MINISTRY OF HEALTH

PLANNING GUIDANCE

HEALTH CENTRE LEVEL

Department of
Health Services Management
Ministry of Health
Government of Zimbabwe

JULY 1989

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GUIDANCE TO PLANNING AT HEALTH CENTRE LEVEL

1. INTRODUCTION

1.1. This year (1989) new procedural guidance for health service planning in Zimbabwe was agreed. This guidance explains what planning tasks have to be performed at each level in our health system. The diagram opposite is included in the document. You will see that there are tasks to be performed at each level, but that planning is to start at your level and with the communities that you serve.

1.2. Looking at the diagram you will also see that the Ministry of Health will not be planning in isolation from the developmental structures that have been created to ensure popular participation and inter-sectoral collaboration. In particular the VIDCOs, WADCOs and the sub-committees involved with health matters must be included in health planning.

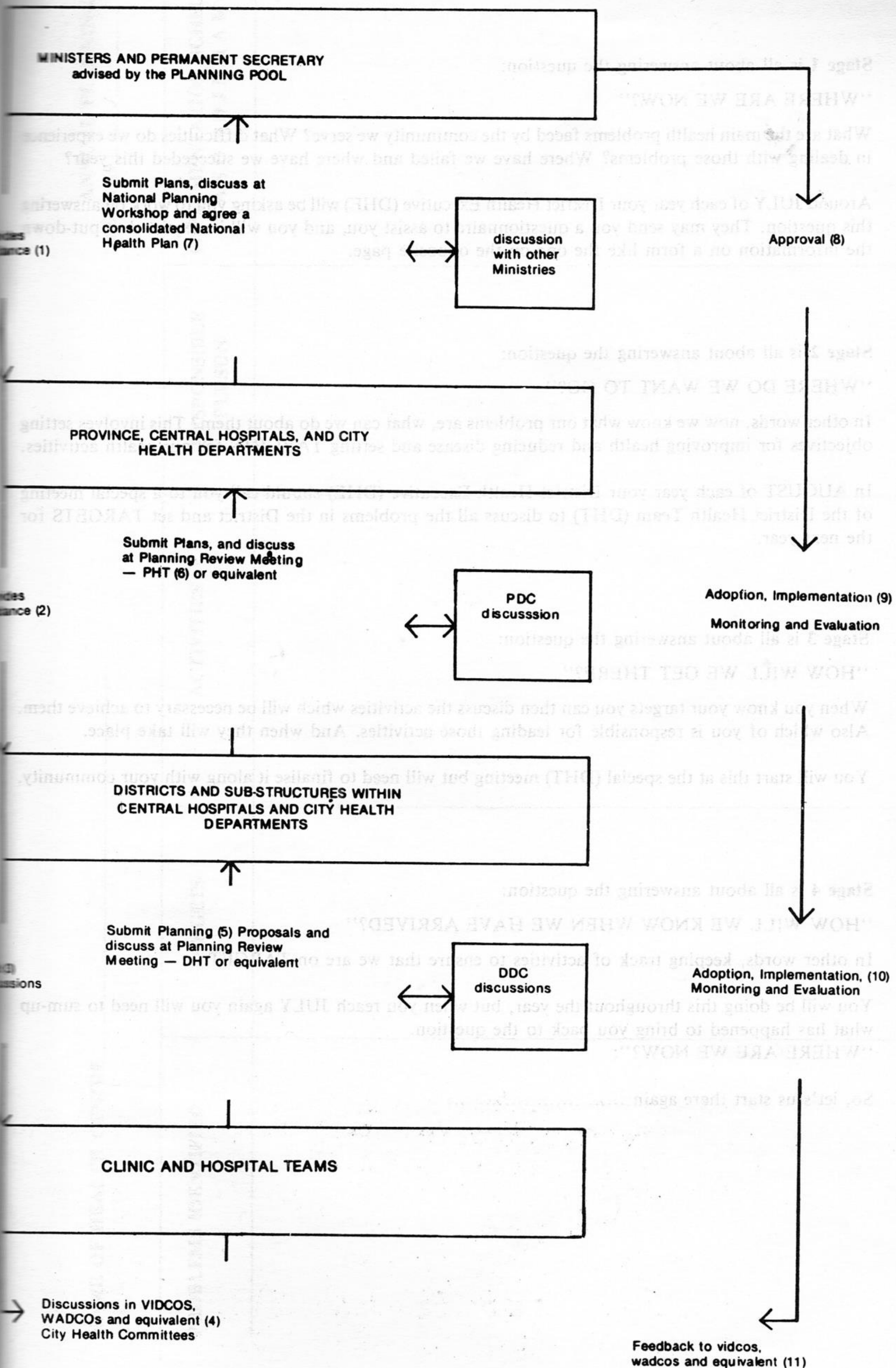
1.3. The diagram also shows that you will be provided with support and guidance in your planning tasks by the District level, for example the District Health Executive (DHE) and the Community Sister. And your planning proposals will be discussed at the District level, particularly in the District Health Team (DHT).

1.4. The diagram shows that when plans have been agreed there must be a "feedback" to your community so that they know what is to be implemented, what **cannot** to be implemented this year, and where community involvement in implementation will be necessary.

1.5. Finally, the diagram shows that plans must be monitored (a check kept on activities) and sometimes evaluated (see if the plan is achieving what was hoped for).

THE SYSTEM AS A WHOLE

DIAGRAM 1



2. **WHAT ARE WE EXPECTED TO DO?**

2.1. There are a number of stages to go through each year in order to prepare your annual plan.

Stage 1 is all about answering the question:

"WHERE ARE WE NOW?"

What are the main health problems faced by the community we serve? What difficulties do we experience in dealing with those problems? Where have we failed and where have we succeeded this year?

Around JULY of each year your District Health Executive (DHE) will be asking you to work on answering this question. They may send you a questionnaire to assist you, and you will be expected to put-down the information on a form like the one on the opposite page.

Stage 2 is all about answering the question:

"WHERE DO WE WANT TO GO?"

In other words, now we know what our problems are, what can we do about them? This involves setting objectives for improving health and reducing disease and setting TARGETS for our health activities.

In AUGUST of each year your District Health Executive (DHE) should call you to a special meeting of the District Health Team (DHT) to discuss all the problems in the District and set TARGETS for the next year.

Stage 3 is all about answering the question:

"HOW WILL WE GET THERE?"

When you know your targets you can then discuss the activities which will be necessary to achieve them. Also which of you is responsible for leading those activities. And when they will take place.

You will start this at the special (DHT) meeting but will need to finalise it along with your community.

Stage 4 is all about answering the question:

"HOW WILL WE KNOW WHEN WE HAVE ARRIVED?"

In other words, keeping track of activities to ensure that we are on TARGET.

You will be doing this throughout the year, but when you reach JULY again you will need to sum-up what has happened to bring you back to the question.
"WHERE ARE WE NOW?";

So, let's us start there again ....

NAME OF HEALTH CENTRE ______________________

ANNUAL PLANNING
YEAR 19_____/_______

PROBLEMS IDENTIFIED	TARGETS	ACTIVITIES	RESPONSIBLE PERSON	IMPLEMENTATION SCHEDULE J A S O N D J F M A M J

3. PROBLEM IDENTIFICATION — "WHERE ARE WE NOW?"

3.1. It is important to remember that this question is not just about, or mainly about, physical buildings ("our clinic is old", "it has no waiting mothers shelter", etc)
or staff ("we need more") or transport ("there isn't enough"). These are all important matters but the starting point for planning needs to be questions about — health and disease in the community, and the progress of **our programmes** to improve health and combat disease.

Do you understand this starting point? If NOT, discuss this with the Community Sister or any DHE Member

3.2. How do we know what the current situation is about health and disease in our community? There are a number of ways—

What we know from day-to-day working.
What members of the community tell us.
What we have heard at meetings — like the WADCO and Ward Health Sub-Committee
What we have discussed during supervisory visits

This is all important information but may not tell us—
"What is the most common problem?"
"What is the most common problem in terms of death and disease?"
"Which problems are increasing, which are decreasing?"

3.3. In other words we all need to check our day-to-day ideas of what is happening with some firmer facts and figures. Where do these facts and figures come from?

From any special surveys undertaken in our community
From information gathered by VCWs and TMs

AND From our Health Information System.

3.4. Soon you should receive the new National Health Information System Manual. Tha Manual explains the importance of analysing and using the data that you collect and put on the T-forms; particularly the T5.

It says that you must DISPLAY your information so that you can DISCUSS it and DO something about the problems or opportunities it highlights.

Are you displaying and discussing your health information? Do you have a map of your catchment area, have you calculated your catchment population? Are you keeping 6 Health Diary Charts, and keeping graphs on diseases, family planning, growth monitoring, maternity services, immunisations, protected water wells and blair toilets.

If NOT, discuss this with the Community Sister or any DHE Member.

3.5. You should be DISPLAYING information like this:

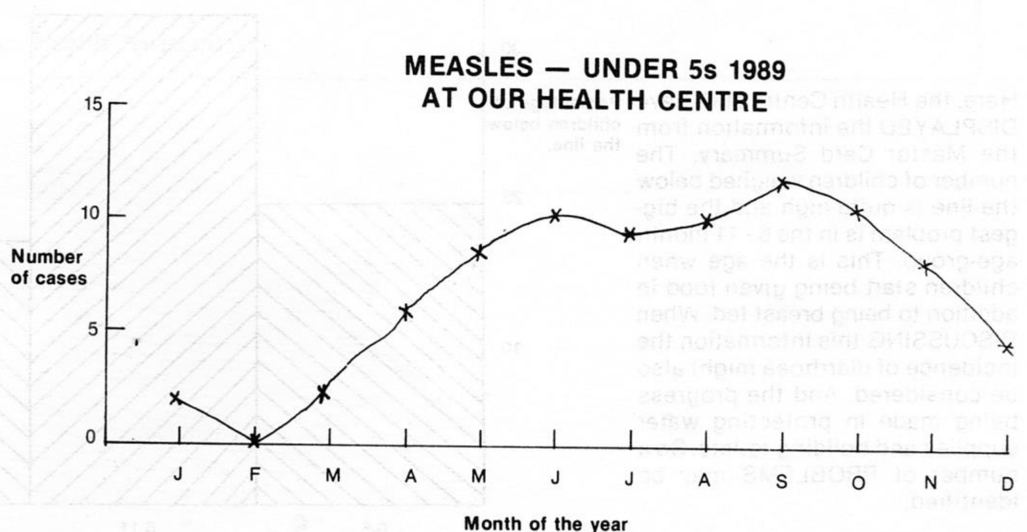
OUR HEALTH CENTRE 1989 — HEALTH DIARY CHART 1

OUT-PATIENT ATTENDANCES — UNDER 5's

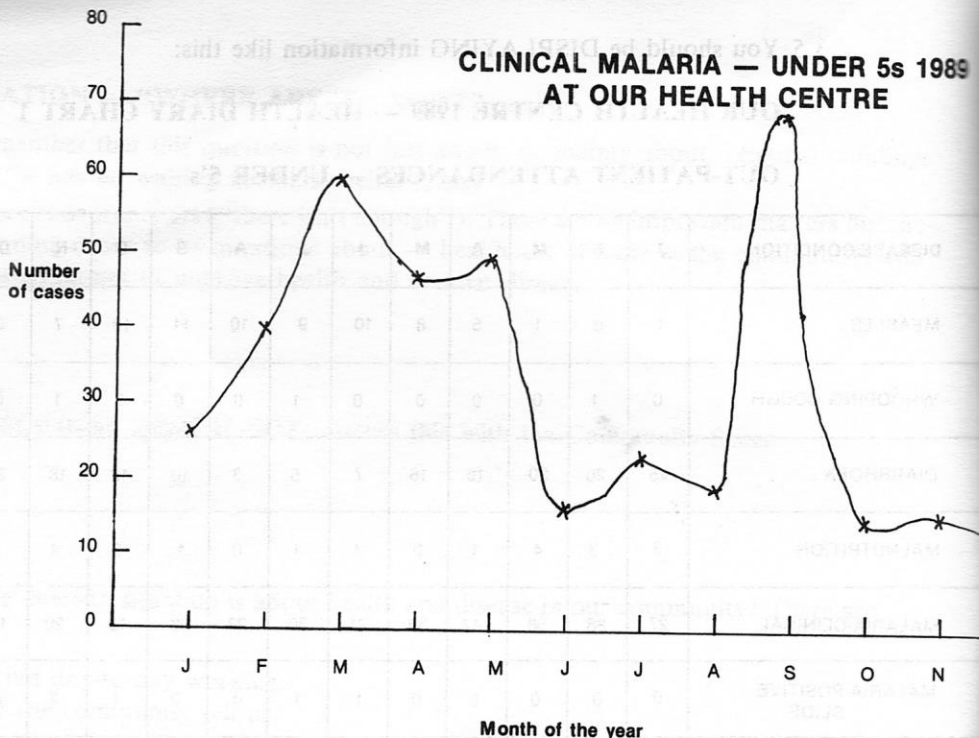
DISEASE/CONDITION	J	F	M	A	M	J	J	A	S	O	N	D	TOTAL	REMARKS
MEASLES	1	0	1	5	8	10	9	10	11	10	7	3	75	Cases came earlier in year than expected.
WHOOPING COUGH	0	1	0	0	0	0	1	0	0	1	1	0	4	
DIARRHOEA	25	26	20	15	16	7	5	3	10	12	18	27	184	much use of unprotected water sources.
MALNUTRITION	3	3	4	1	0	4	1	0	1	3	4	2	26	
MALARIA-CLINICAL	27	38	58	47	50	21	30	23	68	18	20	16	416	big increase in cases this year.
MALARIA-POSITIVE SLIDE	0	0	0	0	0	1	1	0	0	1	2	0	5	under reporting.
RESPIRATORY	37	31	65	119	90	26	15	25	26	47	31	28	540	mainly mild cases but some serious ones.
STDs	0	0	0	0	0	1	0	0	0	1	0	1	3	
LOCALLY MONITORED-BURNS	8	8	9	9	10	12	13	7	4	3	1	2	86	fewer than last year
ALL OTHER DISEASES /CONDITION	91	48	82	53	52	66	24	81	62	61	43	71	734	
TOTAL NEW CASES	212	187	268	300	269	181	124	188	214	176	184	201	2,504	
REPEAT VISITS	112	169	168	132	141	152	96	181	110	167	151	102	1,681	
REFERRALS	3	7	19	7	4	17	3	12	10	5	5	8	100	
TOTAL CASES	324	356	436	432	410	333	220	369	324	343	335	303	4,185	

And drawing graphs like this:

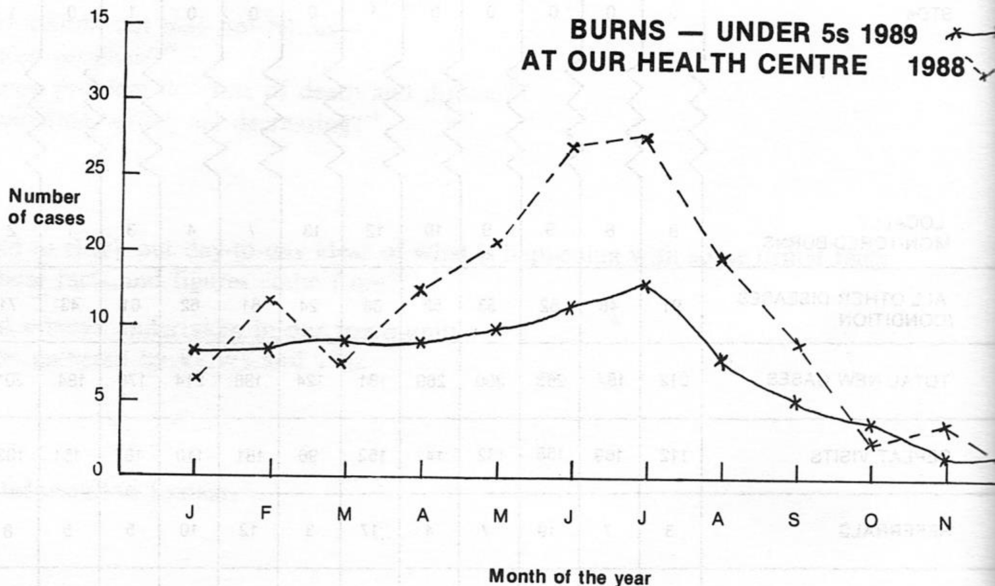
When the Health Centre staff DISCUSS THIS information they would be concerned about the number of Measles cases, and that the numbers started rising in April-earlier than would be expected. They might consider WHERE the cases were coming from; and whether the children had been vaccinated or not; had the cold-chain broken-down; etc. They would certainly identify this as a PROBLEM.



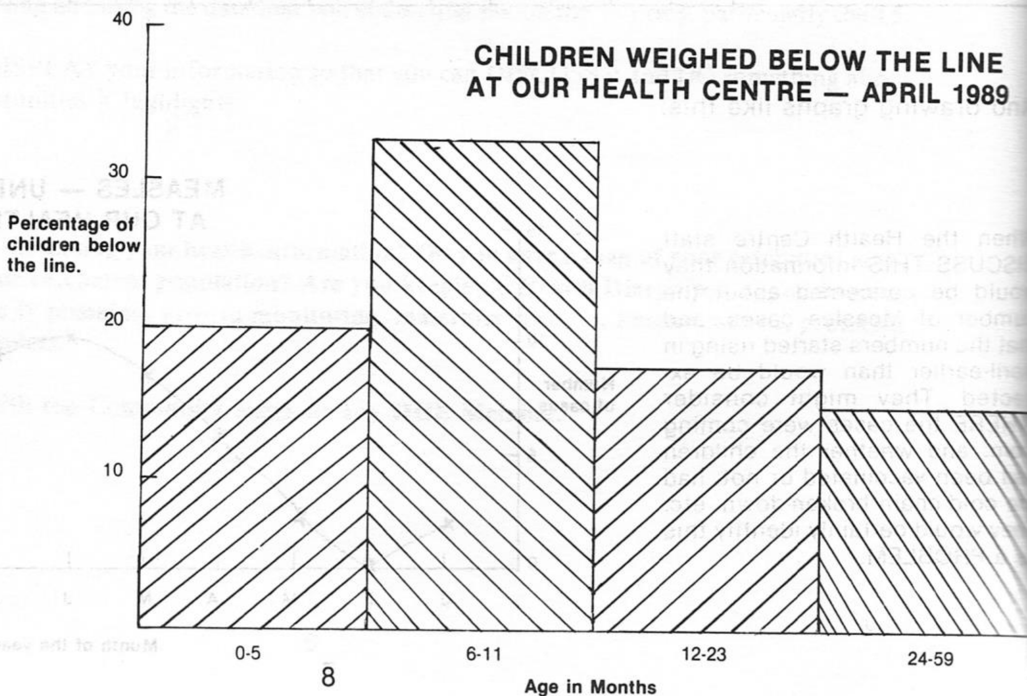
When the Health Centre staff DISCUSS this information they would be concerned about the number of cases. However, perhaps on further discussion with the community sister they might consider the accuracy of their diagnosis.
For example, what explains the two peaks in March and September? and why where so few positive slide cases reported? In any case they would identify this also as a PROBLEM.



On this graph you can see that the Health Centre staff have also DISPLAYED the information for the previous year. Probably last year they identified burns among children during the winter months as a problem. It looks like they were able to DO something about it — perhaps a health education campaign. And this year they may no longer identify it as a problem.



Here, the Health Centre staff have DISPLAYED the information from the Master Card Summary. The number of children weighed below the line is quite high and the biggest problem is in the 6 - 11 month age-group. This is the age when children start being given food in addition to being breast fed. When DISCUSSING this information the incidence of diarrhoea might also be considered. And the progress being made in protecting water supplies and building toilets. So a number of PROBLEMS may be identified.



3.6 Now although you should be discussing health and disease problems all through the year, and using your health information, some additional activity will be needed when you hear from the District that:

"The Annual District Planning Workshop, will be held on 28th August - be prepared to make your report. Use the questionnaire and fill-in the Problems part of the Planning Form."

3.7 At this time you will need first to have a special meeting of the Health Centre staff. At this meeting you will need to have a look at all your sources of information about the current situation - your graphs, the minutes of your meetings, any reports of supervisory visits; and all that information about problems and achievements that is just stored in your heads!

Make a list of all of these problems with supporting information whenever possible. Such a list is shown below.

OUR HEALTH CENTRE

List of Problems

- Not enough mothers are attending at the health centre for their deliveries. (only 37 out of 423 deliveries last year)
- Some TMs are failing to identify "at risk" mothers.
- Acceptors of family planning are not increasing (our T99s showed a decrease in the number of oral contraceptives issued; but a small increase in condoms).
- We had an outbreak of measles in the north part of our catchment area (75 cases last year - 65 came from the north part).
- There are serious nutrition problems amongst children on the commercial farms (percentage of children weighed below-the-line is at least 14% in all age groups).
- We are often running-out of drugs and this discourages attendance at our clinic (total new cases in the under 5's was 2,504 in 1989; in 1988 it was nearly 3,000).
- There were many cases of malaria last year (416 clinical cases in the under 5's, 819 in the 5's and over).
- Coverage of Blair Toilets is still very low (out of 1 500 households, only 150 have toilets).
- There are many more patients with STDs.
- We find it difficult to get a good response from the District Hospital when we want to refer a patient.
- We have lost-touch with the VHWs, now VCWs.
- We have no outside shelter for our gas cylinder.
- There is no house for our Health Assistant.

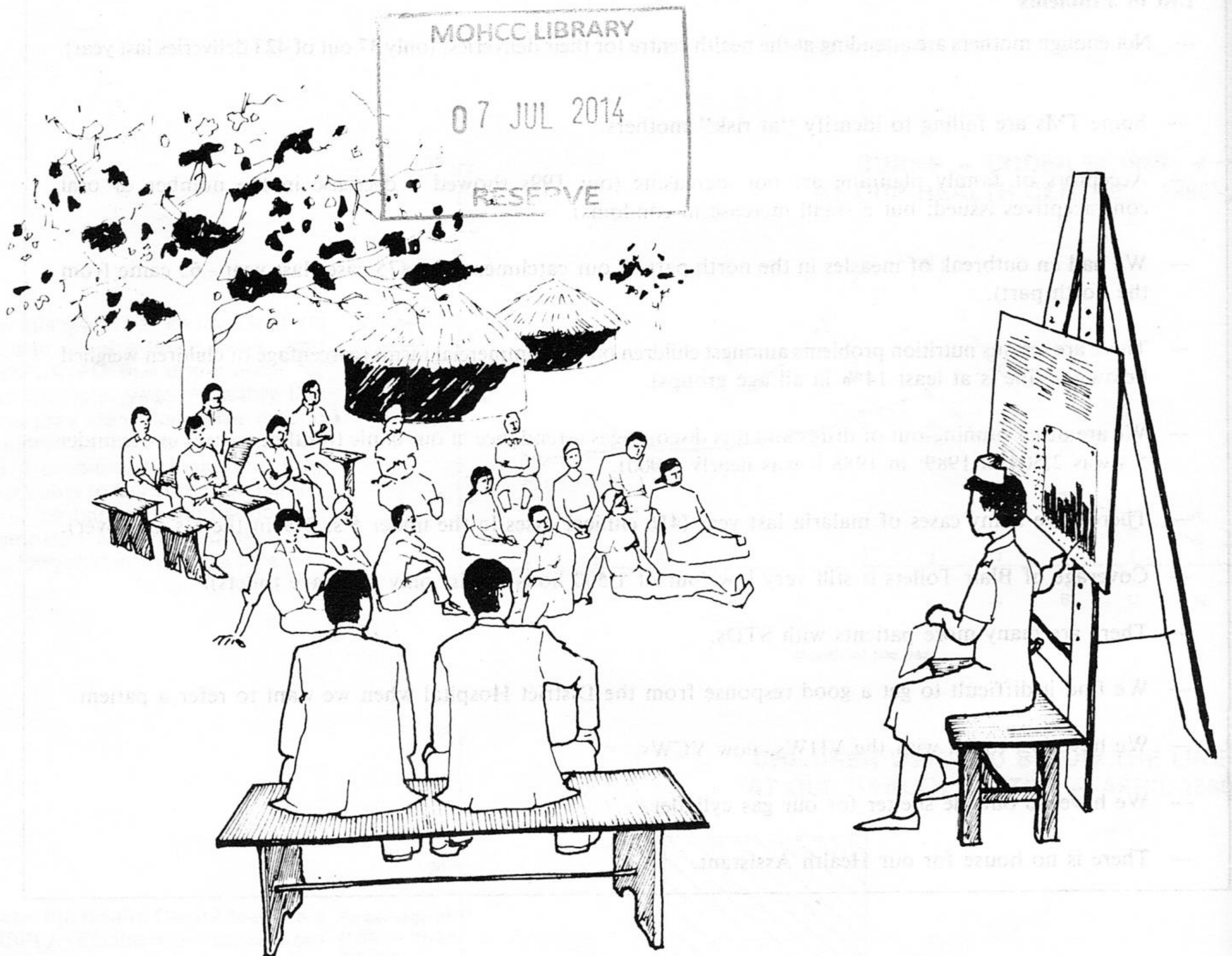
3.8 The **second** task will be to share **your** view of the problems with your community and listen to **their** view of the problems. This may best be done at a meeting of your Ward Health Sub-Committee. Think carefully about how this meeting is to be organised so as to get the most out of it. Is it best to present your list of problems first, illustrated by your map, graphs, etc? Or is it best to let the community representatives state their ideas first? Or is it best to discuss the problems programme by programme?

If you are unsure about this, discuss it with the Community Sister or any member of the DHE.

3.9 After that meeting you will need to re-write your list. First, new problems may have been identified in the discussions. Second, the meeting will have helped you to decide which problems **are the most important** i.e. the priority problems.

The first part of the list, now in priority order, and written on the planning form is shown on the page opposite.

The tasks so far have helped to answer the question "WHERE AE WE NOW?" The next tasks will help us to decide on our targets, in other words "WHERE DO WE WANT TO GO?"



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NAME OF HEALTH CENTRE ______________________

ANNUAL PLANNING
YEAR 19_____/_____

PROBLEMS IDENTIFIED				
1. There were many cases of malaria last year (416 cases in the under 5's; 819 in the 5's and over.)				
2. Coverage of Blair Toilets is still very low (out of 1 500 households, only 150 have toilets)				
3. Some TMs are failing to identify "at risk" mothers				
4. etc. etc.				

4. OBJECTIVES AND TARGETS — WHERE DO WE WANT TO GO?

4.1. At the special meeting of the DHT you will discuss Objectives and Targets.

An **Objective** will usually say WHAT is to be achieved in reducing illness or promoting health.

For example: "To reduce the number of children below the line by 200 by the end of the year"
or: "To reduce the number of measles cases from 400 to 250 by the end of the year".

A **Target** will usually say WHAT is to be achieved in the activities that will achieve the Objective,

For example: "To establish 5 new nutrition gardens by December"
or: "To increase measles vaccination coverage from 62% to 78% by the end of the year".

4.2 At Health Centre level you will be mainly concerned with setting good targets and achieving them. However, knowing the objective is the half-way stage to setting good targets. There are 4 rules for setting good targets. They should be:

(1) **Clearly Expressed**
A target like "optimal integration of oral health programmes into appropriate primary health care situations" may sound very good but what does it mean?

"To ensure by the end of this year that oral-health education talks are included in each clinic's programme, and that 50% of clinics can provide a simple tooth extraction services" is much clearer.

(2) **Feasible**
An target like "100% of mothers will attend for Ante Natal Care on 3 occassions during their pregnancy" is not a feasible target.

"To increase by the end of the year ANC attendance from 65% of expected deliveries to 70% of expected deliveries, and the re-attendance rate from 1 to 1.5". sounds feasible.

(3) **Relevant**
A target like "to increase awareness of the value of piped water supplies" is not relevant in many rural areas.

"To ensure that each WADCO provides support to at least 2 protected water schemes during the year" is relevant.

(4) **Measurable**
A target like "to reduce the number of Diarrhoea cases in children" is not measurable.

"To reduce the number of out-patient attendances by the under 5s for Diarrhoea by 15% during the year" can be measured.

or,

Observable

Not all of our targets can be measured in terms of numbers. For example "to increase privacy for patients" is not measurable or observable.

But "to ensure that patients cannot be overheard during history taking" is certainly observable.

On the page opposite are some examples of targets for the first 3 priority problems.

Getting targets right for the District and each part of it will be one of the main things to be done at the special DHT. Remember, not all of your targets will be about doing new things. It is just as important to have targets about doing the old things as well or better.

4.3. So far we have been asking answering the questions:

WHERE ARE WE NOW?
and WHERE DO WE WANT TO GO?

The next question is: HOW WILL WE GET THERE?

NAME OF HEALTH CENTRE ______________________

ANNUAL PLANNING
YEAR 19_____/_____

PROBLEMS IDENTIFIED	TARGETS			
1. There were many cases of malaria last year (416 cases in the under 5's; 819 in the 5's and over.)	To reduce malaria cases this year by half: that is, 200 under 5's 400 5's and over			
2. Coverage of Blair Toilets is still very low (out of 1 500 households, only 150 have toilets)	To complete 100 Blair Toilets by the end of the year			
3. Some TMs are failing to identify "at risk" mothers	To identify and retrain at least 30 Traditional Midwives during this year.			
4. etc. etc.	etc. etc.			

5. ACTIVITIES — HOW WILL WE GET THERE?

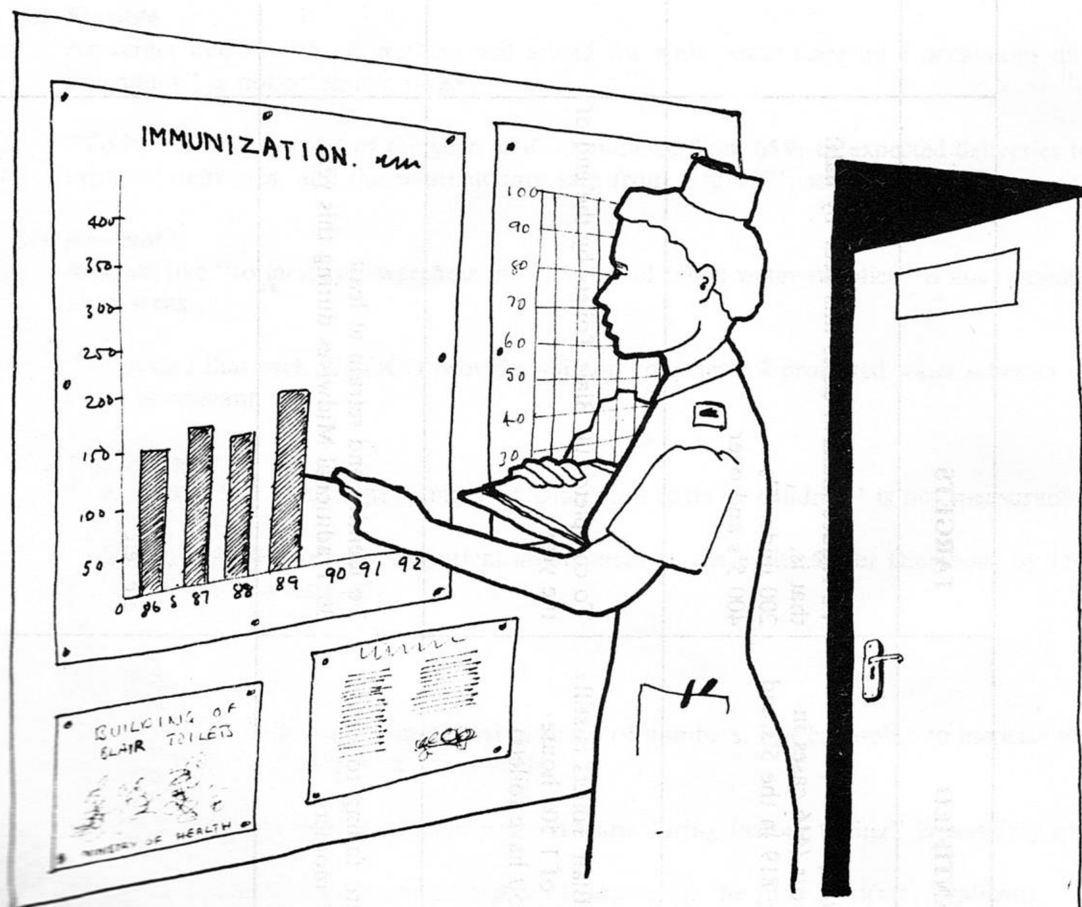
5.1. You will remember that objectives and targets were all about WHAT we want to achieve. The next stage is to decide HOW these things are to be achieved. We want to reduce the number of malaria cases, build more toilets and retrain TMs, but **How** will we achieve this?

5.2. This stage in planning should also start at the special DHT meeting. Here you will be writing — down the outline or the headings for activities that will be the basis of more detailed ACTION PLANS.

5.3. To achieve results we must be ambitious and use our imaginations but we must also be realistic. Otherwise planning is a waste of time and the community will become demotivated. This means that you should plan activities that rely on: the resources you have now; any additional resources that the District has already said will be available; and a realistic assessment of the level of community participation or contribution.

5.4. On the page opposite you will see that Activities have now been included on the planning form.

5.5. We have answered the "WHAT?" and the "HOW?" questions in planning. There are now two more questions to ask and answer — the "WHO?" and the "WHEN?".



NAME OF HEALTH CENTRE ____________________

ANNUAL PLANNING
YEAR 19____/____

PROBLEMS IDENTIFIED	TARGETS	ACTIVITIES		
1. There were many cases of malaria last year (416 cases in the under 5's; 819 in the 5's and over.)	To reduce malaria cases this year by half: that is, 200 under 5's 400 5's and over	1. Taking of blood slides 2. Correct treatment of patients 3. Close supervision of spraying 4. Improve diagnostic skills and reporting system 5. Maintain adequate supply of drugs 6. Carry-out health education campaigns.		
2. Coverage of Blair Toilets is still very low (out of 1 500 households, only 150 have toilets)	To complete 100 Blair Toilets by the end of the year	1. Mobilise the community 2. Train local builders 3. Order and distribute materials 4. Site the toilets 5. Supervise construction		
3. Some TMs are failing to identify "at risk" mothers	To identify and retrain at least 30 Traditional Midwives during this year.	1. Carry-out 2 refresher training courses for TMs 2. Follow-up on TMs		
4. etc. etc.	etc. etc.	etc. etc.		

6. RESPONSIBILITY AND SCHEDULE — WHO? AND WHEN?

6.1. So that we really know "HOW WE ARE GOING TO GET THERE", we must also say WHO will take responsibility for the activity and WHEN the activity will take place.

6.2. The "WHO?" question will often be quite straight forward at Health Centre level. It will normally be the SCN or the EHT. However, sometimes there may be joint activities involving say an SCN and the EHT. In this case you should be clear that **somebody** must be responsible for leading or co-ordinating or it may end-up with **nobody** doing the task! Also the "WHO" may be the SCN but may need support from the Community Sister.

6.3. Finally, our planning proposal must show WHEN the activity is to take place. Some activities will take place throughout the year. Other activities will take place at particular times of the year. May to September are the best months for building. November and December are the best months for health education on malaria.

On the page opposite the WHO (Responsibility) and the WHEN (Schedule) have been completed.

7. GETTING IT DONE

7.1. You may have managed to complete your whole planning form at the special meeting of the DHT. If not, you will need to meet soon afterwards to complete this stage.

7.2. You may want some advice and assistance from the Community Sister or a DHE Member. **Perhaps** this could be combined with one of their supervisory visits.

7.3. You may want to divide-up the task amongst the different health centre staff. This is a good idea but remember that you should first DISCUSS the ideas **together** and then AGREE **together** what is finally written-down.

7.4. **BUT** remember that it's your community's plan, so discuss it within the WADCO as well as with health staff before it is finalised.

7.5. When it is completed, the planning form should be submitted to the District. Remember that it is a plan for implementing **next** year starting in July. However, for parts of the plan that don't need extra resources or lengthy preparatory work at District level you may be able to start sooner. If you are not sure about this discuss it with Community Sister or DHE Member.

7.6. FEEDBACK is very important. Once District has approved the plan, you should inform the WADCO and all health staff.

NAME OF HEALTH CENTRE: ______________________

ANNUAL PLANNING
YEAR 19_____/_____

PROBLEMS IDENTIFIED	TARGETS	ACTIVITIES	RESPONSIBLE PERSON	IMPLEMENTATION SCHEDULE J A S O N D J F M A M J
1. There were many cases of malaria last year (416 cases in the under 5's; 819 in the 5's and over).	To reduce malaria cases this year by half: that is, 200 under 5's 400 5's and over	1. Taking of blood slides	SCN/EHT	x x x x x x x x x x x
		2. Correct treatment of patients	SCN	x x x x x x x x x x x
		3. Close supervision of spraying	EHT	x x
		4. Improve diagnostic skills and reporting system	Nurse in charge	x x x x x x x x x x x
		5. Maintain adequate supply of drugs	SCN	x x x x x x x x x x x
		6. Carry-out health education campaigns.	SCN/EHT/VCWs	x x x
2. Coverage of Blair Toilets is still very low (out of 1 500 households, only 150 have toilets.)	To complete 100 Blair Toilets by the end of the year	1. Mobilise the community	EHT/VCWs	x
		2. Train local builders	EHT/Health Orderly	x x x
		3. Order and distribute materials	EHT	x x x x
		4. Site the toilets	EHT	x x
		5. Supervise construction	EHT/Helath Orderly	x x x
3. Some TMs are failing to identify "at risk" mothers	To identify and retrain at least 30 Traditional Midwives during this year.	1. Carry-out 2 refresher training courses for TMs	SCN (support from community sister)	x x
		2. Follow-up on TMs	SCN/trainer	x x x x x x x x x x
4. etc. etc.	etc. etc.	etc. etc.	etc. etc.	

8. ACTION PLANS

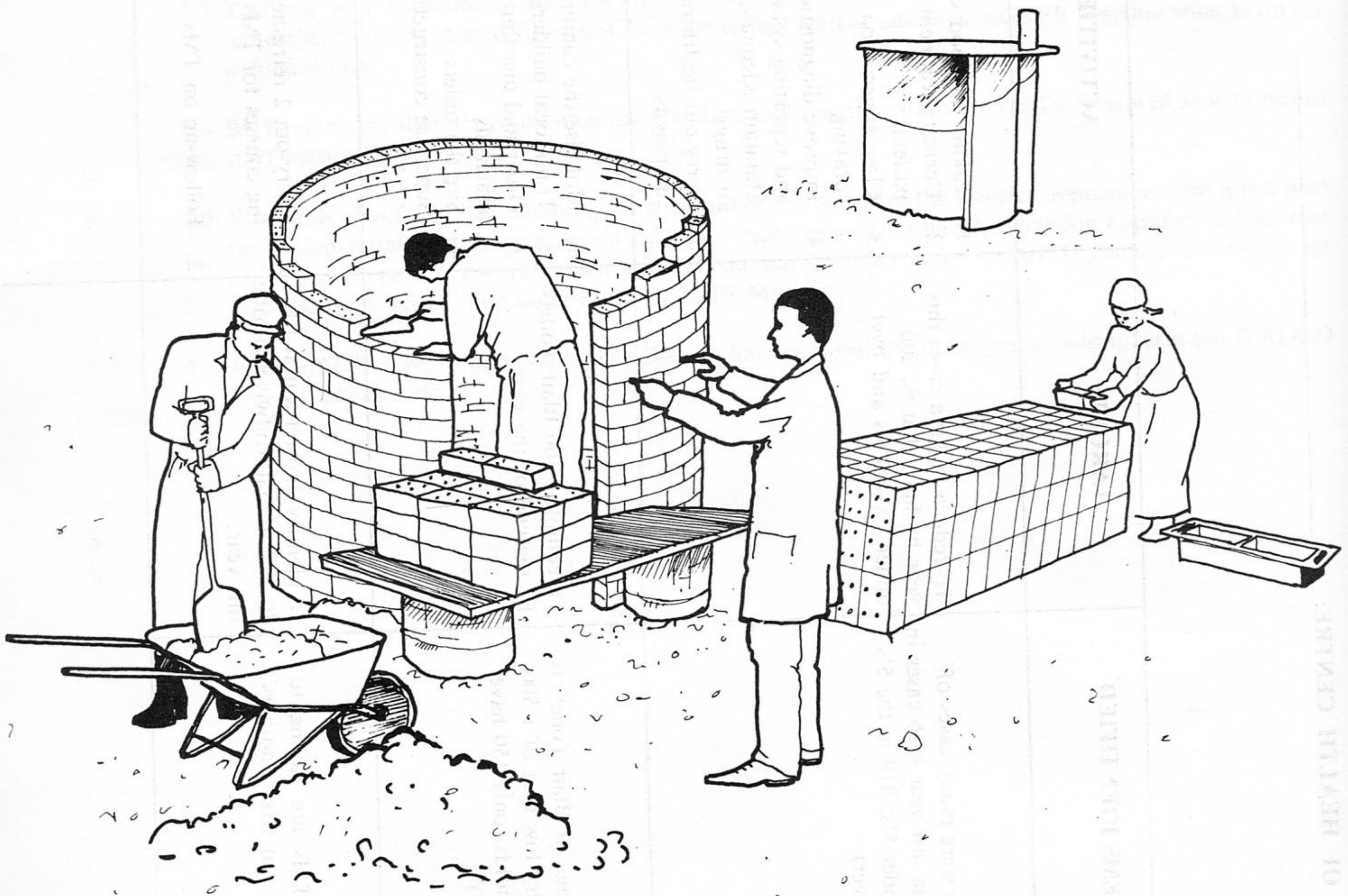
8.1. By now you should have a good guide to what you intend to achieve in the year ahead. You have your targets and the outline for your activities. However, to implement those activities you need detailed Action Plans. These could be agreed at a single meeting, but you would probably become exhausted, and you might feel discouraged at the thought of so much to do.

8.2. So, it's probably better to spread this work out. Decide what you want to tackle first, agree on the action plan, then move on to the next one when you are ready.

8.3. There are two Action Plans on the pages opposite to deal with two targets:
"Patients will not be kept waiting longer than 1 hour at health centres"
and, "To complete 100 blair toilets and protect 5 wells by the end of the year".

8.4. These are just examples of how action plan meetings might look at a target and activities, and come-up with ideas. It is not necessary to write everything down just the decisions — as in the examples on "where we can make improvements". This list of decisions will be useful during the year to check what has been done and what still needs to be carried-out. Also the Community Sister and DHE Members will want to talk to you about your Action Plans when they come on supervisory visits.

8.5. Action Plan meetings give you the opportunity to look very carefully at each target and activity, discuss them fully and get ideas from all concerned. Indeed, this is what all our planning is about — reviewing the past, looking at the problem, and putting our heads together to work-out good ideas for the future.



ACTION PLAN MEETING 1 — PATIENTS WAITING

How did we do last year?

Patients started arriving at 7.30 am but the SCN only starts seeing people at 8.00 am.

Some patients are not seen for 2 or 3 hours.

What were the problems?

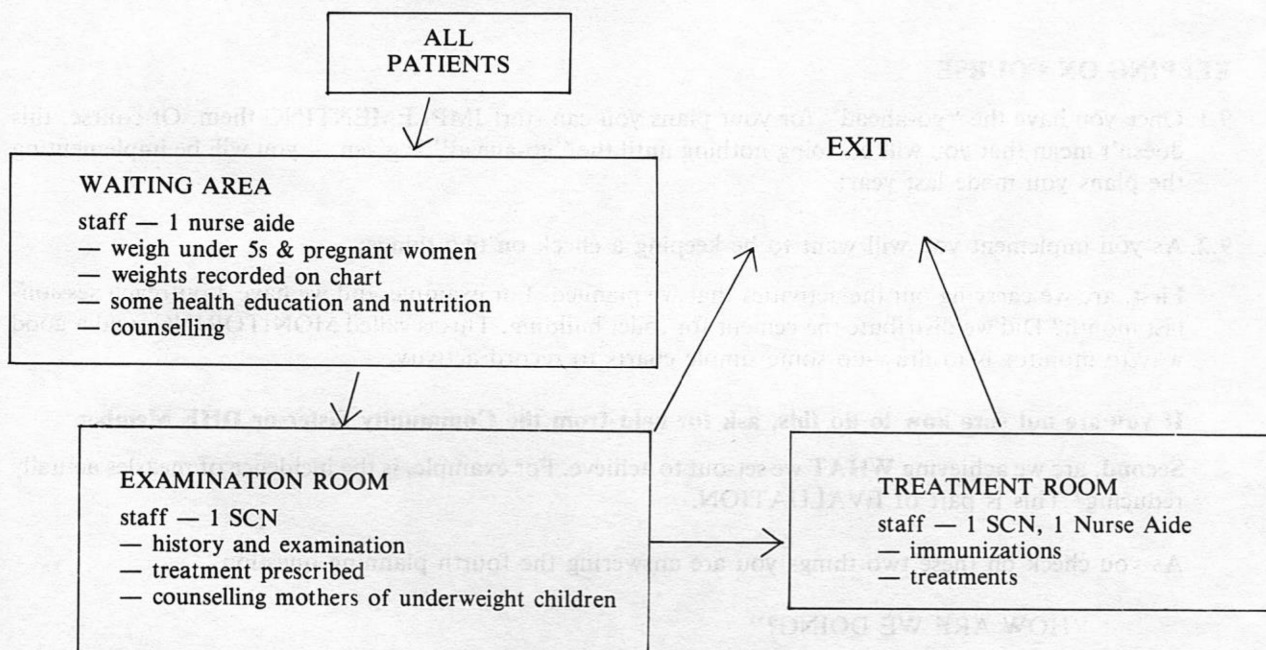
SCNs have to organise the treatment room before seeing patients in the morning.

Paperwork is done in the morning before seeing patients.

Cleaning is done in the morning, before patients are seen.

Where can we make improvements?

		ACTION BY
1.	The nurse aides will be taught how to organise the treatment room.	SCN
2.	Nurses aides and the caretaker will finish all the cleaning in the afternoon, so patients can be seen as soon as the health centre opens.	Nurse Aides caretaker
3.	SCNs will do their paperwork in the afternoon, when it is quieter.	SCNs
4.	The space at the health centre will be used differently — diagram below.	Health Centre Staff



ACTION PLAN MEETING 2 — TOILETS AND WELLS

How did we do last year?

Our target for toilet construction was 100 but we only managed to build 50.

Our target for well protection was 5, but we only managed to protect 2 wells.

What were the problems?

Cement was not available for extended periods of time due to an acute national shortage.

3 wells were not fitted with pumps because the EHT does not have pump-fitting skills. He depends on skills from other departments which were not readily available due to other commitments.

The 5-ton truck was not readily available, to assist in ferrying river sand for areas where none is available, due to constant breakdowns.

The number of local builders is too low.

Where can we make improvements?	**ACTION BY**
1. Cement orders should be sent to the District at least 4 months in advance, using the project implementation plan.	EHT
2. EHT to attach a health orderly to the pump minder or DDF teams so he can acquire pump — fitting skills.	EHT + Health Orderly
3. Community to use animal drawn carts to ferry local materials, including river sand, to project sites.	EHT, CDWs & Community
4. Health Orderly to train at least 5 local builders per village.	Health Orderly

9. KEEPING ON COURSE

9.1. Once you have the "go-ahead" for your plans you can start IMPLEMENTING them. Of course, this doesn't mean that you will be doing nothing until the "go-ahead" is given — you will be implementing the plans you made last year!

9.2. As you implement you will want to be keeping a check on two things:

First, are we carrying out the activities that we planned. For example, did we have 4 outreach sessions last month? Did we distribute the cement for toilet building. This is called MONITORING, and a good way to monitor is to draw-up some simple charts to record activity.

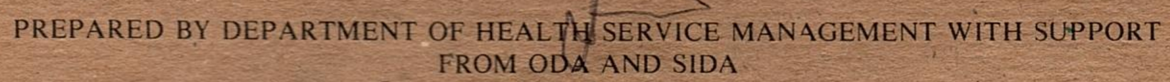
If you are not sure how to do this, ask for help from the Community Sister or DHE Member

Second, are we achieving **WHAT** we set-out to achieve. For example, is the incidence of measles actually reducing? This is part of EVALUATION.

As you check on these two things you are answering the fourth planning question.

"HOW ARE WE DOING?"

And have you noticed that we will have come full circle back to problem identification. As you check how you are doing you will be gathering the information that will help you with next year's plan.


PREPARED BY DEPARTMENT OF HEALTH SERVICE MANAGEMENT WITH SUPPORT FROM ODA AND SIDA

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