encourages community participation in planning. The premise of this approach is that communities are best placed to understand their own health problems and how to best address them.

ZISSP Support: ZISSP support at the community level focused on assisting the government to strengthen the bottom-up approach to planning, which had been weakening in recent years. ZISSP sought to strengthen this approach in the 27 ZISSP target districts. Support included assisting the MOH and MCDMCH to develop tools for community level planning and to train communities through the NHC leadership.

Key Findings

At both the national and provincial level, respondents noted that there is a mixture of both top-down and bottom-up planning approaches being used, and that engaging in the bottom-up approach is sometimes challenging. However, respondents also noted that this is a slow process, there are many challenges to involving communities in the planning process, and that more work is still needed:

Some respondents indicated that planning is supposed to start from the community; however, this has been a problem.

“Planning is supposed to start from the community, but it often does not, and that is a problem. The realignment of the ministries was to involve the community, but this is still a challenge, because most people are illiterate, have little commitment, are not willing to participate. Implementation is also a problem; there is no funding. The review is also a challenge: there is a different format, when the quarter has elapsed, they have not yet looked back.”(Respondent, In-Depth Interview, August 2014)

Respondents commended ZISSP’s efforts to work within the existing structures (and not to create new systems), and to introduce innovations or strategies to improve the bottom-up approach.

“There is [a] bottom-up approach, but it still needs to be strengthened, it is still largely controlled from above. ZISSP has not created system, it was there, but ZISSP has supplemented the system. ZISSP did not give a new system, only strengthened it. Now we have preparatory planning meetings. Everyone is now involved. NHC were trained, also health center staff were trained in planning.” (National, Provincial Respondent, In-Depth Interview, August 2014)

Some respondents indicated that planning at national level had remained the same from the top-down and that, because of the top down approach and the limited time given to districts to launch planning to the health institutions, there has been no community participation to planning. One respondent indicated that because of the short time provided, community volunteers are just called and asked what their plans are without really being actually involved.

“National planning is still the same, because it is from the top down to the bottom. The [challenges] are at community level. There is no participation because it is top down. The time for the district to launch its plans is too short. Then the community based volunteers are called and asked; “What are your plans?” But how have they been involved in planning? Most communities do not plan and are not involved in planning.”
(Respondent, In-Depth Interview, August 2014)

In terms of whether there has been any progress to strengthen community involvement in planning in the past few years, district respondents indicated that there has been positive progress made over the past three years to enhance community involvement in the planning process. Several district-, health center-, and community-level respondents credited ZISSP for promoting the bottom-up approach and indicated that ZISSP crystallized this approach in planning, especially by enhancing community involvement and empowering community groups and individuals to become more engaged in planning. Respondents specifically indicated that engagement of key community leaders, including religious and other traditional leaders in the planning process, was one important improvement because they were able to discuss and identify problems together and agree on possible strategies to address identified problems.

“With community church leaders we discuss and identify problems and prioritize them and think of possible strategies, e.g. on malaria do regular slashing, and we make a budget and action plan. Then all the NHC chairs and secretaries meet to compile. Before compiling we look at how we can get funding from donors of [the Government of the Republic of Zambia]. Health center together with the community consolidate. Also the traditional leaders are involved. Then we make the action plan. We plan for [maximum] 3 years, now for 2012-1014. In the past the community was not involved, now they are.”

Other respondents described the improved collaborative efforts, and increased involvement and understanding of community groups in the community planning process:

“Generally there has been a great level of community participation and implementation in the whole health service delivery systems. Both government and down to grassroots have seen the need to appreciate each other’s input to health service delivery for healthy population. Community structures have been able to identify bottlenecks at all levels of planning and provided workable solutions within the budget indicative figures for each level of the health structures from community to the provincial. (Provincial Respondent, Focus Group Discussion, August 2014)

Some respondents from focus group discussions revealed that they learned how to develop community planning from their colleagues who had received training from ZISSP. Respondents also indicated that planning was now starting from the community level and that all community based volunteers and members of the NHCs worked together to develop a community plan which was presented to the health center by NHC members. Respondents felt that they had acquired some skills to plan and overcome problems.

“Planning now starts with the community. All community-based volunteers and NHC members together identify problem areas and then do a ranking in priority of problems. Each NHC brings a plan to the health center. We look for common problems and number them at the health center. We aggregate and compile the problems and then we plan. Previously there was no involvement of the community; the health center identified the problems (they thought we had). Now the community has the skills to plan and overcome problems, so there is community involvement now. Some community members had training by ZISSP and got privileged and briefed other members and myself. So I learned from them.” (Community Respondent, In-Depth Interview, August 2014)

In reference to the community planning tool that ZISSP supported the MOH and the MCDMCH to develop, health center and community respondents indicated that this was very helpful to improving community involvement in the planning process. One community in particular was able to articulate very clearly the type of techniques gained from the community planning tool, citing the “transect walk” and the creation of “bubble charts” as examples of methodologies it had used in planning. They explained how they had been trained on how to use the community planning tool, and went on to describe how the knowledge and use of these tools helped them to become actively engaged in the planning process.

“ Before the health staff used to assume and plan for the communities, but now communities are fully involved in the planning process with guidance from health centers and NHCs using planning tools.” (Luapula, Health Center Respondents August 2014)

Several respondents requested that ZISSP scale-up the trainings (e.g. use of the community planning tool) and translate the tools into the local language. ZISSP supported the MOH to develop and disseminate the training materials in the English language, however, most of the NHCs and community members are not conversant in English.

Summary of Theme 3 Findings

- Community participation in planning and implementation has greatly improved following ZISSP-supported trainings in planning at district-, health center-, and community-level.
- Planning tools that ZISSP supported the MOH and the MCDMCH to develop have been found useful and are being used in the planning process.
- ZISSP assisted the Government to build the capacity of community leaders, traditional leaders, community groups and other important community-level decision-makers in the community health planning process, to strengthen bottom-up planning.

3.4 THEME 4: RESOURCE ALLOCATION (FINANCIAL AND HUMAN RESOURCES FOR HEALTH)

Situation Analysis: Each District, upon receiving their budget estimates, is expected to calculate the actual amounts to be allocated to each cost center (District Medical Office, the district hospital, health centers, and community groups) using the MOH’s approved allocation formula (MOH, Action Planning Handbooks for District Health Teams, 2009). However, insufficient funding has continued to be a major challenge to health service provision in Zambia, which has led to a disconnect between planning and implementation. Planning teams often find themselves planning to patch gaps in service provision created by chronic underinvestment and paucity of resources; and resources provided are often not enough to fully-implement plans.

ZISSP Support: ZISSP collaborated with their government Provincial Financial Managers to assist district-, hospital-, and community-level program managers to cost activities based on the budget envelope provided during the annual planning meetings. ZISSP also supported the MOH and the MCDMCH to train provincial, district and hospital non-accountant managers in government approved financial management processes and procedures to increase their skills in budgeting and costing and in overall budget execution at those levels.

Key Findings

Respondents from the district level down to the community reported funding challenges for their health programs. Many of the respondents reported that the funding they were getting was not only erratic, but not according to what they had budgeted for.

“The money we get is not according to the planning so there is a lack of planning and implementation. Some programs are never put in place.” (District Respondent, In-Depth Interview, August 2014)

“Finances are inadequate and finances do not come on time, because it goes through all levels [and is cut from the top down] and is less and less by the time it gets down”. (Respondent, In-Depth Interview, August 2014)

In relation to Human Resources for Health, Respondents also cited erratic and unpredictable remittances of funds at the district level as a barrier affecting their ability to retain staff, as human resources become demotivated by lack of medical supplies, transport, and other incentives such as housing. Respondents also indicated there were staff shortages and noted that attrition led to non-implementation of planned activities in districts and health centers.

“ Staff shortage and attrition still a problem, revenue seems not to be adequate to address developmental needs including hospital.” (District Focus Group Discussions, August 2014)

Health Center respondents also indicated that funding going to the health center level was quite small and was not in line with what is usually budgeted for and that usually health centers received only 65% of the budget each year. In addition, respondents also indicated that staffing levels were also low and that NHCs were not working well.

“Funding (to the health center) is small compared to the need. There is limited time for planning, staff and equipment. Although the finance asked for was agreed to, we never get the money, never 100%, but usually 65% the next year. Management is not good. There is inadequate staff and NHCs are not working well.” (Respondent, In-Depth Interview, August 2014)

Community respondents also noted that insufficient funding contributed to non-implementation of community health interventions and was a demotivating factor to community participation and implementation of community activities.

“Funds sometimes go to the community, sometimes to the health center. So then the community doesn’t carry out what they want. The community has no control over it, for example they planned to have regular SMAG meetings, with refreshments, but sometimes there are no refreshments, so they don’t come to the meeting and they are inactive. Or they need spare parts of the bicycles, but there is no money because that went to the health center, so it is a “white elephant” Action Plan. This is a hindrance. There is inadequate funding in the districts, which results in lack of community participation. They need bikes, the health center needs drugs.” (Respondent, In-Depth Interview, August 2014)

The study also revealed some of the challenges facing communities in their environments, which have contributed to community failure to implement and to take part in community activities such as the lack of transport, proper sanitation and clean water, and mother’s shelter despite applying for extra funding from other government sources of funding.

“...we cannot implement because we don’t have transport,... we have no funding to implement.” (Community Focus Group Respondents, In-Depth Interview, August 2014)

Summary of Theme 4 Findings

- Staff shortages and attrition have continued to contribute to weak planning processes at district level.
- Erratic or fewer resources going to districts have contributed to reduced staff motivation and reduced implementation of health plans especially at health center and community level.

3.5 THEME 5: GENDER

The researchers sought the government’s perspective on ZISSP’s contribution to gender in health. However, the researchers recognized that since the MOH’s gender mainstreaming guidelines had only just been approved and had not been widely disseminated at the time of the study, that it was somewhat premature to note any significant changes with regard to addressing gender issues in health planning.

Situation Analysis: In Zambia, gender empowerment in the health planning processes and implementation of gender-mainstreaming activities at provincial level have traditionally proven to be challenging and relatively weak in the health sector. However, the MOH has taken some concrete actions and efforts to remedy this situation (MOH, *Addressing Gender-Based Constraints to Health Service Uptake*, 2014). For example, the research team, during their field visit, learned that in the Eastern Province, the PMO has constituted a gender taskforce for the purpose of mainstreaming gender into the health sector. The Eastern Province PMO has initiated trainings and the Ministry of Gender and Traditional Affairs is working with the PMO to ensure that a sound gender dimension is fully brought into health sector planning and implementation.

ZISSP Support: ZISSP has worked directly with the MOH to develop gender mainstreaming guidelines in health. (Note: At the time of this study, August 2014, these guidelines had just been approved by MOH and had not been widely disseminated.)

Key Findings

At the national and provincial levels, respondents acknowledged efforts to address gender issues in health planning. One official noted:

“We take gender into account, e.g. gender mainstreaming at all levels of the province and district.”
(Respondent, In-Depth Interview, August 2014)

However, it was unclear from the findings just how ZISSP’s partnership and support had directly contributed to gender mainstreaming. Despite researchers’ efforts to ask about how gender issues are being managed in health planning, several respondents provided more information and examples of how health services take gender into account. For example most respondents mentioned having male and female wards at health centers, mothers’ shelters, and activities to promote male involvement in maternal and child health care issues. In a few cases, though, respondents linked gender issues to planning, and claimed that gender issues are definitely considered:

“Gender is in every level of planning. Gender mainstreaming is at all levels and committees. There are representations of women in all levels. Women are the majority. Gender is not an issue. It is balanced, females make decisions.” (Respondent, In-Depth Interview, August 2014)

National and provincial level respondents seemed to make more positive comments and believe that gender issues are being addressed in planning while district level staff were not as positive and in general felt that gender was “difficult” and not necessarily considered or addressed very well in the planning process, particularly at the district level.

One respondent noted that although two individuals were trained in his district on gender issues, they still did not seem to understand the key issues, and instead see ‘gender’ as a synonym for ‘women’.

“The biggest weakness is to do gender mainstreaming in action planning. We had trained two people on gender, but they need to be oriented. There is a gender imbalance, gender is very difficult, we need more support in gender” (District Respondent, In-Depth Interview, August 2014)

Respondents noted that more support on issues of gender sensitivity is needed. Respondents cited on multiple occasions that gender breakdown is not systematically captured through the Health Management Information System (HMIS). Respondents noted that the data collection is a “basket approach”. One respondent noted that even if gender issues are considered in the planning process, the data collection tools and systems to support gender mainstreaming in project implementation are not in yet in place. For example:

“There is [inadequate] infrastructure to support gender mainstreaming although during planning the aspect of gender is included but in a hanging manner i.e. without systems to support and sustain its existence through the implementation process and [most] data capturing tools do not disaggregate data by gender.”(Respondent, In-Depth Interview, August 2014)

Similarly, respondents at district and community level noted that there is no gender data collected for community-based volunteers. Respondents cited that women’s participation in community-based activities is low, as is male involvement in activities traditionally regarded as being women’s issues, such as antenatal care. However districts and communities lack evidence to support their statements and/or to track any improvements they are making in terms of gender mainstreaming. Communities are simply focused on the fact that female involvement in the health sector is still a significant challenge. For example:

“At community level some people are illiterate, women are not participating actively because they don’t know how to write or speak in English, while the trainings are in English. There is still a long way to go. Girls’ participation is imbalanced; they are married off at a young age. There are problems to get girls and women involved. We want 50/50, but this is difficult. Women usually don’t attend trainings. We campaign for more women but they usually call for men in the NHC. We include gender and health in the training and planning, but female involvement is a challenge. In maternal health there is low male involvement.” (Respondent, Focus Group Discussion, August 2014)

These study findings indicate that gender mainstreaming is still not fully understood by many involved in health planning, and suggest that the recently approved gender mainstreaming guidelines are needed and should be disseminated widely.

Summary of Theme 5 Findings

- ZISSP worked with the government to develop guidelines on gender mainstreaming in health. However, these guidelines have not yet been disseminated.
- Most respondents still exhibited a lack of understanding of the key gender issues and how gender mainstreaming can be applied in health planning.
- Respondents asked for more support to help program managers understand gender empowerment issues and suggested incorporating more ‘gender’-related data through existing data management systems.

4. DISCUSSION

The purpose of this study was as follows:

- To document the perception of government officials regarding ZISSP support to the MOH and MCDMCH planning processes at national and provincial levels, and in ZISSP target districts and communities over the past three years.
- To document key achievements, challenges, and lessons learned in the health planning process.
- To provide recommendations for continued government health planning assistance and activities.

Respondents in general recognized and commended ZISSP support to the health planning process. They showed a general concern about ZISSP program activities ending and expressed a significant appetite for health planning assistance to continue. Respondents noted that they felt additional assistance was necessary in order to sustain recent health planning gains. Respondents generally cited the good relationships with individual ZISSP personnel, across the different levels – national, provincial, district, and communities, and expressed a desire for continuity and scale-up.

The researchers documented key achievements and lessons learned for future health planning process program support, including:

- Respondents viewed the quality of ZISSP's health planning support positively in terms of working in partnership with the government and providing guidance and training, as well as introducing new innovations to enhance the planning process (e.g. ZISSP initiated and provided financial support for pre-planning meetings). Future programs that aim to support government are urged to continue to use a partnership approach, and work hand-in-hand with government officers at all levels to coordinate activities. Respondents in this study request that partners be sure to be open and transparent in terms of information sharing and resource allocation, as this will strengthen the government's ability to plan for and deliver relevant and timely health interventions.
- The realignment of the ministries represents huge political will to bring the issues of social welfare, social protection, and community development into the heart of health planning. Future partner programs should support this initiative, so that it may become fully effective in the shortest time possible. ZISSP has focused on supporting and strengthening both the government's 'bottom-up' approach to planning and the MTEF. These efforts aimed to strengthen and improve the implementation and coordination of the health programs from the grassroots to the provincial level. Future partners should seek to continue to support the bottom-up and top-down approaches to planning in order to support and enhance transparency, accountability for partner resources at the district level, and depth of understanding of gender related issues at community level.
- Respondents noted that, with ZISSP support to improve implementation of the bottom-up approach, levels and quality of community participation and community, HCAC, and health center interaction have improved in the communities selected to receive training. The community planning tool developed with ZISSP support has been helpful, and there is a strong desire and need for more capacity-building at all levels in order to fully realize the vision of the bottom-up approach.
- The respondents' comments highlight the importance of the continued provision of human and financial resources—by the government and development partners—for timely implementation of the planning activities. There is still a perception of a human resource gap and a revenue gap.
- There is a strong desire for more capacity-building support on gender empowerment from future partner-supported programs as there are still many gaps in this respect.
- The study has demonstrated that the revitalization of partner collaboration forums by ZISSP has increased partner participation in planning, assisted districts to mobilize extra technical and financial resources for implementation of health programs, and assisted provinces and districts to coordinate partners' activities, to avoid duplication efforts.

5. CONCLUSION AND RECOMMENDATIONS

“If ZISSP would no longer be in the district, we would still use their way of planning and Action Plans, but not as regular. We use sensitization and the things we have learnt from ZISSP”. (Respondent, In-Depth Interview, August/September 2014)

Evidence from this study reveals that the health planning tools that have been developed, revised and updated were being used for planning and well appreciated by various levels. Also, the findings show the government appreciated ZISSP’s support to enhance implementation of the bottom-up approach to health planning by simplifying the community level process, supporting community health structures, and building the capacity of leadership to recognize and include priority health issues from the community level. This support is in line with the government’s efforts to decentralize health planning, to devolve decision-making power, and to realize the vision of the National Decentralization Plan.

Study findings also indicate that there is a strong desire from the government respondents at all levels to secure additional partner support for the health planning process. Respondents specifically identified the need for:

- further assistance to strengthen the health planning-related management and leadership capacity of health managers and clinical personnel
- assistance to strengthen knowledge on issues of inclusivity and gender empowerment
- continued partner collaboration with the government, in a transparent manner that allows for continuous sharing of information and feedback

Evidence from the field also suggests a strong desire for on-going capacity building on issues of inclusivity and gender empowerment, and for on-going collaboration from cooperating partners to work with government as partners and in a transparent manner, sharing information and providing feedback.

Recommendations:

Eight recommendations emerged from the study. Future partners supporting the government should aim to:

- Scale-up and continue to train health managers, including clinical personnel, on management and leadership.
- Partners urged to share financial commitments and planned activities for the year and the previous year’s expenditures to enable districts to understand the type of support they are likely to receive from their partners for implementation of priority health programs.
- Advocate for increased community-level funding from the government, for Action Plan implementation.
- Support the government, through training and mentoring, to emphasize gender empowerment and inclusivity of vulnerable populations and their needs in the planning process.
- Ensure that future projects involved in health planning and implementation maintain high standards of accountability and work collaboratively with their government counterparts.
- Continue to support the government to revise and update health planning and resource tracking tools, to ensure they remain up-to-date and reflect changes in government policies and processes.
- Provide assistance to strengthen the knowledge and skills required of district level and health facility officials during the health planning process.
- Translate community planning tools in local languages to enhance understanding and ensure active participation of communities in planning.

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ANNEX B. DATA COLLECTION TOOLS

Detailed below are the questions from the ten data collection tools used for the in-depth interviews and focus group discussions. For each tool, the target audience and purpose is provided.

TOOL I

In-depth Interview - MOH - Director of Planning, MCDMCH – Director of Planning and Information, MCDMCH – Director MNCH

Purpose: To ascertain the perceived value of ZISSP's support to planning and elicit suggestions about what support is needed in the future by MoH.

Questions:

1. How are you involved in the planning process within the MoH?
2. In your view, how has the national planning approach changed over the last three (3) years?
3. What in your view contributed to this or these changes?
4. What have been government's achievements in health planning and implementation over the last three (3) years?
5. In your view, what key factors have contributed to the key achievements?
6. What have been government's challenges in health planning and implementation over the last three (3) years?
7. In your view, what key factors have contributed to the key challenges?
8. What has been your experience in planning for community-based activities?
9. In your view how has ZISSP supported the planning process at the Ministry of Health? (Probe for systems which have been put in place i.e. training, development of the planning tools, preparatory meetings etc.?)
10. In your opinion how has ZISSP contributed to any of these achievements and challenges?
11. What are your recommendations for continued health planning process strengthening?

TOOL 2

In-depth Interview - MOH – Deputy Director M&E

Purpose: To ascertain the perceived value of ZISSP's support to planning and elicit suggestions about what support is needed in the future by MoH. Use this interview to get into more technical detail about the planning process and understand the results of the process.

Questions:

1. How are you involved in the planning process within the MoH?
2. In your view, how has the national planning approach changed over the last three (3) years?
3. What in your view contributed to this or these changes?
4. What have been government's achievements in health planning and implementation over the last three (3) years?
5. In your view, what key factors have contributed to the key achievements?
6. What have been government's challenges in health planning and implementation over the last three (3) years?
7. In your view, what key factors have contributed to the key challenges?
8. What has been your experience in planning for community-based activities?
9. In your view how has ZISSP supported the planning process at the Ministry of Health?
10. In your opinion how has ZISSP contributed to any of these achievements and challenges?
11. In your view how has ZISSP supported the planning process at the Ministry of Health?
12. In your opinion how has ZISSP contributed to any of these achievements and challenges?
13. What are your recommendations for continued health planning process strengthening?

TOOL 3

In-depth Interview - MOH – Chief Planner

Purpose: To ascertain the perceived value of ZISSP's support to planning and elicit suggestions about what support is needed in the future by MoH.

Questions:

1. How are you involved in the planning process within the MoH?
2. In your view, how has the national planning approach changed over the last three (3) years?
3. What in your view contributed to this or these changes?
4. What have been government's achievements in health planning and implementation over the last three (3) years?
5. In your view, what key factors have contributed to the key achievements?
6. What have been government's challenges in health planning and implementation over the last three (3) years?
7. In your view, what key factors have contributed to the key challenges?
8. What has been your experience in planning for community-based activities?
9. In your view how has ZISSP supported the planning process at the Ministry of Health? (Probe for systems which have been put in place i.e. training, development of the planning tools, preparatory meetings etc.?)
10. In your opinion how has ZISSP contributed to any of these achievements and challenges?
11. ZISSP has focused on strengthening stakeholder participation and collaboration in planning: What changes have you witnessed or experienced at provincial and district level with regard to stakeholder participation?
12. How is gender being addressed in the planning process?
13. What are your recommendations for future partner support to continue strengthening the planning process?

TOOL 4

In-depth Interview - MOH – Accountant Province and District

Purpose: To ascertain the perceived value of ZISSP's support to Accountants, their role in the planning process, their interactions with others in the planning process, and elicit suggestions about what support is needed in the future.

Questions:

1. How are you involved in the planning process within the MoH?
2. In your view, how has the national planning approach changed over the last three (3) years?
3. What in your view contributed to this or these changes?
4. What have been government's achievements in health planning and implementation over the last three (3) years? (Probe for provincial/district level).
5. In your view, what key factors have contributed to the key achievements?
6. What have been government's challenges in health planning and implementation over the last three (3) years? (Probe for provincial/district level)
7. In your view, what key factors have contributed to the key challenges?
8. What has been your experience in planning for community-based activities?
9. In your view how has ZISSP supported the planning process at the Ministry of Health? (Probe for systems which have been put in place i.e. training, development of the planning tools, preparatory meetings etc.?)
10. In your opinion how has ZISSP contributed to any of these achievements and challenges?
11. What type of support have you received on costing and budgeting?
12. Are there any barriers which exist that challenge your work?
13. In your opinion how has ZISSP contributed to any of these achievements and challenges?
14. What are your recommendations for continued health planning process strengthening?

TOOL 5

In-depth Interview – Province- PMO and Planner

Purpose: To ascertain the perceived value of ZISSP's support to planning and elicit suggestions about what support is needed in the future by MoH/MCDMCH. To ascertain any convergence or divergence in opinion between HQ and Provincial levels.

Questions:

1. How are you involved in the planning process within the MoH?
2. In your view, how has the national planning approach changed over the last three (3) years?
3. What in your view contributed to this or these changes?
4. What have been government's achievements in health planning and implementation over the last three (3) years?
5. In your view, what key factors have contributed to the key achievements?
6. What have been government's challenges in health planning and implementation over the last three (3) years?
7. In your view, what key factors have contributed to the key challenges?
8. What has been your experience in planning for community-based activities?
9. In your view how has ZISSP supported the planning process at the Ministry of Health? (Probe for systems which have been put in place i.e. training, development of the planning tools, preparatory meetings etc.?)
10. In your opinion how has ZISSP contributed to any of these achievements and challenges?
11. ZISSP has focused on strengthening stakeholder participation and collaboration in planning: What changes have you witnessed or experienced at provincial and district level with regard to stakeholder participation?
12. How is gender being addressed in the planning process?
13. What are your recommendations for future partner support to continue strengthening the planning process?

TOOL 6

In-depth Interview – Province- Clinical Care Specialist and Health Information Officer

Purpose: To ascertain the perceived value of ZISSP's support to planning and elicit suggestions about what support is needed in the future.

Questions:

1. How are you involved in the planning process within the MoH?
2. In your view, how has the national planning approach changed over the last three (3) years?
3. What in your view contributed to this or these changes?
4. What have been government's achievements in health planning and implementation over the last three (3) years?
5. In your view, what key factors have contributed to the key achievements?
6. What have been government's challenges in health planning and implementation over the last three (3) years?
7. In your view, what key factors have contributed to the key challenges?
8. What has been your experience in planning for community-based activities?
9. What knowledge do you have of ZISSP's contribution to the planning process at the Ministry of Health?
10. What is your view about ZISSP's contribution to the planning process at the Ministry of Health?
11. ZISSP has focused on strengthening stakeholder participation and collaboration in planning. What changes have you witnessed or experienced at provincial and district level with regard to stakeholder participation?
12. How is gender being addressed in the planning process?
13. What are your recommendations for future partner support to continue strengthening the planning process?

TOOL 7

Focus Group Discussion – District - Medical Superintendent, Hospital Planner, Hospital HIO, Accountant, CCO. (Max 8)

Purpose: To ascertain the perceived value of ZISSP's support to planning and elicit suggestions about what support is needed in the future by the district; to ascertain how much planning is district driven, how the district is supposed to strengthen the bottom up approach; and how the district needs to have support from the higher level and at the same time support bottom-up approach.

Questions

Open-ended beginning (take first couple of questions as round robins)

1. How are you involved in the planning process within the MoH?
2. In your view, how has the national planning approach changed over the last three (3) years?
3. What in your view contributed to this or these changes?
4. What have been government's achievements in health planning and implementation over the last three (3) years?
5. In your view, what key factors have contributed to the key achievements?
6. What have been government's challenges in health planning and implementation over the last three (3) years?
7. In your view, what key factors have contributed to the key challenges?
8. What has been your experience in planning for community-based activities?
9. What have you done to strengthen community participation in planning process?
10. Do you have any knowledge of ZISSP's capacity building efforts in terms of planning? (*probe on tools, training, launches, reviews, action plans, coaching, providing templates, specific workshops, on-site support/mentorship*)
11. What type of support have you received from ZISSP in terms of health planning? (*probe on financial management, data quality, management skills, probe inclusivity. Who is participating in these processes?*)
12. Has this support strengthened the capacity in planning in your institutions? If so how do you view the quality of that support?

Exit Questions

1. Of all the things we have all said today what is the most important to you? (round robin).
2. What are the recommendations for continued planning process strengthening?

TOOL 8

Focus Group Discussion – Hospital -District Community Medical Officer, Planner, Accountant, DHIO, Clinical Care Officer (Max 8)

Purpose: To ascertain the perceived value of ZISSP's support to planning and elicit suggestions about what support is needed in the future by the district; to ascertain how much planning is district driven, how the district is supposed to strengthen the bottom up approach; and how the district needs to have support from the higher level and at the same time support bottom-up approach.

Questions

Open-ended beginning (take first couple of questions as round robins)

1. How are you involved in the planning process within the MoH?
2. In your view, how has the national planning approach changed over the last three (3) years?
3. What in your view contributed to this or these changes?
4. What have been government's achievements in health planning and implementation over the last three (3) years?
5. In your view, what key factors have contributed to the key achievements?
6. What have been government's challenges in health planning and implementation over the last three (3) years?
7. In your view, what key factors have contributed to the key challenges?

Specifics

1. What have you done to strengthen departmental participation within your hospital in planning process?
2. What type of support have you received from ZISSP in terms of health planning, financial management, data quality, management skills?
3. What has been your experience in planning for community-based activities?
4. How has this support strengthened your capacity in planning in your institutions?
5. What support have you received to strengthen the bottom up planning approach?
6. What systems have been put in place to improve the planning process?

Exit Questions

1. Of all the things we have all said today what is the most important to you? (round robin).
2. What are the recommendations for continued planning process strengthening?

TOOL 9

In-depth Interview – Community - Health Center In-charges

Purpose: To ascertain the perceived value of ZISSP's support to planning and elicit suggestions about what support is needed in the future by the health center. To ascertain ZISSP's contribution to planning at the facility level and how the facility is supposed to strengthen the bottom - up approach. They need to have support from the higher level and at the same time support bottom up approach

Questions:

1. How are you involved in the planning process within the MoH?
2. In your view, how has the national planning approach changed over the last three (3) years?
3. What in your view contributed to this or these changes?
4. What have been government's achievements in health planning and implementation over the last three (3) years?
5. In your view, what key factors have contributed to the key achievements?
6. What have been government's challenges in health planning and implementation over the last three (3) years?
7. In your view, what key factors have contributed to the key challenges?
8. What has been your experience in planning for community-based activities?
9. What have you done to strengthen community participation in planning process?
10. Do you have any knowledge of ZISSP's capacity building efforts in terms of planning? (*probe on tools, training, launches, reviews, action plans, coaching, providing templates, specific workshops, on-site support/mentorship*)
11. What type of support have you received from ZISSP in terms of health planning, training, planning tools, coordination of the HCAC?
12. Has this support strengthened the capacity in planning in your institutions?
13. What are the recommendations for continued planning process strengthening?

TOOL 10

Focus Group Discussion – Community and health center (HCAC Chairperson, 2 NHC members, other 2 community members, Environmental Health Technician). Max.8.

Purpose: To ascertain the perceived value of ZISSP's support to planning and elicit suggestions about what support is needed in the future by the community and the Health Center. To get an appreciation of the community's view on the bottom-up planning concept and gauge how much autonomy and agency the community has in planning. To ascertain if HCAC members have undergone any training in the planning process; to elicit the community's views in their participation of the planning process; to elicit views on the use of the planning tools, participation in the planning meetings, and see if the HCAC have received any support from the facility in the planning process

Questions:

Open-ended beginning (take first couple of questions as round robins)

1. How have YOU been involved in the planning process in your community?
2. In your view, how has the community planning approach changed over the last three (3) years?
3. What in your view contributed to this or these changes?

Let's get into some specifics (have a flip chart/flash cards to show key themes)

1. Have you received any support from ZISSP in the area of health planning?
2. What kind of support?
3. Has ZISSP's support benefited you in term of planning processes?
4. If so, how? (probe on support from the facility to the HCAC)
5. Has ZISSP's support benefited the community in terms of planning processes?
6. What are the challenges you continue to experience in implementing your community action plans? (probe on who is participating in these processes).
7. What actions have you taken to overcome the lack of resources?
8. Are there any alternative resources the community can use? (or partners)

Exit Questions

1. Of all the things we have all said today what is the most important to you? (round robin).
2. What would you want to see from future support in the area of Community Health Planning?