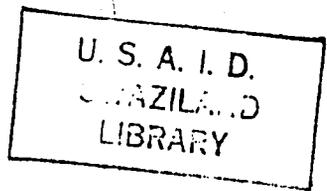


PN-AP3U-627



MINISTRY OF HEALTH  
GOVERNMENT OF SWAZILAND

REGIONAL PLANNING WORKSHOPS  
EVALUATION OF 1986/87 WORKPLAN

REPORT OF ACTIVITIES AND OUTPUTS

- Lubombo Region - 4 September, 1986
- Shiselweni Region - 5 September, 1986
- Manzini Region - 9 September, 1986
- Hhohho Region - 10 September, 1986

Sponsored by Swaziland Primary Health Care Project  
USAID Project No. 645-0220

REGIONAL PLANNING WORKSHOP

EVALUATION OF 1986/87 WORKPLAN

LUBOMBO REGION

4 SEPTEMBER 1986

REPORT OF ACTIVITIES AND OUTPUTS

Prepared in conjunction with Swaziland Primary  
Health Care Project (USAID Project No. 645-0220)

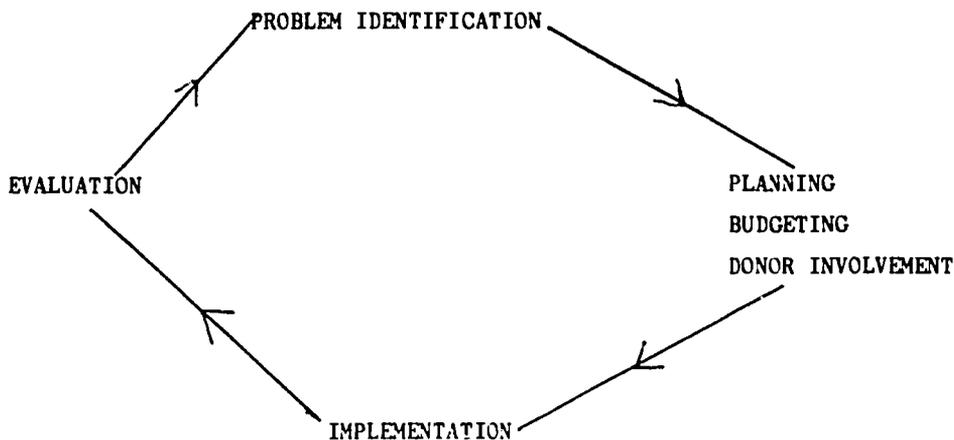
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I INTRODUCTION

In January 1986, a seminar was conducted with the Regional Health Management Team (RHMT) to introduce basic planning skills and the activity of regional planning. It was emphasised that the seminar represented only the start of a continuing process of planning skills development at the regional level. As a first step, it focussed on the identification of regional health problems and the fomulation of a regional workplan for 1986/87. The Seminar report is a useful reference for future planning activities and should be so used by the RHMT. Following the seminar, the RHMT considered again its plans and then submitted a final copy to the Planning and Statistics Unit. The final version was distributed to all Programme Units after review and approval by the MOH Policy and Planning Committee heads.

The process of planning does not, however, end with the development of a workplan. As the following diagram from the MOH Planning Manual indicates, the process of planning is a continuous cycle.



Source: p4 Planning Manual, October 1985 Health Planning and Statistics Unit

The development of workplan for the region is a step in that cycle but a full cycle is not completed until the plan is implemented and implementation is evaluated. Indeed, the step of evaluation is absolutely necessary to ensure that one cycle is completed and a new cycle, built on the lessons of the old, is begun. Only through regular evaluation of the implementation experience can successive plans become increasingly effective in pursuit of the ultimate planning goal: the most efficient possible use of scarce resources in order to bring about improved health status among the Swazi people.

Whilst the concept of monitoring and evaluation was introduced in January (see Seminar Report), the activity could not then be undertaken. However, by September a five month implementation period for the 1986/87 regional workplan had passed - and the obvious next step for the RHMT was to evaluate achievement of plan objectives.

Such evaluation represented a direct follow-up of the January seminar, re-emphasising the planning skills introduced then and introducing additional skills. In both cases, the September workshop sought to note the RHMT's concern (see Seminar evaluation, January 1986 report) that it should continue to receive support and assistance in the early stages of its planning efforts.

Equally important was the workshop's focus on future planning activities through evaluation of the 1986/87 workplan. It sought to encourage the RHMT to identify success in implementation, and constraints on it, in order to improve the effectiveness of future plans. Although the RHMT cannot alleviate all constraints, it can go a long way towards resolving problems. It certainly must seek to address problems in order to fulfill its role in the efficient management of regional health services.

These ideas were first discussed with Ministry officials at central and regional level, before becoming the focus of the workshop. They are specified more precisely in the information which was distributed to the RHMT members prior to the workshop, and which follows.

## II OBJECTIVES, ACTIVITIES AND OUTPUTS

### REGIONAL PLANNING WORKSHOP

SEPTEMBER 1986

#### Objectives

1. To continue the development of regional planning skills, through evaluation of 1986/87 workplan.
2. To identify activities necessary to permit the formulation of more useful workplans for 1987/88.
3. To develop ways to improve the implementation of workplans.

#### Activities

1. Consider general use of 1986/87 workplan
  - Who has used it?
  - How has it been used?
2. Detailed evaluation of plan implementation and programme achievement.
3. Identification of successes and constraints in implementation by programme area.
4. Consideration of main constraints and ways of resolving problems.
5. Identification on ways of making regional planning more effective in the management of resources.

#### Outputs

1. Evaluation of plan implementation
2. Lists of successes and constraints
3. List of main problems and possible resolutions
4. Suggestions of ways to improve planning and implementation.

### III PROGRAMME

The workshop programme was designed around the previously noted objectives, activities and expected outputs. It also reflected the RHMT's positive response to learning through task, as indicated in the evaluation of the January Seminar (see seminar report). By undertaking specific exercises, the RHMT is best helped to develop planning skills.

For each small group task, discussion guidelines were provided (see Appendix C) and facilitators were available to support the groups. In discussions by the full RHMT, consensus was sought on each issue in order, finally, to make suggestions of ways to improve planning and implementation.

#### REGIONAL PLANNING WORKSHOP

SEPTEMBER 1986

- 8.00 Arrival
- 8.30 Introduction - Workshop Objectives
- 8.45 RHMT Discussion: Use of 1986/87 Workplan
- 9.00 Small Groups: Evaluation of Plan Implementation by Programme Area
- 10.30 Tea
- 11.00 RHMT Discussion: Identification of successes, and constraints in implementation.
- 12.30 Lunch
- 1.30 Small Groups: Consideration of main problems and possible resolutions
- 2.30 RHMT Discussion: Identification of ways to improve regional planning and to bring about better implementation of regional plans
- 3.30 RHMT Discussion: Other issues
- 4.00 Summary of activities and outputs

#### IV SUMMARY OF OUTPUTS

##### A. EVALUATION OF 1986/87 WORKPLAN IMPLEMENTATION:

Whilst the plan has not been implemented completely, the following detailed evaluation undertaken in small groups does indicate some successes - especially in terms of activities undertaken. In many cases it was difficult to assess objective achievement, despite implementation of activities, because the objective itself was unclear or because adequate statistical information was unavailable.

The RHMT also identified some activities which were undertaken although not specified in the plan - for example:

- (a) The immunisation campaign
- (b) The school health programme
- (c) In-service training for nurses

It was felt that these activities have occurred partly as a result of donor intervention and partly as a result of ad hoc instructions from MOH headquarters. Obviously, the resulting activities are unco-ordinated with continuing regional plans and activities.

1. MCH/FP PROGRAMME

OBJECTIVE	SUCSESSES	CONSTRAINTS
1.1 Increase institutional deliveries from 2.7% to 10% by end of 1986	<ul style="list-style-type: none"> <li>a) Difficult to identify success because adequate statistical information was not available,</li> <li>b) Only one additional government clinic has so far begun undertaking deliveries</li> <li>c) Health Education in this area is an on-going programme</li> <li>d) Other specified activities not undertaken</li> </ul>	<ul style="list-style-type: none"> <li>a) Shortage of personnel</li> <li>b) Shortage of other resources</li> <li>c) Weak link with Health Education Unit</li> </ul>
1.2 Increase immunisation from 20% to 30% by the end of 1986	<ul style="list-style-type: none"> <li>a) Adequate statistics not available to assess achievement/success</li> <li>b) All specified activities undertaken - established programme</li> <li>c) Good cooperation amongst RHMT i.e. Government/Mission</li> <li>d) Good cooperation with other bodies e.g. Red Cross</li> </ul>	<ul style="list-style-type: none"> <li>a) Shortage of transport</li> <li>b) Shortage of other resources</li> </ul>

o

## 2. RURAL CLINICS PROGRAMME

OBJECTIVES	SUCSESSES	CONSTRAINTS
2.1 Increase "Outreach" clinics to areas not covered weekly	a) Not implemented	a) Other on-going activities prevent implementation of this objective b) Shortage of transport c) Plan wording unclear - activities not all relevant to objective

## 3. HOSPITAL SERVICES PROGRAMME

OBJECTIVES	SUCSESSES	CONSTRAINTS
3.1 Reduce allocation of resources	a) Some activities undertaken but not with desired results (e.g. no new posts for hospital - but not specifically led increase in PHC budget)	a) Plan wording unclear - objectives not sufficiently specific
3.2 Raise budget for PHC from 14% to 19%	b) Hospital staff have been more involved with preventive activities	b) Plan not appropriate - difficult to reallocate funds as specified.

#### 4. HEALTH EDUCATION PROGRAMME

OBJECTIVES	SUCSESSES	CONSTRAINTS
4.1 Increase awareness of vulnerability of women 15-19 years	a) Achieving to some extent b) Training RHMs: 43 now in training - Established Programme - Part of PHC priority - Community awareness of need - Good co-operation with other bodies in training c) All government clinics have committees d) Further areas needing community committees now identified e) Other activities not undertaken	a) Some confusion between centre and region over dates of RHM training b) Because of staff involvement in RHM training, other activities suffer - shortage of adequate staff levels c) Weak link with Health Education Unit planning and plans d) No Health Educator based in Lubombo

#### 5. WATER AND SANITATION

OBJECTIVES	SUCSESSES	CONSTRAINTS
5.1 Construction of toilets and spring protection	a) Average 5 pit latrines per HA per month (half target) - Good community awareness - Good cooperation with other bodies e.g. RWSB (better transport) - Established programme - Improved availability of supplies b) Has involved where RWSB working on spring protections - Good cooperation with RWSB, exchange of information	a) Supplied variable and limiting of HA workrate for pit latrines b) Shortage of transport c) Shortage of Health Assistants d) Programme too centralised - especially planning and budgeting e) Without subsidy community unable to afford pit latrine

5. WATER AND SANITATION (Cont'd)

OBJECTIVES	SUCSESSES	CONSTRAINTS
5.2 Strengthen management structure and system	a) Some success but not at specified rate for RHMs	a) RHM continued involvement in activities is poor, little incentive b) No HA training

6. CDC PROGRAMME

OBJECTIVES	SUCSESSES	CONSTRAINTS
6.2 Improve prophylactic measures	a) Very little success with the distribution of drugs b) Very little spraying	a) Shortage of staff b) Poor planning - weak link with region c) Shortage of transport d) Numbers of refugees and slow identification of positive cases e) Plan wording not specific enough to be implemented
6.2 Control TB	a) Some success with vaccinations b) Follow-up very poor	a) Shortage of staff b) Programme does not involve regional staff - has still not been re-trained as generalists c) Plan wording not specific enough to be implemented

## B. MAIN IMPLEMENTATION SUCCESSES AND CONSTRAINTS

Following discussion by the whole RHMT of the detailed plan evaluation a summary of the main causes of implementation successes and constraints on implementation was drawn up. Both lists should be reviewed in future planning and implementation activities.

### (i) Causes of success

- (1) Co-operation with other bodies
- (2) Community awareness of need/programme
- (3) Established programme/structure
- (4) Decentralisation of activities
- (5) A good plan

The importance of the cause depends on the nature of the activity.

### (ii) Constraints

- (1) Lack of specific and measurable objectives
- (2) (a) incomplete and ineffective plans which do not encompass all important/effective activities  
(b) occupation with unimportant, unplanned activities
- (3) Weak co-ordination with programme units (e.g. Public Health, Health Education, Health Inspectorate) in relation to workshops, planning, donor programmes
- (4) Weak linkage of plans with budget
- (5) Inadequate health information for planning and monitoring
- (6) Inadequate resources (i.e transport, staff, equipment)

C. MAIN PROBLEMS AND POSSIBLE RHMT RESOLUTIONS

Taking the list of main constraints, the RHMT worked in small groups to "unpack" the constraints and to identify actions they could take to get over them. The main focus was on actions the Team itself could take, although some actions were also identified for MOH headquarters.

(1) LACK OF SPECIFIC PLANS AND MEASUREABLE OBJECTIVES

CAUSES	PRIORITY (1 = high)	RHMT ACTION(S) TO RESOLVE
a) Not familiar with Planning	1	a) R.H.A. to invite programme units and planning units prior to the RHMT planning meeting
b) Plan not made in conjunction with programme units	2	
c) Plan does not conform with National Health Plan	4	b) Use National Health Plan in planning activity
d) Lack of technical support from the Planning Unit	3	

(2) INCOMPLETE AND INEFFECTIVE PLANS

CAUSES	PRIORITY (1 = high)	RHMT ACTION(S) TO RESOLVE
a) Forgetting basic Health e.g. Meat Inspection	1	a) Nurses and H.S's to be considered-linking planning process downwards
b) Basic curative services not considered, thinking only of preventive services	5	b) R.H.M.T. to include basic Health activities in plans
c) Nurses and H.A.'s not considered in the planning process	1	c) Statistics to be discussed on a quarterly basis by RHMT, RHA to be responsible for presenting them
d) Statistic not available at regional level e.g. OP/IP attendance, personnel etc.	3	d) Availability resources (Government and donor) to be made known to RHMT by headquarters
e) Resources not considered - making plan ineffective	4	

(3) WEAK COORDINATION WITH PROGRAMME UNITS

CAUSES	PRIORITY (1 = high)	RHMT ACTION(S) TO RESOLVE
a) Decentralisation (role of RHMT) not understood by central units and vice/versa	2	a) Invite unit heads to specific meetings b) Formal planning procedure co-ordinating the RHMT and programme must be implemented
b) Poor communications	3	
c) RHMT does not meet with units to plan	1	c) Every RHMT member to communicate with his/her vertical head d) Budget to be decentralised (Health Inspectorate)

(4) WEAK LINK OF PLANS TO BUDGETS

CAUSES	PRIORITY (1 = high)	RHMT ACTION(S) TO RESOLVE
a) Poor communication and teamwork within RHMT		a) Specific budgets attached to plans, to advise BDT of needs
b) Poor budgeting by RHMT		b) Discuss budgeting by individual units prior to presenting regional needs to BDT
c) Poor understanding of budgetary needs by headquarters budget development team (BDT)		c) Request knowledge of available government resources prior to budgeting

(5) INADEQUATE HEALTH INFORMATION SYSTEM IN

CAUSES	PRIORITY (1 = high)	RHMT ACTION(S) TO RESOLVE
a) Management of information too centralised		a) Decentralise management of information system - officer at regional level to be responsible for it
b) No established information system at regional level		b) Design a mini-management system at regional level for information related to indicators
c) Data takes too long to be sent from region to centre		c) Nurse supervisor to ensure that clinic reports sent to centre in timely fashion

(6) INADEQUATE RESOURCES

CAUSES	PRIORITY (1 = high)	RMHT ACTION(S) TO RESOLVE
a) Poor management of resources		a) Better supervision by RHMT of resources
b) Poor maintenance of equipment		b) Prompt maintenance of equipment
c) Poor allocation of money		c) Orientation on equipment use
d) Hiring process for staff too centralised		d) Decentralise health inspectorate budget
e) Health inspectorate budget too centralised		e) Other actions required from headquarters.

#### D. WAYS TO IMPROVE FUTURE PLANNING AND IMPLEMENTATION

From the day's discussions and, in particular, from the general discussion of constraints and resolutions, specific ways for the RHMT to future planning and implementation can be identified. These points will be especially important for the Team to consider in its future planning activities:

- (1) RHMT should focus on how to resolve problems itself, e.g by inviting other units to its meetings;
- (2) Improved teamwork within the region e.g. in relation to budgeting;
- (3) "Bottom-up" planning within region-linking RHMT outwards with front line health workers and the community and enabling stronger link between workplan and daily activities of regional health officials;
- (4) Regional workplan (objectives/targets) to be more specific and clear enabling easier evaluation of achievement;
- (5) Strengthen links with programme units;
- (6) Better identification of, and emphasis on, priorities in the planning process;
- (7) Careful development of new activities - emphasising programme structure and undertaking of its within community;
- (8) Link plans to budgets - considering available resources and using plan as budgeting tool;
- (9) Regular monitoring of plan implementation by RHMT.

At the same time, certain weaknesses in decentralisation exist which hinder the RHMT's ability to plan and implement effectively. MOH headquarters must note these weaknesses and act to resolve them, in order to improve future regional planning activities:

- (1) Statistical information not available at the regional level to enable good plan development and to permit monitoring plan implementation.
- (2) Budgeting procedure too centralised - inadequate information on available resources provided prior to detailed planning/budgeting
- (3) Inadequate technical assistance provided during process of planning/budgeting
- (4) Health Inspectorate too centralised - especially budget
- (5) Personnel management too centralised
- (6) Training planning too centralised
- (7) Transport management too centralised
- (8) Inadequate understanding of role of RHMT by many Headquarters officials, and thus, support for RHMT plans
- (9) Poor co-ordination between donors and regions.

V EVALUATION

At the end of the one-day workshop the participants were asked to complete a short questionnaire which posed three sets of questions: (1) how well had the objectives of the workshop been met, (2) how valuable were the four major sessions, and (3) suggestions for follow-up the workshop outputs.

Only the participants from the region were asked to submit the questionnaire.

There were 11 respondents (100% of regional participants).

Question 1 - Meeting Workshop Objectives

(On a scale of 1 through 5, with 1 = not met, 3 = partially met, and 5 = fully met)

		Shiselweni	Manzini	Hhohho	Lubombo
Objective 1: To continue the development of regional planning skills, through evaluation of 1986/87 workplan.	Mean Score	3.4	3.75	3.9	4
Objective 2: To identify activities necessary to permit the formulation of more useful workplans for 1987/88.	Mean Score	3.9	3.8	3.2	4.
Objective 3: To develop ways to improve the implementation of workplans.	Mean Score	4.1	3.8	3.4	3.

Question 2 - Value of Workshop Sessions

(On a scale of 1 through 5, with 1 = of little value, 3 = of some value, and 5 = of great value)

Small Groups: Evaluation of plan implementation by programme area.	Mean Score	4.5	4.4	4.1	4.
RHMT Discussion: Identification of successes and constraints of implementation.	Mean Score	4.4	4.3	4.0	4.
Small Groups: Consideration of main problems and possible solutions.	Mean Score	3.9	4.0	3.9	4.
RHMT Discussion: Identification of ways to improve regional planning and to bring about better implementation of regional plans.	Mean Score	3.7	4.0	3.8	4.

Question 3 - Suggest ways to follow-up the workshop outputs

1. Each RHMT member should report on work plan progress at the monthly meetings.
2. Programme heads should be invited to RHMT meetings at least quarterly.
3. Hold regional workshops once or twice a year. Invite guests who can clarify issues.
4. Hold occasional meetings or seminars like today's.
5. Headquarters planning team should visit RHMTs at least twice a year to follow-up workshop outputs.
6. Follow-up at three-month intervals; any longer time will result in things being forgotten.
7. Improve individual awareness by reviewing decentralization, health planning, budgeting manuals and work closely with the RHMT.
8. Implement today's resolutions.
9. Planning unit visit special units in the region.
10. Make my own daily check-up register of the planned duties after the workshop.
11. Check with our colleagues after the workshop to be stimulated by their progress.
12. Hold a similar seminar to measure achievement made.

Question 3 - Suggest ways to follow-up the workshop outputs

1. Frequent follow-up.
2. MOH must accept and act on our suggestions.
3. Hold quarterly RHMT meetings to evaluate plan progress. Identify constraints and work on them. Important to involve the advisors.
4. RHMT draft a report on successes and problems and submit to MOH leadership.
5. MOH headquarters must be aware of regional problems and respond to them.
6. Plan should be clearer, with more specific objectives and targets.
7. Emphasis should be on planning within available resources.
8. Bring donor representatives to October RHMT meeting to assist in setting budget/plan objectives. Can provide premises for multi-year plan guidelines.
9. Headquarters personnel should come to Shiselweni to assure an output by looking into plans and priorities.
10. Establish a timeframe to see how many recommendations and solutions from this workshop have been acted upon.
11. The workshop has demonstrated that we can still sit down and find solutions for our region.
12. Time and thinking is required to come up with a comprehensive budget for our region.
13. Frequent visits to RHMT by unit heads and workshop organisers.
14. Hold mandatory monthly workshops.
15. Formulate subcommittees within the RHMT to evaluate objectives.
16. Make it an on-going exercise.

## Manzini Workshop Evaluation

### Question 3 - Suggest ways to follow-up the workshop outputs

1. Regular progress reports on activities.
2. Greater coordination among RHMT members.
3. Regular meetings to identify problems.
4. More time (two days) for future workshops to examine problems in greater depth.
5. Strict follow-up on workshop recommendations.
6. Regular meetings with HQ to discuss RHMT strategies. PS and others should attend RHMT meetings at least twice a year.
7. Invite more HQ officials to workshop.
8. Results of this workshop be provided within a short period of time (within 3 months).
9. Request a follow-up workshop.
10. Health Planning Unit should provide more assistance to RHMT in planning.
11. Participants for future workshops need not include all RHMT members.
12. A more thorough evaluation of successes and failures is required.
13. Allocate planning resources to the RHMT to assist in on-going monitoring and future plan formulation.
14. Give the programme unit heads copies of the workshop findings and reports.
15. Develop and publish a composite list of problems identified and solutions proposed by all regions.
16. From your notes from the four meetings, abstract the successes and/or seemingly good recommendations/ideas and share them with others.
17. Thanks for your efforts!

Question 3 - Suggest ways to follow-up the workshop outputs

1. Identify those who can take action on constraints, and meet with them.
2. Repeat same. Continuation of planning. Workshops are essential to boost activities.
3. Orientation of headquarters staff on decentralization.
4. Submit regular reports to RHMT on all activities. In this way we will know if we are reaching our goals.
5. Feedback on recommendations made.
6. Set time schedules to plans.
7. Follow-up set goals. Meet regularly.
8. Meet again.
9. Communications.
10. Facilitators make certain that resolutions are followed up by RHMT and HQ.
11. Regular meetings.

## APPENDIX A

### LUBOMBO WORKSHOP PARTICIPANTS

<u>NAME</u>	
1. Abigail J. Dlamini	Public Health Unit, Siteki
2. Aby Philip	Good Shepherd Hospital, Siteki
3. Assylin Dlamini	Sithobela Rural Health Centre
4. Matron A.D. Zwane	Good Shepherd Hospital
5. Philda Simelane	Siteki Public Health Unit
6. Mduduzi Hlophe	Ministry of Health
7. Musa Mdladla	Ministry of Health
8. Ceina Dlamini	Health Office Siteki
9. Simon Kunene	Health Office Tshaneni
10. Siphwe Motsa	Rural Health Adviser
11. Al Neill	Ministry of Health
12. Jeanne McDermott	Ministry of Health
13. Lucy Gilson	Ministry of Health
14. Zandile Tshabalala	Ministry of Health

APPENDIX B

MEMO

FROM: PRINCIPAL SECRETARY,  
MINISTRY OF HEALTH

TO: RHMTs

DATE: 27 AUGUST 1986

REF: MH/281

REGIONAL PLANNING WORKSHOPS

Following discussion with the Regional Health Administrators, the dates below have been established for the forthcoming regional planning workshops:

September 3rd	Lubombo	Regional Administration Office
September 5th	Shiselweni	(to be confirmed)
September 9th	Manzini	RFM Hospital
September 10th	Hhohho	(to be confirmed)

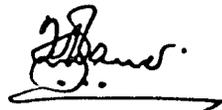
These workshops will follow-up the planning seminars held in January and are part of the continuing process of developing regional planning skills. The main activity of the day will be to evaluate the 1986/87 workplans prepared earlier this year; further information is enclosed with this letter.

Please will all RHMT members bring their copies of the report on the January seminar and their copies of the regional workplan. Before arriving at the workshop it is important that RHMT members consider implementation of the plan in their programme area, and are ready to discuss successes and constraints.

For confirmation of the organisational arrangements for each workshop, please contact the RHA.

We look forward to meeting with you on these days.

Thank You.



TMJ Zwane  
Principal Secretary

MINISTRY OF HEALTH  
 GOVERNMENT OF SWAZILAND  
 28 AUGUST 1986

REGIONAL PLANNING WORKSHOP  
SEPTEMBER 1986

**SMALL GROUPS: EVALUATION OF PLAN IMPLEMENTATION BY PROGRAMME AREA**

Groups should choose a recorder/rapporteur who will report back to the whole RHMT, and who will submit brief notes on group discussions for inclusion in the workshop report.

Discussion guidelines

- \* Discuss each programme assigned to the group in turn.
- \* Main questions to consider:
  - (1) Has each programme objective been achieved to a satisfactory extent?
    - examine objective indicators and expected outcomes
    - consider specified activities and whether they have been undertaken
    - is adequate information available?
  - (2) What are the reasons for programme successes?
  - (3) What are the constraints on programme implementation?
    - in each case consider:
      - has the plan helped to direct activities? was it specific enough to be used by all health workers within the region?
      - have programme units been involved in implementing the plan? would their help improve implementation?
      - have resources been available for the specified activities? has any attempt been made to re-allocate resources within the region in favour of the activities?
  - (4) Have major activities been undertaken which were not specified in the plan? if so, why?

MINISTRY OF HEALTH  
GOVERNMENT OF SWAZILAND  
28 AUGUST 1986

REGIONAL PLANNING WORKSHOP  
SEPTEMBER 1986

SMALL GROUPS: CONSIDERATION OF MAIN PROBLEMS AND POSSIBLE RESOLUTIONS

Groups should choose a recorder/rapporteur who will report back to the whole RHMT, and who will submit brief notes on group discussions for inclusion in the workshop report.

Discussion guidelines

- \* Aim: to get beyond the problems and to identify ways for the RHMT to resolve them
- \* Result: to improve the process of planning, allowing more effective implementation of plans in the future
- \* Structure discussions around accompanying worksheet.

MINISTRY OF HEALTH  
GOVERNMENT OF SWAZILAND  
SEPTEMBER, 1986

REGIONAL PLANNING WORKSHOP  
EVALUATION

Please answer with your own, personal, viewpoint, not how you think the group feels. Your response will be kept confidential. Do not sign your name.

1. Mark on the scale how the workshop met the objectives for you, personally.

- 1.1 To continue the development of regional planning skills, through evaluation of 1986/87 workplan.

NOT MET		PARTIALLY MET		FULLY MET	
1	2	3	4	5	

- 1.2 To identify activities necessary to permit the formulation of more useful workplans for 1987/88

NOT MET		PARTIALLY MET		FULLY MET	
1	2	3	4	5	

- 1.3 To develop ways to improve the implementation of workplans

NOT MET		PARTIALLY MET		FULLY MET	
1	2	3	4	5	

2/...

- 2 -

2. Mark on the scale how valuable you think each of the sessions were for you personally:

2.1 Small groups: Evaluation of plan implementation by programme area.

OF LITTLE VALUE		OF SOME VALUE		OF GREAT VALUE
1	2	3	4	5

2.2 RHMT Discussion: Identification of successes and constraints of implementation.

OF LITTLE VALUE		OF SOME VALUE		OF GREAT VALUE
1	2	3	4	5

2.3 Small Groups: Consideration of main problems and possible resolutions.

OF LITTLE VALUE		OF SOME VALUE		OF GREAT VALUE
1	2	3	4	5

2.4 RHMT Discussion: Identification of ways to improve Regional Planning and to bring about better implementation of Regional plans.

OF LITTLE VALUE		OF SOME VALUE		OF GREAT VALUE
1	2	3	4	5

3/...

3. Suggest ways to follow-up the workshop outputs:

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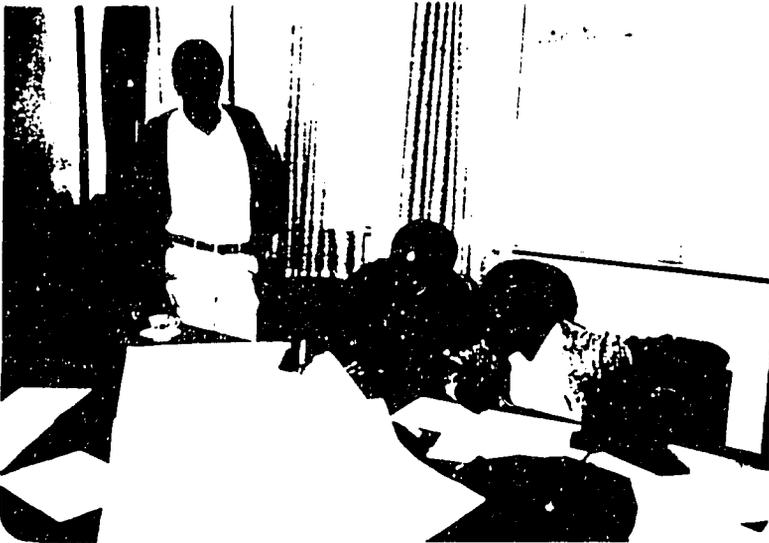
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THANK YOU

NGIYABONGA



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PLANNING IN PROCESS - LUBOMBO REGION - 4 SEPTEMBER, 1986



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PLANNING IN PROCESS - LUMBOMBO REGION - 4 SEPTEMBER, 1986

REGIONAL PLANNING WORKSHOP  
EVALUATION OF 1986/87 WORKPLAN  
SHISELWENTI REGION  
5 SEPTEMBER 1986

REPORT OF ACTIVITIES AND OUTPUTS

Prepared in conjunction with Swaziland Primary  
Health Care Project (USAID Project No. 645-0220)

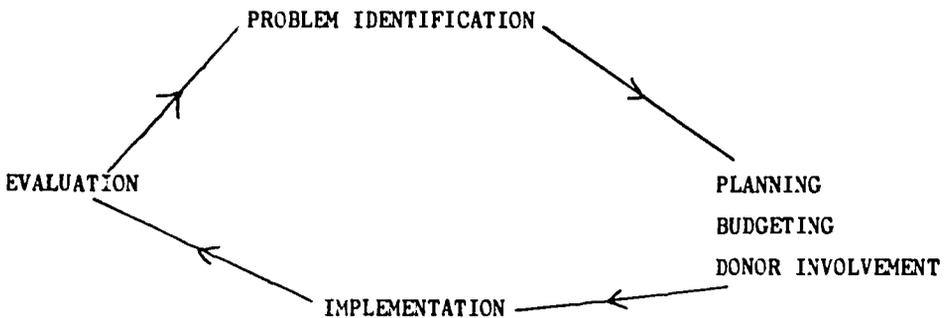
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I INTRODUCTION

In January 1986, a seminar was conducted with the Regional Health Management Team (RHMT) to introduce basic planning skills and the activity of regional planning. It was emphasised that the seminar represented only the start of a continuing process of planning skills development at the regional level. As a first step, it focussed on the identification of regional health problems and the formulation of a regional workplan for 1986/87. The Seminar report is a useful reference for future planning activities and should be so used by the RHMT. Following the seminar, the RHMT considered again its plans and then submitted a final copy to the Planning and Statistics Unit. The final version was distributed to all Programme Units after review and approval by the MOH Policy and Planning Committee heads.

The process of planning does not, however, end with the development of a workplan. As the following diagram from the MOH Planning Manual indicates, the process of planning is a continuous cycle.



Source: p4 Planning Manual, October 1985 Health Planning and Statistics Unit

The development of workplan for the region is a step in that cycle but a full cycle is not completed until the plan is implemented and implementation is evaluated. Indeed, the step of evaluation is absolutely necessary to ensure that one cycle is completed and a new cycle, built on the lessons of the old, is begun. Only through regular evaluation of the implementation experience can successive plans become increasingly effective in pursuit of the ultimate planning goal: the most efficient possible use of scarce resources in order to bring about improved health status among the Swazi people.

Whilst the concept of monitoring and evaluation was introduced in January (see Seminar Report), the activity could not then be undertaken. However, by September a five month implementation period for the 1986/87 regional workplan had passed - and the obvious next step for the RHMT was to evaluate achievement of plan objectives.

Such evaluation represented a direct follow-up of the January seminar, re-emphasising the planning skills introduced then and introducing additional skills. In both cases, the September workshop sought to note the RHMT's concern (see Seminar evaluation, January 1986 report) that it should continue to receive support and assistance in the early stages of its planning efforts.

Equally important was the workshop's focus on future planning activities through evaluation of the 1986/87 workplan. It sought to encourage the RHMT to identify success in implementation, and constraints on it, in order to improve the effectiveness of future plans. Although the RHMT cannot alleviate all constraints, it can go a long way towards resolving problems. It certainly must seek to address problems in order to fulfill its role in the efficient management of regional health services.

These ideas were first discussed with Ministry officials at central and regional level, before becoming the focus of the workshop. They are specified more precisely in the information which was distributed to the RHMT members prior to the workshop, and which follows.

## II OBJECTIVES, ACTIVITIES AND OUTPUTS

### REGIONAL PLANNING WORKSHOP

SEPTEMBER 1986

#### Objectives

1. To continue the development of regional planning skills, through evaluation of 1986/87 workplan.
2. To identify activities necessary to permit the formulation of more useful workplans for 1987/88.
3. To develop ways to improve the implementation of workplans.

#### Activities

1. Consider general use of 1986/87 workplan
  - Who has used it?
  - How has it been used?
2. Detailed evaluation of plan implementation and programme achievement.
3. Identification of successes and constraints in implementation by programme area.
4. Consideration of main constraints and ways of resolving problems.
5. Identification on ways of making regional planning more effective in the management of resources.

#### Outputs

1. Evaluation of plan implementation
2. Lists of successes and constraints
3. List of main problems and possible resolutions
4. Suggestions of ways to improve planning and implementation.

### III PROGRAMME

The workshop programme was designed around the previously noted objectives, activities and expected outputs. It also reflected the RHMT's positive response to learning through task, as indicated in the evaluation of the January Seminar (see seminar report). By undertaking specific exercises, the RHMT is best helped to develop planning skills.

For each small group task, discussion guidelines were provided (see Appendix C) and facilitators were available to support the groups. In discussions by the full RHMT, consensus was sought on each issue in order, finally, to make suggestions of ways to improve planning and implementation.

#### REGIONAL PLANNING WORKSHOP

SEPTEMBER 1986

- 8.00 Arrival
- 8.30 Introduction - Workshop Objectives
- 8.45 RHMT Discussion: Use of 1986/87 Workplan
- 9.00 Small Groups: Evaluation of Plan Implementation by Programme Area
- 10.30 Tea
- 11.00 RHMT Discussion: Identification of successes, and constraints in implementation.
- 12.30 Lunch
- 1.30 Small Groups: Consideration of main problems and possible resolutions
- 2.30 RHMT Discussion: Identification of ways to improve regional planning and to bring about better implementation of regional plans
- 3.30 RHMT Discussion: Other issues
- 4.00 Summary of activities and outputs

#### IV SUMMARY OF OUTPUTS

##### A. EVALUATION OF 1986/87 WORKPLAN IMPLEMENTATION:

Whilst the plan has not been implemented completely, the following detailed evaluation undertaken in small groups does indicate some successes - especially in terms of activities undertaken. In many cases it was difficult to assess objective achievement, despite implementation of activities, because the objective itself was unclear or because adequate statistical information was unavailable.

The regional workplan was also noted to have major omissions, considering only three health programmes. No major CDC activities were considered, ignoring the importance of TB, typhoid and malaria control activities within the region. No priorities had been identified for hospital or clinic services so that those activities that have occurred - such as the introduction of specialist clinics at Hlatikulu hospital - have not been co-ordinated with other services/activities. Future planning must be more comprehensive. It must also recognise regional priorities such as mental health services, even where these differ from national priorities.

SHISELWENI RHMT WORKPLAN 1986/87 - EVALUATION

1. HEALTH EDUCATION PROGRAMME

OBJECTIVE	SUCSESSES	CONSTRAINTS
1.1 Intensify Health Education to combat communicable disease	Being undertaken a) 30 out of 126 school visited b) Talks conducted c) Invitations to visit schools received by School Health Nurse d) Pre-test undertaken to evaluate knowledge of children e) Mass Media used by School Health Nurse	a) Transport b) Staff c) Plan not clear - targets not connected with activities d) No Health Educator in region e) Inadequate health education training of available staff (e.g clinic nurses etc)
1.2 Diarrhoeal Diseases	a) Health education given through OPD daily tasks, on inpatient rounds, by clinic nurses and RHMs b) Mass Media used c) Improved use of ORS d) More RHMs trained and can educate in communities	a) Objective unclear b) Target group too narrow c) Inadequate health education Training of available staff d) Unco-ordinated activities e) Available resources (e.g Traditional healers, community leaders) not fully utilised
1.3 Respiratory Diseases	a) Very limited achievements	a) Objective and target group not clear/specific b) Not enough personnel to follow-up TB patients c) Transport shortage d) Health Education Unit too centralised

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2. WATER AND SANITATION/CDC PROGRAMME

OBJECTIVE	SUCCESSSES	CONSTRAINTS
2.1 Produce of potable water	<ul style="list-style-type: none"> <li>a) Some springs protected</li> <li>b) Community participation</li> <li>c) Community funding</li> <li>d) Intersectoral co-operation (RWSB)</li> </ul>	<ul style="list-style-type: none"> <li>a) Plan overoptimistic: Target reduced from 40 to 12 springs</li> <li>b) Plan not within available resources - inadequate budget information available</li> <li>c) Lack of support from Headquarters Health Inspectorate (materials supply)</li> <li>d) Shortage of transport               <ul style="list-style-type: none"> <li>- vehicles too old</li> <li>- lack of vehicles</li> <li>- inefficient use of transport</li> <li>- lack of motorbikes</li> </ul> </li> </ul>
2.2 Safe disposal of refuse and human waste	<ul style="list-style-type: none"> <li>a) Some toilets constructed</li> <li>b) Monthly meetings with has held</li> <li>c) Intersectoral co-operation - linked with spring protection (RWSB)</li> </ul>	<ul style="list-style-type: none"> <li>a) Plan overoptimistic</li> <li>b) Plan not within available resources</li> <li>c) Shortage of transport</li> <li>d) No support from HQ Health Inspectorate - especially of monthly meetings</li> <li>e) Low morale of HAS due to (d)</li> <li>f) Shortage of HAS</li> <li>g) Motivating communities and not meeting expectations</li> </ul>
2.3 Measles Control	- Not CDC but Immunisation	

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### 3. MCH/FP PROGRAMME

OBJECTIVE	SUCCESES	CONSTRAINTS
3.1 Immunise 45% of infants	<ul style="list-style-type: none"> <li>a) Attendance good</li> <li>b) New children reached</li> <li>c) EPI well-established programme</li> <li>d) Campaign completed in half Region; campaign to begin in other half</li> <li>e) Support from community leaders</li> <li>f) Campaign not included in work-plan</li> <li>g) Not reaching remote areas</li> </ul>	<ul style="list-style-type: none"> <li>a) Inadequate data to determine achievement</li> <li>b) Shortage of transport/staff</li> <li>c) Poor coordination of campaign staff</li> <li>d) Drop-outs in 2nd third rounds</li> <li>e) KAP inadequate</li> </ul>
3.2 Train 100 additional RHMs by end of 1986	<ul style="list-style-type: none"> <li>a) 64% of Year's objective trained</li> <li>b) Good coordination with community</li> <li>c) Good cooperation with other bodies</li> </ul>	<ul style="list-style-type: none"> <li>a) Target not clear</li> <li>b) Supervisors unable to undertake normal duties</li> <li>c) Evaluation difficult - training supervisors not present</li> <li>d) No Health Educator in region</li> <li>e) Poor use of available resources</li> </ul>
3.3 Reduce incidence of unwanted, mistimed and high risk births among unwed and married mothers	<ul style="list-style-type: none"> <li>a) Limited success - good acceptance by the few women who attend clinics</li> <li>b) 3 partly trained nurses</li> </ul>	<ul style="list-style-type: none"> <li>a) Not reaching women - men resistant and uneducated</li> <li>b) No specific family planning clinics</li> <li>c) Lack of well trained staff</li> <li>d) Lack of supplies in clinics</li> <li>e) Poor coverage</li> </ul>

## B. MAIN IMPLEMENTATION SUCCESSES AND CONSTRAINTS

Following discussion by the whole RHMT of the detailed plan evaluation a summary of the main causes of implementation successes and constraints on implementation was drawn up. Both lists should be reviewed in future planning and implementation activities.

### (i) Causes of success

- (1) Community support and involvement
- (2) Coordination with other bodies
- (3) Use of Mass Media in health education
- (4) Well established programme/structure (e.g. RHM, outreach, immunisation, latrine construction)
- (5) Free services (immunisation, DSH)
- (6) Effort to undertake outreach services
- (7) Process of decentralisation
- (8) Competent and motivated people
- (9) Gearing services to community needs and wants

### (ii) Constraints

- (1) Inadequate trained personnel
- (2) Lack of staff/transport
- (3) Lack of involvement of key HQ officers in planning, budgeting and implementation
- (4) Weak linkages between region and programme units - lack of support from units for region
- (5) Poor co-ordination between regions and donors
- (6) Decentralisation not operational - budgeting, drug supply and distribution, transport, personnel management
- (7) Poor plan development
- (8) Inadequate information for monitoring and decision-making

C. MAIN PROBLEMS AND POSSIBLE RHMT RESOLUTIONS

Taking the list of main constraints, the RHMT worked in small groups to "unpack" the constraints and to identify actions they could take to get over them. The main focus was on actions the Team itself could take, although some actions were also identified for MOH headquarters.

(1) INADEQUATELY TRAINED PERSONNEL

CAUSES	PRIORITY (1 = high)	RHMT ACTION(S) TO RESOLVE
a) Bad planning of personnel training		a) Include more teaching skills in the nurse training programme
b) Inadequate number trained		b) RHMT to encourage staff to attend specialist talks by other trained personnel
c) Early retirement of personnel trained in MCH/FP		c) RHMT to assess regional training needs, plan and monitor regional training
d) Personnel untrained or unaware of needs		d) Improve deployment of trained personnel
e) FP training done outside the country, not integrated		
f) Poor deployment of trained staff - not posted in skill area		
g) Poor continuity of personnel training	2	
h) Rudimentary FP training basic nursing		
i) No training of clinic personnel in MCH/FP before posting	3	
j) Teaching skills not included in basic nurse training curriculum	1	

(2) LACK OF STAFF/TRANSPORT

CAUSES	PRIORITY (1 = high)	RHMT ACTION(S) TO RESOLVE
a) Bad Planning and lack of resources		a) Regions to make recommendations on staffing
b) Personnel planning too centralised		b) Regional manpower planning in co-operation with planning and personnel units
c) Bad roads		c) Selection of vehicles appropriate to roads
d) Lack of vehicles		d) RHMT develop vehicle replacement and maintenance plan
e) Poor service and maintenance of vehicles		e) Linking ambulance service to other emergency services
f) Transport management too centralised		f) Improve communication system to bring about better vehicle use
g) Poor communications systems		
h) Shortage of drivers		

(3) LACK OF INVOLVEMENT OF HEADQUARTERS OFFICIALS IN PLANNING, BUDGETING AND IMPLEMENTATION

CAUSES	PRIORITY (1 = high)	RHMT ACTION(S) TO RESOLVE
a) Poor understanding of regional roles and vice versa		a) Joint planning, budgeting with HQ to improve implementation
b) Poor communication		b) Each RHMT member to plan with own unit head
c) Perception that decentralisation diminishes power of HQ officials		c) RHMT to budget for region
d) Lack of response from HQ to requests and invitations from the region		d) RHMT to involve regional accountants in budgeting
		e) Better technical support from HQ accounts staff during budgeting process

(4) WEAK LINKAGES BETWEEN REGIONS AND PROGRAMME UNITS - LACK OF SUPPORT FROM UNITS

CAUSES	PRIORITY (1 = high)	RHMT ACTION(S) TO RESOLVE
a) Lack of communication between regions and programme units		a) Let appropriate programme unit heads be present at RHMT Planning process meeting
b) Decentralization is taking place without clear delineation of responsibilities and policy direction		b) Draw up specific workplan for RHMT

(5) POOR CO-ORDINATION BETWEEN REGIONS AND DONORS

CAUSES	PRIORITY (1 = high)	RHMT ACTION(S) TO RESOLVE
a) Poor communication from region upward and from region downward		a) Establish clearer lines of communication between the region and donors
		b) RHMTs should be given the opportunity to say what their priorities and needs are to MOH so that MOH in turn presents that to the donors and the donors can act according to regional needs/priorities

(6) DECENTRALIZATION NOT OPERATIONAL

CAUSES	PRIORITY (1 = high)	RHMT ACTION(S) TO RESOLVE
a) Operational guide lines are not realistic		a) Reconsider the original guidelines drawn to be more geared towards day today activities of the region
b) Do not know where the division is: who does what		b) Meet with MOH to discuss and clarify the organization chart at operational level.
c) Organizational chart as it relates to the decentralized structure is not clear		c) Strengthen teamwork within region

(7) POOR PLAN DEVELOPMENT

CAUSES	PRIORITY (1 = high)	RHMT ACTION(S) TO RESOLVE
a) Plan not complete in terms of detail	1	a) RHMT allocate time to prepare in detail
b) Plan not linked to <ul style="list-style-type: none"><li>- Recurrent budget</li><li>- Community budget</li><li>- Donors finances</li></ul>		b) Detail obtained from clinic nurses, committees, Health Assistants etc. c) Plan precede budget preparation

(8) INADEQUATE INFORMATION FOR MONITORING AND DECISION-MAKING

CAUSES	PRIORITY (1 = high)	RHMT ACTION(S) TO RESOLVE
a) Machinery for collecting and processing data is inadequate	1	a) Use RHMs to collect data from homes to clinic to RHMT
b) Lack of feed-back from HQ statistics unit		b) Set up regional data processing unit or strengthen HQ unit

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#### D. WAYS TO IMPROVE FUTURE PLANNING AND IMPLEMENTATION

From the day's discussions and, in particular, from the general discussion of constraints and resolutions, specific ways for the RHMT to future planning and implementation can be identified. These points will be especially important for the Team to consider in its future planning activities:

- (1) RHMT should focus on how to resolve problems itself e.g by inviting other units to its meetings
- (2) Improved teamwork within the region e.g. in relation to budgeting
- (3) "Bottom-up" planning within region-linking RHMT outwards with front line health workers and the community and enabling stronger link between workplan and daily activities of regional health officials.
- (4) Regional workplan (objectives/targets) to be more specific and clear ending easier evaluation of achievement.
- (5) Strengthen links with programme units
- (6) Better identification of, and emphasis on, priorities in the planning process
- (7) Careful development of new activities - emphasising programme structure and undertaking of its within community.
- (8) Link plans to budgets - considering available resources and using plan as budgeting tool
- (9) Regular monitoring of plan implementation by RHMT

At the same time, certain weaknesses in decentralisation exist which hinder the RHMT's ability to plan and implement effectively. MOH headquarters must note these weaknesses and act to resolve them, in order to improve future regional planning activities:

- (1) Statistical information not available at the regional level to enable good plan development and to permit monitoring plan implementation.
- (2) Budgeting procedure too centralised - inadequate information on available resources provided prior to detailed planning, budgeting
- (3) Inadequate technical assistance provided during process of planning, budgeting
- (4) Health Inspectorate too centralised - especially budget
- (5) Personnel management too centralised
- (6) Training planning too centralised
- (7) Transport management too centralised
- (8) Inadequate understanding of role of RHMT by many Headquarters officials, and thus, support for RHMT plans
- (9) Poor co-ordination between donors and regions.

## V EVALUATION

At the end of the one-day workshop the participants were asked to complete a short questionnaire which posed three sets of questions: (1) how well had the objectives of the workshop been met, (2) how valuable were the four major sessions, and (3) suggestions for follow-up the workshop outputs.

Only the participants from the region were asked to submit the questionnaire.

There were 11 respondents (100% of regional participants).

### Question 1 - Meeting Workshop Objectives

(On a scale of 1 through 5, with 1 = not met, 3 = partially met, and 5 = fully met)

		Shiselweni	Manzini	Hhohho	Lubombo
Objective 1: To continue the development of regional planning skills, through evaluation of 1986/87 workplan.	Mean Score	3.4	3.75	3.9	4.0
Objective 2: To identify activities necessary to permit the formulation of more useful workplans for 1987/88.	Mean Score	3.9	3.8	3.2	4.3
Objective 3: To develop ways to improve the implementation of workplans.	Mean Score	4.1	3.8	3.4	3.9

### Question 2 - Value of Workshop Sessions

(On a scale of 1 through 5, with 1 = of little value, 3 = of some value, and 5 = of great value)

Small Groups: Evaluation of plan implementation by programme area.	Mean Score	4.5	4.4	4.1	4.2
RHMT Discussion: Identification of successes and constraints of implementation.	Mean Score	4.4	4.3	4.0	4.5
Small Groups: Consideration of main problems and possible solutions.	Mean Score	3.9	4.0	3.9	4.0
RHMT Discussion: Identification of ways to improve regional planning and to bring about better implementation of regional plans.	Mean Score	3.7	4.0	3.8	4.0

Question 3 - Suggest ways to follow-up the workshop outputs

1. Frequent follow-up.
2. MOH must accept and act on our suggestions.
3. Hold quarterly RHMT meetings to evaluate plan progress. Identify constraints and work on them. Important to involve the advisors.
4. RHMT draft a report on successes and problems and submit to MOH leadership.
5. MOH headquarters must be aware of regional problems and respond to them.
6. Plan should be clearer, with more specific objectives and targets.
7. Emphasis should be on planning within available resources.
8. Bring donor representatives to October RHMT meeting to assist in setting budget/plan objectives. Can provide premises for multi-year plan guidelines.
9. Headquarters personnel should come to Shiselweni to assure an output by looking into plans and priorities.
10. Establish a timeframe to see how many recommendations and solutions from this workshop have been acted upon.
11. The workshop has demonstrated that we can still sit down and find solutions for our region.
12. Time and thinking is required to come up with a comprehensive budget for our region.
13. Frequent visits to RHMT by unit heads and workshop organisers.
14. Hold mandatory monthly workshops.
15. Formulate subcommittees within the RHMT to evaluate objectives.
16. Make it an on-going exercise.

Question 3 - Suggest ways to follow-up the workshop outputs

1. Each RHMT member should report on work plan progress at the monthly meetings.
2. Programme heads should be invited to RHMT meetings at least quarterly.
3. Hold regional workshops once or twice a year. Invite guests who can clarify issues.
4. Hold occasional meetings or seminars like today's.
5. Headquarters planning team should visit RHMTs at least twice a year to follow-up workshop outputs.
6. Follow-up at three-month intervals; any longer time will result in things being forgotten.
7. Improve individual awareness by reviewing decentralization, health planning, budgeting manuals and work closely with the RHMT.
8. Implement today's resolutions.
9. Planning unit visit special units in the region.
10. Make my own daily check-up register of the planned duties after the workshop.
11. Check with our colleagues after the workshop to be stimulated by their progress.
12. Hold a similar seminar to measure achievement made.

## Manzini Workshop Evaluation

### Question 3 - Suggest ways to follow-up the workshop outputs

1. Regular progress reports on activities.
2. Greater coordination among RHMT members.
3. Regular meetings to identify problems.
4. More time (two days) for future workshops to examine problems in greater depth.
5. Strict follow-up on workshop recommendations.
6. Regular meetings with HQ to discuss RHMT strategies. PS and others should attend RHMT meetings at least twice a year.
7. Invite more HQ officials to workshop.
8. Results of this workshop be provided within a short period of time (within 3 months).
9. Request a follow-up workshop.
10. Health Planning Unit should provide more assistance to RHMT in planning.
11. Participants for future workshops need not include all RHMT members.
12. A more thorough evaluation of successes and failures is required.
13. Allocate planning resources to the RHMT to assist in on-going monitoring and future plan formulation.
14. Give the programme unit heads copies of the workshop findings and reports.
15. Develop and publish a composite list of problems identified and solutions proposed by all regions.
16. From your notes from the four meetings, abstract the successes and/or seemingly good recommendations/ ideas and share them with others.
17. Thanks for your efforts!

## Hhohho Workshop Evaluation

### Question 3 - Suggest ways to follow-up the workshop outputs

1. Identify those who can take action on constraints, and meet with them.
2. Repeat same. Continuation of planning. Workshops are essential to boost activities.
3. Orientation of headquarters staff on decentralization.
4. Submit regular reports to RHMT on all activities. In this way we will know if we are reaching our goals.
5. Feedback on recommendations made.
6. Set time schedules to plans.
7. Follow-up set goals. Meet regularly.
8. Meet again.
9. Communications.
10. Facilitators make certain that resolutions are followed up by RHMT and HQ.
11. Regular meetings.

APPENDIX A

SHISELWENI WORKSHOP PARTICIPANTS

NAME

1.	Mr. Charles Mkhonza	R H A Shiselweni
2.	Ms. Thoko Maseko	Health Assistant Hlatikulu Hospital
3.	Ms. Alexia Masuku	Public Health Unit S/N
4.	Mrs. A.B. Mgulwa	Hlatikulu Hospital
5.	Mrs V.T. Tembe	Hlatikulu Hospital
6.	Edmund Dlamini	Health Inspectorate - Hlatikulu
7.	Zandile Tshabalala	Ministry of Health - Statistician
8.	Matron Abrahams	Ministry of Health - DCNO
9.	Dr. Henry Kalibbala	Hlatikulu Hospital
10.	Assunta Simelane	School Health Shiselweni
11.	Kholekile E. Masuku	S/N Nhlanguano Clinic
12.	Mduduzi Hlophe	Ministry of Health - Planning Officer
13.	L. Gilson	Ministry of Health
14.	M. Mdladla	Ministry of Health - SHA
15.	Al Neill	Ministry of Health
16.	Joe Bastian	Ministry of Health
17.	Med Wallace	Ministry of Health

APPENDIX B

MEMO

FROM: PRINCIPAL SECRETARY,  
MINISTRY OF HEALTH

TO: RHMTs

DATE: 27 AUGUST 1986

REF: MH/281

REGIONAL PLANNING WORKSHOPS

Following discussion with the Regional Health Administrators, the dates below have been established for the forthcoming regional planning workshops:

September 3rd	Lubombo	Regional Administration Office
September 5th	Shiselweni	(to be confirmed)
September 9th	Manzini	RFM Hospital
September 10th	Hhohho	(to be confirmed)

These workshops will follow-up the planning seminars held in January and are part of the continuing process of developing regional planning skills. The main activity of the day will be to evaluate the 1986/87 workplans prepared earlier this year; further information is enclosed with this letter.

Please will all RHMT members bring their copies of the report on the January seminar and their copies of the regional workplan. Before arriving at the workshop it is important that RHMT members consider implementation of the plan in their programme area, and are ready to discuss successes and constraints.

For confirmation of the organisational arrangements for each workshop, please contact the RHA.

We look forward to meeting with you on these days.

Thank You.



TMJ Zwane  
Principal Secretary

MINISTRY OF HEALTH  
 GOVERNMENT OF SWAZILAND  
 28 AUGUST 1986

REGIONAL PLANNING WORKSHOP  
SEPTEMBER 1986

SMALL GROUPS: EVALUATION OF PLAN IMPLEMENTATION BY PROGRAMME AREA

Groups should choose a recorder/rapporteur who will report back to the whole RHMT, and who will submit brief notes on group discussions for inclusion in the workshop report.

Discussion guidelines

- \* Discuss each programme assigned to the group in turn.
- \* Main questions to consider:
  - (1) Has each programme objective been achieved to a satisfactory extent?
    - examine objective indicators and expected outcomes
    - consider specified activities and whether they have been undertaken
    - is adequate information available?
  - (2) What are the reasons for programme successes?
  - (3) What are the constraints on programme implementation?
    - in each case consider:
      - has the plan helped to direct activities? was it specific enough to be used by all health workers within the region?
      - have programme units been involved in implementing the plan? would their help improve implementation?
      - have resources been available for the specified activities? has any attempt been made to re-allocate resources within the region in favour of the activities?
  - (4) Have major activities been undertaken which were not specified in the plan? if so, why?

MINISTRY OF HEALTH  
GOVERNMENT OF SWAZILAND  
28 AUGUST 1986

REGIONAL PLANNING WORKSHOP  
SEPTEMBER 1986

SMALL GROUPS: CONSIDERATION OF MAIN PROBLEMS AND POSSIBLE RESOLUTIONS

Groups should choose a recorder/rapporteur who will report back to the whole RHMT, and who will submit brief notes on group discussions for inclusion in the workshop report.

Discussion guidelines

- \* Aim: to get beyond the problems and to identify ways for the RHMT to resolve them
- \* Result: to improve the process of planning, allowing more effective implementation of plans in the future
- \* Structure discussions around accompanying worksheet.

MINISTRY OF HEALTH  
 GOVERNMENT OF SWAZILAND  
 SEPTEMBER, 1986

REGIONAL PLANNING WORKSHOP  
 EVALUATION

Please answer with your own, personal, viewpoint, not how you think the group feels. Your response will be kept confidential. Do not sign your name.

1. Mark on the scale how the workshop met the objectives for you, personally.

1.1 To continue the development of regional planning skills, through evaluation of 1986/87 workplan.

NOT MET		PARTIALLY MET		FULLY MET	
1	2	3	4	5	

1.2 To identify activities necessary to permit the formulation of more useful workplans for 1987/88

NOT MET		PARTIALLY MET		FULLY MET	
1	2	3	4	5	

1.3 To develop ways to improve the implementation of workplans

NOT MET		PARTIALLY MET		FULLY MET	
1	2	3	4	5	
	.	2/...			

- 2 -

2. Mark on the scale how valuable you think each of the sessions were for you personally:

2.1 Small groups: Evaluation of plan implementation by programme area.

OF LITTLE VALUE		OF SOME VALUE		OF GREAT VALUE
1	2	3	4	5

2.2 RHMT Discussion: Identification of successes and constraints of implementation.

OF LITTLE VALUE		OF SOME VALUE		OF GREAT VALUE
1	2	3	4	5

2.3 Small Groups: Consideration of main problems and possible resolutions.

OF LITTLE VALUE		OF SOME VALUE		OF GREAT VALUE
1	2	3	4	5

2.4 RHMT Discussion: Identification of ways to improve Regional Planning and to bring about better implementation of Regional plans.

OF LITTLE VALUE		OF SOME VALUE		OF GREAT VALUE
1	2	3	4	5

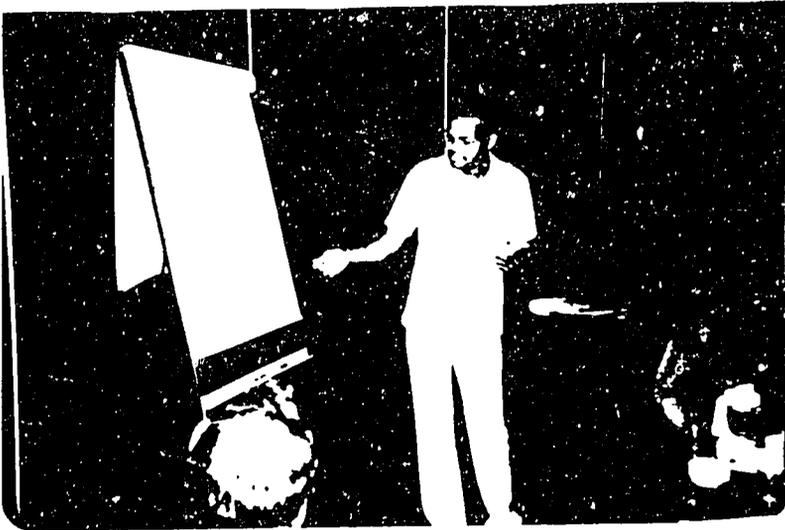
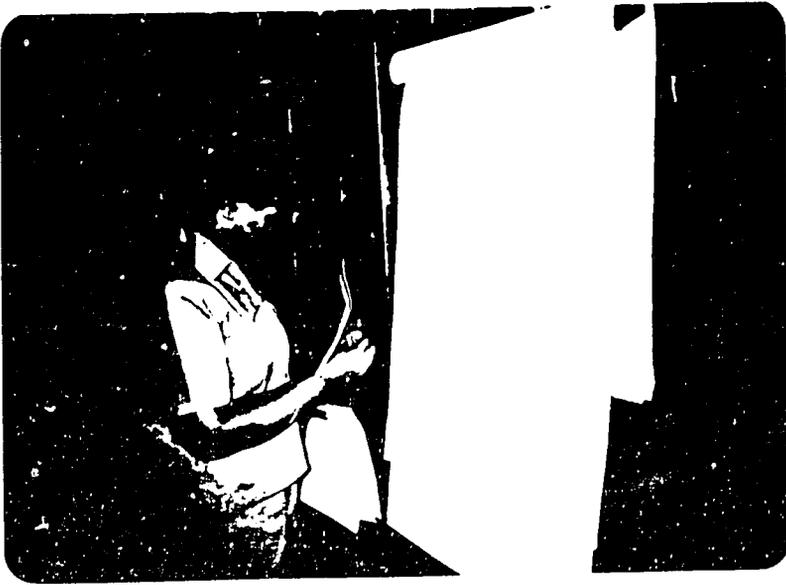
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3. Suggest ways to follow-up the workshop outputs:

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THANK YOU

NGIYABONGA



PLANNING IN PROCESS - SHISELWENI REGION - 5 SEPTEMBER, 1986

BEST AVAILABLE DOCUMENT

REGIONAL PLANNING WORKSHOP  
EVALUATION OF 1986/87 WORKPLAN  
MANZINI REGION  
9 SEPTEMBER 1986

REPORT OF ACTIVITIES AND OUTPUTS

Prepared in conjunction with Swaziland Primary  
Health Care Project (USAID Project No. 645-0220)

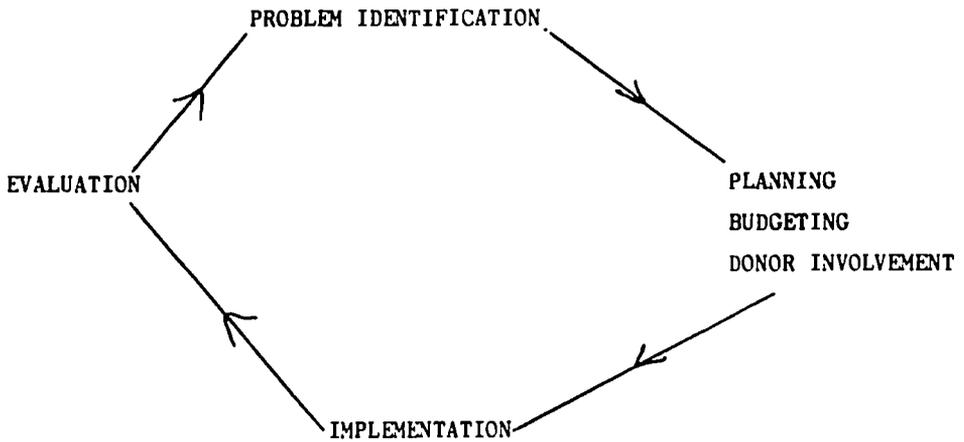
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I INTRODUCTION

In January 1986, a seminar was conducted with the Regional Health Management Team (RHMT) to introduce basic planning skills and the activity of regional planning. It was emphasised that the seminar represented only the start of a continuing process of planning skills development at the regional level. As a first step, it focussed on the identification of regional health problems and the fomulation of a regional workplan for 1986/87. The Seminar report is a useful reference for future planning activities and should be so used by the RHMT. Following the seminar, the RHMT considered again its plans and then submitted a final copy to the Planning and Statistics Unit. The final version was distributed to all Programme Units after review and approval by the MOH Policy and Planning Committee heads.

The process of planning does not, however, end with the development of a workplan. As the following diagram from the MOH Planning Manual indicates, the process of planning is a continuous cycle.



Source: p4 Planning Manual, October 1985 Health Planning and Statistics Unit

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The development of workplan for the region is a step in that cycle but a full cycle is not completed until the plan is implemented and implementation is evaluated. Indeed, the step of evaluation is absolutely necessary to ensure that one cycle is completed and a new cycle, built on the lessons of the old, is begun. Only through regular evaluation of the implementation experience can successive plans become increasingly effective in pursuit of the ultimate planning goal: the most efficient possible use of scarce resources in order to bring about improved health status among the Swazi people.

Whilst the concept of monitoring and evaluation was introduced in January (see Seminar Report), the activity could not then be undertaken. However, by September a five month implementation period for the 1986/87 regional workplan had passed - and the obvious next step for the RHMT was to evaluate achievement of plan objectives.

Such evaluation represented a direct follow-up of the January seminar, re-emphasising the planning skills introduced then and introducing additional skills. In both cases, the September workshop sought to note the RHMT's concern (see Seminar evaluation, January 1986 report) that it should continue to receive support and assistance in the early stages of its planning efforts.

Equally important was the workshop's focus on future planning activities through evaluation of the 1986/87 workplan. It sought to encourage the RHMT to identify success in implementation, and constraints on it, in order to improve the effectiveness of future plans. Although the RHMT cannot alleviate all constraints, it can go a long way towards resolving problems. It certainly must seek to address problems in order to fulfill its role in the efficient management of regional health services.

These ideas were first discussed with Ministry officials at central and regional level, before becoming the focus of the workshop. They are specified more precisely in the information which was distributed to the RHMT members prior to the workshop, and which follows.

## II OBJECTIVES, ACTIVITIES AND OUTPUTS

### REGIONAL PLANNING WORKSHOP

SEPTEMBER 1986

#### Objectives

1. To continue the development of regional planning skills, through evaluation of 1986/87 workplan.
2. To identify activities necessary to permit the formulation of more useful workplans for 1987/88.
3. To develop ways to improve the implementation of workplans.

#### Activities

1. Consider general use of 1986/87 workplan
  - Who has used it?
  - How has it been used?
2. Detailed evaluation of plan implementation and programme achievement.
3. Identification of successes and constraints in implementation by programme area.
4. Consideration of main constraints and ways of resolving problems.
5. Identification on ways of making regional planning more effective in the management of resources.

#### Outputs

1. Evaluation of plan implementation
2. Lists of successes and constraints
3. List of main problems and possible resolutions
4. Suggestions of ways to improve planning and implementation.

### III PROGRAMME

The workshop programme was designed around the previously noted objectives, activities and expected outputs. It also reflected the RHMT's positive response to learning through task, as indicated in the evaluation of the January Seminar (see seminar report). By undertaking specific exercises, the RHMT is best helped to develop planning skills.

For each small group task, discussion guidelines were provided (see Appendix C) and facilitators were available to support the groups. In discussions by the full RHMT, consensus was sought on each issue in order, finally, to make suggestions of ways to improve planning and implementation.

#### REGIONAL PLANNING WORKSHOP

SEPTEMBER 1986

8.00 Arrival

8.30 Introduction - Workshop Objectives

8.45 RHMT Discussion: Use of 1986/87 Workplan

9.00 Small Groups: Evaluation of Plan Implementation by Programme Area

10.30 Tea

11.00 RHMT Discussion: Identification of successes, and constraints in implementation.

12.30 Lunch

1.30 Small Groups: Consideration of main problems and possible resolutions

2.30 RHMT Discussion: Identification of ways to improve regional planning and to bring about better implementation of regional plans

3.30 RHMT Discussion: Other issues

4.00 Summary of activities and outputs

#### IV SUMMARY OF OUTPUTS

##### A. EVALUATION OF 1986/87 WORKPLAN IMPLEMENTATION:

Implementation of the 1986/87 plan was evaluated in small groups. Regional programme heads reported on achievements and constraints in their areas and drew their reports into the small group discussions. The reports were closely related to the plan's objectives and activities, indicating a general use of the plan in the regular meetings of the RHMT. However, the groups and the reports did not specifically examine the underlying issues related to the reasons for programme success, or constraints on implementation arising out of the process of planning/budgeting.

Major activities within the hospital services programme were identified which had not been considered within the plan - such as expansions to Mankayane hospital and new activities at RFM Hospital. Similarly, constraints on the effective management of regional hospital services - such as inadequate organizational links (no referrals within region) - were not addressed at all by the plan.

EVALUATION OF 1986/87 MANZINI PLAN IMPLEMENTATION

1. HEALTH EDUCATION

OBJECTIVE	SUCSESSES	CONSTRAINTS
1.1 Expand health education on respiratory infections, diarrhea and immunisation	a) Radio Campain for diarrhoea, immunisation b) On-going radio programmes in SiSwati and English c) Involvement of Nurses Association in immunisation campaign d) Interministerial Co-operation e) Inter-regional co-operation	a) Personnel shortages b) Transport shortages
1.2 Improve H/E skills of RHMs	a) Seminar for RHMs was held as planned	
1.3 Establish Community Health Committees	a) 7 Committees presently established	a) Personnel Shortages
1.4 Train and deploy four health educators		a) Creation of posts outside RHMT's responsibility

2. MCH/FP

OBJECTIVE	SUCCESES	CONSTRAINTS
2.1 Raise full immunisation coverage to 60% by 12/86	a) "Feel" that moving towards achievement of objective	a) No statistical information available with which to determine objective achievement
2.2 Each clinic to raise immunisation coverage by 20% 12/86	b) 3 new mobiles by KSII and 5 new mobiles by Mankayane PHU c) Home visits and follow-up by nurses, RHM, KSII Staff d) Training of 47 RHMs with more planned e) Good co-operation with other sectors in RHM training f) 10 more people; 3 more vehicles g) Involvement of Town Council in peri-urban areas h) 5 clinics doubled immunisation coverage	b) Personnel/staff shortages c) Limited involvement of other sectors in activities other than RHM training d) RHMs emphasise ORS rather than immunisation
2.3 Increase acceptors among adults	a) Increase in attendances of acceptors b) FP education by nurses and RIIMs c) Mankayane PHU visisted 2 community meetings to discuss FP education	a) Personnel shortages b) Transport shortages c) Not reaching male clients

### 3. RURAL CLINICS

OBJECTIVES	SUCCESES	CONSTRAINTS
3.1 Integrate all SDPS	<ul style="list-style-type: none"> <li>a) Integration of services in clinics has been undertaken</li> <li>b) 3 supervisors within region supporting clinics</li> <li>c) Home visits undertaken by clinic nurses and RHMs</li> <li>d) Nurses attended refresher courses</li> </ul>	<ul style="list-style-type: none"> <li>a) Budget for clinic supervisors</li> <li>b) Transport shortages</li> </ul>
3.2 Form health committees in every clinic area	<ul style="list-style-type: none"> <li>a) 7 committees formed - about 50% of clinics</li> <li>b) Good involvements of chiefs</li> </ul>	

### 4. WATER/SANITATION AND CDC

OBJECTIVES	SUCCESES	CONSTRAINTS
4.1 Improve access to potable water supply and pit latrine (40 springs, 800 latrines)	<ul style="list-style-type: none"> <li>a) 2 springs protected, 9 under construction</li> <li>b) 114 latrines built, 145 under construction</li> <li>c) Co-operation with RWSB</li> </ul>	<ul style="list-style-type: none"> <li>a) Inconsistently available transport</li> <li>b) Poor supply of materials</li> <li>c) Little responsiveness from HQ</li> <li>d) No response to WHO request</li> <li>e) Feedback from HQ not timely</li> </ul>
4.2 Determine number of springs/latrines per clinic catchment area	<ul style="list-style-type: none"> <li>a) 2 areas surveyed - assumed to be representative of other areas.</li> <li>b) Good understanding of needs in rural areas</li> <li>c) Increased reporting by HAS to HI</li> </ul>	<ul style="list-style-type: none"> <li>a) Lack of resources - poor supply of materials</li> </ul>

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4. WATER/SANITATION AND CDC (Cont'd)

4.3 Improve information flow in the region to make statistics more	a) Computer project design completed - applications identified and documented	a) Lack of time/funds
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4.4 Improve syphilis screening and contact follow-up	a) All hospital admissions screened for syphilis b) of 5 industrial forms approached, 3 accepted	a) Funding for reagents b) CPHL in Manzini needs reliable supply of reagents also c) Contact follow-up is passive, of questionable value
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5. HOSPITAL SERVICES PROGRAMME

5.1 Improve hospital management	a) Post approved, bodies available to fill Mankayane hospital supervisory positions b) RFM Assistant Administrator appointed and receiving training	a) Officer not yet in post - immediate difficulties b) Matron's supervisory roles within region not clearly defined
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6. SCHOOL HEALTH SERVICES PROGRAMME

OBJECTIVES	SUCSESSES	CONSTRAINTS
6.1 Increase the coverage of pre-school and primary school children in Manzini region from 20% to 60% yearly by 1986	a) Increased school coverage 20% to 33% of total no. of schools within region (50 primary schools and 17 pre-schools) b) Good cooperation within region c) Manzini Town Council involved d) Improved use of transport resources e) School Health Team established in Mankayane	a) Inadequate training for teams b) No vehicle for Mankayane Team

6. SCHOOL HEALTH SERVICES PROGRAMME (Cont'd)

OBJECTIVE	SUCSESSES	CONSTRAINTS
6.2 To promote life education in secondary and high schools	a) Good co-operation with FLAS b) 5 High Schools involved in Youth Workshop	a) Inadequate training in FLE

66 of

## B. MAIN IMPLEMENTATION SUCCESSES AND CONSTRAINTS

From the plan evaluation, the main causes of implementation success and the main constraints on implementation were to be identified. The focus was, thus, to be on the process of planning - but the evaluation itself tended to focus on more technical, programme-related issues and the problem of inadequate resource levels. Consequently, the summary lists below were not clearly drawn out of the previous discussions. They were, however, accepted as useful summaries by the RHMT.

### Causes of success:

- (1) Community participation - health education, water and sanitation, clinic committee
- (2) Use of mass media - Health Education
- (3) Intersectoral co-operation - other Ministries/NGOs
- (4) Involvement of Town Council
- (5) Inter-regional co-operation
- (6) Good links outwards to front-line health workers - MCH/FP and clinics/RHMs
- (7) Staff training - refresher courses
- (8) Well defined objectives/targets
- (9) Good RHMT teamwork in implementation

### Constraints:

- (1) Inadequate resources
- (2) Weak organisational links with other sector
- (3) Inadequate support from programme units and headquarters
- (4) Weak link between plans and budgets - poor coordination of mission and government services
- (5) Inadequate setting of priorities
- (6) Poor availability of information to plan and monitor effectively
- (7) Role of hospitals is unclear

- (3) Organisational links between government and mission inadequately defined
- (9) Plans not specific enough.

C. MAIN PROBLEMS AND POSSIBLE RHMT RESOLUTIONS

Taking the list of main constraints, the RHMT worked in small groups to "unpack" the constraints and to identify actions they could take to get over them. The main focus was on actions the Team itself could take, although some actions were also identified for MOH headquarters.

(1) INADEQUATE RESOURCES

CAUSES	PRIORITY (1 = high)	RHMT ACTION(S) TO RESOLVE
a) No posts because not requested b) Vehicles too old c) Too few vehicles d) Funds not adequate		a) RHMT specify staff needs and request appropriate posts b) RHMT to organise workshops and refresher courses for staff - plan for regional training needs c) RHMT assess vehicle needs and make appropriate requests d) RHMT invite CTA representative to attend meeting

(2) WEAK ORGANISATIONAL LINK WITH OTHER SECTORS

CAUSES	PRIORITY (1 = high)	RHMT ACTION(S) TO RESOLVE
a) Lack of decentralisation in other ministries		a) RHA formally introduced to other government ministries b) Other Ministries formally to appoint representatives within region to work with RHMT

(3) INADEQUATE SUPPORT FROM PROGRAMME UNITS AND HEADQUARTERS

CAUSES	PRIORITY (1 = high)	RHMT ACTION(S) TO RESOLVE
a) Organisational structure not clear with respect to link between regions and headquarters		a) Appoint Deputy Senior Health Inspector and Deputy Director for Health Services to improve contact with region b) Invite programme heads to RHMT meetings

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(4) WEAK LINK BETWEEN PLANS AND BUDGETS

CAUSES	PRIORITY (1 = high)	RHMT ACTION(S) TO RESOLVE
a) Budgetary control not decentralised		a) Decentralise budgetary control e.g. health inspectorate - assist link of plans to budgets
b) No information on available resources with which to budget		b) Strengthen RHA's position within region
c) Seperate planning/budgeting by government and mission		c) Joint planning/budgetary by government and mission

(5) INADEQUATE PRIORITY-SETTING

CAUSES	PRIORITY (1 = high)	RHMT ACTION(S) TO RESOLVE
a) Failure to involve communities		a) Strengthen RHAC and CHAC
b) Lack of skilled personnel and other resources		b) Identify and train relevant personnel
c) Failure to utilise available information to a maximum		c) Try to use available data profitably

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(6) INADEQUATE AVAILABILITY OF DATA

CAUSES	PRIORITY (1 = high)	RHMT ACTION(S) TO RESOLVE
a) Lack of personnel to collect data for evaluation		a) Regional Health Information System

(7) ROLE OF HOSPITALS/LINKAGE UNCLEAR

CAUSES	PRIORITY (1 = high)	RHMT ACTION(S) TO RESOLV.
a) RFM hasn't acknowledged its accountability to RHMT		a) Place on agenda of the next RHMT meeting
b) RHMT focuses primarily on the community, RFM on the hospital		b) Results from (a) to be communicated to practitioners.
c) Maldistribution of regional resources		
d) Authority/role of RHA and other RHMT members vis a vis other programme areas is ambiguous.		
e) Discrepancy exists between the written rule and the reality of daily life of the RHMT		
f) Theatre and other fees vary/may be a barrier to referrals Mankayane to RFM		
g) Practitioners may not be aware that they can refer to RFM		

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(8) ORGANISATIONAL LINKAGES BETWEEN GOVERNMENT/MISSION NOT CLEAR

CAUSES	PRIORITY (1 = high)	RHMT ACTION(S) TO RESOLVE
1. RHA's role not clear (similarly other Team Members who are government employees but report to RFM leadership)		In reality the team functions as a Regional Health Consultative Team. In that role, the team is evolving into a coherent group.
2. The model of decentralisation elsewhere doesn't work here		
3. Accountabilities are not the same: RFM to the Board of Trustees and the church of the Nazarene, and non RFM employees to the Ministry of Health		

(9) PLANS NOT SPECIFIC ENOUGH

CAUSES	PRIORITY (1 = high)	RHMT ACTION(S) TO RESOLVE
1. Inexperience		Will be resolved with repetition. Could be improved with the secondment of planning talent (assistance) to the team.
2. Lack of coordination with the budget		
3. Absence of data		

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#### D. WAYS TO IMPROVE FUTURE PLANNING AND IMPLEMENTATION

Within the region there are major organisational issues which remain unclear to the RHMT and which, consequently, limit the Team's effectiveness. As noted in consideration of the main constraints, the Team feels that "the model of decentralisation" does not work within the region but that the RHMT does serve a useful role as a consultative body. One group of concerns relate to the relationship between the mission and government bodies and the responsibilities/authority of mission personnel (e.g. RHA, matron) for government personnel and units. The other major concerns relate to the effectiveness of the RHMT as a body, especially as it lacks real influence in the budgetary process and real budgetary control. Given these perceived limits on the RHMTs' effectiveness, it tends to function only to direct public health services and has no influence in decisions about hospital services within the region. Yet these services consume the major proportion of resources used within the region and should be considered by the RHMT - if its responsibility towards the effective management of all health services within the region is to be assumed.

Perhaps as a result of the Team assuming only consultative status within the region, it did not focus on issues and solutions within its domain. Rather it considered almost exclusively major organisational questions or the problem of inadequate available resources. In order to assume greater responsibility for the effective management of services within the region, the Team must begin itself to address practical issues related to planning and budgeting. Suggestions of issues which the Team must, and can begin to consider are:

- (1) Improved teamwork between all regional officials
- (2) Improved link with community to identify health needs, establish priorities and encourage participation in implementation
- (3) Clearer workplan - to direct activities
- (4) Strengthen links with programme units through improved communication e.g. inviting unit heads to RHMT meetings

- (5) Link plans with budgets - plan within available resources, conduct joint planning and budgetary sessions with all government and mission units.
- (6) Obtain accurate information for planning and monitoring.

Some of the other weaknesses which affect the RHMTs' effectiveness in planning and budgeting are:

- (1) Lack of formal organisational link between RFM and government, which leaves unclear the role of mission personnel with responsibilities to both hospital and region e.g. matron's ability to supervise government nurses within the region; RHA's ability to advise on personnel/financial issues within government unit.
- <sup>2</sup>(2) Lack of clarity about RHMT's responsibility for budgeting and budgetary control, giving it no real budgetary "teeth"  
- centralised nature of some programme budgets e.g. health inspectorate
- (3) Given above issues, role of RHMT in region is not clearly understood.

These key issues must be addressed by MOH headquarters in order to provide a more supportive environment for the RHMT - in order to clarify its position within the Manzini region.

## V EVALUATION

At the end of the one-day workshop the participants were asked to complete a short questionnaire which posed three sets of questions: (1) how well had the objectives of the workshop been met, (2) how valuable were the four major sessions, and (3) suggestions for follow-up the workshop outputs.

Only the participants from the region were asked to submit the questionnaire.

There were 11 respondents (100% of regional participants).

### Question 1 - Meeting Workshop Objectives

(On a scale of 1 through 5, with 1 = not met, 3 = partially met, and 5 = fully met)

		Shiselweni	Manzini	Hhohho	Lubombo
Objective 1: To continue the development of regional planning skills, through evaluation of 1986/87 workplan.	Mean Score	3.4	3.75	3.9	4.0
Objective 2: To identify activities necessary to permit the formulation of more useful workplans for 1987/88.	Mean Score	3.9	3.8	3.2	4.3
Objective 3: To develop ways to improve the implementation of workplans.	Mean Score	4.1	3.8	3.4	3.9

### Question 2 - Value of Workshop Sessions

(On a scale of 1 through 5, with 1 = of little value, 3 = of some value, and 5 = of great value)

Small Groups: Evaluation of plan implementation by programme area.	Mean Score	4.5	4.4	4.1	4.2
RHMT Discussion: Identification of successes and constraints of implementation.	Mean Score	4.4	4.3	4.0	4.5
Small Groups: Consideration of main problems and possible solutions.	Mean Score	3.9	4.0	3.9	4.0
RHMT Discussion: Identification of ways to improve regional planning and to bring about better implementation of regional plans.	Mean Score	3.7	4.0	3.8	4.0

## Manzini Workshop Evaluation

### Question 3 - Suggest ways to follow-up the workshop outputs

1. Regular progress reports on activities.
2. Greater coordination among RHMT members.
3. Regular meetings to identify problems.
4. More time (two days) for future workshops to examine problems in greater depth.
5. Strict follow-up on workshop recommendations.
6. Regular meetings with HQ to discuss RHMT strategies. PS and others should attend RHMT meetings at least twice a year.
7. Invite more HQ officials to workshop.
8. Results of this workshop be provided within a short period of time (within 3 months).
9. Request a follow-up workshop.
10. Health Planning Unit should provide more assistance to RHMT in planning.
11. Participants for future workshops need not include all RHMT members.
12. A more thorough evaluation of successes and failures is required.
13. Allocate planning resources to the RHMT to assist in on-going monitoring and future plan formulation.
14. Give the programme unit heads copies of the workshop findings and reports.
15. Develop and publish a composite list of problems identified and solutions proposed by all regions.
16. From your notes from the four meetings, abstract the successes and/or seemingly good recommendations/ ideas and share them with others.
17. Thanks for your efforts!

Question 3 - Suggest ways to follow-up the workshop outputs

1. Each RHMT member should report on work plan progress at the monthly meetings.
2. Programme heads should be invited to RHMT meetings at least quarterly.
3. Hold regional workshops once or twice a year. Invite guests who can clarify issues.
4. Hold occasional meetings or seminars like today's.
5. Headquarters planning team should visit RHMTs at least twice a year to follow-up workshop outputs.
6. Follow-up at three-month intervals; any longer time will result in things being forgotten.
7. Improve individual awareness by reviewing decentralization, health planning, budgeting manuals and work closely with the RHMT.
8. Implement today's resolutions.
9. Planning unit visit special units in the region.
10. Make my own daily check-up register of the planned duties after the workshop.
11. Check with our colleagues after the workshop to be stimulated by their progress.
12. Hold a similar seminar to measure achievement made.

Question 3 - Suggest ways to follow-up the workshop outputs

1. Frequent follow-up.
2. MOH must accept and act on our suggestions.
3. Hold quarterly RHMT meetings to evaluate plan progress. Identify constraints and work on them. Important to involve the advisors.
4. RHMT draft a report on successes and problems and submit to MOH leadership.
5. MOH headquarters must be aware of regional problems and respond to them.
6. Plan should be clearer, with more specific objectives and targets.
7. Emphasis should be on planning within available resources.
8. Bring donor representatives to October RHMT meeting to assist in setting budget/plan objectives. Can provide premises for multi-year plan guidelines.
9. Headquarters personnel should come to Shiselweni to assure an output by looking into plans and priorities.
10. Establish a timeframe to see how many recommendations and solutions from this workshop have been acted upon.
11. The workshop has demonstrated that we can still sit down and find solutions for our region.
12. Time and thinking is required to come up with a comprehensive budget for our region.
13. Frequent visits to RHMT by unit heads and workshop organisers.
14. Hold mandatory monthly workshops.
15. Formulate subcommittees within the RHMT to evaluate objectives.
16. Make it an on-going exercise.

## Hhohho Workshop Evaluation

### Question 3 - Suggest ways to follow-up the workshop outputs

1. Identify those who can take action on constraints, and meet with them.
2. Repeat same. Continuation of planning. Workshops are essential to boost activities.
3. Orientation of headquarters staff on decentralization.
4. Submit regular reports to RHMT on all activities. In this way we will know if we are reaching our goals.
5. Feedback on recommendations made.
6. Set time schedules to plans.
7. Follow-up set goals. Meet regularly.
8. Meet again.
9. Communications.
10. Facilitators make certain that resolutions are followed up by RHMT and HQ.
11. Regular meetings.

## APPENDIX A

### MANZINI WORKSHOP PARTICIPANTS

#### NAME

1.	Jerry Nxumalo	Health Inspector, Town Council Manzini
2.	Miriam Dlamini	Eye Clinic, RFM
3.	Donald Luhlanga	Administrator, Mankayane
4.	Thandie Nxumalo	S/N Mankayane Hospital
5.	Elisha Mdluli	Administrator, RFM
6.	Catherine Dube	Sister, King Sobhuza II PHU
7.	Mary Ndlela	S/N Manzini School Health
8.	A.J. Manthala	Matron, RFM Hospital
9.	Patricia Simelane	Health Education Unit
10.	E.M. Tyrer	Health Education Unit
11.	Matron Ntiwane	Public Health Unit
12.	David Falk	Community Dr., Manzini
13.	Terry Newton	Financial Adviser, RFM
14.	Al Neill	Ministry of Health
15.	Jeanne McDermott	Ministry of Health
16.	Lucy Gilson	Ministry of Health
17.	Ned Wallace	Ministry of Health
18.	T.M.J. Zwane	Ministry of Health

APPENDIX B

MEMO

FROM: PRINCIPAL SECRETARY,  
MINISTRY OF HEALTH

TO: RHMTs

DATE: 27 AUGUST 1986

REF: MH/281

REGIONAL PLANNING WORKSHOPS

Following discussion with the Regional Health Administrators, the dates below have been established for the forthcoming regional planning workshops:

September 3rd	Lubombo	Regional Administration Office
September 5th	Shiselweni	(to be confirmed)
September 9th	Manzini	RFM Hospital
September 10th	Hhohho	(to be confirmed)

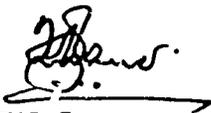
These workshops will follow-up the planning seminars held in January and are part of the continuing process of developing regional planning skills. The main activity of the day will be to evaluate the 1986/87 workplans prepared earlier this year; further information is enclosed with this letter.

Please will all RHMT members bring their copies of the report on the January seminar and their copies of the regional workplan. Before arriving at the workshop it is important that RHMT members consider implementation of the plan in their programme area, and are ready to discuss successes and constraints.

For confirmation of the organisational arrangements for each workshop, please contact the RHA.

We look forward to meeting with you on these days.

Thank You.



TMJ Zwane  
Principal Secretary

MINISTRY OF HEALTH  
GOVERNMENT OF SWAZILAND  
28 AUGUST 1986

REGIONAL PLANNING WORKSHOP  
SEPTEMBER 1986

SMALL GROUPS: EVALUATION OF PLAN IMPLEMENTATION BY PROGRAMME AREA

Groups should choose a recorder/rapporteur who will report back to the whole RHMT, and who will submit brief notes on group discussions for inclusion in the workshop report.

Discussion guidelines

- \* Discuss each programme assigned to the group in turn.
- \* Main questions to consider:
  - (1) Has each programme objective been achieved to a satisfactory extent?
    - examine objective indicators and expected outcomes
    - consider specified activities and whether they have been undertaken
    - is adequate information available?
  - (2) What are the reasons for programme successes?
  - (3) What are the constraints on programme implementation?
    - in each case consider:
      - has the plan helped to direct activities? was it specific enough to be used by all health workers within the region?
      - have programme units been involved in implementing the plan? would their help improve implementation?
      - have resources been available for the specified activities? has any attempt been made to re-allocate resources within the region in favour of the activities?
  - (4) Have major activities been undertaken which were not specified in the plan? if so, why?

MINISTRY OF HEALTH  
GOVERNMENT OF SWAZILAND  
28 AUGUST 1986

REGIONAL PLANNING WORKSHOP  
SEPTEMBER 1986

SMALL GROUPS: CONSIDERATION OF MAIN PROBLEMS AND POSSIBLE RESOLUTIONS

Groups should choose a recorder/rapporteur who will report back to the whole RHMT, and who will submit brief notes on group discussions for inclusion in the workshop report.

Discussion guidelines

- \* Aim: to get beyond the problems and to identify ways for the RHMT to resolve them
- \* Result: to improve the process of planning, allowing more effective implementation of plans in the future
- \* Structure discussions around accompanying worksheet.

MINISTRY OF HEALTH  
GOVERNMENT OF SWAZILAND  
SEPTEMBER, 1986

REGIONAL PLANNING WORKSHOP  
EVALUATION

Please answer with your own, personal, viewpoint, not how you think the group feels. Your response will be kept confidential. Do not sign your name.

1. Mark on the scale how the workshop met the objectives for you, personally.

1.1 To continue the development of regional planning skills, through evaluation of 1986/87 workplan.

NOT MET		PARTIALLY MET		FULLY MET	
1	2	3	4	5	

1.2 To identify activities necessary to permit the formulation of more useful workplans for 1987/88

NOT MET		PARTIALLY MET		FULLY MET	
1	2	3	4	5	

1.3 To develop ways to improve the implementation of workplans

NOT MET		PARTIALLY MET		FULLY MET	
1	2	3	4	5	

2/...

- 2 -

2. Mark on the scale how valuable you think each of the sessions were for you personally:

2.1 Small groups: Evaluation of plan implementation by programme area.

OF LITTLE VALUE		OF SOME VALUE		OF GREAT VALUE
1	2	3	4	5

2.2 RHMT Discussion: Identification of successes and constraints of implementation.

OF LITTLE VALUE		OF SOME VALUE		OF GREAT VALUE
1	2	3	4	5

2.3 Small Groups: Consideration of main problems and possible resolutions.

OF LITTLE VALUE		OF SOME VALUE		OF GREAT VALUE
1	2	3	4	5

2.4 RHMT Discussion: Identification of ways to improve Regional Planning and to bring about better implementation of Regional plans.

OF LITTLE VALUE		OF SOME VALUE		OF GREAT VALUE
1	2	3	4	5

3/...

3. Suggest ways to follow-up the workshop outputs:

.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....

THANK YOU

NGIYABONGA



PLANNING IN PROCESS - MANZINI REGION - 9 SEPTEMBER, 1986



PLANNING IN PROCESS - MANZINI REGION - 9 SEPTEMBER, 1986

REGIONAL PLANNING WORKSHOP  
EVALUATION OF 1956/57 WORKPLAN  
HHOHHO REGION  
10 SEPTEMBER 1956

REPORT OF ACTIVITIES AND OUTPUTS

Prepared in conjunction with Swaziland Primary  
Health Care Project (USAID Project No. 645-0220)

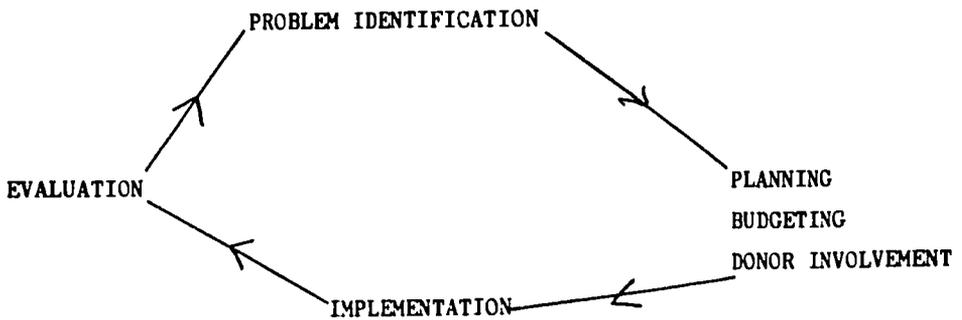
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I INTRODUCTION

In January 1986, a seminar was conducted with the Regional Health Management Team (RHMT) to introduce basic planning skills and the activity of regional planning. It was emphasised that the seminar represented only the start of a continuing process of planning skills development at the regional level. As a first step, it focussed on the identification of regional health problems and the formulation of a regional workplan for 1986/87. The Seminar report is a useful reference for future planning activities and should be so used by the RHMT. Following the seminar, the RHMT considered again its plans and then submitted a final copy to the Planning and Statistics Unit. The final version was distributed to all Programme Units after review and approval by the MOH Policy and Planning Committee heads.

The process of planning does not, however, end with the development of a workplan. As the following diagram from the MOH Planning Manual indicates, the process of planning is a continuous cycle.



Source: p4 Planning Manual, October 1985 Health Planning and Statistics Unit

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The development of workplan for the region is a step in that cycle but a full cycle is not completed until the plan is implemented and implementation is evaluated. Indeed, the step of evaluation is absolutely necessary to ensure that one cycle is completed and a new cycle, built on the lessons of the old, is begun. Only through regular evaluation of the implementation experience can successive plans become increasingly effective in pursuit of the ultimate planning goal: the most efficient possible use of scarce resources in order to bring about improved health status among the Swazi people.

Whilst the concept of monitoring and evaluation was introduced in January (see Seminar Report), the activity could not then be undertaken. However, by September a five month implementation period for the 1986/87 regional workplan had passed - and the obvious next step for the RHMT was to evaluate achievement of plan objectives.

Such evaluation represented a direct follow-up of the January seminar, re-emphasising the planning skills introduced then and introducing additional skills. In both cases, the September workshop sought to note the RHMT's concern (see Seminar evaluation, January 1986 report) that it should continue to receive support and assistance in the early stages of its planning efforts.

Equally important was the workshop's focus on future planning activities through evaluation of the 1986/87 workplan. It sought to encourage the RHMT to identify success in implementation, and constraints on it, in order to improve the effectiveness of future plans. Although the RHMT cannot alleviate all constraints, it can go a long way towards resolving problems. It certainly must seek to address problems in order to fulfill its role in the efficient management of regional health services.

These ideas were first discussed with Ministry officials at central and regional level, before becoming the focus of the workshop. They are specified more precisely in the information which was distributed to the RHMT members prior to the workshop, and which follows.

## II OBJECTIVES, ACTIVITIES AND OUTPUTS

### REGIONAL PLANNING WORKSHOP

SEPTEMBER 1986

#### Objectives

1. To continue the development of regional planning skills, through evaluation of 1986/87 workplan.
2. To identify activities necessary to permit the formulation of more useful workplans for 1987/88.
3. To develop ways to improve the implementation of workplans.

#### Activities

1. Consider general use of 1986/87 workplan
  - Who has used it?
  - How has it been used?
2. Detailed evaluation of plan implementation and programme achievement.
3. Identification of successes and constraints in implementation by programme area.
4. Consideration of main constraints and ways of resolving problems.
5. Identification on ways of making regional planning more effective in the management of resources.

#### Outputs

1. Evaluation of plan implementation
2. Lists of successes and constraints
3. List of main problems and possible resolutions
4. Suggestions of ways to improve planning and implementation.

### III PROGRAMME

The workshop programme was designed around the previously noted objectives, activities and expected outputs. It also reflected the RHMT's positive response to learning through task, as indicated in the evaluation of the January Seminar (see seminar report). By undertaking specific exercises, the RHMT is best helped to develop planning skills.

For each small group task, discussion guidelines were provided (see Appendix C) and facilitators were available to support the groups. In discussions by the full RHMT, consensus was sought on each issue in order, finally, to make suggestions of ways to improve planning and implementation.

#### REGIONAL PLANNING WORKSHOP

SEPTEMBER 1986

- 8.00 Arrival
- 8.30 Introduction - Workshop Objectives
- 8.45 RHMT Discussion: Use of 1986/87 Workplan
- 9.00 Small Groups: Evaluation of Plan Implementation by Programme Area
- 10.30 Tea
- 11.00 RHMT Discussion: Identification of successes, and constraints in implementation.
- 12.30 Lunch
- 1.30 Small Groups: Consideration of main problems and possible resolutions
- 2.30 RHMT Discussion: Identification of ways to improve regional planning and to bring about better implementation of regional plans
- 3.30 RHMT Discussion: Other issues
- 4.00 Summary of activities and outputs

IV SUMMARY OF OUTPUTS

A. EVALUATION OF 1986/87 WORKPLAN IMPLEMENTATION:

The detailed evaluation of the plan indicates some successes in terms of activities implemented. It also identifies planning problems which make implementation difficult - such as poorly specified and inappropriate objectives, inadequate consideration of activities undertaken. These problems in turn make monitoring achievement difficult, and are partly caused by the inadequacy of available information for planning and evaluation.

The plan was also incomplete in that it failed to consider certain priority areas - breastfeeding, weaning practices, nutrition and continuing hospital/clinic services. The latter services are continually provided and use the major proportion of regional resources, thus they must be considered in planning for the regional services.

HHOHHO RHMT 1986/87 WORKPLAN - EVALUATION

1. MCH/FP PROGRAMME

OBJECTIVE	SUCCESES	CONSTRAINTS
1.1 Increase supervised deliveries up to 50% by end of March 1987		a) Poor availability of information with which to monitor - no base data b) Objective too ambitious c) Activities not inclusive - need to include training/supervision of RHMs; workshops for traditional healers/school-teachers d) Maternity units not used because of staff shortages
1.2 Decrease of compliations resulting from cancer of the cervix by 10% by end of March 1987	a) Objective adequate b) Pap smears being done - should not be denied to those who want it, in any facility	a) Information problems
1.3 Reduce fertility rate by 10% by April 1987	a) Specified activities are being undertaken b) Additional, unspecified activities undertaken e.g training of FP nurses and FLAS' activities	a) Objective ill-defined - should consider increasing the number of acceptors b) Inappropriate attitudes of health personnel leading to inappropriate FP education

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1. MCH/FP PROGRAMME (Cont'd)

CAUSES	SUCSESSES	CONSTRAINTS
1.4 Increase birthweight - 5.5lbs by 10% by April 1987	<ul style="list-style-type: none"> <li>a) Scales provided to all health facilities</li> <li>b) Additional activities undertaken (going beyond stated objective)</li> </ul>	<ul style="list-style-type: none"> <li>a) Inadequate objective due to poor identification of birthweight problems</li> <li>b) Incomplete specification of activities need to include checking of birthweight to identify syphilis, at hospitals; preparation of checklist for Clinic Supervisors to use in clinic visits</li> <li>c) Further identification of objectives in relation to activities actually undertaken.</li> </ul>
1.5 Prenatal care attendance to increase from 26% to 40% of all expectant mothers, by april 1987	<ul style="list-style-type: none"> <li>a) Precise objective - use of base data</li> <li>b) Integration of services within clinics may encourage PNC attendance (though not specified activity)</li> <li>c) Effort made towards objective</li> </ul>	<ul style="list-style-type: none"> <li>a) Objective may not be appropriate</li> <li>b) Activities did not specify the role of the RHMs</li> <li>c) Mobile clinics only offer counselling and do not do check-ups</li> </ul>
1.6 Reduce teenage pregnancies by 5% by April 1987		<ul style="list-style-type: none"> <li>a) Inadequate information available to monitor achievement</li> </ul>

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## 2. WATER AND SANITATION

OBJECTIVES	SUCCESES	CONSTRAINTS
2.1 Increase pit latrines by about 3840 by April 1987 (40 per HA per month)	a) 99 latrines by 5 HAS since b) Material for 33 slabs paid at Emkhuzweni in last 3 months c) Good cooperation within region - emkhuzweni subsidising material for slabs d) Motivated personnel - HAS walking to homesteads, paying bus fares themselves e) Intersectoral co-operation - RWSB	a) Lack of vehicles b) Inadequate support from HQ delay of material supply c) RHAC doesn't meet - no coordination with other sectors, with RA d) No field allowance to support personnel
2.2 Propr collection and disposal of refuse (80% refuse bins in urban areas, and 60% pits in rural areas)	a) HAS attend community meetings discuss issue b) Good supply of health education materials c) Cooperation with Ministry of Natural Resources	a) No co-operation with Regional Administration to assist in urban areas b) Inadequate information to determine achievement c) Poor specification of objective - no base data
2.3 Provision of safe water to 70% by April 1987	a) Intersectoral cooperation - RWSB/Peace Corps b) Some activities undertaken - HAS promoting use of Jik and Javel	a) Poor specification of objective b) Inadequate intersectoral cooperation - RHAC not functioning

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2. WATER AND SANITATION (Cont'd)

OBJECTIVES	SUCCESES	CONSTRAINTS
2.4 Lower vectorborne infections by 30%	a) Clinics supplied with antimalarial drugs	a) Malaria and Bilharzia unit still centralised b) HAS not trained in malaria/bilharzia control c) No school health team based in Pigg's Peak to visit schools

3. CDC PROGRAMME

OBJECTIVES	SUCCESES	CONSTRAINTS
3.1 Reduce gonorrhea complications by 10% by March 1987	a) Good supply of drugs	a) Increasing number of cases b) Objectives ill-specified - need to consider infection not complications
3.2 Reduce syphilis complications by 10% by end of March 1987		
3.3 Lower rate of TB inpatients by 20% by end of March 1987	a) Immunisation coverage increased b) Seeking to involve traditional healers - meeting with them at Ngonini and Emkhuzweni in October	a) No drugs available

4. HOSPITAL AND CLINIC SERVICES PROGRAMME

OBJECTIVES	SUCCESES	CONSTRAINTS
4.1 100% immunisation, in health facilities, of target group (0-2years) on other visits - by April 1987	<ul style="list-style-type: none"> <li>a) Improved utilisation of available, appropriately trained personnel (in clinics and hospitals)</li> <li>b) Good co-operation with NGOS and donors (Red Cross, SCF, UNICEF)</li> </ul>	<ul style="list-style-type: none"> <li>a) Shortage of EPI trained personnel</li> <li>b) Cold chain problems - refrigerator break-downs</li> <li>c) Shortage of transport</li> <li>d) Budget not linked to plan</li> </ul>
4.2 100% availability of all essential drugs, supplies and equipment in all health facilities and for RHMs		<ul style="list-style-type: none"> <li>a) No success - RHMT cannot by itself achieve (has it made appropriate requests?)</li> </ul>
4.3 Establish Health Committees in all clinics by April 1987	<ul style="list-style-type: none"> <li>a) All but 2 clinics have Health Committees</li> <li>b) Good co-operation with chiefs and communities in formation stage</li> </ul>	<ul style="list-style-type: none"> <li>a) Limited effectiveness once functioning</li> </ul>
4.4 Screen all outpatients for hypertension, on yearly basis for those under 40 years and twice a year for those over 40	<ul style="list-style-type: none"> <li>a) Those known to be affected screened monthly</li> <li>b) Screening available daily for outpatients</li> </ul>	<ul style="list-style-type: none"> <li>a) Poor equipment</li> <li>b) Inadequate drug supply</li> </ul>

OBJECTIVES	SUCSESSES	CONSTRAINTS
4.5 Lower complications resulting from coronary diseases by 15% (heart and strokes)	a) Education provided	a) Information not available to measure/monitor b) No feedback on outcome of information given c) Incomplete plan

5. ENHANCING CHILDHOOD GROWTH

OBJECTIVE	SUCSESSES	CONSTRAINTS
5.1 Increase shcool feeding by 25% by end of April 1987		a) No data available to monitor b) Responsibility of Ministry of Agriculture c) Should be part of MCH/FP programme

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## B. MAIN IMPLEMENTATION SUCCESSES AND CONSTRAINTS

From the discussion of issues specific to each programme's implementation, lists of the common causes of success and of common constraints were drawn up. These lists should be referred to in future planning and implementation activities.

### (i) Causes of success:

- (1) Plan provides framework for activities
- (2) Motivated personnel (e.g. health assistants)
- (3) Intersectoral cooperation (e.g. in water and sanitation, in immunization)
- (4) Good RHMT motivation
- (5) Community support (e.g. in water and sanitation)
- (6) Integration of health services - among providers  
- with facilities
- (7) Learning through participation
- (8) Optimisation of available manpower (e.g. immunisation trained)
- (9) Effective drug distribution within region

### (ii) Constraints:

- (1) Ineffective RHAC (could provide access to chiefs)
- (2) Ineffective clinic committees (i.e. Community Health Committees)
- (3) Poor communications with RHMs, HAs and clinic nurses
- (4) Problems of decentralisation./capacity of RHMT
- (5) Lack of information for planning and monitoring
- (6) Insufficiently detailed plans
- (7) Poor support from headquarters
- (8) No link between plans and budgets
- (9) Budget structure does not support decentralisation
- (10) Inadequate resources (personnel/transport)
- (11) Poor identification of needs in relation to donor support.

C. MAIN PROBLEMS AND POSSIBLE RHMT RESOLUTIONS

Taking the list of main constraints, the RHMT worked in small groups to "unpack" the constraints and to identify actions they could take to get over them. The main focus was on actions the Team itself could take, although some actions were also identified for MOH headquarters.

(1) INEFFECTIVE RHAC

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CAUSES	RHMT ACTION TO RESOLVE
a) Lack of support from other sectors	a) Appointments to RHAC of other sector Reps should be made by respective PS'
b) Refused to convene again until met PS	b) PS meet RHAC
c) Do not understand their role	c) PS discuss role of RHAC with Regional Secretary
d) Chairman may not fully subscribe to the objectives of the MOH	

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(2) INEFFECTIVE CLINIC COMMITTEES

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CAUSES	RHMT ACTION TO RESOLVE
a) Poor understanding of, and interest in, Health issues - chiefs, indunas, etc	a) Health education to chiefs etc.
	b) Involve committees/chiefs in identification of needs - invite to RHMT meetings
	c) Meet with committee members and chiefs to discuss committee's role

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(3) POOR COMMUNICATIONS WITH RHMs, HAS AND NURSES

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CAUSES	RHMT ACTION TO RESOLVE
a) Change dates of payments to RHMs	a) Local RHM supervisors to pay
b) Poor transport for HAS	b) Supply HAS with transport
c) Field allowances for transport not paid	c) Pay field allowance for transport
d) Clinic supervisors involved in other activities (RHM training)	d) Improve HA supervision
	e) Identify replacement for supervisors when necessary
	f) Meet with RHMs, HAS, clinic nurses to involve them in planning process
	g) Establish quartersly reporting system

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A

(4) PROBLEMS OF DECENTRALISATION/CAPACITY OF RHMT

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<u>CAUSES</u>	<u>RHMT ACTION TO RESOLVE</u>
a) Inadequate staff to support RHA	a) Request support of MOH planning staff and PHC project staff
b) Inadequate skills within RHMT	b) Continuing training for RHMT members
c) Inadequate delegation of responsibility/ authority to RHMT	c) Request delegation of authority
d) No time-table/phasing of decentralisation	d) Co-operate with HQ in determining phasing of process

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(5) LACK OF INFORMATION FOR PLANNING AND MONITORING

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<u>CAUSES</u>	<u>RHMT ACTION TO RESOLVE</u>
a) Did not ask for information from below	a) Obtain appropriate information
b) Statistics collation/analysis not decentralised	b) Develop regional health information system

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(6) INSUFFICIENTLY DETAILED PLANS

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<u>CAUSES</u>	<u>RHMT ACTION TO RESOLVE</u>
a) Time consuming for RHMT	a) RHA co-ordinate inputs from skilled personnel within/ outside region and health sector - present to RHMTs for review
b) Lack of personnel within RHMT	b) Make plan more specific - relate activities to targets
c) Inexperience	c) Planning/accounts staff requested to assist
d) Inadequate support	

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(7) POOR SUPPORT FROM HQ

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CAUSES	RHMT ACTION TO RESOLVE
a) Poor communications - no response to letters	a) Request HQ relevant officers to attend RHMT meetings - assist in orientation
b) Confusion of responsibilities	b) Clarify lines of command - distribute job descriptions to Regional Officers
c) Poor understanding of HQ officers of implications of decentralisation	c) Request PS to attend

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(8) NO LINK BETWEEN PLANS AND BUDGETS

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CAUSES	RHMT ACTION TO RESOLVE
a) Planning came after budgeting	a) Plan before budget
b) Failure to consider curative services when planning	b) Complete/inclusive planning for all services
c) Budget structure does not support regions	c) Budget structure related to regional units
	d) RHMT to co-ordinate regional budgeting

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(9) INADEQUATE RESOURCES

CAUSES	RHMT ACTION TO RESOLVE
a) Expansion of activities whilst post not expanding	a) Set priorities for staff use
b) MOH unable to create posts	b) Involve NSD Sectoral Officer for Health
c) Transport maintenance inadequate	c) MOH revive dialogue with CTA
	d) Improve transport management at a regional level

(10) POOR IDENTIFICATION OF NEEDS IN RELATION TO DONOR SUPPORT

CAUSES	RHMT ACTION TO RESOLVE
a) Failure to HQ to involve RHMT in donor negotiations	a) RHMT to be involved before donor funds requested
	b) RHMT to identify regional needs for donor support

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#### D. WAYS TO IMPROVE FUTURE PLANNING AND IMPLEMENTATION

Before identifying some general suggestions of ways to improve the planning process, it was agreed that there was a need for immediate follow-up to the workshop. Specific recommendations were made which the RHMT can begin to pursue immediately by establishing priorities, assigning appropriate members to implement the recommendations and setting deadlines. In this activity the RHMT will receive the support of the headquarters administration planning staff. The RHA is to arrange an RHMT meeting to review the workshop's report, to be held in Pigg's Peak.

More general points were also raised for reference in future planning:

- (1) Plans must be linked to budgets.
- (2) RHMT must focus on issues and how to address them itself.
- (3) Improved teamwork within RHMT.
- (4) Bottom up planning - involving community and frontline health workers.
- (5) Joint planning with programme units.
- (6) Workplan must be more detailed - set priorities, use as tool for budgeting and implementation.
- (7) Improve problem identification and priority setting.
- (8) Improve availability of information for planning and monitoring.
- (9) Identifying areas for donor support.
- (10) Identify time-table for decentralisation - make recommendations to Task Force.

It was also clear that certain issues need to be addressed at the headquarters level in order to support the RHMT. These include:

- (1) Lack of time-frame for decentralisation implementation.
- (2) Limited understanding of implications of decentralisation for headquarters officers
- (3) Need for continued technical support for RHMT in its planning activities
- (4) Budgetary control/structure not linked to regions.
- (5) Health Information System not meeting regional needs.
- (6) Limited co-ordination of regions and donors.

## V EVALUATION

At the end of the one-day workshop the participants were asked to complete a short questionnaire which posed three sets of questions: (1) how well had the objectives of the workshop been met, (2) how valuable were the four major sessions, and (3) suggestions for follow-up the workshop outputs.

Only the participants from the region were asked to submit the questionnaire.

There were 11 respondents (100% of regional participants).

### Question 1 - Meeting Workshop Objectives

(On a scale of 1 through 5, with 1 = not met, 3 = partially met, and 5 = fully met)

		Shiselweni	Manzini	Hhohho	Lubombo
Objective 1: To continue the development of regional planning skills, through evaluation of 1986/87 workplan.	Mean Score	3.4	3.75	3.9	4.0
Objective 2: To identify activities necessary to permit the formulation of more useful workplans for 1987/88.	Mean Score	3.9	3.8	3.2	4.3
Objective 3: To develop ways to improve the implementation of workplans.	Mean Score	4.1	3.8	3.4	3.9

### Question 2 - Value of Workshop Sessions

(On a scale of 1 through 5, with 1 = of little value, 3 = of some value, and 5 = of great value)

Small Groups: Evaluation of plan implementation by programme area.	Mean Score	4.5	4.4	4.1	4.2
RHMT Discussion: Identification of successes and constraints of implementation.	Mean Score	4.4	4.3	4.0	4.5
Small Groups: Consideration of main problems and possible solutions.	Mean Score	3.9	4.0	3.9	4.0
RHMT Discussion: Identification of ways to improve regional planning and to bring about better implementation of regional plans.	Mean Score	3.7	4.0	3.8	4.0

## Hhohho Workshop Evaluation

### Question 3 - Suggest ways to follow-up the workshop outputs

1. Identify those who can take action on constraints, and meet with them.
2. Repeat same. Continuation of planning. Workshops are essential to boost activities.
3. Orientation of headquarters staff on decentralization.
4. Submit regular reports to RHMT on all activities. In this way we will know if we are reaching our goals.
5. Feedback on recommendations made.
6. Set time schedules to plans.
7. Follow-up set goals. Meet regularly.
8. Meet again.
9. Communications.
10. Facilitators make certain that resolutions are followed up by RHMT and HQ.
11. Regular meetings.

Question 3 - Suggest ways to follow-up the workshop outputs

1. Each RHMT member should report on work plan progress at the monthly meetings.
2. Programme heads should be invited to RHMT meetings at least quarterly.
3. Hold regional workshops once or twice a year. Invite guests who can clarify issues.
4. Hold occasional meetings or seminars like today's.
5. Headquarters planning team should visit RHMTs at least twice a year to follow-up workshop outputs.
6. Follow-up at three-month intervals; any longer time will result in things being forgotten.
7. Improve individual awareness by reviewing decentralization, health planning, budgeting manuals and work closely with the RHMT.
8. Implement today's resolutions.
9. Planning unit visit special units in the region.
10. Make my own daily check-up register of the planned duties after the workshop.
11. Check with our colleagues after the workshop to be stimulated by their progress.
12. Hold a similar seminar to measure achievement made.

Question 3 - Suggest ways to follow-up the workshop outputs

1. Frequent follow-up.
2. MOH must accept and act on our suggestions.
3. Hold quarterly RHMT meetings to evaluate plan progress. Identify constraints and work on them. Important to involve the advisors.
4. RHMT draft a report on successes and problems and submit to MOH leadership.
5. MOH headquarters must be aware of regional problems and respond to them.
6. Plan should be clearer, with more specific objectives and targets.
7. Emphasis should be on planning within available resources.
8. Bring donor representatives to October RHMT meeting to assist in setting budget/plan objectives. Can provide premises for multi-year plan guidelines.
9. Headquarters personnel should come to Shiselweni to assure an output by looking into plans and priorities.
10. Establish a timeframe to see how many recommendations and solutions from this workshop have been acted upon.
11. The workshop has demonstrated that we can still sit down and find solutions for our region.
12. Time and thinking is required to come up with a comprehensive budget for our region.
13. Frequent visits to RHMT by unit heads and workshop organisers.
14. Hold mandatory monthly workshops.
15. Formulate subcommittees within the RHMT to evaluate objectives.
16. Make it an on-going exercise.

## Manzini Workshop Evaluation

### Question 3 - Suggest ways to follow-up the workshop outputs

1. Regular progress reports on activities.
2. Greater coordination among RHMT members.
3. Regular meetings to identify problems.
4. More time (two days) for future workshops to examine problems in greater depth.
5. Strict follow-up on workshop recommendations.
6. Regular meetings with HQ to discuss RHMT strategies. PS and others should attend RHMT meetings at least twice a year.
7. Invite more HQ officials to workshop.
8. Results of this workshop be provided within a short period of time (within 3 months).
9. Request a follow-up workshop.
10. Health Planning Unit should provide more assistance to RHMT in planning.
11. Participants for future workshops need not include all RHMT members.
12. A more thorough evaluation of successes and failures is required.
13. Allocate planning resources to the RHMT to assist in on-going monitoring and future plan formulation.
14. Give the programme unit heads copies of the workshop findings and reports.
15. Develop and publish a composite list of problems identified and solutions proposed by all regions.
16. From your notes from the four meetings, abstract the successes and/or seemingly good recommendations/ ideas and share them with others.
17. Thanks for your efforts!

## APPENDIX A

### HHOHHO WORKSHOP PARTICIPANTS

#### NAME

1.	Ngwebendze Nhlabatsi	Hhohho Region Health Administrator
2.	Lindiwe Mokgokong	Hospital Administrator - Mbabane
3.	Esther Dlamini	Matron
4.	Karl Smensgard	Emkhuzweni Health Centre Administrator
5.	Dr. N. Khayyan	SMO Mbabane
6.	Dr. F. Monadjem	SMO Pigg's Peak
7.	Matron E. Khoza	Matron - Pigg's Peak
8.	Mduduzi Hlophe	Ministry of Health
9.	Joyce Vilakazi	Clinic Supervisor, Piggs Peak Nazarene
10.	L. Gilson	Ministry of Health
11.	V. Mdladla	Ministry of Health - SHA
12.	Al Neill	Ministry of Health
13.	Joe Bastian	Ministry of Health
14.	Ned Wallace	Ministry of Health
15.	Jeane McDermott	Ministry of Health
16.	Sandile Ceko	Ministry of Health
17.	Sipho Hlophe	Ministry of Health
18.	Precious Dlamini	PHU Piggs Peak
19.	Alson Kunene	Piggs Peak Administrator
20.	Patricia Simelane	Health Education Unit
21.	Mirriam V. Mabilisa	Mbabane PHU
22.	Matron Abrahams	Ministry of Health
23.	T.M.J. Zwane	Principal Secretary, MOH

APPENDIX B

MEMO

FROM: PRINCIPAL SECRETARY,  
MINISTRY OF HEALTH

TO: RHMTs

DATE: 27 AUGUST 1986

REF: MH/281

REGIONAL PLANNING WORKSHOPS

Following discussion with the Regional Health Administrators, the dates below have been established for the forthcoming regional planning workshops:

September 3rd	Lubombo	Regional Administration Office
September 5th	Shiselweni	(to be confirmed)
September 9th	Manzini	RFM Hospital
September 10th	Hhohho	(to be confirmed)

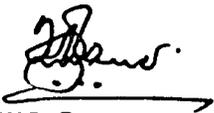
These workshops will follow-up the planning seminars held in January and are part of the continuing process of developing regional planning skills. The main activity of the day will be to evaluate the 1986/87 workplans prepared earlier this year; further information is enclosed with this letter.

Please will all RHMT members bring their copies of the report on the January seminar and their copies of the regional workplan. Before arriving at the workshop it is important that RHMT members consider implementation of the plan in their programme area, and are ready to discuss successes and constraints.

For confirmation of the organisational arrangements for each workshop, please contact the RHA.

We look forward to meeting with you on these days.

Thank You.



TMJ Zwane  
Principal Secretary

MINISTRY OF HEALTH  
 GOVERNMENT OF SWAZILAND  
 28 AUGUST 1986

REGIONAL PLANNING WORKSHOP  
SEPTEMBER 1986

SMALL GROUPS: EVALUATION OF PLAN IMPLEMENTATION BY PROGRAMME AREA

Groups should choose a recorder/rapporteur who will report back to the whole RHMT, and who will submit brief notes on group discussions for inclusion in the workshop report.

Discussion guidelines

- \* Discuss each programme assigned to the group in turn.
- \* Main questions to consider:
  - (1) Has each programme objective been achieved to a satisfactory extent?
    - examine objective indicators and expected outcomes
    - consider specified activities and whether they have been undertaken
    - is adequate information available?
  - (2) What are the reasons for programme successes?
  - (3) What are the constraints on programme implementation?
    - in each case consider:
      - has the plan helped to direct activities? was it specific enough to be used by all health workers within the region?
      - have programme units been involved in implementing the plan? would their help improve implementation?
      - have resources been available for the specified activities? has any attempt been made to re-allocate resources within the region in favour of the activities?
  - (4) Have major activities been undertaken which were not specified in the plan? if so, why?

MINISTRY OF HEALTH  
GOVERNMENT OF SWAZILAND  
28 AUGUST 1986

REGIONAL PLANNING WORKSHOP  
SEPTEMBER 1986

**SMALL GROUPS: CONSIDERATION OF MAIN PROBLEMS AND POSSIBLE RESOLUTIONS**

Groups should choose a recorder/rapporteur who will report back to the whole RHMT, and who will submit brief notes on group discussions for inclusion in the workshop report.

Discussion guidelines

- \* Aim: to get beyond the problems and to identify ways for the RHMT to resolve them
- \* Result: to improve the process of planning, allowing more effective implementation of plans in the future
- \* Structure discussions around accompanying worksheet.

MINISTRY OF HEALTH  
GOVERNMENT OF SWAZILAND  
SEPTEMBER, 1986

REGIONAL PLANNING WORKSHOP  
EVALUATION

Please answer with your own, personal, viewpoint, not how you think the group feels. Your response will be kept confidential. Do not sign your name.

1. Mark on the scale how the workshop met the objectives for you, personally.

- 1.1 To continue the development of regional planning skills, through evaluation of 1986/87 workplan.

NOT MET		PARTIALLY MET		FULLY MET	
1	2	3	4	5	

- 1.2 To identify activities necessary to permit the formulation of more useful workplans for 1987/88

NOT MET		PARTIALLY MET		FULLY MET	
1	2	3	4	5	

- 1.3 To develop ways to improve the implementation of workplans

NOT MET		PARTIALLY MET		FULLY MET	
1	2	3	4	5	

- 2 -

2. Mark on the scale how valuable you think each of the sessions were for you personally:

2.1 Small groups: Evaluation of plan implementation by programme area.

OF LITTLE VALUE		OF SOME VALUE		OF GREAT VALUE
1	2	3	4	5

2.2 RHMT Discussion: Identification of successes and constraints of implementation.

OF LITTLE VALUE		OF SOME VALUE		OF GREAT VALUE
1	2	3	4	5

2.3 Small Groups: Consideration of main problems and possible resolutions.

OF LITTLE VALUE		OF SOME VALUE		OF GREAT VALUE
1	2	3	4	5

2.4 RHMT Discussion: Identification of ways to improve Regional Planning and to bring about better implementation of Regional plans.

OF LITTLE VALUE		OF SOME VALUE		OF GREAT VALUE
1	2	3	4	5

3/...

3. Suggest ways to follow-up the workshop outputs:

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THANK YOU

NGIYABONGA



PLANNING IN PROCESS - HHOHO REGION - 10 SEPTEMBER, 1986



PLANNING IN PROCESS - HHOHO REGION - 10 SEPTEMBER, 1986