

PRINCIPLES OF OUTCOME- BASED PLANNING



KERALA
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STEP -1: Decide on Outcomes

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- Decide on Outcomes- or Programme Objectives- Based on Both Situation Analysis and Goals
 - i.e- based on “where we are” and “where we want to go.”
- Outcome is where we can reach in one year or in the plan period.
- Use outcome indicators to set measurable objectives and to measure whether we have reached it.
- Impact indicators measure the progress with respect to goals.

STEP-2: The Choice of Strategy.

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- Make Choice of Strategy/Strategies needed to reach Objectives.
- Output Indicators measure how far the strategy was implemented.
- Example
 - Objective is to lower neonatal mortality from 30 per 1000 to 20 per 1000. Strategy choice could be between a. making every 24*7 pHC into a newborn stabilisation facility or only those which are FRUs into a newborn stabilisation, or b. for choose between AWWs or ASHAs to train on home based care .
 - Output indicator would be how many sick children referred in newborn stabilisation unit or it could be number of ASHAs or AWWs who made all mandatory visits to the newborn and newborn weighing efficiency etc.
- Choice of Strategy: Evidence Based: What works and to what extent and in what circumstances: Also on how much human and financial resources available.

Participatory Processes- when and how

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- Participation in planning is best done if situation analysis, objective and choice of strategy is shared with stakeholders. This could take the form of a brief document. Activities, budgets, timelines need not be spelt out.
- Stakeholder groups could
 - comment on situation analysis.
 - modify objectives by adding in more objectives or setting priorities,
 - Commenting on choice of strategy.
- Ideally talk to a)PRIs, b) block officers, c) cross-section of health staff,d) some civil society groups e) village health and sanitation committees- some of them would only comment on objectives and priorities, others would comment on all three aspects.

Step 4: Activities- Budgets- Timelines

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- Once the choice of strategy is made- the next steps are more mechanical and internal- but it takes a lot of expertise and hard work to get it right.
- Break up every strategy into a set of activities. Most strategies break up into activities under 5 or 6 heads- infrastructure, HR, procurement of equipment, drugs and supplies, training, management including supervision, and maybe a community level activity or demand side funding.
- Every activity admits of a budget-line and a timeline
- All the above can be captured in one or two tables.
- Every activity with a budget line would have a process/activity and input indicator to measure whether these activities happened.

Step 5- Putting it together- the Plan document

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- **Components of the Plan document-**
 - RCH Component: maternal health, Newborn and Child health including nutrition, Immunisation, Family Planning, RTIs and ARSH,
 - Disease control plans
 - Facility Development Component- Infrastructure, HR, Training Facilities.
 - Community Processes including BCC
- About three pages for each component- stating situation analysis, objectives, choice of strategy and a table showing activities and budget line. Budget lines should have a cross reference number to final budget standard format . But all aspects of the component should be shown here.
- Final Budget should be based on Standard Approved Format. But if we look at each component we should be able to see how each activity relates to final budget.

The Levels of Planning

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- Goals-
 - Objectives
 - Strategies –
 - Activities/ Processes-
 - Inputs –
- Impact indicators
 - Outcome indicators
 - Output indicators
 - Process indicators
 - Input indicators

General Principles for Improving Planning Process

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- 1. Based on Health service delivery and health status information as gleaned from HMIS- and secondarily from other sources**
- 2. Based on epidemiological profile as gleaned from information of disease control programmes and IDSP- and hospital data/surveys where needed.**
- 3. Choice of facilities to prioritise for development- both on access and on volume- but also to ensure universal access.**
- 4. Community Processes Planning : provide for mid-level management**
- 5. District Plans must lend themselves to**
 - **Aggregation into a state plan and vice versa disaggregation into district resource allocation- standard budget format ensures this.**
 - **Linkage between text of plan(situation analysis, objectives, strategies) and physical achievement targets, and financial resources (activities, budgets, time-lines)- the tables in the end of each component ensure this- not essential to standardise these formats- but cross reference to standard budget format a must**
 - **Linkage between physical and financial targets(reflecting activities) and utilisation of services, service delivery and health outcomes. (see facility development plan)**

Outcome based Facility Development District Plan:



- 1. Package of Services:** Clearly decide the package of services that a facility would provide – and the levels of such care needed in different facilities. Define standards for HR, Infrastructure, Equipment and Supplies and support services needed for quality care
- 2. Identifying Facilities for Strengthening:** Decide what service package would be provided in each facility- existing and those to be strengthened.
- 3. Close Gaps in HR and Infrastructure in identified facilities-** this will ensure that HR and infrastructure matches outputs.
- 4. Close gaps in skills :** Estimate precise training load and prioritise.- this will ensure that training relates to improved outputs and quality.
- 5. Differential financing-** Provide more funds to those facilities, public or private and those providers who provide a greater volume, range and quality of services.
- 6. Transport and Communication Linkages between Facilities.**

PROCESS OF PLAN PREPARATION

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- **PREREQUISITES:**
 - HMIS analysis of performance indicators
 - Demographic characteristics and basic information from surveys (e.g. mortality figures, TFR etc.)
 - List of all functional and potentially functional health facilities (including private facilities)- desegregated up to section/sector level.
 - Small scale maps of blocks and districts.

State(and national) level activities

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- Finalize the Standard Budget Format- in consultation with the national center.
- Finalize Principles of Resource Allocation.
- Standardize Unit Costs- if necessary different unit costs for different district types.
- Set standards – for every facility, for every activity,
- Set equity standards- on access, on resource allocation within districts.
- Prepare three to five model district plans- for others to have benchmark.

- 1. is to reduce mortality due to CVS by effective control of hypertension**
- 2. Reduce neonatal mortality by early identification of sick newborn and universal access to institutional newborn care of adequate quality**
- 3. Reduce mortality due to Road Traffic Accidents**
- 4. Ensure cost of care and ethical nature of care in institutional delivery by reducing irrational LSCS**

- **THANK YOU**