REVISED COMPREHENSIVE COUNCIL HEALTH PLANNING (CCHP) GUIDELINE FOR LGAs 2010

A Report presented at JAHSR – Technical Review Meeting on 07th - 8th September 2010

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OUTLINE OF THE PRESENTATION

- Introduction
- Objectives of the review
- Process used in revising the Guideline
- Updates on the CCHP Guideline
- Key areas raised during the review
- Way forwards/ task ahead

INTRODUCTION

- Review of the CCHP guideline started in February, 2010.
- By March a draft guideline was presented to the members of the TC SWAP
- Refining continued by TWG No. 1 and other stakeholders.
- Some important areas which needed amendments were revised.
- New key policy issues and strategies have been incorporated in the guideline
- Advocacy to CHMTs and RRHMTs on the revised CCHP guidelines to be conducted
- Training of CHMTs, RHMTs and other stakeholders on the use of these new guidelines is mandatory and the sector has to realize the benefits of this investment.

Objectives of the review

- Fulfill the Milestone No.1 reached JAHSR last year.
- guideline to be reviewed and revised in line with Health HSSPIII (2009- 2015), MKUKUTA and other agreed Sector strategies.
- To support the LGAs to improve the quality of their annual CCHPs reports and ensure that EHIPs are included and aligned with delivery of MDGs and Poverty Reduction strategy, come 2015.

PROCESS USED IN REVISING THIS GUIDEL

Stage 1:

- 1st draft was developed by a team with essential skill mix comprised of staff with different professional backgrounds.
- Specific areas of health interventions levels from the MOHSW, PMO-RALG, and RHMTs with key members from LGAs, RS and ZHRCs

Stage 2:

- The draft was further shared with Partners, and forwarded to the respective TC SWAP- TWGs.

Stage 3:

- The inputs/comments contributed worked by the D&R TWG for further scrutiny. The D&R TWG worked on the guideline using inputs from other TWGs and individuals
- The guideline was rearranged by changing the chapters, moving the tables to the annexes, inserted comments/gaps and separating the annex from the main text

Stage 4:

- D&R TWG is finalizing the document (Text & annexes)

UPDATES ON THE CCHP GUIDELINE

- The recommendations from field visits conducted to LGAs in the 2009 JAHSR meeting
- Revision of Chapter 6 on the Joint Rehabilitation Funds has been replaced with the Health Sector Development Grant (HSDW) and has been expanded to capture all sources of funding and activities under the MMAM.
- In addition, a section on maintenance, repairs and reporting has been added
- Updates derived from National Programme Strategic Plans and actions plans

UPDATES ON THE CCHP GUIDELINE

- Inclusion of Technical Desk review study recommendations of translating HSSP III to CCHP guideline
- Assessment criteria of CCHP Plans, Quarterly and Annual Progress Reports both Technical and Financial
- Inclusion of Public Private Partnership (PPP) activities performed by FBO, CSOs and Service Agreements as will be implemented at LGA levels

UPDATES ON THE CCHP GUIDELINE

- Inclusion of other important areas such as Maternal, New born and Child Health, Community based activities to address MDG 4, 5 and 6
- Inclusion of Performance Based Financing (PBF) and Results Based Bonuses (RBB/P4P) indicators as new initiatives in the health sector
- Planning at lower levels Health centers and Dispensary has been incorporated by adding a Planning Templates at PHC facilities level

UPDATES ON THE CCHP GUIDELINE

- Different reporting formats have been integrated to meet the requirements of different partners and to reduce the duplication and workload of the LGAs
- Inclusion of Social Welfare services has been added as an essential component of the guideline
- Inclusion of Health Sector performance indicators, and other issues highlighted during the JAHSR to harmonize with GBS-PAF, and Health Sector Programmes
- The Priority areas have been increased from six to eleven
- Inclusion of Human Resources Development as a health system improvement
- The chapter on Audits has been scrutinized and revised

KEY AREAS RAISED DURING THE REVIEW THE GUIDELINE TO BE DISCUSSED

- Review the possibility for Basket funding to flow directly to account number 6 (as per the MoU) and not via account number 2, which is currently causing delays, transparency issues and leads to huge amount of funds carried forwards.

- Review the allocation to the cost centre. In particular for dispensaries and health centres as they are increasing in numbers due to MMAM, and thus the share of funding they receive is reducing. In contrast the funding to the DMO Office is increasing as the per capita to the district is rising each year.

- Review the Resource allocation formula and its application to the Basket and Block Grant, to take into consideration urban versus rural areas, distance to travel, fuel, the condition of the infrastructure etc to improve equity.

KEY AREAS RAISED DURING THE REVIEW THE GUIDELINE TO BE DISCUSSED

- Basket fund allocated to the Regional hospital by the LGAs budget is being proposed to go directly to the regional hospital like in the RHMT budget, rather than passing through the LGA's vote.

- The percentage has been removed and BFC has to consider allocation to be directly to the regional hospital.

- It is a proposed that the Regional Hospital receives funding based on their 3 year Hospital Strategic Plans.

- The plan and budget for the CCHP are at times of poor quality and not fully implemented. Open discussion on how to strengthen the CHMTs and RHMTs in order to improve the overall health service delivery at district level. While taking into consideration application of Planrep.

KEY AREAS RAISED DURING THE REVIEW THE GUIDELINE TO BE DISCUSSED

- A proposal that VAH Hospitals will only receive the budget allocated to them, if they have a signed Service Agreement with the Council.

- Funding that is insufficient from the basket should continue to be covered by the Central Government who should also be part of the Service Agreement. However, this will depend on capacity of LGAs to manage Service Agreement and further strengthening may be needed.

- Review the ceilings imposed for supervision, allowances, maintenance and repairs to ensure that there is funding left for other activities.

WAY FORWARDS/ TASK AHEAD

- Finalization of the CCHP guideline
- Sharing/orient the Guideline with the CHPT especially on the new areas
- Integrate the new area in the Planrep. This will require resources especially funds and facilitators.

- Harmonize, link and align the indicators in the Guideline with the GBS- PAF, MKUKUTA 2 and Health Performance Profile/report.

Thank you for attention