

<p>G. Empower consumers especially women, to interact with other stakeholders in the development of quality health services through mass media and interpersonal communication</p>		<ul style="list-style-type: none"> - % Adult population with knowledge of causes, prevention of malaria, and treatment of malaria, dengue, HIV/AIDS and priority non-communicable/chronic diseases: diabetes.. - % Adult population with knowledge of causes, prevention and treatment of malaria 	CDHS/NHS
<p>H. Promote healthy lifestyles and appropriate health seeking behaviour through advocating for healthy environments, counselling, and implementing behavioural change activities</p>		<ul style="list-style-type: none"> - % of women 15-49 with knowledge of at least one modern family planning method - % women who alone or jointly make final decisions on: own health care, children's health care, family size - % Clients satisfied with staff attitudes and behavior 	CDHS/NHS
<p>Quality improvement:</p> <p>I. Introduce and develop a culture of quality in public health, service delivery and their management through the use of Ministry of health quality standards</p>	<p>Institutionalised capacity in the health sector for quality improvement and assurance is developed and a culture of quality management grows within the country</p>	<ul style="list-style-type: none"> - Quality control office functioning effectively and efficiently. - % Staff and clients aware of defined standards - % Facilities with four or more supervisory visits per year 	KAP MoH reports KAP, SDS
<p>J. Develop and implement minimum and optimum quality standards for the public and private sectors incorporating pro-poor and gender issues through the use of appropriate tools</p>	<p>Improved quality of health services sector wide (public and private sectors)</p>	<ul style="list-style-type: none"> - Supervisory visits meeting required standard. - % Facilities meeting defined quality standards - % Cases receiving correct treatment/referral: malaria, ARI, TB. - % Clients satisfied with services provided 	AR, SDS SDS AR, SDS SDS KAP SS

<p>Human resource development</p> <p>K. Increase the number of midwives through quality basic training and strengthen the capacity and skills of midwives already trained through quality continuing education</p>	<p>Better essential obstetric care</p>	<ul style="list-style-type: none"> - Ratio of secondary midwives to population by location - % Health facilities meeting essential obstetric care standards (secondary midwife) 	<p>HRD Personnel database SS, SDS</p>
<p>L. Strengthen human resource planning to reduce mal-distribution of the numbers and type of workforce through identification of posts and the reallocation of staff.</p>	<p>Appropriate distribution of health staff at facility levels</p>	<ul style="list-style-type: none"> - Facilities at each level with appropriately qualified staff - Ratio of: doctors and medical assistants; secondary nurses to population by location - % Referral hospitals with at least two doctors formally trained in basic surgery 	<p>HRD and Personnel database Personnel database, Census</p>
<p>M. Enhance the management and technical skills and competence of all the Ministry of Health workforce through quality, comprehensive training and education and retention and support measures.</p>	<p>Improved management and performance and technical skills of health staff throughout the sector</p> <p>Effective management of health personnel</p>	<ul style="list-style-type: none"> - % Staff at each level received appropriate training/qualification - % Targeted staff received management training - % of staff with job description 	<p>Training/asessment reports HRD and Personnel database</p>



<p>Health financing</p> <p>N. Ensure regular and adequate flow of funds to the health sector especially for service delivery through advocacy to increase resources and strengthening financial management</p>	<ul style="list-style-type: none"> - Improved total public expenditure from internal and external sources - Improved regularity and adequacy of funding flow to health 	<ul style="list-style-type: none"> - MoH expenditure: total and per capita - Donor expenditure: total and per capita - % of MoH budget disbursed by HCs and received by ODs - % budget received by OD by mid-year - % of RHs and HCs receiving funds on timely basis 	<p>MoH/MEF reports Expenditure report MEF estimates of external aids</p> <p>National, provincial, OD budget/ Financial report, Procurement report/audit</p>
<p>O. Allocate financial resources to improve the accessibility of health services for the poor through alternative health financing schemes</p>	<p>Increased cost-effectiveness and efficiency of health service delivery systems</p> <p>Reduced barriers to access to hospital services for the poor</p> <p>Improved transparency in management of funds</p>	<ul style="list-style-type: none"> - Household health expenditure - Costs of treatment for specific condition: cerebral malaria, dengue with shock, caesarian section - % fee exemption, especially to the poor 	<p>CDHS/NHS, CSES</p>
<p>P. Ensure transparent, efficient and effective health</p>	<p>Availability of financial information meets defined requirements for all budget holders</p>	<ul style="list-style-type: none"> - Facility accounts - KAP - Audit report 	

<p>Institutional development:</p> <p>Q. Organisational and management reform of structures, systems and procedures of the Ministry of Health to respond effectively to change</p>	<ul style="list-style-type: none"> - Increased efficiency, effectiveness and accountability of the Ministry of Health at all levels 	<ul style="list-style-type: none"> - Functional analysis completed and acted upon - Planning and budgeting guideline developed 	<p>MoH Report Focal point discussion</p>
<p>R. Effective public private partnership to improve accessibility, quality and affordability through the promotion of private sector participation and enforcement of regulations.</p>	<ul style="list-style-type: none"> - Laws are appropriate and fully enforced - Improved supervision and regulation of private sectors - Increased participation of private sectors in health service delivery 	<ul style="list-style-type: none"> - Availability of Law and regulation - %NGO, private service providers with contract arrangement - % of private providers registered and licensed 	<p>AR</p> <p>MoH report MoJ report</p>
<p>S. Enhance Ministry of Health capacity to address chronic and other non-communicable diseases and emerging public health problems through raising awareness and developing comprehensive plans.</p>	<ul style="list-style-type: none"> - Increased public awareness on prevention of chronic diseases and new public health problems 	<p>% Population aware of health risks</p>	<p>KAP</p>



<p>T. Further develop the health sector to strengthen management effectiveness throughout the health service by:</p> <p>1. Enhancing management and leadership culture sector-wide</p> <p>2. Increasing effective decentralisation and deconcentration</p> <p>3. Institutionalising sector wide management</p>	<ul style="list-style-type: none"> - Effective and efficient approach to sector wide management through joint planning, monitoring and evaluation - Improved accountability and effectiveness of the health system - Improved stewardship of the sector by the Ministry of Health 	<ul style="list-style-type: none"> - Managerial capacity assessment at all levels - Annual plan implemented - New HMIS implemented - Proportion of PHD, OD s and facilities that produce annual health plan as specified in MoH manual - Means to ensure Sector Wide Management - Strategic plan implemented, PERs, MTEF produced 	<p>MoH Report Focal Point Discussion</p> <p>SWIM report</p> <p>MoH report SWIM report</p>
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***List of acronyms**

AR	Administrative records	NP	National programme reports (TB, Malaria, HIV, MCH, EPI)
CDHS	Cambodian demographic and health survey (2000)	NHS	National health survey (2002 and 2008)
CSES	Cambodia socio-economic survey	PER	Public expenditure report
KAP	Household knowledge, attitude, practice studies	SS/HIS	Service statistics, Health Information System
MTEF	Medium term expenditure framework	SDS	Service delivery studies (combined methods)
MoJ	Ministry of Justice	SWIM	Sector wide management



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4
volume
August 2002

MINISTRY OF HEALTH
Health Sector Strategic Plan
2003-2007

Framework
for Annual
Operational
Plans

First Edition

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**KINGDOM OF CAMBODIA
MINISTRY OF HEALTH
HEALTH SECTOR STRATEGIC PLAN 2003-2007**

FOREWORD

I am very pleased to present this Strategic Plan for the further development of our country's health sector. Improving the health of the nation is at the heart of the policies of our Government. Although considerable progress has been made, as with the eradication of poliomyelitis, containment of HIV/AIDS and decrease in malaria, still too many women die in childbirth and our children go hungry and die from easily preventable diseases. Much more remains to be done in the years ahead.

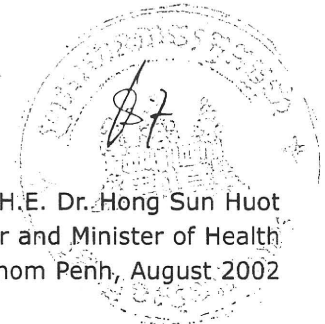
This document provides the framework that will guide our efforts throughout the next five years. It reflects the values behind all that we do. In particular, we are determined that services should be equally available to all people, without discrimination by gender, age, ability to pay or place of residence. They must also especially focus on the needs of mothers and children as well as those of poor people. For them all, ill health can be a personal tragedy apart from being an economic burden that reinforces their impoverished circumstances.

To meet these ideals this plan includes strategies that will strengthen health services and improve outcomes. As a priority, we will target infant and maternal mortality rates with an aim to achieve significant improvements. The needs of deprived people in rural areas will receive special attention. We encourage the involvement of local communities in health affairs and intend to empower all people to take decisions based on informed choices. These proposals, together with many others in the plan, are all designed to improve the health of Cambodians and fulfill the Government's commitment, in 2002, to the ASEAN Nations ambitious Declaration on Healthy Lifestyles.

To bring about all the enhancements in clinical care and public health services we must also change and develop our support services. New ways of working must be brought in and greater emphasis be given to quality in all that we do. More efficient practices will be essential and systems and procedures must be revised. Seeking constant improvement must become our normal way of working. For all this we depend on the continued dedication of all our staff.

To make our ambitions possible, it will be essential to secure realistic funding. We are fortunate that this plan will be underpinned by support from many international partners, who are all committed to the same goals and outcomes. This strategic plan is the first step in moving towards sector wide management that weaves together all our efforts to improve health. This assistance, linked to our own Government's funding commitment will bring fruit to this plan. To all our donor partners and other external agencies, we are extremely grateful.

This Strategic Plan embodies our ambitions for a better and healthier future for all Cambodian people. I commend it most strongly.



H.E. Dr. Hong Sun Huot
Senior Minister and Minister of Health
Phnom Penh, August 2002

ACKNOWLEDGEMENTS

This paper is developed through a consultative process. Many people- individuals and teams at different levels - have contributed significantly their experiences gained and concerns encountered during the implementation of the Ministry of Health's Planning Manual (1999). Some documents -such as evaluation reports, lessons learned in Health Sector Reform has also been used to support the development of this paper. And most recently, the results of testing the revised planning cycle in three provinces (Pursat, Siem Reap and Sihanouk-ville) were also fed into the paper.

Grateful thanks to:

H.E Prof. Eng Huot, Director General for Health; and
H.E Dr. Te Kuy Seang, Director General for Administration & Finance

For their moral support and technical inputs to the process of revising the planning manual carried out by the Department of Planning & Health Information; and The Department of Budget & Finance

Sincere thanks to:

Dr Lo Veasna Kiry, Deputy Director and Team Leader
Working Group to Develop Framework for Annual Operational Plans
Department of Planning & Health Information

Departments at the Central Ministry of Health
Managers of National Programmes
Dr Youk Sambath and The Core Group, MOH

Provincial Health Department and Operational District Managers
(Siem Reap, Pursat and Sihanoukville)

Dr. Hun Chhun Ly, Provincial Health Adviser, WHO
Mr. Jan de Jong, Planning and Monitoring Adviser, WHO
Dr Aye Aye Thwin, Sector-wide Management Adviser, WHO
Dr. Stephanie Simmonds, DIFD Consultant

For their active participation in producing this paper



EXECUTIVE SUMMARY

This volume (4) of the health sector strategic plan 2003-2007 of the Ministry of Health is a framework for annual operational plans. It is a tool to help move from the strategies and outcomes in the strategic plan (see chapter 1 and volume 1) to successful, effective and efficient implementation at all levels of the health system. It refers to volume 3 of the strategic plan, the monitoring and evaluation framework and is also closely linked to the medium term expenditure framework (volume 2). This edition, August 2002, will be updated as and when necessary.

For the first time in the planning work of the Ministry of Health we have the following principles on which work is implemented:

Sector wide planning and plans

Fundamental to the planning framework is a joint planning process. The ministry encourages all relevant stakeholders to take part in developing annual operational plans.

The planning framework also promotes the development of comprehensive plans that include national programme activities as well as those supported by other stakeholders such as non-governmental, international organizations/agencies and other partners.

A planning cycle, which better links activity planning and budgeting

The planning process starts in February and produces an annual operational plan, which is costed and developed into a detailed line-item budget by mid-year.

Annual operational plans at all levels of the health system

The annual planning process starts with an annual review and planning meeting at national level. This meeting reviews last year's achievements and constraints, identifies the priority areas for next year's plan, and produces a guideline for all implementers. Similar workshops to discuss the past and future are held at provincial and operational district levels.

The planning process results in annual operational plans and line-item budgets for all implementers at all levels, including national level departments, individual facilities, i.e. referral hospitals and health centers, and other partners..

Linked to the medium term expenditure framework

This planning framework requires central departments and agencies, and provincial health departments to develop objectives and set targets for a period of three years. The introduction of a three-year rolling plan is in line with the medium term expenditure framework.

Central departments and agencies, provinces and operational districts develop operational plans for each of the six key areas of work identified in the Health Sector Strategic Plan 2003-2007.



MISSION STATEMENT OF THE MINISTRY OF HEALTH, KINGDOM OF CAMBODIA

The Mission of the Ministry of Health, Royal Government of Cambodia is commitment to ensure sector wide equitable, quality health care for all the people of Cambodia through targeting resources, especially to the poor and to areas in greatest need.

VALUES OF THE MINISTRY OF HEALTH

- Right to health
- Equity
- Pro-poor

WORKING PRINCIPLES OF THE MINISTRY OF HEALTH

- Social protection for vulnerable groups
- Listening to what people want
- Affordability and sustainability
- Focus on rural areas and the poor
- Capacity building including human resource development
- Sector wide management
- High quality evidence based interventions
- Good governance and accountability

POLICY STATEMENT 2003 -2007

The policy statement of the Ministry of Health, Kingdom of Cambodia is based on the national health policy, which can be found in the booklet called 'Health Situation Analysis 1998 and Future Direction for Health Development 1999-2003'.

The following 13 elements that comprise the policy statement provide the basis for this strategic plan. The 20 strategies in the strategic plan flow from these elements.

Policy statement

- Implement sector wide management through a common vision and effective partnerships among all stakeholders
- Provision of basic health services to the people of Cambodia with the full involvement of the community
- Provision of affordable, essential specialised hospital services
- Decentralization and de-concentration of financial, planning and administrative functions within the health sector
- Priority emphasis on prevention and control of communicable and selected chronic and non-communicable diseases, on injury, the elderly, adolescents and vulnerable groups such as the poor, and on managing public health crises
- Priority emphasis on provision of good quality care to mother and child especially essential obstetric and paediatric care
- Active promotion of healthy lifestyles and health-seeking behaviour among the population
- Emphasis on quality, effective and efficient provision of health services by all health providers
- Optimisation of human resources through appropriate planning, management including deployment and capacity development within the health system
- Increase promotion of effective public and private partnerships for effective and efficient basic and specialist care
- Effective use of the health information for evidence-based planning, implementation, monitoring and evaluation in the health sector
- Implement health financing systems to promote equitable access to priority services especially by the poor
- Further development of appropriate health legislation to protect the health of providers and consumers



CHAPTER 1

THE CONTEXT

What is new in the health sector strategic plan?

For the first time we, in the Ministry of Health, Kingdom of Cambodia, have a sector wide strategic plan for all stakeholders. Sector wide and all stakeholders mean the private sector and partners as well as Ministry of Health employees and others. We would like everyone to work within the framework of this strategic plan and its desired outcomes. We call this approach sector wide management.

For the first time we have developed a mission statement, values and working principles, and a policy statement. We used them to guide our thinking during the process of determining the strategic plan and we hope everyone will use them when implementing the strategic plan.

For the first time six priority areas of work have been identified through a wide consultative process. The six areas must be given high emphasis if we are to achieve, and maintain, a good reduction in those mortality and morbidity rates that are causing us greatest concern.

For the first time while the control of communicable diseases through cost-effective public health interventions remains crucial we are also paying more attention to chronic diseases and to other emerging public health issues in an attempt to reduce the burden of potential problems in the future.

For the first time health outcomes are given for the whole sector not just on an ad hoc basis in some programmes.

For the first time we have developed a strategic plan that is linked to the planning-budgeting cycle of the ministry and to a medium term expenditure framework. This will guide the use of resources during implementation.

The vision of the strategic plan is to really make a difference, for the better, to the health of the people of Cambodia.

The strategic plan provides the direction and scope of the health sector over the next 5 years. The government's intention is that it is used to focus and guide the actions of the Ministry of Health and all stakeholders so that everyone works towards making a difference, to meeting the government's planned outcomes.

Goal, outcomes, and strategies

The overall goal of the strategic plan is to:

Enhance health sector development in order to improve the health of the people of Cambodia, especially mothers and children, thereby contributing to poverty alleviation and socio-economic development.

The outcomes we expect from effective and efficient achievement of the goal are:

- Reduced infant mortality rate
- Reduced child mortality rate
- Reduced maternal mortality ratio
- Improved nutritional status among children and women
- Reduced total fertility rate
- Reduced household health expenditure, especially among the poor
- More effective and efficient health system

To get these results the government will, during the period 2003-2007, give priority to the six areas of work in box 1.

Box 1. Six priority areas of work

- Health service delivery
- Behavioural change
- Quality improvement
- Human resource development
- Health financing
- Institutional development

Strategies

To make significant progress towards the achievement of its mission and policy, Ministry of Health has adopted 20 strategies, these are intended to be the focus for action by the Ministry and all health sector partners over the next 5 years. All the strategies are important but 8 of them form the essential core. The core 8 strategies in the 6 priority areas of work are:

Health service delivery

- Further improve coverage and access to health services especially for the poor and other vulnerable groups through planning the location of health facilities.
- Strengthen the delivery of quality basic health services through health centers based upon minimum package of activities.
- Strengthen the delivery of quality care, especially for obstetric and paediatric care, in all hospitals through measures such as the complementary package of activities.

Behavioural change

- Change for the better the attitudes of health providers sector wide to become more responsive to consumer needs especially of the poor through sensitisation and building interpersonal skills.

Quality improvement

- Introduce and develop a culture of quality in public health, service delivery and their management through the use of Ministry of Health quality standards.

Human resource development

- Increase the number of midwives through basic training and strengthen the capacity and skills of midwives already trained through continuing education.

Health financing

- Ensure regular and adequate flow of funds to the health sector especially for service delivery through advocacy to increase resources and strengthening financial management

Institutional development

- Organizational and management reform of structures, systems and procedures in the Ministry of Health to respond effectively to change.

The other 12 strategies are as follows:

Health service delivery

- Strengthen the management of cost-effective interventions to control communicable diseases.
- Strengthen the management and coverage of support services such as laboratory, blood safety, referral, pharmaceuticals, equipment and other medical supplies and maintenance of facilities and transport.

Behavioural change

- Empower consumers, especially women, to interact with other stakeholders in the development of quality health services through mass media and inter-personal communication.
- Promote healthy lifestyles and appropriate health seeking behaviour through advocating for healthy environments, counselling, and implementing behavioural change activities.

Quality improvement

- Develop and implement minimum and optimum quality standards for the public and private sectors incorporating pro-poor and gender issues through the use of appropriate tools.

Human resource development

- Strengthen human resource planning to reduce mal-distribution of the numbers and type of workforce through identification of posts and the reallocation of staff.
- Enhance the management and technical skills and competence of all Ministry of Health workforce through quality, comprehensive training and education and retention and support measures.

Health financing

- Allocate financial resources to improve the accessibility of health services for the poor through alternative health financing schemes.
- Ensure transparent, efficient and effective health expenditures through strengthening resource allocation, coordination of different sources of funding, and monitoring.

Institutional development

- Effective public private partnership to improve accessibility, quality and affordability through the promotion of private sector participation and enforcement of regulations.
- Enhance Ministry of Health capacity to address chronic diseases and emerging public health problems through raising awareness and developing comprehensive plans.
- Further develop the health sector to strengthen management effectiveness throughout the health service by:
 - a) Enhancing management and leadership culture sector-wide
 - b) Increasing effective decentralization and deconcentration
 - c) Institutionalising sector wide management

Inter-ministerial links

The health sector strategic plan highlights the importance of working closely with other ministries. Of particular relevance for this framework is the need to coordinate with the Ministry of Planning and the Ministry of Economy and Finance.

CHAPTER 2

EXPERIENCE TO DATE IN PLANNING

The Ministry of Health planning manual, 1999

To help ensure a relevant, efficient and effective planning process for implementation of the strategic plan 2003-2007 the Department of Planning and Information in the Ministry of Health reviewed current planning tools including the planning manual.

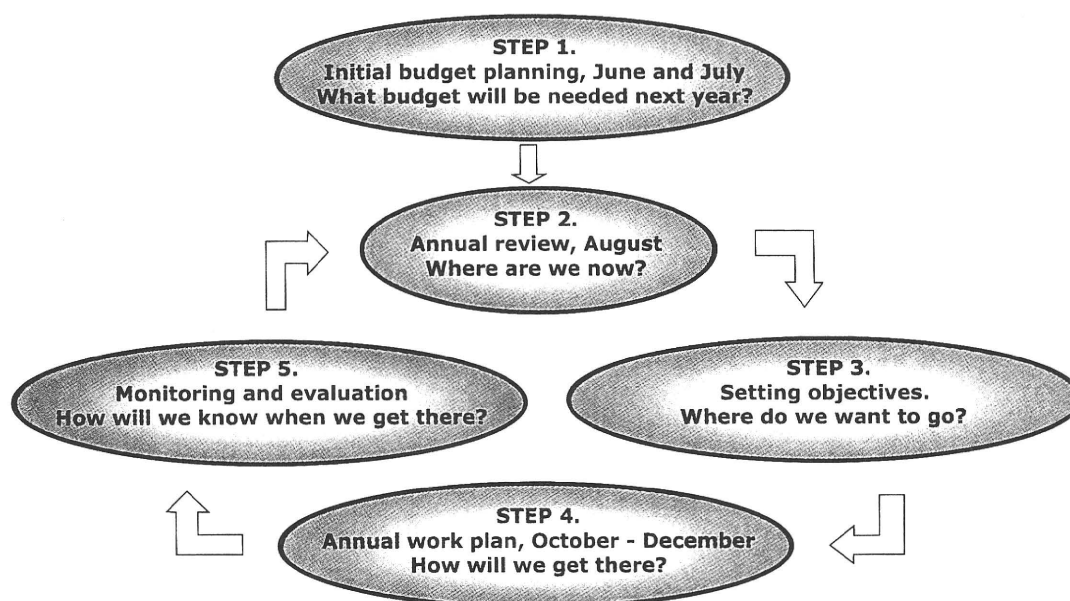
In October 1999 the Ministry of Health introduced a standardised process for developing comprehensive annual plans for provinces and operational districts. The process is given in the planning manual. Since then, most provinces and operational districts have used the process to develop their annual health plans.

Evaluation of the use of the planning manual has resulted in a number of lessons learned. The following strengths and weaknesses were identified:

Strengths:

- The planning process is relatively straightforward and easy to implement. As a result, the development of annual plans has become a routine activity in most provinces and operational districts.
- Most provincial health departments and operational districts use the annual plans to guide implementation throughout the year.
- In line with the planning manual, most provincial health departments and operational districts have introduced regular, monthly, quarterly monitoring, and end-year evaluation and review processes.

Box 2. 1999 planning cycle, Ministry of Health



Weaknesses:

- According to the planning manual the annual planning cycle (see box 2) starts with budget planning (step 1) in June and July, while work plans are developed during the final quarter of the year. This means that budget planning and activity planning are not linked well.
- As budgets are developed first and are not linked to activities, the work plans are not properly costed. This is especially problematic in provinces where budgetary reforms through the priority action programme (PAP) are implemented. In these provinces, the release of funds by the provincial treasuries is linked to budgets that are based on the costing of work plans.
- The work of national programme as well as that supported by non-governmental organisations and other partners are often not included in annual plans, and so plans are not comprehensive.
- Annual plans are often only a compilation of the plans of various national programmes, which means that they are not being developed jointly with all members of the provincial health technical advisory team.
- The planning manual does not describe the process of planning at the central level. Consequently, there is a lack of uniformity between the plans developed by the various national institutes, national programmes, national hospitals, and departments of the Ministry of Health.
- Planning at facility level is also not included in the planning manual. Although some provinces and operational districts have introduced facility level planning, the majority of health centres and referral hospitals do not develop annual plans.

Revision of the planning manual

In order to consolidate the strengths and to overcome the weaknesses, the Ministry of Health decided to revise its planning manual. This framework provides the basis for the revised planning manual, which is expected to be ready by October 2002.

The revision process is being undertaken jointly by the planning and finance departments of the Ministry of Health. The process includes a pilot planning process in three provinces (Pursat, Siem Reap, and Sihanoukville) to test a revised planning cycle and planning process. The pilot was completed in June 2002 and there are now annual plans and budgets for the year 2003 for the 3 provinces.



CHAPTER 3

KEY MESSAGES

Annual operational plans at all levels need to incorporate the 20 strategies identified in the health sector strategic plan 2003-2007, with a particular emphasis on the 8 essential core strategies, and indicate what is required for successful implementation in terms of actions/activities by time lines, expected outputs, and the estimated budget.

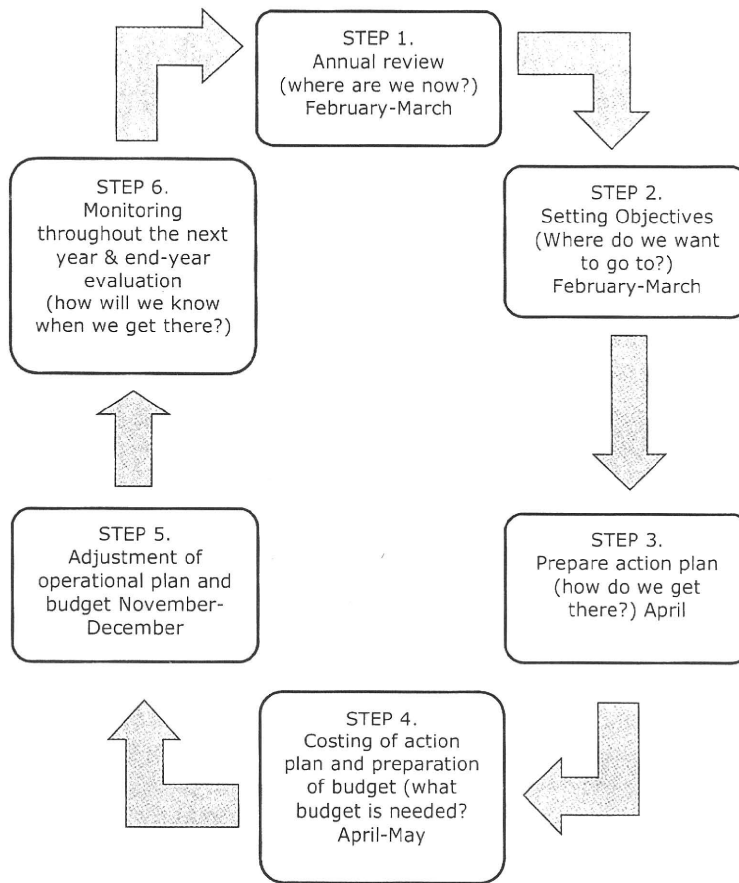
To help with this the Ministry of Health has adopted a planning process that is based on:

- Promoting sector wide comprehensive plans that include national programme activities as well as those supported by non governmental organisations, international agencies, and other partners, and are developed jointly with all relevant stakeholders
- A revised planning cycle, which links activity planning and budgeting
- Developing annual operational plans at all levels, including central level agencies and facilities
- Establishing clear links with the health sector strategic plan, and making sure that it is reflected in annual operational plans and volumes 2 and 3
- Evaluating the operational plans

Revised planning cycle

As mentioned earlier the 1999 planning manual never gave a clear link between planning and budgeting. In order to have a better link between what was called the action plan and is now called operational plan and the budget, the Ministry of Health has decided to move forward the preparation of the operational plan to mid-year, when the budget request for next year is developed and submitted to the Ministry of Economy and Finance. The result is a revised planning cycle, which starts in February, completes the operational plan first, and prepares a budget based on costing of the action plan (see box 3).



Figure 1. Ministry of Health revised planning cycle, 2002**Note:**

- By May-June provinces will submit next year's action plan and budget (Annual Operational Plan) to the MoH.
- The MoH Planning and Finance Departments will review action plans and budget, provide feedback, and if necessary suggest to revise action plan and/or budget.

By June every year, provinces and operational districts will have completed steps 1 to 4 of the revised planning cycle, and be ready to submit an operational plan and a budget to the Ministry of Health. Following the budget negotiation and approval process, the final budget envelope may be different from the initial budget request and hence, the operational plan may need to be adjusted accordingly (step 5). As soon as final plans and budgets are available they are submitted to the provincial governor of the province for agreement.

The steps in the planning cycle

The planning cycle consists of six core steps given below:

STEP 1. ANNUAL REVIEW OF WORK -WHERE ARE WE NOW?

Activities:

- Collect and analyse information about management of implementation and achievements during the previous year