THE UNITED REPUBLIC OF TANZANIA

GUIDELINE

FOR

DEVELOPING ANNUAL HEALTH CENTRE AND DISPENSARY PLANS

October, 2016

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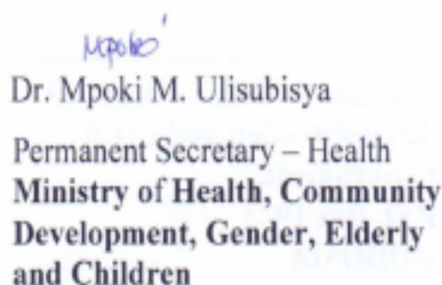
Foreword

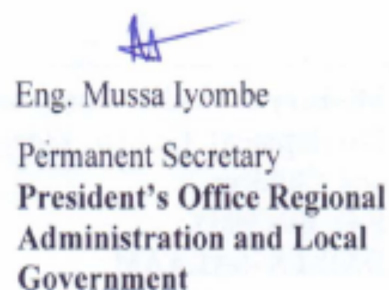
The implementation of Comprehensive Council Health Plans (CCHPs) which started in the year 2000 has shown great achievements in Decentralization by Devolution in the area of health services at the Council level and in turn contributing in strengthening primary health care services. Despite the fact that, a lot of progress has been made in the devolution of health services, it has been noted that CCHPs do not adequately reflect activities to be implemented at Health centre, Dispensary and community level by addressing the 13 priority requirements intended to reduce health problems in the community, enhance provision of essential health services and eventually have a health and prosperous community. The 13 priority requirements are: - 1. Medicine, medical equipment, medical and diagnostic supplies and management system, 2. Maternal, Newborn and Child health, 3. Communicable disease control, 4. Non communicable diseases, 5. Treatment and Care of other diseases of local priority, 6. Environmental health, and sanitation at Health facility level, 7. Strengthen Social Welfare and Social Protection Services, 8. Strengthen Human resource for Health management capacity for improved health services delivery, 9. Strengthen Organisational structure and institutional Management at all levels, 10. Emergency Preparedness and Response, 11. Health Promotion 12. Traditional Medicine and Alternative healing, 13. Construction, Rehabilitation and Planned Preventive Maintenance of physical infrastructures.

In addressing these challenges, the Ministry of Health, Community Development, Gender, Elderly and Children in collaboration with President's Office- Regional Administration and Local Government have developed the planning guideline to facilitate health centre/ dispensary staff and community to develop their facilities' plans and budgets and submit to CHMTs to be incorporated into CCHPs.

It is expected that decentralizing the role of planning for health services and implementation of planned activities to primary health services level will help primary health care facilities come up with cost effective interventions, will improve community involvement and effective participation in overseeing health care services and enhancing accessibility and provision of quality health services. This move complemented with adherence to guidelines for provision of health services will lead to prevention or reduction of over 80 percent of morbidity and mortality in Tanzania.

It is thus envisaged that, all health and social welfare services providers at Local Government Authorities, Public facilities, Faith Based Organizations, Civil Society and the Community, will use this planning template to develop cost effective plans that will improve health services provided to the community.





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List of Acronyms and Abbreviations

AFB	Acid Fast Bacilli
AIDS	Acquired Immuno - Deficiency Virus
ALU	Artemether Lumefantrine
ANC	Antenatal Care
ARH	Adolescents Reproductive Health
ART	Antiretroviral Therapy
ARV	Antiretroviral
BCC	Behavioral Change Communication
BEmONC	Basic Emergency Obstetric and New born Care
BRN	Big Results Now
CBD	Community Based Distributors
CCHP	Comprehensive Council Health Plan
CHMT	Council Health Management Team
CHW	Community Health Workers
CORPS	Community Own Resource Persons
CPAC	Canadian Partnership Against Cancer
CTC	Care and Treatment Centre
Cts	Cents
D by D	Decentralization by Devolution
DANIDA	Danish International Development Agency
DBS	Dry Blood Spot
DHIS 2	District Health Information System 2
DPT-Hb3	Diptheria, Pertusis and Tetanus – Hepatitis B
FANC	Focused Antenatal Care
GFS	Government Financial Statistics
Hb	Haemoglobin
HEID	HIV Early Infant Diagnosis
HFGC	Health Facility Governing Committee
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
HRHIS	Human Resource for Health Information System
HSBF	Health Sector Basket Fund
HSPS	Health Sector Programme Support
HTC	HIV Testing and Counselling
ICD	International Classification of Disease
ICT	Information Communication Technology
IDSR	Integrated Disease Surveillance and Reporting
IEC	Information Education and Communication
IMCI	Integrated Management of Childhood Illnesses
IPT2	Intermittent Presumptive Treatment- two doses
ITNs	Insecticide Treated Nets
LSS	Life Saving Skills
M&E	Monitoring and Evaluation
MCH	Maternal Child Health
MDR TB	Multi Drug Resistance Tuberculosis
MoHCDGEC	Ministry of Health Community Development Gender Elderly and Children
MRDT	Malaria Rapid Diagnostic Test
MSD	Medical Stores Department
MVC	Most Vulnerable Children

NTLP	National Tuberculosis and Leprosy Programme
OPD	Outpatient Department
OPV	Oral Polio Vaccine
ORS	Oral Rehydration Salts
OVC	Orphans and Vulnerable Children
PFP	Private for Profit
PMTCT	Prevention of Mother to Child Transmission (of HIV)
PNFP	Private Not for Profit
PO-RALG	President's Office - Regional Administration and Local Government
Q	Quarter
RCH/ RCHS	Reproductive Child Health Services
RMNCH	Reproductive Maternal Newborn and Child Health
SP	Sulphadoxine Pyrimethamine
STD	Sexually Transmitted Disease
STI	Sexually Transmitted Infection
TB	Tuberculosis
TBA	Traditional Birth Attendant
TIKA	Tiba kwa Kadi
U5	Under five
Tshs	Tanzania shillings
TT	Tetanus Toxoid
VCT	Voluntary Counseling and Testing
VHW	Village Health Workers
VMMC	Voluntary Medical Male Circumcision

Glossary of Terms

Term	Definition
Activity	Action taken or work performed in order to produce a given target. They describe how a target is to be produced
Budget	A quantification of the financial resources and the associated costs of implementing a plan within a defined time period
Health Promotion	The process of using information, education and channels of communication and community mobilization to positively influence the health behavior of individuals and groups to practice or carry out life styles which promote health
In-service Training	Update knowledge and skills by retraining and orientation of staff already in service
Indicator	Is a quantitative or qualitative factor or variable that provides a simple and reliable means to measure achievement, to reflect the changes connected to an intervention, or to help assess the performance of the institution. Or variable that shows results relative to what was planned.
Monitoring	Is a systematic collecting and analysis of data on specified indicators for management control and decision making. Monitoring enables to see how things are going and assess whether results have been achieved.
Objective	The desired end result of a set of actions. An objective is a broad statement of what is to be achieved and improvements to be made. Describes an intended outcome or impact and summarizes why a series of actions have been undertaken.
Plan	Is mapping out, strategies and actions to achieve set objectives. It states the what, how, and timing of the operations including the financial outlays, how it is to be achieved (the activities), and the resources (people, materials and money) needed for implementation over time period.
Prevention	Actions that are taken to preserve health. Primary prevention is intended to reduce the incidence of disease and injury.
Supportive Supervision	The process of monitoring and reviewing achievements with the purpose of providing the necessary guidance, support and assistance to promote continued performance both in quantity and quality improvement.
Intervention	A planned approach for achieving an objective. An intervention tells you how the objective will be achieved and provides a guide for the selection of specific activities to be carried out.
Technical support	Clinical or management guidance, advice and assistance provided to Individuals / institution at different levels.
Target	This is an anticipated level of achievement towards an objective after the completion of a set of activities or intervention. It is measured at the end of the implementation period e.g. one year by using accepted indicators.
Medical equipment	Medical equipment is a device used for the specific purposes of diagnosis and treatment of disease or rehabilitation following disease or injury; it can be used either alone or in combination with any accessory, consumable or other piece of medical equipment. Medical equipment excludes implantable, disposable or single-use medical devices. Example of Medical equipment: Ultra sound & MRI machines, CT scanners
Medical supplies	Medical supplies refers to disposable health care materials (consumables), primarily and customarily used to serve a medical purpose. Example: syringes, catheters, oxygen, gauzes, cannulas, needles, Iv sets and diabetic supplies.
Tracer medicine	Is a list of medicines identified as potential and representative sample of the rest of medicine. The presence of tracer medicine indicate the availability of essential medicine

ACKNOWLEDGEMENT

This Planning guideline for Health Centers and Dispensaries is a culmination of hard work by many stakeholders. The Ministry of Health, Community Development, Gender, Elderly and Children is grateful and acknowledges them for their efforts to the development of this Planning guide.

Special thanks to the team that participated in the process of developing a template for planning health services at Health Centres and Dispensaries level of September 2009 as this revised guideline builds on what was done by them. Among many others that team included managers and coordinators of programs and units under the MoHCDGEC (Tuberculosis and Leprosy Control Programme, Integrated Management of Childhood Illnesses program, Eye Care Programme, Expanded Programme for Immunization, National AIDS Control Programme, National Malaria Control programme, Environmental Health and Sanitation unit, Reproductive and Child Health Services unit, Social Welfare Services, School Health project, Community Based Health Care, Health Promotion/ Education, Health Management Information System) and the Director of Tanzania Food and Nutrition Centre.

The Ministry wishes also to thank CHMT members, Health facilities in charges and Members of Health Facility Governing Committees for Rufiji District Council, District Councils of Morogoro, Tanga and Dar es Salaam regions for their inputs and comments for improving the guideline during orientation workshops and pretesting of the guideline. The Ministry also acknowledges the financial support by Ifakara Health Research Institute through Empower project, Basic Health Services Project, DANIDA - HSPS and HSBF for the development, and printing of this document.

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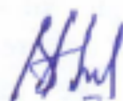

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OVERVIEW ON HOW TO USE THE PLANNING GUIDELINE

1.1 Introduction

This planning guideline is for facilitating and guiding the Health Centre and Dispensary teams and the community to develop health centre and dispensary plans that will input into the overall comprehensive council health plan of the respective councils. The primary target of the guideline is to empower and facilitate communities using the facilities and the teams at these levels to thoroughly understand and carry out the planning activity to address the Thirteen (13) priority areas to achieve tangible outputs or solutions based on the implementation of the essential health packages. The guideline is designed in such a way that it takes the team into a systematic planning process while emphasizing and drawing attention to the users on the priority areas to be considered when embarking on the planning process in a very simplified approach.

Development of the Health facilities plans aims at improving the quality of health service delivery and enabling Council Health Management Teams, Hospitals, Health Centers, Dispensaries and other health service providers accountable to communities through D by D system. More devolution of power and authority is put in the hands of communities, dispensaries and health centres as key actors in the planning process. All primary Health facilities are required to open bank accounts for implementing the approved Health facility plans in line with the requirements of the public and Local Government Finance Acts, Public Procurement Act and their respective regulations.

Approach to improve all levels of health service provision is important for improving health of the targeted in the following areas:-

i. Community sensitization and individuals towards behavioral changes, health promotion and environmental management.

ii. Communicable and Non communicable diseases control, prevention of epidemic and improve working environment.

iii. Treatment and Care, prevention of disability and mortality. Ensure availability of essential health services throughout to meet clients' expectations and health service provision objectives.

iv. Provision of rehabilitative health services to patients with permanent diseases and disabilities, mental health, depression and those with special needs

v. Provision of maintenance services to special groups; e.g. poor, diabetic, High blood pressure patients, those on ARVs, TB and Leprosy, Cancer and patients with renal disease.

vi. Community involvement in planning implementation of health plans; it is important for improving provision of primary health services.

All Communities, Dispensary and Health Centre Teams are strongly advised to read and familiarize themselves with these instructions before embarking on the planning process for better outputs.

1.2 Organization and structure of the guideline

This planning template has been divided into four main parts as follows:-

Part A: - Gives an overview of issues to consider and sequence of events to be followed by Health facility planning teams in order to prepare effective facility plans and implement them. A calendar of events for the development of annual plans and the estimated times for submission at every stage is presented. The teams will have to adhere to the calendar for their plans to be approved on time and funded.

This part also gives the user a brief introduction to the Health sector strategic plan and the importance of strengthening health services at Council level in line with Health Sector Reforms. Attention is made on the importance of improving essential health services by making the CHMTs and Health Providers at Health Centre and Dispensaries accountable to the community.

Furthermore it outlines and highlights to the Planners the thirteen (13) essential health care packages to be addressed in the subsequent plans..

Part B: - Describes the planning template for health centres and dispensaries. This part is sub-divided into eight (8) sections. The first three sections describe facility identification information, background Information and information on facilities' surrounding environment, while Section 4 gives population data and vital statistics to be included in the plan. Section 5 to 6 describe morbidity and mortality statistics, notifiable diseases statistics and coverage of health services. Section 7 and 8 describes availability of resources, and social economic activities.

Part C: - Describes the process of budgeting and accounting for health centres and dispensaries services.

Part D: - Presents the format for reporting both technical and financial and monitoring indicators.

PART A

2.0 ISSUES TO CONSIDER FOR AN EFFECTIVE HEALTH CENTRE/ DISPENSARY PLAN

2.1 Pre-planning Preparations:

Preplanning is an important stage of the planning process. A good plan will depend on how thorough the inputs into the final plan have been prepared. The inputs into the final plan include: geographic (water bodies, level above the sea), demographic (age group including vulnerable groups) and epidemiologic (disease patterns) profiles. During this stage the planning team is also required to determine the available resources (human, time, finance, material, potential development partners etc.). It is important also to review the previous year's plan to determine the extent of implementation achieved; where implementation was not complete the team may decide to carry over the unimplemented activities into the new plan. Once this step is completed then moves to the next step which is the actual planning process.

2.2 The Planning Process:

Health Centre / Dispensary plan is supposed to be developed by a Joint Planning Team; which comprises of the following members:

1. Health Facility in charge (Health Centre/Dispensary)
2. Health Centre/Dispensary Staff
3. Health Facility Governing Committee members (Dispensary/Health Centres)
4. Head teacher/Teacher from a school near the Dispensary/Health Centre
5. Member from Village/Ward Development Committee if not a member of HFGC
6. Representative from the CHMT and Technical Committee/Cascade Coordinator

During the planning process the Health Centre / Dispensaries Planning Teams should ensure that 13 priority areas are reflected in the Plan, these are: 1. Medicine, medical equipment, medical and diagnostic supplies and management system, 2. Maternal, Newborn and Child health, 3. Communicable disease control, 4. Non communicable diseases, 5. Treatment and Care of other diseases of local priority, 6. Environmental health, and sanitation at Health facility level, 7. Strengthen Social Welfare and Social Protection Services, 8. Strengthen Human resource for Health management capacity for improved health services delivery, 9. Strengthen Organizational structure and institutional Management at all levels, 10. Emergency Preparedness and Response, 11. Health Promotion, 12. Traditional Medicine and Alternative Healing, 13. Construction, Rehabilitation and Planned Preventive Maintenance of physical infrastructures.

The Planning teams in Health Centres / Dispensary level will select interventions from the given list of interventions under each priority area. For each intervention selected the teams develops / selects relevant activities to be implemented. The teams will then cost the activities and develop a budget and a plan of action, the later shows activities, cost involved, time of implementation and person responsible for implementation.

The developed action plans at this stage are shared with the Health Facility Governing Committees for review and approval. The action plans will then be presented to CHMTs for incorporation into the CCHPs. The planning teams are supposed to proactively seek for feedback from CHMTs to know the amount of fund allocated for the implementation of their plans.

NB:

i) CHMTs should provide feedback to Health Centres/Dispensaries Planning Teams on the approved activities and budget for their implementation, upon being approved by Council Health Service Boards, Council Social Services Committee (Education, Health and Water), Finance and Planning Committee and the Full Council.

ii) Training function is a role of CHMTs, thus they are expected to include activities for training of health facility staff in the CHMT plans (CHMT Cost centre). For CHMTs to determine training needs of Health facility staff and allocate funds for them, Health facilities planning teams should include training activities for facility staff in the Facility plans.

iii) Health Centres are the first referral point for Dispensaries and have supervisory function for a number of satellite dispensaries within the catchment areas. Therefore it is important for the health centres planning teams to put supervision as one of the intervention areas.

iv) Representative from CHMT or Cascade Coordinator responsible for overseeing the respective Health facility should facilitate the planning process and ensure necessary data and references are available for planning and that the planning teams prepares good plans in line with the planning guide.

2.3 Implementation of the Plan

After receiving the approved action plan and budget from CHMTs, the health facility planning teams have to organize a meeting for all key actors (members of the health facility governing committee and other health service providers at the health facilities) to share and plan for effective implementation of the plan. Implementation requires very close monitoring using various process indicators developed in HMIS, HSBF score card, BRN, RBF and the HSSP. The monitoring process must always include the timely implementation of each planned activity, tracking of funds allocated and used.

The health facility teams will compile quarterly implementation reports showing activity outputs and funds spent on a quarterly basis as indicated in **table 34.**

2.4 Time Table for Development of Health Centre & Dispensary Plans

Table 1: Process and Time table for development of Health Centre / Dispensary Health plans

SN	Activity	Responsible	Completion Deadline
1.	Councils notified or receive budget guideline and ceilings of resources available for health including; Block Grant, Health Basket Funds and other partners for next financial year	PORALG, MoHCDGEC, Councils, Partners	End of November
2.	Budget ceilings availed to the In charges of the Health Centres and Dispensaries	District Medical Officer	End of November
3.	The Health Centres/ Dispensaries teams prepare plans using the planning template and the budgets ceilings. The health facility governing committee members should participate in planning process.	In-charge at Health Centre or Dispensary	Mid December
4.	Health Centre / Dispensary Draft Plans are submitted to the Ward development committees for scrutiny and approval for onward submission to the CHMTs	In charge of Health Centre/ Dispensary	3rd Week of December
5.	The CHMTs convenes planning meetings involving the in-charges of Health Centre /dispensary and health facility governing committees chair persons to discuss and agree on the plans.	CHMT	4th week of December
6.	CHMT incorporates the Health Centres and Dispensaries plans and finalizes the CCHPs and the Council Health Services Boards (CHSBs) are involved in the evaluation and approval of CCHPs	CHMT/ CHSB	Mid-January
7.	CCHP follows procedures outlined on page 10-12 (paragraph 1.11 & 1.12) of the CCHP guideline.	CHMT	February- May

NB:
Health centres and dispensaries must maintain /keep copies of plans and quarterly progress reports submitted to the district level for their records and reference.

2.5 Health Sector Strategic Plan:

The objective of the Health Sector Strategic Plan IV (July 2015 – June 2020) is to ensure that all households access health and social welfare services. The Strategic Plan shows clearly that health services provided by District Hospitals, Health Centres and Dispensaries at Council level are the backbone of health provision in the country.

To ensure provision of quality services at the above mentioned three levels is improved, it is emphasized that:-

- District Hospitals, Health Centres and Dispensaries prepare annual plans that adhere to National and Council priorities.
- Health facilities maintain bank accounts for their necessary financial matters for the implementation of the approved plans.
- Council Health Service Boards and Health Facility Governing Committees should be strengthened to undertake their supervisory function to CHMTs, Hospitals, Health Centers and Dispensaries.

2.6 Priority Areas

The priority areas to be considered during the Planning process at Health Centres and Dispensaries are as follows:-

i. Medicine, Medical equipment, Medical and diagnostic supplies, and management system
ii. Maternal, Newborn and Child health
iii. Communicable disease control
iv. Non communicable diseases
v. Treatment and Care of other common diseases of local priority
vi. Environmental health, and sanitation at Health facility level
vii. Strengthen Social Welfare and Social Protection Services
viii. Strengthen Human resource for Health management capacity for improved health services delivery
ix. Strengthen Organizational structure and institutional Management at all levels
x. Emergency Preparedness and Response
xi. Health Promotion
xii. Traditional Medicine and Alternative healing
xiii. Construction, Rehabilitation and Planned Preventive Maintenance of physical infrastructures

PART B

3.0 BASIC INFORMATION FOR THE HEALTH CENTRE / DISPENSARY PLANS

Data that will be filled in the plan should be for the period January to December of the previous year (e.g. For the Plan of 2016/17 the data to be used should be of January to December 2015).

Basic Information required to be filled are as follows:-

1. Name of Local Authority/Council…………………………………………..
2. Name of Dispensary/ Health Centre…………………………………………
3. Health centre/Dispensary Registration numbers

   MSD Reg. No……………………………..HMIS Reg. No……………………
4. Star rating of the health facility……………………………………………..
5. Number of title deed of the health facility's land………………………………
6. Health facility Bank Name…………and Account Number.…………………
7. General condition of the Health Centre/Dispensary infrastructure ……………. (a. Good b. Average c. Poor)
8. Does the facility have a functional incinerator ………..(Yes/No)
9. If Yes; what is the general condition of the incinerator ………………………
   (a. Good b. Average c. Poor)
10. Type of water facilities available at Health Centre/Dispensary…………………………..
    (Tap water, Well available at health facility premises, Water storage tank, Stream etc)
11. Bed capacity………………Available beds ……………Number of patients admitted per day…………………………………………
12. Names and designation/title of planning team members

Table 2: List of planning team members

No.	Name	Title
1.		
2.		
3.		
4.		
5.		
6.		

13. Background Information and Major issues to be addressed in the plan

In a brief summary describe important points about the year's plan so that reader can pick up essential information. It should answer key questions as follows:

a) The year of the plan, how many members participated in developing the plan? Members were representing which organizations/ groups?
b) What are the main challenges/problems facing the Health facility?
c) How will the Health facility plan help to tackle the challenges/ problems faced?
d) What are the major intervention areas in the year?
e) Have some of the interventions carried forward from last year been addressed in this year's plan?
f) What are the available resources and sources of funding?
g) What are the expected outputs at end of the year after implementation of the activities?

14. Service Area Geographical Profile

a) Map of the Council (Indicate villages, roads, and health facilities, schools, water sources and schools)
b) Number of villages served by Dispensary/ Health Centre____________
c) Number of Villages without dispensaries/ health Centre in the catchment area_____
d) Total catchment area population______________

   Male [ ]
   Female [ ]

e) Number of Health providers at community level in the catchment area………
f) Number of satellite dispensaries for the Health Centre……………….

Table 3: Satellite dispensaries

Sn	Name	Ownership (A-Public, B- PFP, C-PNFP, D - Parastatal)	Number served by the dispensary				Distance from the Health centre	% living within 5km
			Less than 1 year	1 – 5 years	Women of child bearing age (15-49)	Total Popn*		

Comments: ____

NB: **Table No. 3** to be filled by Health centres only and not Dispensaries
Total Popn* Fill number of all the clients /patients attending at a specific dispensary

15. Population and Vital Statistics

Table 4: Catchment population age groups

Age groups	Total Population		
	Male	**Female**	**Total**
Under 1 year			
1 to 2 years			
> 2 to 5 years			
> 5 to 15 years			
> 15 to 25			
> 25 to 49 years			
> 49 to 59 years			
60 years and above			
Women 15 - 49 years			

Comments: ____

Table 5: Vulnerable Groups

Vulnerable Group		Number of people		
		M	**F**	**Total**
Number of people with disability	Albinism			
	Physical disability			
Number of children living in hazardous environment				
Number of people with chronic non communicable diseases	Diabetes			
	Cancer			
	Cardiovascular diseases			
	Respiratory diseases			
	Mental illness			
Number of people living with HIV/AIDS				
Number of people using ARVs				
Number of destitute				
Number of people using illicit drugs				

Comments: ____

Table 6: Vital statistics – Reproductive, Maternal, New born and Child health

No.	Vital statics		Number
1.	Total number of births during last year in the catchment population		
2.	Number of children not born in health facilities		
3.	Number of children born in Health facility		
4.	Number of pregnant women in the catchment area		
5.	Number of women who gave birth in the catchment area		
6.	Number of women who delivered at the Health facility		
7.	Number attended by skilled staff during delivery		
8.	Number delivered on way to health facility		
9.	Number delivered in the community without TBA assistance		
10.	Number delivered by TBA		
11.	Number of pregnant women escorted to health facility by community health worker		
12.	Total deaths occurred during last year		
13.	Maternal Deaths	Maternal deaths during pregnancy	
		Deaths during delivery (< 24 hrs)	
		Maternal deaths after delivery (after 24 hours up to 6 weeks)	
14.	Number of death of children < 1month	Deaths at community level	
		Deaths at facility	
15.	Number of death of children < 1 year	Deaths at community level	
		Deaths at facility	
16.	Number of death of children < 5 years	Deaths at community level	
		Deaths at facility	

Comments: ____

16. Causes of morbidity, mortality and notifiable diseases

Table 7: Top ten causes of outpatient attendances

SN	Less than 5 years					5 years and above				
	Disease	M	F	Total	%	Disease	M	F	Total	%
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
	Total out patients					Total out patients				

Comments: ____

Table 8: Top ten causes of admissions / Inpatients

SN	Less than 5 years					Five years and above				
	Disease	M	F	Total	%	Disease	M	F	Total	%
1.										
2.										
3.										
4.										
5.										
6.										
7.										
8.										
9.										
10.										
	Total inpatients					Total inpatients				

Comments: ____

Table 9: Top ten causes of mortality

SN	Less than 5 years					5 years and above				
	Disease	Deaths reported				Disease	Deaths reported			
		M	F	Total	%		M	F	Total	%
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
	Total deaths reported					Total deaths reported				

Comments: ____

Table 10: Notifiable diseases

SN	Less than 5 years					5 years and above				
	Disease	Cases reported				Disease	Cases reported			
		M	F	Total	%		M	F	Total	%
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										

Comments: ____

17. Catchment area and Coverage

Table 11: Coverage

Service Cluster	Indicator	Coverage (%)
Antenatal	Start ANC < 12 wks of gestation age	
	TT 2+	
	IPT 2 for pregnant women	
Maternity	Health facility deliveries	
	Maternal deaths at health facility	
	Maternal deaths at Community level	
Postnatal	OPV 0	
	Vitamin A supplementation	
Infant Health < 1 year	Infant deaths (< 1year)	
Children aged 1 – 5 years	Under five deaths (1 -5 years)	
Immunization	DPT Hb 3 equal / pentavalent	
	DTP- Hep B-Hib (Penta 1) - third dose equal	
	Measles Rubella 1 (MR1)	
	Measles Rubella 2 (MR2)	
	Polio (OPV 0)	

Comments: ____

Table 12: Total attendances of RMNCH services (January- December)

Category	Total number			Comments
	F	M	Total	
Total deliveries				
Total number of Caesarian Section per total deliveries				
Number of MCH attendants – ANC				
Number of MCH attendants – < 5 Clinic				

18. Socio economic status

a) Access to basic services

Table 13: Access to basic services

Basic Services	Number of households accessing the services	Number of households not accessing the services
Clean & safe water		
Acceptable latrines		
Acceptable houses		

Comments:____

b) Roads condition

Roads (Describe presence of all weather roads to facilitate referral of patients)

c) Economic activities in area

- Agriculture
- Fisheries
- Animal husbandry
- Trade
- Mining
- Forestry
- Others

19. Resource Availability

a) Human Resource

Table 14: Human Resource availability at the Dispensary

Area	Type of personnel	Requirement		Available			Difference	Measuring maximum requirement
		Min	Max	M	F	Total		
OPD/Emergency	Clinical officer/ Clinical assistant	1	2					Average of 40 patients per day
	Nurse	1	2					
Pharmacy	Pharmaceutical Assistant	1	1					Average of 40 prescriptions per day
RCH	Nurse	1	2					Average of 30 patients per day
Delivery	Registered Nurse, Antenatal and Post natal Nurse	2	3					Average of 30 clients per day
Laboratory	Laboratory Assistant	1	1					Average of 20 specimen examined per day
General Cleanness	Medical attendant	1	1					1 Dispensary compound for both categories
Community services	Community health worker/Social Welfare assistant	1	2					Link person between the community and the dispensary
Security	Security guard	2	2					Security of the dispensary infrastructure, and other resources
Administration	Data clerk	1	1					Data work with ICT skills
	Revenue collector	1	1					Revenue collection
	Health insurance expert	1	1					Health Insurance claims
	Account Assistant	1	1					Accounting activities
	TOTAL	**15**	**20**					

Comments: ____

Table 15: Human Resources availability at the Health Centre

Type of personnel	Min	Max	Available			Difference	Comments
			F	M	Total		
Medical Doctor	1	1					
Assistant Medical Officer	1	1					
Radiographer Technologist	1	1					
Clinical Officer	1	2					
Assistant Nursing Officer	1	2					
Nurses	9	13					
Ophthalmic Nursing Officer	1	1					
Optometrist	1	1					
Medical attendant	6	8					
Medical recorders	1	1					
Health Laboratory Technologist	1	1					
Assistant Laboratory Technologist	1	2					
Pharmaceutical Technologist	1	1					
Assistant Pharmaceutical Technologist	0	1					
Assistant Dental Officer	0	1					
Dental therapist	1	1					
Assistant Environmental Health Officer	1	1					
Assistant Social Welfare Officer	1	1					
Community Health Worker/ Social Welfare Assistant	1	1					
Mortuary attendant	1	1					
Dhobi	1	3					
Security guard	2	2					
Data clerk	1	1					
Revenue collector	1	1					
Health Insurance Expert	1	1					
Account Assistant	1	1					
Total	**38**	**49**					

Comments: ____

NB: Human resource allocation at the health centres depends on area of service provision as outlined in the staffing levels guideline 2014-2019.

Table 16: Human Resource approved vacant posts and recruitment

Type of personnel	Vacant post granted recruitment permit last year	Number of newly employed staff		Available staff			Personnel requirement	Difference	Comments
		Employed last year	Retained in current year	M	F	Total			
Medical Doctors									
Assistant Medical Officers									
Clinical officers									
Assistant Clinical Officers									
Nursing officers									
Others (Specify)									

b) Financial Resources

Table 17: Sources of fund

S/N	Source of funds			Amount
1	Block Grant	Personal Emoluments (PE)		
		Other Charges (OC)		
2	Health Sector Basket Fund (HSBF)			
3	Community Health Fund /TIKA			
4	National Health Insurance Fund (NHIF)			
5	User fees			
6	Receipt in kind (MSD)			
7	Council own sources			
8	Results Based Financing (RBF)			
9	Community Contributions			
10	Others (mention)			
	Total			

Comments: ____

c) Materials (Medicine, medical equipment, other equipment, medical supplies, transport facilities, buildings, furniture and communication facilities)

Table 18: Medical and other equipment

	Type	Number available	Number in good condition	Number needing repair	Number beyond repair	Actual requirement	Comment
Medical equipment							
Other equipment							

Table 19: Availability of tracer Medicine

SN	Type of medicine	Quantity required annually	Incidences of out of stock				Comment
			Q1	Q2	Q3	Q4	
1	DPT+ Hep B/ HiB vaccine						
2	Artemether/ Lumefantrine (Alu) oral						
3	Amoxycillin or Cotrimoxazole oral						
4	Albendazole or Mebendazole oral						
5	Oral rehydration salts						
6	Ergometrine injection or Oxytocin injection or Misoprostol oral						
7	Medroxy progesterone injectable						
8	Dextrose 5% or sodium chloride + Dextrose IV injection.						
9	Syringe and needle, disposable						
10	MRDT or supplies for Malaria microscopy						
11	Determine HIV 1 and 2						
12	UN GOLD HIV 1/2						

Table 20: Transport and usage

Type of transport	Registration Number	Usage for what purpose	Condition	Mileage	Comments
Motor vehicles					
Motorcycles					
Bicycles	**Quantity**	**Usage for what purpose**	**Condition**	**Comments**	

Table 21: Staff houses

Staff provided housing		House condition	Remarks (State plans to solve the problem
Name	**Designation**		
Staff not provided housing		**Remarks (State plans to solve the problem**	
Name	**Designation**		

Table 22: Facility buildings and furniture

Buildings/Furniture	Number	Condition of the building/furniture	Remarks (State plans to solve the problem)
Buildings:			
OPD rooms			
Wards			
Toilets			
Laboratory			
Medicine stores			
Others (state)			
Furniture:			
Tables			
Chairs			
Cupboards/Shelves for medicines			
Others (state)			

NB:

i. A Dispensary should not be upgraded to a Health centre and likewise, a Health centre should not be upgraded to a District Hospital. Upgrading of Health facilities results into the existing structures being inappropriate, and not complying to MoHCDGEC standards for the type of facility**.**

ii. Health facility designs and drawings developed by the Ministry of Health, Community Development, Gender, Elderly and Children took into account profesional standards geared towards quality health service provision, hence need to be adhered to. Construction of new health facilities is encouraged for meeting the required specifications and standards.

iii. Construction can be carried out in phases starting with staff quarters followed by an Outpatient Department.

d) Means of communication and Power supply

(State means of communication and power supply used by the Health Facility)

Table 23: Means of communication and power supply used by the Health Facility

Means of communication	**Yes/No**	**Comments**
Radio		
Telephone		
Cell phone		
Others (state)		
Power supply	**Yes/No**	**Comments**
Electricity (National grid)		
Solar		
Power generators		
Others (state)		

e) Community Participation

Table 24: Community participation

Is Health Facility Governing Committee (HFGC) in place? - (YES /NO)	
If Yes; Is the HFGC functional? (YES /NO)	
Are there any minutes of the Committee meetings? (YES /NO)	
State support available in the community e.g. Community Based Distributors (CBD), Village Health Committee, Traditional Birth Attendants, Community Health Workers	
Mention types of Community contributions e.g provision of security services, manpower during constructions (fence, latrines, shallow wells etc).	

Comments: ____

4.0 PROBLEM IDENTIFICATION

Following the current situation as outlined above, it is important to identify what are the activities to carry forward and what are the challenges needing special attention in the coming fiscal year. Identifying causes of the problem helps the facilities to know factors contributing to the problem and whether it is within the facility capacity to solve or it needs the attention of the CHMTs and Technical Committee.

Table No. 25 below provides an illustration of problem analysis. Causes are the ones providing an insight of what to solve to rectify the situation. Problems can be primary or secondary or both. Primary problems are health problems such as disease while secondary problems are mainly managerial challenges.

Table 25: Example of problem analysis

Areas	Problem	Cause	Remarks
Reproductive and child health	High Infant mortality rate due to Malaria	Malaria medicine shortage	Problem needing CHMT support
		Inadequate knowledge of Clinicians in new malaria treatment regimes	Problems within • Health facility capacity • CHMT/Technical Committee support and mentoring
		Late presentation of infants to health facilities due to alternative treatment	Support community structures in creating awareness to address the problem in future.

5.0 PROBLEM PRIORITIZATION

After identifying the health problems in the facilities and communities; with limited and scarce resources, the next step is to rank the problems in terms of importance, this is known as problem prioritization. As said before, problems may either be primary or secondary.

Criteria for prioritization:

- Magnitude of the problem
- High Impact
- Amenable intervention, cost effectiveness and political will
- Available resource for Intervention
- Multiplier effect of the intervention
- Policy priority

Magnitude of the problem: - Can be evaluated by looking into top ten diseases in the respective areas and among the most vulnerable groups etc.

High Impact: - This can be considered on the severity of the health problem to the individual/community. High risk of sudden mortality to a group of people, causing infirmity, reduction of capacity to engage in economic activities and long period of hospitalization.

Amenable intervention: **-** Looking into effective Intervention to address the health problem without discrimination.

Intervention cost effectiveness: - This refers to the fairness between the addressed health problem and fund utilized (striking a balance between burden of disease and cost).

Political will: - Since political will is vital, it is important to exploit or seek political will for the implementation of selected intervention.

6.0 HEALTH INTERVENTIONS

These are some of interventions and activities that the planning team can select from the list in table 26 below; however, they can include even those which are not found in this list according to the local problems or community initiated activities and resources available (Finance & Human). Planning team will use table 27 to fill in the plan.

Table 26: Menu for selection of activities to be costed & implemented

Priority Area	Health Intervention	Activities to be Implemented (Refer to Health Center & Dispensary Essential Package Menu and select activities)
1. Medicine, Medical equipment, Medical and Diagnostic supplies	Medicine, medical equipment and medical supplies	1. Order/ procure/ store and issue essential medicines/ supplies/ reagents (e.g. SP, Folic acid, Medicines for TB, Leprosy, ALU, ORS, Zinc, Mebendazole, antibiotics, Vitamini A, gloves etc.) for correct diagnosis and treatment of diseases. 2. To order sufficient medicines for treatment of TB for children and adults. 3. To order sufficient and distribute TB and Leprosy medicines to all TB and Leprosy patients. 4. To order and ensure availability of CD4 count reagents at Health Centres providing such services. 5. To order, store and issue medicines for sexually transmitted infections, condoms, and ARVs equivalent to clients. 6. To order and store, reagents, insulin and other diabetic medicine and for treatment of Blood pressure, according to the expected clients. 7. To order vaccines for National vaccination program, Anti Rabies vaccine and insecticides. 8. Store medicine, supplies, medical equipment, reagents and diagnostic equipments with regard to principles of 5S

Priority Area	Health Intervention	Activities to be Implemented (Refer to Health Center & Dispensary Essential Package Menu and select activities)
		KAIZEN. 9. Maintain inventory, for Medical equipment, reagents and medical supplies as per MoHCDGEC Guidelines. 10. To order / procure medical equipment (stethoscope, Blood Pressure machine, weighing scale, suction machine, X ray machine etc) 11. To order/ procure medical supplies (gauze, gloves, bed sheets, bed nets, sutures, syringes, catheters, cannulas etc) 12. To order, store and issue maternity supplies (infusion, frusemide, magnesium sulphate, ergometrine, mesoprestol etc). 13. To order, store and issue medicine and medical supplies for Oral and Mental health. 14. To procure laboratory supplies for Health Center / Dispensary level including binocular microscopes. 15. To order Laboratory reagents for Hb, MRDT, Urine examination, STDs, HIV/AIDS and TB.
2. Maternal, Newborn and Child health	- ANC - Post natal - Nutrition	1. Conduct monthly outreach education & information visits on focused ANC, birth preparedness, and emergency obstetrics care, postnatal care, newborn care and nutritional issues (breast feeding, infant and young child feeding, family planning, vitamins supplements, mineral rich foods, in ….villages for women, men and families. Conduct monthly pregnancy monitoring. 2. Train…. service providers on focused antenatal care, LSS, Family Planning, CPAC, ARH, Infant feeding, Newborn care, IMCI, etc. 3. Conduct monthly maternal and perinatal deaths reviews. 4. Train…… health workers on management of pregnant women (during antennal, natal and post natal visits) 5. To train health workers on life saving skills (primary / advanced level) and vaccination (Safety, data quality and re-attendance)
	- Family planning - Adolescent Reproductive Health - Reproductive Health cancers	1. Train health care workers on the following areas: focused ANC, lifesaving skills (basic/advanced), immunization and Essential Newborn care. 2. Train health care workers on the following areas: Family planning (short, long-term and permanent methods), Adolescents Reproductive Health, MVC/OVC - care taking skills and post abortion care.

Priority Area	Health Intervention	Activities to be Implemented (Refer to Health Center & Dispensary Essential Package Menu and select activities)
	- Nutrition - IMCI - New born care - Immunisation	1. Conduct monthly outreach education & Information visits, child care, breast feeding, infant and young child feeding, vitamins supplements mineral rich foods, in……villages for women, men and families. 2. Conduct training to…….health workers on IMCI, ETAT (Emergency, Triage, Assessment and Treatment of sick child), and Kangaroo mother Care. 3. Train……Community own Resource Persons (CORPs) on Home Based Care; in 17 key house hold practices (IMCI & new born care) 4. Conduct monthly immunization outreach, growth monitoring, curative services for under five and mobile services in…. villages.
	Mobile medical services including other service in the facility and community	1 Conduct quarterly village advocacy meetings on emergency obstetric care, immunization & ARH, nutrition and child care. 2 Conduct quarterly supervision visits to CORPS (CBD, TBA, VHW, c- IMCI) 3 Conduct quarterly village health days 4 Conduct Health Promotion for Prevention of diseases to…….. villages 5 Conduct health screening of pupils in………..schools within service area. 6 Conduct biannual vitamin A and de-worming for Under Five children
	Nutrition promotion	1. Sensitize pregnant women on good nutrition practices on consumption of vitamins and mineral rich foods and exclusive breast feeding. 2. Sensitize pregnant women on improved traditional technologies in processing and preparation of complimentary food. 3. Procure and provide vitamin A supplementation to children Under Five years. 4. Procure and provide de-worming drugs to children aged 2 to 5 years 5. Train health workers on management of acute severe malnutrition and follow up of discharged children 6. Train health workers on micronutrient supplementation, de-worming, infant and young child feeding and essential nutrition actions.

Priority Area	Health Intervention	Activities to be Implemented (Refer to Health Center & Dispensary Essential Package Menu and select activities)
		7. Train home based care providers on nutrition for people living with HIV/AIDS. 8. Train health providers and community leaders on the importance of promotive exclusive breastfeeding up to 6 months.
3. **Communicable disease control**	Integrated Disease Surveillance and Response (IDSR)	1. Notify weekly and monthly morbidity and mortality on specified diseases. 2. Train village health workers and Primary Health Care committees on the management of outbreaks. 3. Advocate community to take steps to control and prevent outbreaks.
	HIV/AIDS and STD	1. Conduct community mapping in ……..villages for…….days on HIV transmission and risk factors. 2. Conduct community home based care activities. 3. Design, print and distribute HIV/AIDS / STI IEC materials locally. 4. Train health facility staff on quality STI syndromic management. 5. Procure and distribute STI drugs and condoms. 6. Train…….. Health facility staff for ….days on VCT. 7. Sensitize and mobilize community for voluntary, counseling and voluntary testing on HIV/AIDS and use of condoms. 8. Support people living with HIV/AIDS and very poor people to get nutrition supplementation. 9. Train CHWs on educating clients on the use of ARVs appropriately and adhere to the treatment protocols. 10. Conduct retraining to.......staff on proper treatment of diseases associated with STDs, HIV/AIDs, TB, Leprosy and Disease Outbreaks 11. Sensitize Community on testing, providing referral and follow up to all HIV positive clients.
	Malaria	1. Train ….village health workers for…. days in malaria control activities

Priority Area	Health Intervention	Activities to be Implemented (Refer to Health Center & Dispensary Essential Package Menu and select activities)
		2. Sensitize households on benefits of Insecticide Treated Nets (ITNs). 3. Identify potential breeding sites for mosquito vectors. 4. Conduct advocacy on community based environmental management for malaria control. 5. Train laboratory staff on malaria diagnosis through Rapid Diagnostic Test (RDT). 6. Commemorate Africa malaria day at ward and community levels. 7. Procure microscopes and reagents 8. Conduct malaria data quality meetings to verify utilization of reagents and medicines in relation to number of clients served.
	Tuberculosis and Leprosy	1. Develop and use IEC materials on TB and TB/HIV and Leprosy in educating communities 2. Make follow up on TB, TB/HIV and Leprosy patients who are defaulters. 3. Follow up household contacts of TB patients in the community. 4. Commemorate world TB and world Leprosy day. 5. Train health workers on management of TB, TB/HIV and Leprosy. 6. Train lab staff on smear microscopy. Train Leprosy patients with permanent disability on self-care. 7. Provide special sandals to people affected by leprosy. 8. Refer patient for secondary management 9. Order and dispense anti-TB and anti-Leprosy medicines to all TB and Leprosy patients.
	Onchorceciasis (Applicable to affected districts)	1. Conduct advocacy and sensitization to communities (e.g. Ward Development Committees and Councilors). 2. Supervise and monitor drug distribution. 3. Train health facility workers and Community Based

Priority Area	Health Intervention	Activities to be Implemented (Refer to Health Center & Dispensary Essential Package Menu and select activities)
		Distributors
	Home Based Care	1. Health Care providers and Community Health Workers to provide home based care services to individuals affected by HIV/ AIDS and other patients with chronic diseases. 2. Capacity building to Health Care Providers at Facility level on provision of Quality Health Care and preparation of Monthly Home Based Care reports.
4. Non communicable diseases	Compliance	1. To follow up on compliance measures recommended by health staff to control non communicable diseases and reduce complications. 2. Sensitize on early and regular screening for non-communicable diseases. 3. To sensitize on behavioral change (BCC) and life styles to avoid Non communicable diseases.
	Proper case management for non communicable diseases.	1. Conduct training to Health Care Workers on proper case management for Non comunicable diseases (e.g. Cardiac diseases, Diabetes, Cancer, Injuries/trauma, Mental disorders, drug / substance abuse, Chronic respiratory diseases, Anaemia and Nutritional defficiency).
	Palliative care services to patients with chronic diseases	1. Identify and register disabled, chronic patients /unconscious patients through Home based care services. 2. Conduct counselling to patients with chronic diseases and critically ill patients.
	Mental health	1. Conduct training to health workers on basic mental health services provision. 2. Conduct Community Mapping and referral of patients. 3. Develop and use IEC materials for Mental Health Services. 4. Conduct training on Mental Health to.....health staff who will work on secondment at Regional Referral Hospital, Zonal or National Hospitals.
	Outreach services and Mobile clinics	1. To visit households and provide Home Based Care to bed-ridden and unconscious patients. 2. Provision of Vaccination services to hard to reach communities. 3. Conduct Outreach Services to the community. 4. Provide Mobile health care services to patients with non communicable diseases.
	Preventive	1. Distribute IEC materials for Non communicable diseases.

Priority Area	Health Intervention	Activities to be Implemented (Refer to Health Center & Dispensary Essential Package Menu and select activities)
	Services Programs (Non Communicable diseases)	2. Conduct training to health workers on early diagnosis, treatment and referral of patients with non communicable diseases.
5. Treatment and care of other diseases of local priority	- Eye care - Oral Health	1. Train health workers on screening of disease, diagnosis and proper management of dental and ophthalmic cases 2. Conduct outreach services in……villages educating the community on awareness on face washing, environmental improvement and early eye care treatment 3. Procure drugs for treatment of Trachoma 4. Conduct routine screening of school children for refractory errors and other causes of child hood blindness. 5. Conduct community screening of dental, ophthalmic and other diseases of local priority and refer cases. 6. Develop and use IEC materials for eye care and oral health services.
6. Environmental Health, Water and Sanitation	Excreta management/ latrine construction and use	1. Procure sanitation platform moulds /frames for slab construction
	Use of safe water at health facility	1. Map water sources in relation to possible areas of pollution and contamination (Shallow wells, rain water harvesting and tape water). 2. Sensitize community to protect water sources to ensure safety. 3. Identify the need of getting safe water and include in the plan.
	Solid Waste management	1. Sensitize community to participate on solid waste management. 2. Train facility health workers on Facility waste management. 3. Facilitate and monitor availability of equipment and facilities for storage, collection and disposal of waste 4. Provide personal protective equipment (PPE) to waste handlers. 5. Facilitate the provision of equipment for sorting, segregating, collecting and disposal of Health Care Waste. 6. Construct/install health care waste management final treatment plant, disposal facility and supervise operation.

Priority Area	Health Intervention	Activities to be Implemented (Refer to Health Center & Dispensary Essential Package Menu and select activities)
		7. Monitor health care waste management processes and treatment.
	Liquid Waste	1. Procure sanitary ware and protective gears. E.g. gumboots, heavy gloves for cleaners. 2. Construct and rehabilitate sewarage and drainage system. 3. To follow up procedures for treatment and disposal of hospital waste.
	Vector borne diseases	1. Diagnose and treat vector borne diseases 2. Conduct advocacy to communities on identification, warning signs of epidemics e.g. plague, trypanosomiasis, relapsing fever, rabies etc. 3. Train health workers on prompt diagnosis and management of neglected vector borne disease (e.g. Plague, Tick borne relapsing fever and trypanosomiasis). 4. Implement vector control measures at community level e.g. destruction of breeding sites, use of Insecticide Treated Nets, screening of houses, rat traps, rodenticide, cleanness of surrounding, proper food storage, body hygiene e.t.c
	Occupational health and safety	1. Inspect workplaces for improved workers health (offices, factories, farms, mining, quarries, etc). 2. Conduct advocacy meetings to farmers on proper use of pesticides and food safety. 3. Implement HIV/AIDS workplace interventions according to guidelines. 4. Procure and distribute protective gears to healthcare providers when attending patients. 5. Conduct training to health workers on Infection Prevention and Control (IPC).
	Community participation	1. Sensitize HFGC to make follow up on implementation of health activities and sanitation. 2. Develop and apply local IEC materials to create community awareness on healthy behaviors and attitude. 3. Advocate water safety at household level including boiling water for drinking or treating it with recommended treatment agents.

Priority Area	Health Intervention	Activities to be Implemented (Refer to Health Center & Dispensary Essential Package Menu and select activities)
		4. Conduct community awareness meetings on proper latrine use including health facility toilets. 5. Conduct Health IEC training to Community based health workers.
7. Strengthen social welfare and social protection services	Vulnerable groups	1. Conduct bi-annual village meetings for identification of children with disabilities, identifying MVC and poor people so that they can benefit from cost sharing exemptions and also benefit from social protection and poverty alleviation schemes. 2. Conduct quarterly meetings to assess whether vulnerable groups households access health services (immunization, ARV, Insecticide Treated Nets, nutrition and other related services). 3. Conduct quarterly house hold visits to follow-up and provide support to (older people, orphans, OVC living with AIDS and other related health conditions, and for counseling relatives who abandon their disabled children, mentally sick people, chronically sick patients and OVC for ensuring that they continue supporting them). 4. Make arrangements to ensure that whenever necessary vulnerable group (Elderly, Disabled and children) are given priority in health care services provision. 5. Conduct quarterly group therapy for drug addicts, people and MVC with related health problems. 6. Counselling to parents who neglect/ reject their children because of having a disability and for any other reason. 7. Reunite patients who have recovered from mental illness or serious accidents (which resulted in loss of limbs, e. t. c.) with their families and communities. 8. Establish special services for children who are victims of gender cruelty.
	Reproductive Health services (Infertility, sexual abuse rape and female genital mutilation)	1. Establish basic services for women and children threatened by gender based violence. 2. Conduct training to women and school girls at community level to raise awareness on reproductive health issues and gender based violence and act accordingly.

Priority Area	Health Intervention	Activities to be Implemented (Refer to Health Center & Dispensary Essential Package Menu and select activities)
8. Strengthen Human resource for Health management capacity	Human Resource for Health	1. Follow up employment permit and allocation of qualified staff to Health Centres and Dispensaries according to approved staffing standards. 2. To ensure that payments, including subsistence allowances, for all new employees are promptly paid. 3. Conduct orientation programs for new employees posted to Health Facilities and copies of training reports should be filed for references. 4. Follow up and ensure that Health facility employees are paid their statutory benefits as stipulated in various staff circulars and directives. 5. To prepare and ensure Pay for Performance (P4P) payment criteria is universally applied to all Health facility staff. 6. Prepare quarterly reports to justify Result Oriented Payment for Performance according to agreed criteria 7. Design various incentive strategies, monetary and non-monetary (e.g. housing, awards and recognition) as Health Facilities staff retention mechanism. 8. Prepare training plan for Health facility staff.
9. Strengthen Organization structure and Institutional management at all levels	General Management	1. Organize regular staff meetings to review progress in implementing the Facility plan. 2. Identify performance problems and develop actions to improve performance. 3. Follow up and ensure Open Performance Review and Appraisal System (OPRAS) forms and service agreements are filled by all staff to improve staff productivity. 4. Maintain a Suggestion box and ensure that it is opened in the presence of a member of the Health Facility Committee and feedback is communicated to the community. 5. Display telephone numbers for handling complaints. 6. Provide Identity Cards to all Health Facility staff 7. Display Job Description of health workers at Health Facility level

Priority Area	Health Intervention	Activities to be Implemented (Refer to Health Center & Dispensary Essential Package Menu and select activities)
		8. Display Income and Expenditure Report on the Notice Board 9. Facilitate identification and exemption from payment for patients who are unable to pay user fees. 10. Procure stationery/ forms, registers for facility use 11. Provide staff refreshment during office working hours (tea, coffee, sugar). 12. Prepare annual plans, work out baseline performance and negotiate targets with CHMT and submit annual plan to District Medical Officer/CHMT for inclusion in CCHP. 13. Prepare monthly, quarterly, biannually and annual implementation progress reports including progress report on indicators. 14. Conduct regular supervision to ensure that community activities are being implemented according to plan. In addition, Health Centre are required to supervise Dispensaries in their catchment area. 15. Inspect Health Facility Accounts to determine funds utilization in line with planned activities. 16. Make follow up of staff professional performance at Health facility. 17. Keep record of trainings conducted for health care providers including on job training. 18. Provide opportunity for professional development to…. health care providers biannually
	Data Management	1. Procure / Print HMIS books 2. Fill in relevant HMIS data, process and utilize data into information for planning, implementation and decision making. 3. Conduct Health Facility Staff Joint meeting for data management. 4. Provide timely, properly filled HMIS report including other five indicators for management of Pay for Performance

Priority Area	Health Intervention	Activities to be Implemented (Refer to Health Center & Dispensary Essential Package Menu and select activities)
		benefits. 5. Fill and analyze HMIS data for improving Health facility service delivery. 6. Procure data collection and storage equipment e.g. computers
	Transport	1. Acquisition, care, repair and maintenance of bicycles, motor bikes and keeping mileage records. Where an ambulance is available send the ambulance quarterly to the district for services and repairs. 2. Pay for transportation *(fuel, hiring charges, health provider escorts)* of clients and samples e. g. DBS, to higher level facility
	Facility Committees activities	1. Undertake quarterly review of performance and verify reported performance 2. Conduct statutory and Ad Hoc Health Facility Governing Committee meetings 3. Facilitate Health Facility Governing Committee on management of medicines including ordering, storage and utilization. 4. To approve Quarterly Plan of Action (including emergencies) 5. Conduct training to Health Facility on Health Care Management at Health Facility level. 6. To handle and manage community and health facility staff complaints and conflicts. 7. Conduct supportive supervision in the health facility and obtain service delivery reports on time spent by clients/ patients seeking health services. 8. Conduct exchange visits to better performing Facility Governing Committees for learning purposes. ***Refer to guidelines on establishment of Facility committees for guidance***
	Acquisition and maintenance of Equipment	1. Acquire and ensure care, repair and maintenance of equipment, including furniture, according to maintenance guidelines

Priority Area	Health Intervention	Activities to be Implemented (Refer to Health Center & Dispensary Essential Package Menu and select activities)
	Management of Finances	1. Maintain financial statements and ensure that financial statements are up to date. 2. Maintain Cash Receipt Vouchers, Payment Vouchers, Cash Book [Receipts and Payment] and Bank Statements. 3. Prepare financial reports from vote books, financial record registers and any other accounting records available. 4. Fill National Health Insurance Fund (NHIF), Community Health Fund (CHF), User fees registers for tracking of facility financial records. 5. Ensure collection and safe custody of user fees funds. 6. Health facility in-charge shall obtain a cheque book from the Council Treasurer 7. Cash Book must be recorded on daily Basis. 8. Conduct training for …..days to… Health Facility staff and Facility Governing Committee on financial management. 9. Health Facility to Use electronic revenue collection system
	Communication system	1. Install radio communication system. 2. Purchase of phone for health facility use and Pay for telecommunication costs
	Utilities (power, water)	1. Pay for utilities charges (*water, power – kerosene, electricity, charcoal, firewood, fuel for generators etc.)*
	Referral of Patients	1. To organize referral of patients to higher level of medical care (Health centre / District Hospital) 2. Educate CHWs and Traditional Birth Attendants, how to refer pregnant mothers and children under five years whenever there is risk factors that need attention of higher level of skills. 3. Make follow up keep feedback report for referred patients.
10. Emergency Preparedness and response	Capacity Building to Health facility workers	1. Conduct a ……days training to……health workers on management of patients during an emergency.
11.Health promotion	Community sensitization	1. Provide Health education to clients at Health facilities on essential health interventions.

Priority Area	Health Intervention	Activities to be Implemented (Refer to Health Center & Dispensary Essential Package Menu and select activities)
		2. Conduct advocacy meetings on tobacco control measures to village leaders at village level. 3. Distribute IEC materials from higher level e.g. Fliers, posters on health related problems at community level.
	Health promotion	1. Sensitize….. households at community level on prevention of common communicable diseases and diseases of local priority. 2. Health communication for behavior change through IEC materials and community sensitization meetings on communicable, non-communicable and neglected diseases of local priority. 3. Sensitize community on use of Insecticide Treated Nets (ITNs). 4. Advocate to communities and households to undertake regular medical checkup. If there is any health problem to follow up with the medical advice they will get from the health providers. 5. To prepare and distribute leaflets with health education information on various subjects to inform on how best to prevent communicable diseases especially on sexually transmitted infections; HIV and AIDS, Malaria, and other diseases. 6. Display the health education schedule on the notice board and keep all health education reports at Health Facility and during outreach services. 7. Prepare and commemmorate Village Health days quarterly.
	Prevention	1. Give health education on prevention of common conditions, communicable and Non communicable diseases to out - patients. 2. Train VHWs and CORPS on communicable diseases prevention. 3. Conduct advocacy and sensitization at ward and village level on community based common communicable and non-communicable diseases. 4. Information and education on child, pregnant women, immunization, maternal and newborn.

Priority Area	Health Intervention	Activities to be Implemented (Refer to Health Center & Dispensary Essential Package Menu and select activities)
		5. Mass education on the best use of condoms for prevention of HIV and AIDS. 6. To inform the public through outpatient clinic on how best to feedback to the management on the quality and fairness of services provided through the available information systems including the message boxes or anonymous phone numbers provide. Names of providers are on the identity tags they are wearing on the uniforms. **NB: It's *important to keep all the training reports for reference*.**
12. Traditional Medicines and alternative healing	Advocacy	1. To sensitize Traditional healers, Traditional Birth Attendants, and Community Health Workers to refer patients to Health Centres and Dispensaries early for further treatment.
13. Construction, Rehabilitation and preventive maintenance of physical infrastructure	Maintenance of Health Facility buildings, staff houses and the Facility environment.	1. Conduct periodic preventive maintenance of Health Facility buldings and furnitures. 2. Construct and rehabilitate labour wards and delivery rooms, and low cost incinerators. 3. Maintain environmental sanitation at Health facilities. 4. Rehabilitate Pharmacy store and arrange medicines with regard to 5S KAIZEN Guidelines. 5. Rehabilitate Laboratories for storage of TB Microscopes for AFB diagnosis.

***NB**: Not all activities listed in this matrix require funding, some of the activities can be implemented by health workers providing health education to clients attending various clinics at the facility such as RCH clinic, outpatient clinic and during village and ward gatherings.*

Table 27: Example on how to prepare the Health Centre /Dispensary Plan of action

Priority Area	Health Interventions	Target/ Indicator	Activities to Implement	Total activity budget	Coverage	Timing	Responsible
Communicable diseases control	Health Promotion	Raise utilization of ITN vouchers by pregnant women from 60- 90%	Sensitize community on use of ITN	2,000,000	4 villages	July to September	Assistant Health Officer / Health Officer
			Provide health information & education on child, health, pregnant women, immunization, maternal and new born care	3,000,000	1,000,000 pregnant women	Though out the year	Nurse midwife/ Public Health Nurse
	Clinical treatment of common conditions	Reduce deaths due to Communicable diseases from 2,000 per year to 1,000.	Orient health care workers on history taking, physical examination and standard case management of acute febrile illnesses, STI and HIV/AIDS, TB, leprosy and epidemics management	5,200,000	50 Clinical Officers	September to December	Clinical Officer/ Assistant Medical Officer
	Malaria	Reduce Malaria cases from 60% - 40% by June …	Train Community health workers in Malaria control activities	2,700,000	20 Community health workers	January to March	Clinical Officer/ Assistant Medical Officer
			Procure Laboratory reagents and anti-malarial drugs quarterly (SP & ALU)	8,500,000	One Health Centre	July-June	Clinical Officer/ Assistant Medical Officer

Priority Area	Health Interventions	Target/ Indicator	Activities to Implement	Total activity budget	Coverage	Timing	Responsible
Maternal and Child Health	Immunization	Increase immunization coverage of DPT-Hb3 from 70%-90% by ……	Conduct monthly immunization outreach, growth monitoring, curative services and mobile services to 6 villages	2,000,000	6 villages	July-June	District Cold Chain Coordinator / Public Health Nurse

PART C

7.0 BUDGETING AND ACCOUNTING FOR HEALTH CENTRES AND DISPENSARIES

7.1 Introduction

This chapter provides the budgeting and accounting procedures for which health facilities ought to apply.

The chapter for budgeting and accounting comprises of three sections:-

i. **First section:** Covers in detail the issues of budgeting and approach of developing budgets.
ii. **Second section:** Explains in brief on how to deal with accounting records and reporting, and
iii. **Third section:** Dwells with the issues of procurement and stores keeping.

Section 1:

7.2 Budgeting

Background

Before embarking into the preparation of Health Facility budget, it's important that a Health facility should have a Health Facility Governing Committee (HFGC). HFGC shall be responsible for planning, directing, controlling and reporting on how health facility resources are utilized. Also Health facility planning teams will comprise of a member of HFGC, representative from village/ward development committee, health facility staff and a representative from CHMT.

Definition of Budget.

A budget is simply defined as an estimate of expected incomes and expenditures for achieving operational goals of an entity.

Why Budgeting.

Budget is being prepared by Health Centers and Dispensaries in order to determine actual financial resources that will be required to implement planned activities from different sources (Block Grant, Community Health Fund, Result Based Financing, National Health Insurance Fund, etc.)

Features/ Elements of Budget.

There are six important elements to be observed when preparing a plan and budget. These elements are:-

i. Priorities
ii. Intervention
iii. Targets/ indicator
iv. Coverage (Areas that planned activities are aimed at)
v. Activities to be implemented
vi. Expected Outcome

Illustration:

Priority……………….Communicable disease control
Intervention…………. Malaria
Target/indicator………Reduce Malaria cases from 60% - 50% by June …
Coverage…………….. Four health facilities

Activities to be implemented:-

- Train Community health workers in Malaria control activities
- Procure Laboratory reagents
- Procure anti- malarial drugs quarterly (SP & ALU)

Expected outcome:-

- Reduction of cases of malaria

Intervention

A well organized Health Centre or Dispensary should have identifiable interventions. Under these interventions, activities will be implemented in order to achieve a target/ an indicator required to attain a certain level of outcome.

NB:

The Health facility planning team should set preferences based on the priorities, formulate targets and identify activities required to achieve the envisaged outcomes.

Team work should be developed and nurtured among the HFGC members and health facility employees for the successful development of plan and budget. This could be achieved through frequent joint meeting sessions. For an effective and performing HFGC, the chair person should be elected among community leaders, while the secretary to the HFGC should be officer in charge of the facility, who is also the implementer of the facility plan of action and responsible to prepare facility's technical and financial implementation reports.

7.2.1 Budget preparation

Budget estimation will be for each selected activities under each of the priority areas (Reproductive and Child Health Services, Communicable diseases, Non Communicable diseases, Social Welfare, Strengthen Organization structure and Institutional management at all levels etc.)

The following table 28 illustrates on Cost analysis of activities and budget preparation:-

Table 28: Example of budget preparation

<table>
<tr><th rowspan="2">Priority</th><th rowspan="2">Intervention</th><th rowspan="2">Activities</th><th rowspan="2">Target</th><th rowspan="2">GFS-Code</th><th colspan="3">Unit Cost</th><th rowspan="2">Total cost</th></tr>
<tr><th>Input</th><th>Number of units / Quantity</th><th>Unit Cost/ price</th></tr>
<tr><td rowspan="8">Communicable Disease Control</td><td rowspan="8">Malaria</td><td rowspan="5">Train 6 in charges of health facilities for 3 days on Malaria prevention</td><td rowspan="5">U5 deaths attributed to Malaria reduced from 5% to 3%</td><td>221005</td><td>Allowance</td><td>6 people x 3 days</td><td>10,000</td><td>180,000</td></tr>
<tr><td>220406</td><td>Stationery</td><td>6 sets</td><td>2,000</td><td>12,000</td></tr>
<tr><td>220709</td><td>Conference charges</td><td>1 x 3 days</td><td>40,000</td><td>120,000</td></tr>
<tr><td>221002</td><td>Ticket</td><td>6 people</td><td>10,000</td><td>60,000</td></tr>
<tr><td>210503</td><td>Refreshment</td><td>6 people x 3 days</td><td>10,000</td><td>180,000</td></tr>
<tr><td colspan="6">Subtotal – Activity 1</td><td>552,000</td></tr>
<tr><td>Procure Laboratory reagents</td><td></td><td>220407</td><td>Lab reagents</td><td>30</td><td>20,000</td><td>600,000</td></tr>
<tr><td colspan="6">Subtotal – Activity 2</td><td>600,000</td></tr>
<tr><td colspan="8">TOTAL</td><td>1,152,000</td></tr>
</table>

Section 2:

7.3 Accounting records and reporting

Financial management and accounting by Health Centers and Dispensaries is statutory requirement. Each health facility is obliged to maintain proper accounting records for finances and other assets in line with Public Finance Act, Local Government Financial Act 1982 as revised by Act No 6 (2000), Local Government Financial Regulations (1997) Revised 2010, Local Government Acts No.7, 8 and 9 of 1982 and Local Government Procurement Regulations 2004. Each Council is supposed to solicit permit to open Health centres and dispensaries bank accounts from the Ministry of finance and planning. It's expected that each health center and dispensary will open the health facility bank account and operate effectively with the guidance of the Council Treasurer.

The following below are some details of accounting procedures and reporting systems to be applied at that level.

7.3.1 Basic Accounting documents and records to be maintained by Health facility.

The following are some of the basic accounting documents and records to be maintained at the Health facilities:-

i. Cash Book (Receipts and Payments)
ii. Cash Receipt Vouchers (ERVs)
iii. Payment vouchers
iv. Bank statements
v. Cheque
vi. Purchase order books
vii. Fixed assets register
viii. Stores ledger
ix. Cheque dispatch register

Operation of Bank account

i. All financial transactions related to receipts and payments of Health facility will be processed through the established bank account.
ii. Payment from this account shall be made only for approved planned activities and not otherwise.
iii. Every bank transaction document shall be counter signed by authorized Health Facility committee member and Health facility in charge.
iv. For the control purpose, transparency and joint accountability, all transactions related to bank account including cheque drawn / issued by Health facility, Pay in slips, instructions to bank should be signed by both officials from group/category A and B. Council Treasurer is responsible to issue instructions on financial management to HFGC, Health Facility In charge and Health Facility Accountant.

Health facility bank account signatories:-

Group A - signatories will comprise of officer in charge or his/her appointee.

Group B - signatories will comprise the HFGC chairperson or his/her appointee.

A cheque must be signed by two persons, one person from category A and one person from group B. No group is allowed to sign a cheque and draw cash from the bank. This condition ought to be observed by the respective bank during filling of mandatory forms.

NB:
i. It is strictly prohibited to keep facility funds in pocket or office drawers. On the other hand health facility should make all payments through bank by writing a cheque.
ii. Facility's revenue and expenditure reports should be posted on facility notice board for transparency and accountability to community members using the facility.

Cash book

A simple cash book shall be maintained for the purpose of recording all receipts and payments made by the Health facility and should be kept under safe custody**.** This cash book shall have two sides, the receipt side and payment side.

1. **The Receipt side of the cashbook shall have the following columns:**
   i. **Date column***: for entering the date of receipt.*
   ii. **Description column:** *for entering the name from whom cash/cheque has been received*
   iii. **Receipt number column***: for recording the number of receipt issued by Health Facility.*
   iv. **Amount column** ***:*** *for recording the amount received by the Health Facility*
   v. **Source of Fund column***: for indicating source of funds received; e.g. Basket, Cost sharing or Other Charges e.t.c.*

Table 29: Facility Cashbook receipt side sample

Date	**Description**	**Receipt Number**	**Amount**		**Sources of fund**					
			Tshs	**Cts**	***Block grant***		***Basket fund***		***Cost sharing***	
					Tshs	***Cts***	***Tshs***	***Cts***	***Tshs***	***Cts***

2. **The Payment side of the cashbook shall have the following columns:**
   i. **Date column:** *for entering the date of payment made.*
   ii. **Description column***: for recording the name to whom the cheque is drawn*
   iii. **Payment Voucher number column***: for recording the number of payment voucher*
   iv. **Cheque number column***: for recording the number of the cheque issued*
   v. **Amount column***: for recording the figure of the amount paid.*

Table 30: Facility Cashbook payment side sample

Date	**Description**	**PV No.**	**Check No.**	**Amount**		**Sources of fund**					
				Tshs	**Cts**	***Block grant***		***Basket fund***		***Cost sharing***	
						Tshs	***Cts***	***Tshs***	***Cts***	***Tshs***	***Cts***

Other issues to be observed in writing cash book:
   i. The cash book must be recorded on daily basis.
   ii. Three days after the end of the month Health Facility in charge has to collect bank statement for the month from the bank.

iii. Seven days after the end of the month the Health Facility in charge should submit original cash book payment vouchers and bank statement to the Council Treasurer.
iv. Council Treasurer must assist the Health Facility in preparing monthly bank reconciliation statement and adjust the cashbook as the need for doing such adjustment arises.
v. Cashbook must be balanced basis and bank reconciliation prepared monthly.
vi. Erasing and overwriting and use of correcting fluid to delete records is not allowed. If there is need to make any changes, use pen to cancel by drawing a line over the intended error correction.

Cash Receipt acknowledgement

Council Treasurer shall issue the Health facility in charge a receipt book. The receipts will be used by the Health facility to acknowledge all funds received from any source. Council Treasurer will also teach them how to write the receipt document.

Payment Voucher

Council Treasurer shall provide the Health facility in charge with the council payment vouchers for the facility to use it when making the payments. Council Treasurer will also teach them how to write the payment voucher forms.

For the payment voucher to be complete, it must be supported by attaching to it the following documents which shall depend on the nature of the transaction made:-

i. Loose minutes requesting payment must be approved by the Health Facility in charge
ii. Approved and signed Staff Daily Subsistence Allowance claims form, staff list/staff payrolls
iii. Quotation /Proforma Invoice
iv. Local purchasing order
v. Tax Invoice / Cash sale
vi. Supplier's delivery note
vii. Stores goods received note
viii. Signed agreements
ix. Acknowledgement receipt if the payment is to other than Health Facility staff etc.

NB: - *Request for replenishment of the new receipts books/exchequer receipt vouchers (ERVs) must be filed to Council Treasurer submitted along with copies of the used receipt books issued to them before this new request. A flash report of receipts and expenditure made should accompany the request.*

Cheques

Health Facility In charge shall obtain checkbooks from the Council Treasurer. Council Treasurer shall also teach the Health facility in charge how to write and procedures of signing cheques. All cheques must be closed except when payment is made to facility staff.

Section 3:

7.4 Procurement and Stores record keeping.

Procurement of goods and services for health centers and dispensaries, should follow the normal procedures of Local Government Authorities Procurement Regulations.

7.4.1 Stores Record Keeping

The stores officer or health facility in charge has the overall responsibility over stores and ensuring that stores are properly accounted for. Stores officer receives all goods i.e.

consumable and non consumable from various sources into the store. Along with Health Facility Tender Board (HFTB) selected members and health facility in charge insure that goods have been inspected for quality, quantity, price and if supplied from proper source. All documents e.g. delivery notes and receipts must comply with the contract of supply. Goods or materials that do not comply with the stipulations of the contract shall not be accepted.

The stores officer in collaboration with the receiving committee will sign acceptance, damage, and shortage or rejection certificate.

A serially numbered Goods Received Note (GRN) or Stores Received Voucher (SRV) shall be raised by the stores officer upon satisfactory receiving the goods. For cost centre to access goods / stores required, the requesting cost centre will raise a stores requisition and the facility in charge will approve the requisition.

Issues of goods shall be made after receiving dully authorized stores requisition. Prior to issuing the goods the stores officer will prepare a Stores Issue Note (SIN) to be signed by the receiving cost centre when receiving the requested goods/goods.

Stores officer will maintain two basic type of records mainly the bin cards and stores ledger records.

Bin Card: Materials are kept in appropriate bins, drawers or other receptacle; some are stacked and others racked. For each kind of material or article, a separate record is kept on a bin card, showing in detail all receipts and issues. The bin cards are used not only for detailing receipts and issues of materials but also to assist the storekeeper to control the stock. For each material, the maximum and minimum to be carried are stated on the card**.**

Table 31: Bin card Sample

Name of Health facility…………………….

Description…………………..

Bin No: …………………

Code No: ……………….

Normal Quantity to order ………

Maximum: ……………...

Minimum: ………………

Stores Ledger Folio ………………

Re – order Level ………..

Receipts			**Issues**			**Balance**	**Remarks**
Date	**G.R. No.**	**Quantity**	**Date**	**Req. No.**	**Quantity**		

Stores Ledger: is identical to the bin cards, except that money values are shown. The debit side is prepared either from the goods received notes or from the invoices and from stores debit notes; the credit side either directly from the stores requisition notes or from an abstract summary compiled from them.

Table 32: Stores Ledger account sample

Material ……… Code …………Maximum Quantity ………Folio ……………

Minimum Quantity ………. Location ………

Date	Receipts				Issues				Stocks		
	G.R. No.	Quantity	Price	Amount	S.R. No.	Quantity	Price	Amount	Quantity	Price	Amount

NB:

1. Health Centre and Dispensary are required to keep a separate ledger for Medicine, Medical equipment and Supplies different from other Health Facility goods.
2. Health Centres and Dispensaries are required to conduct annual stock taking according to the Local government statutory requirements.

7.4.2 Issue of Stocks from the Health facility store:

Each Health facility is required to have an Issue Voucher book bearing the name of the Facility that will be filled when goods/stock are being issued from the Store for utilization. Issue voucher shall also be filled when goods are being issued from the facility's store to other facilities in need of the goods in the respective Council.

Table 33: Issue voucher sample

To: ....
....

LOCAL STORES
REQUEST/ISSUEVOUCHER
ALLOCATED STORES ONLY

S.F.7

No.............

D

ISSUED
No: ....
Date: ....

4/Name of Council

Not for use in connection with unallocated stores or local purchase

Date: ....

Description of Article	Unit	Quantity		Ledger folio	
		Required	Issued	Issuer	Receiver

REQUISITION OFFICER

....
Signature Designation Station

....
Signature Designation Station

CERTIFIED A: Received in good order
B: Taken charge in my stores ledger/for immediate use
(Delete whichever is inapplicable)

RECEIVING OFFICER

....
Signature Designation Station

PART D

8.0 REPORTING (TECHNICAL & FINANCIAL)

After implementation, the facility in charge and other workers at the health facility must work on the feedback of what have been done through compilation of the report using the format below showing the activity outputs and the funds spent on a quarterly basis. The report should be submitted before 5th of the month after end of the reporting quarter to enable compilation of the Implementation report of the Council Health Plan and should be reviewed by the HFGC members before submission to the District Medical Officers (DMOs) office. The following table summarizes key issues that the team is required to include in each quarterly report.

Table 34: Quarterly implementation report format

Activity	Implementation status/ achievements (targets/indicators)	Reasons for not implementing/ completing	Constraints	Budget/ funds allocated	Funds spent	Balance

	Name	**Title**	**Signature**	**Date**
Prepared by		Health facility in charge		
Checked by		HFGC Chairperson		
Received by (DMOs office)				

9.0 MONITORING AND EVALUATION

9.1 Introduction

This section is based on description of data management at the facility level in the context of monitoring and evaluation.

Monitoring: Is the regular tracking of key service provision events in a daily bases. It generally involves collecting, analysing and using data for improving service delivery. A monitoring system is a group of components used to track service provision including staff, data collection tools and procedure for data management. Monitoring at the health facility will help to:-

a) Improve health service provision
b) Identification and overcoming the health service provision challenges.
c) Facility based planning for efficient use of facility resources.

Evaluation: Is measuring of the changes in a situation resulting from an intervention. Example; performance of the facility against the set target is an evaluation (100% HIV screening for pregnant women). In this take evaluation can be done in monthly bases quarterly semi-annually or annually, involving health facility governing committee and Village/ward health committee. Evaluation is conducted for facility informed decision making. The source of the information for monitoring and evaluation is basically obtained from National census data, Surveys, **routine Health Management Information System (HMIS) and specific program data.** For the scope of this documents description of the HMIS and programmatic source of data will be detailed.

9.2 Health management Information System (HMIS)

The Health Management Information System comprises of staff, data collection tools and procedure for data management. Staffs include: (i) Health care workers at health facility who records health service provision event, data entry, data audit, data verification, report compilation and submission. (ii) Data collection tools include all means of data collection be it paper based (Registers, cards and forms or electronic based (desktop base database or web-bases database). (iii) Guidelines and standard operating procedures on how to process information at the facility level. The HMIS is the main source of the health data in the health sector.

Disease/intervention specific programs data, such as care and treatment clinics, Prevention of mother to child transmission of HIV.......etc. are collected using data collection tools outside HMIS. However the ultimate goal is to integrate all health data in HMIS.

Table 35: Health Management Information System registers and forms used at facility level (Health Center and Dispensary)

	Register/"Database"	Register	Reconciliation forms	Monthly/ quarterly/ annually forms.
A:	**HMIS REGISTERS**			
1	HMIS Guideline (HMIS Book 1)	x		
2	Facility data book (HMIS Book 2)	x		
3	Community book (HMIS Book 3)	x		
4	Ledger book (HMIS Book 4)	x		
5	Outpatient Register (HMIS Book 5)	x	x	x
6	Antenatal Register (HMIS book 6)	x	x	x
7	Child Health Register (HMIS book 7)	x	x	x
8	Family Planning Register (HMIS book 8)	x	x	x
9	Diarrhea Treatment Register (HMIS Book 9)	x	x	x
10	Annual Facility Report Book (HMIS book 10)	x		
11	Dental register (HMIS Book 11)	x	x	x
12	Labor and Delivery register (HMIS book 12)	x	x	x
13	Postnatal Register (HMIS book 13	x	x	x
14	Inpatient Register (HMIS book 14)	x	x	x
15	Health sector personnel (HRHIS) book 15			
16	Eye care register (HMIS Book 16)	x	x	x
17	Death registry Register (HMIS book...) (ICD -10)			x
18	HMIS Medicine register (Tracer Medicine)	x	x	x
B:	**RCHS**			
1	RCH Cards	x		
2	Child health register	x		
3	TT vaccination register	x		
4	Family Planning register	x		
5	RCHs - BEmONC FANC form	x		
6	RCHs - Cervical Cancer Screening and Treatment CECAP RCHs _ cPAC	x		
7	RCHs – Gender Based Violence and and Violence Against Children	x	x	x
C:	**NACP –National AIDS Control Programme**			
	i. Care and Treatment			
1	CTC -1 Card*	x		
2	CTC -2 Card*	x		
3	NACP - Cohort Reporting Form			x
4	NACP - Cohort register	x		
5	NACP - HIV Care and Treatment Quarterly Reporting Form			x
6	NACP - Pre-ART Register	x		
7	NACP - ART Register	x		
8	NACP - Referral form*	x		
	ii. VMMC			

	Register/"Database"	Register	Reconciliation forms	Monthly/ quarterly/ annually forms.
1	NACP - Male Circumcision Service register	x		
2	NACP - Male Circumcision Surgical Theatre register	x		
3	NACP - Male Circumcision Adverse Event form*	x		
4	NACP - Male Circumcision Appointment card*	x		
5	NACP - Male Circumcision Client Card*	x		
	iii. PMTCT			
1	NACP - PMTCT MC Register	x		
2	NACP - PMTCT MC Quarterly			x
3	HEID Card*	x		
4	RCH Card 1&4*			x
	iv. STI			
1	NACP - Register for Sexually Transmitted Infections	x		
2	NACP - Facility Monthly Summary report			x
	v. HTC/VCT			
1	Client card	x		
2	HIV testing register	x		
3	VCT card for children under 12 years			x
4	Facility monthly summary report			x
5	Referral form			x
D:	**NMCP- National Malaria Control Programme**			
1	NMCP – Malaria testing register	x	x	x
2	NMCP – Medicine dispensing register		x	x
E:	**TUBERCULOSIS & LEPLOSY (TB & LEP)**			
1	NTLP – TB 01 Tuberculosis treatment card	x		x
2	NTLP – TB 02 Tuberculosis card	x		x
3	NTLP – TB 03 Tuberculosis Unit Register		x	x
4	NTLP – TB 05 Tuberculosis Laboratory Register		x	x
5	NTLP – TB 06 Request and Reporting form for TB culture and Drug Susceptibility Test	x		x
6	NTLP – LEP 01 Leprosy Patient Record Card	x		x
7	NTLP – LEP 02 Leprosy card	x		x
8	NTLP – LEP 03 Leprosy Unit Register		x	x
9	NTLP – LEP 06 POD Register		x	x
10	NTLP – TB/LEP 01 Request and Report Form Smear Examination	x		x
11	NTLP – TB/LEP 02 Referral form	x		x
12	NTLP – MDR TB 01 MDR TB Treatment card	x		x
13	NTLP – MDR TB 02 MDR TB Patient Identity Card	x		x
14	NTLP – MDR TB 05 MDR TB Laboratory Culture and DST Register		x	x
15	NTLP – MDR TB 06 MDR TB Referral/Transfer form	x		x
16	NTLP – MDR TB 09 MDR TB Monthly Treatment Follow up Form	x		x
17	NTLP – Facility monthly report form for TB and	x		

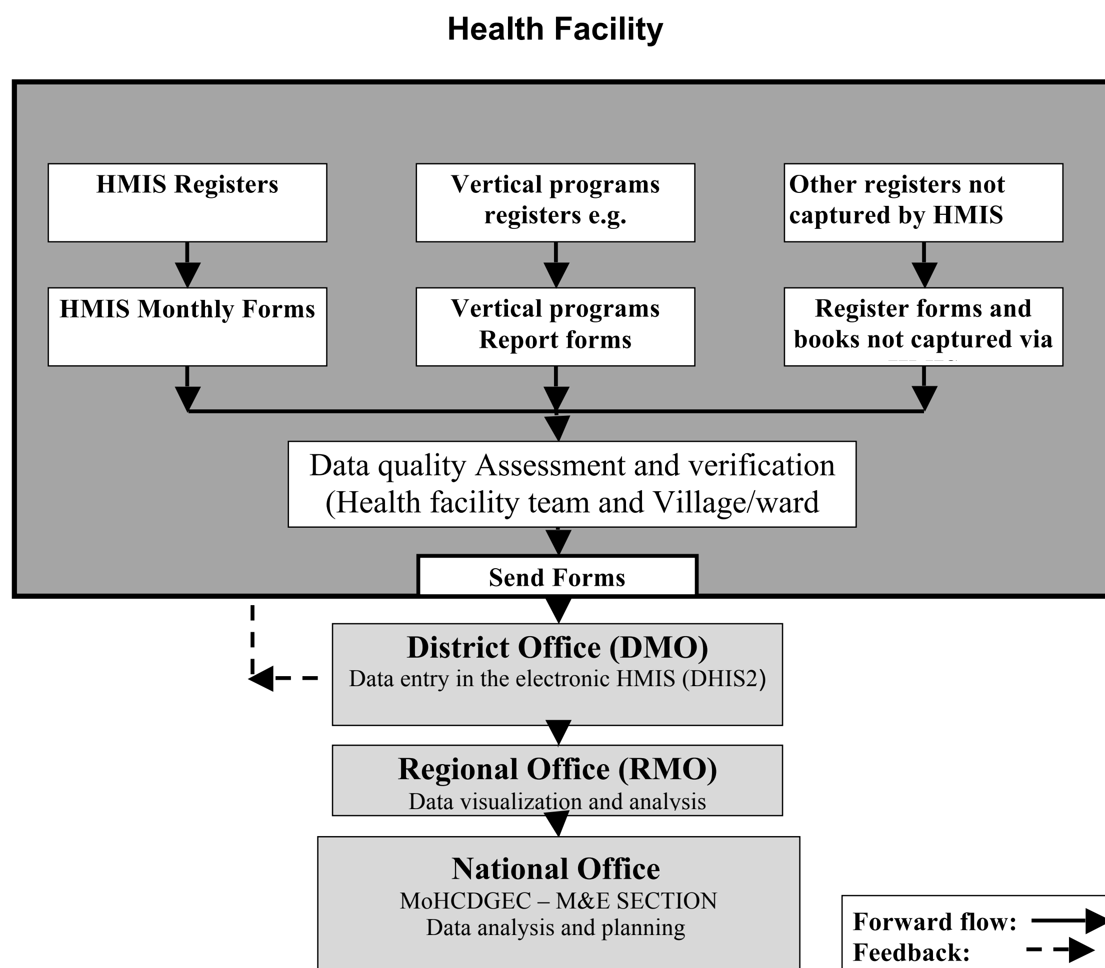
	Register/"Database"	Register	Reconciliation forms	Monthly/ quarterly/ annually forms.
	leprosy Medicines			
F:	**IDSR**			
1	Case investigation form	*x*		
2	Logbook of Suspected Outbreaks and Rumors	*x*		
3	Contacts recording sheet	*x*		
4	Contact Tracing Form (follow-up)	*x*		
5	IDSR Registration for in-patients (IPD)	*x*		
6	IDSR Registration for Out-Patients (OPD)			*x*
7	Monthly Data Summary Form for In/Out Patients for District and Health Facility			*x*
8	Form for District and Health Facility Monthly data for Inpatient and Outpatient to be sent to District and Region levels			*x*
9	Weekly data sheet for health facility and district level for new cases / deaths reported during the epidemics			*x*
10	Form 3 B: Weekly reported new cases / Deaths during an epidemic at Health facility and district levels			*x*
11	Quarterly Reported Cases And Deaths From Programs to Epidemiology Section			*x*
12	Epidemiological data by health facility / district and region in weeks /months			*x*
13	Record of timeliness of monthly surveillance reports			*x*
14	Timeliness and completeness of districts weekly report at national Level			*x*
G:	**Expanded Program on Immunization (EPI)**			
	EPI – Immunization services reconciliation form		*x*	
	EPI - Tanzania Monthly Health Report on Immunization and Vaccine Development (IVD) activities			*x*
	EPI-Measles and Rubella Campaign		*x*	
	EPI- Child health card - IVD Inputs	*x*		

KEY:

x = Registers or reconciliation forms (monthly/quarterly/annually)

* = Vertical programs registers/forms

Figure 1: Information flow from the health facility to the national level



In the figure 1, Facility will record all health service events in the respective registers/database by either using cards or straight to the specific register/database. At the end of every reporting period (Monthly/Quarterly), health care worker(s) will compile data and fill in the respective report forms (HMIS forms, ART quarterly report forms, Mother Child follow up quarterly report form).

Before the data can be sent to the district level, the Health Facility Governing Committee (HFGC) and one member from Village Health Committee (VHC) and or Ward Health Committee (WHC) will have a meeting to review data for quality check and verification. The data will be sent after the committees get satisfied. Nevertheless, the meeting will aim at using data for improving the health provision, decision making and planning purposes.

Health facilities will compile reports and submit to the district level by end of first week of the next month after the month of report, i.e. by 7th of the following month after the month of report, should be the deadline for submission of report at the district level

Table 36: Selected indicator matrix for Health Centers and Dispensary

Indicator	Definition	Source of data	Indicator calculation
Antenatal care coverage: At least once	% ANC first visit Target: 100% Source: One plan II 2016 - 2020	Antenatal register	**Numerator:** First visit ANC attendees x 100 **Denominator:** Estimated number of pregnant women in the catchment area
Antenatal care coverage: before 12 weeks gestational age	% of pregnant women starting ANC before 12 weeks of gestation age Target : 60% Source: One plan II 2016 - 2020	Antenatal register	**Numerator:** Number of pregnant women who start ANC before 12 weeks of gestation age x 100 **Denominator:** Estimated number of pregnant women in the catchment area
Antenatal care coverage: 4 visits	% of pregnant women who received ANC four or more times Target: 80% Source: One plan II 2016 - 2020	Antenatal register	**Numerator:** Number of Pregnant women who received ANC four or more times x 100 **Denominator:** Estimated number of pregnant women in the catchment area
Pregnant women screened for HIV	% pregnant women screened for HIV Target: 95% Source: One plan II 2016 - 2020	Antenatal register	**Numerator:** Number of pregnant women tested for HIV **Denominator:** Estimated number of pregnant women in the catchment area
Prevention of Mother to Child Transmission	% of HIV infected pregnant women receiving ARVs for PMTCT Target: 90% Source: HSSP IV 2015 - 2020	ART register/ CTC2 Database	**Numerator:** Number of HIV infected pregnant women on ART for PMTCT x 100 **Denominator:** Estimated number of HIV infected pregnant women.
Intermittent Preventive Therapy for malaria during pregnancy (IPT2)	Proportion of mothers who received two doses of preventive intermittent treatment for Malaria during pregnancy during a specified time period. Target: 80% Source: HSSP IV 2015 - 2020	Antenatal register	**Numerator:** Number of mothers receiving 2 or more doses of SP during pregnancy **Denominator:** Total number of first ANC visits
TT 2 Lifetime protection	% of pregnant women received lifetime protection of TT2 Target: 100% Source: One plan II - 2016-2020	Antenatal register	**Numerator:** Total number of pregnant women received TT2+ **Denominator:** Estimated number of pregnant women in the catchment area
Deliveries taking place in health facilities	% of deliveries taking place in health facilities Target: 80% Source: One plan II 2016-2020	Labor and delivery register	**Numerator:** Number of deliveries taking place in health facilities **Denominator:** Expected number of deliveries during a given period
Births assisted by skilled attendants	Proportion of births assisted by skilled attendants	Labor and delivery register	**Numerator:** Number of births attended by skilled health personnel during a specified period

	Target: 80% Source: One plan II 2016-2020		**Denominator:** Total number of live births during the specified period
Measles immunization coverage	Proportion of children under one received measles vaccine in a given year Target: 90% Source: One plan II 2016 - 2020	Child health register	**Numerator:** Total number of children under one year vaccinated against measles x 100 **Denominator:** Total number of children under one year targeted in the period
Vitamin A supplementation coverage	Ratio of Vitamin A doses given to children 12-59 months in past 12 months Target: 90% Source: One plan II 2016 - 2020	Child health register	**Numerator:** Number of Vitamin A doses given to children 12-59 months in past 12 months **Denominator:** Number of children 12-59 months
Penta 3 Immunization coverage (DTP-HepB, Hib3)	Proportion of children under one received Penta3 vaccine in a given year Target: 95% Source: One plan II 2016 - 2020	Child health register	**Numerator:** Total number of children under one year vaccinated 3 times against DPT - Hb x 100 **Denominator:** Total number of children under one year targeted in the period
HIV exposed infants receiving ARV prophylaxis	Proportion of HIV exposed infants receiving ARV prophylaxis Target: 90% Source: One plan II 2016 - 2020	Mother Child follow up register	**Numerator:** Number of HIV exposed infants receiving ARV prophylaxis **Denominator:** Number of live birth HIV exposed infants
HIV positive children receiving ARVs	Proportion of HIV positive children receiving ARV Target: 60% Source: One plan II 2016-2020	ART register/ CTC2 database	**Numerator:** Number of HIV positive children receiving ARV **Denominator:** Number of HIV positive children
HMIS reports	Timely reporting	HMIS reports	**Numerator**: Number of reports compiled and submitted on time **Denominator:** Number of reports expected in a specified period
	Accuracy	HMIS reports	**Numerator**: Number of data elements recorded correctly **Denominator:** Total number of data elements expected.
	Completeness	HMIS reports	**Numerator**: Number of reports with complete data elements recorded **Denominator:** Number of reports expected in a given year or other period.

NB: The facility will be required to read other MoHCDGEC guidelines so that they can assess facility's performance in other relevant intervention indicators not in the above matrix. Example; The National Road Map Strategic Plan to Improve Reproductive, Maternal, Newborn, Child & Adolescent Health in Tanzania (One Plan II), RMNCH Score cards and Health Sector Strategic Plan (HSSP IV).

Annex 1: Health Centre / Dispensary annual plan template

1. Cover page

Example of cover page

THE UNITED REPUBLIC OF ANZANIA

President's Office – Regional Administration and Local Government

Council: …………………..

COUNCILS'S LOGO

ANNUAL OPERATIONAL PLAN
2016 – 2017

…………………………………….HEALTH CENTRE / DISPENSARY

REGISTRATION NO: ………………

STAR RATING SCORE: …………

January, 2016

P.O. BOX……………….,
PHONE NO: ....,
REGION: ……………....

2. Table of Contents
   A table of contents shows major topics and subtopics with respective page numbers in the document to help the reader to trace and to find relevant information easily.
3. List of Planning Team members (Table 2)
   Full name, Position of each members of the planning team should be clearly shown to document the participation of all stakeholders responsible for the preparation of the plan.
4. Executive summary
   Executive summary is a summary of all important information present in the document/ plan. It should be written in a concise manner explaining in brief the implementation of previous years plan and the current such that a reader can get all important information about the facility and the plan by reading it. It should not exceed three pages and should be signed by Health facility in charge.
5. Introduction
   Information to be included under Introduction:

Background information and major issues to be addressed in the plan
Service area geographical profile
General condition of facility's infrastructure, availability of incinerator,
Facility title deed and Account number
Water facilities available
Facility bed capacity and average bed occupancy rate per day

6. Situation analysis
   Population vital statistics (Table 4 – 6)
   Causes of morbidity, mortality and notifiable diseases (Table 7 -10)
   Service coverage (Table 11 and 12)
   Social economic status (Table 13)
   Resource availability (Table 14-24)
7. Cost analysis and Plan of Action (Table 28 and 27)

Annex 2: Health Centre / Dispensary implementation report template

1. Cover page

Example of cover page

THE UNITED REPUBLIC OF ANZANIA **President's Office – Regional Administration and Local Government** **Council: …………………..** **COUNCILS'S LOGO** **QUARTELY IMPLEMENTATION REPORT** **JULY- SEPTEMBER, 2016** **…………………………………….HEALTH CENTRE / DISPENSARY** **REGISTRATION NO: ………………** **STAR RATING SCORE: …………** **OCTOBER, 2016** **P.O. BOX……………….,** **PHONE NO: ....,** **REGION: ……………....**

2. Executive summary signed by Facility In charge
3. Technical and financial performance (Table 34)
4. Challenges encountered during implementation
5. Way forward to address challenges and sustain achievement

References

1. The United Republic of Tanzania, Ministry of Health and Social Welfare (2013). National Guidelines for comprehensive care services for Prevention of Mother-to-Child Transmission of HIV and Keeping Mothers Alive.

2. The United Republic of Tanzania, Ministry of Health, Community Development, Gender, Elderly and Children (May 2016), The National Road Map Strategic Plan to Improve Reproductive, Maternal, Newborn, Child & Adolescent Health in Tanzania (2016-2020)

3. The United Republic of Tanzania, Ministry of Health and Social Welfare (2015), Fourth Health Sector Strategic Plan (HSSP IV 2015 -2020)

4. The United Republic of Tanzania, Ministry of Health and Social Welfare and Prime Ministers Regional Administration and Local Government Authorities: Comprehensive Council Health Planning Guidelines 2011 Fourth Edition

5. The United Republic of Tanzania, Ministry of Health and Social Welfare: Staffing levels for Ministry of Health and Social Welfare Departments, Health Service Facilities, Health Training Institutions and Agencies 2014 – 2019, Revised 2014.

6. The United Republic of Tanzania: Ministry of Health and Social Welfare: National Essential Health Care Interventions Package- Tanzania (NEHCIP-TZ) May, 2013.

7. The United Republic of Tanzania, Ministry of Health and Social Welfare: Template for Developing Annual Health Centres and Dispensary Plans September 2009

8. The United Republic of Tanzania, Ministry of Health and Social Welfare Kaizen Handbook for Health Facility Pocket guide for Facilitators

9. The United Republic of Tanzania, Ministry of Health and Social Welfare : Health Quality Assurance Division; Implementation Guidelines fro 5S- KAIZEN- TQM Approaches in Tanzania " Foundation of all Quality Improvement Programs" 3rd Edition March 2013

10. Jamhuri ya Muungano wa Tanzania: Ofisi ya Waziri Mkuu Tawala za Mikoa na Serikali za Mitaa : Mafunzo ya Kuboresha ujuzi na Stadi za Kazi kwa Maafisa Watendaji wa Vijiji na Mitaa, Tanzania Bara Kitabu cha Rejea (Toleo la Tatu) Februari 2012

11. The United Republic of Tanzania: Ministry of Health and Social Welfare: Human Resource for Health and Social Welfare Country Profile 2013/2014., 2014

12. The United Republic of Tanzania: Ministry of Health and Social Welfare: National AIDS Control Programme: operational Plan for Year 1 and 2 of the third Health Sector HIV and AIDS Strategic Plan (HSHSP III) 2013- 2017, April 2014

13. The United Republic of Tanzania: Ministry of Health and Social Welfare: National AIDS Control Programme: Third Health Sector HIV and AIDS Strategic Plan (HSHSP III) 2013- 2017, April 2014

14. The United Republic of Tanzania, Prime Minister's Office Regional Administration and Local Government – Community Health Fund; Financial Management and Operational Guidelines for Local Government Authorities Version 1.0.0 2015