United Republic of Tanzania

Ministry of Health, Community Development, Gender, Elderly and Children
and
President's Office-Regional Administration and Local Government

Guideline for Developing Comprehensive Hospital Operational Plan (CHOP) for Regional Referral Hospitals

August 2016

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Foreword

At the time of onset of the reforms, regional hospitals were serving as secondary referral facilities to the districts. Normally level two regional hospitals offer more specialised services in various aspects; medicine, psychiatry, oral health, surgery, as well as obstetrics and gynaecology.

By virtue of offering more specialised services, these hospitals are known to consume high proportion of resources. However, the quality and availability of services are seriously compromised due to the financial constraints and inefficient management. Often, they lack essential medical equipment, drugs and supplies, and suffer from deteriorating infrastructure, with inadequate working conditions contributing to the loss of Specialists and other skilled staff. Some of them have been providing substantial amount of primary care services which could be dealt with by lower level facilities.

It is from this aspect that, the Government of Tanzania, in its endeavours to improve the health services for the people; developed the first Comprehensive Hospital Operational Plan (CHOP) to guide the Hospitals Management Teams (HMTs) in preparation of their Regional Referral Hospitals (RRHs) operational plans in 2010. However, implementation of the first CHOP could not achieve the intended objectives. As a result RRHs continued to develop CHOP and in the process various challenges were noted:- in the CHOP format; format was complicated and time consuming, did not reflect the hospital functions and not based on 13 priority areas copied from the CCHP. As a result, development of CHOP was not evidenced based and planned activities were not assessed and evaluated, which led to demotivation of majority of the RRHs to submit the plans to central authority as per demands of the guidelines;

Having a proper operational plan at RRHs is very important so as to operate the facility effectively and efficiently under resource constraints. Recognising this importance, the Ministry of Health Community Development Gender Elderly and Children (MoHCDGEC) with support from Japan International Cooperation Agency (JICA) through RRHMP strategically decided to review the first CHOP to allow RRHs produce evidence based hospital operational plans which are implementable within the available resources. This guideline is thus, intended to direct the RRHMT to develop CHOP document based on the evidences as well as in line with national health policy, strategies, and other respective guidelines taking into account regional specific needs. Steps for development of CHOP have been well described in this document with emphasis on continuation of data collection and analysis, how to implement action plan and monitor the progress of planned activities, when and how to report the progress of CHOP implementation

It is envisaged that, all stakeholders and partners in the health sector including RHMTs, will utilise this guideline in whatever form to support the RRHMTs improve their performance, both in planning, monitoring and evaluation of the health service they deliver. To improve quality, efficiency, and financial viability of regional referral hospital services we need the support from us all.

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Acknowledgement

The Ministry of Health, Community Development, Gender, Elderly and Children (MoHCDGEC) would like to express its sincere appreciation to the JICA through RRHMP for the technical and financial support.

The Ministry extends its appreciation to RRHM Project for technical contribution by facilitating the trainings, discussions and field test visits that resulted to completion of this guideline and formats for planning and reporting.

It is not possible to mention by name all those who contributed to the development of this Comprehensive Hospital Operation Plan (CHOP) guideline and formats for planning and reporting in one way or another. However, the Ministry wishes to acknowledge the contribution of all Hospital Reform members who participated in the process and RRHMP support staff who contributed in the development of this guideline, and formats for planning and reporting

Furthermore, the MOHCDGEC recognizes the outstanding contribution made by the following individuals in providing the leadership, guidance and technical assistance and advice throughout the development process of CHOP guideline:- Chief Advisor RRHMP- H.Ishijima; C-RHSU-Dr. R.D. Mutagwaba, and H-Advocacy Fares J.Masaule

It is my aspiration that the guideline will effectively help the RRHMT to develop CHOP to operate RRHs efficiently in Tanzania.

Prof. Muhammad Bakari Kambi
Chief Medical Officer
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Gender, Elderly and Children

Acronyms

The common abbreviations for conditions such as ARI, HIV, AIDS, TB, are not repeated here

CHOP	Comprehensive Hospital Operational Plan
C-RHSU	Coordinator, Regional Health Services
CTC	Care and Treatment Centre
GPS	Global Positioning System
JICA	Japan International Cooperation Agency
HAB	Hospital Advisory Board
HMIS	Health Management Information System
HMT	Hospital Management Team
HoMIS	Hospital Management Information Systems
HPT	Hospital Planning Team
HRH	Human Resource for Health
HSSP	Health Sector Strategic Plan
ISS	Internal Supportive Supervision
JAHSR	Joint Annual Health Sector Reform
KPI	Key Performance Indicator
M&E	Monitoring and Evaluation
MKUKUTA	Mkakati wa Kukuza Uchumi na KupunguzaUmaskini
MO i/c	Medical Officer in charge
MoHCDGEC	Ministry of Health, Community Development, Gender, elderly and Children
MSD	Medical Store Department
MTEF	Mid Term Expenditure Framework
NHIF	National Health Insurance Fund
OBS&GYN	Obstetrics and Gynaecology
OPD	Outpatient Department
PDCA	Plan, Do, Check and Act
PE	Personal Emoluments
PO-RALG	President Office Regional Administration and Local Government
PPM	Planned Preventive Maintenance
QPR	Quarterly Progress Report
RAS	Regional Administrative Secretariat
RHMT	Regional Health Management Team
RRH	Regional Referral Hospital
RRHAB	Regional Referral Hospital Advisory Board
RRHMT	Regional Referral Hospital Management Team
RRHMP	The Regional Referral Hospitals Management Project
RMO	Regional Medical Officer
RS	Regional Secretariat
SS	Supportive Supervision

Chapter 1: Overview of CHOP

In this chapter, definition and objectives of developing Comprehensive Hospital Operation Plan (CHOP) and components of CHOP are explained.

1.1. Background

Having a proper operational plan at Regional Referral Hospitals (RRHs) is very important to operate the facility effectively and efficiently under resource constrain situation.

Health Sector Strategic Plan (HSSP) IV of July 2015-June 2020 provides a strategic direction for health facilities including RRHs. It stipulates that RRHs will serve as centers of medical excellence and referral in the Regions and as the hubs for technical innovation which needs to be disseminated to lower health facilities. Realization of what is stipulated in the strategic plan requires proper management of RRHs which include hospitals producing evidence based hospital operational plans and implementing them.

Concept of having a hospital operational plan at RRHs came up in 2005as part of implementation of strategy II of the HSSP of 2010- 2015. The MoHSW developed a guideline for reforming hospitals at regional and district levels in March 2005. The guideline outlines objectives of hospital reforms and objective number one was to facilitate level I and level II hospitals to develop strategic and annual operational plans. After development of the Hospital Reform guideline, planning module for regional and district hospitals was developed and used to facilitate selected 34 hospitals to develop their plans. In 2013 a hospital planning guideline was developed and was disseminated to all RRHs present at the time (23). After the dissemination all hospitals were instructed to continue to develop their annual plans using the guideline and submit copies of their plans to MoHSW and PMORALG.

RHHs have continued to develop CHOP over the years and in the process various challenges in the CHOP format were noted. These challenges lead to poor quality of produced CHOPs, some hospitals not producing CHOP at all and failure of majority of the RRHs to submit to central as directed were noted. These challenges were as follows:

Challenges of the previous CHOP

The following areas were reviewed and identified as challenges:

- Format did not reflect the hospital functions; less reflect the general health issues in the region. The planning format based on 13 priority areas of which could not be as a priority to some hospitals because hospitals differed in their needs as some of them were community focused and did not link well with RRHs function. This made it difficult for RRHMTs to plan and to have realistic budget in relation to Hospital needs on all the 13 areas.
- Reporting system and assessment of CHOP based on CHOP layout rather than hospital performance
- Format was complicated and time consuming
- Development of CHOP was not evidenced based as the activities were not assessed and evaluated the costing of services were not measured to identify ways of improving. the services performance
- Some of the situation analysis tables were not easy to fill as they required data that was not routinely collected by Hospitals through HMIS tools as result the plan was not evidence based and not realistic in a hospital setting Inadequate skills in planning from the RRHMT

These challenges in the format of the previous CHOP are the reason behind MoHCDGEC decision to review the CHOP guideline and provide capacity building on planning to RRHMT

1.2. Definition of CHOP

Comprehensive Hospital Operational Plan (CHOP) is a plan to operate RRHs in effective and efficient manner. It is an entry point toward enhanced hospital management including comprehensive planning, implementation, monitoring and evaluation of the hospital activities.

1.3. Objectives

The Objectives of CHOP are to:

- Identify future activities to improve quality and safety of health services in RRHs
- Secure an annual income and expenditure for proper service provision in RRHs
- Allocate necessary budget for each department on service provision activity.
- Ensure equitable services to all members in the community

- Ensure uninterrupted health services to the community
- Identify appropriate interventions of high priority to meet community needs.

1.4. Components of CHOP

Contents of the CHOP are standard among RRHs. Having standardized contents is very important for successive comparison of the plan and monitoring quality of health services delivery in the hospital. Therefore, Regional Referral Hospital Management Teams (RRHMTs) need to understand the contents of CHOP, and continuous collection of data and information is needed for development of CHOP to make it evidence based.

General information of a RRH such as physical location with Global Positioning System (GPS) address, bed capacity, staff number, organogram, list of RRHMT members, etc., should be filled on the first part of the CHOP. The annual objectives and expected outcome of the hospital should be stated clearly to justify the consistency of the plan.

Recurrent budget (regular revenues and ongoing expenses) need to be estimated well based on the data from previous fiscal year. Additionally, development budget need to be estimated based on the development activities. Please note that detailed explanation of CHOP outline will be explained in Chapter 3.

Monitoring and evaluation (M&E) process of CHOP has to be responsible for RRHMTs as well as RHMTs and it is explained on Chapter 4.

Periodical reporting mechanism of CHOP implementation is also necessary to assess the CHOP by RHMT and other stakeholders as well as Hospital Advisory Board (HAB). It is described on Chapter 5 and reporting form is attached on Annexes.

1.5. How to use the guideline?

This guideline is intended to direct RRHMT to develop CHOP document based on the evidences as well as in line with national health policy, strategies, the other guidelines and local needs. Steps for development of CHOP have been well described in this guideline. The member of RRHMT are required to read, internalize and understand the steps and process.

This guideline is composed of five chapters. Chapter 1 explains the definition and objectives of CHOP as well as background of CHOP and rationale for revision of CHOP guideline. Chapter 2 explains about how to prepare CHOP annually. This guideline emphasizes/ underscores the importance of "evidence-based planning", therefore, continuation of data collection and analysis are the key topics in this chapter. Chapter 3 explains about the layout of CHOP and how to fill necessary information in different formats. Chapter 4 explains about how to implement action plan and monitor the progress of planned activities. Finally, Chapter 5 explains about how to report the progress of CHOP implementation quarterly.

This guideline should be accessible and kept in the office of Medical Officer In-charge (MO i/c) and in the offices of the head of departments in charge office of RRHs to serve the objectives mentioned above. Regional Administrative Secretary (RAS) Office and Regional Health Management Team (RHMT) and Hospital Advisory Board can use this guideline to assess the contents of the plan. Hope this guideline will help to develop CHOP efficiently and promptly every year to run the RRH for provision of quality health services to communities.

Chapter 2: Issues to consider for effective CHOP

CHOP is a principal prerequisite for a well-functioning hospital. All priority activities from departments/sections in the hospital should be incorporated in the operational plan. CHOP will integrate all expected inputs from stakeholders. The plan should be in line with the National Health Policy, Health Sector Strategic Plan, and National Essential Health Package including regional priorities, RRHMT functions, other relevant health sector strategies and initiatives.

2.1. Application of PDCA cycle to the RRH planning

The plan should be realistic, logical and linking the available resources with the health needs. In terms of planning and management, planning is not only developing one-year work design but also frequently improving the achievement and lessons learned from the previous year. To achieve that Plan, Do, Check and Act (PDCA) cycle is one of the most famous cycles to describe adequate planning cycle. Plan, Do, Check and Act is based on evidence setting priorities, implementing the plan, monitoring the process, and also involves evaluating the achievements.

The outcome of the activities in previous year will provide the lessons for the implementation to the next plan. This means, experiences and data from the previous year are the most important resources to develop the CHOP.

Application of PDCA cycle to the RRH management team is as follows;

Plan

Each RRH is supposed to develop CHOP every year (annually). RRHMTs are required to develop CHOP based on the previous year experiences and expenditures. It is necessary to check whether allocated budget was the same as planned budget. It is important that RRHMT confirms what to omit when ceiling is low

Do

RRHMT implements activities listed in CHOP. During the implementation of CHOP, *Internal Monitoring Supportive Supervision* has to be conducted for all activities in CHOP.

Check

It is necessary to evaluate the achievement of activities planned in CHOP. The evaluation can be done by internal and external hospital performance assessor

Act

Based on the assessment results and outcome of the activities, it is necessary to identify weakness and strengths. Then countermeasures are necessary to improve the areas which are not preforming well It is also important to prioritize action to be taken and, to reflect those actions into next year's CHOP

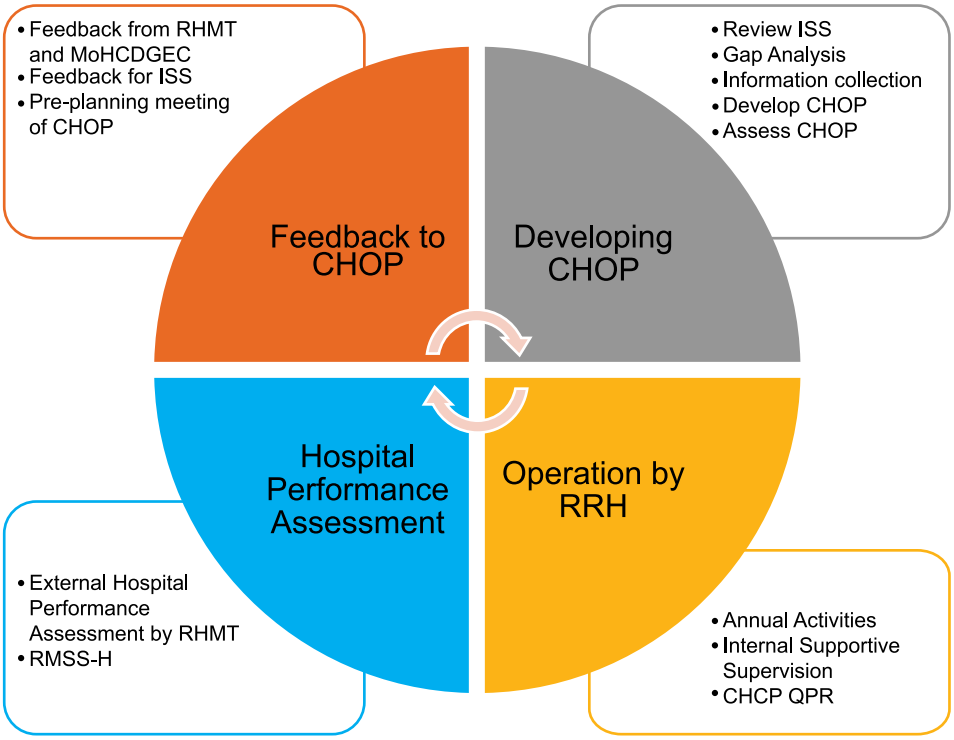


Figure 2-1: PDCA cycle for RRH operation

2.2. Evidence based planning

Evidence-based planning means applying the available information (evidence) of the hospital activities for planning decisions. Without it, the plan will be difficult to monitor and will not be realistic. There are many evidences in the hospital from the past activities. Therefore, note that realistic data (information), accurate and proper record keeping are key for evidence based planning

If the data and information are not well recorded, it cannot be worth using as "evidences" for planning. One of the most suitable ways of developing evidence based CHOP is through "Case Studies". Some of the Case studies available and easily obtainable use in planning of CHOP is as follows:

- All kinds of incomes from different sources in the previous fiscal year
- All kinds of expenditures by different departments and sections in the hospital in the previous fiscal year
- Information from Management of Human Resource for Health (recruitment, leave, retirement, attrition etc.)
- Information of service provision (Detailed information including patients' records, common disease, death audits OPD and IPD etc.)
- Finding areas of unmet needs of the hospital and providing clear set of objectives
- Deciding how best to use available resources to improve health in the most effective and efficient way.

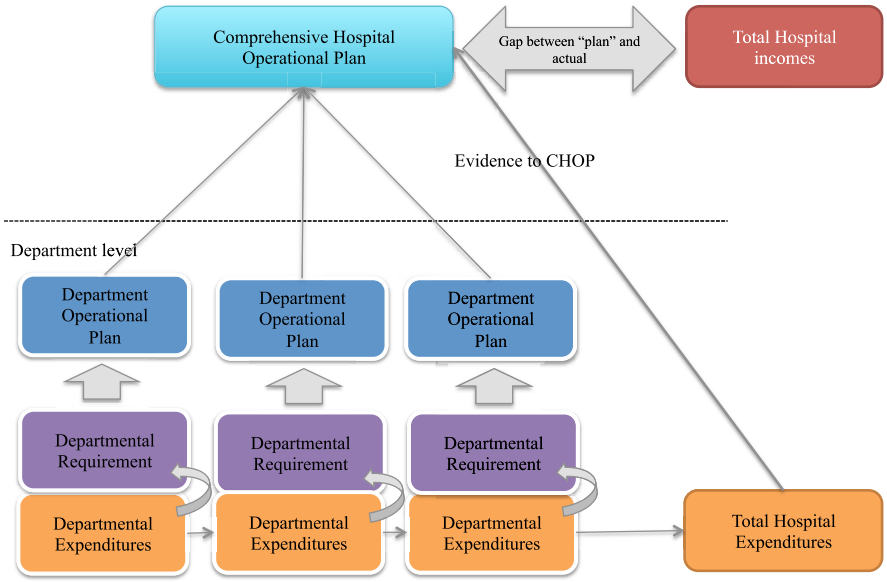


Figure 2-2: Process of evidence based planning

2.3. Participatory planning

Planning requires participation from various stakeholders to get their inputs and views from the users of the hospital so as to improve the functions of the Regional Referral Hospital. Involvement of various stakeholders will facilitate transparency, ownership and well-informed decision making of resource allocation for the future.

2.4 Types of Budget

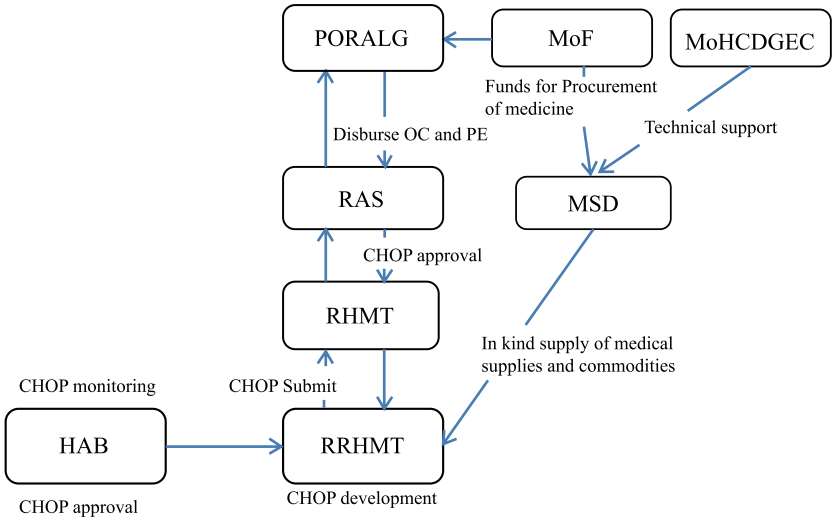
Usually there are two types of budgets to implement the Hospital planned activities. These are:

2.4.1. Recurrent Budget

Recurrent budget is financial resource for operating the hospital's daily activities to provide proper service, such as; personnel expense, consumables, utility cost, transportation cost, allowance, maintenance cost and so on. The project budget is resource for activities to improve the service of the hospital and effective outcome of the patients, such as; vertical programs, trainings, capital investment, advocacy, health promotion and so on. The project cost is not only sorted out according to the project but also calculated based on cost item code.

2.4.2. Development budget (Capital)

Development budget is the budget allocated for the long-term activities to be done in phases. It shall be estimated by each objective. Capital cost, such as purchase of new equipment, rehabilitation / extension / construction of buildings, purchase vehicle and so on, is one of the activities to enhance the service provision of the hospital.



Figures 2-3: Flow of budget and Commodities and medical supply for operating RRHs

2.5. Income sources for operating RRHs

As mentioned in the section below, it is important to identify the income sources for operating RRH and well recorded how much income of the previous fiscal year was. There are three major categories of income sources for operating RRHs as listed below

2.5.1. Block grant

Block grant basically comprises: 1) Personnel emoluments, 2) Other charges, and 3) Development budget. All Regions have their own budgeting votes and funds that are directly disbursed to the Regional Administrative Secretary (RAS) who distributes the funds to all spending units within the Regional Administrative Office.

2.5.2. RRH's Internal Revenue Collection

Internal revenue collection is a financial source of income to operate RRH. There are some ways of collecting revenue. These include:

a) Health insurance schemes,
b) User fees,
c) Intramural Private Practice (Fast Track patients and charge for private ward use) and
d) Others (e.g. Rental fee of hospital facilities and parking lots, canteen service, contractual services, and non-core business)

2.5.3. Receipt in kind

These are commodities and medical supplies that are used in RRHs, funded by Ministry of Finance through Medical Store Department (MSD). RRHMT requests commodities and medical supplies to MSD according to their funds allocation from MoHCDGEC. The flow of budget and commodities and medical supplies for operating RRHs are shown in Figure 2-3.

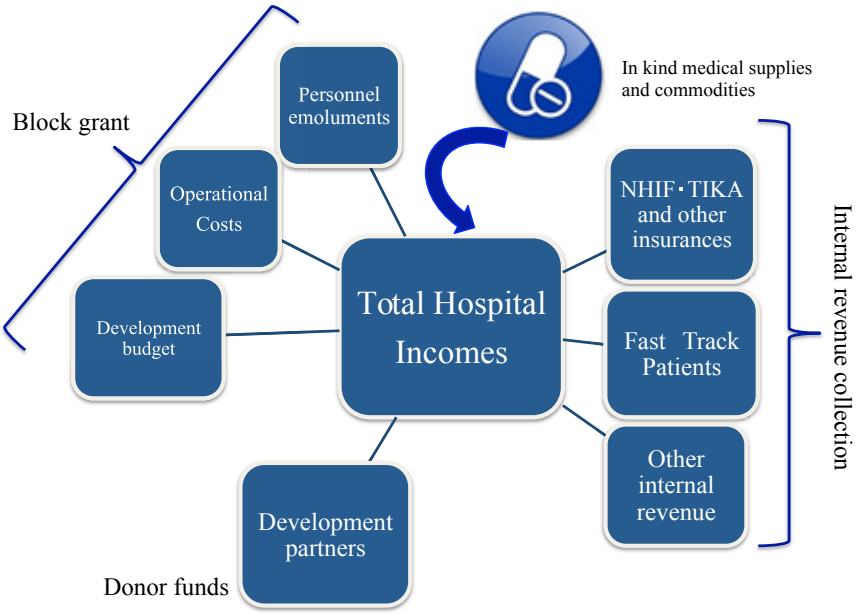


Figure 2-4: Income sources for operating RRHs

2.6. Expenditures

Data and information of hospital expenditures are very important elements for proper planning of CHOP. Data in last year is the "Benchmark" for planning next year, and it is also foundation of the next year's plan. Therefore, all expenditures have to be well recorded reflecting the income sources. Ideally, expenditures are supposed to be well recorded and categorized by departments and submitted regularly to hospital accountants and hospital health secretary.

The followings are some of the common expenditures at RRHs:

- **HRH Management**
  - Salaries
  - Leave allowance
  - Per diem
  - Travel allowance
  - Retirement benefits
  - Funeral cost
  - Extra duty allowances
  - Overtime
  - Training fees
  - On call allowances
  - Uniform allowance
  - Gift and prizes
  - House rent allowance
  - Plumbing Services
- **Commodities and equipment**
  - Procurement of medicine
  - Procurement of Medical equipment and its accessories
  - Procurement of other medical supplies
  - Procurement of reagents

- **General supplies**
  - Procurement of general supplies (stationeries, cleaning materials etc.)
  - Procurement of outsource service (Cleaning, Security, Equipment maintenances, Fuel for generator and official vehicles, Gas etc.)
- **Utilities**
  - Water bill
  - Electric bill
  - Communication charges

2.7. Planned Preventive Maintenance (PPM)

PPM refers to regular safety and performance inspection carried out on physical assets to evaluate risk and reduce failure so as to enhance its safety, efficiency and reliability. It involves cleaning, checking regular function/safety tests and making sure that any problems are picked up before they cause a breakdown. PPM is one of the core concepts to secure the evidence based budget planning for physical assets management. For developing CHOP, PPM is recommended for managing physical assets. The followings are some of the common physical assets that need to be planned for preventive maintenance:

- Medical equipment
- Medical plants
- Vehicles maintenance,
- Electric services

2.8. Preparation and implementation stages of CHOP

Planning and implementation stages of CHOP are as follows:

- Composition of CHOP planning team
- Planning procedures and schedule
- Pre-planning
- Actual Planning
- Implementation of the plan
- Monitoring and Evaluation
- Reporting

Figure 2-5: Planning cycle

2.8.1. Composition of CHOP planning team

Composition of the planning team is as follows;

- All RRHMT members
- Representatives of the RHMT
- Regional Planning Officer
- Delegates of Hospital Advisory Board (HAB)
- Accountant
- Any other relevant stakeholders

2.8.2. Planning Procedures and schedule

There are sixteen steps to develop CHOP as follows:

Table 2-1: CHOP development process

S/No	Activity	Responsible Deadlines	Completion
Step 1	Collect all necessary data and information on incomes, expenditures, and key performance indicators from previous fiscal year for evidence based planning and analyse them.	RRHMT	By the end of September
Step 2	Hospital departments/sections/units, and all stakeholders identify priorities and needs to include in the annual plans	RRHMT	October
Step 3	Gap analysis between actual results from previous fiscal year data and requirement from previous year.	RRHMT	October
Step 4	Pre-planning meeting should take place with all stakeholders before the planning process so as to take into account all recommendations.	RRHMT	October
Step 5	RRHMT collect priorities/ needs from Hospital departments and other stakeholders to accommodate them in the CHOP	RRHMT	Early November
Step 6	RRHMT notified or collect information of resources available for Health Block Grant, Health Basket Funds user fee, NHIF and other partners for the next financial year	PO-RALG, MoHCDGEC, RAS, Partners	End of November
Step 7	The RRHMT develop its CHOP and submit it to Regional Hospital Advisory Board (RRHAB) for endorsement	RRHMT	December to January
Step 8	RHMT receive CHOP and submit to RAS	RHMT	End of January
Step 9	CHOP entered into Regional Mid Term Expenditure Framework (MTEF)	RAS	Middle of February
Step 10	CHOP submitted from RAS to RS for conformity with national guidelines (amend the contents if necessary)	RS	End of February
Step 11	Final CHOP submitted to Regional Secretariat (**5 hard copies and electronic copy**)	RHMT	Mid –March

S/No	Activity	Responsible Deadlines	Completion
Step 12	CHOPs are assessed by Regional Secretariat. The assessment reports and the documents themselves are forwarded to PO-RALG with copy to MoHCDGEC (hard and soft copies)	RS/RHMT	End of March
Step 13	PO-RALG and MoHCDGEC consolidate the reports from RS and recommend the CHOP for funding approval	PO-RALG and MoHCDGEC	End of April
Step 14	Distribution of papers and recommendations for funding approval based on CHOP and quarterly financial and performance progress report for current financial year	PO-RALG and MoHCDGEC	1st week of May
Step 15	Final summary and analysis of CHOPs report presented at JAHSR	PO-RALG and MoHCDGEC	End of May
Step 16	RRHMT should provide feedback to RRHAB and Hospital staff on the approved plans and budget according to cost centre.	RRHMT	June

Note that CHOP shall be submitted to RS/RHMT for assessment and compilation before being submitted to PO-RALG and MoHCDGEC. The preparation of CHOP shall not wait for the budget ceiling from PO-RALG and MoHCDGEC. RRHMT must use "last year's ceiling" as the basis for planning.

Note that after development of CHOP, it is necessary to be forwarded to HAB for endorsement of the plan. Then, the plan will be sent to assistant RAS (Regional Medical Officer) to get approval on the contents of the plan. After the approval of the hospital plan, the RRHMT has to organize a meeting to inform all key stakeholders to share and plan for effective implementation of the plan. And also RRHMT has to organize the monitoring and evaluation system of the achievement of the projected activities and hospital performance.

2.8.3. Pre-planning

Pre-planning activities include meetings which are important to ensure ownership and involvement of all relevant stakeholders both public and private.

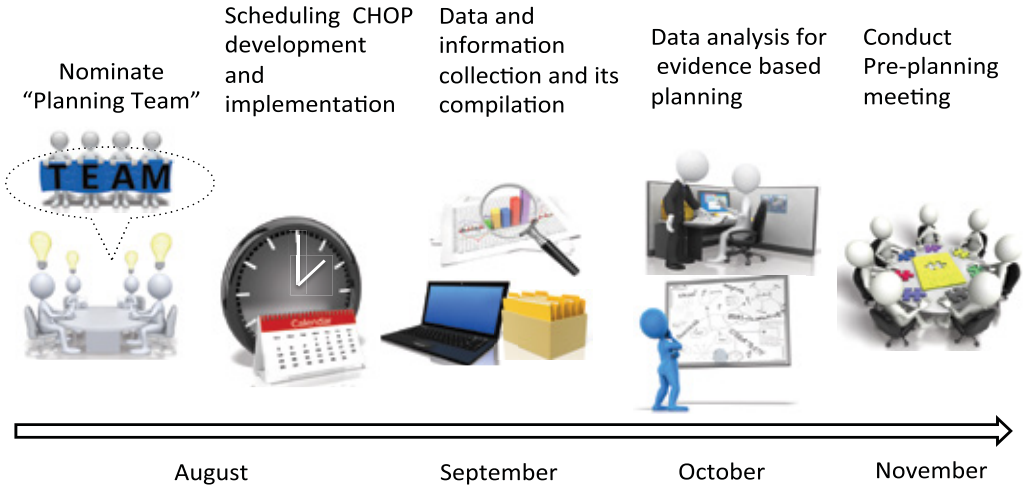


Figure 2-6: Pre-planning process

The following important steps have to be adhered to before pre-planning session:

- Ensured logistics and essential supplies are in place including availability of copies of the previous year CHOP and previous year Annual progress report, Quarterly progress reports and HMIS reports. Resource persons for specific topics should be invited for CHOP pre-planning meeting
- Stakeholders of the pre-planning meeting to be invited well in advance (e.g. one month)
- The established health indicators and targets should be reviewed
- Request to each stakeholder shall be clarified prior to the pre-planning meeting by using the templates

Prior to the pre-planning meeting, RRHMTs have to send templates to all department heads to fill Performance Sheet for past three years, which reflects the performance of the respective department.

2.8.4. Actual Planning

In the actual planning process of CHOP development, CHOP planning team including key stakeholders will select interventions under each priority area. For selected intervention each, the team develops and selects relevant activities to be implemented, feedback of the budget ceiling, and re-adjustment of the plan. Details of actual planning will be explained in Chapter 3.

Chapter 3: Layout and format of CHOP

This chapter guides RRHMT to understand the layout of CHOP and how to develop CHOP with standardized formats.

3.1. Layout of CHOP

It is imperative that RRHMT understand the layout and format of CHOP in order to maintain commonalities and harmonization of the content of hospital operation plans. The layout and format are also helpful in guiding RRHMT to cover important issues to depict the meaning of "comprehensive plan". The layout and format of CHOP are as follows:

Cover page
- *Financial Year*
- *Physical and postal address*
- *Contact of responsible authority*
- *Date of development*

Preliminary pages
- *Table of contents*
- *Acknowledgement*
- *List of members of Hospital Planning team*
- *Executive summary*
  - *Overview of previous plan and Budget summary tables*
  - *Overview of current plan Budget summary tables*

Chapter 1: Basic information of RRH
- *List of RRHMT members*
- *Hospital profile*
  - *Catchment area and its population, referral system*
  - *Hospital organization (Organogram, Departments and sections)*
  - *HRH inventory (numbers by cadres)*
  - *Assets Information*

Chapter 2: Review of previous year plan
- *Annual financial Report*
  - *Previous year budget, actual income and expenditures*
  - *Progress of planned activities (activity wise)*
- *Key performance indicators*

Chapter3: CHOP for the year
- *Strategy of the hospital*
- *Problem Prioritization/Priority areas*
- *Planed Interventions and Cost analysis*
  - *Planed Intervention*
  - *Cost analysis*

Chapter 4- Plan of Action

Chapter 5 -Monitoring and evaluation plan

3.2. Details of CHOP layout

3.2.1. Cover page

The following information needs to be filled in the cover page:
- N*ame of the hospital*
- *Hospital Code #*
- *Financial Year*
- *Physical and postal address of the Hospital*
- *Contact of responsible authorities*
- *Date of* development

3.2.2. Preliminary pages

The following information needs to be filled in the preliminary page:

Items	What should be included
Table of contents	A table of contents shows major topics and subtopics with respective page numbers in the document to help the reader to trace and to find relevant information easily.
Acknowledgement	This is a paragraph where appreciation of the persons/institutions involved in the preparation of the CHOP and those who provided inputs in the planning process is written by the Hospital Planning Team (HPT) members and signed by the Medical Officer in-charge
List of members of Hospital Planning Team (Table P-1)	Full Name, Institution and Position of each members of the HPT should be clearly shown to document the participation of all stakeholders responsible for the preparation of the CHOP
Executive summary (Table P-2) (Table P-3)	Executive summary is a summary of all-important information present in the document. The Executive Summary should be prepared and signed by the Regional Medical Officer (RMO). It is expected to be brief, not exceeding 2-3 pages and divided into two parts. It should include two major parts: *Overview of previous year plan* Overview of the previous year's plan and its implementation are needed. This should include a summary of last year planned interventions, implemented and not implemented activities, encountered constraints, achievements, the way forward and overview of current plan. Attach financial status of the previous year after the narrative report of the overview. (Table P-2) *Overview of the current plan* It should be written clearly to enable the reader to pick up essential information. It is expected to answer the following questions: • What are the major interventions in the year and the linkage to the overall Hospital strategic plan? • Have last year's unachieved interventions been addressed in the current plan? • What are the available resources and sources of funding? • Who are the key collaborators/contributors? • What are the main challenges? • How does the hospital cope with these challenges? Attach estimated budget sheet for the year after the narrative report of the overview. (Table P-3)

3.2.3. Chapter1: Basic information of RRH

The following information needs to be filled in this chapter:

Items	What should be included
List of RRHMT members (Table 1.1)	Core members and Co-opted members are listed in the Table 1.1.
Hospital profile (Table 1.2.1)	Catchment area and its population, referral system It shows the organization of the health facilities around the regional hospital and provides a range of basic information from the different facilities with regards to the referral system
Hospital Layout (Attach as Annex 1)	Layout of the hospital and information on main utilities. A sketch shows structural setup of the Hospital in terms of departments, sections or units and other main structures of the hospital. This also provides the physical information to understand the patient flow. Additional comments will indicate recently built or renovated premises with also information on the main utilities: water, electricity, sewage, communication etc.

Items	What should be included
Hospital organization (Organogram, Departments and sections) (Table 1.2.2)	This shows the main lines of command and reporting in the hospital, with some essential information on the main departments.
HRH inventory (numbers by cadres) (Table 1.2.3)	Staffing level (Required, available and deficit) need to be filled in this section (Fill Table 1.2.3 in and calculate deficit)
Assets information (Table 1.2.4)	Assets information (facilities, equipment, vehicles etc.) need to be filled in this section (Fill Table 1.2.4 in)

3.2.4. Chapter2: Review of implementation of previous year plan

The following information needs to be filled in this chapter:

Items	What should be included
Annual financial Report (Table 2.1.1)	Previous year budget, actual income and expenditures need to be reported. (Fill Table2.1.1. in)
Progress of planned activities (activity wise) (Table 2.1.2)	Progress of planed interventions in the previous year need to be reported. Where the intervention took place, what was the expected outcome, and how much was achieved need to be filled in the table. (Fill Table2.1.2. in)
Key performance indicators (Table 2.2)	There are 42 indicators to be filled for calculation of KPIs and 31 KPIs are reported in this chapter. Table 2.2.: KPIs for RRHs need to be filled using data from 2nd quarter of the current fiscal year

3.2.5. Chapter3: CHOP for the year

The following information needs to be filled in this chapter:

Items to include	What should be included
Hospital strategies (and alignment with national health sector priorities) (Table 3.1)	Describe the strategies to improve the provision of quality and safety of our health services in line with national health policy, health sector strategic plan, programs and Initiatives as well as local needs.
Priority areas, planned interventions, inputs and expected outcomes (Table 3.3.1)	At this stage, planning team need to come up with counter measures to solve or improve the identified problems or areas that given the priorities. *Priority areas* Identified problems or area need to focus and give priority on in the Table 3.2 will be copied to the Table 3.3.1 Column of "Priority Areas" *Planned interventions,* The CHOP Planning Team need to discuss and come up with countermeasures to tackle with each identified problems or priority area, and fill in the Column of "Planned intervention" *Inputs* What is needed to implement the identified countermeasures (planed interventions), such as HRH, commodities etc., need to fill in the column of "Inputs".

Items to include	What should be included
	Expected outcomes After the implementation of planed interventions, how things supposed to be changed or improved need to fill in the column of "Expected outcome"
Cost Analysis (Table 3.3.2)	After developing priority area, planned intervention, inputs and expected outcomes for the year, the next exercise to work on the costing of each particular component of the interventions and come with total amount of funds required to perform it. At this stage the planning team should know; • Which objective/target is to be achieved • Source of fund per each activity • GFS codes • Market price • Have an idea of inflation trend • Unit of measure of the activity • Unit cost of input • Number of units • Nature of inputs in the activity; routine, special event • Timing of the activity • Activity has to be smart • Responsible Department/Unit/Section

3.2.6 Chapter 4: Cost analysis and Plan of action

The following information needs to be filled in this chapter:

Items to include	What should be included
The Cost analysis and Plan of Action (Table s4.1)	Plan of Action is developed after budget and cost analysis is completed. It is developed to guide the implementation of the activity in a logical manner. Planned activities and common routine activities such and regular meetings, quarterly internal supportive supervision etc. are filled in the left side of the table. Responsible person for each planed interventions need to be identified. Moreover, estimation of budget or each planed interventions must be calculated. Then, timeframe for each planed interventions need to be set. Note that any M&E activities are also reflected on the plan of action.

3.2.7. Chapter 5 -Monitoring and evaluation plan

Monitoring and Evaluation have to be integrated in the plan itself with:

- The clear identification of SMART targets/indicators for each intervention/activity
- The budgeting of Monitoring and Evaluation activities

The RRHMT are required to develop detailed M&E plan for the year. It mainly refers to the activities that have been planned and their respective targets. Therefore, the monitoring plan will indicate the activity with the serial number from the planning tables, the responsible officer(s), the month of monitoring (based on the date of implementation for the activity) and the method used (from HMIS data, from supportive supervision, etc.)

The following are included as the mandatory reports to be produced by the hospital.

- Internal Supportive Supervision Report by RRHMT
- CHOP Quarterly Progress Report (Technical and Financial Progress Reports)
- Hospital Recurrent Accounting Reports

Chapter 4: Implementation and M&E of CHOP

4.1. Use of "Plan of action"

Actual implementation of planned activities in the CHOP of the year should follow the plan of action, developed during the planning stage. However, RRHMT needs to monitor the progress of implementation of planed activities and actual disbursement of required budget for each activity. Then, revising the plan of action to match with real situation according to the need of the hospital

Results of M&E activities have to be utilized regularly to check whether the actual activity has been carried out as planned. Therefore, the results of M&E are separately printed and displayed on the notice at administration of the hospital. Moreover, progress of each activity needs to be reported in monthly management meeting.

4.2. Monitoring and Evaluation

Monitoring and evaluation schedule is prepared after completion of cost analysis and plan of action. Monitoring and evaluation set out the responsible organ, period of implementation, and means of verification after the implementation.

Note that RRHMT has to conduct regular monitoring and evaluation activities as listed below:

- Internal Supportive Supervision (ISS)
  The aim of conducting ISS is to monitor progress of planned activities in CHOP. It is required to be conducted quarterly.
- External Hospital Performance Assessment (HPA)
  The aim of conducting HPA is to measure the improvement of performance

Therefore, RRHMT are requested to refer the *"Guideline for Internal Supportive Supervision and External Hospital Performance Assessment for Regional Referral Hospitals"* issued by MoHCDGEC.

Findings and results from regular monitoring and evaluation need to be recorded properly by RRHMT and used for development of CHOP and Quarterly Progress Report (QPR). Details of development of QPR will be explained in Chapter 5.

Chapter 5: Progress Reporting

5.1. Introduction

Regional Referral Hospitals are required to prepare and submit CHOP Quarterly Progress Report (QPR) to the Hospital Advisory Board, and then CHOP QPR has to be endorsed by HBA and submitted to RHMT for assessment. Then, it is submitted to RAS within 2 weeks after the end of each quarter. After submitting the QPR, RHMT submit it to PO-RALG and MoHCDGEC through RAS.

Note that assessment of hospital performance needs to be included in QPR. Therefore, RRHMT must submit report on external hospital performance assessment and internal supportive supervision together with QPR.

These reports are essential to RRHMT and other stakeholder in:

- Preparing future plans to address identified challenges, new guidelines and improving quality of care
- Making informed and effective decisions on the allocation and utilization of resources
- Measuring the performance of the hospital in the delivery of care
- Improve monitoring of hospital performance
- Ensure that funds from Government, donors and other partners are utilized for the purpose for which they were authorized.
- Identifying new needs, including new services, which have to be established.

5.2. Reporting Calendar

Hospital reports have to be integrated in the RHMT reports in due time for submission to the RAS and then to PO-RALG and MoHCDGEC

S/no.	Activity	Responsible for Action	Time of Submission to RHMT
1.	Produce Quarterly Performance Progress and Financial Reports	RRHMT	2nd week after the end of each quarter
2.	Produce Annual Reports, Performance progress and Financial (July –June)	RRHMT	3rd week of July
3.	Produce External Hospital Performance Assessment Report and ISS report	RRHMT	1st week after the end of second quarter

5.3. Format of the QPR

The QPR is intended to provide an overview of planed activities' implementation against an institution's set target and budget based on the internal supportive supervision. There are three major components in the report, Key Performance Indicator, Annual Activities and Financial Statement, which are reported on Monitoring Sheet for Hospital Performance.

The technical progress reports shall comprise the following parts:

a) Executive summary:

It summarizes the activities performed and achievements in qualitative and quantitative form. It should include the following:

i. Major achievements of the major activities performed in that quarter.
ii. Summary of major constraints
iii. Summary of financial trends (opening balance, receipts for the period, funds available for the period, expenditure and closing balance), and explain by giving reasons if there is any negative balance in any source.
iv. The way forward

N.B: The Executive summary should be signed by Medical Officer in charge

b) Basic RRHs information
c) Technical Report on the achievement of planed activities
d) Financial Report on the quarterly expenditures against planed budget
e) Status of Key Performance Indicators
f) Monitoring CHOP progress on actual implementation against planed schedule
g) Report of Internal Supportive Supervision

5.4. Remarks for developing CHOP and QPR

Reports are cumulative; the second quarter report contains all information of the first quarter. The third quarter report contains semi-annual information and annual report contains third quarter report. In other words, there are 4-quarter reports (First quarter, Semi Annual, Third Quarter and Annual report).

The reports should contain necessary supporting documents like bank reconciliations, bank statements and any other documents.

Annex 1: Functions and services in Regional Referral Hospital (RRH)

Cost centres	Function	Services
Administration	Managing and operating hospital Allocating and monitoring resources Advocating hospital services	• Accountant • Personnel • General affair • Advocacy • Social relation
Medical and Surgical services	Out patient registration In patient Operation theatre	• Reception & • Emergency • ENT • Dental • Ophthalmology • CTC • Internal Medicine/ICU • General Surgery • Paediatrics • Obstetrics and Gynaecology • Orthopaedics • Psychiatry • Physiotherapy • General Operation • CSSD
Reproductive, Maternal, New born Child and Adolescent Health services (RMNCH)		• ANC and PMTCT services; • Immunization service; • Growth monitoring services: • Sick baby clinic/ under five clinic services; • Comprehensive
		Family planning services; • Health education. • Obstetrics • Gynaecology clinics/ services • Postnatal Care
Pharmaceutical services		
Health education and health promotion services		
Diagnostic services	Laboratory Imaging	• Haematology • Biochemistry • Serology • Bacteriology • Pathology • Mortuary • General X-ray • CT-scan • Ultrasound

Cost centres	Function	Services
Support Services	General store Maintenance Transport Kitchen Laundry	• Biomedical engineering • Carpenter • Electric engineering • Food store
Others	Referral system	

The major roles of RRHMTs include the following. The detail of the functions of RRHMT is described in RMSS Manual

Roles	Responsibilities
1.Planning	- To prepare 5-year Strategic Plan and submit on time - To review the strategic plan if necessary - To prepare CHOP - To share the strategic plan and CHOP with stakeholders - To ensure availability of health services, particularly vulnerable groups
2. Monitoring and reporting	- To prepare quarterly and annual reports and submit - To monitor planned activities - To conduct monitoring meeting - To provide report feedback to staff - To monitor performance of Quality Improvement Team (QIT) and work Improvement Team (WIT) - To track client complains and suggestions - To conduct Internal Supportive Supervision of RRHs
3. Human resource management	- To analyse human resource status - To ensure sufficient staff allocation - To improve staff performance - To develop task descriptions for all staff - To plan innovative retention scheme - To manage conflicts and disciplinary measures - To coordinate training opportunities
4. Financial management them to RHMT	- To monitor periodical financial reports and submit - To improve hospital revenue collection - To apply the audit recommendation - To review user-charge regulations
5. Material resource management	- To ensure QI activities - To ensure activities of Therapeutic Committee - To ensure distribution of medicine and medical supply - To maintain the stock of medicine and the condition of equipment - To maintain the infrastructure and other physical assets - To support PPM practice - To support proper record keeping for resources
6. Information management and resource	- To support proper record keeping in ward - To prepare HMIS report and submit to RHMT - To encourage hospital staff to conduct operational research

Roles	Responsibilities
7. Referral system	- To ensure proper referral operation - To ensure provision of emergency care - To support record keeping of referrals - To ensure respective capacity for proper referral system
8. Supportive supervision	- To conduct managerial and clinical SS and feedback results
9. Health promotion and disease prevention	- To support provision of health information and education on disease prevention to visitors - To ensure Infection Prevention Control (IPC) system - To ensure waste management system - To ensure effective disease surveillance mechanism
10. Emergency preparedness and responses	- To prepare the hospital emergency plan - To establish SOP foe emergency - To establish emergency response team - To secure medicine and supplies for emergency

Annex 3: Regional Referral Hospital Staffing Level

The distribution of staffing levels for the hospitals at level II according to functional area in the hospital is as shown in the table below.

The staffing level for hospitals at level II

Functional area	Cadre	Minimum Number	Maximum Number
General clinic	Specialist	1	12
	Medical officer	2	20
	Nursing Officer	2	2
	Assistant Nursing officer	3	24
	Medical attendant	2	12
NHIF services	Specialist (physician)	1	1*from General Clinic
	Medical Officer	2	1* from General Clinic
	Assistant Nursing Officer	1	2
	Nurse	2	6
	Medical Recorder	1	2
	Medical Attendant	1	2
Causality and Emergency	Specialist-Surgeon	1	1* from OPD
	Medical Officer	2	3* from OPD
	Assistant Medical Officer (anesthesia)	2	3
	Nursing Officer	1	1
	Assistant Nursing Officer	3	9
	Nurse (Anesthetist)	3	12
	Medical Attendant	4	4
Surgical services	Specialist	1	2
	Medical Officer	2	1
	Assistant Nursing Officer	2	2
	Nursing Officer	1	1
	Assistant Nursing Officer	2	2
	Nurse	2	2
Internal Medicine	Specialist	2	2
	Medical Officer	2	2
	Assistant Medical Officer	2	2
	Nursing Officer	1	1
	Assistant Nursing officer	1	1
	Nurse	1	1
	Medical attendant	1	1
Orthopedic clinic	Specialist (orthopedic)	1	1
	Medical Officer	1	2
	Assistant Medical Officer	1	0
	Assistant Nursing officer	1	2
	Nurse	2	4
	Technician(prosthetic)	1	3
	Medical Attendant	3	2
Obstetrics and Gynecology	Specialist	2	2*from OPD
	Medical officer	2	4*from OPD
	Assistant Medical officer	1	1
	Nursing Officer	1	1
	Assistant Nursing Officer	2	4

Functional area	Cadre	Minimum Number	Maximum Number
	Nurse	3	3
	Medical Attendant	1	3
Physiotherapy	Physiotherapist	1	2
	Assistant Physiotherapy technology	2	4
	Occupation Therapist	1	1
	Medical attendant	From OPD	From OPD
Pediatric	Specialist	2	2
	Medical Officer	2	2
	Assistant Medical officer	1	1
	Nursing Officer	1	1
	Assistant Nursing Officer	2	1
	Nurse	3	1
Dental clinic	Dental Specialist	1	2
	Dental Officer	2	
	Assistant Dental Office	3	4
	Dental Therapist	2	4
	Dental Laboratory technologist	2	4
	Assistant Nursing Officer	1	1
	Nurse	2	3
	Medical Attendant	2	2
CTC Clinic	Medical Officer	1	2*from OPD
	Assistant Medical officer	1	2*from OPD
	Nursing Officer	2	3
	Assistant Nursing Officer	4	4
	Nurse	4	4
	Social Welfare Officer	2	2
	Data Clark	1	2
ENT Clinic	Specialist	1	1
	Medical Officer	1	2
	Nursing Officer	1	1
	Assistant Nursing Officer	1	2
	Nurse	1	3
	Medical Attendant	1	2
RCH Clinic	Obstetrician/gynecologist	1	2*from OPD
	Pediatrician	1	2*from OPD
	Medical Officer	1	2*from OPD
	Assistant Medical Officer	1	2*from OPD
	Nursing Officer	1	1
	Assistant Nursing Officer (public Health)	4	4
	Nurse	4	6
	Medical Attendant	1	3
Elderly/Geriatric services	Medical Officer	1	2
	Assistant Medical Officer (psychiatrist)	1	2
	Pharmacist	1	2
	Nursing Officer	1	2
	Social Welfare Officer	1	1
	Medical attendant	1	2

Functional area	Cadre	Minimum Number	Maximum Number
Eye Care Services	Ophthalmologist	1	1
	Assistant Medical Officer (ophthalmology)	1	2
	Nursing Officer (Ophthalmology)	1	1
	Optometrist	2	3
	Medical Attendant	2	2
Psychiatric Clinic	Specialist (Psychiatrist)	1	1
	Assistant Medical Officer (psychiatrist)	1	2
	Nursing Officer	1	2
	Assistant Nursing (psychiatric)		3
	Nurses		3
	Social Welfare Officer	1	2
	Medical Attendant	2	2
	Medical Record Technician	2	4
Male Surgical ward	Specialist (surgeon)	1	3*from OPD
	Medical Officer	1*from OPD	5*from OPD
	Assistant Medical Officer	1	1
	Nursing Officer	1	1
	Assistant Nursing Officer	4	3
	Nurse	5	4
	Medical Attendant	6	6
Female Surgical Ward	Specialist (surgeon)	1	3*from OPD
	Medical Officer	1*from OPD	5*from OPD
	Assistant Medical Officer	1	1
	Nursing Officer	1	1
	Assistant Nursing Officer	4	3
	Nurses	5	4
	Medical Attendant	6	6
Pediatric ward	Pediatrician	1*from OPD	1*from OPD
	Medical Officer	1*from OPD	5*from OPD
	Nursing Officer	1	1
	Assistant Nursing Officer	2	3
	Nurse	4	4
	Medical Attendant	4	4
Orthopedic female	Specialist (orthopedic)	1*from orthopedics clinic	1*from OPD
	Medical Officer	1*from orthopedic clinic	2*from OPD
	Nursing Officer	1*from orthopedic clinic	1
	Assistant Nursing Officer	1*from orthopedic clinic	2
	Nurses	1*from orthopedic clinic	5

Functional area	Cadre	Minimum Number	Maximum Number
	Medical Attendant	1*from orthopedic clinic	3
Orthopedic male ward.	Specialist (orthopedic)	1*from orthopedic clinic	1*from OPD
	Medical Officer	1*from orthopedic clinic	2*from OPD
	Nursing Officer	1*from orthopedic clinic	1
	Assistant Nursing Officer	1*from	2
	Nurses	1*from orthopedic clinic	5
	Medical Attendant	1*from orthopedic clinic	3
Obstetrics/ gynecology (antenatal) ward	Obstetric/Gynecologist	1	2*from OPD
	Medical Officer	4	2*from OPD
	Nursing Officer	1	1
	Assistant Nursing Officer	3	4
	Nurse	3	8
	Medical Attendant	3	4
Labor ward	Obstetrics &gynecology	1* from antenatal ward.	2*from OPD
	Medical Officer	1* from antenatal ward.	4*from OPD
	Nursing Officer	1	1
	Assistant Nursing Officer	4	4
	Nurse	8	8
	Medical attendant	4	4
Obstetrics/ gynecology (postnatal) ward	Obstetrician & Gynecologist	1	2*from OPD
	Medical Officer	4*from antenatal	2*from OPD
	Nursing Officer	1	1
	Assistant Nursing Officer	3	3
	Nurse	2	2
	Medical attendant	3	3
Obstetrics/ gynecology (Neonatal) ward	Obstetrician & Gynecologist	1*from OPD	1
	Medical Officer	1*from antenatal Ward	2*from OPD
	Assistant Medical Officer	2	
	Nursing Officer	2	1
	Assistant Nursing Officer	4	8
	Nurse	3	8

Functional area	Cadre	Minimum Number	Maximum Number
	Medical attendant	3	8
Male medical ward	Specialist(Physician)	1*from OPD	4 *from OPD
	Medical Officer	4	6*from OPD
	Assistant Medical Officer	1*from OPD	0
	Nursing Officer	1	1
	Assistant Nursing Officer	1	3
	Nurses	4	5
	Medical attendant	4	3
Female medical ward	Specialist(Physician)	4	4 *from OPD
	Medical Officer	1*from OPD	6*from OPD
	Assistant Medical Officer	1*from OPD	0
	Nursing Officer	1	1
	Assistant Nursing Officer	5	3
	Nurses	1	1
	Medical attendant	4	3
Psychiatry male ward	Specialist(psychiatrist)	1	1*from OPD
	Assistant Medical Officer (Psychiatrist)	2	3*From OPD
	Nursing Officer	1	2
	Assistant Nursing Officer	4	7
	Nurses	6	6
	Social welfare	1	1
	Medical attendant	2	3
Psychiatry female ward	Specialist(psychiatrist)	1	1*from OPD
	Assistant Medical Officer (Psychiatrist)	2	3*From OPD
	Nursing Officer	1	2
	Assistant Nursing Officer	4	7
	Nurses	6	6
	Social welfare	1	1
	Medical attendant	2	3
TB Male ward	Specialist(Physician)	1	1*from OPD
	Medical Officer	1*from OPD	2*from OPD
	Nursing Officer	1	1
	Assistant Nursing Officer	1	2
	Nurses	2	3
	Medical attendant	6	8
TB Female ward	Specialist(Physician)	1	1*from OPD
	Medical Officer	1*from OPD	2*from OPD
	Nursing Officer	1	1
	Assistant Nursing Officer	1	2
	Nurses	2	3
	Medical attendant	6	8
Grade 1 Ward	Specialist(Physician)	1*from OPD	1*from OPD
	Medical Officer	1*from OPD	1*from OPD
	Nursing Officer	1	1
	Assistant Nursing Officer	2	2
	Nurses	3	3
	Medical attendant	4	4

Functional area	Cadre	Minimum Number	Maximum Number
Theatre	Specialist(surgeon)	1	3*from OPD
	Medical Officer	1	4*from OPD
	Anesthesiologist	1	3
	Assistant Medical Officer (anesthetist)	1	4
	Nursing Officer (theatre Nurse)	1	4
	Assistant Nursing Officer	4	7
	Nurses	4	7
	Medical attendant	3	4
ICU	Specialist	1	1*from OPD
	Medical Officer	1	2*from OPD
	Assistant Medical Officer	1	0
	Nursing Officer	1	1
	Assistant Nursing Officer	3	4
	Nurses	4	9
	Medical attendant	4	4
Central Sterilization	Assistant Nursing Officer	1	3
	Nurses	3	4
	Medical Attendant	3	4
Laboratory	Health Laboratory Scientist	1	1
	Health Laboratory technologist	8	10
	Assistant Health Laboratory technologist	6	10
	Medical attendant	3	5
Mortuary	Medical Officer (Pathology)	1*from OPD	1*from OPD
	Prosecutor (Mortuary)	1	1
	Mortuary attendant	2	4
X-Ray	Radiologist	1	1
	Radiographer	1	4
	Assistant Radiographer	2	3
	Medical Attendant	1	1
Pharmacy	Pharmacist	1	4
	Pharmaceutical Technologist	3	5
	Assistant Pharmaceutical	5	14
	Technologist Medical Attendant	2	2
Procurement	Procurement and supply officer	1	1
	Assistant supply Office	1	2
Maintenance	Biomedical Engineer	1	
	Biomedical Technician	1	2
	Assistant Technician Electrical	1	2
	Assistant Technician Civil	1	2
Transport Chartering	Drivers	8	9
	Nutritionist	2	2
	Cook	2	4
	Kitchen Attendant	2	2
Environment heal, food, safety and Sanitation	Environmental Health Officer	1	1
	Assistant Environmental Health Officer	2	4
Epidemiology and M&E	Epidemiologist	1	1
	M&E specialist	1	1

Functional area	Cadre	Minimum Number	Maximum Number
ICT	ICT Technician	1	2
Administration	Medical Officer (in-charge)	1	1
	Nursing Officer (matron/Patron)	1	1
	Health secretary	1	1
	Personal secretary	1	2
	Accountant	1	2
	Assistant accountant	1	2
	Account assistant	2	3
	Security Guard	12	14

Comprehensive Hospital Operational Plan

Name of the hospital	
Hospital Code #	
Financial Year	
Physical and postal address of the Hospital	
Responsible person for the Plan	Name: E-mail: Signature Mobile:
Approval from Assistant RAS	Name: E-mail: Signature Mobile: Date of approval:
Approval from MoHCDGEC and PORALG	Name: E-mail: Signature Mobile: Date of approval:
Date of Development (dd/mm/yy)	

Basic Information of RRH

List of members of Hospital Planning team

Table P-1: List of members of Hospital Planning team

	Name	*Designation*	*Contact address*
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			

Executive summary

a) Overview of previous plan

Table P-2: Financial status of previous year (Copy from Chapter 2.1.1)

Source of fund	***Income***	***Allocation***	***Expenditures balance***	***Remaining***
PE				
OC				
Development budget				
Cost sharing				
1) User fees				
2) Insurances				
3) TIKA				
4) CHF				
Income generating activities				
1) Venue				
2) Canteen				
3) Out sourcing services				
4) Others (Specify)				
Basket fund				
Other development partners				
Receipt in Kind				

b) Overview of current plan and estimated budget

Table P-3: Estimated budget for the year

Source of fund	***Income***	***Allocation***	***Remarks***
PE			
OC			
Development			
Cost sharing			
Basket fund			
Other development partners			
Receipt in Kind			

Chapter 1: Basic information of RRH

1.1. List of RRHMT members

Please update the members list of your Hospital Management Team

Table 1.1: List of RRHMT members

	Name	***Designation***	***Contact address***
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
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14			
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20			

1.2. Hospital profile

1.2.1. Catchment area and its population, referral system

Please explain the catchment area of your RRR and its population, and how patients are referred from district health facilities.

Table 1.2.1: Catchment area and its population, referral system

Items to check	Data and Information
Hospital Catchment area	
Population in the catchment area	
Number of Councils Hospitals in the region	
Brief explanation of referral system	

1.2.2. Hospital organization (Departments and sections)

Please tick the "Yes" box is you have the section in your hospital. If not existing, tick the "No" box in the Table 1.2.2. Please note that if sections and units are not under the department mentioned in the Table 1.2.2, please place the sections and units under the right department.

Table 1.2.2: Departments, sections and units in the hospital

	Department	Sections / Units	Yes	No
1	Out Patient Department	Causality		
		Internal medicine clinic		
		Surgical clinic		
		RCH clinic		
		Diabetic clinic		
		CTC (inc; VCT, PMTCT etc.)		
		TB / Leprosy		
		Dental clinic		
		Eye clinic		
		ENT clinic		
		Others (specify)		
2	Surgical Department	Operating Theatre		
		CSSD		
		Male Surgical Ward		
		Female Surgical Ward		
3	Internal medicine	Male medical Ward		
		Female medical Ward		
		ICU		
4	Paediatric	Paediatric ward		
		NICU		
5	Obstetrics and Gynaecology	Labour room		
		Antenatal ward		
		Postnatal ward		

	Department	Sections / Units	Yes	No
		Neonatal ward		
6	Orthopaedic	Orthopaedic		
		Physiotherapy		
7	Psychiatric			
8	Pharmacy	Dispensing		
		Pharmacy store		
9	Radiology	CT		
		Ultra sound		
		X-Ray		
10	Laboratory	Clinical laboratory		
		Mortuary		
11	Administration	Medical record		
		Registry		
		Accounting		
		General Store (procurement)		
		Workshop (Medical engineering)		
		Workshop (others)		
		IT		
		Hospital Outside Environment		
12	Kitchen			
13	Laundry			
14	Health Care Waste management	Incinerator		
		Placenta-pit		
15	Hospital Environment Office			

1.2.3. HRH inventory (numbers by cadres)

Please fill the number of available staff and calculate the deficit for each cadre.

Table 1.2.3: HRH Inventory

Sq#	Cadres			Available number	Deficit
1	Specialist	21	24		
2	Medical officer	20	30		
3	Assistant medical officer	23	23		
4	Dental surgeon	2	3		
5	Assistant dental officer	3	4		
6	Dental therapist	2	4		
7	Anesthesiologist	1	3		
8	Obstetrics and gynecology	1	3		
9	Occupation therapist	1	1		
10	Ophthalmologist	1	2		
11	Optometrists	2	3		
12	Pediatrics	1	2		
13	Nursing officer	31	37		

Sq#	Cadres			Available number	Deficit
14	Assistant nursing officer	77	131		
15	Nurse	91	137		
16	Health laboratory scientist	1	1		
17	Health laboratory technologist	8	10		
18	Assistant health laboratory technologist	6	10		
19.	Dental laboratory technician/ technologist	2	4		
20	Radiologist	1	1		
21	Radiographer	1	4		
22	Assistant radiographer	2	3		
23	Biomedical engineer	1	1		
24	Biomedical technologists	1	2		
25	Pharmacist	1	4		
26	Pharmaceutical Technologist	3	5		
27	Assistant pharmaceutical	5	14		
28	Physiotherapist	1	2		
29	Assistant physiotherapy technologist	2	4		
30	Nutritionist	2	2		
31	Environmental health officer	1	1		
32	Assistant environmental health Officer	2	4		
33	Technologist/technician (prosthetic)	1	3		
34	Assistant technologist	2	4		
35	Epidemiologist	1	1		
36	Economist/monitoring and Evaluation specialist	1	1		
37	Social welfare officer	6	6		
38	ICT Technician	1	2		
39	Data Clerk	1	2		
40	Medical record technician	2	4		
41	Medical recorder	1	2		
42	Mortuary attendant	3	5		
43	Medical attendant	98	131		
44	Health secretary	1	1		
45	Personal secretary	1	2		
46	Accountant	1	2		
47	Assistant accountant	1	2		
48	Accounts assistant	2	3		
49	Procurement and supplies officer	1	1		
50	Assistance supplies Officer	1	2		
51	Cook	2	4		
52	Kitchen attendant	2	2		
53	Drivers	8	9		
54	Security guard	12	14		
	Total Number of staff for RRH	481	681		

Source Staffing Level, 2014

1.2.4. Assets information

Please fill the information of assets in the hospital (Note that add assets according to your hospital situation)

Table 1.2.4: Information of assets

	Type of Assets	Quantity	Current status	Recommendation
1	Generator			
2	Vehicles			
3	Ambulance			
4	Incinerator			
5	Water tank			
6	Water pump			
7				

1.2.5. Top ten diseases

Please fill the information on annual average of Top 10 diseases for the previous year

	Diseases	Number of cases reported per year
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

Chapter 2: Review of previous year plan

2.1. Annual financial Report

(1) Previous year budget, actual income and expenditures

Table 2.1.1: Financial status of previous year

Source of fund	*Income*	*Allocation*	*Expenditures balance*	*Remaining*
PE				
OC				
Development				
Cost sharing				
1) User fees				
2) NHIF				
3) TIKA				
4) CHF				
5) Venue				
6) Canteen				
7) Out sourcing services				
8) Others				
Basket fund				
In Kind				
Development partners				

(2) Progress of planed activities in previous year (activity wise)

Table 2.1.2: Progress report on planned activities in previous year

	Department	**Planned Intervention**	**Expected outcome**	**Expected Output**
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

2.2. Key Performance Indicators

Please use the data from 2nd quarter in the current fiscal year for development of CHOP

Table 2.2: KPIs for RRHs

a: Basic Information and data for KPI calculation

No.	Basic Information need for KPI calculation	Unit	Remarks	Information/ Data collected
1	Total number of days in the quarter	Day		
2	Total number of OPD days in the quarter	Day	Total number of days – number of Sunday in the quarter	
3	Total Population (regional population)	Person	Last year	
4	Number of Beds	Bed	Available beds	
5	Number of Doctors	Person	Specialists, MO, AMO and CO	
6	Number of the surgeons	Person	Surgeons or doctors perform surgical intervention	
7	Number of Nurses	Person	NO, ANO and Nurse	
8	Number of Nurses currently in duty station	Person		
9	Total number of Admission	Person		
10	Total number of discharge	Person		
11	Total number of in-patients	Person		
12	Total number of out-patients	Person		
13	Total number of Major Surgery	case		
14	Total number of Minor Surgery	case		
15	Total number of Deliveries	case	At the hospital	
16	Total number of Caesarean Section	case	At the hospital	
17	Total number of under 5 admitted	Person		
18	Total number of infected neonates	Person	At the hospital	
19	Total number of live babies delivered	case	At the hospital	
20	Total number of hospital deaths	case	At the hospital	
21	Total number of Maternal deaths	case	At the hospital	
22	Total number of under 5 deaths	case	At the hospital	
23	Total No of stock out days from tracer medicine &Supplies	Day	10 items (unit will be days /item)	
24	Number of written complaints received and acted upon	case		
25	Number of RRHMT meetings			
26	Number of Hospital Board Meetings			
27	Number of OPD& IPD patients exempted from payment	case	the number of exemption form issued	
28	Total income	TZS		

No.	Basic Information need for KPI calculation	Unit	Remarks	Information/ Data collected
29	Total amount of allocated for procurement from MSD	TZS		
30	Total cash revenue collection	TZS		
31	Total cost sharing revenue	TZS		
32	Total NHF revenue collection	TZS		
33	Total amount of Out-of-Pocket collection	TZS		
34	Total health services revenue	TZS		
35	Total health services expense	TZS		
36	Total expenditure	TZS		
37	Food service cost	TZS		
38	Total amount spent on repair and maintenance	TZS		
39	Total amount of cost of purchase for medicine and supplies/	TZS		
40	Total received referral cases	case	the number of referral forms	
41	Total sent referral cases to the upper level	case	the number of referral forms	
42	Total feedback sent to the lower level	case	the number of feedback forms	

b. Key Performance Indicators

No.	KPIs	Unit	Calculation formula	Viewpoints of the indicators	Indicator
KPIs for Hospital Efficiency and Effectiveness					
1	Medicine stock out days of tracer medicine and supplies	Day	Total No. of stock out days from tracer medicine & Supplies (unit wilL be days/item)	Check managerial capacity of stock of medicines	
2	% neonatal infection to babies delivered in hospital	%	$\frac{\text{Total No. of infected neonate}}{\text{Total No. of live babies delivered}} \times 100$	Check managerial capacity of infection prevention control	
3	% Maternal deaths	%	$\frac{\text{Total No. of Maternal deaths}}{\text{Total No. of deliveries}} \times 100$	Check effectiveness of maternal health services	
4	% of under 5 deaths	%	$\frac{\text{Total No. of under 5 deaths}}{\text{Total No. of under 5 admitted}} \times 100$	Check effectiveness of child health services	
5	% of C/section	%	$\frac{\text{Total No. of C/Section}}{\text{Total No. of deliveries}} \times 100$	Check effectiveness of obstetric care services	
6	Number of feedback complaints received	case	Number of written complaints received and acted upon	Check managerial capacity of patient centeredness	
7	Average number of In-patients per day	Person	$\frac{\text{Total No. of inpatients}}{\text{Total No. of days}}$	Check productivity of in-patient services	
8	Average number of Out-patients per day	Person	$\frac{\text{Total No. of outpatients}}{\text{Total No. of OPD days}}$	Check productivity of out-patient services	
9	Bed occupancy rate	%	$\frac{\text{Average number of in} - \text{patients}}{\text{Total number of beds}} \times 100$	Check efficiency of out-patient	
10	Average of length of stay	Day	$\frac{\text{Total number of in} - \text{patients}}{(\text{Total No of admission} + \text{Total No. of discharge}) \div 2}$	Check efficiency of out-patient services	
11	Average Number of Out-patients per day/doctor	Person	$\frac{(\text{Average No. of OPD /day})}{\text{Number of Doctors}}$	Check productivity of out-patient services by a doctor	
12	Average Number of in-patient day /Nurses	Person	$\frac{(\text{Average in} - \text{patients /day})}{\text{Number of Nurses}}$	Check productivity of in-patient services by a nurse on the sanction	

b. Key Performance Indicators

No.	KPIs	Unit	Calculation formula	Viewpoints of the indicators	Indicator
KPIs for Hospital Efficiency and Effectiveness					
13	Average Number of in- Patients day /Nurses currently in duty station	Person	$\frac{(\text{Average in} - \text{patients /day})}{\text{Number of Nurses currently in duty station}}$	Check productivity of in-patient services by a nurse on the real situation	
14	Average number of Major Surgeries per Surgeons (or doctors perform surgical intervention)	Case	$\frac{\text{Total number of major surgery}}{\text{Number of Surgeon (or doctors perform surgical intervention)}}$	Check productivity of surgical services by a practitioner	
15	% of Minor Surgery in total surgery	%	$\frac{\text{Total No. of Minor Surgery}}{(\text{Total No. of minor} + \text{major surgeries})} \times 100$	Check risk adjustment of surgical cases	
KPIs for Hospital Governance and Management					
16	Number of RRHMT meetings		No. of meetings held in the quarter	Check effectiveness of RRHMT activities	
17	Number of Hospital Board Meetings		No. of meetings held in the quarter	Check effectiveness of HAB activities	
18	% of OPD &IPD Exemption	%	$\frac{\text{No of OPD + IPD patients exempted from payment}}{\text{Total No. of OPD + IPD}} \times 100$	Check opportunity loss	
19	Average NHF revenue collection/day	TZS	$\frac{\text{Total NHF revenue collection}}{\text{Total days in the quarter}}$	Check capacity of revenue collection from NHIF	
20	Average cash revenue collection/day	TZS	$\frac{\text{Total cash revenue collection}}{\text{Total days in the quarter}}$	Check capacity of revenue collection by a hospital	
21	% of cost sharing in total income (i.e. Cost sharing, OC, BF and Receipt in Kind)	%	$\frac{\text{Total cost sharing revenue}}{\text{Total income}} \times 100$	Check capacity of revenue collection by cost sharing scheme	
22	% of health services expense to health services revenue		$\frac{\text{Total Health services expense}}{\text{Total health services revenue}} \times 100$	Check financial balance of health services	
23	% of current expense to current income in 90 days		$\frac{\text{Total expense}}{\text{Total income}} \times 100$	Check total financial balance in a hospital	

b. Key Performance Indicators

No.	KPIs	Unit	Calculation formula	Viewpoints of the indicators	Indicator
KPIs for Finances					
24	Food service costs per in-patient per day	TZS	$\frac{\text{Food service costs}}{\text{Total number of In} - \text{patients}} \times 100$	Check efficiency of food services	
25	% of amount spent in repair and maintenance expense in Total recurring expenses	%	$\frac{\text{Total amount spent on repair and maintenance}}{\text{Total recurring expenditure}} \times 100$	Check certainty of maintenance expenses	
26	% spent on procurement of medicine and supplies from NHIF	%	$\frac{\text{Total amount of cost of purchase for medicine and supplies}}{\text{Total amount of NHIF collection}} \times 100$	Check certainty of purchasing medicine by NHIF	
27	% spent on procurement of medicine and supplies from Out-of-Pocket collection	%	$\frac{\text{Total amount of cost of purchase for medicine and supplies}}{\text{Total amount of Out} - \text{of} - \text{Pocket collection}} \times 100$	Check certainty of purchasing medicine by collection of out-of-pocket	
28	% spent on procurement of medicine and supplies from MSD	%	$\frac{\text{Total amount of cost of purchase for medicine and supplies}}{\text{Total amount of allocated for procurement from MSD}} \times 100$	Check capacity of purchasing medicine by a hospital	
29	% of referrals received	%	$\frac{\text{Total received referral cases (ER, OPD IPD)}}{\text{(Total No. of OPD and Total No. of admission)}} \times 100$	Check management capacity of received referral	
30	% of referred cases to the upper level	%	$\frac{\text{Total sent referral cases to the upper level (ER, OPD IPD)}}{\text{Total number referral received}} \times 100$	Check capacity of clinical services as RRH	
31	% of feedback sent to the lower level	%		Check management capacity of received referral	

Chapter 3: CHOP for the year

3.1. Strategy of the hospital

_____RRH has the following strategy to improve the provision of quality and safety of our health services in line with national health policy, health sector strategic plan, programs and initiatives as well as local needs.

Table 3.1: Strategy of the hospital for improvement of hospital services

Sq. No.	Strategies for Improvement of hospital services

3.2. Problem Prioritization / Priority Areas

Based on the evidences from the previous year, _____ RRH sets priorities on the following issues.

Table 3.2: Priority areas and its justification

Sq. No.	Priority Areas	Justification
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

Chapter 4: Plan of Action

Chapter 5: Monitoring and evaluation plan

Table 3.3.3: Costing of planned activities

Act No.	Objective	Target	Planned interventions for Priority areas	GFC Code	Required Inputs			Annual budget estimates		Total amount	Source of funds
					GFC Code description	Unit Cost of measure	Unit Cost of Input	No. of units	Estimates		
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											
17											
18											
19											
20											

Please complete the plan of action and M&E plan using Table 4.1.
Note 1: "Planed intervention's No. of this Table 4.1" should be matched with "Planed intervention's No. of Table 3.3.2 for better alignment.

Table 4.1: Plan of Action and M&E for CHOP

Activity No.	**Planned interventions for Priority areas** *Including common routine activities*	***Responsible By***	***Estimate budget for the activity***	***Jul***	***Aug***	***Sep***	***Oct***	***Nov***	***Dec***	***Jan***	***Feb***	***Mar***	***Apr***	***May***	***Jan***	***Remarks***
Common Routine activities (Common in all RRHs)																
a)	*Monthly Word meeting*	*RRHMT*														
b)	*Conduct Internal SS*	*QIT*														
c)	*Quarterly Report meeting to HAB*	*RRHMT*														
d)	*Performance assessment*	*QIT/RRHMT*														
e)																
Planned interventions																
1																
2																
3																
4																
5																

Activity No.	**Planned interventions for Priority areas** *Including common routine activities*	*Responsible By*	*Estimate budget for the activity*	*Jul*	*Aug*	*Sep*	*Oct*	*Nov*	*Dec*	*Jan*	*Feb*	*Mar*	*Apr*	*May*	*Jan*	*Remarks*

CHOP Quarterly Progress Report

Executive Summary

It summarizes the activities performed and achievements in qualitative and quantitative form. It should include the following:

1) *Major achievements of the major activities performed in that quarter.*
2) *Summary of major constraints*
3) *Summary of financial trends (opening balance, receipts for the period, funds available for the period, expenditure and closing balance), and explain by giving reasons if there is any negative balance in any source.*
4) *Summary of ISS quarterly report*
5) *The way forward*

CHOP Quarterly Progress Report

Name of the hospital		
Hospital Code #		
Location of the hospital		
Report of the quarter and year	Quarter Number: Year of Reporting:	
Responsible person for the Report	Name: E-mail: Mobile: Date of submission:	Signature
Approval from HAB	Name: E-mail: Mobile: Date of approval:	Signature
Approval from RHMT	Name: E-mail: Mobile: Date of approval:	Signature

Section 1: Technical Report

Report on the progress of planned activities in the CHOP

1 Activity No.	2 Department	3 Planned Activities in CHOP	4 Status of implementation based on ISS	5 Achievements in %	6 Remarks / Issues

Section 2: Financial Report

	1	2	3	4	6	Remarks
	Estimated approved budget	Amount disbursed	Gap = (1-2)	Expenditures	Actual balance = (2-4)	
PE						
OC						
Development						
Cost sharing						
Basket fund						
In Kind						
Development partners						

Challenges: Narrative summary on the issues of financing at your RRH

Section 3: Status of Key Performance Indicators

a: Basic Information and data for KPI calculation

No.	Basic Information need for KPI calculation	Unit	Remarks	Information/ Data collected
1	Total number of days in the quarter	Day		
2	Total number of OPD days in the quarter	Day	Total number of days – number of Sunday in the quarter	
3	Total Population (regional population)	Person	Last year	
4	Number of Beds	Bed	Available beds	
5	Number of Doctors	Person	Specialists, MO, AMO and CO	
6	Number of the surgeons	Person	Surgeons or doctors perform surgical intervention	
7	Number of Nurses	Person	NO, ANO and Nurse	
8	Number of Nurses currently in duty station	Person		
9	Total number of Admission	Person		
10	Total number of discharge	Person		
11	Total number of in-patients	Person		
12	Total number of out-patients	Person		
13	Total number of Major Surgery	case		
14	Total number of Minor Surgery	case		
15	Total number of Deliveries	case	At the hospital	
16	Total number of Caesarean Section	case	At the hospital	
17	Total number of under 5 admitted	Person		
18	Total number of infected neonates	Person	At the hospital	
19	Total number of live babies delivered	case	At the hospital	
20	Total number of hospital deaths	case	At the hospital	
21	Total number of Maternal deaths	case	At the hospital	
22	Total number of under 5 deaths	case	At the hospital	
23	Total No of stock out days from tracer medicine &Supplies	Day	10 items (unit will be days/item)	
24	Number of written complaints received and acted upon	case		
25	Number of RRHMT meetings			
26	Number of Hospital Board Meetings			
27	Number of OPD& IPD patients exempted from payment	case	the number of exemption form issued	
28	Total income	TZS		
29	Total amount of allocated for procurement from MSD	TZS		
30	Total cash revenue collection	TZS		
31	Total cost sharing revenue	TZS		
32	Total NHF revenue collection	TZS		
33	Total amount of Out-of-Pocket collection	TZS		
34	Total health services revenue	TZS		

No.	Basic Information need for KPI calculation	Unit	Remarks	Information/ Data collected
35	Total health services expense	TZS		
36	Total expenditure	TZS		
37	Food service cost	TZS		
38	Total amount spent on repair and maintenance	TZS		
39	Total amount of cost of purchase for medicine and supplies/	TZS		
40	Total received referral cases	case	the number of referral forms	
41	Total sent referral cases to the upper level	case	the number of referral forms	
42	Total feedback sent to the lower level	case	the number of feedback forms	

b. Key Performance Indicators

No.	KPIs	Unit	Calculation formula	Viewpoints of the indicators	Indicator
KPIs for Hospital Efficiency and Effectiveness					
1	Medicine stock out days of tracer medicine and supplies	Day	Total No. of stock out days from tracer medicine &Supplies (unit will be days/item)	Check managerial capacity of stock of medicines	
2	% neonatal infection to babies delivered in hospital	%	$\frac{\text{Total No. of infected neonate}}{\text{Total No. of live babies delivered}} \times 100$	Check managerial capacity of infection prevention control	
3	% Maternal deaths	%	$\frac{\text{Total No. of Maternal deaths}}{\text{Total No. of deliveries}} \times 100$	Check effectiveness of maternal health services	
4	% of under 5 deaths	%	$\frac{\text{Total No. of under 5 deaths}}{\text{Total No. of under 5 admitted}} \times 100$	Check effectiveness of child health services	
5	% of C/section	%	$\frac{\text{Total No. of C/Section}}{\text{Total No. of deliveries}} \times 100$	Check effectiveness of obstetric care services	
6	Number of feedback complaints received	case	Number of written complaints received and acted upon	Check managerial capacity of patient centeredness	

No.	KPIs	Unit	Calculation formula	Viewpoints of the indicators	Indicator
7	Average number of In-patients per day	Person	$\frac{\text{Total No. of inpatients}}{\text{Total No. of days}}$	Check productivity of in-patient services	
8	Average number of Out-patients per day	Person	$\frac{\text{Total No. of outpatients}}{\text{Total No. of OPD days}}$	Check productivity of out-patient services	
9	Bed occupancy rate	%	$\frac{\text{Average number of in}-\text{patients}}{\text{Total number of beds}} \times 100$	Check efficiency of out-patient services	
10	Average of length of stay	Day	$\frac{\text{Total number of in}-\text{patients}}{(\text{Total No of admission} + \text{Total No. of discharge}) \div 2}$	Check efficiency of out-patient services	
11	Average Number of Out-patients per day/doctor	Person	$\frac{(\text{Average No. of OPD /day})}{\text{Number of Doctors}}$	Check productivity of out-patient services by a doctor	
12	Average Number of in-patient day /Nurses	Person	$\frac{(\text{Average in}-\text{patients /day})}{\text{Number of Nurses}}$	Check productivity of in-patient services by a nurse on the sanction	
13	Average Number of in- Patients day /Nurses currently in duty station	Person	$\frac{(\text{Average in}-\text{patients /day})}{\text{Number of Nurses currently in duty station}}$	Check productivity of in-patient services by a nurse on the real situation	
14	Average number of Major Surgeries per Surgeons (or doctors perform surgical intervention)	Case	$\frac{\text{Total number of major surgery}}{\text{Number of Surgeon (or doctors perform surgical intervention)}}$	Check productivity of surgical services by a practitioner	
15	% of Minor Surgery in total surgery	%	$\frac{\text{Total No. of Minor Surgery}}{(\text{Total No. of minor} + \text{major surgeries})} \times 100$	Check risk adjustment of surgical cases	
KPIs for Hospital Governance and Management					
16	Number of RRHMT meetings		No. of meetings held in the quarter	Check effectiveness of RRHMT activities	
17	Number of Hospital Board Meetings		No. of meetings held in the quarter	Check effectiveness of HAB activities	

No.	KPIs	Unit	Calculation formula	Viewpoints of the indicators	Indicator
KPIs for Finances					
18	% of OPD &IPD Exemption	%	$\frac{\text{No of OPD + IPD patients exempted from payment}}{\text{Total No. of OPD + IPD}} \times 100$	Check opportunity loss	
19	Average NHF revenue collection/day	TZS	$\frac{\text{Total NHF revenue collection}}{\text{Total days in the quarter}}$	Check capacity of revenue collection from NHIF	
20	Average cash revenue collection/day	TZS	$\frac{\text{Total cash revenue collection}}{\text{Total days in the quarter}}$	Check capacity of revenue collection by a hospital	
21	% of cost sharing in total income (i.e. Cost sharing, OC, BF and Receipt in Kind)	%	$\frac{\text{Total cost sharing revenue}}{\text{Total income}} \times 100$	Check capacity of revenue collection by cost sharing scheme	
22	% of health services expense to health services revenue	%	$\frac{\text{Total Health services expense}}{\text{Total health services revenue}} \times 100$	Check financial balance of health services	
23	% of current expense to current income in 90 days	%	$\frac{\text{Total expense}}{\text{Total income}} \times 100$	Check total financial balance in a hospital	
24	Food service costs per in-patient per day	TZS	$\frac{\text{Food service costs}}{\text{Total number of In} - \text{patients}} \times 100$	Check efficiency of food services	
25	% of amount spent in repair and maintenance expense in Total recurring expenses	%	$\frac{\text{Total amount spent on repair and maintenance}}{\text{Total recurring expenditure}} \times 100$	Check certainty of maintenance expenses	
26	% spent on procurement of medicine and supplies from NHIF	%	$\frac{\text{Total amount of cost of purchase for medicine and supplies}}{\text{Total amount of NHIF collection}} \times 100$	Check certainty of purchasing medicine by NHIF	

No.	KPIs	Unit	Calculation formula	Viewpoints of the indicators	Indicator
27	% spent on procurement of medicine and supplies from Out-of-Pocket collection	%	$\frac{\text{Total amount of cost of purchase for medicine and supplies}}{\text{Total amount of Out} - \text{of} - \text{Pocket collection}} \times 100$	Check certainty of purchasing medicine by collection of out-of-pocket	
28	% spent on procurement of medicine and supplies from MSD	%	$\frac{\text{Total amount of cost of purchase for medicine and supplies}}{\text{Total amount of allocated for procurement from MSD}} \times 100$	Check capacity of purchasing medicine by a hospital	
KPIs for Referral system					
29	% of referrals received	%	$\frac{\text{Total received referral cases (ER, OPD IPD)}}{\text{(Total No. of OPD and Total No. of admission)}} \times 100$	Check management capacity of received referral	
30	% of referred cases to the upper level	%	$\frac{\text{Total sent referral cases to the upper level (ER, OPD IPD)}}{\text{Total number referral received}} \times 100$	Check capacity of clinical services as RRH	
31	% of feedback sent to the lower level	%	$\frac{\text{Total feedback sent to the lower level (ER, OPD IPD)}}{\text{Total number patients discharged}} \times 100$	Check management capacity of received referral	

Section 4: Monitoring CHOP progress

Copy Planned interventions from CHOP of the year and pasted on activities and fills the space with black colour when each activity is planned. Then whenever, the Planned interventions are conducted, fill the space with other colour to show whether Planned interventions are conducted on time or not

Activity No.	**Planned interventions for Priority areas** *Including common routine activities*		***Responsible By***	***Jul***	***Aug***	***Sep***	***Oct***	***Nov***	***Dec***	***Jan***	***Feb***	***Mar***	***Apr***	***May***	***Jan***	***Remarks***
Common/Regular activities (such as ISS, performance assessment, HAB meeting, supporting supervision from RHMT etc.)																
Com-1		*Plan*														
		Actual														
Com-2		*Plan*														
		Actual														
Com-3		*Plan*														
		Actual														
Com-4		*Plan*														
		Actual														
Com-5		*Plan*														
		Actual														
		Plan														
		Actual														
Planned interventions																
1		*Plan*														
		Actual														
2		*Plan*														
		Actual														
3		*Plan*														
		Actual														
4		*Plan*														
		Actual														
5		*Plan*														
		Actual														

Section 5: Report of Internal Supportive Supervision

(1) Strength points

(2) Weak points

5-2. Overview of the ISS results

(1) Average score

	Rate (%)	(Rader chart developed from Average of Hospital Average)
Leadership and Governance		
Financial status		
Human resource for Health		
Commodities and medical supplies		
Annual Hospital Activities		
Services provision and quality		
Physical assets		
Hospital environment		
Average		

(2) Score by Department

Department		Rate (%)								
		Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Average
1	OPD									
2	Surgical Department									

Department		Rate (%)								
		Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Average
3	Internal Medicine									
4	Paediatric									
5	Obstetrics &Gynaecology									
6	Orthopaedic									
7	Psychiatric									
8	Pharmacy									
9	Radiology									
10	Laboratory & Mortuary									
11	Administration									
12	Kitchen									
13	Laundry									
14	Health Care Waste Management / Hospital Environment									
15	Dental									
16	NHIF									
17	Physiotherapy									

(3) Way Forward

Areas to be improved	*How to improve the situation*

Section 6: Criteria for Assessment of a Comprehensive Operational Hospital Plan

Month / Year:……..

Name of the Region ……..

Name of the Hospital: ……

SN	Criteria	How to assess?	How to score?	Max	Score	Comments
1	Time of submission	CHOP submitted to RAS to conformity with National guideline at the end of February	On time = 5 Delay = 2 No submission = 0	**7**		
2	General Outlay of the plan	Check adherence of CHOP planning format	Followed= 5 Not followed= 2	**7**		
3	Planning Team	Team was formulated according to the National guideline 2.8.1	Followed= 5 Not followed= 2	**7**		
4	Chapter 1: **Basic Information RRH**	All instructed information are available in the chapter using the given format	All information available = 10 Information missing less than 2= 5 Information missing more than 2= 2	**10**		
5	Chapter 2: **Review of Previous plan**	Previous year budget, income and actual expenditures are reported properly.	All information available = 10 Information missing less than 2= 5 Information missing more than 2= 2	**10**		
		Progress of planed activities are reported activities wise	All information available = 10 Information missing less than 2= 5 Information missing more than 2= 2	**10**		
		KPIs are properly calculated and reported using the given format	All information available = 10 Information missing less than 10= 5 Information missing more than 10= 2	**10**		
6	Chapter 3: **CHOP for the year**	Annual hospital strategy is clearly stated in the given format	Clearly stated = 4 No strategy developed =0	**4**		
		Problem prioritization is done in the the given format	Clearly prioritized =10 Problem identified but not prioritize = 5 No problem identification= 0	**10**		

SN	Criteria	How to assess?	How to score?	Max	Score	Comments
		Planed interventions identified and costed properly in the given format	Interventions identified and costed=10 Interventions identified but not costed=5 No intervention identified = 0	**10**		
7	Chapter 4: **Plan of action**	Plan of action is developed in the given format.	All identified interventions are reflected in the action plan = 10 Plan of action is not matching with identified interventions =0	**10**		
8	Chapter 5: **Monitoring and Evaluation of CHOP**	M&E activities are well planned in Plan of action	M&E activities are well reflected in the action plan =5 M&E activities are missing in the action plan = 2	**5**		
	Total			**100**		
	%				**%**	

Recommended/not recommended.

The respective RHMT, Regional Secretariat, MoCDGEC, PO-RALG will use this criterion to assess Hospital Plans. Any hospital plan, with a score of less than **70** will not be recommended for funding and will be referred back to the respective Hospital for rectification prior to – resubmission.

In addition, the plan has to be technically assessed by the Regional Secretariat and should have been approved by the RHMT.

No	Name of Assessor	Designation	Signature	Date

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