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WHO
In today's presentation

• Definitions

• Rationale for health planning

• Health planning cycle outline

• Step by step introduction to Health Planning Cycle
Health Planning

• It is the **identification** and **elaboration** (with in existing resources) **of means and methods** for providing in the future, **effective health care** relevant to identified health needs for a defined population

• Aim of health planning is to maintain and improve health status of a given community. It is achieved through provision of health services which are **accessible, effective, equitable** and of a **quality** to ensure their appropriate utilization.
Rationale for Health Planning

- Planning of delivery of effective health services to the population with in resources provided

- Translation of “new policy” statement into operational plan

- Re-planning on the basis of an already existing plan for the purpose of reviewing existing health problems and needs and rendering services more effective and efficient

- Emergence of a new problem (e.g. SARS, natural disaster)

- Planning of health services for a population where no organized health care delivery system as yet, or where an existing one is being extremely revised or re-organized
1. Plan the Planning

2. Review of Policy Guidelines

3. Situational Analysis

4. Review of resource available

5. Development of Interventions

6. Setting plan objectives & targets

7. Determine resource requirements

8. Adjusting M & O systems

9. Preparing the Budget

10. Developing the plan of operations

11. Planning for Monitoring & Evaluation

Plan Implementation

Monitoring & Evaluation

Planning Cycle
Plan the Planning

• This stage deals with **prerequisites** that have to be in place and issues that have to be resolved before actual planning exercise may start

• **The objective is to ensure that planning process can be carried out smoothly**

• Establish the identity and position of the **planning body**, i.e. the team

• Determine specific **terms of reference (ToR) of the plan**:
  – What has to be planned?,
  – the purpose of planning,
  – defining target group,
  – for what time period,
  – identify resources available,
  – timings, tasks and responsibilities,
  – assign responsibility to each member (chairman, secretary, core members, community representatives, from other government department, NGOs)
Review of Policy Guidelines

- It is the process of familiarization government directives and conditions that must be followed in preparation of the health plans.
- To ensure the health plan is in line with government national health policy.
- *Example:* National Reproductive health package (with four priority areas)
  - Safe motherhood
  - Family planning
  - Sexually Transmitted Infections
  - Infant deaths
    - Reproductive health problems of Adolescent
    - Reproductive health problems of male
    - Detection of breast and cervical cancer
    - Infertility
The Situation Analysis is the process of analyzing and interpreting all information available from the various sources, on the current situation of the health system as it prevails within the specific geographic area under consideration.
Specific purposes of the ‘Situation Analysis’ are:

• To identify health problem and health (service) needs arising as a result of these problems;

• To determine causes and circumstances underlying problems in the health situation as well as with the delivery of health services;

• To assess availability and adequacy of resource in the light of health service needs; and

• To identify gaps and weaknesses in the health care services, in line with health problems and service needs.
Situational Analysis: Descriptive and Analytic (cont'd)

• **Initial problem diagnosis** is one of the most important, yet neglected parts of health planning. **Problem diagnosis should be the basis of any plan.** However, frequently, planning is done largely based on poor information, on assumptions, or even, based on personal bias, special interest, or preference.

• The Situation Analysis consists of a descriptive and an analytic part.

• The **descriptive** part describes the situation as it is at present. This helps in assessing the magnitude of the problems, which, in turn helps in prioritizing the problems.

• The **analytical** part deals with the factors that determine the existing situation, and is used subsequently for developing appropriate interventions.
An example: Situation Analysis of Contraceptive Use by Eligible Couples

Descriptive Component
- Contraceptive prevalence rate for all and for modern methods
- Types of contraceptives used by couples
- Unmet need for contraceptives

Analytic Component
- Knowledge about contraceptives among men and women
- Decision-making about use of contraceptives
- Contraceptive use by location, education, socio-economic status etc.
- Available sources of contraceptives, their cost
Situational Analysis: Sources of information

- Vital Statistics
- Census
- Health Information Systems
- Hospital Records
- Health System Review, also called Health System Analysis
- Special Surveys in the Field
- Qualitative Methods for Data Collection
Situation Analysis: Components

1. Determine existing problems;

2. Prioritize problems;

3. Ascertained available resources for addressing existing problems; and

4. Identify weaknesses and strengths of the existing system
1. Determine Existing Problems

- Description of the ‘Background’
- Initial problem diagnosis
- Indicators of Health Status (Primary Indicators, Secondary Indicators)
- Summarizing the health situation of the community
2. Problem Prioritization

• Ranking of Health Need / Problem Priorities

• Magnitude, Severity/danger, Vulnerability to intervention, Political expediency.

• Matching Problem Priorities with Causes & Consequences

• The ‘Problem Tree’ and Needs Tree
<table>
<thead>
<tr>
<th>Health problem</th>
<th>Magnitude</th>
<th>Severity</th>
<th>Vulnerability to intervention</th>
<th>Cost-effectiveness</th>
<th>Political expediency</th>
<th>Total score</th>
</tr>
</thead>
<tbody>
<tr>
<td>ARI and Diarrheal Disease in Under 5 Children</td>
<td>+++</td>
<td>++</td>
<td>+++</td>
<td>+++</td>
<td>+</td>
<td>15</td>
</tr>
<tr>
<td>Maternal Mortality</td>
<td>+++</td>
<td>++++</td>
<td>++</td>
<td>++</td>
<td>++</td>
<td>13</td>
</tr>
<tr>
<td>High Fertility</td>
<td>+++</td>
<td>+</td>
<td>+++</td>
<td>+++</td>
<td>+++</td>
<td>13</td>
</tr>
<tr>
<td>Pulmonary Tuberculosis</td>
<td>+++</td>
<td>++</td>
<td>+++</td>
<td>++</td>
<td>++</td>
<td>12</td>
</tr>
<tr>
<td>HIV/AIDS</td>
<td>+</td>
<td>++++</td>
<td>++</td>
<td>+</td>
<td>+++</td>
<td>9</td>
</tr>
</tbody>
</table>

Scoring category is from a scale of + to ++++
3. Assessment of health services programs (cont'd)

• Assessment of Health Service Inputs (Programs)

The planning team now needs to answer the following questions:
• i. Given the identified priority health problems, **what health programs need to be offered** to the community?
• ii. What **health programs are currently being offered** in the community?
• iii. **Are they appropriate** for the community's health needs?
• iv. What are major **strengths and weaknesses of the system**?

Before further assessment of availability and appropriateness of services (to needs), a **list of the number of facilities** should be established:
• i. by type (hospital, health center, dispensary, health house);
• ii. by operating authority (government, mission, other NGO, private organization, donor); and
• iii. by location.
3. Assessment of health services programs (cont'd)

- **Assessment of the Health Services Distribution**
  - Physical accessibility
  - Financial accessibility
  - Social accessibility

- **Assessment of Management & Organization**
  - Human Resource Management
  - Financial Resource Management
  - Physical Resource Management

- **Support systems**
  - Record and Information Systems
  - Monitoring and Supervision (M&S) System
  - Communication System
  - Transport System
  - Repair and Maintenance System
  - Drug and Contraceptive Supply System
  - Logistic Support
  - Referral System
3. Assessment of health services programs

- Assessment of Service Outputs

- Assessment of Outcome Parameters
  - Service outcome (preventive)
  - Behavioral and cognitive change outcomes (community)
  - Hospital or facility’s outcomes (curative)

- Impact Assessment (preventive/curative)

- Assessment of Community Participation

- Assessment of the Effects of the Ecology
  - Geographic
  - Social
  - Cultural
  - Political
4. Identifying Weaknesses and Strengths of the Health System

<table>
<thead>
<tr>
<th>SWOT analysis: Strengths, Weaknesses, Opportunities and Threats</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Strengths</strong></td>
</tr>
<tr>
<td>• Paramedical Staff available,</td>
</tr>
<tr>
<td>• Drugs available,</td>
</tr>
<tr>
<td>• Supervisory visits conducted regularly,</td>
</tr>
<tr>
<td>• Sufficient budget is available for ongoing programs</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td><strong>Opportunities</strong></td>
</tr>
<tr>
<td>• Verbalization of the need for improved delivery care at DHQs</td>
</tr>
<tr>
<td>and RHCs by the community</td>
</tr>
<tr>
<td>• WMO may be trained as Obstetrician</td>
</tr>
<tr>
<td>• Each MO and LHV can successfully manage two FLCFs</td>
</tr>
</tbody>
</table>
Review of Available Resources (cont'd)

- To assess these would help in determining the scope of the health plan and selection of intervention strategies

- **Manpower**: in terms of number, cadre, gender, and quality of the human resource

- **Material or physical resources**: including buildings, equipment, and transport, drugs and contraceptives, and dealing with availability and functionality of these

- **Money**: to see how financial resources are allocated, such as with respect to salary, non-salary, their release and utilization, whether government or NGO financed
Review of Available Resources

• Intangible resource: Information (Official documents, policies, goal, objectives and programs, financial reports, approved budgets, etc)

What are the minimal requirements

• A minimum of trained staff
• Building, fixed structures, furniture and equipment
• Essential drugs and sundries
• Functioning of essential support services;
• A minimal recurrent budget
Development of Interventions (cont'd)

• It is the process of identifying, short-listing and developing intervention measures from among a variety of potential interventions

• The objective is to identify and develop most appropriate interventions for existing health needs

• Example: Three Delays Model (McCarthy and Maine, 1992)
Onset of complications

1st Delay in decision making
- Mobilize
- Inform
- Educate

2nd Delay in reaching facility
- Rational placement
- Improve access
- Outreach services

3rd Delay within health facility
- Staff availability
- Referral
- Training
- Equipment
- Timely supplies

Death

1st Delay in decision making

2nd Delay in reaching facility

3rd Delay within health facility
It is the process of defining what one wants to achieve (expected results) with in a planned period of time in the light of earlier identified health needs.

The main purpose is to:
- Highlight what planners wish to achieve
- Quantify these,
- Enable a focused selection of inputs and activities that will bring about these
Aim & Objectives: An example

• **Aim:** Improve reproductive health services in District “Faso”

• **Long term Objective (Objectives):** Maternal mortality shall be reduced from current 340/100,000 to 300/100,000 with in four years from 2005 to 2008

• **Short term objectives (Sub-objectives):**
  – All pregnant women in all villages of the district are given advice on ANC with in the first year
  – By the end of 2007, eighty percent of women delivering in villages of district will be assisted by a trained TBA
Setting targets

- Number of midwives to be trained
- Number of training sessions to be held
- Number of tetanus injections to be given
- Number and frequency of prenatal visits
- Percentage of obstetric complications seen in the main hospital

- **Outcome** will be: coverage of 80% pregnant women with at least two injections of tetanus toxoid, 80% of women delivered by TTBA, 70% of women attending ANC clinic, 60% of complicated pregnancies referred to and managed at district hospital

- The **impact** would indicate the reduction in the percentage of MMR
### Calculation of targets for two districts with different populations

<table>
<thead>
<tr>
<th></th>
<th>District A</th>
<th>District B</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Population of District</strong></td>
<td>500,000</td>
<td>3,000,000</td>
</tr>
<tr>
<td><strong>Estimated proportion of children under one year of age</strong></td>
<td>3%</td>
<td>3%</td>
</tr>
<tr>
<td><strong>Current EPI Coverage</strong></td>
<td>60%</td>
<td>60%</td>
</tr>
<tr>
<td><strong>Desired EPI Coverage in 12 months (Objective)</strong></td>
<td>80%</td>
<td>80%</td>
</tr>
<tr>
<td><strong>Total Children to be vaccinated (Target)</strong></td>
<td>12,000</td>
<td>72,000</td>
</tr>
<tr>
<td><strong>Additional number of children to be vaccinated (20%)</strong></td>
<td>3,000</td>
<td>18,000</td>
</tr>
<tr>
<td><strong>Vaccinations per child</strong></td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td><strong>Number of vaccinations</strong></td>
<td>15,000</td>
<td>90,000</td>
</tr>
<tr>
<td><strong>Syringes required</strong></td>
<td>15,000</td>
<td>90,000</td>
</tr>
<tr>
<td><strong>Vaccine to be administered:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BCG</td>
<td>3,000</td>
<td>18,000</td>
</tr>
<tr>
<td>DPT</td>
<td>9,000</td>
<td>54,000</td>
</tr>
<tr>
<td>Polio</td>
<td>9,000</td>
<td>54,000</td>
</tr>
<tr>
<td>Measles</td>
<td>3,000</td>
<td>18,000</td>
</tr>
<tr>
<td><strong>Vaccine required (administered + 30% wastage)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BCG</td>
<td>3,900</td>
<td>23,400</td>
</tr>
<tr>
<td>DPT</td>
<td>11,700</td>
<td>70,200</td>
</tr>
<tr>
<td>Polio</td>
<td>11,700</td>
<td>70,200</td>
</tr>
<tr>
<td>Measles</td>
<td>3,900</td>
<td>23,400</td>
</tr>
</tbody>
</table>
Determining Resource Requirements

• It is the systematic process of translating planned activities into resource needs

• The purpose is to identify to what extent existing resources cover planned interventions and to what extent additional resources shall be necessary.

• What is available?

• What additional resources are required to carry out planned activities?

• Are the (additionally required) resources potentially available?
## Additional resources requirements for strengthening antenatal care

<table>
<thead>
<tr>
<th>Additional Resource Requirements</th>
<th>Total required in plan year</th>
<th># Available</th>
<th># Needing Repairs</th>
<th># Need to be provided/repaired</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Personnel</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LHV trainer</td>
<td>60 person days*</td>
<td>0</td>
<td>N.A</td>
<td>120 person days</td>
</tr>
<tr>
<td>Midwife supervisor</td>
<td>60 person days</td>
<td>0</td>
<td>N.A</td>
<td></td>
</tr>
<tr>
<td><strong>Equipment</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Weighing scale</td>
<td>50</td>
<td>26</td>
<td>13</td>
<td>24</td>
</tr>
<tr>
<td>Tape measure</td>
<td>50</td>
<td>0</td>
<td>0</td>
<td>50</td>
</tr>
<tr>
<td>Fetaloscope</td>
<td>50</td>
<td>18</td>
<td>0</td>
<td>32</td>
</tr>
<tr>
<td>Health educ material</td>
<td>50</td>
<td>0</td>
<td>0</td>
<td>50</td>
</tr>
<tr>
<td>UNICEF kits</td>
<td>53</td>
<td>36</td>
<td>8</td>
<td>14</td>
</tr>
<tr>
<td>OT equipment</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td><strong>Furniture</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Examination couch</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td><strong>Transport</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ambulance</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Suzuki Pickup</td>
<td>1#</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

* Even though 1 LHV is currently available in each facility, 60 additional person x days are required for training and supervising train attendants in the first year of the program.

# To be used by the trainer/supervisor
The management and organization system (M&O) is the coordinating center for all health service activities.

The main purpose of the M&O system is to ensure maximal efficiency and effectiveness of the health care delivery system.

Among several functions of the M&O system, the more important ones address Manpower, Money and Material issues, and the functioning of the support systems, in general.
In the case of EPI, and with respect to the 3 ‘Ms’, the planning team needs to

- review availability of vaccinators
- and supervisors,
- adequacy of vaccines,
- adequacy and functioning of the cold chain equipment,
- availability and integrity of transport as well as petrol, oil, lubricants and essential spares,
- of other necessary equipment,
- availability of financial resources for field monitoring,
- and availability of a record system, before implementing a plan for improving EPI coverage in the district.
Preparing the Budget

• Preparing the plan budget is the **process of translating inputs, targets and activities into money.**

The **main purpose** of "budgeting" will be to:
• identify overall financial requirements by plan period and individual year;
• identify financial requirements by line item and by specific program, and
• enable performance budgeting.
Few steps in budgeting

- The most logical first step of the budgeting process is the review of previous year's budget, assessing the levels of expenditure and comparing it with the service targets set in the plan.

- Carefully read through the current year's plan and identify all activities that could possibly consume resources.

- Capital budget items are those that can be considered as 'one-time-only', as compared to recurrent budget items which are required repeatedly. The example of the former is construction of building and the latter procurement of drugs.

- Budgets should have some provision for unforeseen eventualities called Contingencies, however, under no circumstances should contingencies exceed 10% of the total amount.

- Second, budgets should have some Line Item Flexibility, which means that within limits (usually not more than 10%), funds can be re-allocated from one line item to another. For example, funds available under the heading ‘Travel Allowances’ should become available to purchase drugs.
<table>
<thead>
<tr>
<th>Line Item</th>
<th>Unit</th>
<th>No.</th>
<th>Unit Cost</th>
<th>Total Cost (Rs.)</th>
<th>Source of Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Salaries and Allowances</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Additional Staff (Trainers)</td>
<td>Per month</td>
<td>12</td>
<td>7,000</td>
<td>84,000</td>
<td>WHP</td>
</tr>
<tr>
<td>Senior LHV (for M&amp;S)</td>
<td>Per month</td>
<td>12</td>
<td>7,000</td>
<td>84,000</td>
<td>WHP</td>
</tr>
<tr>
<td><strong>Non-Salary Budget</strong></td>
<td></td>
<td></td>
<td></td>
<td>168,000</td>
<td></td>
</tr>
<tr>
<td><strong>Drugs and Supplies</strong></td>
<td></td>
<td></td>
<td></td>
<td>2,194,000</td>
<td></td>
</tr>
<tr>
<td>Iron (10,000 tablets)</td>
<td>Per facility</td>
<td>50</td>
<td>1,000</td>
<td>50,000</td>
<td>Regular budget</td>
</tr>
<tr>
<td>Folic Acid (5,000 tablets)</td>
<td>Per facility</td>
<td>50</td>
<td>500</td>
<td>25,000</td>
<td>&quot;</td>
</tr>
<tr>
<td>Safe delivery kits</td>
<td>Per TBA</td>
<td>2000</td>
<td>50</td>
<td>100,000</td>
<td>&quot;</td>
</tr>
<tr>
<td>Health Education Material</td>
<td>Per facility</td>
<td>50</td>
<td>2,000</td>
<td>100,000</td>
<td>Donor</td>
</tr>
<tr>
<td>HMIS Instruments</td>
<td>Per facility</td>
<td>50</td>
<td>4,000</td>
<td>200,000</td>
<td>&quot;</td>
</tr>
<tr>
<td><strong>Utilities</strong></td>
<td></td>
<td></td>
<td></td>
<td>1,620,000</td>
<td></td>
</tr>
<tr>
<td>Electricity</td>
<td>Per facility</td>
<td>50</td>
<td>24,000</td>
<td>1,200,000</td>
<td>Regular Budget</td>
</tr>
<tr>
<td>Water</td>
<td>Per facility</td>
<td>50</td>
<td>6,000</td>
<td>300,000</td>
<td></td>
</tr>
<tr>
<td>Telephone</td>
<td>Per facility</td>
<td>10</td>
<td>12,000</td>
<td>120,000</td>
<td></td>
</tr>
<tr>
<td><strong>TA/DA</strong></td>
<td>Per visit</td>
<td>1,000</td>
<td>200</td>
<td>200,000</td>
<td></td>
</tr>
<tr>
<td><strong>Repair and Maintenance</strong></td>
<td></td>
<td></td>
<td></td>
<td>200,000</td>
<td></td>
</tr>
<tr>
<td><strong>Transport</strong></td>
<td>Ambulance</td>
<td>2</td>
<td>20,000</td>
<td>40,000</td>
<td>Regular Budget</td>
</tr>
<tr>
<td>Computers &amp; Printers</td>
<td></td>
<td>3</td>
<td>7,000</td>
<td>21,000</td>
<td>Donor</td>
</tr>
<tr>
<td>Ultrasound</td>
<td>Equipment</td>
<td>1</td>
<td>50,000</td>
<td>50,000</td>
<td>WHP</td>
</tr>
<tr>
<td><strong>Contingencies</strong></td>
<td>L/S</td>
<td></td>
<td></td>
<td>315,000</td>
<td></td>
</tr>
<tr>
<td><strong>Procurement of Durable Goods</strong></td>
<td></td>
<td></td>
<td></td>
<td>184,000</td>
<td></td>
</tr>
<tr>
<td>Essential Equipment</td>
<td>Laboratory</td>
<td>15</td>
<td>10,000</td>
<td>150,000</td>
<td>Donor</td>
</tr>
<tr>
<td>Weighing Machines</td>
<td>Per facility</td>
<td>17</td>
<td>2,000</td>
<td>34,000</td>
<td>Donor</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td></td>
<td></td>
<td>2,362,000</td>
<td></td>
</tr>
</tbody>
</table>
Developing Plan of Operations

• A plan of operations is the (written) summary of the implementation plan specifying sequence and timing of, and responsibilities for, implementation of main objectives, (expected) results and activities.

• The operation plan provides a set of ready guidelines for the day to day running, and periodic assessment of the functioning of health services for the plan "implementer“

• One of the most useful tools in the preparation of a Plan of Operations is the Gantt Chart.
<table>
<thead>
<tr>
<th>Activity</th>
<th>Jul</th>
<th>Aug</th>
<th>Sep</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
<th>Responsible Individual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Train midwives</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>LHV / Senior Midwives</td>
</tr>
<tr>
<td>Supervise midwives</td>
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<td>LHV's</td>
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<tr>
<td>Immunize CBAs</td>
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<td></td>
<td>Vaccinators</td>
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<tr>
<td>Mobilize leaders</td>
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<td></td>
<td>Health Educator</td>
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<tr>
<td>Train health workers</td>
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<td>Midwives</td>
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<tr>
<td>Distribute Iron / Folic Acid at Facilities</td>
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<td>Person incharge of Supplies and Procurement</td>
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</tbody>
</table>

The table provides a Gantt Chart with activities and their respective responsibilities for July to June.
Planning for Monitoring & Evaluation

- Monitoring and Evaluation (M&E) is a quality-control mechanism and forms part of management & organization responsibilities. It is important for the success of health interventions.

- The purpose of M&E is to render health care as efficient and effective as is possible.

- Determine whether objectives and (expected) results are being reached;
  - Verify whether plans are being implemented in the way and manner they were planned to be implemented;
  - Ensure that all components of the health service delivery system are in place and functional; and
  - Identify problems early enough to allow corrections.
<table>
<thead>
<tr>
<th>Activities / outputs</th>
<th>Measurable variable</th>
<th>Tools of verification</th>
<th>Who prepares report</th>
<th>When, how frequent?</th>
<th>Who to give feedback</th>
</tr>
</thead>
<tbody>
<tr>
<td>Train midwives</td>
<td># trained</td>
<td>Training records</td>
<td>LHV</td>
<td>Quarterly</td>
<td>Incharge RH</td>
</tr>
<tr>
<td>Supervise midwives</td>
<td># superv. Visits</td>
<td>Superv. Records (HMIS)</td>
<td>LHV</td>
<td>Quarterly</td>
<td>Incharge RH</td>
</tr>
<tr>
<td>Immunize Pregnant Women</td>
<td># tet. Toxoid inj. Given</td>
<td>MCH records (HMIS)</td>
<td>Vaccinator</td>
<td>Quarterly</td>
<td>DSV</td>
</tr>
<tr>
<td>Mobilize religious leaders</td>
<td># religious leaders contacted, # of contacts</td>
<td>Monthly reports</td>
<td>Health Educator</td>
<td>Quarterly</td>
<td>EDO Health</td>
</tr>
<tr>
<td>Establish kitchen gardens</td>
<td># of villages with kitchen gardens</td>
<td>Monthly reports</td>
<td>Agri. Extension officer (MoA)</td>
<td>Half yearly</td>
<td>EDO Agriculture</td>
</tr>
<tr>
<td>Train Health workers on HMIS</td>
<td># of Hlth workers trained</td>
<td>Training records</td>
<td>HMIS Coordinator</td>
<td>Half yearly</td>
<td>EDO Health</td>
</tr>
</tbody>
</table>
Monitoring & Evaluation

• **Evaluation**: Attempts to determine the relevance, effectiveness and impact of activities in the light of their objectives.

• **Process evaluation**
  - Includes all steps short of impact

• **Impact evaluation**
  - Implies whether or not the main objectives has been achieved
"Success is never an accident, it is the result of right decisions at the right time"