3 Key Ingredients for Implementation of Plans

To **implement** means **to bring into effect**. To be useful, this definition must be interpreted in a flexible manner, which should lead to changes in policy, behaviour, decision-making, and most importantly, the allocation of resources.

It should be apparent during the planning process whether sufficient capacity exists for the implementation of the plans. This should be part of the process of developing a situation analysis of resources and capacity within the district. Often the planning process is fairly mechanical – like following a recipe. However, if the planning process is mechanical and planners and managers do not think about implementation issues, the plan is likely to run aground for a variety of reasons. This section lists some of the key ingredients for successful plan implementation.

A perfect implementation model suggests that for implementation to be successfully the following will be true: *(Adapted from Walt, 1994)*

- Once given a policy to implement there are no crippling external constraints;
- Sufficient resources (time, finances, personnel) and in the right combination are available;
- The policy that is being implemented is based on a valid theory about cause and effect and that the postulated relationship between cause and effect is true;
- The number of dependency relationships are minimal;
- Everyone understands the objectives of the policy or plan to be implemented;
- The tasks to be accomplished are fully specified and in the correct sequence;
- Co-ordination and communication is perfectly conducted; and
- Those in charge are in total command and compliance is 100%.

In the real world, this is rarely true. This means that planners/managers at all levels need to ensure that implementation takes into consideration all the things that can go wrong.

3.1 Roles and responsibilities of managers and governance structures

Clarity in the roles and responsibilities of managers and governance structures in both planning and implementation activities are vital for successful planning and implementation. Earlier sections of these *Guidelines* clearly outline these roles in the planning process. The focus of this section is the various roles in implementation.

By definition, managers are charged with the planning of services, allocation of resources and ensuring that communities receive high quality services that generally meet their needs. However, there are usually several levels of managers involved in planning and implementing health services. These include provincial and district general managers and provincial and district programme managers (e.g. maternal and child health). In addition, there are facility managers for clinics, community health centres (CHCs) and hospitals.

As in the planning process, it is vital that the roles and responsibilities of these different types of managers be made clear for implementation of plans. It may be argued that if the roles of these managers are clear in the planning process, then their role in implementation should also be clear. One way to ensure synergy amongst the roles of the managers is to ensure that the deliverables in the plan are included in the performance management agreements of managers. Clearly, managers must have the requisite delegations to enable them to act.

Governance structures which include the Provincial Health Council, District Health Councils, hospital boards and clinic committees should provide managers with strategic direction and approve plans as appropriate. In addition, the District Health Councils have a role to play in advising the Provincial Health Council on district priorities and the latter should in turn advise the Members of the Executive Council (MEC) for Health on the priorities of province-side district health services. In addition, these bodies have an important role to play in monitoring the implementation of the plans. Besides providing an oversight function, these bodies could also assist managers to implement plans where possible. For example, communities should be advised of plans that affect them and governance bodies should play a role in communicating the plans and progress in implementation to communities. Lastly, it is important to recognise that the Provincial Health Portfolio Committee has an oversight function on service delivery of the strategic plans.

3.2 Lines of authority, delegation and communication

The lines of authority and communication among the different types of district-level managers, noted above, must be clear to ensure successful implementation of plans. In addition, while the governance bodies listed in the section above will be advisory in nature, managers should make every effort to be responsive to their advice.

General managers are responsible for facilities (including clinics, CHCs and hospitals), sub-districts, districts and regions, and at a provincial level, a cluster of programmes that constitute either hospital or district level services. On the other hand, programme managers provide technical expertise on specific areas like HIV/AIDS, tuberculosis (TB), and maternal and child health etc.

There must be clarity on the authority that each manager has. This includes clarity in levels and extent of financial, procurement and human resource delegations. The lack of clear delegations and authority are often the most significant impediments to effective implementation of plans.

Typically, programme managers report to general managers. This implies that a programme manager for TB, for example, must work through the district and sub-district management structure as well as the facility manager to achieve programme goals. This is vital as it will help to ensure that all priority programmatic activities may be sequenced and that front line workers who render comprehensive services will not be swamped by many programme managers all demanding action simultaneously.

3.3 People, skills and systems

The achievement of goals in a plan depends on the availability of people, skills and systems. While it may be argued that the planning process must assess the availability of capacity *before* deciding on activities, this is often not done in practice. In addition, the high turnover of personnel in some parts of the country could mean that skilled personnel available during planning are not available for implementation. This makes the implementation of certain parts of plans un-implementable.

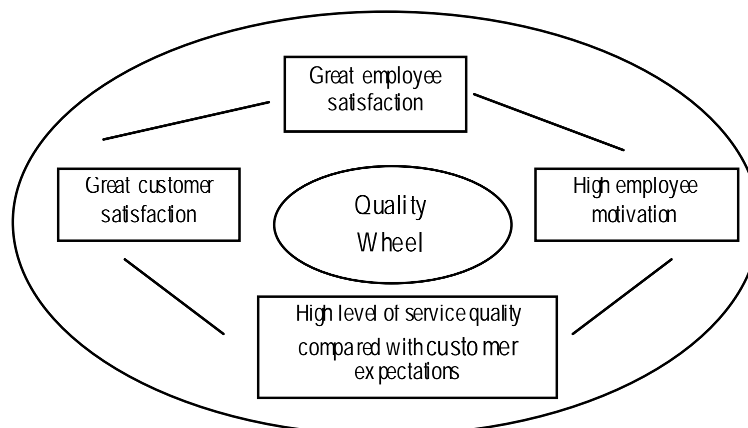
In assessing the capacity to implement plans, districts should explore the following:
- Are sufficient managers with skills available?
- Are sufficient clinicians with necessary skills available where they are needed?
- Are appropriate and well functioning financial, human resource, procurement, drug distribution and transport management systems in place?

3.4 Availability of resources (drugs, equipment, transport)

In many districts, notably the more rural districts, resources are not always available for a variety of reasons. Most communities assess the quality of care they receive by the availability of resources such as: drugs, turn around time in sputum results, skills of health workers, and attitude of health workers.

Health workers in turn often argue that poor working conditions are highly stressful. They also argue that often managers are either not available or sympathetic to their circumstances. The relationship between "happy" workers (defined as competent, effective and empowered employee) and quality of care has been long established. *(See Figure 2)* It is therefore critical that managers ensure that the relevant resources are made available to ensure successful plan implementation.

One of the key ingredients to successful implementation is having personnel available to do the work. This is obviously an issue focusing on the district having "the right person at the right time with the right skills". At present, many front line health workers are leaving the public sector and the country. Therefore, for any plan to be successfully implemented, strategies to ensure the retention of health workers must be a high priority.



(Adapted from Heskett, 1987)

Figure 2. Quality wheel

3.5 Effective management and supervision

The importance of appropriate and effective management has been alluded to above. Part of good management includes the provision of supervision and support and ensuring the creation of a conducive environment.

South Africa's supervision system has not been effective for a number of reasons, and therefore, it needs to be improved. Ongoing attempts are to strengthen the supervision system include the development and use of the *Supervision Manual (The EQUITY Project, 2000)* and training workshops in its use.

In addition to the *Supervision Manual,* provinces have implemented Batho Pele and the Patient's Rights Charter. However, it is clear that these strategies need additional focus to make a difference and need to be linked to the provision of management support and resources necessary – as indicated above.

Even though the *Supervision Manual* may be a good tool to improve supervision, other items may also be needed. These include: (a) a provincial quality assurance and supervision policy/strategy; (b) a provincial unit charged with providing leadership on quality of care; and (c) including quality measures in the performance management agreements of managers.

3.6 Use of good quality information for monitoring and evaluation

There are several ways to know if the plan is being implemented successfully. One is to ask users of the service or to carefully gather complaints and experiences (e.g. service and patient - client surveys). In addition, routine and non-routine data may be collected to measure performance. This implies that high quality indicators should be developed as part of the plan.

The **District Health Information System (DHIS)** was developed locally, implemented at the district level, and is used nationally to collect monthly data. Every effort should be made to ensure that data collected routinely is used to monitor performance. In addition, in some provinces (e.g., the Eastern Cape) annual PHC audits are conducted by the health information officers. These systems should be used primarily to monitor and evaluate plan implementation.

Given the importance of these data collection systems, every effort should be made to ensure that good quality data is collected and managers skilled in their manipulation and use.

3.7 Monitoring of types, quantity and quality of services

Part C of these Guidelines has a series of tables which illustrate how service delivery performance can be monitored and reported, with specific reference to type, quantity and quality of service dimensions. Part D section of these Guidelines provides the details of norms and standards that may be utilised in planning and monitoring.

The full list of services to be delivered can be found in the PHC package (which is summarised in *Part D: Planning Tools*) and in the District Hospital Package.