

A Case Study on Building Capacity in Planning and Budgeting for Safe and Effective Delivery of Health Services in Tanzania

Policy Brief



Canada



Summary of Key Points

In 2017, the Government of Tanzania implemented its new policy of Direct Health Facility Financing (DHFF). Planning and budgeting for health services is now devolved to the lowest level of health service-providing units (health centres and dispensaries). The main goal is to improve community participation, autonomy in planning, and to enable effective and efficient use of available resources, which will lead to improved quality of care and health outcomes.

The annual detailed planning and budgeting process in Tanzania is led by sub-national health structures, namely the Council Health Management Teams (CHMTs) and Health Facility management teams, many of whom have limited knowledge and understanding of planning and budgeting principles. All too often sub-national health planners take the previous years' plans and update data fields without analysing the current situation, assessing data quality, conducting local consultations, or considering changing contexts and priorities for the local population. There is limited capacity at the council and facility levels to use existing data and digital systems for decisions to improve services and allocate budgets based on local health challenges and priorities.

Hence, there was an identified need to both improve capacity and streamline processes. Health planners at the regional, council, and facility levels require capacity building on the planning and budgeting process and principles, as well as on data analysis and interpretation for decision-making. It was found that this capacity-building needs to be tailored to different levels due to different functions/roles in planning and budgeting (e.g., data entry, situational analysis, prioritization for health facilities, data interpretation and analysis, and assessment of health facility plans for CHMTs). Targeted technical support, staff training, and locally driven innovations are some of the initiatives expected to significantly improve the ways that health facilities and government agencies use data to develop realistic plans and budgets.

Given these challenges, the Canadian Society for International Health (CSIH) developed and delivered a number of training packages and tools to support the planning and budgeting process in collaboration with the RHMT and CHMTs.

Background: An Overview of Planning and Budgeting for Health Service Delivery in Tanzania

Following the health sector reform in 1996, Tanzania started implementing Decentralization by Devolution (D by D), and in 1999, positioned the district/council health services as the backbone of the healthcare system in the country to support delivery of essential health care at the dispensary, health centre and district hospital levels. Accordingly, the CHMTs were responsible for planning all health services within their councils through the Comprehensive Council Health Plans (CCHPs), with the mandate to oversee the utilization of financial resources for the entire council. The development of CCHPs involves multiple stages including pre-planning, refinement and submission, assessment and approval, actual operational planning and budgeting, and monitoring of plans. To enable facilities to plan and procure based on local challenges and priorities, the Government of Tanzania and Health Sector Stakeholders decided to further decentralize health service delivery from Council level to facility level by implementing the Direct Health Facility Financing (DHFF) program in 2016. Consequently, instructions and guidance on DHFF were disseminated to CHMTs and health facilities from July 2017, with disbursement of funds commencing in early 2018 for the financial year 2017/2018. With DHFF, funds are allocated directly from the Ministry of Finance and Planning to individual health facilities. The expectation is that this will result in improved community participation, autonomy in planning, and effective and efficient use of available resources, which will lead to improved quality of care and health outcomes. In this context, the latest developments devolve planning and budgeting responsibilities to the sub-district facility level.

Why is Planning and Budgeting an Important Aspect for Successful Health System?

Planning and budgeting is critical to the health care system. Using high quality data effectively to plan and budget can save lives and resources. Robust health data are critical to address inequities, prioritize policies and allocate limited resources appropriately to improve health.

Engaging in budget preparation, understanding guiding principles of budgeting as well as the political dynamics that enable the budget elaboration and approval process, is essential for health planners and managers. In many countries, the consequences of not doing so means that health policy-making, planning, costing and budgeting take place independently of each other, leading to a misalignment between health priorities and allocation and use of resources.¹

In practice, the culture of using data to inform health decisions (during planning and budgeting periods) is not very common, particularly at sub-national levels. As such, most plans produced at the lower levels focus mainly on previous years' activities instead of reflecting on the actual analysis of data from the DHIS2. In addition, the PlanRep system (an electronic system used for planning and budgeting at all levels) does not have a direct link (does not directly communicate) with DHIS2 which stores and analyses routinely generated data. Consequently, most data have to be retrieved and copied manually from the DHIS2 then transferred to the PlanRep system — a process that is challenging and time consuming.

1 Rajan D, Barroy H, Stenberg K. Chapter 8. Budgeting for health. In: Schmets G, Rajan D, Kadandale S, editors. Strategizing national health in the 21st century: a handbook. Geneva: World Health Organization; 2016. <https://apps.who.int/iris/bitstream/handle/10665/250221/9789241549745-chapter8-eng.pdf?sequence=11&isAllowed=y>

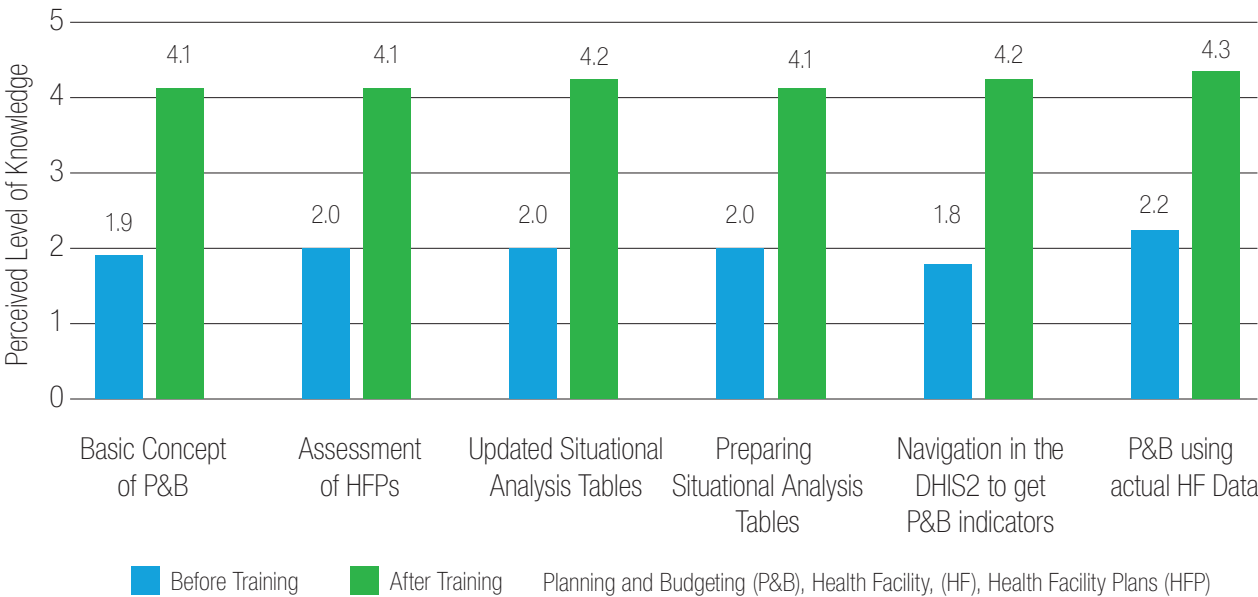
Piloting a New Training Package and Tools to Support the Planning and Budgeting Process in Tabora, Singida, and Shinyanga Regions

CSIH developed a number of training packages and tools to support the planning and budgeting process. These are briefly outlined below, along with highlights of initial outcomes from these trainings and tools.

- 1. **A Training Package on Developing Annual Health Facility Plans & Budgets:** The goal of the planning and budgeting training is to impart knowledge and skills on Planning and Budgeting to health managers at the sub-national level including RHMTs, CHMTs, health facility in-charges, facility staff and health facility governing committee chairpersons. In general, the training package aligns with the latest national planning and budgeting guidelines. In the early days of the projects, the training focused more on basic concepts

of planning and budgeting with each session comprised of short presentations followed by hands-on practical sessions (on topics such as situational analysis, problem identification, prioritization, problem analysis, development of goals and interventions/activities, monitoring and evaluation and report writing). With lessons from implementation, the training package was revised to refresh participants on key planning and budgeting concepts and to ensure that the process of planning and budgeting is strongly linked to use of good quality data from the DHIS2 and other sources. In this way, it ensures that plans from the health facilities are realistic and evidence-based. In addition, on-the-job follow-up was provided to assist with implementing the skills and knowledge learned in the trainings.

Figure 1: Pre-and Post-Training Knowledge Analysis for Health Facility In-charges in Tabora, Singida and Shinyanga Regions (Scale of perceived level of knowledge from 1 to 5, 5 being the highest)



The figure shows that participants’ perceived level of knowledge across all domains increased after receiving the training on Planning and Budgeting (P&B). This was a typical result across trainings held.

“In general, the most important content is the use of the Pivot Table in analysing data. This will simplify obtaining of data while we are preparing our facility’s plan”. Participant, Singida region

“Previously, I was not aware on how to transfer data from the DHIS2 system but after the training I can now transfer the data and see if the data prepared from the health facility are relevant with data that we received and record in a national system each month. So, we can later relate the data and discuss together with the health facility staff to see if they are right or there is still a noticeable mistake, and this will push us into a more progressive steps ahead, thank you”. Participant, Singida region

2. **Health Facility Plan Evaluation Tool:**

This tool was developed as a checklist for self-assessments by health facilities, to provide guidance to CHMTs on how to conduct formal objective assessment of plans, to identify areas of strength, and facilities needing more support. The tool was adapted from the CCHP evaluation tool^{2 3} and aligned with the planning and budgeting guidelines for health centres and dispensaries. Participants also shared their thoughts on this tool:

“Our weaknesses became evident (and they are a lot), however, if we use this checklist we will continue to improve. The plans will have all that is needed. We have to use the checklist so as to improve”. P&B Training participant, Tabora

“This exercise is important because every health facility has its own challenges so it is a must for each facility to have its own plan without copying other facilities’ plan, and therefore improving the plans for each successive year”. P&B Training participant, Tabora

3. **DHIS2-PlanRep Navigation Guide:** This navigation guide shows the connections between the DHIS2 and PlanRep systems, and elaborates where and how data for the health facility plans and CCHP can be obtained from the DHIS2. This guide was provided to the regional, district and facility team representatives, who were trained on the use of this guide. Most participants who were oriented on this Navigation Guide found it to be very useful and relevant for their planning sessions.

2 WAMJJWW na OR-TAMISEMI (2016); Mwongozo wa Upangaji wa Mipango ya Mwaka ya Vituo vy Afya na Zahanati.

3 WAMJJWW na OR-TAMISEMI (Rasmu ya Novemba 2019); Mwongozo wa Uandaaji Mipango, Bajeti, Matumizi na Taarifa ya Utekelezaji kwa Vituo vya Kutolea Huduma za Afya ya Msingi.

Recommendations for Improving Planning and Budgeting of Health Service Delivery in Tanzania

There are a number of recommendations based on the learnings from these projects targeted at different levels of stakeholders.

To Funders:

1. Continue to fund projects in health systems strengthening, including training on planning and budgeting, given the critical nature of this work in ensuring availability and quality of health care.

To Funders and the Central Government (PO-RALG):

2. Provide resources to support equipment (computers, laptops) for facility-level staff to enable them to access data from DHIS2 and develop plans in a timely fashion.

To the Central Government (PO-RALG):

3. Training on DHIS2 to lower-level facility staff is critical, including pre-service training. It is useful to ensure this training includes navigating through the DHIS2 to access data needed for planning and budgeting.
4. Ensuring timely finalization and dissemination of new annual planning guidelines (for both facility and CHMTs) is critical to ensure availability of standardized guidance for annual planning.
5. For efficient planning and budgeting processes, the ongoing initiatives of linking PlanRep and DHIS2 should be fast tracked. Currently, data must be manually transferred between the two systems, yet copy and paste transfer is not recommended as it has the potential to result in errors.

6. Develop an inclusive process of reviewing data collection tools and processes centred around facility budgeting guidelines. An inclusive process, including RHMT, CHMT, and facility staff, will help to determine which data to be collected to support the planning and budgeting process to ensure informed decision-making.

To Regional and Council Health Management Teams (R/CHMTs):

7. Ensure all health facilities have printed copies of final and approved plans and budgets for implementation and monitoring.
8. Ensure all health facilities are supported, through facility mentors from CHMTs, to develop evidence-based plans and budgets. This will require use of quality data from DHIS2 as well as timely assessment of health facility plans using the harmonized Health Facility Plan Assessment Tool for guiding improvement in plans.
9. All CHMT members who have access to the DHIS2, and all those who are mentoring health facilities on the process of planning and budgeting, should ensure that they are well conversant with planning and budgeting processes and are able to provide consistent mentoring and coaching support to the health facilities. This includes using the navigation guide to help ensure accurate data for the respective health facilities.

**To Health Facility In-charges and HMIS
Focal Persons at the Health Facility Level:**

10. Ensure as part of ongoing training and communications that health facility staff understand that the primary purpose of data collection and analysis is for local planning and use. A secondary purpose is for reporting to the CHMT.
11. All health facility in-charges and other staff involved in planning and budgeting should ensure ongoing hands-on practice on data entry, quality data checks and data analysis for improved planning and budgeting processes, with application of the navigation guide to help access real time data from DHIS2.
12. Ensure ongoing use of the Health Facility Plan Assessment Tool to provide guidance on important criteria for both planning and assessment. This tool can be used when the facilities are preparing their plans, and at the end of planning to conduct a self-assessment.
13. Each health facility should budget and procure laptops/computers as this is essential for most administrative tasks including planning and budgeting activities.

Project Description

The Canadian Society for International Health (CSIH) partnered with CARE Canada, McGill University, and the Society of Obstetricians and Gynecologists of Canada (SOGC) to design and implement the **Tabora Maternal and Newborn Health Initiative (TAMANI Project)**. The Project is funded by Global Affairs Canada, and is being implemented in Tabora Region, Tanzania, between January 2017 and June 2021. **The ENRICH Project (Enhancing Nutrition Services to Improve Maternal, and Child Health in Africa and Asia)** was funded by GAC, and implemented by World Vision Canada, in partnership with Nutrition International between March 2016 and September 2021. CSIH was sub-contracted by WVC to provide health systems strengthening expertise and support for the project, specifically in Tanzania.



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