



Ministry of Health
Republic of Zambia

The Seven Planning Steps for Managers and Planners in the Health Sector

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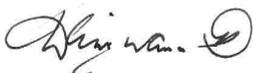
Foreword

Planning is a key function towards the realization of the Government's health vision. The Ministry of Health has the responsibility of ensuring that plans are linked directly towards the realization and implementation of the health services at all levels through the provision of technical support to health institutions in the planning process.

This document has been developed to provide planning guidance to managers and planners in our health institutions. The guidelines seek to maintain simplicity in describing the planning process in order to enhance planning by explaining the simple seven steps, which have been illustrated for easy understanding.

The guidelines also seek to provide guidance on the preparation of results-oriented action plans and activity based budgets. These guidelines are, however, not meant to replace the Planning Handbooks already available, but merely to assist managers and planners by following the essential seven steps to planning while making reference to the planning handbooks for more details.

I appeal to each one to remain committed to the planning process as the cornerstone to effective and efficient programme implementation. These guidelines are a critical reference document to ensure a smooth planning process, and I would urge all managers and planners to utilize them effectively.



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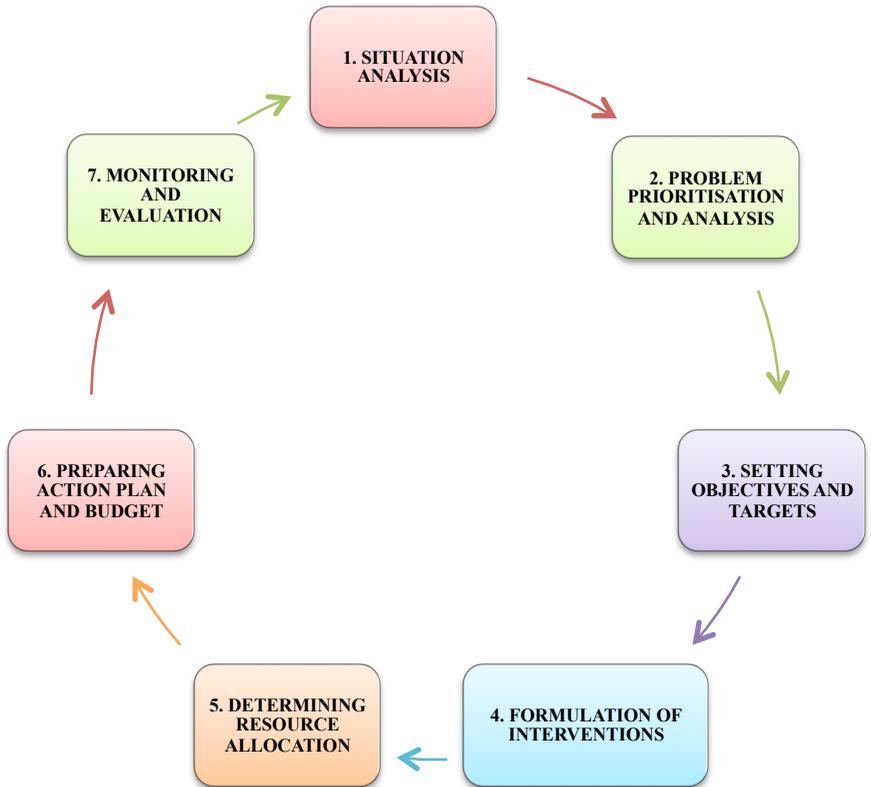
Introduction

This guide has been developed to help address challenges that managers and planners still face in the planning process. This is not a comprehensive planning document and does not replace the existing planning handbooks, which provide detailed planning processes and procedures in accordance with the *Medium Term Expenditure Framework*. Rather, this guide provides a simple step-by-step process for planning that can easily be followed by managers as they develop their plans. This planning guide should be used alongside the National Health Strategic Plan and the detailed planning handbooks. Seven steps have been identified as key in the development of health plans as also outlined in the planning handbooks.

The Seven Planning Steps

Effective planning involves following a series of steps commonly referred to as the “planning cycle.” Programme offices and programme managers should ensure that these steps are followed in coming up with action plans and budgets. Figure 1 provides a simple planning cycle which managers and planners can use as they prepare to launch the planning processes in their health institutions.

Figure 1: Planning Cycle¹



¹ Source: World Health Organisation, 2004.

Step 1 – Situation Analysis (Where are we now?)

This step requires programme officers to understand and define real health problems (and not just symptoms) through conducting a rigorous performance review:

- Reviewing health management information (HMIS) data, performance assessment findings and research data to check performance of indicators against defined national targets.
- Bottleneck analysis highlighting constraints to achieving results.
- Review of the previous year’s work plan to check implementation against planned activities.

Step 2 – Problem prioritisation and analysis (Where do we want to go?)

Step 2 should be a result of the analysis undertaken in Step 1. This step involves selection of health priorities based on identified health problems. Use of tools such as the “20/80 rule” can facilitate identification of activities that will produce the most results for a given level of effort. You can do this by asking yourself a question: “Which 20 % of all possible things I could do will deliver 80 % of the results that I want?” Using this type of thinking is relevant, especially in our situation where we do not always receive what we request in our annual budget due to limited resources.

Step 3 – Setting Objectives and Targets (How will we get there?)

Once you have set your health priorities, programme managers should then define their objectives which should be **SMART**.

Setting SMART Objectives		
S	Specific	The objective can be: Described in specific terms
M	Measurable	Measured
A	Achievable	Can it be achieved?
R	Realistic	Realistically achieved within budget and resources
T	Time-Limited	Achieved within started timeframe

If your answer is “no” to any of the criteria described above, you may want to consider rewriting your objective to ensure that it is **SMART**.

Managers are expected to use the Logical-Framework Approach (LFA) when setting their objectives and targets into the *Medium Term Expenditure Framework* in line with the National Health Strategic Plan. An example of the LFA has been provided in the planning handbooks.

Step 4 – Formulation of Intervention (What are we going to do?)

For each objective, managers must define outputs by each intervention mode as follows:

Level	Intervention Mode
District	1 st Level Referral Services, Community, Outreach, Clinical Care
Hospital	Medicine, Surgery, Paediatrics, Obstetrics and Gynaecology
Training Institutions	Student Affairs, Administration and Maintenance
Statutory Boards	As per intervention mode in their mandate

You should refer to your planning handbook for examples of information that should be entered into each of the intervention modes. Under each output, a comprehensive list of high-impact interventions has to be identified. Programme managers have to use available programme documents to select appropriate programme interventions.

To facilitate monitoring and evaluation of programme implementation, managers also are required to select up to five tracer indicators against each output and objective.

Step 5 – Determining Resource Allocation (How much do we have?)

It is important to take into account the amount of resources available from government and partners to support implementation of proposed interventions. This step will give you the opportunity to ensure that all priority activities are funded. You have an opportunity again to apply the 20/80 rule to help you choose those interventions that are critical and are likely to give you the best results from the limited resources that you have.

Hospitals could use the workload of different departments as criteria for resource allocation, whereas districts can use the catchment population.

Step 6 – Preparing a Plan and Budget (How much will it cost?)

The next stage is for managers to decide which activities will be implemented to address identified health problems. During this stage, they can now begin to develop their action plan and to cost out the activities.

Managers need to identify the inputs needed to carry out an activity. The inputs needed to carry out an immunisation campaign, for example, might include staff time, transport costs, subsistence or per diem payments, vaccines and syringes, cold chain equipment, publicity materials, immunisation records and staff training.

The Ministry of Health core planning team in the Planning and Policy Department will provide managers with the approved costing guide to assist them in their costing exercise. The list of broad activities against each of the outputs should be costed using the Cost Framework provided in the planning handbooks which explains the steps to follow.

Figure 2 and **Figure 3** show an example of a Cost Framework for planned activities.

Figure 2: Cost Framework Example

Objective 1: Service Delivery

	Timeframe				Cost by funders			Funded	Funder
	Q1	Q2	Q3	Q4	GRZ	Donor	Total		
Output 1.1 Medicine									
1.1.1 Activity									
1.1.2 Activity									
Output 1.2 Surgery									
1.2.1 Activity									
1.2.2 Activity									
Subtotal									
Output 1.3 Paediatrics									
1.3.1 Activity									
1.3.2 Activity									
Subtotal									
Output 1.4 Obstetrics & Gynaecology									
1.4.1 Activity									
1.4.2 Activity									
Subtotal									
SUB TOTAL									

Intervention Modes

Identified Activities

See details in Figure 3.

Figure 3: Simplified Example of How to Cost an Activity

Activity		Description here					
1.1.1							
Inputs	Sub-sub item name	Unit Cost	Quantity	No. of days	Total	Internal Funding (Yes/No)	Funds Available (Yes/No)
Funding Source: (e.g., GRZ, EU²)							
GRZ	Conferences				0	Yes	Yes
GRZ	Allowances				0	Yes	Yes
GRZ	Fuel				0	Yes	Yes
GRZ	Stationery				0	Yes	Yes
Activity Total					0		

² GRZ: Government of the Republic of Zambia. EU: European Union.

Step 7 – Monitoring and Evaluation (How will we know when we get there?)

Managers will need to develop some indicators to help them monitor their plan. The Ministry of Health planning template (Logical Framework) provides a section where managers can enter their defined objectives, proposed interventions and monitoring indicators. The template also provides a section for entering method of verification (MOV), when each proposed activity is expected to be implemented and who the responsible person is. It is important to develop indicators that are measurable for monitoring progress and facilitating the review of action plan.

All the institutions (districts, hospitals, training institutions and statutory boards) are required to monitor the implementation of their plans and to report on progress made towards achieving their objectives.

As part of the monitoring and evaluation process, each institution is expected to do the following:

- Conduct a review of the action plan on a quarterly basis to check the progress of action plans and to see which activities still need to be implemented or are no longer necessary. Reference should be made to the Gantt chart developed at facility level (*format for the Gantt chart is in the planning handbooks*).
- Develop a revised plan for the subsequent quarter based on the performance in the quarter under review.
- Draft and submit a report to the next level for budget consideration. This should include an updated copy of the following quarter's action plan and budget.
- At the end of the year, the managers should prepare an annual report which includes the performance indicators from the HMIS, income and expenditure reports, and district/hospital self-assessment reports (by mid-February of the following year). The annual report should compare achievements against the planned activities, identify major constraints experienced during the year and make recommendations for the future, all of which form a basis for the next year's planning process.

Action Plan Reports

Managers should use a standardised format for action plan reporting. These reports assist managers to monitor the performance of action plan in terms of the implementation of its activities.

The formats to use are as follows:

a. District Level

Outputs	Planned Activities	Status	Comment	Expenditure in Kwacha		Challenges/ Constraints
				Budget	Actual	
First Level Referral						
Clinical Services						
Outreach						
Community						

b. Hospital Level

Outputs	Planned Activities	Status	Comment	Expenditure in Kwacha		Challenges/ Constraints
				Budget	Actual	
Medicine						
Surgery						
Paediatrics						
Obstetrics and Gynaecology						

c. Training Institutions

Outputs	Planned Activities	Status	Comment	Expenditure in Kwacha		Challenges/ Constraints
				Budget	Actual	
Student Affairs						
Administration						
Maintenance						

Note: Use this format to generate the Annual Report.

