

Health Planning Cycle

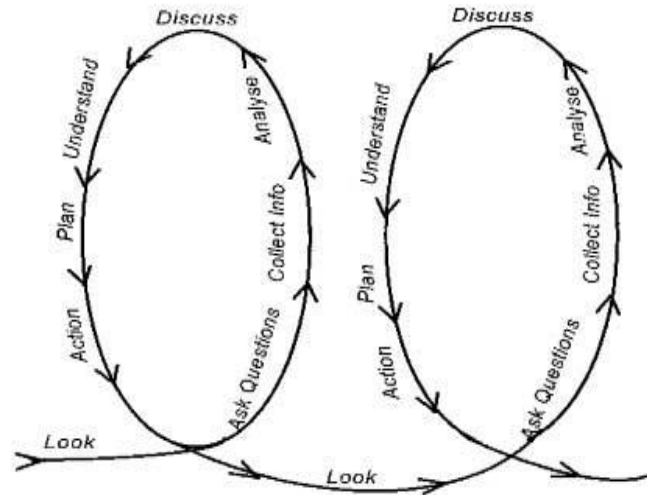
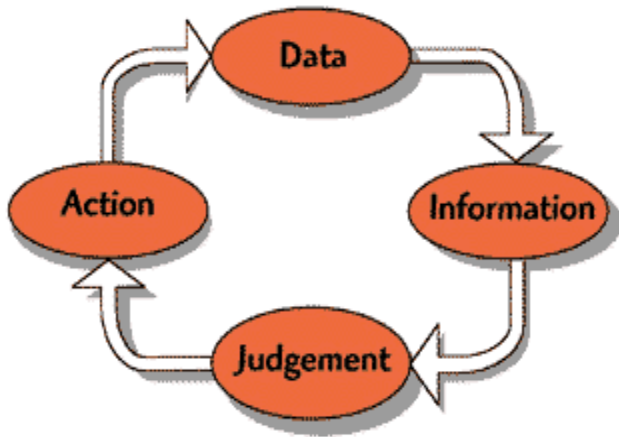


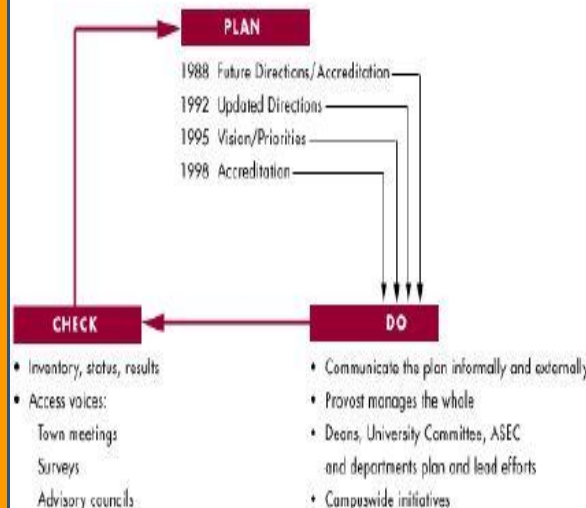
Figure 3. Planning Cycle to Improve Oral Health

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WHO

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STRATEGIC PLANNING 1988-1998



In today's presentation

- Definitions
- Rationale for health planning
- Health planning cycle outline
- Step by step introduction to Health Planning Cycle

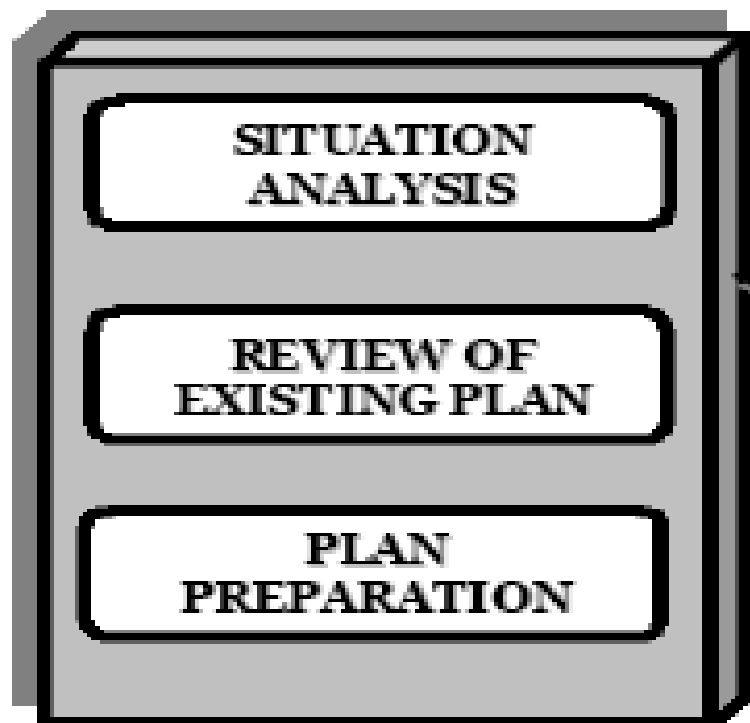
Health Planning

- 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.

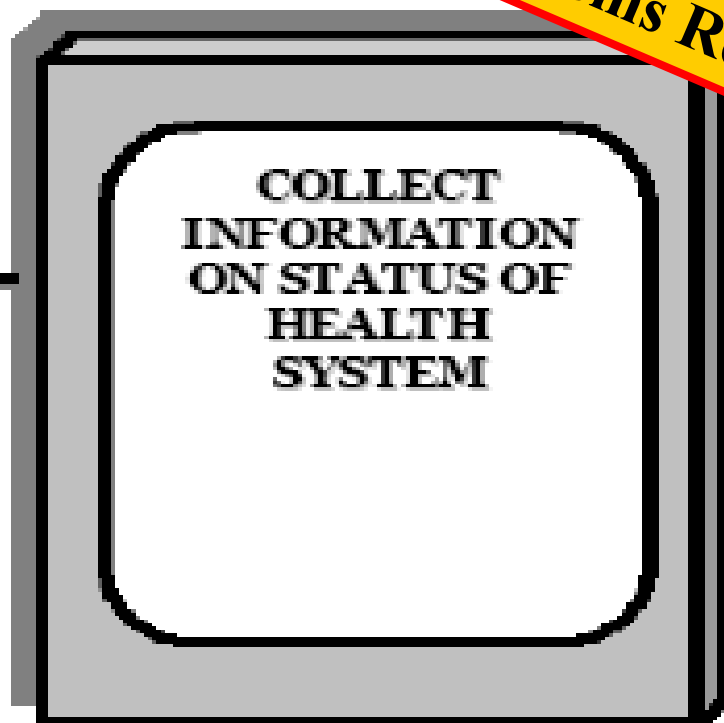
Rationale for Health Planning

- Planning of delivery of effective health services to the population within 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

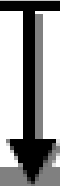
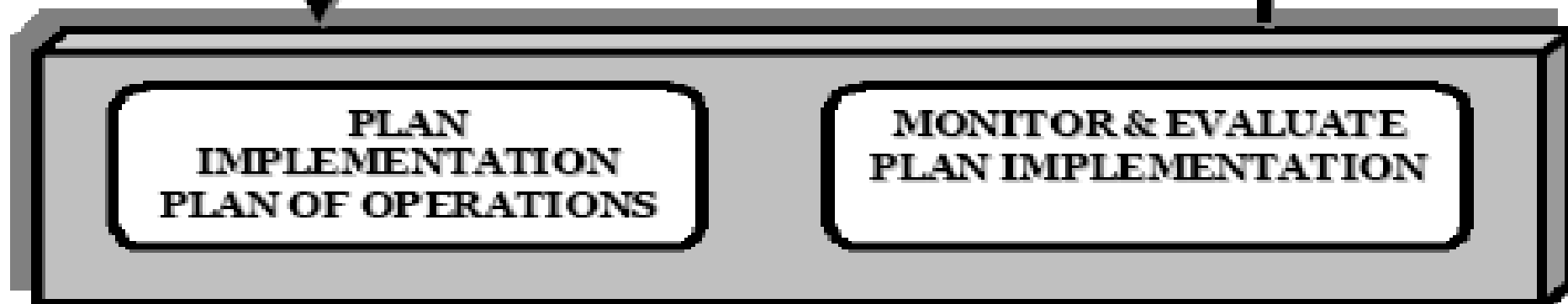
Health Planning



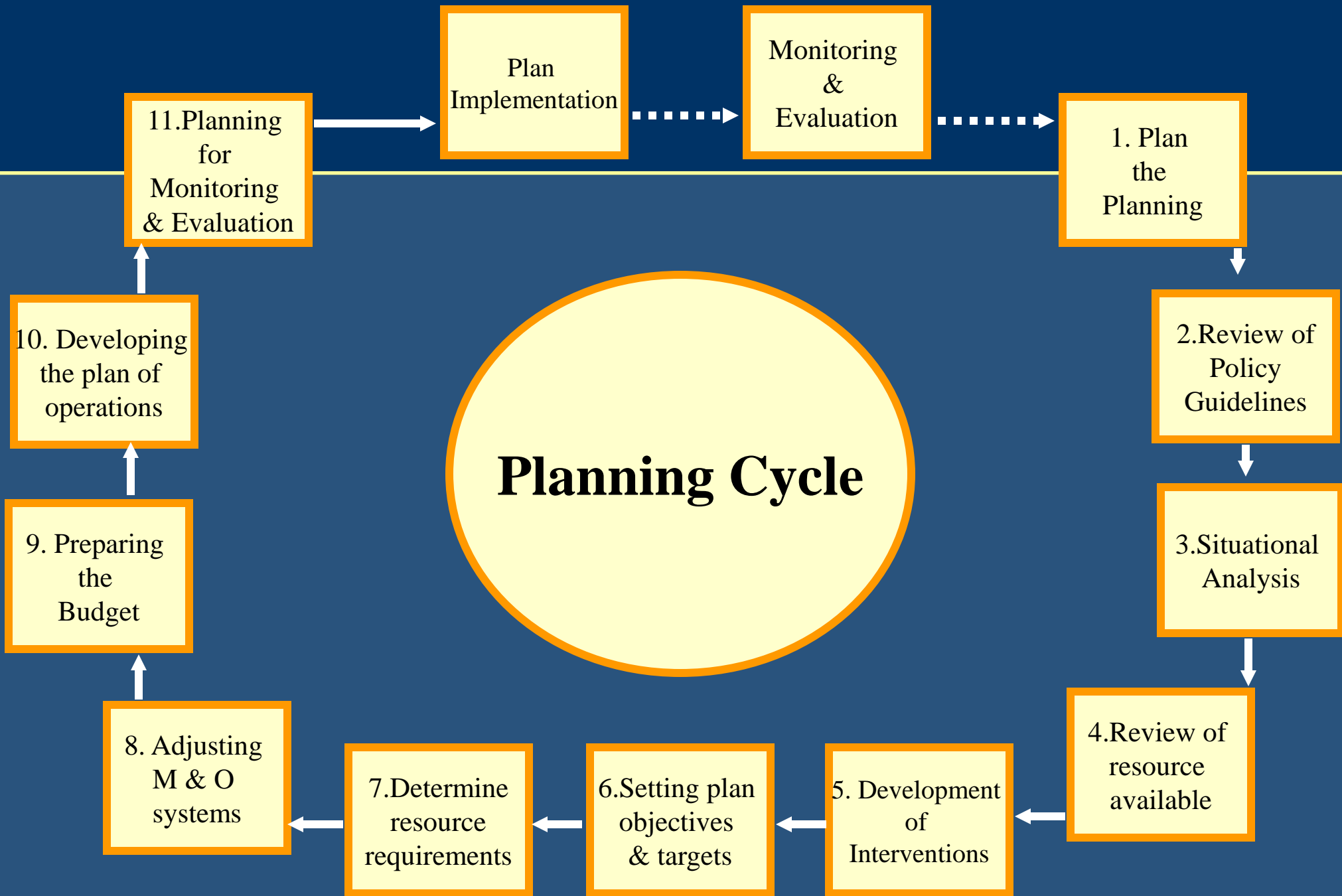
Systems Review



Plan Implementation



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

Situational Analysis (cont'd)

- 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. Ascertain 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**

Health problem	Magnitude	Severity	Vulnerability to intervention	Cost-effectiveness	Political expediency	Total score
ARI and Diarrheal Disease in Under 5 Children	++++	++	++++	++++	+	15
Maternal Mortality	+++	++++	++	++	++	13
High Fertility	+++	+	+++	+++	+++	13
Pulmonary Tuberculosis	+++	++	+++	++	++	12
HIV/AIDS	+	+++	++	+	+++	9

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

SWOT analysis: Strengths, Weaknesses, Opportunities and Threats

Strengths

- Paramedical Staff available,
- Drugs available,
- Supervisory visits conducted regularly,
- Sufficient budget is available for ongoing programs

Weakness

- Obstetrician not available,
- MO posts are vacant in 60% of FLCFs,
- Ambulances not functional,
- Drug distribution system is very slow

Opportunities

- Verbalization of the need for improved delivery care at DHQs and RHCs by the community
- WMO may be trained as Obstetrician
- Each MO and LHV can successfully manage two FLCFs

Threats

- Obstetrician may still not be available,
- Community sentiment is against delivery at health facilities;
- Difficult to convince MOs and LHVs to handle two FLCFs each,
- Two BHUs are inaccessible even in good weather and six more are inaccessible in rainy season

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

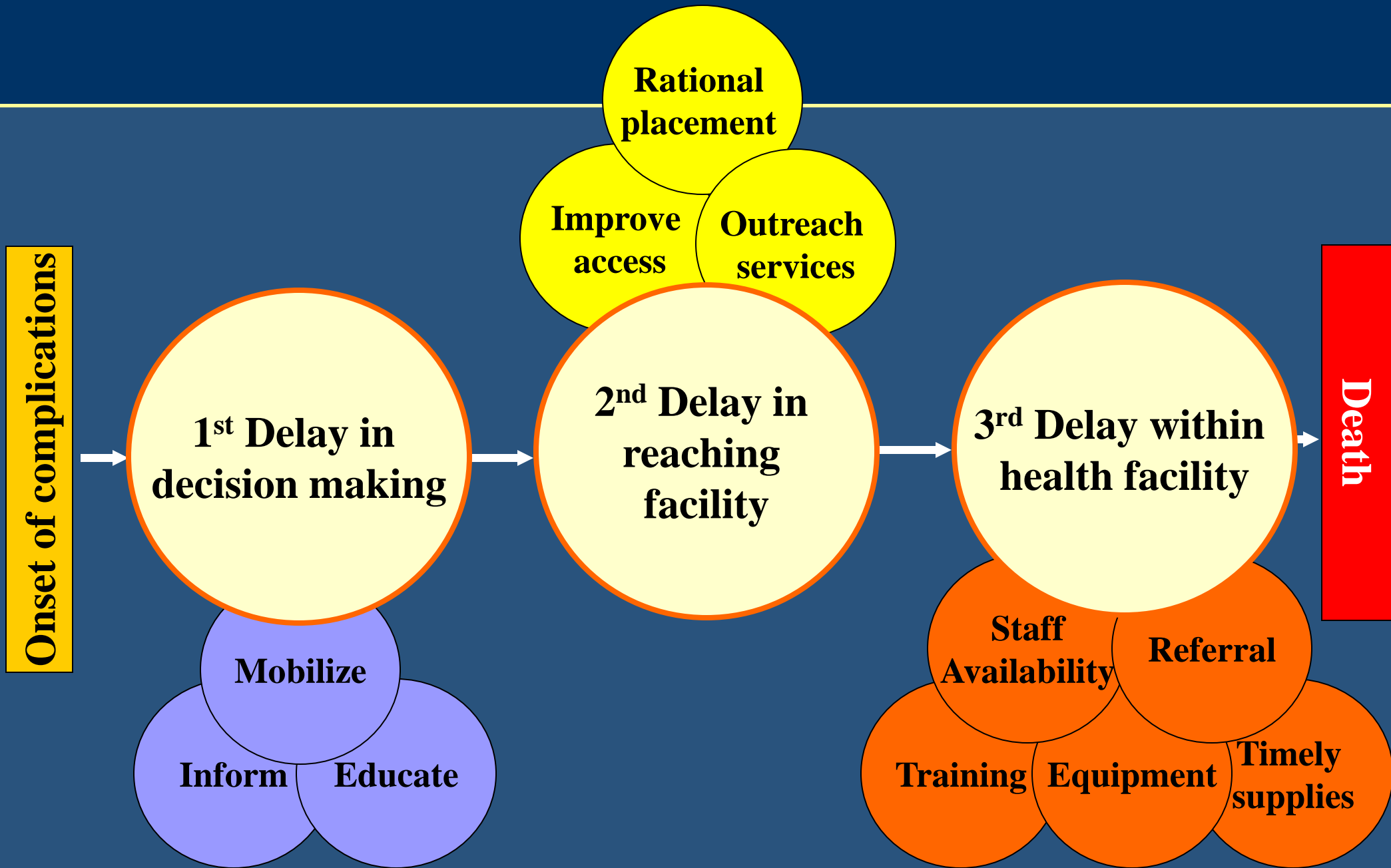
- **Intangible resource:** *Information* (Official documents, policies, goal, objectives and programs, financial reports, approved budgets, etc)

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*)



Setting Plan Objective and Targets (cont'd)

- It is the process of defining **what one wants to achieve** (expected results) within 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

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

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

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

* 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

Adjusting M & O Systems

- 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***.

An example: M & O Systems

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

Line Item	Unit	No.	Unit Cost	Total Cost (Rs.)	Source of Funds
Salaries and Allowances				168,000	
Additional Staff (Trainers)	Per month	12	7,000	84,000	WHP
Senior LHV (for M&S)	Per month	12	7,000	84,000	WHP
Non-Salary Budget				2,194,000	
Drugs and Supplies				475,000	
Iron (10,000 tablets)	Per facility	50	1,000	50,000	Regular budget
Folic Acid (5,000 tablets)	Per facility	50	500	25,000	"
Safe delivery kits	Per TBA	2000	50	100,000	"
Health Education Material	Per facility	50	2,000	100,000	Donor
HMIS Instruments	Per facility	50	4,000	200,000	"
Utilities				1,620,000	
• Electricity	Per facility	50	24,000	1,200,000	Regular Budget
• Water	Per facility	50	6,000	300,000	
• Telephone	Per facility	10	12,000	120,000	
TA/DA	Per visit	1,000	200	200,000	
Repair and Maintenance				200,000	
• Transport	Ambulances	2	20,000	40,000	Regular Budget
• Computers & Printers		3	7,000	21,000	Donor
• Ultrasound	Equipment	1	50,000	50,000	WHP
Contingencies of				315,000	Regular
Procurement of Durable Goods				184,000	
Essential Laboratory Equipment	Per facility	15	10,000	150,000	Donor
Weighing Machines	Per facility	17	2,000	34,000	Donor
Total				2,362,000	

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.

Gantt Chart

Activity	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Responsible Individual
Train midwives													LHV / Senior Midwives
Supervise midwives													LHVs
Immunize CBAs													Vaccinators
Mobilize leaders													Health Educator
Train health workers													Midwives
Distribute Iron / Folic Acid at Facilities													Person incharge of Supplies and Procurement

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.

Monitoring matrix for activities associated with reduction of maternal mortality

Activities / outputs	Measurable variable	Tools of verification	Who prepares report	When, how frequent?	Who to give feedback
Train midwives	# trained	Training records	LHV	Quarterly	Incharge RH
Supervise midwives	# superv. Visits	Superv. Records (HMIS)	LHV	Quarterly	Incharge RH
Immunize Pregnant Women	# tet. Toxoid inj. Given	MCH records (HMIS)	Vaccinat or	Quarterly	DSV
Mobilize religious leaders	# religious leaders contacted, # of contacts	Monthly reports	Health Educator	Quarterly	EDO Health
Establish kitchen gardens	# of villages with kitchen gardens	Monthly reports	Agri. Extension officer (MoA)	Half yearly	EDO Agriculture
Train Health workers on HMIS	# of Hlth workers trained	Training records	HMIS Coordinator	Half yearly	EDO Health

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

Thank you

"Success is never an accident, it is the result of right decisions at the right time"