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## Planning Hierarchy

It is important to distinguish among the different hierarchical levels of planning and to use the levels in a standard way.

The levels can be summarised as follows:

- An aim is the overall desire of a project or programme and is expressed in terms of its impact on the community. It has impact indicators.
- Goals are related to outcomes and have outcome indicators.
- Objectives and strategies are related to outputs and have output indicators
- Activities are related to both outputs and inputs and have both types of indicators.

Table 1 shows the various levels, together with some definitions, examples, indicator types and target example. Each lower level in the hierarchy is required to achieve a higher level. The activities are required to achieve the objectives, the objectives to the strategies, the strategies to the goals, and the goals to the aim. The activities also link directly to the inputs, which mean that the inputs can be linked through the planning hierarchy to the goals and aim.

**Table 1. Planning hierarchy**

<b>Hierarchical level</b>	<b>Definition</b>	<b>Example</b>	<b>Indicator type</b>	<b>Target example</b>
Aim	Overall desire	Reduce morbidity and mortality	<b>Impact.</b> Morbidity and mortality rates	Increase in life expectancy
Goals	Summarised elements required to achieve the <b>aim</b>	Reduce the number of new HIV infections per year from 20,000 (10% of population) in year 2000 to 5,000 (2.5% of population) in year 2005	<b>Outcome.</b> Number of persons infected by HIV per year	75% reduction (15,000 less people per year)
Objectives	Detailed elements required to achieve each <b>goal</b>	Provide voluntary counselling and testing services to 100% of the sexually active persons at risk from 2002	<b>Final output.</b> Number of persons counselled and tested	30,000 people in 2002
Strategies	Combinations of interventions used to achieve each <b>objective</b>	Expand VCT services to all public primary health care facilities	<b>Intermediate output.</b> Number of facilities providing VCT services	Expand from 10 to 300 facilities by 2001
Activity	Each intervention used in a <b>strategy</b>	Train two nurses in VCT in each public PHC facility	<b>Intermediate output.</b> Number of nurses trained	Expand from 20 to 600 trained nurses in 2001
Inputs	The resources required to implement each <b>activity</b>	Treatment guidelines for each nurse	<b>Input.</b> Copies of guidelines received	600 copies received by the trained nurses in 2001

*Adapted from National District Health Planning Guidelines, Tanzania*