

Class 1. Introduction to planning

Objectives

At the end of this class the students will know

- ◆ what is planning & why planning is important
- ◆ what are the three main models of planning (including both strong and weak points)
- ◆ what are the steps of a generic planning model

The concept of planning was conceived in the 20th century, and has been used in developing countries for about thirty years. Planning as a discipline makes decisions about the future of organizations. For the majority of us this term is not new since to some degree or other each of us tries to plan our activities today, tomorrow and into the future. Health planning has been used in developing countries for about 30 years.

The definitions of planning are numerous. One of the most detailed and comprehensive definition is the following:

Planning is a continuous process which involves decisions or choices about alternative ways of using available resources, with the aim of achieving particular goals and objectives in an efficient manner at some time in the future.

The essential points included in the concept of planning are the following:

1. What would we like to achieve? (Objectives)
2. Using what? (Resources)
3. In what way? (Implementation of strategies)
4. When? (Future)

So, why plan?

To create the future and achieve desired results (i.e. goals, objectives) by the proper and most efficient use of available and sometimes limited resources

1. Types of Planning

In general two main types of planning are identified: **activity planning** and **allocative planning**.

Activity planning relates to the setting of monitorable timetables and schedules for the implementation of pre-set activities.

The more complex and contentious side of planning is **allocative planning**, which is making decisions as to how an organization, including health care service organizations use resources for the future.

Planning as an activity carried out by an organization depends on factors related to the organization, its constitutional structures, type of organization (i.e. private or public), professional attitudes, external factors such as legislative control. For the organizations dealing with health care services, provision planning depends also on how the term “health” is viewed. In the narrowest concept of health it is seen as a measure of the state of physical organs of the body. An individual is unhealthy if there is a malfunctioning of a part of the body. A broader, but related, definition sees health as the ability of the body as a whole to function. In contrast, the World Health Organization (WHO) defines health as “a state of physical, mental and social well being and not merely the absence of disease or infirmity”. It

sees the health of an individual or community as being concerned not only with physical and mental status, but also with social and economic relationships.

Thus, an organization's view of health will affect the choice of planning activities. For example, the narrowest definitions are closely associated with a medical model of health, in which the role of health services is seen as paramount in restoring the functioning of the unhealthy body. Wider concepts suggest that much broader interventions, including community empowerment and anti-poverty measures, are necessary to promote health.

Further, methods of planning and decision making depend also on the type of organization: private or public. For example: the Armenian health care system includes both private and public types of organizations. The aims of the organization are often different leading to different plans. The primary goal of public sector institutions is improvement of the health of the community by meeting health needs. Private sector health care providers, by contrast, have as their objective the making of profits by responding to health demands. The Ministry of Health has wider responsibilities in the individual health promotion of citizens. These responsibilities define a particular form of health planning, which is broader and qualitatively different from that undertaken by other organizations. Thus public sector plans provide the opportunity for a more holistic and balanced view of health and its promotion. Private firms, by contrast, are only concerned with their own provision of services. Private firms as well as non governmental organizations operate within a context and environment controlled by the regulatory function of the state. This includes the setting of standards, fee levels, location of services, etc. The state has the dual role of planning its own direct service-provision activities together with its regulatory functions towards other health- service providers.

Finally, planning is not solely the production of a plan by an organization. Planning is concerned with change and is a political process. To be effective, a decision-making organization must take into account the broad picture including the environment in which it exists and functions.

We now know in general why planning is done and why it is necessary to plan. The next important question to discuss is how to plan or **planning approaches**.

2. Planning Models

A number of experts in the sphere of planning have distinguished between three different models of planning:

1. Comprehensive rationalism
2. Mixed scanning
3. Incrementalism

It should be mentioned that they are useful as conceptual tools to highlight different aspects of planning, but not as models existing in pure forms. In practice these models are inevitably combined.

a) Comprehensive rationalism

Comprehensive rational planning can be presented by a continuous circle (Fig. 1), including:

1. Analysis of the current situation or problem to be solved
2. Making decisions about aims and targets, (setting goals and objectives)
3. Listing possible alternative courses of action, and assessing feasibility and capability to achieve the aims
4. Choosing the most appropriate alternative

5. Taking actions to implement it.

The cycle starts again with the reassessment or evaluation of the situation.

Figure 1. Comprehensive rationalism planning circle (E. Green “An Introduction to Health Planning in Developing Countries”)



Comprehensive rationalism is a planning model based on a complete analysis of every possible alternative. This model of planning has its advantages and disadvantages.

Advantage:

- all possible courses of action (including the "best one") are considered

Disadvantages:

- Conditions (for complete analysis) cannot be met – in real life it is impossible to carry out such a comprehensive and exhaustive list of operations. The information and human- resource requirements of examining the detailed implication of each option are vast.
- Approach suggests a chronologically ordered cycle of events each starting from the previous one. In practice a number of sub-cycles are likely to be set. Indeed, various activities may occur in parallel.

b) Mixed-scanning planning

This model focuses planning attention on only selected areas of interest – an early stage in the modified cycle (see Fig. 2) involves determining the priority or problems areas for planning, and it is within these that the examination of options occurs.

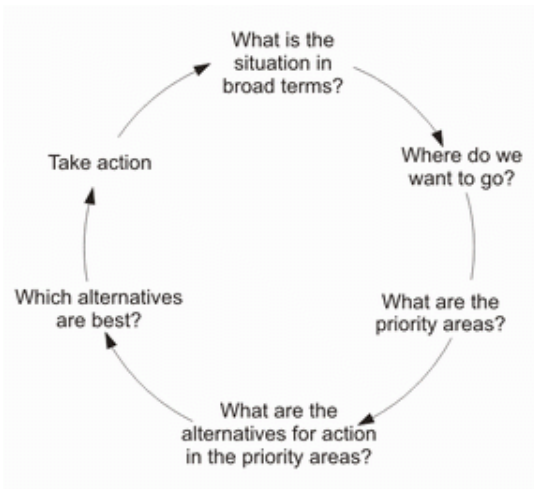
Advantages:

- Entire system examined, and all possibilities considered for major problem areas. It is less costly in terms of time and information resources (efficient), and comprehensive.

Disadvantages:

- Involves subjective judgments when selecting priority areas.

Figure 2. Mixed-scanning planning model (E. Green “An Introduction to Health Planning in Developing Countries”)

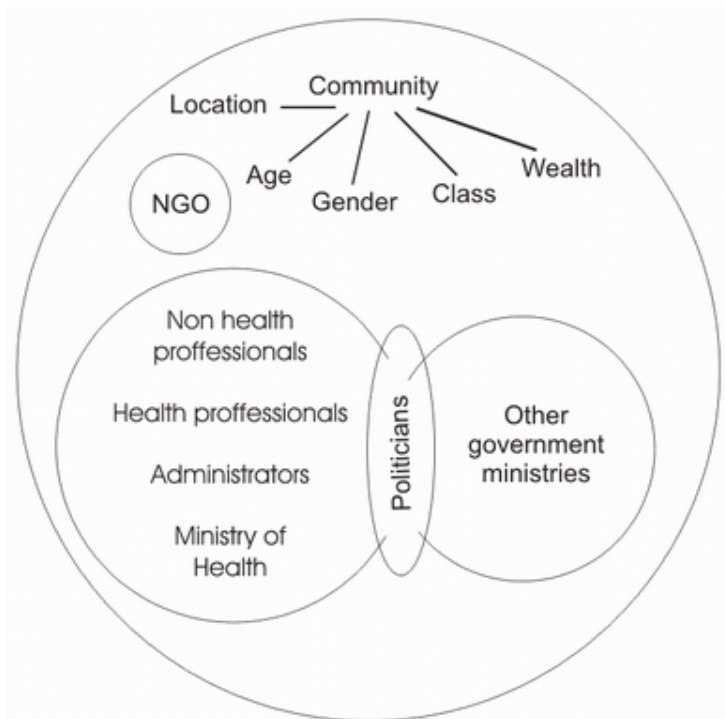


c) Incremental planning

The third model for planning is **incrementalism**. It recognizes the political nature of planning in a far more overt manner than either of the previous approaches. The term "political" means that the planning recognizes the nature and effect of different interest groups in society, whether based on class, employment or business, area of residence, professional or trade union association, gender, or any of the other variables, which determine an individual's values, loyalties, and actions.

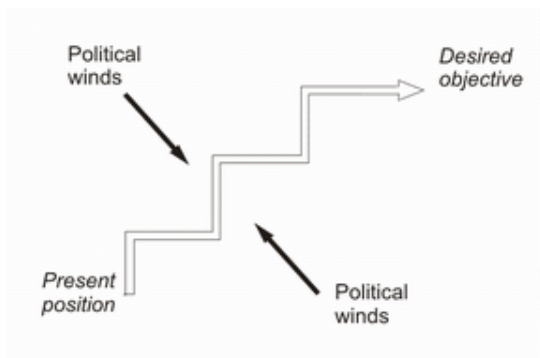
Figure 3 provides a diagrammatic representation of some of the major groups and sub-groups which are likely to have an interest in planning decisions in public health. Therefore to be effective planning needs to obtain a balance between the views of central decision-makers and those at the periphery, as between the views of health care providers and communities.

Figure 3. Diagrammatic representation of the major groups and sub-groups likely to have interest in planning decisions in public health (E. Green “An Introduction to Health Planning in Developing Countries”)



The incremental planning model suggests that planners should take into account existing political forces, and adapt their plans accordingly. This can perhaps be compared with wind-powered sailing. The sailor who takes no account of prevailing winds and attempts to steer a straight-line course may soon capsize. The successful sailor is rarely sailing directly towards the desired destination, but rather recognizes the direction of the wind and 'tacks' in a series of steps towards the desired destination.

Figure 4. Incremental planning model (E. Green “An Introduction to Health Planning in Developing Countries”)



Unlike pure **rationalism**, which sees planning as an ordered march towards the set goal, using the shortest distance between the point of origin and the ultimate destination, incrementalism recognizes the need for short-term diversions from this path.

Advantages of the incremental planning :

- operates from a strong base of information; easy to return to former state, if necessary; recognizes political realities.

Disadvantages:

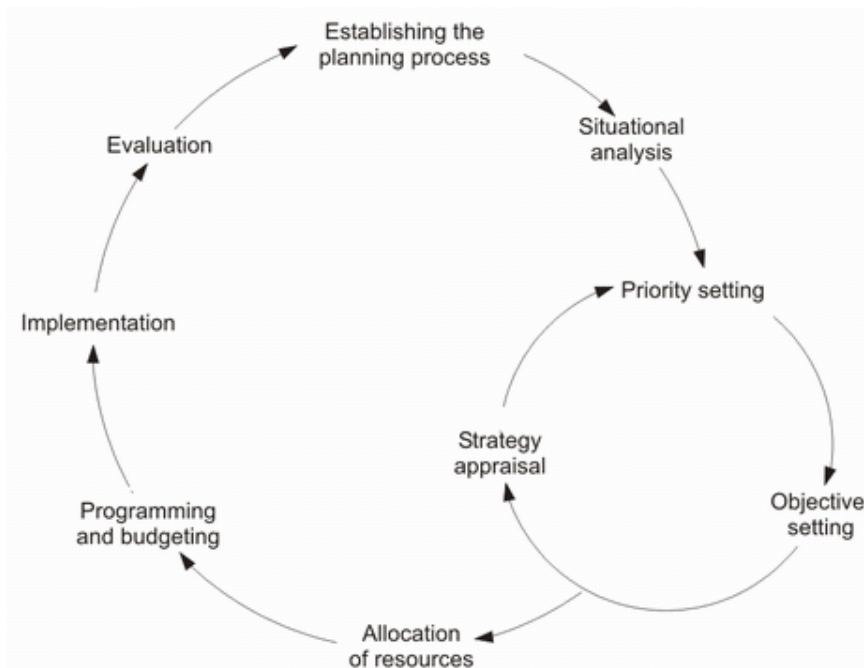
- modest incremental steps may be insufficient to respond to threats and opportunities. For example too much attention to political analysis may stifle the possibility of the sort of radical change necessary in many developing countries resulting in the development of an inappropriate health-care structure.

A successful planning approach must combine strong technical skills with recognition of the political process. A clear understanding of the desired ends of planning is needed together with a systematic approach to the planning process.

d) Generic health planning model.

Now let's bring all these elements together into a realistic but rational approach to planning – the generic health planning model.

Figure 5. Generic planning model (E. Green “An Introduction to Health Planning in Developing Countries”)



As we can see from the diagram, the generic health-planning model is a cyclical set of activities. In fact it is not a cycle but a spiral where the end-point of each cycle forms the start of the next cycle, but at the higher level.

Steps of the generic planning model

Any planning cycle starts from the following steps:

- (1) *Establishing the planning process*, which is a consensus – building step in which the planning team is formed and the planning process is agreed upon.
- (2) *Situational analysis* – an assessment of the present situation from various perspectives. It includes analysis of the health status of the target population (health situation, demographic patterns, health needs); socio-economic conditions; health and non-health related services and infrastructure (facilities, utilization of the services, interrelationships); resources of the health

sector (financial resources, personnel, equipment, and buildings), as well as political and policy environment within which the health sector operates.

- (3) *Priority, goals, objective setting, strategy appraisal*– a complex interactive step in which the results of the situational analysis are used to
 - (a) identify the goals, objectives, and targets of an organization feasible within the social and political climate, and the context of available resources;
 - (b) generate and assess various options ("option appraisal") for achieving each of the set objectives and targets. Thus, it is a determination of priority areas for targeted actions using specific strategies to reach explicit objectives.
- (4) *Allocation of resources* – the distribution of resources, in particular financial resources from the center to the peripheral levels. This becomes the true indicator of where priorities lie.
- (5) *Programming and budgeting* – translation of the preferred options or combination of approaches into broadly defined programs with specific budgets and other resources.
- (6) *Implementation (of the plan)* – transforming the broad programs into more specific timed and budgeted sets of tasks and activities, as well as drawing up of a more operational plan or a work plan. (Some would classify this as implementation, or management, rather than planning). An important part of this stage is the monitoring of the implementation of these activities.
- (7) *Evaluation* – gathering and analyzing information about existing programs for use in planning of further activities. It provides the basis for the next situational analysis.

3. Planning activities and terms

At the end we would like to provide you with a list of planning activities and terms you can meet while reading planning related literature or planning your own programs.

Terms	Activities
Economic/development planning	National-level activity aimed at steering the economic or development policies, primarily through public expenditure or fiscal policies
Strategic plan	Document outlining the direction an organization is intending to follow, with broad guidance as to the implications for services or action
Business plan	Strategic plans prepared by business organizations setting out their direction, and usually providing income and expenditure projections
Corporate planning	Term, now not often used, to describe an integrated approach to planning for an organization. Analogous to business plan
Regulatory planning	Activities of state planning bodies that set planning guidelines for private-sector activities
Service/program planning	Planning focusing on the services to be provided. Used to contrast with capital planning (see below)
Capital planning	Plans focusing on the capital developments of an organization such as its building program
Project planning	Planning focusing on discrete time-limited activities

Terms	Activities
Human resource/ manpower planning	Plans focusing on the human resource requirements of an organization or country
Physical plans	Plans relating to construction elements
Operational plans	Activity plans detailing precise timing and mode of implementation
Work-plans	Operational plans referring to the activities of a small unit or of an individual

As we have learned, in order to create the future and to achieve desired results (goals, objectives) by the proper and most efficient use of available resources, we need to plan. For the planning process to be successful, a certain amount/type of information is required. In many situations (especially in the health field) the data needed for planning do not exist in ready form. In our next class we will discuss the process of the collection of necessary information.

Self-assessment questions

1. For the planning process to be successful, one should focus on 2 points:

- 1- what would we like to achieve? (Objectives)
- 2- in what way? (Implementation of strategies)

True False

Answer: False. See page 1.

Four essential points included in the idea of planning are the following:

- 1) What would we like to achieve? (Objectives)
- 2) Using what? (Resources)
- 3) In what way? (Implementation of strategies)
- 4) When? (Future)

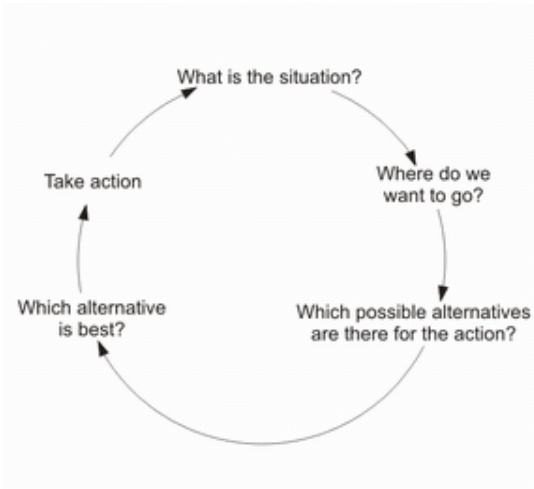
2. What type of planning includes “setting of monitorable timetables and schedules for the implementation of pre -set activities”?

Please choose one:

- a) Activity planning
- b) Allocative planning

Answer: a). See page 1.

3. What model of planning is represented by the circle below?



Please choose one:

- a) Comprehensive rationalism
- b) Mixed scanning
- c) Incrementalism

Answer: a) Comprehensive rationalism. See page 2 and figure 1.

4. Number the following steps of a generic planning model according to the correct sequence.

Allocation of resources
Situational analysis
Establishing the planning process
Evaluation
Programming and budgeting
Priority, goals, objective setting, strategy appraisal
Implementation (of the plan)

Answer:

See page 5.

A planning cycle is represented by the following sequence:

- 1) Establishing the planning process
- 2) Situational analysis
- 3) Priority, goals, objective setting, strategy appraisal
- 4) Allocation of resources
- 5) Programming and budgeting
- 6) Implementation (of the plan)
- 7) Evaluations