

Topic 6. How to evolve a district plan?

A hand out from the project on “Integrated management of public health programmes at district level”

This project was developed by incorporating ideas, suggestions and contribution from an interactive participatory process of dialogue and consultation involving public health and multidisciplinary resource network drawn primarily from mainstream institutions and the civil society network in India.

A draft manual evolved covering concepts and values Roles, Skills and Challenges and an Integrated Paradigm for the Public Health Management at District level. It also elaborates on, making a district diagnosis; organizing a health management information system; evolving a district plan; organizing an epidemiological surveillance system; responding to an epidemic and managing an outbreak; managing health programmes; managing human resources; organizing materials management; monitoring and evaluation; leading and building a health team; promoting, communicating and advocating for health; promoting and sustaining community partnerships; and building and sustaining partnerships with the educational sector; civil society, private sector and promoting an inter-sectoral collaboration.



**Developed by
Centre for Public Health and Equity, and its
associates, for the Society for Community Health
Awareness Research and Action, Bangalore.**

[A later edited version of this document has been included in a manual submitted to the WHO Regional Office in South East Asia, towards the fulfillment of grant for the same - 2010]

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Acknowledgements

Prof. L.M. Nath (VHAI) and
Dr. Thelma Narayan
(SOCHARA) for going
through all the chapters and
suggesting very useful
changes and additions.

Preface

This document is intended to serve as an evolving conceptual **framework for district level public health managers** in the health systems of the South East Asian countries. These managers, their knowledge, skills, attitudes, and openness to new challenges and new paradigms will remain one of the key determinants of the success of countries in reaching the **“Health For All”(HFA) vision** and the **Millennium Development Goals(MDG’s)**.

This document is a practical do it yourself workbook that draws upon some of the wealth of experience and resources in the past and present and tries to help district level managers address the complexities of today’s challenging global, national and local health situation and the emergence of new challenges and reemergence of older ones.

Readers are advised not to treat this document as a comprehensive manual but as **an evolving compilation of concepts in public health management**. This conceptual framework contains suggestions to tackle some of the problems, that the district level public health managers meet in their daily life as they lead, assess, respond, evaluate and learn from numerous health systems challenges. Where possible and feasible it directs the managers to other resources and materials that will provide them additional perspective and details (**see CD accompanying the manual**)

The authors/ facilitators have extensively worked in the community and have had decades of experience in supporting capacity building for public health/ community health in the main stream and civil society linked alternatives sector. They have also tried to draw upon the experience and the field-oriented perspectives of a network of public health capacity builders and trainers from the mainstream public health institutions and civil society training centers (**see list of contributors**).

This is **a work in progress**. The conceptual framework will, we expect, evolve into a guidebook that gets used and adapted by district level public health managers, trainers and supervisors of district level public health programmes. The document is expected to continue to evolve with the feedback from users making it more relevant, responsive, context specific and focused.

We see this document as the beginning of a new journey - **a journey of strengthening district level public health management**.

Dr Ravi Narayan
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6. Evolving a district plan ?^{1&2}

Health planning should aim at improving the health status of a given population while safe-guarding equity and fairness of access as well as responsiveness of the health system to the perceived needs of the community. The health plan should achieve this goal through the provision of efficient and effective health services, taking into account available resources and the available means and methods of health care.

6.1. Some principles and concepts in planning

a) Elements of health systems.

Health planning requires a background understanding of the functioning of the health system in a given country. In any health system, there are three important elements that are highly interdependent, namely: the **community**, the **health service delivery system** and the **environment** where the first two elements operate. (see figure 1)²

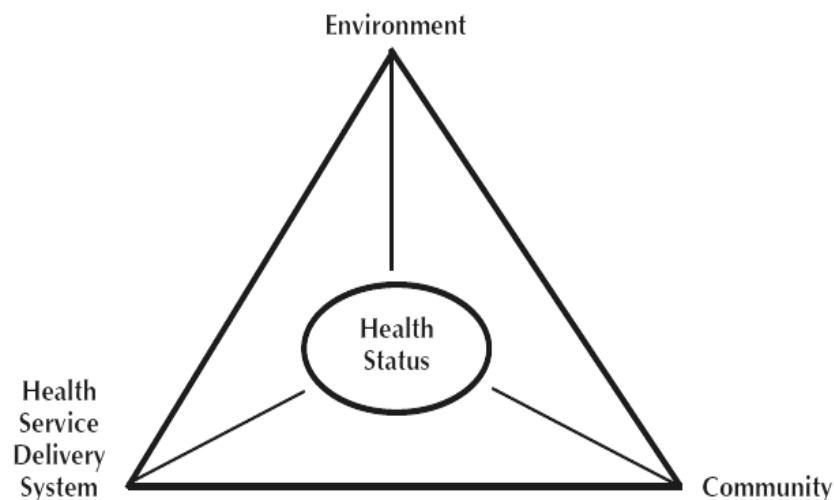


Figure1;Determinants of health status²

Community : In the diversity of the region this would include, cultural, ethnic, and religious difference as well as characteristics such as gender, marginalisation and social exclusion.

Health service delivery system: This would include health services in the governmental sector as well as those in the civil society, private and traditional/ folk sector. In all of them factors such as coverage, access, affordability and responsiveness to equity and health status would be important.

Environment: As explained earlier the contextual environment would include the social, economic, cultural, political, and ecological determinants, status and policies relevant to health systems.

b) The Planning cycle²

The planning cycle is a sequence of steps which must be followed in deciding what is to be included in the plan. The cycle seeks to answer the following questions:

Where are we now?

This requires a situational analysis to identify current health and health-related needs and problems

Where do we want to go?

This requires the selection of priorities and identification of objectives and targets to be met in order to improve the health situation and/or service delivery in a district.

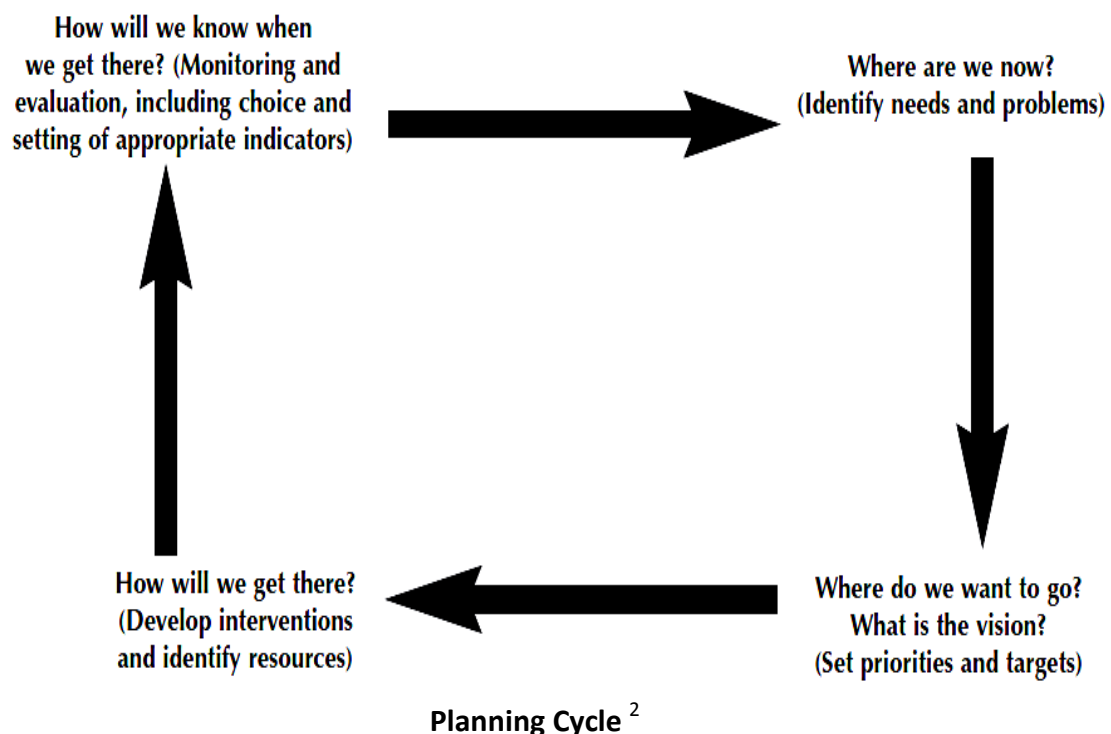
How will we get there?

This details and organizes the tasks or interventions to be carried out, by whom, during what period, at what costs and using what resources in order to achieve set objectives and targets.

How will we know when we get there?

This requires the development of measurable indicators for monitoring progress and evaluating results.

The above questions form a planning cycle as represented in Figure 2.



c) How to evolve a District Health Plan?

The District Public Health Manager along with all his district management team should regularly be involved in a realistic planning exercise as a shared responsibility with each member contributing his / her perception and evidence of the past years programme experience and critically contributing to the development of a annual plan for the district. The process consists of two broad exercises:

- i. Reviewing the past year and
- ii. Evolving the plan of action for the current year

i. Reviewing the past year

Step One : SWOT

All participants in this exercise should start with reviewing all the programmes they have been involved in during the past year and subjecting it to a SWOT analysis. A SWOT – means Strengths, Weaknesses, Opportunities and Threats. A SWOT is designed so that each planning and implementation team can identify the strengths and opportunities that the team can build on in the future while tackling the weaknesses and threats creatively and collectively

Strengths: achievements, good performances, successful activities and initiatives etc. – What went well and why?

Weaknesses: failures, poor or inadequate performance, unsuccessful efforts – What did not go well and why not?

Opportunities: what new developments took place? what additional resources were identified? What was unexpected but welcome and contributed to the success or achievements?

Threats: What were the obstacles or problems that affected programme performance? What negative developments are posing as a threat to improved and efficient programme responses in the future, what unexpected factors at community or team level could affect programme in the future.

Step Two: Problem analysis and objectives

From the SWOT and supplementing it with evidence and experience of the team, the next step is to identify:

What the problems are?

A problem is a gap between what is and what could be or an obstacle preventing bridging this gap.

There may be more than one problem. Sometimes the analysis of HMIS of the previous year also helps to identify these problems. For each problem identified, it is useful to also discuss the following:

- What is at risk from the problem?
- How do we intend to reduce the problem?
- How much reduction can be expected realistically?

These then when stated as such become the Objectives of the Plan.

Step Three: Activities

For each objective (or problem to be tackled) the next step is to break it up into a sequence of multiple activities or steps that will help us achieve that objective.

Activities may be direct services, support activities and development of the service / support.

Sometimes there may be different activities which may meet the same objective but it is necessary to decide which is the most appropriate approach or activity to reach that objective

Step Four: Resource Identification

Having outlined objectives for the year and identified some activities to achieve each objective, we need to identify resources needed and available for each of these activities.

These resources can be human power, equipment and supplies, finance and most important though often forgotten or ignored is the resources of time.

The amount of each resource required also needs to be determined to be able to get an estimate of resource and cost involved.

From these four steps a sort of broad district level plan will evolve but will need a continuing process of wider consultation and dialogue so that the plan is subject to participatory evaluation and dialogue and builds on feedback and suggestions from team members, community and other stakeholders.

For the plan to be operational at a programme level planning has to then be supported by five more steps that establish a framework and provide a more detailed structure.

ii. Evolving the plan

The 5 additional steps to evolve the plan are as follows:

Step One : Situational Analysis

This will include understanding the community; analyse the causes of the main health problems; looking at existing health services; and studying the resources;

Step Two : Problem analysis

This will include defining the causes and solutions of all the health problems to be included in the health planning exercises and prioritising them.

Step 3 : Setting objectives

This will include setting objectives that are specific, measurable, achievable and relevant, and feasible; which are essential for making plans and evaluating results. All objectives should be converted to operational targets – which refer to specified activities, populations and periods. The District health team can set its own operational targets by reviewing national and state goals.

Step 4 : Reviewing obstacles and limitations

This review will include questions such as, 'what is or could be preventing the achievement of the objective; limitation of resources – people, equipment, money, information and time; obstacles in the geographical, climate, technical and social environment; to what extent they can these obstacles be removed or reduced and finally a revision of the strategy accordingly.

Step 5 :Finalising the strategy for each objective

Once the objectives and strategies are finalised, then there is need to re look at alternative strategies; make a table of resources needed and available for the different strategies always remembering resources within the community; choosing the most suitable alternative strategy; and finally making a detailed activity schedule with relevant budgets

Through these five steps a practical annual district health plan can be evolved.

References:

1. WHO -SEARO, *Guidelines for implementation of Roll Back Malaria at district level*, SEA MAL-230 Draft, World Health Organization- Regional office for South East Asia, 2003
2. Chatora R, Tumusiime P, *Planning and Implementation of District Health Services Modules-4*, AFR/DHS/03.04 World Health Organization Regional Office for Africa. 2004

Further Reading

1. Mc.Mohan, R., Barton, E., Poit, M., Gelina, M., & Ross, F. Planning Health activities, in *On Being In Charge*. Second ed. England: World Health Organization; 1992. Pp 267-299
2. Chatora R, Tumusiime P, Basic Concepts of District health Planning , in *Planning and Implementation of District Health Services Modules-4*, AFR/DHS/03.04 World Health Organization Regional Office for Africa. 2004, Pp 1-5.
3. Chatora R, Tumusiime P, Steps in Planning Process, in *Planning and Implementation of District Health Services Modules-4*, AFR/DHS/03.04 World Health Organization Regional Office for Africa. 2004, Pp 21-44.
4. WHO- EMRO, District Planning workshop, *Integrated Management Of Child Health: Guide To Planning For Implementation Of IMCI At District Level*, WHO-EM/CAH/184/E/10.08/250, Cairo, World Health Organization- Regional Office for the Eastern Mediterranean, 2008. Pp 37-68.