

Class 7. Planning for Implementation and Evaluation

Objectives

At the end of this class the students will know

- ◆ what is programming
- ◆ what is the difference between a program and a project
- ◆ some of the issues faced in programming (in particular the relationships between programs and projects and donors)
- ◆ what documentation is required for a program
- ◆ what is program implementation
- ◆ what is the record regarding implementation
- ◆ what are the techniques for providing the success rate in the implementation of the programs and projects

After we have (1) analyzed the situation, (2) set priorities, (3) wrote objectives, (4) developed and appraised options, (5) decided on a strategy, and (6) allocated resources, it is time to begin *programming* - translating the results of the priority setting process and option appraisals into the set of workable programs of activity that forms the basis of a plan. The plan includes the budget (already discussed in previous class) and the staffing requirements (to be discussed in detail during the next class).

1. Programs and projects

Before starting the discussion, let's briefly outline the main differences between *a program and a project*. Programs and projects are the instruments of planning. Some people use these terms interchangeably, but they differ in terms of time, focus/topic, and location.

	Program	Project
Time	➤ Ongoing	➤ Limited duration
Scope	➤ Broad, wide range of topics	➤ Specific focus
Location	➤ Wider area	➤ Limited location

Many donors still consider discrete project activities as the most desirable and monitorable, and the best forms of aid. The reason for this is that in addition to any presumed desire to support the health-promoting activities of a country; donors have other concerns about the way their funds are used. They usually are:

- a. interested to ensure that funds they provide are used in ways consistent with their own priorities
- b. due to political reasons, donors prefer to support activities which have identifiable results in the short to medium term
- c. concerned to ensure that proper financial control is exercised
- d. often anxious to ensure that the disbursement of the funds occurs within the agreed time-table

It is true that the use of projects within defined program areas has many advantages, but the difficulties arise when a project is defined by a donor agency in a way which crosses over existing program boundaries, and essentially sets up new organizational structures within the health sector. The project may also adversely affect the ability of other programs to implement their projects. Examples of such projects, currently popular in Armenia, include Family Health Projects or Population projects (in Armenia it may be Family Planning projects, which are highly important, but there are too many of them and they are often overlapping). To avoid problems it is recommended to locate projects organizationally within the existing programs, rather than setting up new structures.

2. Planning and implementation

Now let's discuss how programs and projects are *implemented*. Unfortunately, often insufficient attention is given to this element of planning, and in many cases the record on the implementation of plans is generally poor.

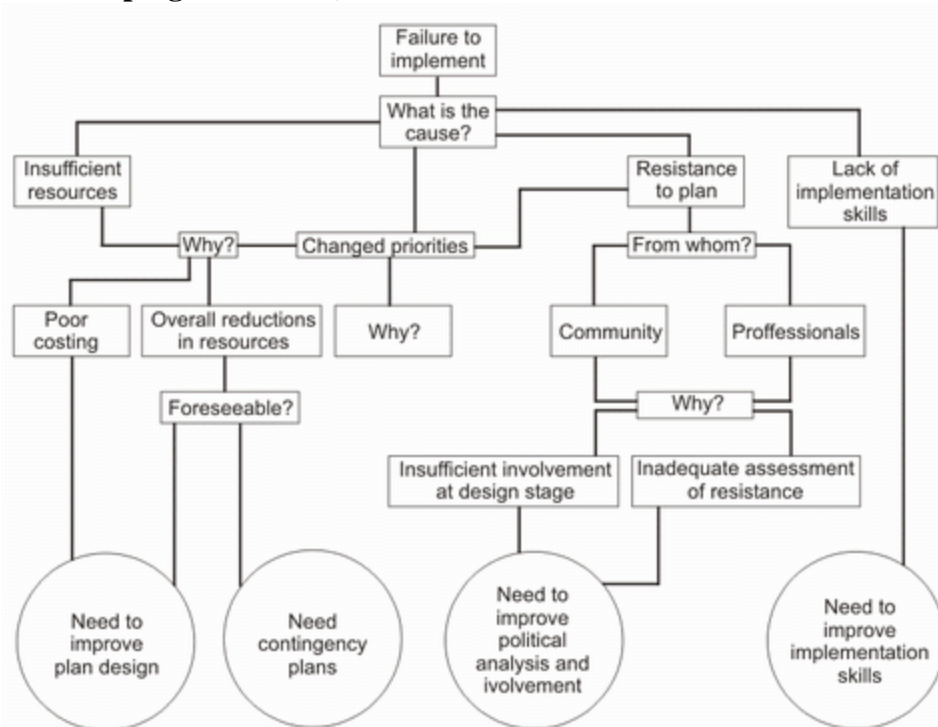
To avoid problems with implementation (delayed implementation, non-implementation, or implementation in a form different from what was planned), it is necessary to understand the root causes.

Factors leading to poor implementation may include:

- ◆ changes in priorities or policies from those originally agreed
- ◆ resistance to the changes inherent in the plan, either from within the health service or from outside
- ◆ lack of necessary resources (financial or real, for example, trained staff) required to implement the plan
- ◆ imprecisely specified details of the project or program to be executed
- ◆ lack of the appropriate organizational structure or the appropriate managerial skills necessary

In real life all these factors are interdependent to some extent. It is also important to know that failures of implementation can frequently be traced to inadequate earlier planning, rather than to incompetence on the part of those charged with implementing the plan.

Figure 6. Causes of failures of implementation (A. Green "Introduction to health planning in developing countries")



All of the major reasons for poor implementation can be summarized into three types:

- I- unavoidable circumstances (genuine policy change, extraneous circumstances)
- II- poor planning during earlier parts of the planning cycle
- III- poor planning at the programming and implementation stages

Let's look more closely at the type III poor planning.

Poor planning at the programming stage

At this stage in the programming cycle there are a variety of factors that planners need to pay special attention to in order to avoid poor implementation. These factors are:

- (1) Relationships between planners and managers
- (2) Organizational and legislative framework
- (3) Documentation
- (4) Time tables

We will discuss these factors in details.

(1) Relationships between planners and managers

At the programming and implementation stages, a planner should act as a coordinator of a team made up of members with very different sets of skills. It is necessary to remember that in the majority of cases, the planning implementers are service managers. Their involvement, as well as the involvement of professionals who will operate the service in the planning process helps to ensure commitment to the plan, feasibility of the planned services, appropriate use of resources and proper management of organizational requirements.

(2) Organizational and legislative framework

Some plans require legislative changes before a plan can be realized. In some cases, modifications to the organizational framework of the health service may also be needed.

(3) Documentation

Project or program documents are the formal documents outlining the precise nature of a new development activity. They have three functions: (a) act as a checklist to ensure that all aspects have been considered; (b) provide documentation for donors (each funding body is likely to have its own standard format); and (c) provide a document which can form the basis for the monitoring and eventually for the evaluation of the activity.

Below is an example of the format of a project document, (information that a project document may require).

Example of a format of a project document

1. Name of a project
2. Budget number of a project
3. Summary of scope of project objectives
4. Summary of project costs

Details:

- ◆ Aims and objectives of a project
- ◆ Quantifiable targets
- ◆ Background documentation (consultancy reports, feasibility studies)
- ◆ Relationship to National Development Plan and Ministry of Health Plans
- ◆ Description of the project
- ◆ Inputs required, quantified and specified (personnel, other recurrent items, equipment, transport, buildings)
- ◆ Cost by year by item, recurrent and capital
- ◆ Funding source (donor funds, loan, community, central government, etc)
- ◆ Future expected arrangements for the activities of the project (where relevant) at the end of the funding period
- ◆ Potential difficulties in procuring inputs
- ◆ Training requirements
- ◆ Building requirement details (has a site been identified/procured)
- ◆ Legislative requirements
- ◆ Organizational and management arrangements for the project
- ◆ Relationship with other ministries
- ◆ Negative effects (environmental, cultural, gender)
- ◆ Timetable for implementation and critical points
- ◆ Process for monitoring and evaluation
- ◆ Flexibility to respond to change
- ◆ Sustainability

Some countries may in addition have specific questions reflecting particular problems or policies (women's participation, foreign exchange costs, etc.).

(4) *Time tables*

To ensure effective implementation even in the case of a well-resourced plan with strong policy commitment, it is necessary to ensure good coordination of real resources, bringing together at the same place and time the resources of personnel, buildings, equipment, and supplies. Realistic timetables are essential as means of accurate costing and maintenance for planning credibility.

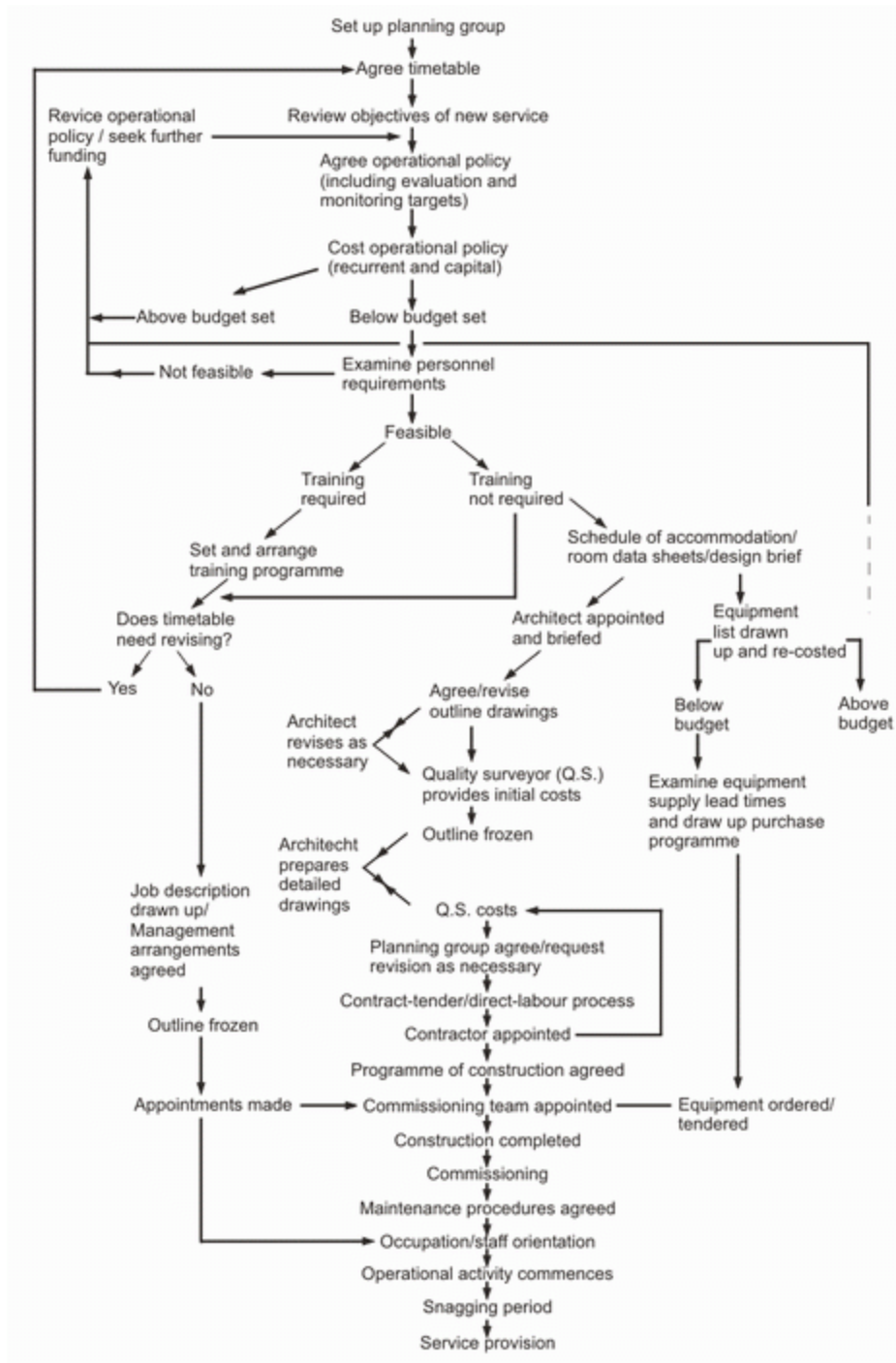
3. Scheduling activities

Most projects will involve a number of discrete activities, which are essential to project success. There are a number of *managerial techniques for systematically scheduling these activities*. They vary from crude flowcharts to more sophisticated critical path analysis. Let's look a little bit more closely at some of them.

(1) *Flowchart*

A flowchart sets out, in order of occurrence, the various steps, which are need to show where options occur and decisions are made. More than one activity can be occurring at the same time. Construction of such a flowchart with dates on it is a useful basis for the monitoring of a project.

Figure 7. Steps in the implementation of a health-center project (A. Green "Introduction to health planning in developing countries")



(2) *Bar chart (sometimes known as a Gantt chart)*. Figure 8 is an example of Gantt chart. It is a visual means of indicating the sequence of events or activities that make up a project as it proceeds through time, i.e. it shows the order in which the events have to occur, and their

Thus, CPA

- ◆ displays graphically the required sequence of events and time commitments
- ◆ allows quick calculation of the "critical path"- the sequence of activities that defines or determines the longest time from the start of a project to the end
- ◆ provides an easy method for calculating the maximum reduction in total project time that can accrue from modifications on the critical path
- ◆ provides planners and managers with flexibility in the conduct of the project (through analysis of slack time)

CPA is one of the earliest and simplest forms of network analysis. Perhaps the most important factor which it fails to recognize is the possibility of error in time estimates. The approach for program evaluation and review technique discussed below includes the factor of error.

(4) Program evaluation and review technique (PERT)

In PERT applications, the estimator provides not only an expected time requirements for each activity, but "most pessimistic" and "most optimistic" estimates as well. The range of possible error incorporated into the estimates is further used to calculate such probabilistic aspects as the likelihood of completion by the target date and the most probable completion date.

PERT deals with the same type of information as the Gantt Chart.

The process of constructing a PERT Network includes following steps:

- Step 1: Identify individual jobs/activities to be performed (can start broad and get more specific later; important to enumerate all requisite activities; order is not important)
- Step 2: Assign time requirements for each activity, along with well-defined end point
- Step 3: List sequencing constraints (precedence table)
- Step 4: Draw a diagram of activities using the above-mentioned information

Table 1. PERT Chart for establishing precedence relationships

Activity	Description	Required preceding activities
A	Topic selection	None
B	Team assembly	A
C	Module clarification	B
D	Module design (I)	C
E	Self- learning design (I)	C
F	Module design (II)	D
G	Self- learning design (II)	E, F
H	Critical review	G
I	Module design (III)	H
J	Self- learning design (III)	H
K	Editing	H
L	Testing preparation	B
M	Testing in a workshop	L, K
N	Evaluation	L, K

Now you are familiar with a number of managerial techniques/approaches for systematically scheduling activities – timetabling. Greater sophistication in your approach may produce more meaningful results; however it also requires better information and greater analytical effort.

The next class will be devoted to the provision of human resources. This activity is crucial for any planning, especially in health sector.

Questions

1. The characteristics of which planning instrument are presented below?

Time	➤ Ongoing
Scope	➤ Broad, wide range of topics
Location	➤ Wider area

a) Program

b) Project

Answer: a). See page 1.

2. Factors leading to poor implementation include:

- (a) changes in priorities or policies from those originally agreed
- (b) resistance to the changes inherent in the plan, either from within the health service or from outside
- (c) lack of necessary resources, such as trained staff required to implement the plan
- (d) imprecisely specified details of the project or program to be executed
- (e) lack of the appropriate organizational structure or necessary managerial skills
- (f) all of the above

Answer: f). See page 2.

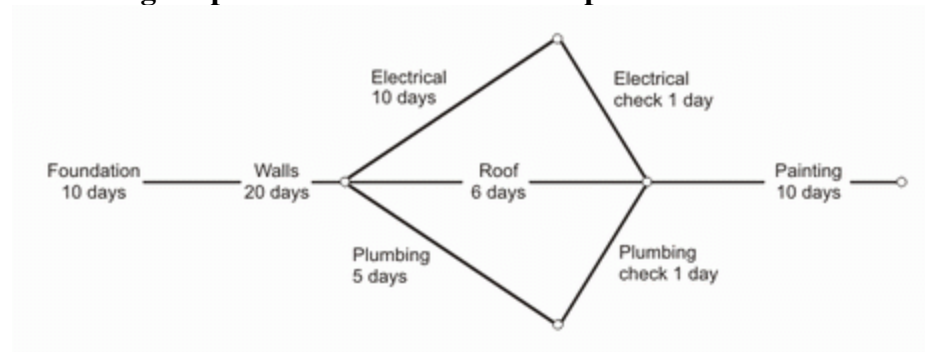
3. “It sets out, in order of occurrence, the various steps are needed, showing where options occur and decisions need to be made. More than one activity can be occurring at the same time.”

This sentence describes:

- a) Critical path analysis
- b) Flowchart
- c) Bar chart
- d) Program evaluation and review technique.

Answer: b) See page 4.

4. The figure presented below is an example of ...



- a) Critical path analysis,
- b) Flowchart
- c) Bar chart
- d) Program evaluation and review technique.

Answer: a) Critical path analysis. See page 5 and figure 9.