# Increasing Immunization Coverage Through Strengthening Comprehensive Council Health Planning (CCHP) in Kagera, Tanzania
## MCSP Tanzania Program Brief

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MCSP Implementation Research Brief Series

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Since 1994, Tanzania has engaged in substantial health sector reforms to improve access, quality, and efficiency of health service delivery. One aspect of the reforms was establishment of the annual Comprehensive Council Health Planning (CCHP) process, through which councils (an administrative level equivalent to districts) engage in a bottom-up process to plan and budget for the coming year's essential health and social welfare programs. While CCHP guidelines are comprehensive, there have been challenges effectively applying them at operational level. For example, a 2013 CCHP analysis conducted by the Tanzania Ministry of Health and Social Welfare found that inadequate knowledge of the planning process and/or ineffective application of CCHP guidelines resulted in mismatches between stated annual plan objectives and performance indicators monitored by the Ministry of Health[1]. In 2014, the Maternal and Child Survival Program (MCSP) supported the Ministry of Health, Community Development, Gender, Elderly, and Children (MOHCDGEC) Immunization and Vaccine Development (IVD) program to assess the CCHP development process in Tanzania's Kagera region. This assessment was then followed by a series of CCHP-strengthening activities in one Kagera council. The objective of the activities was to explore ways in which councils could develop CCHPs that are more accurate in order to support improved council-level vaccination program delivery, leading to higher rates of vaccination of children and reduced incidence of vaccine-preventable diseases. During the reporting period, MCSP and IVD discovered several key challenges, including conflicting guidance, lack of logistical coordination, and miscommunication between councils and local communities and health facilities.

## Background

In 2014, the IVD and MCSP conducted an in-depth assessment of the CCHP planning process – focusing specifically on immunization – in all eight councils of Tanzania's Kagera region to identify strengths, weaknesses, and gaps in the

### Assessment Question

What are the primary reasons behind councils in Kagera region not budgeting properly for annual immunization program recurring costs?

[1] United Republic of Tanzania, MOHSW, PORALG. 2013. Summary and Analysis of the Comprehensive Council Health Plans 2013/14.

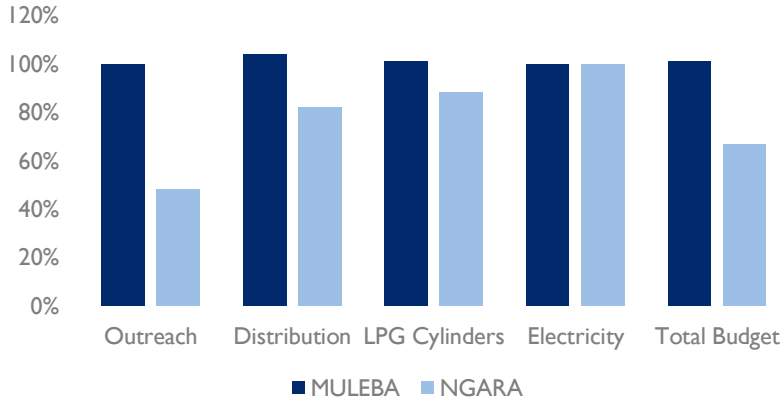
health planning process. The impetus for the assessment was a hypothesis that shortcomings in the CCHP process were resulting in (among other issues) some councils not budgeting properly for annual planning leading to underperforming immunization programs and possibly leading to child and newborn deaths. Based on the CCHP assessment's findings, from 2015-2017 MCSP supported stakeholders in one Kagera council (Muleba council) to pilot an immunization microplanning intervention to improve their CCHP planning and budgeting process. The *Strengthening Comprehensive Council Health Planning to Increase Immunization Coverage* report can be found here.

## Methodology

| 2014 | July 2015 | December 2015 | 2016 | September 2016 | September 2017 |
|---|---|---|---|---|---|
| CCHP planning process assessment in eight councils in Kagera region. | Start of MCSP CCHP strengthening activity; development of microplanning tool; identification of Muleba council as the intervention council and Ngara as a control council. | Start of immunization microplanning tool use within CCHP planning process in Muleba council. | CCHP implementation with the immunization microplanning tool in Muleba council. | Analysis of effects of microplanning tool use in Muleba on the CCHP and immunization program performance during the 2016/2017 financial year; discussion of lessons learned and dissemination of recommendations to improve immunization coverage through CCHP planning process refinement. | Dissemination of lessons learned and recommendations for improving coverage of RMNCH services more broadly (beyond immunization) by applying the microplanning concept to other areas of CCHP planning. |

## Key Findings

**Fig. 1: Comparison of % budget allocated for immunization operational costs in 2016/2017 in Muleba (intervention) versus Ngara (control) councils**

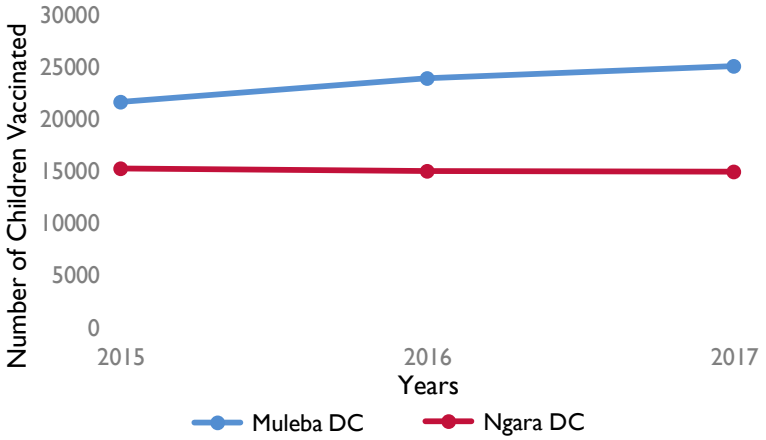



- The CCHP assessment in Kagera identified strengths and gaps in CCHP implementation. Strengths included existence of clear guidelines at council level on how to prepare the CCHP, existence of well-established planning teams from health facility level to regional level, and close follow-up of the CCHP process by the higher levels. Gaps included: presence of conflicting CCHP guidelines/templates at council and facility levels; poor logistical arrangements of pre-planning meetings; late or no sharing of planning information between councils and health facility and community levels; inappropriate health facility inputs sent to council level and facility inputs not being incorporated into CCHPs and as a result, health facilities not receiving adequate operational budget to provide quality immunization services at fixed and outreached sites; inadequate use of health management information system (HMIS) data in planning; inadequate knowledge among Core Council Health Planning Team members of CCHP guidelines; and inadequate use of policy reference documents during planning as stipulated in CCHP guidelines.

- The Reaching Every District (RED) microplanning tool, successfully used in other countries, was adapted for use within the CCHP planning process. The tool was specifically designed to improve the

overall CCHP planning process and ownership of plans by incorporating stakeholders' inputs; improve the link between health facility plans and the CCHP; and ensure budgeting of sufficient levels of operational funding for immunization into the CCHP. The Kagera Regional Health Management Team (RHMT) and Muleba Council Health Management Team (CHMT) were trained to use the microplanning tool, health workers in all 42 Muleba health facilities used the tool to prepare their annual immunization plans and budgets, and the Muleba CHMT compiled health facility plans into one summary council plan and budget

**Fig. 2: Children receiving Penta 3 vaccine 2015 to 2017 in Muleba and Ngara Councils**




- Results of the pilot using the microplanning tool were impressive. Post-intervention, budgeting in Muleba for the 2016/2017 financial year improved greatly, with annual CCHP budgets equaling required budgets for outreach, vaccine distribution, purchase of LPG, electricity, and immunization costs overall (Fig 1). In Ngara, the control site, improvements in budgeting were not as marked in 2016/2017, with allocations falling short of requirements in each category except electricity.

- Importantly, accurate CCHP budgeting may have played a role in increasing immunization coverage in Muleba. While direct attribution of results is difficult, more children were reached with Penta3 in Muleba during the intervention period, whereas the number of children vaccinated with Penta3 was unchanged for the same period in Ngara council (Fig. 2). This suggests that strengthening CCHP planning and budgeting may be an important and effective way to increase coverage of critical immunization (and potentially other) services.

### Conclusions

The CCHP process in Kagera was strengthened through establishing clear, concise guidance by introducing the REC microplanning tool, and emphasizing the need for regular communication across all levels of the health system, but especially at the health facility level.

- For the 2017/2018 financial year, six councils in Kagera region used the microplanning tool to improve their CCHP immunization planning and budgeting. Outside of Kagera, councils in Shinyanga, Tabora, and Simiyu regions also adopted the microplanning tool with MCSP support. Based on experience from these councils, stakeholders from all councils nationwide agreed to adopt the microplanning tool for use in their 2018/2019 CCHP planning.

## Recommendations

- Improving annual planning at the council level must start with improving planning at the health facility level (the point of service delivery). **Councils should involve health facility staff and Health Facility Governing Committees in the planning process in order to develop reasonable and realistic council-level plans and budgets.**

- IVD and its partners should develop uniform, standardized planning templates for health facilities, so that facility inputs can be easily incorporated into CCHPs at council level. CHMTs also need ongoing capacity-building support in preparing for and overseeing annual CCHP processes.

- Once plans are developed, IVD and its partners should provide facilities and CHMTs with additional technical support to implement plans effectively. Supportive supervision, routine monitoring of health information, and feedback from higher levels are needed to ensure that health services are delivered as expected.

- These key findings and recommendations can and should be applied to CCHP planning of other technical areas (e.g., maternal health, child health, etc.) in addition to immunization to increase coverage of all critical health services.

## Program Implications

This assessment of the CCHP process identified gaps in the process leading to recommendations for improvement including operationalization of the adapted REC microplanning tool. After identifying the gaps, MCSP and the MOHCDGEC focused on establishing clear, concise guidance by introducing the REC microplanning tool, and emphasizing the need for regular communication across all levels of the health system, but especially at the health facility level, the point of service delivery. With these tools and orientation, the MOHCDGEC and MCSP have demonstrated a way forward to improve the CCHP process and ensure the necessary fiscal resources are available to councils to sustain high quality immunization service delivery and ultimately increase immunization coverage and save more lives of children and newborns.

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