# Unit 3 - Introduction Planning

In Unit 1, we focused on Mintzberg’s core roles of the manager. Can you remember what they are?



Informational roles

Interpersonal roles

**Planning**

Decision making roles

One of them was the role of Decision Maker which included the role of Resource Allocator (Mintzberg, in Handy, 1999). The operational name for this activity is Planning, a role which places major responsibility on the shoulders of any manager, and which, if not effectively and timeously completed, can have disastrous effects on an organisation.

In this Unit we look at planning as a central part of management. We have allocated a whole unit to it, signalling its importance. It is also important to recognise that in order to plan, particularly within a district health setting, your staff need to be involved in the process.

In order to plan, the manager should first of all be acquainted with all aspects of her or his district or programme, through systematic monitoring; she should be aware of weaknesses and challenges experienced in the organisation or programme in the past year; she should be well acquainted with reports and information received from sub-sections of the district, in order to anticipate priorities for the time ahead.

Like a family where each member has their own aspirations and needs which must be heard if the family is to grow cohesively, a manager needs to have gathered information from all the sub-divisions and units, to have heard and understood their visions and objectives. Only then can a coherent plan be developed. Unless all sub-divisions of an organisation have contributed to the process of planning, it is unlikely that the plan will be successfully implemented. Why do you think this is? In my experience, poor consultation results in lack of ownership and causes resentment and this can hamper implementation in multiple ways.

So, throughout this Unit, we will follow the theme:

*Planning is … using information from the past and the present to prepare for the future.*

Planning is therefore a process which cannot be embarked upon spontaneously or at the last minute: it is a process which requires systematic preparation; it needs to be undertaken cyclically, in tune with the demands of the organisation in which you work. So if plans must be completed by September, preparation needs to start no less than three months before, starting with a mid-year evaluation, for example, out of which plans for the forthcoming year are developed. It should be a process which generates excitement and a sense of opportunity amongst the staff, rather than one which is seen as a chore. And it is up to the manager to make it so.

Green (1994) adds another dimension to the importance of planning …

*… Underlying all health planning is a belief that the low and unacceptable health status faced by many communities and individuals … can be improved, and that the process of planning is a means to that end. Planning is concerned with creating the future from the constraints of the present. It is, however, not an easy process - and indeed it can be a very lonely one for planners. … The development of a planning culture and planning system is a slow, a continuous, and indeed a never-ending process …* (Green, 2007: xxv).

In this Unit, we will explore the rationale for planning, the challenges and methods of planning and introduce some tools to streamline the process. You will be asked to consider and apply these concepts through the development of a small-scale plan.

There are three Study Sessions in this Unit:

Study Session 1: Planning: What and Why? Study Session 2: The Planning Cycle

Study Session 3: Information for Planning and Management

In Session 1 we will examine the rationale for planning, looking at scarcity of resources and external factors as important influences within the planning process.

In Session 2, we will introduce the planning cycle and study the first two stages of it. We will focus on analysing the situation and determining priorities.

In Session 3, we will look at health information systems in relation to the final stage of the planning cycle: monitoring and evaluation.

## Intended Learning Outcomes of Unit 3

|  |
| --- |
| **By the end of Unit 3 you should be able to:** |
| * Define planning. * Discuss the need for planning. * Critically analyse the influence of external factors. * Draw up a plan using the Planning Cycle. * Discuss the role of information in planning and management. |

As in other units, there are a number of academic skills which have been integrated into the sessions including using new concepts, selecting and summarising information from texts and applying a planning model to one’s own practice. Planning, as well as monitoring progress in preparation for planning are skills you could also apply to your own studies at a micro-level.

During this session, you should start your second assignment. Check your work plan to make sure that you cover both units in good time allowing sufficient time to complete your assignment. As a manager or future manager, it would be good to practise your planning skills in the context of your own studies, and to succeed in reaching your target within the time planned. Try it out!

## References

* Green, A. (2007). *An Introduction to Health Planning for Developing Health Systems*. Oxford, New York: Oxford University Press.
* Handy, C. (1999). *Understanding Organisations.* London: Penguin Books.

# Unit 3 - Session 1 Planning: What and Why?

## Introduction

*… For many health-care professionals, the term ‘planning’ may be confusing as it is used by different people in very different ways. The activity itself may be seen as mysterious, complex, and possibly irrelevant to their daily lives either at work or at home …* (Green, 2007: 1).

However, as we have said, planning is one of the key aspects of a manager’s job. During this session, we examine the meaning of planning, the reasons for planning and the issue of reluctance to plan. We look at the need for planning in the context of three broad issues: organising activities, scarcity of resources and the presence of external factors.

In Sessions 1 and 2, we will explore the planning process from different angles, gradually increasing the detail and level of complexity. In Session 2 we will use a simple case study to illustrate the concepts of planning through asking particular questions and anticipating potential problems.

## Session Contents

1. Learning outcomes of this session
2. Readings
3. What is planning and why plan?
4. Reluctance to plan
5. Introducing the planning process
6. External factors
7. Session summary
8. References

## Timing of this Session

This session has three short readings and six tasks. It will probably take you about two hours. A logical point to take a break is after section 4.

## LEARNING OUTCOMES OF THIS SESSION

|  |  |
| --- | --- |
| **By the end of this session, you should be able to:** | |
| **Management outcomes:**   * Define planning. * Discuss the need for planning. * Critically analyse the planning implications of resource scarcity. * Analyse reluctance associated with planning. * Critically analyse the influence of external factors. | **Academic outcomes:**   * Use concepts relevant to planning. * Develop mind maps and graphic representations. * Analyse and select information in terms of a set of questions. |

1. **READINGS**

There are two readings in this session.

|  |
| --- |
| **Publication details** |
| McMahon, R., Barton, E. & Piot, M. (1992). *On Being in Charge. Geneva:* WHO: 267-270. |
| World Health Organisation. (1993). *Training Manual on Management of Human Resources for Health.* Section 1 Part B. Geneva: WHO: 3-6. |

## WHAT IS PLANNING AND WHY PLAN?

In order to get started, imagine this scenario: you and your health team have decided that in the village of Nauru, the following should be achieved during the coming year:

aspects of the population’s health-related behaviour

services that will be made available to the population

tasks that will be performed during a particular period

*60% of the pregnant women will attend antenatal clinics at least once during their pregnancy*

*Daily clinics will be held from 9.00am to 3.00 pm*

*The drugs inventory will be completed and a new supply ordered from the district health officer*

*A staff discussion on child malnutrition in Nauru will be held*

*The staff vehicle will be serviced at 45 000 km*

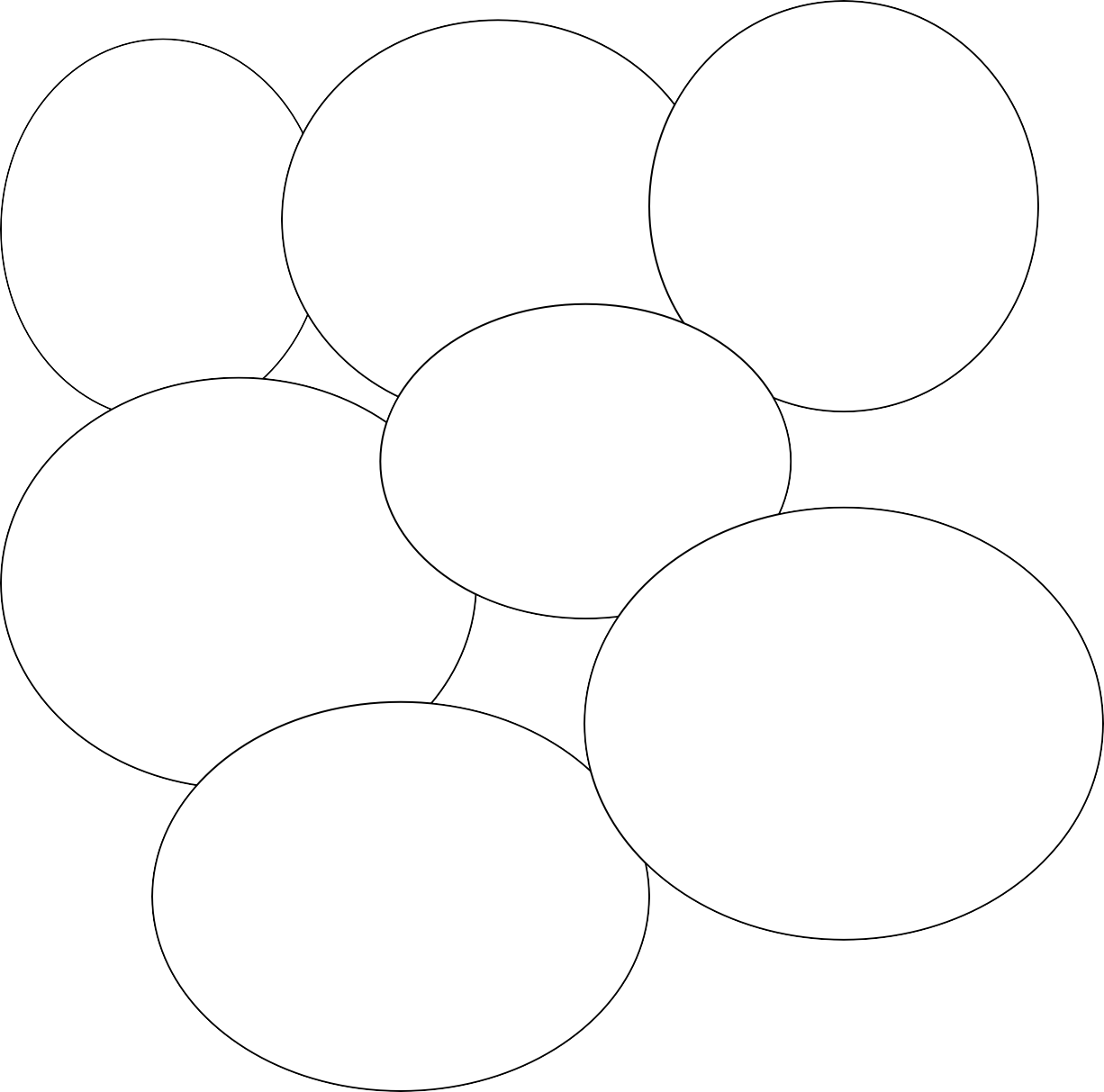
In deciding what should be done, *objectives* have been set. Some of these objectives refer to aspects of the population’s health-related behaviour, some refer to services that will be made available to the population … still others refer to tasks that will be performed during a particular period (Adapted from McMahon,1994).

Without a process of planning, it would not be possible to achieve this variety of different objectives.

**TASK 1 – What do you understand by *planning*?**

1. Write down your own definition of *planning*.
2. Why would it be impossible to achieve the above objectives without planning?

### FEEDBACK

* 1. Here are some explanations of planning:

*… Planning is the art of working out what we want to do and how to do it …*

(National Health Planning Unit, Ministry of Health, Ghana, 1991: 9)

… Planning is concerned with change and has a variety of means of

*… Planning is a method of trying to ensure that the resources available now and in the future are used in the most efficient way to obtain explicit objectives …* (Green, 1994: 3)

… all planning approaches share one common element – a concern about making decisions relating to the future … (Green, 1994:1)

Your definition of planning:

achieving such change … (Green, 1994: 4)

*… Planning is an attempt to answer questions before they actually arise, anticipating as many implementation decisions as possible by foreseeing possible problems, and deriving principles and setting rules for solving them*

*…* (McMahon, 1992: 268)

So, in summary, we could say that:

#### *Planning is:* using information from

***the past and the present to prepare for the future***

* 1. The intended objectives for next year in Nauru would be very difficult to reach unless they were carefully planned. Some can only be achieved over time, e.g. 60% of mothers will attend antenatal care at least once during their pregnancy. This requires a sequence of smaller objectives and activities, such as preparing to make the antenatal care service available and all the related organisational tasks; in addition, awareness of the benefits of antenatal care must also be developed among the village women. On the other hand, servicing the jeep is a simple task but it must be done at a particular time, i.e. 45 000km.

No manager can hope to achieve all these levels of objectives and activities, nor to sequence and time them effectively, unless she or he puts time aside well in advance to plan, identifies all the steps and delegates the tasks appropriately.

In the above example you can see that in order to prepare for the future and get things done, it is necessary to plan.

### 3.1 Scarce Resources – a Reason for Planning

There is however another very important reason underlying the need for careful planning in health care - scarcity of resources.

In the text which follows, Green (2007), a health planner who has worked in a number of countries, discusses this issue and coins the term “allocative planning” to describe the sort of planning which is driven by the allocation of resources. Green points out that this is a difficult and often political process, because in health care, there will never be sufficient resources to meet every level of need.

**TASK 2 – Making a graphic representation of a complex text**

Green (2007) presents a complex argument, so use this opportunity to make a graphic of it while you read. Remember that you were directed to a reading on this by Jones, Pierce and Hunter (1989). Below is a suggestion for the form of your graphic representation:

* Make a circle to represent the planners within the health organisation.
* Surround it with two concentric circles, and label the first circle “the present” and the outer one “the future”.
* Make arrows and write down all the constraints which impact on decision- making, e.g. resources, legislation. Those from inside the organisation should point outwards, and those from outside should point inwards.

1. What kinds of decisions are required when planning in the context of scarce resources?
2. What does Green say about unmet needs through the comparison of the UK with Bangladesh?
3. What does he say about constraints in relation to planning?
4. What does he say about planning and the future?
5. How would you describe Green’s view of planning?



**Resources**

**Legislation**

**HEALTH ORGANISATION**

**Constraints that will impact on decision-making**

Here is an extract from this reading:

… **Scarcity and choice – the basis for planning**

*At the individual level it is not difficult to recognize that most of us have wants that outstrip our available income, and that we have to make choices between them which are often difficult. Choices are also needed in organizations …Organizations providing services – such as the health sector – need to consider whether the current mix of services provided should change to meet future requirements, and whether the location and means of provision of services are appropriate. Not all requirements will be able to be met, and decisions as to which are the most important are also needed. Such prioritizing decisions again stem from the scarcity of resources referred to above.*

*As economists would say, resources are scarce in comparison to the uses to which a society or an organization wishes to put them. This scarcity is not confined to developing countries, but as a concept is applicable equally to the more wealthy countries of the world. In the UK, for example, over 550 dollars is currently spent on health care for each citizen each year; yet significant health needs remain unmet, and health professionals argue strongly for more funds. Despite the much higher levels of resources available to the health service in such countries, compared with a country such as Bangladesh, decisions are still necessary as to which needs will be met and which will be left unmet. This is not of course to imply that the decisions are not more acute in such a resource-starved country; but to say that even when resources are more plentiful, prioritizing decisions are still necessary …*

*Planning involves the making of choices - and so requires the possibility of real alternatives …The range of alternatives available, and hence the degrees of freedom with which an individual or an organization can operate, is therefore crucial to the real importance of planning for that body. This range may be curtailed internally within an organization (by, for example, its constitutional structure, or by professional attitudes) or externally (by, for example, legislative controls). One aspect of planning revolves around the amount by which such constraints can be removed or minimized…*

*Decisions, then, are needed in the present about actions which will affect the future. For an individual such decisions may be made to some degree subconsciously, and as such may involve less explicit considerations of alternatives. However, for organizations which involve groups of people, each with their own sets of values and interests, a greater degree of transparency is required about such decisions. In this sense planning is inescapable. Real alternative courses of action do exist for organizations and these will affect their futures. As long as choices are there to be made (or created), explicit decision-making would seem inevitable …*

(Green, 2007: 4-7).

### FEEDBACK

1. Green talks of prioritisation being the main focus of decisions when planning in a context of scarcity. In health care, there will always be tough choices to be made.
2. Green asserts that although the levels of need are very different between these two countries, there will still be unmet needs in both countries.
3. He notes that effective planning is the product of how much freedom the planners have to make certain decisions. He cites a range of constraints both inside and outside the health organisation, and suggests that part of the planning process is working out which of these can be minimised.
4. He notes that planning must be undertaken with the recognition that present actions will affect the future.
5. Green speaks fairly convincingly about the need for planning, noting that making choices within the context of scarce resources is integral to the planning process. Planners have a complex task to carry out as they prioritise needs, identify alternatives, decide which constraints can be minimised and identify needs which cannot be met in terms of scarce resources. The value of planning for Green is that it is a process of addressing a complex set of decisions, which he argues are inescapable.

The process of allocating resources can be seen at different levels: for example, at national level when decisions are made about how much of the national budget goes to health or education and how much to defence, etc; or at project level when deciding how much to spend on certain aspects of the programme,

e.g. staff salaries or drugs or training. At this level, we usually think of allocative planning as budgeting. We will look at budgeting in Unit 4 Session 3.

Allocative planning does not, however, only concern financial resources: other resources are also allocated according to priority needs, for example, skilled personnel or, as we have seen previously, a manager’s time!

Here is a summary of why planning is important in the district context. It brings together issues relating to getting things done in time and allocative planning.

**Planning is necessary so that:**

* *… all stakeholders know what they can expect – it provides some certainty.*
* *It provides a road map so that everyone knows the direction in which the district is moving.*
* *It is a process through which difficult decisions about linking resources to needs can be made.*
* *Planning helps to co-ordinate service rendered both within the district (between different service providers) and between districts (if resources are shared).*
* *It helps to determine if the right services are being directed at the right users at the right time at acceptable quality levels and*
* *It helps the organisation to determine if it fulfilled its objectives and to account for the money that was given to the community or elected councilors, i.e. to improve accountability …* (National Department of Health, South Africa, 1999:7-8).

In this section we have looked at what planning is and why it is important to plan. You will possibly agree that in general, not enough effective planning takes place in health organisations. In the next section we ask why this happens, so that you can anticipate possible reluctance towards planning, both in yourself and in your staff.

## RELUCTANCE TO PLAN

*… Most health managers, when asked why they do not plan, usually put forward the following arguments:*

1. *they already have a lot of work to do*
2. *they are always busy and*
3. *there is no guarantee that districts will get all the resources they need to do what they have laboriously planned for.*
4. *planning does not really directly result in getting anything done. It takes time and energy; time and energy which could have been spent in carrying out programmes and serving people …* (National Health Planning Unit, Ministry of Health, Ghana. 1991: 7).

**TASK 3 – Consider why people are reluctant to plan**

Do you agree with any of the above statements about reluctance to plan? Can you give any additional reasons for this kind of reluctance?

### FEEDBACK

Maybe you feel that planning is a waste of time because it takes a lot of time and often plans just don’t work. Such a feeling is to some extent understandable, but one also needs to look closely at *why* some plans don’t work. There may be problems associated with planning, which cannot be blamed on the actual *process* of planning, but rather on the quality of the plans or the way in which the health system as a whole is conceptualised. These problems are illustrated in the following two extracts:

*…Inadequate planning is a persistent fundamental problem in international development aid. Planning documents are often specific and clear as to the physical and financial inputs, personnel, activities and expected physical results. But thorough assessment of the overall objectives, the target groups and the external factors which determine success or failure is often lacking …* [An example might be, the objectives are clear but they do not fit the needs of the community.]

*As a result, projects often develop in unintended directions, and fail to respond to the needs of the intended beneficiaries. Projects may have unforeseen negative results which could have been avoided with more systematic planning* … (NORAD, 1992: 5).

Another extract, this one by Green (1994), points to a range of important factors which may lead to the failure of plans, but which do not necessarily mean that the concept of planning is the problem:

*… The record of planning is not very good, with plans often failing to be implemented. The reasons for this are varied but common problems include:*

* + *emphasis on health care rather than health*

problems in implementation problems in the planning fit of the health system to the

needs of the country

* + *emphasis by governments on internal services*
  + *planning confined to a small group [with] failure to involve health service managers, professional groups and users*
  + *failure to recognize the political nature of planning,* [e.g. a new clinic is built in an area mainly housing a particular ethnic group. Other ethnic groups then also demand new clinics]
  + *overly rigid systems of planning*, [e.g. all plans have to fit into a five year planning period]
  + *role of centre versus local levels is unclear, and frequent over centralization of planning*
  + *inadequate skills,* [e.g. insufficient skilled manpower to implement the plans]
  + *concentration on donor projects to the detriment of ongoing services* [e.g. A donor wants to focus on malaria only and institutes new activities which absorb a lot of the staff’s time so that they have to cut short routine clinic activities]
  + *over-ambitious or non-prioritized plans*

problems in the quality of planning

* + *failure to relate planning process to other decision-making processes such as budgeting and human resources,* [i.e. You can’t plan to do things if you don’t have the money or the staff needed to get them done]
  + *inappropriate information* [Planning decisions must be based on accurate information]
  + *inadequate attention to and resources for planning.*

*This should not however be interpreted as a failure of [the] planning [concept], but rather a recognition of the need to develop systems appropriate to the particular health needs and resources of a country …* (Adapted from Green, 1994: 3).

Green’s points touch on many different kinds of problems including the *fit* of the health system to the needs of the country, problems in the planning process, problems in implementation and resources, and problems in the quality of planning.

## INTRODUCING THE PLANNING PROCESS

*Sometimes when I see what tremendous consequences come from little things*

*… I am tempted to think … there are no little things* (Bruce Barton in Covey, 1999: 287).

This statement captures an important point about planning – it is a detailed process where you are forced to think of all the little things*,* but one should not underestimate the value of the process.

In this section, we begin to examine the process of planning using a case study. This will enable us to clarify the value of planning, and to recognise that even a simple project offers challenges to a thorough planner.

Study the first part of the McMahon *et al* (1992) chapter on planning in the context of their view of the planning function of management “… to answer questions *before* they actually arise …”

**READING**

McMahon, R., Barton, E. & Piot, M. (1992). *On Being in Charge*. Geneva: WHO: 267-270.

**TASK 4 – Identifying key points in the reading about planning**

a)

b)

c)

Why does McMahon place such emphasis on anticipating decisions and problems?

Make a diagram which captures the planning questions that must be asked in terms of what McMahon calls the three primary areas of planning: *objectives, activities and resources*.

McMahon says that planning requires “analysis, design and quantification”. Should the manager perform this function alone? Why or why not?

### FEEDBACK

1. McMahon *et al* (1992) are concerned that work should be according to a plan because this, in their view, is the only way to reach one’s destination effectively and without unnecessary delays.
2. A diagram can be a helpful way of remembering something at a glance or seeing what to consider in taking a decision. There is no wrong or right way to do it – just try to make the way different things relate to each other as clearly as possible. Go back to the article on developing graphic representations by Jones, Pierce and Hunter (1989) for examples of graphic representations.
3. The process of planning requires sustained decision-making at a detailed level, which can be very tiring for one person alone. Often different members of the team have different parts of the information which is required for the planning process. Involving a number of people will add different ideas. As we noted in the session on teamwork, “none of us is as smart as all of us”. In addition, projects are seldom successful if you do not develop ownership by the team who implement the job as well as the community. Planning is therefore best done as a joint process.

While doing the planning task below, bear in mind that you are making planning decisions around *objectives, activities and resources*. Do the task thoroughly and keep your work for future reference, as we will use it as the context for the budgeting session of Unit 4.

**TASK 5 - A planning exercise**

You are the chairperson of a community action group in the community of Grahamstown. Over the past several years, probably as a result of the HIV/AIDS epidemic, there has been a significant increase in the number of street children in Grahamstown. Following a recent anthropometric survey, health workers have expressed concern about the nutritional status of these street children. Your group has decided to assist by organising a meal project. A donor has been found who will provide funding for initial capital outlay and running costs for the first year. After the first year, the meal project, if successful, must be sustained through fund raising efforts of the Grahamstown Community Action Group.

Brainstorm everything that the Action Group would need to decide on or plan to get the meal project started. Do this by writing down questions starting with:

**what** …………………………………………………………………………………………… **where** ………………………………………………………………………………………… **when** …………………………………………………………………………………………… **who** …………………………………………………………………………………………… **how** …………………………………………………………………………………………… **how many** …………………………………………………………………………………… **how often** …………………………………………………………………………………… *and any others you can think of*.

Note: Working with street children is a very complicated issue. They can be a difficult population to reach for many reasons and nutrition is only one element of their needs. We are using this meal project as a relatively simple illustration of a *planning process.*

### FEEDBACK

Your questions may include some of the following:

* **Where** will the meals be prepared and served? *(This is an activity question).*
* **How many** children need to be fed? *(This is an objective and resource question).*
* **What** equipment is needed? *(This is a resource question).*
* **How many** staff are needed to buy food, cook, serve and clean?
* **How many** will need to be hired and how many will be volunteers?
* **How** will transport be provided to go and buy food?
* **What kind of** food is needed?
* **How often** will meals be provided?
* **How often** will food shopping have to be done?
* **What kind of** administrative aspects and costs will be involved?
* **How much** will it all cost?
* **How** will we know whether everything is going according to plan?
* **How** will we know whether the money is being used in the right ways?
* **How** will we decide if it is worth carrying on after one year?

Everyone who does this exercise will have a slightly different list of questions. Your questions may even be more detailed. That’s good. The important thing is to go through the process of thoroughly thinking through everything that needs to be done and as McMahon says: “… answer … these questions *before* they actually arise …” (McMahon, 1992: 267-268). Detailed thinking at the beginning often makes the difference between success and failure. Keep your list of planning questions for later use.

McMahon (1992) also stresses that part of planning is foreseeing possible problems before they arise. This is very important as some problems will require specific action to prevent the plan from failing. The problems may also be of such a nature that the plan itself has to be changed. Either way, a lot of time, work and money can be saved if enough effort goes into thinking carefully and anticipating possible problems.

It would now be useful to decide how serious each problem may be, its likelihood of occurring and what preventive actions can be taken. This is another phase of planning called the *Problem Analysis*. Take a look at the next reading, in which the author does a problem analysis and presents a framework which can be used to evaluate your plans.

**READING**

World Health Organisation. (1993). *Training Manual on Management of Human Resources for Health.* Section 1 Part B. Geneva: WHO: 3-6.

**Based on the reading, the essential problem-analysis questions to be asked are:**

**How serious woul they occurred?**

**d it be if**

**What could cause**

**Which possible pr**

**What preventive**

**What problems may occur?**

**these**

**problems?**

**What is the probability of each one occurring?**

**oblems should be your first**

**priority?**

**action**

**can be taken?**

The problem analysis opens another important angle of the planning process. Looking at the range of possible problems, we can say that the extent to which a project is going to succeed or fail depends upon both *internal* factors, which can be controlled by the project management and *external* factors, which are beyond the control of the management team. Look back at the circle diagram you made in Task 2 where you mapped internal and external constraints which could impact on planning.

Since external factors may be critical to the success of a plan, it is *extremely* important that these factors are identified, monitored and analysed. The manager needs to decide how best to address needs and achieve objectives in the presence of external factors. This may require some manoeuvring or working out. We will examine external factors in more detail in the next section.

**A balancing act**

**external factors**



**Achieve objectives**

**Address needs**

**external factors**

**external factors**

1. **EXTERNAL FACTORS**

External factors include unforeseen events such as heavy rains which disrupt activities, a drug supplier who fails to deliver a promised consignment on time, an accident involving a project vehicle or an unexpected decrease in funding. However, probably the most significant external factors are those which involve *human factors* relating to power and whose interests are served, i.e. politics. To address external factors, we will discuss undertaking a political and a stakeholder analysis. When seeking to identify external factors, it is in fact useful to look at planning as a political process.

### Political Analysis

Green (1994) makes this point in the extracts following. As you read this text, make a mind-map capturing political factors which influence planning, e.g. the location of the organisation in the community, the donor attitudes to the programme focus, etc. Be aware that different stakeholders may differ strongly in goals and values.

*… How planning is carried out within any organization will reflect a variety of factors. These include organizational structure, the stated or constituted aims of the organization, the relative power of different groups within the organization and their own aims, the political or ideological climate of the country, and the relationship between the organization and its users or consumers. Many examples of planning failure can be traced to a very narrow notion of planning as the application, by a small group of technocrats* [people who solve problems using technology]*, seemingly oblivious to these broader factors, of apparently rational planning procedures. Planning involves change; and each change has its opponents as well as it proponents* [or those who speak for it]*. Which changes (if any) occur will depend to a large extent on the relative power of those with different values and attitudes to those endorsing the proposed change. The art of successful planning must therefore involve analysis of power structures, alongside its more apparently objective technical aspects.*

*An example may clarify this. A health service may have as its stated aim the improvement of the health status of the country. A technocratic planner may look at this aim, look at the limited resources available, recognize that the greatest improvements to health status would be made by preventive services, and suggest a plan to close a number of hospital beds, diverting the resources thereby released to community health centres, dispensaries and preventive services. Such an approach may be apparently rational to the planner, but is unlikely to be achievable. Resistance to such closures is bound to be met from hospital workers, from doctors to auxiliaries. In such a situation, the objectives of such groups clash with that of the overall organization either in terms of their interpretation of health status or their own objectives of career advancement and professional protection and employment. Resistance may also be met from community members who perceive the hospital as the main form of health care. Whether the apparently ‘rational’ plan is actually so rational, and indeed whether it is implementable, hinges on whose values or objectives one is concerned with,*

*and where the power lies, both within and outside an organization. The last point then to be made … is that planning is very much concerned with the analysis of power structures and values alongside its use of certain more apparently objective techniques …* (Green, 2007: 21-22).

Green uses the metaphor of a sailing boat *“… taking account of political forces … and adapting plans accordingly. This can perhaps be compared to wind-powered sailing. The sailor who takes no account of prevailing winds and attempts to steer a straight-line course will soon capsize. The successful sailor is rarely sailing directly towards the desired destination, but rather recognizes the direction of the wind and tacks in a series of steps towards the desired destination …* (Green, 1994: 27).

**winds**

**political**

**Desired objective**

### Present position

**Stakeholder Analysis**

Green talks about the importance of “political forces”. Understanding and working with the influences of the different people and groups who could have an interest in and influence on the project, is a crucial part of planning. These interested parties are the “stakeholders” and getting to know them is called a “stakeholder analysis”.

The International Rescue Committee (IRC), an American non-governmental organisation, outlines the process of stakeholder analysis as follows:

*… Describe the key stakeholders and your basic analysis of whether or not they will want to project to succeed … Then where appropriate, describe the activities you have designed in your project that work to improve their level of support. Stakeholders may include local suppliers, ethnic groups, gender groups, local staff, host communities, local and regional politicians, etc.*

*Completing this exercise will help you to answer important project evaluation questions, e.g. who is being unintentionally affected both in the negative and in the positive by the project? … To accurately identify the negative and the positive unintended consequences of the project, it is a useful exercise to try and predict who they might be at each step of the pathway ...* (IRC, 2000: 7).

**TASK 6 – The importance of stakeholder analysis**

a)

Think of an aspect of your work where there are several parties involved. Write down what their interests could be and how it could impact on the work.

### FEEDBACK

a) In Ukerewe, the problem was presented to the community in such a way that community members were able to relate to it and see it as impacting on them as individuals. They took the initiative for improving their own lives.

In Kumba, the information was presented in more general terms, so perhaps it would be easier for people to think that the problem was not actually affecting them and that they did not need to take responsibility for it. Also, the village health committees appear to have made the decision to construct latrines and imposed the idea on the community without first consulting with them.

It is probably becoming clear to you that planning is a very detailed and labour-intensive process. Some people tend to avoid it, but in doing so, they risk the success of the project. In the words of Shaun Taylor,

Failing to plan means you are planning to fail

## SESSION SUMMARY

In this session, we have looked at the meaning of planning, the reasons behind it and why people are sometimes reluctant to plan. We examined important issues underlying the planning process, namely scarcity of resources and external factors, particularly political influences. We also considered the process of planning a project and conducted a problem analysis in order to get into more detail within the plans. In the next session, we will study some terms and concepts commonly used in planning and also look at a model for planning called the planning cycle.

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# Unit 3 – Session 2 The Planning Cycle

## Introduction

There are many different methods of planning. In addition, many definitions and different shades of meaning are given to planning concepts by donors, government departments and in the literature. None of these is *right* or *wrong*, but the variety does get confusing at times.

During this session we will present a set of terminology that can be used in planning, and then explore the planning process in relation to project planning. We will be using a well-known model called the *planning cycle*. We will explore the whole planning cycle in detail in this session, using the case example of an NGO project to consolidate your understanding. This session is very important in preparing you for your assignment.

## Session Contents

1. Learning outcomes of this session
2. Readings and references
3. The planning cycle
4. Session summary
5. References

## Timing of this Session

There are two readings and five tasks in this session. It is a long session, and you need to work thoroughly through it in preparation for your assignment. It could take you four hours to complete. A logical point for a break would be after section 4.2.

## LEARNING OUTCOMES OF THIS SESSION

|  |  |
| --- | --- |
| **By the end of this session, you should be able to:** | |
| **Management outcomes:**   * Describe the planning cycle, and apply it to familiar contexts. * Revise the process of doing a situational analysis or district profile. * Develop SMART objectives. * Develop effective indicators. * Identify activities required to meet objectives. * Apply the concepts monitoring and evaluation in the planning context. * Identify information for monitoring. | **Academic outcomes:**   * Apply concepts to familiar contexts. * Make a mind-map of key information in a text. * Critically assess objectives statements using a set of criteria. * Assess the validity of indicators using a set criteria. |

1. **READINGS**

The readings for this session are listed below and consists of two sections of the same publication.

|  |
| --- |
| **Publication details** |
| McMahon, R., Barton, E. & Piot, M. (1992). *On Being in Charge.* Geneva: WHO: 272-288; 327-334. |

## THE PLANNING CYCLE

A useful strategy for planning is to ask four basic questions:

**1.**

**2.**

**3.**

**4.**

**Where are we now? Where do we want to go? How will we get there?**

**How will we know we have arrived there?**

Most discussions of the planning process address these four questions, which are often represented as a circle or spiral called the *planning cycle*. The diagram on the next page shows the planning cycle. We are going to work our way through the four stages in turn, starting with the question *Where are we now?*

Some planning cycles add more detail in between the main questions, but the basic idea remains the same. Note the presence of external factors at all stages of the cycle.

External factors

**Situation analysis Problem identification**

External factors

Where are we now?

**The Planning Cycle**

How will we know Where do we

**Monitoring Evaluation**

**Problem prioritisation Goals Objectives**

we have arrived? want to go?

How will we get there?

External factors

External factors

Each of the questions in the planning cycle implies a process and some decision-making. Here is a table which shows some of the common processes we go through to answer these key planning questions.

**Option appraisal Strategy selection Task setting**

|  |  |
| --- | --- |
| **Planning question** | **Planning process** |
| **a. Where are we now?** | Analysing the situation; identifying the problems or needs. |
| **b. Where do we want to go?** | Prioritising problems; setting goals, objectives and targets; deciding on the indicators of success. |
| **c. How will we get there?** | Assessing strategy options; selecting strategies; setting activities or tasks and identifying their outputs (the things that will have been achieved); identifying the inputs necessary to achieve the outputs. |
| **d. How will we know we have arrived?** | Monitoring and evaluating using indicators selected |

Don’t worry if you don’t fully understand all the elements of this table at this stage. All the terms will be explained as we go along. As you work through the unit, try referring back to the table at intervals. You may also find it useful to refer to the glossary of terms at the end of this session.

### Where are we now?

To make decisions about which health needs to address, we have to start from where we are now. The first step is to have enough information to help us understand the situation as fully as possible and to identify the most important problems. We therefore conduct a *situational analysis*. This is also called a *needs assessment* or *gathering baseline information*. One type of situational analysis is the development of a *district profile*. You have already developed the skills of conducting a situational analysis in your first module *Population Health and Development I* and may wish to review this session now*.*

To refresh your memory, McCoy and Bamford (1998: 6) provide the following steps for conducting a situational analysis.

**STEP 1. DETERMINE A FRAMEWORK**

On the next page is their framework to refresh your memory.

**STEP 2. IDENTIFY WHAT INFORMATION IS ALREADY AVAILABLE STEP 3. IDENTIFY WHAT INFORMATION IS STILL REQUIRED STEP 4. COLLECT THE REQUIRED INFORMATION**

**STEP 5. COMPILE AND WRITE THE REPORT**

**STEP 6. DISTRIBUTE AND DISSEMINATE THE REPORT**

Think through the information that you would need to gather for a situational analysis relevant to the meal project in Grahamstown: it might include information such as estimates of the number of street children in the community, places where they are known to gather and other organisations who are

working with street children in the area.

In health care, there are many needs and there will always be more needs than resources. So how do you decide which needs to address? In other words, which problem and needs do you prioritise?

|  |
| --- |
|  |

From McCoy and Bamford, 1998: 6

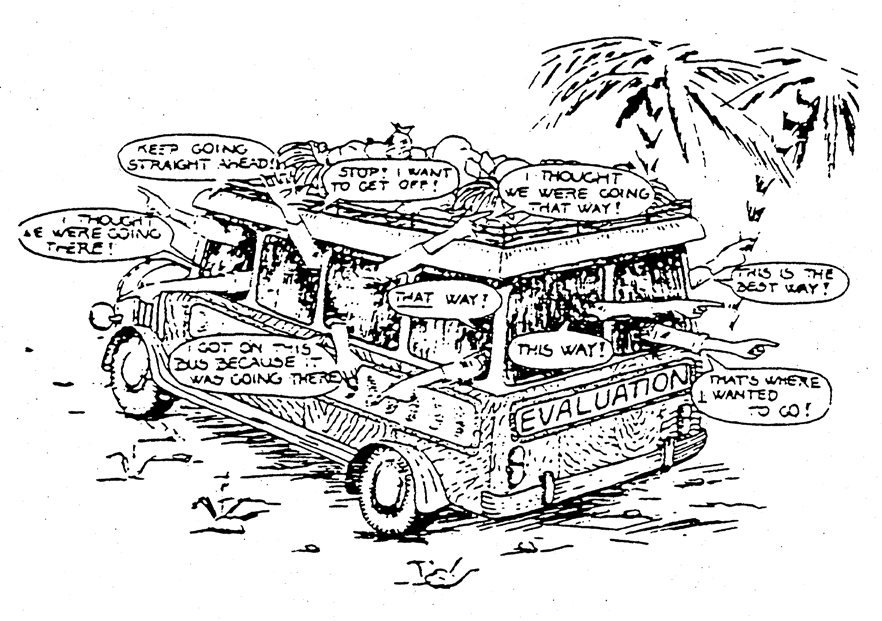
McMahon *et al* discuss looking at the situation and recognising problems in the next reading. Work through this reading to refresh your memory on some of the sources of information, processes for collecting information and issues that would help you to prioritise needs.

**READING**

McMahon, R., Barton, E. & Piot, M. (1992). *On Being in Charge.* Geneva: WHO: 272-288.

After conducting the situational analysis, identifying the needs and deciding on the priority needs, you should have a good idea of where you are now. This enables you to move on to the next question in the planning cycle.

### Where do we want to go?



This stage involves setting goals, objectives and targets, and deciding on indicators which will tell us to what extent we are making progress. Here is an explanation of each of these elements.

Goal

The goal is a broad statement which provides the overall direction in which the project should be moving. It is the endpoint at which the project is aimed - that ultimate *happening* to which the project will contribute if the project objectives are achieved. In the health sector, the goal is often expressed as an improvement in some aspect of the health status of a population, for example,

the goal of a particular MCH project is - a decrease in the maternal mortality rate in a particular population.

Objectives

Objectives tell us exactly what the project aims to achieve. They are the *mini- goals* or the steps towards the goal of a project. As Monekosso suggests, these objectives give “specific direction” (1994: 40) to a project, whereas the goal gives *general* direction. The achievement of the objectives contributes to the realisation of the goal. It is very important that objectives are carefully decided. However, before we move on to evaluating objectives, a third concept must be defined: *targets*.

Targets

Targets are “short-term objectives [which] may be achieved by a specific date as a step towards a long-term objective and are called ‘operational targets’” (Monekosso, 1994: 40).

overall goal

objectives

targets

To summarise how these concepts fit together, reaching a target is a step towards reaching an objective; reaching an objective is a step towards reaching the overall goal.

Writing clear, precise objectives is an important part of planning. The more detailed processes of planning your strategies, activities, resources and budgets flow from this step. According to McMahon, any planning objective should specify five things:

* *what is to be done*
* *how much is to be done*
* *where it is to be done*
* *when it is to be completed*
* *the standard by which it will be possible to tell whether, or the extent to which it has been achieved* (McMahon, 1992: 14)

A helpful way to check the clarity of your objectives is to assess whether they are **SMART,** i.e.

**S**pecific Must describe exactly what you want to achieve, with which target group, in which place.

**M**easurable Must have a component that can be accurately measured, preferably without costing too much in time, money and effort.

**A**ttainable Must be realistically achievable within the circumstances, budget and time frame. It is better at first to be cautious rather than too ambitious. A process which is essential to planning is setting objectives in relation to the overall goal which is to be accomplished.

**R**elevant Must clearly contribute to achieving the goal.

**T**ime-bound Must be achieved within a certain time-period.

**TASK 1 – Practice setting effective planning objectives**

a)

Here is one of the planning objectives for a village-based project for which the overall goal is: *To improve the health of woman of reproductive age in Nauru*.

Assess the following objective in terms of McMahon’s criteria:

*Next year in the village of Nauru:*

*60% of the pregnant women will attend antenatal clinic at least once during their pregnancy.*

Now assess whether it is SMART.

b)

Write five management objectives for your health unit for the next six months. Evaluate them in terms of McMahon’s guidelines and the SMART specifications.

c)

Develop a goal and objectives for the Grahamstown Meal Project. Evaluate whether the objectives are SMART.

### FEEDBACK

a & b) The objective seems to specify *what*, *how much*, *where* and *when*. It does not mention *to what standard the objective will be met*.

What you may not be conscious of is that each of these questions requires some planning decisions to be made. In addition, how the objectives will be reached also requires decision-making. Making all these decisions is the planning function of management.

In terms of whether the objective for the Nauru project is SMART, my view is that it is ***S****pecific*: it targets pregnant women and says exactly what it expects to

happen; it is ***M****easurable*, although depending on the size of the village, it could be fairly labour intensive and costly to conduct a follow-up survey.

Whether it is ***A****ttainable* is difficult for us to assess. We do not know the size of the population, or their willingness to attend antenatal clinics. Perhaps 60% is ambitious. The planner will however need to ascertain this.

The objective is definitely ***R****elevant* to the overall goal; the objective is ***T****ime- bound* as it is expected to be reached over one year. This hopefully gives you a basis for evaluating your objectives for your project and for the meal project.

1. Here is the goal and objectives for the meal project, but yours obviously need not be exactly the same.

Goal:

* + To improve the nutritional status of street children in Grahamstown.

Objectives:

* + To achieve attendance of 50 street children at the Grahamstown feeding centre three days per week for one year.
  + To have food ready for 50 street children three times a week for one year.
  + To train 2 voluntary workers to create awareness and attract children to the feeding centre by the end of the third month.
  + To conduct one awareness campaign per month in Grahamstown to create awareness about the feeding centre.

Developing planning objectives is part of a particular approach to management called “Management by objectives”. Setting objectives sets in motion the processes of making other decisions including the methods you will use, who will do what and by when they will do it, what resources will be needed and when one can say that the objectives have been achieved. In other words “… a clear statement of objectives is essential for effectiveness” (McMahon, 1992: 115).

Once the objectives of a project have been determined, it is possible to develop the indicators, or identify what visible evidence will show that the target has been reached.

**I**ndicators

First you need to understand what an indicator is and why it is important.

*An indicator measures changes caused by the project … Good indicators are measures that are consistent from one time to the next, (from one data collector to the next) and from one place to the next … Indicators are used to measure project outputs, effects and impact …* (IRC, 2000: 13).

Indicators describe a situation and provides a yardstick for comparisons. In addition, indicators monitor progress to targets and measure trends or changes over time. Indicators can be categorised in the following five categories:

* Input
* Process
* Output
* Effect and
* Impact/Outcome Indicators.

We will continue by providing a short description and an example of each type of indicator.

|  |  |  |
| --- | --- | --- |
| **Indicator type** | **Purpose** | **For example** |
| **a) Input Indicators** | Monitors affordability of resources  Measures availability of resources. | The number of staff required. |
| **b) Process Indicators** | Monitors activities that are carried out  Measures accessibility of services – coverage and quality. | The number of training sessions conducted. |
| **c) Output indicators** | *Measure changes in products/services/systems provided* (IRC, 2000:13).  Monitors the results of activities.  Measures acceptability - use, change, performance, coverage and quality. | The number of clinics constructed |
| **d) Effect indicators** | *Measure changes in knowledge, attitudes, skills, intentions and behaviours of the population of interest* (IRC, 2000:13). | The number of antenatal clinic attendances (routine data)  The percentage of women attending antenatal clinic (survey). |
| **e) Impact/Outcome indicators** | *Measure changes in the health, social or economic status of the population of interest* (IRC, 2000:13).  Measures appropriateness - effectiveness, efficiency, equity, sustainability. | Mortality rates; prevalence of malnutrition. |

How do you know whether your indicator is a good indicator? You can apply the following criteria to the indicator.

### An ideal indicator RAVES. This stands for:

**R**eliable It will give the same result used by different people.

**A**ppropriate It is the best way of measuring what we want to

know.

**V**alid It measures what you want to measure.

**E**asy How feasible is it to collect the data to use this indicator.

**S**ensitive and specific It reflects the changes in events being measured.

**TASK 2 – Develop indicators for the objectives of the Grahamstown Meal Project**

In Task 1 you developed a goal and SMART objectives for the Grahamstown Meal Project. Now develop indicators for those objectives. Note that if your objectives are not clear or SMART, it is going to have a knock-on effect on your indicators.

### FEEDBACK

Here are some indicators for the objectives to compare to yours.

|  |  |
| --- | --- |
| **Objectives** | **Indicators** |
| To achieve attendance of 50 street children at the Grahamstown feeding centre three days per week for one year. | Number of children attending feeding centre three times a week |
| To have food ready for 50 street children three times a week for one year. | Food available three times a week |
| To train two voluntary outreach workers to create awareness and attract children to the feeding centre | % voluntary outreach workers trained |
| To conduct one awareness campaign per month in Grahamstown to create awareness about the feeding centre | % awareness campaigns conducted |

We have now completed the process of problem prioritisation, setting a goal and objectives and developing indicators. This brings us to the third stage of the Planning Cycle.

### How will we get there?

Output

Output

Output

Inputs

Inputs

Inputs

**Objective 1**

**Objective 2**

**Objective 3**

A strategy is a broad plan of action.

Activities are the technical and support tasks required to produce the outputs (which are needed to meet the objectives.) They constitute the practical implementation of the project. You may need more than one activity to achieve the objective.

Outputs are the tangible results of the activities.

Inputs are resources needed for activities to be carried out.

**Strategy 1**

**Activity 1 & 2**

**Strategy 2**

**Activity 3, 4 & 5**

**Strategy 3**

**Activity 6**

The next process asks the question – how will we get to our goal. This involves:

* + - appraising or assessing our options
    - choosing a strategy
    - setting tasks
    - identifying their outputs (the things that will have been achieved)
    - identifying the inputs necessary to achieve the outputs

In other words, we want to develop an action plan by assessing the different strategy options and deciding which strategy to adopt to meet our objectives. The action plan would also involve deciding on a set of activities which will require inputs in order to achieve our objectives. These will be visible through outputs. Here is a diagram to illustrate the process:

**GOAL**

The goal is a broad statement which provides the overall direction in which the project should be moving.

Indicators provide a basis for measuring progress

**Indicator 1**

**Indicator 2**

**Indicator 3**

Objectives tell us exactly what the project aims to achieve.

Activities are: *Actions undertaken or work performed within a project in order to transform inputs … into outputs …* (NORAD, 1992: 107), e.g. the process of constructing a clinic; the process of ordering and delivering drugs.

One could deduce then that inputs are the resources needed for the activities to be carried out, e.g. funds, staff, materials. Outputs are the tangible results of the activities.

**TASK 3 – Develop a set of activities to reach objectives**

Develop the activities required to reach the objectives of the Grahamstown Meal Project. Use the grid below. The activities must lead to the objective of training two voluntary outreach workers. Use the feedback as an exemplar and complete the grid for all the objectives.

### FEEDBACK

|  |  |  |  |
| --- | --- | --- | --- |
| **Objectives** | **Activities** | **Input** | **Output** |
| To train two voluntary outreach workers to create awareness and attract children to the feeding centre | Identify two voluntary outreach workers | Project manager | Two voluntary outreach workers trained |
| Plan training required for outreach voluntary workers | Project Manager |
| Identify and confirm a venue for training | Project Manager |
| Conduct training with voluntary outreach workers | Project Manager Venue  Voluntary outreach workers |

* 1. **How will we know we have arrived?**

This can be done through monitoring and evaluating the process of project implementation.

*Monitoring and evaluation is the process through which we gain information about the activities and achievements of the project, in order to make decisions ...* [about it] *… Monitoring is the regular collection and use of information* [usually from project records] or routine data (Adapted from IRC, 2000: 12).

Monitoring follows the progress of activities and answers the question “Have the planned activities been carried out?” or “What is actually happening?”

McMahon *et al* describe the processes of monitoring in general terms and provide examples of the process. They make the point that monitoring is not an end in itself but rather a management tool whereby implementation can be redirected if and when problems are identified. This section of the reading explores the purpose of monitoring. Read it with the following questions in mind:

**TASK 4 – Clarify the purpose of monitoring**

1. What purposes does monitoring fulfil?
2. What methods would suit your workplace?
3. What does a manager do when targets are not being met?

**READING**

McMahon, R., Barton, E. & Piot, M. (1992). *On Being in Charge*, Geneva: WHO: 327-334.

**TASK 5 – Identify information for monitoring**

What information would you use to monitor whether or not the Meal Project is achieving its objectives? Look back at the indicator types in section 4.2.

### FEEDBACK

Here are some examples of the information you might use to monitor whether you are reaching your targets:

Output indicators, e.g. number of days over the project period that sufficient and appropriate food has been ready for 50 children.

This tells us whether the planned tasks are being carried out, e.g. If it frequently happens that transport is not available for shopping, or if insufficient food is being prepared, the output level objective has not been achieved and the way in which the activities are being carried out will have to be reviewed.

Effect indicators, e.g. Number of children attending each day. This information tells us whether the meal project is being used by the street children. If attendance figures suddenly decrease, we would have to go and find out the reason. If attendance figures increase steadily to over 50 children per day, we may need to apply for additional funding to provide for more children.

Now ask yourself - If monitoring assesses progress and whether outputs and effects are being achieved according to the plan, what purpose does evaluation fulfil?

*… Evaluation is a formal periodic review* [of the project. It often takes place] *… at baseline, midterm and project end …* (IRC, 2000: 12). Evaluation often involves special activities which go beyond routine data collection, such as surveys, focus groups and interviews.

Evaluations ask questions such as “Is this project really helping people to a significant degree?” and “Could we use a better method of achieving the goals and objectives?”

The Grahamstown Meal Project organisers want to reach as many street children as possible. So in addition to recording numbers of children who attend, we also need to find out what percentage of the street children population is benefiting from the meal project. This information could be obtained by means of a special survey, although it will probably not be easy and may require some estimates. If we find that only 10% of the street children in Grahamstown are coming to the meal centre, we need to find out why. It may mean that something about the project should be changed in order to reach more children.

Another way of evaluating the project would be to assess its impact on the nutritional status of the street child population of Grahamstown. However, as we noted in the previous sessions, it would be difficult to accurately determine impact. Once again, it would be a challenge to identify all the street children in the community and they may not want to be weighed and measured! Also, other factors such as illness could affect the nutritional status independent of what we are trying to do. However, we can make a reasonable assumption that if we are offering nutritious meals and the project is well attended, we are contributing to the nutritional health of street children in the Grahamstown community. The last module *Monitoring and Evaluation for Health Services Improvement I* will deal in greater depth with these concepts.

## SESSION SUMMARY

In this session, we have prepared a number of the steps in the Planning Cycle, and hopefully provided an understanding of a set of key concepts for thorough project planning. You have revised the process of doing a situational analysis, developed SMART objectives and their related indicators for monitoring; you have also critically assessed a set of indicators and explored the concepts of monitoring and evaluation in the planning context. Finally you have identified the information you would need for monitoring the progress of the project. All of these processes are set within the context of the manager’s decision-making role. We hope you feel able to start tackling your assignment, though you should still finish this and the next unit before you can finalise it.

## REFERENCES

* International Rescue Committee. (2000). *IRC’s Proposal Guidelines based on the Causal Pathway.* Draft 10/12/00. New York: IRC.
* McCoy, D. & Bamford, L. (1998). *How to Conduct a Rapid Situation Analysis*. Health Systems Trust. 1998.
* Monekosso, G.L. (1994). *District Health Management: Planning, implementation and monitoring a minimum health for all. From mediocrity to excellence in health care.* WHO Regional Office for Africa.

# Unit 3 – Session 3

**Information for Planning and Management**

## Introduction

*... The purpose of collecting statistics is to provide information to help you plan and improve the services you provide. If you don’t use the statistics, and just send them on to your district or regional office, you are wasting your time* (Health Systems Trust, 1997: 15).

*… The main purpose of a health care information system should be to foster the well-being of the population it serves, not to maintain bureaucratic or organizational power …* (Health Systems Trust, 1997: 409).

Although statistics can be intimidating, they are simply information which is collected regularly and in a consistent way. Studying information that tells you about the patterns of disease and service provision among the population you serve is a very important part of a health manager’s job. Sometimes the interpretation of health information can be quite complex. However, you are not expected to be an expert. There are many experts in this field who can assist you. You just need to be aware of the kind of questions you should be asking and the information you will need to allow you to make good decisions*.*

The use of health information illustrates clearly how the planning and implementation of activities constitute a continuous cycle or spiral, requiring information at every stage and using this information to develop and adapt plans where necessary.

## Session Contents

1. Learning outcomes of this session
2. Readings and references
3. Information for different stages in planning
4. Sources of information for planning
5. Using information for decision-making
6. Health information systems
7. Session summary
8. References

## Timing of this Session

This session contains one reading and seven tasks. It is likely to take you at least three hours if you engage thoroughly with acquainting yourself with your district information systems. It would be good to have access to the internet while you study this session.

## LEARNING OUTCOMES OF THIS SESSION

|  |  |
| --- | --- |
| **By the end of this session, you should be able to:** | |
| **Management outcomes:**   * Identify the information requirements for different stages in planning. * Locate and review different sources of information. * Use information for decision- making. * Develop and describe information flow. | **Academic outcomes:**   * Apply new concepts in a familiar context. |

1. **READINGS**

There is one reading in this session.

|  |
| --- |
| **Publication details** |
| McCoy, D. & Bamford, L. (1998). *How to Conduct a Rapid Situation Analysis*. Durban: Health Systems Trust: 30-32. |

## INFORMATION FOR DIFFERENT STAGES IN PLANNING

In the last session, we explored the Planning Cycle in some detail, noting four broad stages of action by the manager. For each of these broad stages, information is required in order that the manager can make informed decisions.

In this section we will concentrate on the information requirements and the different sources of data for the different levels of planning.

The different stages in the planning process require different types of information. Green (2007) describes six stages of planning which he clusters into: situational analysis, priority setting, option appraisal, programming, implementation and evaluation. The different stages in the planning process require different types of information which can be classified into three broad types:

|  |
| --- |
| **Planning process** |
| 1. Situation analysis |
| 2. Problem identification setting goals, objectives and targets; deciding on the indicators of success |
| 3. Option appraisal, strategy selection, task setting |
| 4. Monitoring and evaluating |

* Information on the needs of specified populations
* Information on resources and services
* Information on the policy and policy context (Green, 2007: 165).

These categories are further detailed to illustrate the information requirements at the different stages of planning (Green, 2007). These may provide a useful guide when searching for appropriate information.

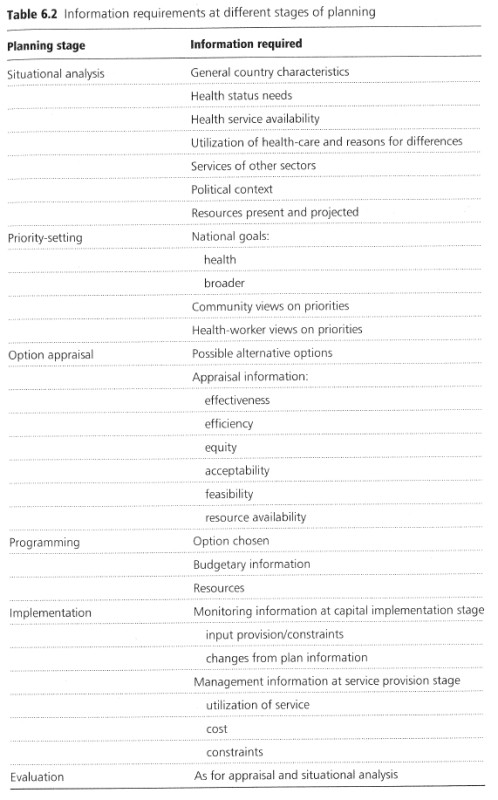


Table 6.2 Information requirements at different stages of planning

Green (2007: 171)

**TASK 1 – Identify what information is needed**

Think back to Nauru village, introduced in Session 1 of this Unit:

The health team wanted to improve the maternal health programme by increasing the number of pregnant women attending, and the number of antenatal visits to the antenatal clinic. Use Green’s template above and brainstorm as a guide and decide what information would the health team need to plan this intervention?

## FEEDBACK

***GOAL:*** *60% of the pregnant women will attend antenatal clinics at least once during their pregnancy* ***OBJECTIVES:***

* *Daily clinics will be held from 9.00am to 3.00 pm*
* *The drugs inventory will be completed and a new supply ordered from the district health officer*
* *A staff discussion on child malnutrition in Nauru will be held*
* *The staff vehicle will be serviced at 45 000 km*

In order to know what information you need, you need to know what kinds of information are available from routine information systems like the District Health Information System and elsewhere. Remember that it is unlikely that all the information you need will be available.

This is some of the information the district health team would require:

* how many women could be pregnant
* how many pregnant women there are in the community
* how many pregnant women are attending antenatal clinics
* how many times pregnant women attend the antenatal clinics
* where antenatal services are provided
* the operating hours of antenatal clinics

The scale of this intervention is relatively small (village level) and at programme level. In the role of district manager, you will be required to think at a much broader level.

**TASK 2 – Identify information required to plan and monitor health services**

Imagine that an island has been discovered off the coast of Africa which has a basic health system in place: you are requested to render health services to its large population. What do you need to know in order to plan and implement health services for this population?

1. What would you need to know about the population? List broad categories.
2. What specific information you would need within each information category.

## FEEDBACK

In order to provide a good health service, you will need (at least) the following information:

* The size and demographic profile of the **population** or community you must serve
* The **health needs** of that population
* The current **inputs** or resources available, such as staff, money, facilities, equipment, etc
* The services required and how to provide those services **(process)**
* What services are provided and how well they are provided **(outputs)**
* The difference those services make to the needs of the population

### (outcomes)

The same information needs can be applied to planning the Maternal Health intervention in Nauru village:

**Population:** How many pregnant women are there?

**Needs:** Each pregnant woman should visit the antenatal clinic at least once.

**Inputs:** What resources do they have or need? How many antenatal clinics are available?

**Process:** What services are required to achieve this goal?

**Output:** Did each pregnant women visit the antenatal clinic at least once?

**Outcomes:** Did it decrease the number of birth complications?

Information can and should be used when considering and making decisions on each of these elements. For each decision, there are many things that have to be considered and each can best be considered if information on them is available. Since we routinely have to consider most of these things, it makes sense to routinely collect information on them.

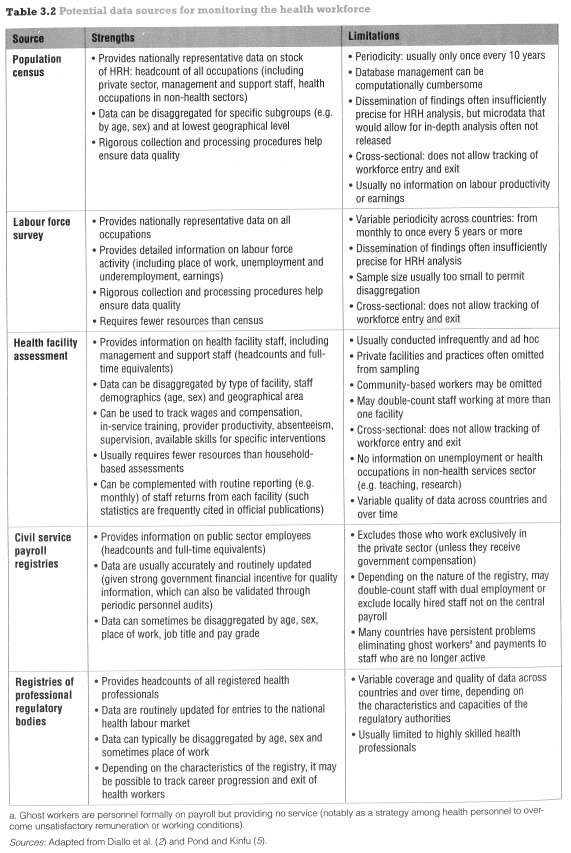
So in order to provide adequate health services to the population for our hypothetical island, the categories of routine information required and the individual information elements in each category are shown below.

|  |
| --- |
| **Population**  As the first step, you would have to be clear on various aspects and characteristics of the population that needs to be served. For instance, we would need to know:   * Total size of the population – this would determine the number of people for whom health services have to be provided for. * Since different sections of the population need different health services, we would need to know: How many children, elderly people, women in the reproductive age-group, males and females, etc. * Literacy levels – what is the educational status of the people? * Dietary habits – what foods do the people predominantly eat? * Cultural practices – do the people have particular behaviours that would increase their risk to particular conditions/afflictions? |
| **Health needs**  Knowing the size and characteristics of the population still leaves their health needs unanswered. You would next have to determine aspects such as:   * In what type of terrain do they live? Are they scattered over a vast area or are they concentrated in large cities? How accessible is the terrain? * How do they make a living, i.e. what types of production and employment are being engaged in. * What are the unemployment levels? This would make certain sections of the community more vulnerable to infirmity. * What kind of housing do the people have? Certain housing structures are not conducive to good health, e.g. poor ventilation and lighting. * How many people have access to clean water and sanitation? This could have serious implications for the spread of communicable diseases. * What diseases are common and would require prevention and treatment strategies? * What diseases do people commonly die from? (These are very serious health problems that must be prioritised for intervention.) * How many children die before they are one year old? (Infant Mortality Rate)   – this gives a good indication of the state of health care services and how extensive the resultant health needs are. |
| **Inputs**  After knowing the population characteristics and their health needs, it would be wise to consider what health service resources the population already have available to them. What inputs can you utilise that is already available, and what additional resources would have to be acquired?   * What condition are the health facilities in? Will much money have to be spent on infrastructure? * What condition is the equipment in? Is the equipment functional and/or outdated? Would new equipment have to be purchased? * What types of staff and how many of each do we have? What services can we effectively provide with the current staff complement, and what professions are needed? How many? Why? * How have previous budgets been spent, and what should the new budget be? Is a large amount of capital investment necessary? |

|  |
| --- |
| **Process**  Once you are clear about the inputs available to implement a health service, you need to consider how the services should be delivered to the people. All of the characteristics of the population and the available resources (inputs) must be borne in mind. You may want to know the following:   * What services should be provided? * Where and at what times should we provide services? Would these services be accessible to all, and would you achieve a high coverage of the communities? * Is the health care staff adequately trained to deliver the services? Is it necessary to re-train staff or to conduct refresher courses? * Are the best available technologies used to address health needs? Should you change some of the practices to more appropriate and effective methods? * Do we have high staff absenteeism levels? What do you need to change in the service-delivery processes to increase staff morale? |
| **Outputs**  Now that you are providing services to the population of the island, you need to establish whether you are attaining an adequate coverage of your services. You may want to know:   * What proportion of the communities are you not reaching? All communities and community members must be reached. * How was the services utilised? How many people came and how often (headcount and utilisation)? * How efficiently has the services been provided? What was the cost per patient per visit? * What are the workloads of various staff? Are some staff members working too hard and others too little? * What are the waiting times for the services? Do people wait too long to be assisted? What can be done to improve this? * What level of quality in service provision are you attaining? |
| **Outcomes**  If you are sure that you have reached all the communities and community members, that your processes to deliver health care are appropriate, and that your inputs are sufficient to deal with the health needs of the population, you must consider how your efforts have changed the health status of the population. You should consider:  o Have the death rates and illness rates declined? (Have mortality- and morbidity rates dropped?) Therefore, has the health of the population improved? |

## SOURCES OF INFORMATION FOR PLANNING

Once the information requirements have been established, the next step would be to identify from where the information could be sourced.



In other words, you need to establish who collects and holds the information. This process is easier from an existing source when the information has only to be requested. However, it becomes complicated if the information required is not available and if you have to engage in data collection to obtain it.

The table above (Dal Poz *et al*, 2009: 30) was developed for a programme to monitor the adequacy of the health workforce. Note how the different sources have been described in terms of what information they can provide, and each data source’s strengths and limitations.

Managers require an overview of all the different sources of information for health and health-related programmes in order to plan and make decisions. The table below, although not comprehensive, provides an overview of the possible sources of information for a district manager.

### Sources of Information for Planning

|  |  |  |
| --- | --- | --- |
| **Information Category** | **Source** | **Description** |
| Population | Population census | Gives provincial/national picture with standardised denominators and baseline data |
| Human Resources | Labour force survey | Provides nationally representative data on all occupations |
| Human Resources | Civil service payroll registries | Provides information on public sector employees |
| Human Resources | Registries of professional regulatory bodies | Provides headcounts of all registered health professionals |
| Population Groups | Social security records | Provides information on special groups within the population who might be receiving specific benefits |
| Health Services | Hospital /clinic records | Provides individual information on health service provision to the community |
| Health Information | Health information system | Provides routine information on health indicators within a country |
| Health Services | District health profiles | Provides “bird’s eye” view on the demographic, needs and provision of services within a district |
| Research | Surveys | Provides information on specific investigations of concerns or interest. Demographic and Health Survey provides demographic and health information on the population normally over a 4 year period |

Take note that the sources of information could be different between countries and even districts. It is therefore important for managers to become familiar with the local sources available in your context.

**TASK 3 – Identify sources of information**

Identify and list local sources of information under the six information categories for the related stages of planning: population, health needs, inputs, process, outputs, and outcomes of the previous task.

|  |  |  |
| --- | --- | --- |
| **Information category** | **Description of Information** | **Source of Information** |
| Population |  |  |
| Health needs |  |  |
| Inputs |  |  |
| Process |  |  |
| Outputs |  |  |
| Outcomes |  |  |

### FEEDBACK

Your table will be particular to your own context, but these are the kinds of sources you should have identified.

|  |  |  |
| --- | --- | --- |
| **Information category** | **Description of Information** | **Source of Information** |
| **Population** | Total size of the population: children, elderly people, women in the reproductive age-group, males and females, etc.  Literacy levels Dietary habits Cultural practices | Population census |
| **Health needs** | Unemployment levels Type of Housing  Access to clean water and sanitation | Labour force survey Demographic and Health Survey |
| **Inputs** | Health facilities Equipment  Types and number of staff Services | Civil service payroll registries District health profiles |
| **Process** | Waiting times  Staff absenteeism levels | Surveys |
| **Outputs** | Workloads of various staff Waiting times  Quality in service provision | Surveys |
| **Outcomes** | Death rates and illness rates | Health information system |

## USING INFORMATION FOR DECISION-MAKING

One of the most important uses of information is to improve the decisions that we make as managers when planning or implementing activities. Just consider the consequences of your decisions if you did not monitor the amount of money you had in the bank. If you do not have information on the amount of money that you have available, or information on your budget, you may end up heavily indebted. Similarly, we need to have information to make management decisions for health care delivery.

### District Management Tasks which Require Information

Information is especially necessary to help improve the district manager’s decisions for these activities:

* ***Strategic planning for the future*:** Planning what direction the health services will take with clear goals, targets/objectives and indicators.
* ***Daily operational activities*:** Planning how the strategies will be implemented on a day-to-day basis, who will perform the activities, how and by when.
* ***Implementing controlling activities*:** Making sure that finances are spent sparingly, yet addressing the health needs of the communities served or ensuring that sufficient personnel are placed at the correct service points with the correct skills, workload and equipment.
* ***Appropriate policy development*:** Policies address in broad terms what, how, where and when we do things, or would like to do things. Information can give us answers to all these questions to ensure that policies are relevant and implementable.
* ***Addressing problem areas and areas where health services should be improved:*** If problems exist, either due to the coverage or quality of the services, we need to address them. Information can point the way in solving these problems.
* ***Increasing staff and communities’ understanding of how the organization functions and what its outputs are****.* Staff must be aware of the needs and norms of communities. If this is not known, the staff cannot be expected to provide an effective health service to the communities they serve. They also need to know who it is that they serve. Similarly, you will recall that the Primary Health Care Approach endorses the need for communities to participate in health care services provided to them. They have the right to know what it is that the DHS is providing to them, how well it is addressing their health needs, what they can do to assist in health care provision, and what improvements are being implemented or are planned to be implemented. In this way, information can create a better understanding and partnership between the health services and the communities they serve.
* ***Motivating staff or communities:*** A very important use of information that is often neglected by health authorities is its motivational role. Information can be used in positive ways to increase morale and levels of motivation. For instance, showing how well facilities are performing in relation to others, or the district target, can be very inspiring and provoke a greater interest in district performance by all staff. It is commonly understood that managers should praise often and reprimand only when necessary. Information can help us to see and show success and improvements, sing praises and motivate for sustained improvement of health care services.
* ***Evidence:*** Information can provide evidence and back-up for claims and requests advocating for improvements in the health service. Many district- level managers complain that their problems are not addressed by higher levels. “We don’t have enough money to … we don’t have enough staff…our needs are not considered …,” etc. These are all common phrases used by managers to justify poor performance of health services. However, managers at higher levels receive, and have to address, requests complaints from many different areas. Frequently, the requests for changes are not backed-up with solid information.

Here is a case example to illustrate the value of information in managing at district level:

**Case example**

Consider a situation where a district level HIV/AIDS Programme Manager has a low counselling coverage at facilities in the district. The manager believes this to because they have too few counsellors.

The request goes to the decision-makers that she needs more counsellors.

The decision-makers think that they have a similar problem in all the districts, and why should this district be advantaged over the others?

**TASK 4 – The value of information for advocacy**

What is the problem and how could the manager get more serious consideration? Be specific, and think of the power of information!

### FEEDBACK

The decision-makers have no idea of the extent of the problem. However, if the manager indicated the actual coverage currently achieved, the potential workload in the health facilities, the exact number of counsellors needed, and the district’s relative performance against others, he/she would probably receive more serious consideration.

### Using Information for Decision-making

In the session thus far, we have identified information that is required for planning and management and continued by identifying a range of sources of information. The following task provides you with an opportunity to use information for decision-making.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **TASK 5 – Use information for management**  Imagine that as a manager, you have the following information at hand, which informs you of a staffing crisis in one of the hospitals. Your role in this scenario is the decision- maker; you must use “evidence” in the form of information to inform your decisions.  Bear in mind that there is no absolute right or wrong decision, and that decision-making depends on a range of factors (general knowledge, common sense, specific training, experience, etc). Importantly, however, evidence should be one of these factors and information (in any form) provides the evidence.  *The hospital faces a staffing crisis. Its budget is being squeezed, and its administrator is looking for ways of increasing its efficiency. She calls for reviews of the nurses and medical staffing situation and discovers that:*   1. *40% of a registered nurse’s time is spent making beds, bathing patients, taking temperatures and dispensing routine medicines;* 2. *30% of a medical officer’s time is spent taking patient case history, and in treating minor illnesses.*   *As a manager you are required to intervene and identify medium-term improvements within the resource constrained context to increase the efficiency of the staff in the hospital. Reviewing the training curriculum of registered nurses and nurse assistants, you recognize that with some additional in-service training, registered nurses could perform Role (B)(taking patient case history, and treating minor illnesses), and nursing assistants could perform Role A (making beds, bathing patients, taking temperatures and dispensing routine medicines). This provides you with an opportunity to decrease certain staff categories and increase others which would not only improve efficiency but would also provide a surplus on the current staff expenditure. To assist you with the process, the following table was prepared to reflect your decision-making and the financial implications of these decisions.*   * 1. Complete the following table by deciding where you are going to cut staff and where you are going to add staff and what that would mean financially. | | | | | |
|  | Current # | Unit Cost | Staff # Increase | Staff # Decrease | Financial Implications |
| Doctors | 10 | 10 000 |  |  |  |
| Reg. Nurses | 40 | 5000 |  |  |  |
| Nurse Assist | 30 | 2 200 |  |  |  |
| TOTAL | 80 |  |  |  |  |
| 1. What would be the advantages and disadvantages? 2. What obstacles do you anticipate with implementation? 3. What information would be needed to determine such information in the first place? 4. Where would you get the information from? | | | | | |

### FEEDBACK

One possible decision would be to decrease the doctors by two, which would bring about a R20 000 saving; increasing the Nursing Assistants by five would require an additional R10 000; together, these shifts of role provide a total saving of R10 000.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Current # | Unit Cost | Staff # Increase | Staff # Decrease | Financial Implications |
| Doctors | 10 | 10 000 |  | 2 | R20 000 |
| Reg. Nurses | 40 | 5000 | 2 |  |  |
| Nurse Assist | 30 | 2 200 | 5 |  | R10 000 |
| TOTAL | 80 |  |  |  |  |

Your decision could have been different and that is the reality of management: each manager given a particular scenario could make a different decision.

Depending on how you decide to redistribute the human resources, you would decrease both doctors and nurses or just one of the professional staff categories.

b & c) Each solution will have its own set of advantages and disadvantages. Resistance and unhappiness can almost always be expected when decreasing the number staff members. The important aspect of this exercise is that accurate and up-to-date information played a vital role in the decision making for this scenario.

1. As a manager, you would not only need to know the number of different staff categories in the staff establishment but also what their work functions are within the institution and their costs. You would otherwise not be able to increase or decrease staff if you did not know how many there are, their costs, and functions.
2. Sources of information: You could probably source the number of staff working in the institution from your civil service payroll registries; the financial costs of each category of staff could be obtained from the financial management systems; however, the detail of who is spending time on what activities would have to be retrieved using a survey or other data collection methods.

The following and final section aims to provide an overview of health information systems and the important role they play in providing the information required by a district manager to manage a district health system, programme or a facility.

## HEALTH INFORMATION SYSTEMS

WHO (2007) shows information is one of the building blocks for any health system and defines a well-functioning Health Information System as “one that ensures the production, analysis, dissemination and use of reliable and timely information on health determinants, health system performance, and health status” (WHO, 2007: 3).

### Information Requirements for Planning

You will remember that in order to provide and manage a good health service, we have to attend to several planning steps and for each we need information. These steps include, amongst others:

### Planning steps which require information

* + - Being clear on which population or community we are serving;
    - Assessing the health needs of that population;
    - Knowing what inputs or resources we have, such as staff, money, facilities, equipment, etc;
    - Deciding on what services to provide and how to provide those services (process);
    - Evaluating the extent of services we actually provide and how well we provided those services (outputs);
    - Assessing what difference those services made to the needs of the population (outcomes).

### The Uses of Health information

Earlier in the session we identified and described the different uses of information in relation to district management tasks. These included:

* To inform and thereby improve decision making with regard to:
  + Strategic planning for the future
  + Daily operational activities
  + Controlling activities (finances, personnel)
  + Policy development
* To directly increase the staff and community’s understanding of the functioning and outputs of the organization
* To identify problem areas and areas where health services need to be improved
* To improve motivation of staff by highlighting improvements where appropriate
* To advocate for changes to facilitate further improvements in the health service.

### Routine Information

The information gathered in Health Information Systems is often referred to as routine health information. Routine health information is information which is continually collected and available to health services. It is required in order to adequately design and monitor health service provision and is as essential as a financial accounting system for the health department or ministry.

Routine information refers to that information which is:

* Directly aligned to measuring and monitoring health needs
* Directly aligned to monitoring health service provision
* Rapidly and continually available to health services
* Available in the format in which health services require
* Adaptable to the changing information requirements of health services.

Now try this task to identify routine information in your own context.

**TASK 6 – Identify routine information**

Write down all the types of information you can think of that is routinely collected in your own health system.

Consider the following questions:

1. Is all the information used that is collected?
2. What other information is needed that is not collected at present?
3. How accurate does the information have to be?
4. Who uses the information?
5. What is the cost of providing the information?
6. Is there feedback to the data collectors?

### FEEDBACK

You will probably find that not all information that is collected is used and that the data quality is questionable. The accuracy of the information is often determined by the type of information but generally the information should be at least 85% accurate. Managers are normally considered the users of information but information use should take place at all levels of the health system.

Feedback to the data collectors is a very important element not only to enhance data quality but also regarding the use of information. Often, feedback is given in terms of errors found in the data and this is a good start, but feedback should be more comprehensive in any information system.

Now use this reading and try Task 7.

**READING**

McCoy, D. & Bamford, L. (1998). *How to Conduct a Rapid Situation Analysis*. Durban: Health Systems Trust: 30-32.

**TASK 7 - Describe information flow**

Using this reading, explore the flow of information in your district or workplace, if possible with colleagues. The information flow in Mitchells Plain, Western Cape, South Africa is depicted in both written and graphic form in the reading.

Use the questions on page 31 to prompt the discussion.

1. Map the information flow as a diagram.
2. Write a summary of the process and the problems identified by the questions. (On page 32 an example of a summary is provided).

### FEEDBACK

Compare your information flow to the ones in the reading. Make sure that your summary of the process is specific, detailed and that it contains your views and those of your staff on the value of the information. This description will have value for your organisation generally.

## SESSION SUMMARY

In this session we examined the role of health information in the management and planning of health services. Both routinely collected data and information obtained periodically through, for example, surveys, are important tools to assist the manager in making decisions.

As this is the end of Unit 3, you deserve a short break! But since you have now spent several weeks working on planning strategies, this is a good time to review your work plan and map out how you will fit the next three study sessions and the related Assignment into the remaining weeks of the semester.

Unit 3 focused on a number of important aspects of planning, although not all of them. It seems appropriate at this point to remind you of the explanation of planning given at the start of this Unit, that:

#### *Planning is about using information from the past and the present to* prepare for the future.

At this point, do you think this is true?

Your final *Health Management I* unit focuses on managing a selection of resources - financial, medical equipment and drugs. It combines information

about these areas of health management as well as guidance on the managing process in these contexts.

## REFERENCES

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