



2.2 Jointly planning the Link

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- Stage 2. Identifying priority areas
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Colour coding has been used throughout the Manual to highlight the sections which are most relevant to each:

 green for the UK
 and yellow for the Developing Country (DC) partner.

Investing in a joint planning phase will ensure that both partners have a coherent vision and equal expectations of the Link. One of the main challenges for Links is defining realistic objectives that are forward-thinking and will have a long-term impact.

Robust planning is an important process for new and established Links. Planning should be an ongoing process rather than a one-off exercise and it should allow the Link to respond to changing priorities and incorporate learning.

This Chapter takes you through the planning stages and suggests how this can be done, who should be involved and what the main issues are.

2.2 Jointly planning the Link

The basics of planning

Planning a Link needs to be a joint process. The Developing Country (DC) partner will be the one to identify the problems the Link can help address. They will identify aims and suggest priorities, ensuring they are aligned to national priorities.

The UK partner also needs to be involved in the planning process to ensure they can deliver what is asked of them. The UK partner can also play an important facilitation role; asking questions about the needs identified and stimulating ideas about how they can be addressed.

Once a Link is established, the UK partner may be able to start making relevant suggestions, but at the start of the relationship this is unlikely to be appropriate. Remember to be forward-thinking and consider the sustainability of what you are doing.

This five stage process for jointly planning a Link is the logical route. In practice, it may not be carried out in this order. N.B. This process presupposes that the DC organisation has already determined the broad aims and priorities of the Link (see Chapter 2.1).

Stage 1. Preparing for a joint planning process. Who should be involved?

Stage 2. Identifying priority areas

Stage 3. Setting objectives (which may be SMART)

Stage 4. Planning activities

Stage 5. Review of outcomes and emerging objectives



KEY TERMS

Aims, objectives, outcomes, outputs and activities

Aims are the changes you hope to achieve as a result of your Link. There might be a broad aim for the Link (e.g. *To improve quality of care through the training of health workers*) as well as specific aims which may vary over time (for example: *improve infection control within the hospital; improve triage systems; develop CPD for nurses*).

Objectives are more detailed and specific statements about what those involved in the Link will be able to do as a result of its establishment. A Link is likely to have several objectives, which contribute toward the aims. An objective is a description of an intended outcome. One objective of the Link might be, for example, *to reduce rates of infection in the burns unit by 70% in six months*.

Outcomes and **outputs** should not be confused. An output refers to what was done (*20 nurses from the burns unit trained in infection control*) whereas an outcome is the end product, the direct result of the project. In a well planned project, the outputs should lead to the achievement of outcomes (*50% reduction in infection rates in the burns unit six months after the training*). Both outputs and outcomes need to be measurable and should be monitored.

The Link will need to decide what **activities** it needs to undertake in order to bring about the intended outcomes.

Objectives and expectations may change after an initial visit and as the Link develops. **A flexible approach is needed to take account of changing issues**, especially in the DC. Make sure these can be revised and updated when necessary.

Stage 1. Preparing for a joint planning process.

Who should be involved?

In order to take the planning stage forward, the Link needs to **bring key stakeholders from both organisations together**. This usually involves some members of the UK team travelling to the DC organisation. But this should later evolve in to a reciprocal training visit arrangement.

2.2 Jointly planning the Link

DC **REMEMBER!**

Your aims will determine the structure of the UK team

You need to share the aims of the Link that you have identified (see p34-35) with your UK partner in order to help them decide who are the most appropriate team members to be involved in the initial planning process. You should try to:

- Share the key areas (aims) that you have suggested the Link can engage with.
- Share any strategy or policy documents i.e. your organisation's work plans, MoH/MoE/district strategy plans or policy documents.
- Suggest a good time for the first visit from your UK partner (remember to allow 3-6 months to plan this visit). Avoid national holidays and busy periods. If the visit takes place before the start of the financial/ planning year it will allow you to incorporate the work of the Link into your organisation's plans.
- Inform your UK partner of the names of the key people involved in leading the Link and contact details of the people they should liaise with to prepare for the visit.

It is important to select the right team to take part in the planning visit. Representatives from both organisations should involve staff with a combination of decision-making powers and specialist knowledge relating to the specific aims of the Link.

For the UK planning team it is desirable that at least one member of the party is a senior member of staff who can authorise decisions and show commitment to the partnership. Ideally another should have experience of working in a developing country. If the Link involves a teaching component (and the partner is an NHS Trust) invite someone from the relevant faculty from your local medical or nursing school to accompany you. Refer also to Chapter 2.4 for further practical tips about visits.

UK **GOOD PRACTICE**

Size of planning team

The initial planning team should be small, between 2 and 3 people, and need not visit for more than a week unless they are going to start activities. Involving more people will incur considerable cost which could be better used at a later stage when the Link is actually starting to implement activities.

Be prepared for last minute changes to the programme in the DC due to local priorities, and use opportunities as and when they arise to meet key personnel.

The core group from the DC should involve senior members of staff and those involved in the priority areas which you have identified. Make sure you involve a wide spectrum of people, as your UK partners will benefit from meeting staff at all levels within your organisation. Think also about whether you should involve other officials such as District Directors of Health, members of the Ministry of Health, or people from associated organisations. Try to inform them about the new collaboration you are engaging in and get their support from the beginning.

If the aims for the Link, as established by the DC partner, are clear before a first visit takes place, it may be appropriate to combine the planning visit with some teaching / system development work. While this will only be delivered on a small scale and is unlikely to be the primary aim of the visit, it will help both partners to understand what is possible in a given time, what the constraints are, and give a taste of what the Link can offer.

! **REMEMBER!**

The initial planning visit is a time to build relationships, establish whether you are the right partners for each other and assess the feasibility of forming a Link.

UK GOOD PRACTICE

Preparing for the planning visit

Before the visit, read as much as you can about the health system and the socio-political context in your partner's country. The more you know before a planning visit, the better able you will be to understand the context and ask the right questions. In addition to any information your partners send, you might want to read:

- Any policy/strategy documents produced by the Ministry of Health (occasionally available on their websites). Remember the importance of alignment principles in the Links work you are undertaking (see p33).
- Find out about what other development agencies are doing in the area (in relation to the priorities your partner has identified). This might include the WHO, UNICEF, PEPFAR, GAVI Alliance, DFID, JICA and other bi-lateral donors. This will give you an idea of the areas that are already being supported, and that may have special funding streams. It will also help you get an initial understanding of where the gaps are.
- Try to understand the context in which your Developing Country partner works. For example; where are the main health training organisations? What are the doctor and nurse to population ratios? Who are the key players in the health sector? What is the role of traditional healers? What are the main specialisms of health workers?
- Understand and gather information about other Links in that particular country or similar circumstances e.g. isolated areas or post-conflict environments.

UK FIND OUT MORE!

Refer to Appendix 5 for further information on issues to consider.

UK CASE STUDY

The importance of making more than one contact

Many countries are characterised by a shortage of health workers so you may find that your in-country contacts are restricted to just one or two people. This is what the Scotland Malawi Mental Health Education Project found. "Our Link was initially established under the guidance of the only local psychiatrist, who proved a great source of local knowledge and encouragement and advised us on what was needed locally and where to target our efforts", says Leonie Boeing, one of the founding members. But it is important to involve a wider range of stakeholders to ensure continuity, sustainability and local ownership. "As we had such an authoritative contact we neglected this but later realised that it was important we have now made close contacts with the leaders of the other organisations that we were working with, for example the Dean of the College of Medicine. We have come to realise that getting wide ownership for the Link is key. We now have a wide and very supported Link with the key local leaders involved; we are hopeful that the Link will be truly sustainable."

2.2 Jointly planning the Link

Stage 2. Identifying priority areas

You have now shared the aims of the Link and mobilised teams from both organisations to come together to plan the Link. The challenge now is to review the broad aims of the Link (if you have them), work with them to turn them into realistic objectives and determine the activities the Link needs to carry out to achieve them.

If there is a long 'shopping list' of needs, how will the Link prioritise the most important ones to focus on? This first section helps you think about some of these issues.



FIND OUT MORE

Managing change

Refer to Chapter 2.7 to understand and overcome some of the barriers which may prevent change from happening.

DC

EXAMPLE

Whose needs?

Identifying the needs of your organisation and the objectives of the Link will be a consultative process involving different people who are familiar with the main departments in the organisation. Every person is likely to highlight different problems that they are facing. You may end up with a long list of requests, with each person identifying their own priorities. For example, in the case of a hospital, you may find:

- The lab technicians want to be able to carry out a wider range of diagnostic tests rather than sending samples away, as this would allow them to produce results more efficiently and potentially save more lives.
- The Director is keen to improve infection control within the hospital and reduce maternal mortality rates due to infection after caesarean section on the ward.
- The tutor of the nurse training college affiliated to the hospital wants to support the development of a preceptorship programme for the student nurses as this would improve their learning and care of patients.
- The Ministry of Health has just released a strategy paper saying that non-communicable diseases will be increasing and appropriate services need to be developed. You are seeing increasing number of diabetes patients but are unable to adequately respond to their needs.
- Some patient groups have formed and are starting to demand a say in the improvement of services. You have heard that patient participation is a significant feature of the NHS. Perhaps your Link with the UK could help feed their views into planning better services for patients.

You know the Link can only address a few of the issues in the first year, but which ones should you focus on? It is important to review these in order of priority once a year, and include a plan for monitoring and evaluation of their development. The next section should be able to help you think through some of these issues.

2.2 Jointly planning the Link

When prioritising the objectives that you want the Link to focus on, think about the following issues:

ISSUE	RATIONALE
Ability of UK partner to deliver	Does the UK partner have the expertise to support the required areas? Is the UK partner able to bring another organisation on board to help provide specific expertise?
Numbers of beneficiaries	How many people (staff, students, patients) will benefit? What are their health outcomes they are likely to experience?
Types of beneficiaries	Who are the beneficiaries? Are they the poorest patients or those with the least access to alternative health services?
Length of time to achieve desired outcome	How long will it take to achieve the desired outcome? Sometimes there are 'quick wins' that deliver effective results over a short period of time during the initial stages of a Link. This will help raise people's enthusiasm for the Link both in the DC and in the UK.
Systems and organisational support	How will the management support those who have received training through the Link? Will resources (staff, training materials, equipment) be made available so that people can put learning into practice? Is lobbying and support specifically required to meet the objectives? Can the Link help with this?
Aligned to priorities	Are the objectives an established priority within your hospital/ district/ country?
Sustainability	Will the training and support delivered through the Link have a long term impact?
Funding opportunities	Donors' funding criteria will determine whether the work is eligible for funding. While the objectives of the Link should not be driven by access to funding, it may be an important consideration.

UK

REMEMBER!

UK remember your needs too

As a UK organisation involved in a Link you will also have your own reasons for wanting to be involved in the Link and, for the purpose of sustainability, it is important to ensure that these are being met. For example, some UK organisations frame their involvement in Links around Continuing Professional Development for staff. Others may be interested in joint research opportunities. There are also opportunities for learning and teaching global health education. Some Links have also managed to get joint accreditation for work within the Link. It is essential to bring up these issues and discuss them with your DC partner during the planning.

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Stage 3: Setting (SMART) objectives

Once you have established the Link's priorities it is time to write these up as specific objectives. Remember that a Link may have several objectives that contribute towards an overall aim. It is good practice to make them as SMART as you can during the planning stage, as this will stimulate discussion and clarify exactly what you are trying to achieve. The acronym SMART refers to objectives that are:

S - Specific

M - Measurable

A - Achievable

R - Relevant

T - Time-bound

At the early stages of the Link it is legitimate to decide that you don't have all the information to make them as SMART as you would like. Alternatively, if you do create SMART objectives from the beginning, you may well later discover that they are not appropriate and need to re-write them. Flexibility is important.



REMEMBER!

The Link should address a particular problem and help contribute towards a solution. The best solutions are simple changes in practice which may improve efficiency and quality. Managing this change requires careful thought and it is worth considering what factors will help promote and bring about change. This is dealt with in further detail in Chapter 2.7 on managing change. When planning objectives cross-refer to this Chapter.



FIND OUT MORE

Read Appendix 5. It has some key terms and health sector context information which you need to be aware of.



EXAMPLE

Defining SMART objectives for your Link

SMART objectives help you to add precision to your stated intentions so that those involved in implementation have a clearer idea of what they need to do. The task of monitoring and evaluation is also made easier with SMART objectives. This section provides a worked example of how to make objectives SMART.

A NON-SMART objective: To provide training to midwives at Kiguri District Hospital (DC) to reduce the numbers of caesarean sections performed.

SPECIFIC: To provide training to midwives at Kiguri DC **on how to safely use forceps to manage delayed second stage labour using WHO protocols** to reduce the numbers of caesarean sections performed.

MEASURABLE: To provide training to **all (8) midwives** at Kiguri District Hospital **through theoretical sessions with audited attendance and hands-on training with log book-recorded cases** to reduce **the incidence of caesarean sections due to delay in second stage labour by 50%**. This will be recorded for a period after the training and compared to a similar period prior to the training.

ACHIEVABLE: *This depends on the time scale of the support and the number of deliveries. To train all 8 midwives with hands-on expertise in six weeks is unrealistic - it would be more reasonable to train 1 or 2 and build from there. It is also not appropriate to set a specific target (50%) for reduction in Caesarean Section. It is better to measure the result and then hopefully demonstrate improvement.*

RELEVANT: *Local data shows that caesarean delivery rates at Kiguri DH are 30% which is higher than expected for this population. The increased CS rate increases maternal morbidity and mortality in this patient group by increasing the risk of abdominal sepsis (with 2 in 5 experiencing wound infection post abdominal delivery) and uterine scar rupture in subsequent pregnancy delivering in rural setting. Therefore reduction of CS by any auditable intervention presents a possible health gain. Especially if this can be delivered in a cost-effective way.*

TIME-BOUND: To provide training **between March and December 2009** to midwives at Kiguri District Hospital.

A SMART objective:

To provide training to midwives at Kiguri District Hospital on how to safely use forceps to manage delayed second stage labour using WHO protocols. Training will be carried out between March and December 2009. At least 2 midwives will receive in-depth training and the remaining ones will receive an introductory session. This will be done through theoretical sessions with audited attendance and hands-on training with log book-recorded cases. This will be recorded for a period after the training and compared to a similar period prior to the training. The aim is to reduce the incidence of caesarean sections due to delay in second stage labour.

For more information on SMART objectives and their importance in monitoring and evaluation refer to THET's *M&E Toolkit* (see p89 for details).

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Stage 4. Planning activities

What activities need to be carried out to achieve the desired outcomes or objectives? This may include a combination of the following:

- Training or support visits from the UK partner to the DC organisation. Think about the purpose of these visits, expertise required and duration. This will help you begin to identify suitable people. Refer to Chapter 2.4 for more information on this.
- Training visits from the DC partner to the UK to the organisation. Think about the purpose of these visits, the exposure required, duration, etc. Chapter 2.5 has further information on this.
- Mentoring and support by the UK partner for specific activities.
- Training material, books, and so on need to be provided.
- Equipment needs to be provided. See Chapter 2.6 for more information.

- Steering groups in each of the partner organisations will help to monitor and share feedback with one another in relation to the activity plan once it has been agreed.



REMEMBER!

Links sometimes place too much emphasis on visits. Although visits are important, what happens between visits is probably as important in determining the outcome of a Link. Ongoing communication, monitoring of activities, completing agreed actions, follow-up after visits and exchanging information are also key components. This should not be forgotten when planning activities.

Some activities will involve both Link partners working together while other responsibilities may fall individually to the UK or the DC partner. You may want to set these out clearly within specific time scales so that everyone is aware of their responsibilities.



REMEMBER!

After you have determined the objectives and activities for the Link, think about how you will monitor and evaluate them. Determine SMART indicators as detailed in THET's *M&E Toolkit* (see p89).

After you have defined the activities that the Link will carry out, check that the sum of these will result in the intended outcomes and aims of the Link.

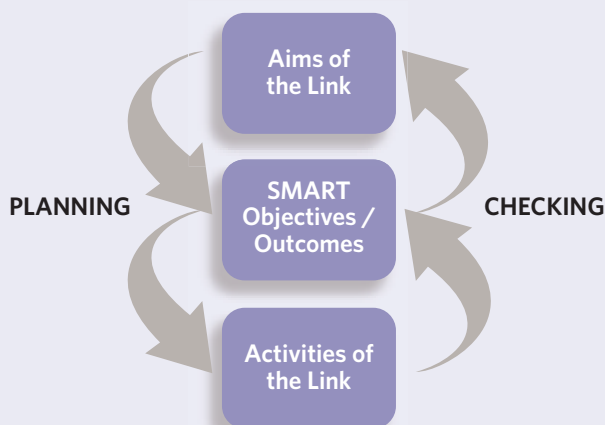
Sample activity plan

WHAT? (List activities)	WHO? (Who is responsible)	WHEN? (To be completed by...)	RESOURCES NEEDED? (Funds, skills or materials)
1.			
2.			



DID YOU KNOW?

The sum of activities and their outputs should result in the intended outcomes of each Link objective. Once you have a detailed list of activities you plan to carry out, work backwards to check what the sum of activities will result in. Is this what you are expecting? Are there any missing phases?



Stage 5. Monitoring objectives and activities

Stages 1-4 of this Chapter have addressed the initial planning of a Link. But sometimes you may find that things change rapidly within the DC partner organisation. Issues that you included in a two-year activity plan for the Link in 2008 may be out of date by 2009 when the DC organisation has a set of new strategies.

Regular review is therefore very important: assess whether the original plans are still priorities and make any necessary modifications. Your Link should do this in two ways. The Link Committee responsible for planning the Link should regularly review the overall direction and plans for the Link. In addition, those engaged in individual Link

visits, both to the UK and the DC, can take a lead on planning the future work of their own workstreams and feeding back to the Link Committees. Remember the important role of monitoring and evaluation and ensure it is incorporated into your work.



DID YOU KNOW?

The Weakest Link

Reasons why a Link may not be successful:

- Objectives are unrealistic or not properly defined and agreed.
- Poorly informed interventions or simplistic project planning.
- Inadequate resources.
- Lack of ongoing communication.
- Weak leadership.
- Weak control of processes or feedback mechanisms.



CHAPTER CHECKLIST

- ✓ Invest in robust planning.
- ✓ The DC country partner needs to do preliminary work to set the broad aims of the Link.
- ✓ Define objectives and activities in a joint planning process involving UK and DC partners and agree them in writing.
- ✓ Activities need to be aligned to strategy papers.
- ✓ Review the objectives of a Link on a regular basis. This may be done after each Link visit or once every year.