

2

The Planning Process

2.1 What is a district health plan?

A district health plan (DHP) sets out the goals and strategies that will enable the health district to best meet the health needs of its population. It is based on the challenges identified in an annual report for the previous year, and includes details of the funding allocated to implement the proposed strategies.

A district health plan reflects the district health service section of the three-year provincial strategic plan submitted annually with the medium-term expenditure framework (MTEF) to Treasury as required by the Public Finance Management Act. To be consistent with the MTEF, it is a rolling three-year plan, a new plan being prepared each year.

2.2 Aligning district, provincial and municipal plans

The relationships between district health plans and other plans and reports can be seen in Figure 1. This illustrates how a 10-year provincial strategic position statement is used to develop a 10-year provincial service platform plan. That plan, together with provincial five-year policies and goals, and annual reports, serve as a basis for developing the provincial, district and sub-district three-year health plans including service platform and service delivery elements. The first year of the three-year health plans is used to prepare more-detailed annual operational plans.

The oversight of the provincial planning committee, the joint provincial and district establishment of priorities and targets, and the consolidation of the district health plans into the provincial health plan, should ensure that the provincial and district plans are consistent.

Sub-district and district health plans form the basis for the health section of local and district municipal IDPs. Synchronisation of sub-district and district health plans with IDP health plans is achieved by having municipal health team members participate fully in the sub-district and district planning processes.

Elements of district health plans will be reflected in different ways in the IDPs:

- Municipal health service responsibilities (e.g., environmental health) are part of the core IDPs, since the municipalities are responsible for funding and providing these services. This includes other health care services provided from a municipality's own resources.
- Services provided on an agency basis for the Department of Health (DOH) should be shown in the agency area of the IDPs.
- Other elements of the district health plan will be shown under the area of co-ordinated services.

municipal health team should be included in the committee, and should form part of the core group if the municipality provides a significant amount of health care services. The committee should liaise with the District Health Council (DHC), which represents the community, and with other stakeholders. Sub-district health planning committees should have a similar structure as the district health planning committee, to the degree relevant. These health planning committees should also be responsible for preparing the annual reports. (*See Part C: Preparing Annual Reports of this Manual.*)

The provincial planning committee (PPC) that prepares the provincial strategic plans should support the district planning process, attend district workshops, train district managers, supply provincial data, and review reports and plans. It should have similar membership to the district committees. The activity should be led by the person in charge of health planning, with the close co-operation of the Chief Financial Officer (CFO) and the persons in charge of hospitals and district health services. Each year the PPC should provide a basic set of data to all the districts, sub-districts and municipalities for use in planning. These are the data that should be used consistently by the districts and sub-districts, which include a breakdown of population figures and inflation rates.

2.4 Planning and reporting deadlines

District health plans are more-detailed district level reflections of the district health services element of the medium-term provincial strategic plans PSPs. To ensure that these plans match, the planning process must be closely linked and co-ordinated and the district and PPC must work together.

The proposed process starts every March with the preparation of a draft updated 10-year service platform plan, which will serve as a framework for the allocation of resources among service levels (hospitals, PHC etc.), across districts, and among inputs (staff, supplies etc.).

This is followed by the preparation of health expenditure reviews at the sub-district level and annual reports at sub-district, district and provincial levels. Annual reports include situation analyses and performance reviews and serve as a basis for the health plans.

The process of preparing draft plans should end in June, when they are submitted with the proposed MTEF to Treasury. Only three months are, therefore, available for the whole process. The planning committees will have to dedicate substantial time during this period to complete the tasks. Once the process has become systematic, it should be easier to meet these deadlines. In addition to staff time, resources will be needed for workshops, travel and publications.

Figure 2 shows a proposed list of steps needed to prepare district health plans, using the 2002/03 reports and 2004/05-2006/07 planning periods as an example.

What needs to be produced	By when	How	Who
Prepare draft updated 10 year Service Platform Plan for distribution of facilities, staff and budgets for equity and effectiveness.	31 March 2003	2 day provincial workshop	Provincial Planning Committee
Conduct sub-district health expenditure reviews for 2002/03.	10 May 2003		Sub-District Planning Committee
Prepare sub-district annual reports for 2002/03 (incorporating key expenditure review findings).	20 May 2003		Sub-District Planning Committee
Prepare district annual reports for 2002/03.	30 May 2003	1 day district workshops	District and Sub-District Planning Committees
Prepare provincial annual report key points for 2002/03.	6 June 2003		Provincial Planning Committee
Discuss 2002/03 annual reports and develop provincial mission, vision and values, key strategic health goals, and indicative total allocations and earmarks for 2004/05-2006/07.	7 June 2003	1 day provincial workshop	Provincial and District Planning Committees with selected Sub-District Planning Committee representatives
Prepare draft district and sub-district targets and budget allocations for 2004/05-2006/07	14 June 2003		District and Sub-District Planning Committees
Agree district and sub-district targets and allocations for 2004/05-2006/07	15 June 2003	1 day provincial workshop	Provincial and District Planning Committees with selected Sub-District Planning Committee representatives
Prepare proposed district plans and budgets for 2004/05-2006/07	22 June 2003		District task teams
Prepare draft provincial plan and MTEF for 2004/05-2006/07	22 June 2003		Provincial Planning Committee
Submit draft provincial plan and MTEF for 2004/05-2006/07 to Treasury	30 June 2003		Head of Department
Adjust and finalise plans	July 2003 to February 2004		Provincial, District and Sub-District Planning Committees
Submit provincial annual report for 2002/03 to Treasury	31 August 2003		Head of Department
Present final provincial plan for 2004/05-2006/07 to Parliament	March 2004		Member of the Executive Committee, Health

Figure 2 Proposed timetable for preparing provincial and district annual reports and health plans (using the 2002/03 reporting period and the 2004/05-2006/07 planning period as examples)