

**TITLE: EVALUATING THE EFFECTIVENESS OF STRATEGIC PLANNING IN
THE DEPARTMENT OF HEALTH, NORTH WEST PROVINCE**

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DECLARATION

I, Ontlametse Selina Kubeka, declare that the dissertation titled Evaluating the Effectiveness of the Strategic Planning Processes in the Department of Health, North West Province contains no material that has been submitted previously to any tertiary institution for any other academic qualification. All sources consulted have been accounted for and acknowledged. I declare that this dissertation is my own work.

Signature

07 December 2015

O.S.Kubeka

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DEDICATION

I dedicate this study to my husband Lesang Patrick Kubeka and my sons Thabang, Motheo and Thoriso. I also dedicate it to the Moshageng and Moabi families who did not have the opportunity to further their studies. To my lovely mama, Aus K eitse, and my big sister Norah.

Lastly, I dedicate this study again to my late father Mr Seitshiro Moshageng who used to say “Ngwanyana ke wena wa go festal eng, asekolo saga go gase fele”. To my late Sisters Wekie, Mmamolatlhiwa, Tumedisio, Ndondo and my late Brother Modiri.

To my late grandparents, Joseph Mongale and Gladys, Willie Moshageng and Senkepeng.

TO GOD BE THE GLORY

ABSTRACT

Strategic planning is intended to help governments, communities and organisations deal with and adapt to their changing internal and external circumstances. It can help clarify and resolve the most important pressing issues. For example, in the Department of Health each Province is expected to report annually on progress made towards achieving the global targets determined by the World Health Organisation on the Quadruple Burden of Disease. It is the responsibility of the national Department of Health to ensure that there is appropriate guidance on how planning should be conducted in order to report annual progress on addressing the mandate hence the evaluation of the effectiveness of the planning.

The National Treasury has developed a planning framework that guides the development and standardisation of health plans across the country. The framework includes the starting period and continues to the finalisation of the plans. But it does not mention the consultation processes involved between internal and external stakeholders during the planning period. This study was carried out to assess the effectiveness of strategic planning processes in the Department of Health.

Qualitative research methodology was used, with questions distributed to twelve officials who are participating in the development of strategic planning of the Department of Health.

Findings of the research indicate that due to the complexity in aligning the national and provincial documents, the provincial office needs to establish a Planning Committee. In relation to the current consultation processes during the development of plans, planning must start at the Districts. The Department of Health must employ an epidemiologist who will analyse the previous performance reports on the pattern, causes and effects of health diseases before planning for the next financial year to make informed decisions and set targets.

The findings regarding the development of National Indicator Data Sets (NIDS) indicate that there is currently no consensus and proper coordination from the National office on “ decision making” around the factors contributing to the finalisation of the indicators. In relation to the officials’ commitment in the implementation of Departmental plans, poor management of

performance in the Department of Health contributes to poor employee morale and non-commitment to the achievement of planning targets.

LIST OF ABBREVIATIONS

APP	:	Annual Performance Plan
HST	:	Health System Trust
IS	:	Environmental Scanning
IS	:	Information System
IDP	:	Integrated Development Plan
MTSF	:	Medium Term Strategic Plan
M&E	:	Monitoring and Evaluation
NDP	:	National Development Plan
PFMA	:	The Public Finance Management Act 1 of 1999
USAID	:	United States Agency of International Development
WHO	:	World Health Organisation

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CHAPTER ONE: INTRODUCTION

Evaluation of the effectiveness of strategic planning in the Department of Health, North West province, is critical as the Department of Health has undergone considerable change in recent years. Global advances in medical knowledge and public health practice, changes in the age distribution of the population and in the spectrum of health problems have resulted in the theory and practice of public health expanding to include not only prevention of the illness, but also the prevention of the progress of diseases, associated complications and death.

South Africa is burdened with four health problems that have been described in the Lancet Report as the Quadruple Burden of Disease Health System Trust (2010:12). These are:

- HIV/AIDS and TB
- Maternal, infant and child mortality
- Non-communicable diseases
- Injury and violence

Countries around the world are expected to report annually on progress made towards achieving the global targets determined by the World Health Organisation (WHO). A system called the District Health Information System is developed in the country for all the provinces to implement in order to register progress made on the above problems. Departmental Managers at provincial levels are expected to manage their plans as well as to allocate, align and monitor the resources for achieving the objectives of the WHO.

It is necessary to define indicators for locating local health problems and assuring sound planning for optimum health. These include information about the characteristics of the population, the incidence, prevalence of disease and mortality. Equally significant is accurate information on the availability, utilisation, and quantitative and qualitative adequacy of health

personnel, facilities and services. In order to obtain relevant information for planning, the local Health Department utilises various procedures such as:

- Recording and analysis of reports of births, deaths, notifiable diseases
- Registers of individuals
- Collection and interpretation of morbidity data from such sources as clinics, hospitals, organised nursing services
- Maintenance of continuing records on the number and qualifications of all types of health personnel.

(Delbridge & Keenoy 2010:782).

This study focuses on the effectiveness of strategic planning as a disciplined effort to produce a fundamental decisions and actions shaping the nature and direction of an organisation's activities within legal bounds (Armstrong 2012:14). The study concentrates on its applicability to a public organisation, with specific reference to the Department of Health in North West Province. Planning encompasses values, organisational arrangements, community interests, political choices, individual views and organisational objectives that are sometimes at odds with those of stakeholders. In a sense, decision-makers within public organisations are managers, policymakers and constitutional lawyers.

It is frequently impossible to satisfy all the managerial, political and constitutional demands placed upon public organisations since emphasising one approach is certain to provoke criticism from those who think that other approaches are more important. That could be discouraging in some aspects, but it also makes public management challenging and even fascinating (Delbridge&Keenoy2010:785).

The aim of strategic planning is to enable public sector organisations to manage the interrelationships and interconnectedness between the various internal and external organisational factors for the purpose of improving and providing quality services to the community and promoting public value. The governmental obligation to promote public

interest distinguishes public administration from private management in a moral and basic sense. Even though it is often difficult to identify precisely what is in the public interest, there is no dispute about the obligation of public administrators to consider public interest as a general guide for their actions (Connelly 2009:35).

The environment of public sector organisations is changing continuously. Change has a profound impact on public organisations and how they are managed to handle change. The manner in which top management adapts to the changing environment will reflect on its ability to cope successfully with unpredictable and unknowable external and internal events. With the help of strategic planning, governments, communities and public organisations have dealt with change and adapted to it. Strategic planning is intended to strengthen an organisation's capacity to adapt to change and enhance the ability of an organisation's members to think, act and learn strategically (Hellriegel et al 2008:80).

Strategic planning in any Department examines the complex issues of the underlying factors and attitudes towards priorities. It is argued that priority-setting is the most important part of the planning process. Yet it is often not given sufficient attention. It argued further that priority setting in planning involves a combination of several health related factors(Millennium Development Goal Country Report 2010:23).

The current situation in government Departments is that they are faced with the challenge of developing plans that are focused on the preparation and implementation of the National Health Insurance (NHI) and the National Development Plan(NDP) (NDP 2030, 2010:25). A brief summary on the NHI and NDP processes forms part of the literature review because Health is Chapter Ten of the National Development Plan and Provinces are expected to align their plans to NDP goals and priorities. Another challenge is that this is a political transformation period.

Implementation processes in government Departments are undertaken on an annual basis through the development of Annual Performance Plans (APPs). The indicators and targets in

this year's plan are monitored through quarterly performance reviews. The quarterly performance reviews are submitted to the Provincial Treasury and to the Provincial Auditor General.

1.1 JUSTIFICATION

This research is carried out to explore how the planning process is conducted in the Health Department. The National Treasury has developed a generic framework in order to standardise planning in government Departments. This research examined at the guidance and support provided to provincial Departments during the planning processes.

Planning and the implementation of the plans are the responsibility of all Managers in any organisation. Managers are held accountable for the organisation's failure or success in achieving the organisation's vision and mission. The study will improve the alignment of Annual Performance Plan functions and activities to the Managers' Annual Performance Agreement.

Budget plays a major role during planning processes and during the implementation of the plans. It is important to look at the plans against the available budget. The two processes of performance planning and financial planning are run parallel, instead of budget following strategy. This is one area which is frustrating for the Programme Managers because they are requested to submit their budget needs during the planning process before the final financial needs are known. The budget is consequently not always sufficient to implement the plans.

The stakeholder concept has achieved widespread popularity among planners, academics, policymakers, the media and corporate managers. Within the field of strategic management, the stakeholder concept has become firmly embedded (Aguinis, 2013:65). The Department of Health has recognised that stakeholder engagement is not about giving the public a list of options to choose from, but it is about consulting them right from the start, so that their views, needs and ideas shape those options and the services that are planned for them.

1.2 PROBLEM STATEMENT

The Department of Health has been struggling to account for gaps and inconsistencies found by the auditors in the Strategic Performance Reports. This has resulted in the Department of Health receiving qualified audit reports for several years on performance management.

Another issue is that Programme Managers are unable to implement all their plans. There is a set of indicators which is planned at national level and another set which is formulated at the provincial level. The indicators and targets determined by the National office create problems because the methodology used to finalise them is not properly communicated. It creates a lack of ownership and buy-in by the Provincial Managers. The poor performance on the National indicators data set (NIDS) is caused by poor consultation during decision-making on determining the targets for the Provinces. Final decisions on Provincial targets are taken by the National office for the Provinces.

The Department of Health finalises Annual Plans for the following year in the last quarter of the current financial year. The Annual Plan consists of indicators as well as annual and quarterly targets that different programmes are expected to implement and achieve on a quarterly basis. At the end of the last quarter the information is consolidated into the Annual Report.

The Department of Health uses the Departmental Information Health System (DHIS) as its secondary data management system. The process of collecting and collating data commences at sub-District and health facility level where a paper-based system is used as a primary data collection tool. The paper-based data is then captured onto the system and exported to the centralised system, namely the DHIS. The issue experienced by the Department of Health is that frequently there is disparity in terms of the data in the DHIS compared to the one recorded in the primary sources of data collection. The different data sets from the two sources create unreliability of the data when verified by the auditors.

The Performance Information reports are completed and submitted on a quarterly basis to the National Department of Health and the Provincial Treasury. The information is finally submitted for audit to the Provincial Internal Audit (PIA) and to the Auditor General (AG) to be verified.

There are common discrepancies in the data in the DHIS compared to the data from the primary sources, which is uses paper-based records to populate the DHIS. Managers are always struggling to account for the discrepancies found by the auditors in the Performance Reports. The discrepancies are ascribed to being caused by the weaknesses in the DHIS. The DHIS system can continue to be updated even after the reporting cut-off date. This creates a challenge for the Department of Health because it affects the reliability, validity and completeness of the information submitted for auditing.

Programme Managers are unable to reach their targets on provincial indicators which they determined for themselves. This is an issue with which the Department of Health is battling. It can be attributed to the fact that performance planning is, in most cases, not aligned to the most important resources, namely adequate personnel and budget.

Another key question to ask is whether the planning processes are coordinated properly at all relevant levels of the Department of Health. The planning process lacks the involvement of the lower level of staff and has become a senior management task. This situation results in the different levels of Managers not being committed and positive about achieving the targets decided by Senior Managers.

1.3 OBJECTIVES OF THE STUDY

The objectives of the study are:

- To improve the strategic planning processes in the Department of Health.
- To assess the influence of the National Health Department in the provincial planning.
- To improve accountability in implementing the strategic documents of the Department of Health in achieving Departmental goals.
- To assess the alignment of Managers' Performance Agreements to the Annual Performance Plan (APP).

1.4 RESEARCH QUESTIONS

Researchers need questions to guide them in their projects. This can be achieved by setting a guiding hypothesis followed by sub questions or by making use of “grand-tour” questions according to Burns& Grove (2009: 42). This study is guided by the following research questions:

- i. How can the current strategic planning processes in the Department of Health be improved?
- ii. Are the guidelines and interventions from the National Department of Health assisting provincial Departments of Health?
- iii. To what extent are the Managers held accountable for the implementation of the strategic plan?
- iv. How often are the Programme Managers assessed against their understanding, achievement and commitment to developing and implementing the strategic plans?

1.5 SCOPE OF THE STUDY

The study was conducted in North West Province concentrating on the Department of Health. The results may not, therefore, be generalised to other Provinces. Data collection was done through in-depth discussion interviews with Programme Managers of all the programmes of the Department of Health involved in planning of the Departmental strategic documents.

1.6 LIMITATIONS OF THE STUDY

Burns and Grove (2009:702) describe limitations of a study as theoretical and methodological restrictions or weaknesses that may decrease the generalisation of the findings.” The research findings may only be generalised to Department of Health, North West Province because data was collected from the officials and their views, opinions and experienced related to the strategic planning processes in the Department of Health in North West.

1.7 DEFINITION OF TERMS

1.7.1 Activities

Activities are tasks and acts undertaken by an organisation which when aggregated dictate the strength of a strategic position (Thompson 2010:784).

1.7.2 Epidemiologist

Epidemiology is the science that studies the pattern, causes and effects of health diseases and conditions in a defined condition. It is the cornerstone of public health and informs decision making and evidence based practice by identifying risks factors for diseases and targets for preventative health care. It is widely applicable to the study of acute or chronic disorders (Edmunds 2006:163).

1.7.3 Stakeholders

A stakeholder is a person or group of people capable of affecting and being affected by actions and performance of an organisation's policies, projects, plans and strategies (Thompson 2010:790).

1.7.4 Consultation

In this study, consultation is defined as a process of dialogue with citizens and stakeholders whereby the Department of Health informs the community about new proposals, policies and services planned for the community (Chetamb, 2013:25).

1.7.5 Strategy implementation

The process through which organisation's chosen and intended strategies are made to happen (Lynch 2006: 790).

1.7.6 Strategic Planning

This is the process of diagnosing the organisation's external and internal environment, deciding on a vision and mission, developing overall goals and then creating and selecting general strategies to be pursued and allocating resources to achieve the organisation's goals (Hellriegel, 2002:179).

1.7.7 Participation

Participation in social science refers to different mechanisms for the public to express opinions and ideally exert influence regarding political and economic matters (www.thesaurus.com/browse/ 06 April 2015).

1.7.7 Integrated Development Plan (IDP)

The IDP is a plan for an area that gives an overall framework for development. It aims to coordinate the work of local and other spheres of government into a coherent plan to improve the quality of life of all the people in that area (www.nmmdm.gov.za/.../NMMDM%20IDP%202013%20DRAFT.pdf 06 April 2015).

1.8 ORGANISATION OF THE STUDY

Chapter one provides a brief Introduction to the research, the reasons why this research was conducted together with the research questions that the respondents had to answer. This chapter also covers the aims and the scope of the study.

Chapter two provides the Literature Review on the planning processes that explore the number of diverse methodologies that have been employed by other researchers who studied similar problems.

Chapter Three is the Research Design and Methodology. This chapter covers the methodologies used including the questionnaires and sampling techniques that cover and answer the aim and problem statement of the research.

Chapter four is the data collection, presentation, analysis and interpretation. This includes how the data is presented and analysed, the statistical techniques that were used and the reasons that they were used.

Chapter Five is the summary, findings, recommendations and conclusion. chapter summarises the above four chapters and explains the findings and presents detailed recommendations that conclude the entire study.

1.9 SUMMARY

This study hopes to assist the Department of Health to become aware of what makes it difficult for Managers to reach the targets agreed upon during the planning process. This chapter consists of the aim and objectives of study, which when properly addressed, may help the Department of Health to address the challenges during the planning processes. It also presents the research questions to assist the Department of Health to achieve the goals of the plans.

CHAPTER TWO: THEORETICAL CONCEPTS RELATING TO PLANNING

2.1 INTRODUCTION

“A literature review is an objective, thorough summary and critical analysis of the relevant available research and non-research literature on the topic being studied” (John, 2007: 31). Its goal is to bring the reader up to date with current literature on a topic and forms the basis for another goal, such as the justification for future research in the area. A good literature review gathers information about a particular subject from many sources. Literature reviewed for this study covers references and research dissertations closely related to the planning in government Departments.

In this chapter the focus is on the planning processes in the public sector and on the guiding documents and other factors that can influence or affect planning in the Department of Health. The current planning in government Departments is guided by the National Development Plan 2030 (NDP) and the new Medium Term Strategic Framework (MTSF). Different goals and priorities are divided according to chapters. The Department of Health features in Chapter Ten of the NDP. The Department of Health is in the process of developing the first draft of the Five-Year Strategic Plan 2015/16 -2020, together with the Annual Performance Plan 2015/16.

In this chapter the discussion focuses on the factors and documents involved in guiding the strategic planning. It includes the MTSF, NDP and the formulation of indicators, data collection and collation as well as the District Health Information System (DHIS). It also includes the framework used for strategic planning in public sector Departments, the audit process and Departmental implementation performance reporting. The purpose of public sector planning advantages, disadvantages and challenges are also explained.

2.2 PLANNING PROCESSES IN GOVERNMENT DEPARTMENTS

After a new party comes in to office, all governments Departments are expected to develop a five-year plan which will be implemented through the Annual Performance Plan. The plan should cover a period of five years, ideally from the first planning cycle following an election, linked and aligned to the identified outcomes of the NDP and MTSF. The Strategic Plan sets out an institution's policy priorities, programmes and project plans for a five-year period, as approved by its executive authority, within the scope of available resources.

The Strategic Plan focuses on strategic outcomes-oriented goals for the institution as a whole, and objectives for each of its main service delivery areas, aligned to its budget programmes and, where relevant, its budget sub-programmes. Although plans may have a longer time frame, they should be revised at least every five years. The Five-Year Strategic Plan is revised annually when developing the Annual Performance Plan, which is used to implement the Five Year Plans (2013:3).

The Department of Health is expected to table a Strategic Plan within a month after the tabling of the budget relating to the first year covered by the Strategic Plan. A Strategic Plan may be changed during the five-year period that it covers. However, such changes should be limited to revisions related to significant policy shifts or changes in the service delivery environment. The relevant institution does this by issuing an amendment to the existing Strategic Plan, which may be published as an annexure to the Annual Performance Plan, or by issuing a revised Strategic Plan.

Five-Year Strategic Plans should take into consideration the Medium Term Strategic Framework; National Development Plan 2030 (NDP); Integrated Development Plans (IDPs) of municipalities; Performance Agreements between the President and Ministers as well as Service Delivery Agreements entered into in terms of the broad strategic outcomes and any other relevant long term government plans. The institutions' current resources and capabilities should be considered.

2.3 NATIONAL DEVELOPMENT PLAN (NDP) 2030

The NDP is the long-term plan for Department of Health that is implemented through the Five-Year Strategic Plan. The NDP was developed by the Commission for Administration in South Africa. The members were appointed by the President in May 2010. The Commission is an advisory body consisting of 26 people drawn largely from outside government, chosen for their expertise in key areas.

The Commission's Diagnostic Report was released in June 2011. The Report set out South Africa's achievements and shortcomings since 1994. It identified a failure to implement policies and an absence of broad partnerships as the main reasons for slow progress.

The consultation processes for introducing the NDP to Departments started at the third quarter provincial reviews in 2012. The Planning Commission from the North West Premier's office requested a slot on the agenda of the reviews to present the NDP to Departmental Managers. The NDP 2030 document was made available and circulated on the Departmental website for easy access after been presented across different Departments. The Medium Term Strategic Framework(MTSF)documents were developed aligned to the NDP to guide the current Five-Year Strategic Plan and the Annual Performance Plan(APP) and the National Development Plan2030 (NDP, 2010:15).

2.4 MEDIUM TERM STRATEGIC PLANNING FRAMEWORK DOCUMENT

MTSF is the acronym for the Medium Term Strategic Framework and is a five-year implementation plan for the National Development Plan (NDP) and is the commitment that featured in the governing party's election manifesto. It provides details for implementing the second phase of the democratic transition and clarifies what is meant by the 'radical economic transformation' and how it will be achieved. The MTSF incorporates targets and actions from other key government plans such as the New Growth Path and the National Infrastructure Plan. It emphasises the improvement of service delivery, the performance of the public service and the efficiency and effectiveness of local government. The MTSF document sets clear targets

and timeframes for the implementation of key actions, to enable monitoring and evaluation. Medium Term Strategic Framework 2014-2019 (2014:22).

2.5 ANNUAL PERFORMANCE PLANS (APPs)

At the beginning of the planning period, the National Department of Health held meetings with Planning Directorates across the country to discuss and agree on the processes and the templates to be followed when developing the Annual Performance Plans (APPs) for the next financial year. These APPs are the implementation plans of the Five-Year Strategic Plan. The Department of Health convenes a Departmental Strategic Planning Lekgotla annually to present and solicit strategic inputs from different health stakeholders. This process is conducted in the third quarter of the year to finalise the Annual Strategic Plan for the following year. Annual Performance Plans are aligned to the NDP 2030 and guided by the Medium Term Strategic Framework (2014:20).

2.6 STRATEGIC PLANNING LEGAL REQUIREMENTS AND GUIDELINES

The Strategic Planning Framework provides guidance on the processes relating the production of the Annual Plan. Annexure B sets out a generic guide that institutions should adapt to their requirements. It is also envisaged that each sector involving provincial or municipal functions will customise this generic guide under the leadership of the relevant Departmental Treasury Regulation APP Guideline (2005:15).

The Framework for Strategic Plans and Annual Performance Plans outlines key concepts that should guide institutions when developing Strategic Plans and Annual Performance Plans. It recognises that government institutions vary greatly in terms of their roles and responsibilities, and therefore develop their plans, policies and programmes in varied ways and over differing timelines. Some plans are concerned with activities that are programmed and sequenced for implementation while others are concerned with possible responses to uncertain future developments. The Framework provides guidance on good practice and budget-related information requirements. The Framework demonstrates that Medium Term Strategic Plans

and Annual Performance Plans can play a constructive role in clarifying the relationship between broader policies and programmes. It clarifies the relationship between institutions' plans, policy developments, budgets and information to be reported on in specific sections of the Strategic Plans. Treasury Regulation APP Guideline (2005:16).

2.7 THE IMPORTANCE OF ENVIRONMENTAL SCANNING IN PLANNING

“Environmental Scanning (ES) focuses on the identification, collection and translation of external information that may potentially influence an organisation’s decision making process. It allows an organisation to address social, economic, political and technical issues that may not be readily apparent and enables a comparative evaluation of the organisation’s internal strengths and weaknesses” (Heller 2001:243).

According to Heller through understanding the external elements and internal processes, the organisation can respond in a productive manner. Health researchers are employing ES to maximise existing resources, ensure timely responses, build on established knowledge and enhance community participation with the goal of improving the design and effectiveness of health programmes.

There is no one correct methodology for conducting an ES, but typically, it is characterised by several features. Information may be gathered from a variety of sources, including literature reviews, surveys, interviews, focus groups, and site visits.

Barten (2008:62) stated that “Environmental Scanning is undertaken through critical analysis and dissemination of collected data is promoted through utilising a wide sweep of information sources, ranging from formal, established data such as published reports, to informal, personal contacts. Accordingly, Scans may employ varying degrees of high- to low- technologies, ranging from internet searches to conversations with community leaders.”

Barksdale and Lund (2006:76) stated that “Environmental Scanning builds on the needs assessment and serves as the foundation for the comprehensive strategic plan. The development of broad-based Environmental Scans, which map out systems in sufficient detail to guide thinking and decision making, is central to the success of strategic plans.”

The Environmental Scanning process in the Department of Health takes the form of reviewing the Annual Performance Report of the previous Annual Performance Plan. This process is vital as Managers are able to determine the baseline of the previous plan and identify the challenges that prevented the achievement of the planned objectives.

In the first part of the Annual Performance Plan (APP), data on the socio-economic and demographic profiles of the province is used to determine where, and which kinds of, services are needed in different Districts of the province.

2.8 ORIGIN AND DEFINITION OF STRATEGIC PLANNING

In the past, a few decades ago, the strategic planning process in most organisations was unsystematic and not coordinated. A few organisations started implementing formal strategic planning systems but most efforts failed. “Strategic planning was concerned with anticipating significant new developments and changes that would have a major impact on the organisation” (Halim 2005:17).

Different sectors such as government Departments, the military, non-profit and for-profit organisations have adopted the principles of strategic planning as it has evolved. Halim (2005:22) identified planning as a way to evaluate the future and to make provisions for it. His concept of planning included analysing the current situation, setting objectives for the future, obtaining input from staff, taking into account the organisation’s resources and forecasting future trends.

Although different models might have different steps or may vary in the sequence of the steps, the strategic planning process essentially involves three stages and poses the following questions:

- Where are we now?
- Where do we want to be in the future?

- How are we going to get there?

Every profession and every organisation is guided by a set of beliefs and values that communicate its identity and what it stands for. Core values describe collective principles and ideals that guide the thoughts and actions of individuals within an organisation. Values shape the organisational mission, processes and goals. Therefore, it is critical to determine the values that the authorities live by in order to prepare and implement a successful and harmonised strategic plan (Zarkesh, 2008:78).

While an organisation must continually adapt to its environmental status, there are certain core ideals that remain relatively stable and provide guidance for the organisation's strategic direction (Zarkesh, 2008:79).

Halim (2005: 46) indicated that it is important that planning process clarifies the following:

- The mission of the organisation and its primary goals.
- The strategy formation and evaluation method utilised by the organisation to reach its goals.
- The implementation plan describing the actual tactics that put the plan into action.
- The control method showing the organisation is properly managed and is attempting to achieve its goals and objectives.
- The feedback that allows management to know when corrective action is necessary.

Given the information obtained from the Environmental Scanning and the collective core ideals, which comprise the fundamental components of the strategic planning process, a strategic planning model can be proposed as an initiative to synchronise the Department of Health's practices and to pinpoint areas where quality measures are required most to improve service delivery to the community.

To ensure effectiveness in planning, proper resource allocation is important as it provides the necessary funding to allow strategic planning initiatives to become reality. Understanding how strategic plans are aligned in the budget process is valuable to ensure that plans are funded and the health mission is accomplished and the frustrations of Department of Health officials are reduced. In addition, the planners must be able to demonstrate that regulations are being followed and the Department of Health is moving towards accomplishment of the Departmental mission.

The Department of Health has eight budget programmes. All these programmes are allocated budgets. It is the responsibility of the Programme Managers to manage the budget according to the Five-Year Strategic Plans and the Annual Performance Plan. The budget is monitored by Provincial Treasury on a quarterly basis. If the programme does not spend its allocated budget, Provincial Treasury has the power to transfer the budget to another Department Treasury Regulation APP Guideline (2005:20).

In the past the public sector had typically been more predictable than the business sector. Planning is now experiencing fundamental changes as a result of a changing environment consisting of an increasingly hostile public, a growing number of mandates, reduced funding, and conflicting goals and desires of various stakeholders (Wall 2007:98).

Planning is faced by different challenges and an unstable global environment together with increasing technology. Due to global and technological arrangements between the countries, the budget for purchasing health technology equipment may be not spent due to the processes and time involved in purchasing licences between different countries. This makes it difficult for Managers to achieve the targets contained in the APPs. The mandate for increased accountability will be challenged as stakeholders will be looking at government failing to meet their expectations.

Armstrong (2012: 33) stated that “... external constraints limit the strategic choices available to government agencies. Consequently, they must be concerned with the very same matters that private sector agencies focus upon including leadership, management of people, communication, customer service and the technology infrastructure.”

Because of the scarcity of the resources, programmes set their plans looking at the NDP and Provincial Development Plans together with the MTSF priorities and goals. Finance is the scarcest and most critical resource needed to implement the long-term and short-term plans in the organisations. The Public Financial Management Act (PFMA) 1999, (Act 1 of 1999), is used to regulate financial management in the national, provincial and local governments to ensure that all revenue, expenditure, assets and liabilities of those institutions are managed effectively and efficiently.

The explanation that follows looks at how financial resources are used to implement the annual plans.

2.9 RELATIONSHIP BETWEEN PLANS AND BUDGETS

Plans and budgets should be interrelated to improve planning effectiveness. It is important for budget plans to be linked to strategic plans to ensure that key objectives and priorities are budgeted for and achieved as per Part III B of the Public Service Regulations (2008:15). Budget for all government Departments is always under pressure while the public expectation and mandate is increasing and forever changing. Government budget is developed for three years and managers are required to align their plans to the budget allocated. This creates problems at the beginning of the financial year.

Most managers will know that some priorities or goals will not be achieved. Managers will rely on the programmes that will not be able to spend their entire budget so that they shift budget between the programmes. The relationship between Programme Managers becomes important to ensure that the resources of the organisation are used effectively. The scarcity of the

resources enforces collaboration and a positive relationship between managers participating in the formation and implementation of the strategic plan. Participation in the strategic plan becomes important in order for managers to share information and to assist one other to realisation of the organisation's Strategic Plans.

2.10 PARTICIPATION IN THE STRATEGIC PLANNING PROCESS

Interactions between state and society about governance issues are important to understand in order to address the inequity and injustice that are at the core of many health problems. Historically, empowered and organised groups and citizens have played a role in creating healthy social change. Healthy governance aimed at health equity is participatory governance. It places a particular emphasis on the inclusion of people, especially the poor (Barten, et al 2008).

It is stated in the NDP 2030 (2010) that public participation is a principle that is accepted by all spheres of government in South Africa. Participation is one of the cornerstones of democracy and should hold equal benefits for politicians, public servants and civil society. A major rationale for the current structure of the institutional system and the resultant role of government in public participation, is that decisions should ideally be made at the lowest possible level, and that services should be delivered and managed locally where possible. Despite positive achievements to date, it is necessary for participatory systems to be strengthened. Ward committees need to be capacitated. Community priorities that are identified through participatory processes need to be addressed in order to rebuild trust between the public sector and civic society.

Grambling (2001) indicated that statistical results show that the presence of all stakeholders increase and strengthen the quality of planning and ownership. It is further stated that participatory strategic planning consists of four stages:

- First, the group determines its vision for the future of the organisation or community.

- Secondly they describe the obstacles that are preventing them from reaching their vision.
- Thirdly they move on to agree on methods that will help them get past the obstacles and reach the vision.
- The final stage is about implementation planning according to the term of the plan.

All stakeholders in the Department of Health are participating in the strategic planning process. Participation is achieved through meetings with different programmes of the Department where inputs on indicators and targets are determined collectively. Community participation is conducted through the Directorate of Special Programmes. Representatives from the entire District are invited to Departmental Lekgotla where all inputs are finalised.

2.11 STRATEGIC PLANNING PROCESSES IN OTHER COUNTRIES

Worldwide planning systems differ from one country to another according to the social and cultural norms of individual places. Future development of each country is vested in, and is the responsibility of, the country's top management. In Egypt before 2005, according to Connolly (2009:15), planning schemes were guided by the Master Planning approach. They were usually called General Plans or Comprehensive Plans. Whilst following the broad characteristics of Master Planning in general, the focus was exclusively on the spatial and physical planning of the city. The principal drawing the new physical boundary of the city is the ultimate goal of the Master Plan. Infrastructure needed for services and utilities for new development have had much attention, while social and economic contexts, despite their complexity and significance, have much less emphasis Connolly (2009:15).

There was a lack of stakeholder involvement by any means because there was no mechanism for including them in the preparation or implementation of plans. Therefore, citizens' needs and priorities were not well addressed in the plans. Furthermore, "... key issues of concern specific to the city might not be tackled as the plan ultimately reflects the perceptions of the Planner along with other experts who carry out the preparation of the Master Plan. Given this, it becomes very unlikely that the plans will be implemented" (Connolly, 2009: 17).

2.11.1 Planning Processes in Egypt

“Lack of stakeholder participation in the planning process is a direct consequence of the political regime in Egypt. The Egyptian constitution establishes the country as a ‘Democratic State’, deriving its sovereignty from the people. However, practicing participation is considered an unfamiliar activity and governance is only nominally democratic. The political culture of both government and society at large is still generally hostile towards explicit public involvement in policy making” (Halla, 2007: 22).

Effective opposition is not tolerated, and civil society organisations are heavily regulated and monitored by law, and harassed if they display signs of opposition. The public’s mistrust of the government is a common stance amongst the different tiers of the Egyptian society. Therefore, “... changing Egypt into a participatory society requires fundamental adjustments to the legislative framework, new approaches to education and the media, an improved economic situation and the establishment of transparency and accountability in Egypt’s institutions to win the trust of the Egyptian people” (Halla, 2007: 25).

The explanation above indicates that government strategic planning processes in Egypt are totally different from those in South Africa, although both countries are on the same continent. The planning process in South Africa is inclusive of all Departments across the country. Planning in Egypt focuses on spatial and physical planning of the city, especially on the infrastructure for services and utilities for new development. In South Africa around 2005, the planning in government was guided by Ten Point Plans which were also inclusive of all government Departments’ goals and priorities and the Millennium Development Goals. These two documents were used to track progress with regard to all the progress made by all the provinces.

Public participation during the strategic planning in the Department of Health is encouraged and ensured through governance structures and hospital boards. These structures consist of

representatives from the community, municipality, ward councillors and hospital boards from all the Districts of the Province.

2.11.2 Planning Processes in Nigeria

Nigeria has long-term and short-term plans for government Departments. The Nigerian Vision 2020 expresses the aspiration for Nigeria to become one of the top 20 economies in the world by 2020. The attainment of the Vision would enable the country to achieve a high standard of living for its citizens. It will also result in harmonisation of the Federal States' and local governments' health plans, thereafter serving as the basis for national ownership, resource allocation and mutual accountability by all stakeholders – government, development partners, civil society, private sector and communities (Nigeria Country Report 2010:15).

The plan is based on the principles of the four ones: one health policy, one national plan, one budget and one monitoring and evaluation framework for all levels of government. It also provides the template to concretise the health sector development component of the 7-Point Agenda and a platform for achieving the Millennium Development Goals (Nigeria Country Report 2010:25).

2.11.3 Planning Processes in Botswana

The Botswana government has adopted an approach of development planning since its independence. It has produced a series of National Development Plans (NDPs) for the country starting with Botswana's Transitional Plan for Social and Economic Development prepared in 1965. National Development Plan 10, or NDP 10, is the tenth in the series of NDPs. National Development Plans guide the overall development plans of the country. NDPs contain government strategies planned to be undertaken over the Plan period. The NDP contains estimates of revenue expected over the entire period as well as expenditure and manpower growth projections (Botswana Integrated Health Service Plan, 2010 – 2020: 28).

The NDP process is guided by a Reference Group comprised of Government Ministries, the private sector, non-governmental organisations, labour unions and academia.

The Department of Health in Botswana has a long-term plan titled the Integrated Health Service Plan 2010 – 2020. It is the strategy that presents the vision for the improvement of the health status and health care of the population in the Republic of Botswana up to 2020. The document identifies priority areas and aims to ensure that those health services that are being delivered will provide the highest possible benefits for all citizens (Botswana Integrated Health Service Plan 2010 – 2020: 32).

The Botswana Health long-term plan is implemented through operational plans each year. This plan is called the Annual Performance Plan in the South African Department of Health. In South Africa the long term plan is called the NDP 2030 and Departments implement it through Five-Year Strategic Plans and Annual Performance Plans.

Plans are made to achieve the overall objectives of the organisation and this can only be achieved through implementation. Being part of the development of plans strengthens and motivates officials to ensure that the plans succeed.

Planners need to be aware of the barriers to effective planning and how to respond to them during the planning processes. The paragraph below focuses on the barriers to planning.

2.12 THE IMPORTANCE OF CAPACITY BUILDING FOR EFFECTIVE PLANNING

Betty Yung (2008:118) stated that “Researchers indicated that there is substantial need and interest in capacity building in areas such as public relations, information technology training, programme evaluation and leadership development. There is limited ability in organisations, especially in the government sector, to plan for the needed assistance. It creates challenges for planning approaches to meet these vital needs. Organisational capacity building is widely viewed as a means to help non-profit organisations improve their service delivery, strengthen staff productivity and efficiency, and enhance financial stability. The non-profit sector is

extraordinarily complex and includes very diverse types of organisations, including hospitals, universities, employment and training and youth development centres. Some of the organisations are large with multimillion budgets, while others are small and operate with very limited financial resources.” (Betty Yung, 2008:93).

Roger(2012:55) stated that the literature provides a variety of activities that should be undertaken to assist non-profit organisations with building and sustaining capacity. There are three main types of capacity-building activities. These are:

- i. Assessment internally and externally to the organisation
- ii. Interventions using management consultation, training and technical assistance
- iii. Direct financial support for core operating expenses through specific grants and working capital.

2.13 THE SIGNIFICANCE OF INFORMATION TECHNOLOGY IN PLANNING

Information about growth, movements, structures, living conditions, spatial distribution and natural resources of a country's population is vital for relevant policy formulation, planning and implementation and for monitoring and evaluation (District Health Management Information System, 2011:11).Information Systems (IS) have much to offer in improving the effectiveness of planning, managing healthcare costs and improving the quality of care. “In addition to the embedded role of information technology in clinical and diagnostics equipment, IS are uniquely positioned to capture, store, process and communicate timely information to decision makers for better coordination of healthcare at both the individual and population levels District Health Management Information System.” (2011:15).

The template used by government Departments for planning consists of three parts. The first part includes a situational analysis which is made up of the service delivery environment; the organisational environment; socio-economic, demographic and epidemiological profiles and key service delivery issues. Information Systems make it possible for Managers to be in possession of this information. It is important to know the population size, the demographics,

the service delivery issues and epidemiological profiles of the population being planned for. Information Systems form an interface between the Department of Health and the Department of Home Affairs. For example, IS makes it possible for managers to know the demographics and epidemic issues of each area.

District Health Information Systems (DHIS) are used by the National Department of Health to measure the provinces on the Annual Performance Plan indicators that inform the country's progress towards the achievement of the Millennium Development Goals. The national Department of Health has become increasingly efficient through the use of (DHIS). Data capturers are trained and employed at different health facilities on the use of the DHIS.

Countries are expected to report their achievements against the Millennium Development Goal indicators on an annual basis. The DHIS reports from all the provinces are consolidated to create an Annual Report for South Africa.

2.14 IMPLEMENTATION OF STRATEGIES AND PLANS

Bimbaum (2000: 75) noted that when strategic plans are not implemented planners become frustrated with the planning process. They begin to view planning activities as pointless and ultimately lose interest in future planning efforts. Since the strategic planning process is not a linear process and may go back and forth, it is necessary to shed light on the relation between the implementation phase and the formation of strategic planning. The implementation of strategies and plans completes the cycle of strategic planning. The implementation of the developed programmes, projects, and action plans will bring life to strategies and create tangible values. The implementation process also allows for adaptive learning which will lead to a better understanding of, and will feed into, the new round of strategic planning Bimbaum (2000: 75).

In addition Glaister *et al* (2008: 98) found that a strong and positive relationship was formed between formal strategic planning and organisation performance. Through implementation,

organisation performance can be evaluated and assessed and corrective actions can be made. Another benefit of implementation is the creation of public value, which is the most important outcome and the aim of the entire strategic planning exercise. When strategies and plans are successfully implemented and benefits are realised, it increases the legitimacy and confidence of employees, communities, leadership and the organisation in general. In addition, individuals involved in effective implementation will experience heightened self-esteem and self-confidence Glaister *et al* (2008: 98).

The implementation of plans in Departments is monitored through reviewing performance on quarterly basis. Managers involved in developing the plans are responsible for their implementation. Managers are responsible for accounting to the Accounting Officer of the Department, who in turn is accountable to National Treasury. Progress reports are consolidated to create an Annual report at the end of the financial year. Not all the plans are implemented successfully. Most of the identified challenges for the non-achievements are beyond the control of the Managers and the Department of Health Glaister *et al* (2008: 98).

Departmental monitoring and evaluation is the process used to assess whether the Department of Health is performing according to the agreed-upon targets and indicators determined during the planning process.

2.15 MONITORING AND EVALUATION OF PLANS

Monitoring and evaluation (M&E) is a significant component of development programmes and projects, particularly those funded by international donors such as the World Bank, the United Nations and the United States Agency of International Development (USAID). It ensures the most effective and efficient use of resources and assists in determining the success or failure of plans. Generally, M&E convinces donors that their investments have been worthwhile (Kusek&Rist2004: 77).

Monitoring focuses on the implementation process and progress made towards the achievement of programme objectives. Evaluation measures how well the program activities

have met expected objectives, or the extent to which changes in outcomes can be attributed to the programme. A good review, as pointed out by Clements (2005: 99), is founded on several types of evaluation techniques and the characteristics of quality evaluations.

Accompanying the era of the modernist planning approach, the focus of the plan evaluation or plan assessment was on developing criteria for determining good plans. As Clements (2005: 101) stated, "If planning is to have any credibility as a discipline or a profession, evaluation criteria must enable a real judgment of planning effectiveness and good planning must be distinguishable from bad."

Monitoring and evaluation of the developed plans in the Department of Health is under taken quarterly. The processes are coordinated by the Policy, Planning, Monitoring and Evaluation Directorate which also coordinates the planning processes. During planning, Programme Managers set indicators for targets to be accomplished by the programmes for the financial year.

Annual targets are divided into four quarters. District and provincial reviews are held on a quarterly basis to register progress made on the targets. The Quarterly Reports are submitted to the Provincial Treasury and the Provincial Auditors. Auditors then sample a few facilities to verify and confirm the relevance, effectiveness, efficiency and impact of reported progress. They provide their opinion for that specific quarter. The Quarterly Review Reports are consolidated at the end of the year to create the Annual Report for the Annual Performance Plan. Because of the complexity of the clinical services provided by the Department of Health, auditors struggle to understand the dynamics. They are referred to the relevant specialists or Programme Managers in charge of the indicators.

2.16SUMMARY

The success of any organisation depends on the ability of the Strategic Planning Managers to plan for the long term. It also depends on how the long-term plans are broken in to implementable short-term plans. Integration of planning into the other components or structures of the organisation plays a vital role and ensures cooperation between different

components of the organisation. Allocation of resources, especially human and capital, is very important because if not planned properly, plans will fail or not achieve the intended results, leading to poor service delivery. Stakeholder participation during the development of the plan is critical for the ownership and implementation of the strategic documents. The literature review on information systems management indicates that the success of planning depends on the availability of reliable information for plans to be relevant to the situation or circumstance. This chapter showed that there are some similarities and differences in how different countries handle their long term and short term plans.

The chapter indicated that monitoring and evaluation play an integral part in planning. It is through assessments of the planning results that determine whether the planning process was successful and achieved the desired goals of the organisation. The outcome of evaluation can demonstrate the effectiveness of a programme to outsiders, such as potential donors, government officials or the public at large. It can thereby increase involvement, interest and awareness. The next chapter deals with the methodologies used in the study.

CHAPTER THREE: RESEARCH METHODOLOGY

3.1 Introduction

This chapter describes the specific research design and methodologies used in this study. Research methodology is the “how” of collecting data, and the processing thereof within the framework of the research process. It necessitates a reflection of the planning, structuring and execution of the research in order to comply with the objectivity and validity of the study.

Tustin et al. (2005:82) add to the above sentiment by defining research design as “The plan or blueprint of the intention of how the research will be conducted. It focuses on the end product, formulates a research problem as a point of departure and focuses on the logic of research.” According to Creswell (2009:145) “each study indicates the kind of research methodology the researcher should use to underpin the work and methods to use in order to collect data.”

There are two recognised approaches to research, namely the quantitative and qualitative paradigms (De Vos, Strydom, Fouche, & Delport, 2005:730). According to Phenya (2011:44) both methods involve similar processes in terms of the formation of the hypothesis, review of the related literature as well as the collection and analysis of the data but there are certain distinctions.

Quantitative research is any type of research that produces findings arrived at by statistical procedures or other means of quantification.

Lunenburg and Irby(2008:89) further argue that the other method, which is qualitative research, emphasises understanding by closely examining people’s words, actions and records as opposed to quantitative research approach that investigates such words and action and records at a mathematically significant level.”

3.2 QUALITATIVE RESEARCH

This study used a qualitative research approach to gather relevant data. Leedy and Ormrod (201:182) state that qualitative research design differs inherently from the quantitative

research design in that it does not usually provide the researcher with a step-by-step plan or a fixed recipe to follow. In quantitative research the design determines the researcher's choices and actions, while in qualitative research the researcher's choices and action will determine the design or strategy that is best suited to the research.

Quantitative research is concerned with testing hypotheses derived from theory and being able to estimate the size of a phenomenon of interest. Depending on the research question, participants may be randomly assigned to different treatments. The researcher may collect data on participant and situational characteristics through observation or interviews in order to statistically control for their influence on the dependent, or outcome, variable. If the intent is to generalise from the research participants to a larger population, the researcher will employ probability sampling to select participants (Leedy and Ormrod 2011:182)

Qualitative research methodology was chosen for this study because of the nature of the study which depended on, and dealt mostly with the views, understanding and opinions of the participants.

3.3 STUDY DESIGN

Study design refers to the detailed outline on how the investigation will take place. It includes the data collection processes. This is supported by Vos *et al* (2005:270) by defining research design as the "plan according to how the study obtains research participants and collects information from them". There are five strategies according to Creswell (2009:4) that could be used to design qualitative research. These are biography, phenomenology, grounded theory, ethnography and case study.

The current study used the phenomenology research method. This approach aims to understand and interpret the meaning that subjects give to their everyday lives. Phenomenological study describes the meaning of experiences of a phenomenon, topic or concept for various individual. According to Lunenburg (2008: 75) the researcher utilising this approach reduces the experiences to central meaning. The researcher uses the participant's

observation and the interview as methods of data collection from multiple individuals who have experienced the particular phenomenon.

The researcher wanted to find out how the officials participating in the planning phenomena of the Department of Health viewed or understood the planning processes of the Department. Welman and Kruger (1999:47) state that the research design should specify the number of groups that should be used and the way this population should be selected. This will be fully discussed in subsequent sections.

3.4 POPULATION AND SAMPLE FRAME

According to Burns and Grove (2009:353) population is "... a set of elements on which research focuses and to which the results obtained by testing the sample should be generalized." To this De Vos *et al* (2005: 194) add that "A population encompasses the total collection of all units of analysis about which the researcher wishes to draw a specific conclusion".

The population in the study was comprised of public servants at the level of Deputy Directors, Directors and Chief Directors who were permanently employed by the Department of Health. The sampling frame was the officials involved in, or participating in, the strategic planning processes of the Department of Health. At the time of research there were 200 public servants taking part in the development of the strategic planning process of the Department of Health.

3.4.1 Sampling

According to Brink (2006:124), sampling refers to the "processes of selecting the sample from a population in order to obtain information regarding a phenomenon in a way that represents the population of interest." Sampling is divided into population, sampling method and sample size as discussed below (Lunenburg and Irby, 2008: 77).

The study sampled thirty officials representing programmes of the Department of Health in all the levels stated in the population above, who are participating in the strategic planning of the Department.

3.4.2 Sample Size

The size sampled for the purpose of this study comprised thirty officials involved in the development and implementation of Department of Health Strategic Plans. In addition the researcher interviewed two officials at the National Department of Health because they were involved in the determination of the standardised National Indicator Data Set (NIDS) which measures the performance of the provinces across the country.

According to Lisa McQuerrey (2015.03.05) when selecting a sample, the researcher should consider the following:

- If the population is fewer than 100 people, the entire population should be surveyed.
- If the population is approximately 500 people or units, 50% should be sampled.
- If the population is approximately 1 500 people or units, 20% thereof should be sampled.

Given the above guideline and that the population of the study was two hundred; a study sample size of thirty represented all the categories of the programmes of the Department. The sample was categorised into three Deputy Directors, Directors and Chief Directors per programme. The sample size used took into consideration the time, cost and capacity to collect the necessary information.

Purposive sampling was employed to select potential participants as the researcher intended to use participants who would provide rich data in order to gain understanding and discover participant's opinion on the current state of affairs in the development of the strategic plan (Burns & Grove, 2009:355). In this case it was Managers who had experience in the involvement of planning of Departmental documents.

Purposive sampling was also employed for the reason that the intent was to generalise the research findings from the research participants to a larger population.

The researcher ensured that the sample covered all categories of programmes of the Department of Health, namely Deputy Directors, Directors and Chief Directors. The researcher ensured the appropriate gender proportion of the employees.

Employees who agreed to participate in the study were briefed about the logistics. Questions were distributed to participants two days before meeting with the researcher so as to give them sufficient time to plan and organise themselves for answering the questions as objectively as possible during the meeting. Employees were all visited in their offices in the workplace. This ensured that all sampled officials was covered and also ensured that the sample size of the study was attained.

3.5 DATA COLLECTION

The common sources of data collection in qualitative research are interviews, observation, reviews of documents. Interviews are the most common source. The person-to-person format is the most prevalent but occupational group interviews and focus groups were also conducted.

An advantage of a qualitative interview approach is that the interviewer is able to gather complex, in-depth data that could not be obtained through questionnaires or question-and-answer interview approaches. In most instances, a primary question will lead a subject to discuss related issues that the interviewer can then follow up on with a secondary line of questioning. In this sense, the interviewer is essentially working as a leader, offering more information and prompts for the participants to elaborate on (Lisa McQuerrey, 2015.03.05).

A qualitative interviewing approach allows an interviewer to gather not only hard, factual data, but to collect emotional data as well. For example, asking participants to describe their feelings in a particular situation provides more complete feedback than asking a subject to explain a process. In this study it was very clear that most of the officials in Department of Health were not content with the manner in which the Annual Performance Assessment System is handled.

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The semi structured interview method of interview used is discussed below.

3.5.1 Semi Structured Interview

This involves a series of open-ended questions based on the collaboration areas the researcher wants to cover (Bless & Smith, 2006: 104). "The open-ended nature of the questions defines the topic under investigation but provides opportunities for both the interviewer and the interviewee to discuss some topics in more detail. If the interviewee has difficulty in answering a question or provides only a brief response, the interviewer can use cues or prompts to encourage the interviewee to consider the question further. In a semi-structured interview the interviewer has the freedom to allow the interviewee to elaborate on the original response or to follow a line or inquiry introduced by the interviewer." (Bless & Higgson-Smith, 2006: 104).

The interviewer asks the same questions of all participants, but the order of the questions, exact wording and the type of follow up questions may vary considerably. The semi-structured interview in the qualitative research follows an inductive approach, which implies that specific information is gathered, from which themes and concepts are developed. The researcher does not enter the field with preconceived ideas or theories. Theory is constructed as the research progress according to Silverman (2002:22).

Interview method of data collection was used for this study. The researcher explained to the participants the reason that they were included in the sample. Participants were asked to give permission for an audio-recorder to be used so that they could be aware that the information they gave was recorded for the purpose of data analysis and as confirmation that the interview

took place. A tape recorder allows a much fuller record and complimented notes taken during the interview. It also meant that the researcher could concentrate on managing the process positively knowing that the information was being recorded.

The following communication techniques were used during the interviews as described by Merriam (2009: 76-78):

- Clarifying: An attempt to focus on or understand the basic nature of a participant's statement.
- Summarising: The interviewer synthesises what has been communicated during the interview and highlight the major effective and cognitive themes.
- Paraphrasing: This is a verbal statement that is interchangeable with the participants' statement and contains words that are similar to those of participants.

3.5.2 Piloting

Welman *et al* (2005:148) state that the purpose of a pilot study is to detect possible flaws in the measurement procedures, to identify unclear or ambiguously formulated items and to notice nonverbal behaviour which may signify discomfort. In addition Tustin *et al* (2005:413) argue that piloting is essential to ensure that data collected will be relevant and accurate, to eliminate misinterpretations and that the respondent will participate and cooperate fully.

Participants can gain feedback in a number of ways during a pilot study, including open or closed interviews and questionnaires. By using open interviews one will be able to gain much more detailed information from the participant and therefore the feedback will be of much more use.

When conducting a pilot study it is important to include some participants who will not be part of the actual experiment in order to minimise order effects. Order effects are a decline in performance as the research participant becomes tired or bored while performing a sequence of tasks. The absence of order effects in the participants of the actual study will help to increase

the reliability and validity of the result unless the experimenter has changed the layout of the study in response to the pilot study (<https://chickenlips92.wordpress.com> 03 May 2015).

In order to minimise the order effects and increase the validity and reliability of the study, and to obtain minimal response from the pilot, the researcher did not include all the officials who participated in the pilot. Officials' inputs were, however, used to enrich the interview questionnaire of the study.

Most of the participants indicated that they required sufficient time to answer the questions. An interview was appropriate as it allowed for the clarification of certain concepts before the answer was provided. Based on the inputs from the participants, the researcher changed the questionnaire as the method of data collection and used the same questionnaire to conduct the interview sessions with the participants. Some questionnaires were edited based on the inputs and responses from the participants.

Another aspect to consider in pilot studies is the financial resources required to conduct the pilot. If the feedback showed that the study produced results, then the methods used provided positive results and the pilot was not a waste of either finance or time. (<https://chickenlips92.wordpress.com> 03 May 2015).

The researcher used telephone, email and face-to-face conversations with the participants during the pilot study. Not many financial resources were employed during the pilot study.

3.5.3 Reliability

Reliability is defined "as the extent to which results are consistent over time and an accurate representation of the total population under study is referred to as reliability and if the results of a study can be reproduced under a similar methodology, then the research instrument is considered to be reliable" (<http://www.nova.edu/ssss/QR/QR8-4/golafshani.pdf> 2015 May 02). In addition Boris (2008:350) stated that reliability is concerned with estimates of the degree to which a measurement is free of random or unstable error. Reliable instruments are robust because they work well at different times under different conditions.

In the Qualitative Report (Volume 8, Number 4, December 2003 597-607 pp. 41-42) it is stated that there are three types of reliability referred to in quantitative research. These relate to:

- The degree to which a measurement given repeatedly remains the same.
- The stability of a measurement over time.
- The similarity of measurements within a given time period.

The researcher took into consideration the inputs from the piloted response to measure the validity and reliability of the instrument. This was done to assess whether the instrument would produce the same results when it is administered in another group. The responses of all the participants were more or less the same differing only in words which can be used interchangeably.

3.5.4 Validity

Validity determines whether the research truly measures that which it was intended to measure or how truthful the research results are. In science and statistics validity is the extent to which a final decision is based on the results of the measurement and is well-founded and corresponds accurately to the real concepts. Researchers generally determine validity by asking a series of questions and will often look for the answers in the research of others.

The researcher aligned the flow of interview questions with the objectives of the study to ensure that the interview questions would provide the answers that would ensure that the objective of the study was achieved.

3.6 ETHICAL CONSIDERATIONS

Prior to conducting this study, an ethics application was submitted to North West University and the study was granted approval.

Given (2008:30) believes that collecting data from people raises ethical concerns. These include taking care to avoid harming people, having due regard for their privacy and respecting them as individuals. In order to avoid harming people, researchers should guard against both physical

and psychological harm. People have a right to privacy and researchers must keep collected data confidential. Most importantly, the researchers must remember that the subjects are individual human beings and treat them with appropriate respect.

This research aimed at gaining greater knowledge and understanding of the planning phenomenon. It had little or no ethical consequences. However, because information was obtained from human beings there was a need to uphold particular standards and ethical principles. Most ethical issues in research fall in one of the four categories: protection from harm, informed consent, right to privacy and honesty with professional colleagues. Leedy and Ormrod (2010:101) attest that whenever human beings or other creatures with the potential to think, feel and experience physical or psychological distress are focus of the investigation, a closer look at the ethical implications of what is being proposed is necessary.

3.6.1 Protection from Harm

The study did not contain anything that would harm the participants physically or emotionally. The only research instrument was an interview questionnaire which was used to obtain data from the participants. The interview questions were made available to the participants a day before the interview in order for them to prepare, to be aware of what information was required and to can make a decision about continuing or cancelling the appointment with the researcher.

3.6.2 Informed Consent

Research participants should be told of the nature of the study to be conducted and given the choice of either participating or not participating (DeVoset *al*, 2005:68). A convenient method of data sampling was used to obtain information only from those who agreed to participate. A covering letter was sent which clearly explained the purpose of the study and the participant's right in the study. At the beginning of the interview the researcher explained to the participants that the session would be recorded and that the researcher would take notes during the session.

3.6.3 Right to Privacy

Under no circumstances should a research report be presented in such a way that others become aware of how a particular participant has responded or behaved (Donald, 2008: 114). The interview questions were standardised to enhance confidentiality and to protect all the participants of the study. Participants' responses were all summarised by the researcher and it was impossible for information to be linked to a particular participant.

3.6.4 Honesty with Professional Colleagues

Acknowledgment of the use of materials belonging to other people is mandatory (Lunenburg and Irby 2008:133). The researcher maintained integrity throughout the research process and informed the participants about the purpose of the study. Participants were informed that they would not benefit from participating but that the Department of Health would benefit from the recommendations which would be provided by the researcher after the data analysis. The research results would be used to inform and improve the efficiency in development and implementation of strategic plans of the Department of Health.

3.6.5 Study Limitations

Burns and Grove (2009:702) describe limitations of a study as theoretical and methodological restrictions or weaknesses that may decrease the generalisation of the findings. The research findings may only be generalised to the Department of Health, North West Province, because data was collected from the officials and their views, opinions and an experience were on the strategic planning processes in Department of Health in North West Province.

3.7 SUMMARY

It is important that the researcher understands the methodologies and different research designs for the study. Methodology and research design are regarded as the cornerstone of the research as they help and direct the researcher in the process of choosing the sample and targeted population of the study. After identifying the population, a researcher has to choose

the method of data collection that will be used to collect information from the targeted population. It is important for a researcher to prepare data collection instruments that will provide relevant information aimed at answering the research objectives of the study. The method of data collection should be developed in such a way that it will not exceed an hour of participant's time but allow for sufficient information to be collected. Some key issues that emerged from the chapter included the reliability and validity of the data and ethical considerations when collecting data. The researcher has to plan how, where and when the data collection processes will be carried out bearing research ethics in mind.

The researcher must always revisit the aim and objectives of the study when collecting data. The next chapter focuses on data presentation, analysis and interpretation.

CHAPTER FOUR: DATA ANALYSIS

4.1 INTRODUCTION

In Chapter Three the research approach and method that was used to collect data for the study were discussed. In this chapter the results that were generated from the data collected are presented and interpreted. Data was collected through interview sessions with thirty participants. Interview sessions were held with sampled public servants who participated in the study.

The interview questionnaires were classified into sections described below.

4.1.1 Section A: Demographics

In order to provide appropriate technical support to health care planning, this section comprised questions which collected background information of the participants such as gender, age, and qualification, years of experience and employment in the Department of Health. The data from this section revealed that officials who were involved in the planning of the Department of Health had all studied at different tertiary institutions.

Gender	Age	Qualifications	Year of Employment and experience
Male	19	Post graduate	From 10 - 25
Female	11	Post graduate	From 10 - 25
Total	30	Post graduate	From 10 - 25

The majority of the respondents were male between the ages of 40 and 55 years. The study analysed the respondents' period of employment and found that out of the thirty participants, twenty had between 10 to 20 years of service in the Department of Health. This suggests that most of the respondents had sufficient experience on health issues and were the relevant people to provide informed information that would enrich the study.

4.1.2 Section B

Section B consisted of the research interview questions of the study.

This was the portion in the study where the researcher came face-to-face with the participants of the study during interview sessions which were the method of data collection.

According to Flynn (2012: 78) the interpretation should be grounded in interviewees' or respondents' contributions and may be semi-quantified, if this is possible or appropriate. For example, 'half of the respondents said', 'the majority stated that' and 'three said'. Readers should be presented with data that enables them to understand what the researcher is talking about. Sufficient data should be presented to allow the reader to clearly see the relationship between the data and the interpretation of the data.

The participants' responses were summarised according to research questions in line with the objectives of the study as highlighted previously in Chapter One. Below is the summary of the participants' opinions or perceptions on the research questionnaires.

4.2 MANAGING THE PLANNING PROCESSES

According to respondents the management of the Department of Health follows the planning processes according to the planning cycle. It is not benefiting the Department of Health. Planning should start with the prerequisites that have to be in place and the issues that need to be resolved before the actual planning can take place. The objective is to ensure that the planning process can be carried out smoothly. The identification and the positioning of the planning team is very important. The planning team will determine specific terms of reference of the plan. In the absence of the above, the respondents stated that the process is conducted and compliance occurs only to satisfy the legislative requirement.

Others stated that the Department of Health is following the planning cycle correctly, that the planning processes have improved but that the District Health Plan (DHP), which is expected to be the guideline to help both the provincial and districts managers, is not taken into

consideration. The DHP is the plan the basis of the Medium-Term District and Sub-District Health Plans. It assesses and reports the progress in achieving stated goals and objectives. Respondents stated that if the current planning was not aligned to District Health Plans, it would be violation of the guidelines of the Public Financial Management Act (PFMA), (Act 1 of 1999).

Respondents stated that planning which was not informed by the organisational and institutional reforms at the District and sub-District level would not address structural inefficiency, ensure accountability for the quality of health care services rendered and ultimately would not improve health outcomes particularly those focusing on poor, vulnerable and disadvantaged communities.

Some respondents stated that planning processes at District level needed to be strengthened. Strengthening the District Health Plan will only be realised if the District Plan can be decentralised and officials empowered through the establishment of appropriate planning structures. It was stated that the District health planning structure should be accountable and responsible for District planning and reporting. The decentralisation of planning process to the District level will assist the Department of Health to achieve greater equity and efficiency, greater involvement from the communities being served and greater coordination between social sectors.

Respondents stated that the timing factor is one of the challenges that the Department of Health needed to consider during planning. Respondents indicated that currently strategic planning meetings are not properly scheduled in the Departmental agenda. Planning meetings are determined by the Strategic Planning Directorate. In many instances these meetings are not honoured by other programs or Directorates. Participants indicated that this caused challenges and conflict amongst the officials during the planning process. For proper facilitation, respondents stated, the Strategic Planning Directorate should schedule the planning meeting at the beginning of the planning period so that one team from the District and provincial office could participate in all the planning meetings.

Some participants stated that the entire planning process was not rational as it does not take into account previous performance. Planning must start with presenting where, how, what resources and skills are in place, assess current challenges and what is needed to plot the way forward. The Annual Report, which has information on the past performance, is not used to guide Managers on the baseline information on previous performance. Respondents stated that even though the Report showed what was planned and what was actually achieved, the facts were frequently ignored.

Some participants indicated that there are always matters that were not adequately addressed and concluded by the Province and National Departments during the planning process. These matters included issues such as clinical audit exceptions which require or necessitate amendments to the legislation and regulations of the Department of Health. This process is beyond the capacity of the provincial Department of Health as it is a national legal process that takes a long period to finalise. National representatives are required to report and provide feedback on the matter, but because of the complexity of the whole process, the next planning period will start before the matter is addressed.

Respondents stated that at the beginning of the planning process Departments need to collaborate with other Departments that required health-specific and health-related services. The collaboration must include presentations from Departments on the previous services provided by the Department of Health and indicate their future expectations. This will help the Department of Health to employ the limited resources appropriately and achieve shared objectives effectively.

4.3 SUPPORT STRUCTURE AT PROGRAMME LEVEL

The majority of the participants would like other structures, which are not part of the Department of Health but are affected by the activities of the Department, to be part of the development of strategic planning processes. In this way they can share information to strengthen integrated planning for better service delivery to the community.

Respondents stated that outside experts in the programme field are needed during the planning period, for example, an epidemiologist for Programme Two which is the Health Service. Respondents stated that the service of this expert will assist with analysing data to make informed decisions. The Department of Health could contract this service according to the schedule that would be provided by the Strategic Planning Directorate. The service of the epidemiologist can also be included in the Private Partnership Programmes of the Department.

Respondents stated that there is a need to strengthen Integrated Development Plans (IDP). This process needs to be facilitated by the Strategic Planning Directorate when scheduling the planning meeting. The schedule must be made available to municipalities of the province in order to inform the other structures about health services that the Department of Health is planning to provide to the community. Respondents believed that integrated planning between health and other structures can assist to eliminate wasteful expenditure and building of white-elephant buildings. The respondents stated that the integrated planning will assist the Department of Health with the services of engineers and quantity surveyors for infrastructure development. These are services that the Department of Health is struggling to secure and retain for the planning process.

The respondents stated that at the programme level, the Department of Health lacks sufficient expertise because of limited financial resources to provide salary packages that will attract the relevant professionals. In most cases the shortage of staff affects the planning as the professional who is expected to oversee process in the programme is not available. The service of Health Economists for social determinants of health is needed to cost the intended targets and to check if they are realistic and achievable at the programme level. Some respondents

indicated that they had made requests to employ, or will need the services of, professionals during planning at the programme level.

A few respondents believed that they were capable of managing their plans at the programme level with the available human resources, but required the planning schedule to be made available to the Programme Managers. Respondents raised issues indicating that they were disturbed by the unfunded mandate that interfered with the implementation of the agreed plans during the year. Respondents indicated that unfunded or underfunded mandates resulted as policy directives made by the National Department of Health, the Premiers' office and National Treasury in the absence provincial Departmental Managers.

Respondents stated that they are instructed to use the existing budget which is not sufficient for the original plans. Respondents stated that this creates conflict amongst Managers from the top management down to the implementing level. Participants reported that during the quarterly reporting period on the progress recorded in terms of the targets in the original plans, Managers are unable to report properly because of the shifting focus and resources on the actual plans. Due to the complexity of the problem no one can be held accountable for under-achievement. Whatever is reported is accepted.

4.4 CONSULTATION PROCESSES

The majority of the participants indicated that consultation processes are not sufficient, especially at the grassroots level where implementation is taking place. It was stated that that in view of rising community aspirations for a higher degree of transparency and participation in the planning system, the Department of Health needs to provide a channel for the public to contribute to the determination of planning parameters for major development of projects and services. Participants indicated that consultation should start with Departmental briefings to the community representatives, District and sub-District councils. The consultation between these structures is important because they are the recipients of services provided. During consultation the statement of planning intentions, guidelines and requirements are discussed.

Respondents stated that consultation is the first step toward ensuring integrated planning. At this stage of planning, different government Departments can be called together because the cycle of planning is the same for all Departments. The Departments can be given the opportunity to make presentations on their intentions based on the guiding documents. Participants indicated that this will empower the community and that collectively-informed decisions can be determined on services based on the community priorities.

Participants stated that consultation should allow for flexibility for the structures to put forward creative and innovative ideas. Departmental guidance and advice during the entire process should be given according to the guiding documents, for example the National Development Plan (NDP) and the Medium Term Strategic Framework (MTSF).

Respondents stated that after consultation with outside stakeholders of the Department of Health, and based on the inputs received, sub-District Facility Managers need to make presentations on the previous performance of every programme indicating their achievements, challenges and the resources employed. This presentation should be done in the presence of Provincial Managers for greater cooperation and collaboration in finalising the Departmental plans. Respondents indicated that if consultation can be treated as a platform for mutual understanding and assistance in making informed decisions, then accountability and responsibility in implementing can be achieved.

In contrast some participants stated that consultation during planning is sufficient because the focus is only been on Programme Managers. Respondents stated that the views and opinions of Managers, who are expected to implement the plans, are not respected. Other participants noted that even if their inputs can be accepted during the consultation meetings, the final document will be the opposite of the resolutions taken during the meetings.

Respondents stated that programme champions take the final decision in some programmes, even if the consultation is conducted according to the legal prescripts of the planning process. Other respondents stated that consultation provides the opportunity for cooperative problem solving and improves the achievements of health outcomes. But, the final decisions in some programmes are taken by the Head of Department based on the pressure from political

mandates and pressure groups. Programme champions during the year are held accountable and responsible for the achievement of all the programme plans irrespective of whether they supported the decisions or not.

Participants suggested that auditors must form part of the planning meeting in order to audit the document at an early stage of development. It was indicated that auditors audit the document at the second draft stage to ensure that government activities are carried out and accounted for, and to maintain the integrity of the Departmental systems. Respondents stated that the audit assessment process delays the finalisation and submission of the document according to the agreed submission dates to the relevant structures.

Respondents also stated that every year the finalisation of the strategic documents is delayed due to the audit statement of assurance being outstanding. The audit statement of assurance guarantees that the document has complied with the completeness, smartness and consistency. It is a requirement of the Auditor General. When auditing the submission of the document to other structures, the same Auditor will again raise exceptions on the non-adherence of the submission dates of the documents to the relevant structures.

4.5 NATIONAL INTERVENTION

Participants believed that the National Department of Health is playing its part because it develops and provides templates and informs the provincial Departments about the expectations. The role of the national Department of Health is to oversee the uniformity of planning across the provinces, provide guidance and information on key priorities of the Department and ensure that the strategic planning of government's programmes include the national mandates and political manifestos of the ruling party.

Participants stated that the National Department of Health provided oversight on the implementation of national mandates and advise Provincial Departments on interventions to ensure the achievement and coordination of government's plans. The National Department of Health reports the challenges faced by the Department to Senior Managers and assists in finding solutions to the challenges through communication with relevant constituencies.

Some participants stated that they only saw National representatives at the Lekgotla when they present the format, the national mandate and the provincial Annual Performance Plan (First Draft Report). They stated that participation of officials from the national Department of health is not effective because most of the challenges that the Department of Health experiences are not addressed until the Department consults with the relevant constituencies. The participants stated that there is no proper coordination between the national Department of Health, provincial Departments of Health and other stakeholders.

Respondents stated that the National Department of Health concentrates too much on clinical programmes, for example District health services, provincial hospitals and tertiary hospitals. This is apparent in the report that the Department provided on the document. Participants indicated that the clinical programme cannot achieve Departmental goals without the assistance from the supporting programmes, for example Corporate Services that manages human resources, development, and supply chain and finances.

4.6 DEVELOPMENT OF NATIONAL INDICATOR DATA SET (NIDS)

The extent of Provincial Managers' involvement in the development of NIDS was one of the interview questions of the study. Participants stated that there are sixty indicators in the Annual Performance Plan of the Department of Health. Indicators are the same across the provinces and were developed to improve the quality of health care and enhance the accountability of health practitioners and managers. Participants stated that indicators were developed for five years and are used to identify and minimise medical errors while maximising the use of effective care and improving outcomes.

Participants indicated that during the development of NIDS, the National Department of Health invited officials from all the provinces to participate in the development process. Provinces made presentations on achievements and challenges encountered in the previous financial year. The experience of participants was that NIDS indicators are still concentrating too much on HIV and AIDS and on Mother, Child and Women's Health (MCWH) programmes.

Respondents stated that less attention is given to other programmes that provide support in the achievement of the programmes stated above. Some participants stated that the process is still not clear across the programmes because the process of development is not comprehensive and standardised across the programmes.

The respondents stated that the meeting intervals during the development of NIDS are not sufficient to finalise the entire process. Further opportunities to debate issues and reach consensus are required. Issues such as the definition of indicators and the source documents are never deliberated to the participants' satisfaction. Most of the provinces attach different meaning and source documents to the same indicator. These differences cause problems during the implementation, collection and reporting of data.

Participants stated that the number of officials representing the province is not adequate and lacks District representation. A sufficient number of officials from the Districts are needed to be part of the NIDS development because implementation takes place at facilities in the Districts. Participants mentioned that Provincial Managers, who are coordinators of the programme and not implementers, are considered the most during planning. The implementers of the plans are districts officials who are also responsible for progress reports regarding the implementation of the plans.

The National Department of Health takes the final decision on what forms part of NIDS. Respondents stated that there are factors which need to be considered when NIDS are developed. The size of the province, the number of facilities, human and financial resources and disease prevalence are examples of factors that need to be taken into consideration when the final decision is taken. Standardising targets across the provinces was noted to be a challenge. Until this matter is taken into consideration when decisions are made, NIDS reporting will remain be a challenge for the provincial Departments of Health.

Respondents stated that the high turnover rate of health professionals is a challenge for the development and implementation of NIDS. Participants stated that if health facilities continuously fail to achieve the targets based on factors beyond the control of provincial Departments of Health, the high turnover of health officials will persist. The overall non-

achievement of NIDS targets affects the Department of Health negatively because NIDS is used to measure the ability of the provinces in the planning and achievement of the Millennium Development Goals.

Some participants noted that there is confusion between the NIDS, the Division of Revenue Act (DORA) (Act 10 of 2014), indicators and conditional grants. These documents needed to be aligned because similar information is required to be reported on quarterly to the National Department of Health.

4.7 PLANNING FORMAT

The use of planning formats provided by the national Department of Health was one of the interview questions of the study. Participants indicated that planning formats have assisted National Treasury to maintain uniformity in the planning process across government Departments in recent years. Previously there was no standard format used for planning. In the absence of a format there was no control. Participants believed that by following the format, there will be continuity in the planning of the Department of Health because the format determines the content and documentation of the Departmental planning process.

Participants stated that by using the planning formats the Department of Health will be able to improve the chances of reaching desirable outcomes. It was noted that when the standard format is used across the provinces, the National and Provincial Departments of Health will be able to prepare for contingencies that could prevent goals being attained. Participants indicated that the planning format can also be used as a strategy for the provincial Department of Health to request and allocate resources in a manner that will allow for the achievement of the Departmental goals.

The participants stated that the planning format is never discussed with the Provincial Managers and is provided as a final document to implement without any initiative or inputs from the provincial Department of Health.

The national Department of Health should consult provinces when formats are developed because the provinces differ in many respects including geographic, demographics, disease

prevalence and recourses. It was stated that a consultation process in the development of the planning formats will increase ownership in implementation and can lead to the improved achievement of the strategic goals of the Department of Health.

Participants further stated that every Medium Term Strategic Framework must have its own format aligned to the goals and objectives of that specific planning period. The format should take into consideration performance achievements and challenges in the previous period of planning which should form the baseline of the new format.

Some participants stated that there are simpler formats that have worked universally and that the current format is silent on mission success factors, environmental scanning, stakeholder analysis, risk factors and review of previous performance.

4.8 OFFICIALS PARTICIPATION DURING THE PLANNING PERIOD

Accountability on implementation of officials taking part in the development of strategic plans was one of the interview questions. Respondents believed that participation is instrumental to ensure that planning reflects the priorities and interests of the Department of Health and ensures commitment in translating plans into actions. Participation demands preparation, diplomacy, time, money and hard work, which, if not respected or appreciated, can cause conflict and tension. Respondents stated that few Managers are actively participating in the planning sessions. Members feared that if their opinions are not handled well it can turn into confrontation with Senior Managers' ideas and interests.

Participants stated that experience in playing an active role during planning through honest inputs based on the involvement in implementing the plans, is not accepted positively by some Managers. There are officials who protect their programmes no matter how negatively it affects the resource allocation and target setting during planning. It was indicated that if Programme Managers perceive that sharing information will lead to loss of power, position, influence or promotion, they will withhold information or defend their programmes. Participants stated that in some instances the process results in divisions between Programme Managers. This leads to some participants adopting observer status, not adding value during

the planning session. Some participants follow the lead of their Senior Managers to support or defend decisions.

Some respondents believed that officials who must participate in the planning process are Programme Managers and senior officials because they take decisions on what must be included in the planning documents. Some participants thought that the relevant Managers are participating, but not all Managers agreed on targets and indicators for different reasons. Respondents stated that participation of officials during planning needs to be strengthened. Effective participation can be strengthened by establishing a Planning Committee that will take into consideration all participants' views including those that defend territories. Senior Managers need to take all the information submitted by participants into consideration and make informed final decisions. This will reinforce a sense of purpose and ownership of the Departmental plans which will make implementation easier.

Some respondents emphasised the importance of contracting and the need for an external facilitator for quality plans to be developed in the Department of Health. An external facilitator can be contracted for the strategic planning development period to mediate the conflicting information and views during the planning sessions. The facilitator will strengthen management objectivity during planning and this will improve Managers' morale and ensure positive contributions during planning.

4.9 MANAGERS' COMMITMENT TO THE IMPLEMENTATION OF THE PLANS

The commitment of officials to the implementation of the Strategic Plans of the Department of Health was one of the interview questions of the study. Respondents stated that Managers are committed to the implementation of the plans but resources are insufficient to implement the plans. Due to limited resources in government Departments, Managers are faced with the challenge of managing limited resources to achieve the plans. This necessitates that Managers need to change how the available resources are distributed amongst the programmes.

Participants indicated that the Department of Health still uses long processes to implement change at the programme level. These processes decrease the Managers' commitment to plans

because following protocol to implement change is a process that disturbed the delivery of services at the required time. Participants indicated that commitment to implementation requires flexibility from the senior and middle managers. Flexibility amongst Managers will serve as a source of support, trust and commitment towards implementing the plans.

Respondents stated that Managers are committed to implementation of the plans but that the coordination of health activities is difficult because of the different services provided by different facilities. This tends to create the impression that Managers are not committed to implementing Departmental plans. The impression is incorrect.

Respondents stated that there are many unplanned mandates that interfere with Managers' plans. These unfunded plans disturb Managers' performance on the planned activities. The human and financial resources that can have been employed towards achieving the planned mandate, is spent on the unfunded mandates. Participants indicated that at the end of the period, it will appear as if the Managers are not committed to implementing the planned activities.

Other participants stated that some officials are placed in a position that required certain skills, experiences and capabilities that they did not possess. Due to the incorrect placement of officials, some Directorates lacked leaders who will enforce commitment of implementation of the plans.

Some participants stated that there are officials who have different opinions during the development of plans and who are not committed to implementation of the plans. Participants indicated that lack of commitment in implementing the plans is influenced by the non-implementation of disciplinary procedures in the Department of Health. Officials are not held accountable if the plans are not achieved. This lowers morale for officials who manage to commit to implementing the plans.

4.10 TRAINING

The importance of training officials involved in the development and implementation of the plans was one of the research interview questions of the study. Participants indicated that continuous training is needed because the strategic planning process is not static and changes continuously. Planners have to be on the same level with what is currently happening in the planning program. Participants stated that training will enhance knowledge, improve capacity and strengthen understanding in planning. Participants stated that employees who are afforded the training opportunity feel appreciated and develop and improve the organisational health culture and effectiveness.

Respondents stated that training officials participating in the development and implementation of strategic plan of the Department of Health must be facilitated by the Strategic Planning Directorate. Training officials in strategic planning processes must not be the responsibility of the different Programme Managers of the Department of Health. It was stated that training in strategic planning must form part of the training plan of the Department of Health.

Respondents stated that currently training is left to Programme Managers to train their officials at the programme level using different institutions. Planners need to be trained comprehensively according to the strategic goals of the Department of Health by an organisation that is well-informed about the Departmental planning processes. In this way the Department of Health will be able to have the records of what training is conducted and continuously build capacity on different levels. Participants noted that a training plan needs to be scheduled before the cycle of planning started so that members can begin planning using current information.

Participants stated that currently training was only mentioned when there was poor performance or under-achievement of targets. It was noted that the lack of training in strategic plans was the cause of poor performance on the implementation.

4.11 PERFORMANCE AGREEMENTS

Performance Agreements formed part of the interview questionnaire of the study because strategic plans are implemented according to the Performance Agreement amongst Managers and the Department of Health. A few participants indicated that Performance Agreements amongst Managers are signed at the beginning of the financial year. The document serves as an agreement between the Managers on the expected outcome with specifics on when and how the performance is expected to be conducted. The document contains the reporting intervals on the quarterly periods. Respondents stated that the Performance Agreement is expected to be aligned to the Annual Strategic Plans of the Department of Health.

Participants stated that in some instances, after the completion of planning documents, some Managers return to their programmes and develop Performance Agreements with their subordinates, considering what is expected from them based on the Annual Plans and aligned the Performance Agreements to those.

A few respondents indicated that, even if they do align their activities with the plans, it becomes difficult because the actual implementation is performed at the facility level and Provincial Managers are the coordinators. This makes the Agreements similar in that they include the same activities. To handle the process successfully, Managers need to be well-informed to avoid conflict between Managers.

Respondents stated that Performance Agreements strengthen the implementation process and increase effective achievement of the goals. Through Performance Agreement transparency on accountability, relationships are ensured and conflict is minimised because all parties are well-informed about expectations and responsibilities.

Some participants stated that some Managers do not manage Performance Agreements properly. It was indicated that there must be synergy between the Performance Agreement, available resources and Annual Plans of the Department of Health. But in most instances Managers noticed that there is no balance in this respect. This can lead to non-achievement of the Performance Agreement objectives. Participants stated that Performance Agreements must

be simple, measurable, achievable, realistic and time-bound (SMART). In the absence of one of the SMART principles in the Performance Agreement, Managers are planning to fail.

Respondents stated that Performance Agreements are comprised of monetary and non-monetary rewards for high performers. A mechanism must be put in place to take corrective action against low performers.

4.12 PERFORMANCE MEASUREMENT

Performance measurement as the final stage in the implementation of the strategic plans was one of the study questionnaire. When participants were asked if the Department of Health has a performance measurement strategy to appraise good performance and a mechanism to rectify non-achievement, the answer was that the system was available but not appropriately implemented. Participants stated that performance measurement starts with auditing the resources that must be in place to enable the officials to perform duties according to the Performance Agreements.

It was stated that if there are resource constraints or other challenges beyond the officials' and Department of Health's control, management must exercise flexibility in measuring the performance. Participants stated that measuring performance is a continuous learning process whereby Managers can learn from the challenges identified. The learning can be used to assist the Department of Health allocate resources. Corrective measures can be put in place to overcome the challenges identified.

Some participants stated that measuring performance of officials against the goals and objectives of the Strategic Plan is, in some instances, difficult for the Programme Managers who do not have the indicators in the Annual Performance Plan. Performance is only measured according to their contribution based on the Performance Agreement.

A few participants stated that the Departmental performance review is a good method of measuring Managers' performance against the Annual Performance Plan achievement. This is a bottom-up approach of measuring performance. The challenge with measuring reviews is that

it only concentrates on measuring performance in the annual performance and leaves the bulk of activities those Managers performs, at the problem level.

The other problem regarding the assessments is that they are not conducted on a quarterly basis as expected, but at certain times of the year when members want to declare disputes to their unions. The assessment will simply satisfy the compliance requirement.

Participants stated that most of the Managers and their subordinates disagree on the scores during the assessments for a variety of reasons. These cases are never discussed further within the Directorates before the documents are submitted to the Measuring Committee. The current assessment template only takes into consideration the supervisor's score irrespective of whether the subordinate and the supervisor scores differ. This has been creating conflict and tension amongst the Directorate's officials. Participants stated that senior Managers of the Directorate must intervene and reconcile the differences between the officials and reach consensus before the document is submitted to the Measuring Committee.

Respondents stated that a Performance Measurement Committee needs to be established and that it must be dissolved after three years.

4.13 SUMMARY

The results from the data collected indicated that the Department of Health needs to strengthen the development of strategic planning. It is clear that consultation processes during the development of the strategic plan are not afforded sufficient time. The current process of development appears to be carried out for compliance purposes with little consideration of the of the stakeholders' needs. The District Health Plan, which is expected to be used as the foundation of planning, is not taken into consideration during the planning period. Previous performance and availability of human resources are not used to make informed decisions.

This Chapter brought to light the need to strengthen intergovernmental relations to ensure that Departmental planning is integrated. Development of a national indicator data set is a concern for most Managers, especially data that takes longer to review. The need for the Department of Health to employ an Epidemiologist was a clear requirement across the programmes.

Lastly, the success of the Strategic Plan implementation process needs team work to achieve the goals and objectives. Team spirit is noted to be a challenge due to the mismanagement of the Performance Agreements and performance measurement. Senior Managers need to strengthen performance appraisal systems to acknowledge good performance and take necessary precautions for the challenges and recommendation made during the assessments.

CHAPTER FIVE: PRESENTATION OF RESULTS

5.1 INTRODUCTION

The previous Chapter was the presentation of the results after the collection of data from participants through recorded interview sessions and through participants sending electronic responses of the interview questionnaires through emails. The interviews were conducted to obtain answers for the research objectives of the study.

All participants interviewed had over five years' experience in their positions and had been involved in the development of the strategic planning document of the Department of Health.

Analysis of both quantitative and qualitative data is the process of inspecting, cleaning, transforming and modelling data with the goal of highlighting useful information, suggesting conclusions and supporting decision making (Ader 2008:58). In order to analyse and interpret data, the researcher transcribed the notes from the voice recorder and compared participants' responses according to the questionnaires of the study.

All researchers want to produce quality research. The results must be meaningful, reflect reality and be replicable. Unfortunately all measurement is accompanied by the possibility of error. No data collection technique is perfect. Therefore, it is important that researchers control error and reduce error to the lowest possible level (Flynn 2012: 184).

There are six steps in data analysis processes and the researcher has used some of the steps during the analysis of the result for this research project. The first step in data analysis includes identification of similar answers and different answers from the participants. Data should be organised in a way that is easy to look at and allow the researcher to interpret and analyse the responses for each question.

When looking at the responses for a particular question, the researcher may find some words or ideas keep coming up frequently. The researcher should make notes of same words, opinions and different ideas which will be used to code and summarise the results according to research

questions. Finally conclusions from the analysis were drawn based on patterns of similarities and differences in respondents' answers. The following is the analysis of data based on the answers from the participants.

5.2 THE CURRENT PLANNING PROCESSES IN THE DEPARTMENT OF HEALTH

According to the literature review on the origin and development of strategic planning processes, the strategic planning process essentially involves three stages and poses the following questions:

- Where is the Department of Health now?
- Where will the Department of Health be in the future?
- How is it going to get there?

After thorough internal and external environmental scanning processes were conducted to establish the state of Departmental affairs, the Department of health will be in position to start with the future plans based on the results of environmental scanning. According to Zarkesh, (2008:78) the core values of the Department of Health are used to describe collective principles and ideals that guide the thoughts and actions of individuals within the organisation.

Based on the participants' responses, the current process of planning does not take environmental scanning and information into consideration. The planning process is not integrated and aligned with the District Health Plans and the core value of planning cannot be achieved.

According to Barten *etal* (2008:96) "The interactions between state and society on governance issues are important to understand in order to address the inequity and injustice that are at the core of many health problems. Historically, empowered and organised groups and citizens have played a role in creating healthy social change. Healthy governance aimed at health equity is participatory governance and it places a particular emphasis on inclusion of people." Data from interviews show that planning in the Department of Health does not take into consideration the District Health Plans which should be the foundation of the planning to address the inequities

of historically disadvantaged communities. The absence of dedicated planning officials at the District confirms that Departmental plans lack integration.

From the data collected it is observed that there is need for greater inter-sectoral collaboration during planning and even during the implementation phases to maximise state resources. The analysis shows that the current plans for communities are not coordinated in an integrated manner. Some of the challenges are beyond intervention by the Department of Health. For example, infrastructure upgrades and maintenance. In the absence of proper consultation, planning is conducted for the purpose of compliance, but not to make informed decisions on service delivery to the community of North West Province.

5.3 SUPPORT STRUCTURES

The need to arrange support structures at the programme level during planning was assessed through the interview questions. It was made clear that the Department of Health needs different support structures to assist some programmes during the planning period. Other structures, that are not part of the Department of Health, but which have activities or health activities that impact on or should be part of the development of strategic planning process, should share information to strengthen integrated planning for better service delivery to the community.

Due to the limited resources in the Department of Health some Managers at the programme level need professional assistance. The required professionals are not attracted by the government salary packages. However they can be contracted through public-private partnerships to provide the expertise needed for planning and implementation of the plans. Through these partnerships the Department of Health can ensure that plans are adequately developed to address the needs and priorities of both government and communities through value-added interventions in the achievement of health outcomes.

The result emphasises the need to strengthen relationships with Municipalities to integrate plans through the IDPs. This will assist in the prioritisation and alignment of services according

to the resources available through consultation and agreement with the communities. Planning together will assist the elimination of wasteful expenditure and state-owned buildings that end up not being used due to having been planned in isolation. The analysis shows that integrated planning will assist the Department of Health with the services of engineers and quantity surveyors for infrastructure development. These are services that the Department of Health is struggling to recruit and retain.

5.4 CONSULTATION WITH STAKEHOLDERS

It is stated in the NDP 2030 (2010) that public consultation is a principle that is accepted by all spheres of government in South Africa. Participation is one of the cornerstones of democracy and should hold equal benefits for politicians, public servants and civil society. One of the main rationales for the current structure of the institutional system and the resultant role of government in public consultation, is that decisions should ideally be made at the lowest possible level, and that services should be delivered and managed locally where possible.

It is illustrated from the data collected that insufficient consultation processes are carried out within and external to the Department of Health. Within the Department some Programme Managers indicated that the principles of the Patients' Right Charter and Batho-Pele are not implemented during the development of plans. During the consultation process collective decisions are taken by both the District and the Provincial Managers. The problem begins when the final document does not include information that both parties agreed upon.

There are differences identified by Managers working at the provincial offices and those that are implementers of plans at the facility level. Implementers believe that Provincial Managers must make informed decisions based on the practicality of the systems on the ground. Uninformed decisions taken during planning and high-target sets, creates conflicts during the reporting period. The reality is that the non-achievement of high targets separates Managers to the extent of them disowning the document.

Consultation needs to be strengthened between NGOs, communities and other stakeholders in order to determine and prioritise how the services will be best rendered for the benefit of the communities. Consultation will minimise community protests and vandalising of community buildings and the development of white-elephant buildings. The Department of Health needs to strengthen intergovernmental relations. For example, the Department of Public Works, the Department of Transport, the Municipality and Eskom need to collaborate on planning the location and construction of a new health facility.

Currently consultation with the community is through Provincial Health Council. This structure does not have the ability to represent different population groups during their interaction with the Department of Health on planning matters. This structure is more political and because of that, community aspirations and needs are compromised during the consultation process.

5.5 NATIONAL INTERVENTION

The national Department of Health is expected to provide guidance to provincial Departments of Health on resolutions taken at the National Strategic Planning meetings. The plans that need to be implemented by provinces are presented at the Planning Meeting between the National and Provincial Planning Directorates. After these meetings, the national Department of Health will then be invited to present to the Provincial officials during the Lekgotla in order to put the message across to the Departmental officials. The consultation on the National Development Plan (NDP) processes for the Department of Health took place during the third quarter provincial third quarter performance review held in October 2012. The Planning Commission, from the Premier's office, requested the slot in the agenda of the reviews in the presence of the Departmental Management Committee and Programme Managers. The document was made available for all government officials. A presentation on the NDP was conducted across the provinces through the Office of the Premier. The Medium Term Strategic Framework (MTSF) document was developed and aligned to the NDP to guide the current Five-Year Strategic Plan and the APPs National Development Plan 2030 (NDP, 2010:15).

Based on the results provided by the participants, Provincial officials are not satisfied with the intervention or assistance that the national Department of Health is providing. Consultation on the MTSF and NDP cannot be a once-off presentation and then everything is left to the national Department of Health to implement. Officials believe that the national Department of Health needs to take the process forward beyond the presentation at the Lekgotla. Provincial officials need to be part of the debate around the formation of the planning template so that they do not simply follow the template as part of compliance, but that their inputs can influence the design of superior formats. The Provincial format should be developed in collaboration with the Provincial officials in order to reflect the Provincial needs.

It is noted that the format has put more emphasis on the clinical programme although it depends on the administrative programmes to achieve the goals and objectives of the Department.

5.6 DEVELOPMENT OF A NATIONAL INDICATOR DATA SET (NIDS)

It was noted from the literature that information systems play an effective role in the planning process and implementation of the plans. Planning depends on informed data and information management to make decisions on services provided to the communities. In addition to the embedded role of information technology in clinical and diagnostics equipment, information systems (IS) are uniquely positioned to capture, store, process and communicate timely information to decision makers for better coordination. The national Department of Health identified a minimum data set, most of which was used to calculate specific indicators. NIDS is unique in sub-Saharan Africa as it contains a list of approximately 200 indicators, with the raw data elements required to calculate specified indicators.

Most of the misunderstanding concerns the determination of the raw data element for the collection of indicators. Data collected indicated that few programme managers who were involved in the development of NIDS were Provincial Managers. District Managers, who are implementing and collecting the data element on a daily basis at different health facilities, are not part of the development process.

Provincial Managers' submissions and inputs are based on the DHIS reports but not on the facility registers. Facility registers are the true reflection of what needs to be included or considered when determining data elements and indicators.

The interviews with participants show that during the development process the information used for decision making in some indicators is not relevant. That is a reason it is difficult to achieve the targets. There are divisions noted between officials at the national and provincial levels and the Managers at facility level who are in charge of implementation. The national Department of Health makes the final decision and the province has to disseminate the information down to the facility.

There is no mutual understanding or cooperation between all spheres of government. The national Department of Health generalises decisions when determining the NIDS. However provinces are not the same or equal. Each province needs to be treated and managed according to its geographic location and the history in disease prevalence. The mismanagement on the development of NIDS can be detrimental to the country because the performance reported will not be a true reflection of what the province will have achieved.

The final stage of NIDS is the training Information Officers, Data Capturers and Facility Managers working at different facilities across the provinces. Training capacitates officials in information management in terms of data flow, monitoring, reporting, performance feedback and mentoring.

5.7 PARTICIPATORY PLANNING

The South African democratic planning environment is moving away from the blueprint nature of planning to procedural planning. There is a shift away from non-participation and token processes to more inclusive and interactive planning processes. The current trend in planning is largely based on the satisfaction of fundamental human needs. Communities have a wealth of

local knowledge as well as a natural understanding of local conditions and relationships that are useful for planners. Effective participation can be obtained if representatives, who have been elected through democratic structures in the communities, are involved.

The Department of Health has been involving communities in the plans through Provincial Health Council that are inclusive of District representatives. It was discovered that that the Provincial Health Council is a political structure of the ruling party and cannot be used to represent the community objectively. The Council is focusing on health political issues that will not benefit the communities.

Officials on the Provincial Health Council lack understanding and the purpose of being included in the planning team. The role of community representatives is to bring the community needs, aspirations and personal experiences of the community to inform the planning process and strengthen the community case on decisions taken about service delivery. In the absence of proper effective representatives of the communities, the Department of Health will not achieve sustainable developments in the health sector.

Data collected showed that Provincial Health Councils must be replaced after the establishment of proper community representative structures through Chiefs, Majors and Councillors. This structure will be capacitated through training and workshops on health matters. The structure will be enabled to represent communities and ensure that there is legitimacy, accountability and transparency in the interaction between the Department of Health and communities for improved service delivery.

Data collected showed that participation by officials within the Department of Health during the planning period is not effective. Officials are not objectively participating in the planning process. Officials from Districts defend District performance and advocate for resources. If the officials from the District make inputs, others will support their colleagues irrespective of whether the circumstances are favourable based on the information provided.

It is noted from interviews that officials in power are Programme Managers who, will at the final stage, take the final decisions on targets. Officials implementing the plans at the facilities have the knowledge and experience of the practical challenges but are overpowered by provincial Programme Managers.

Data showed that there are divisions between the Managers of the Departments based on the resources available to ensure the implantation of plans. Some officials are of the view that for them to achieve a certain level of performance, some resources should be redistributed and some facilities should be reconfigured to meet certain requirements to provide specific health services. Human resources, financial, infrastructure and transport are noted to be the contributing factors that must be taken into consideration when Managers agree on plans.

There is no a mutual understanding during the planning sessions of the Department of Health. Data collected shows that sometimes plans are made for the sake of compliance, while some are reasonably based on the previous achievements.

5.8 MANAGERS' COMMITMENT TO IMPLEMENTATION OF THE PLANS

The implementation of the developed programmes, projects and action plans bring life to strategies and create tangible values. Implementation processes will allow for adaptive learning and which will lead to a better understanding of and will feed into the new round of strategic planning. Bimbaum (2000: 75) noted that when strategic plans are not implemented, planners become frustrated with the planning process.

Data collected showed that commitment to implementation of the Departmental plans depends on the level of Managers in the Departmental structure and across the programmes. At the highest level of the structure, Managers showed that they take full responsibility in ensuring that strategic plans are implemented. In some programmes, especially the clinical indicators, the commitment level to implementation is also high.

In the Administration Programme and where the programmes do not have indicators in the Annual Performance Plan, implementation is not effective. Activities are carried out without

taking the Strategic Plan documents into consideration. Interviews showed that in some instances Managers showed relief if they did not have indicators in the Annual Performance Plan, while other Managers got frustrated if the programme activities did not appear in the strategic document. Most Managers believe that if programme plans do not form part Annual Performance Plan, it is an indication that the programme is not important.

Provincial Managers coordinate implementation at the District, sub-District and the facility level. Commitment to implement the plans is high, but the moral decreases at the lower levels of management. This is because there is always a discrepancy in the Implementation Progress Report from the facility, sub-District and the District levels. Officials, who are the relevant implementers, do not make an effort to ensure achievement of targets because of what is happening during planning period when the unrealistic targets are set. There is contestation of targets by the Facility Managers based on the practical challenges at the facility level. Those who have the final word in decision-making are Programme Managers and Provincial Managers.

Data collected indicate that the high shortage of resources at the facility level and other challenges faced by Managers at facilities, disrupt the attainment of the targets. It is sometimes implied that Facility Managers are not committed to the implementation of Departmental plans.

Sound integrated planning and allocation of resources are critical for the achievement of strategic plans of the Department of Health. Managers' commitment is affected by and depends on, efficient distribution of necessary resources. In the absence of the resources Managers cannot achieve the Departmental goals and objectives. It was clear in the interviews that there is serious a shortage of resources in the Department of Health to enable Managers to perform their tasks effectively.

Planning in the Department of Health is not aligned to the availability of resources. It is noted that the greatest shortages in resources are transport, human, infrastructure and equipment used in different facilities. The shortages of these resources are the main contributing factors to the non-achievement of plans and challenge Managers' commitment.

The unfunded mandates from either the national Department of Health or the Premier's office affect Managers' commitment towards achieving the plan and also contribute to non-implementation of the original plans. This also has a cost implication on human and financial resources. Managers might hide behind the tasks which were not on the original plan of Department of Health.

Data collected confirmed that commitment to implement the plans is affected by the fact that some officials are in positions which require certain qualifications, but lack the qualifications. Lack of knowledge and experience by political appointees affects the morale of other Managers to continue struggling to maximise their efforts to achieve the plans.

5.9 TRAINING AND DEVELOPMENT OF PLANNING OFFICIALS

Betty Yung (2008:118) as discussed in Chapter Two of the study stated that "Researchers indicated that there is substantial need and interest in capacity building in areas such as strategic planning, public relations, information technology training and programme evaluation in public organisations. The importance of training and development is more obvious given the growing complexity of the work environment in government institutions, the rapid change in organisations and advancements in technology. Training helps to ensure that organisational members possess the knowledge and skills they need to perform their jobs effectively."

Most of the participants believed that relevant and continuous training and development of officials involved in the development of strategic documents is important. Managers are aware that planning is evolving and not static and this necessitates that the Managers respond to planning by using the current methods.

It was noted that officials involved in the planning of strategic documents of the Department of Health have been trained on development of these documents. Managers have been using the previous document and other sources to plan for their programmes. Most Managers have to redo their documents more than three times because of lack of knowledge of what is expected. It has been difficult to use the planning format, which is made available during planning but without orientation. Training for planners must be facilitated by the Directorate responsible for

strategic planning processes of the Department of Health. Training should be attended by all Managers and stakeholders participating in planning. If planners are well capacitated, there would be fewer exceptions raised against the planning documents of the Department of Health.

Data from the interviews indicated that some programmes and Directorates arrange training and development for Managers in matters related to the objectives of the Directorates. Managers are never trained or developed on areas of planning but are expected to plan for the Department of Health. It was noted that training is not conducted fairly across the Department of Health. There are officials who attend training virtually every year and other officials have never attended training. Training is also skewed to certain levels in the Directorates.

The interviews confirmed that there are Clinical Managers who need training on strategic planning to increase capacity in planning. The programmes, managed by Clinical Managers, have raised more audit exceptions than programmes managed by Administrators. These exceptions are as a result of non-alignment between plans and unachievable indicators.

It was noted that generally training and development of officials has never been emphasised in the Department of Health. Training has been arranged for and conducted more for clinical officials. This has happened because of the scarcity of health professionals. There is insufficient training that has been registered for officials performing administrative duties. It was noted in the Annual Training Plans of the Department of Health that only clinical officials are trained.

The importance of training Managers in strategic planning is realised only if a Manager has to account for non-achievement of targets and indicators of the Department of Health. It is stated when Programme Managers have to provide reasons for non-achievement.

5.10 PERFORMANCE AGREEMENT

Clements (2005: 101) stated that in the era of the modernist planning approach, the focus of the plan evaluation or plan assessment is on developing criteria for determining good plans. If planning is to have any credibility as a discipline or a profession, evaluation criteria must enable a real judgment of planning effectiveness; good planning must be distinguishable from bad. This

can only be achieved by ensuring that upon the finalisation of annual plans, the Department must sign and enter into Performance Agreements with all levels of Managers. Performance Agreements must be aligned to indicator targets in the Annual Performance Plans, Business Plan and any other guiding documents that will ensure that Managers' activities are carried out with the aim of achieving the goals and objectives of the Department of Health through performance indicators.

In accordance with data collected and presented, it is noted that some Departmental Managers do comply with the performance management prescript that states that all officials are expected to sign Performance Agreements at the beginning of every financial year. Performance management facilitates effective accountability enabling Senior Managers and other stakeholders and interested parties to track progress, identify the scope of improvements and better understand challenges at an early stage of the National Treasury's Performance Management Framework (2007:2).

Data from the interviews showed that some of the programmes do not have performance indicators in the Annual Plans. They do, however, align with other guiding documents. It is noted that there is difficulty with the manner in which the process is structured across the programmes. Some programme activities are related and performed in more than one programme. This frustrates subordinates across the programmes.

It is noted that conflict arises when the Performance Agreements of several Managers are aligned to one indicator, for example, immunisation coverage or school health. Provincial Managers are expected to ensure that Facility Managers have all the relevant human, equipment and material resources to achieve the targets. However, the Facility Manager is the person who is actually performing the tasks, such as ensuring that all children are immunised. Sharing of activities across management levels is noted to be problematic during the development of Performance Agreements. It is stated that some programmes or Managers do not coordinate their activities but operate in silos.

5.11 PERFORMANCE MEASUREMENT

Participants' opinion on how performance measurement is conducted in the Department of Health was one of the interview questionnaires of the study. The purpose of any measurement system is to provide feedback regarding the organisation goals and the employee achievement against the Performance Agreement targets. Performance measurement is the final product of the Performance Agreement whereby performance feedback ensures that the Departmental goals and objectives are achieved. Performance measurement in the Department of Health is conducted through a monitoring and evaluation process and is facilitated by the Policy, Planning, Monitoring and Evaluation Directorate. The Directorate also facilitates the development of the Strategic Plan documents. Monitoring and Evaluation is conducted quarterly through Districts and provincial performance reviews.

According to the Performance Management Policy, the Departmental Performance Report is submitted to National Treasury. Data revealed that during the planning period, Programme Managers set annual indicators and targets that will be accomplished by the programmes for the financial year. These annual targets are further divided into four quarters to enable Managers to track performance effectively according to the National Treasury regulations.

Data presented revealed that the development of plans is carried out correctly. A problem arises when decisions have to be made when developing Performance Agreements for Managers. Due to the discrepancies in determining the annual targets for Managers during planning sessions and during the development of the Performance Agreement, measuring performance effectively and efficiently will always be challenged.

The absence of consensus amongst the management during the development of the Performance Agreements will always result in disputes amongst Managers during the performance measurement period. This is as a result of setting unachievable targets without taking into consideration the current situation on the availability of limited resources.

The interview sessions with Managers from the provincial office and Managers from the Districts revealed that there are divisions across the programmes of the Department of Health

during planning and the implementation of plans. Managers are of a view that Senior Managers are not playing their role in reconciling the differences amongst Managers. Some have indicated that the *status quo* of performance measurement has been a challenge for the Department of Health for a very long time.

Data from the participants indicated that, for the motivational benefits of performance measurement to be realised, a performance measurement system must include the management of consequences. In the absence of punishment for those who under-performed and in the absence of appraising good performance, the performance measurement system of the Department of Health is affected negatively by Senior Managers.

Another challenge identified from interviews was that the existing Performance Measurement Committee of the Department of Health is not well-established according to the programmes of the Department. The Committee is expected to include officials from the different Directorates who have the knowledge and experience on performance information. The current officials on the Committee have been serving on the Committee for more than the expected period of three years.

Another observation made from the interview sessions is that officials of the Department of Health are not assessed regularly. There is a backlog of more than three years. Measuring performance with no benefits to the officials is a fruitless exercise for Managers.

Interviewees revealed that Senior Managers' lack of ability to address Performance Agreements, performance measurement and institutional challenges has resulted in experienced professionals resigning from the Department of Health. Mismanagement of performance has resulted in deteriorating service delivery over years and has left many communities with inadequate access to basic health services.

Performance measurement is seen to be the major contributing factor towards the achievement of Departmental strategic goals and objectives. The effectiveness of the Department of Health's strategic planning depends on the effectiveness and efficiency in the management of performance measurement processes.

5.12 SUMMARY

Results from the analysis of data collected through interviews shows that the effectiveness of the strategic planning process is affected negatively by the implementation processes. There are planning challenges that have been occurring for years in the Department of Health and were brought to the attention of Senior Managers. Senior Managers did not take action against the perpetrators which decreased the morale of the affected Managers.

The analysis revealed that national participation in guiding the provincial planning and development of NIDS is a matter that needs the attention of Senior Managers at the national and the provincial levels to address matters that provincial Office Managers raised as concerns.

Consultation processes with external stakeholders and sister Departments need to be strengthened to improve the integration of plans across different Departments.

Mutual understanding of all Managers during the target setting is a necessity. Availability of resources must be considered during planning.

Performance management is the important factor to be considered during planning. Unresolved disputes amongst Managers due to institutional challenges hamper the success of implementation of the Strategic Plan. Senior Managers need to follow up on unresolved disputes on Performance Agreements and measurement to create peace amongst Managers. Senior Managers need to determine the measurement based on the availability of resources. Performance Agreements and measurement must be linked with the available resources of the Department of Health. Lack of performance management affects the Department of Health negatively and ultimately results in losing experienced professionals which is detrimental to the delivery of services to communities.

CHAPTER SIX: RECOMMENDATIONS AND CONCLUSION

6.1 INTRODUCTION

Strategic planning has been a procedure used in the Department of Health for the past several decades to plan the manner in which services will be delivered to the community using limited resources. Departmental Managers have been conducting this comprehensive process annually when developing the Annual Plans and updating the Five-Year Strategic Plan depending on the political environment. After the completion of the Annual Plan, the document is made available on the website of the Department of Health to be accessed by stakeholders and citizens. The Provincial Annual Plan document is submitted to the Legislature, National Treasury, Office of the Premier and to the national Department of Health.

Implementation of the strategic document of the Department of Health in recent years has placed growing emphasis on outcome-based rather than activity-based performance reporting, which includes performance measurement in achieving goals and objectives. This approach has enforced accountability across the Departments. The Department of Health is implementing its Strategic Plans through the different programmes namely: Hospital Care Services, Community Services, Emergency Medical Services, Training and Development and Capital Planning and Health Infrastructure. Performance of programmes is monitored through Quarterly Performance Reviews which are approved by the Head of Departments of the Department of Health before being submitted to National Treasury according to Treasury Regulation Number 15 of 2002.

The study was conducted to evaluate the effectiveness of planning processes in the Department of Health. The study had the following objectives:

- To improve the strategic planning processes in the Department of Health.
- To assess the influence of the national Department of Health in the provincial planning.

- To improve accountability in implementing the strategic documents of the Department of Health towards achieving Departmental goals.
- To assess the alignment of Managers' Performance Agreements to the Annual Performance Plan.

6.2 OVERVIEW OF CHAPTERS

The current Chapter reports on the summary, recommendations and conclusion of the study based on the above objectives. The summary, recommendation and conclusion are based on the data collected from the participants and analysed by the researcher. The interview questionnaires were developed and aligned to the study objectives and were sufficient to collect information that can be used to make informed decisions at the end of the study. The interview sessions were held with Programme Managers involved in planning for the Department of Health.

6.2.1 Chapter One

In Chapter One an overview of this research study was given. That is the background to the study, problem statement, aim and objectives, significance of the study, research design and methodology, scope and organisation of the study.

6.2.2 Chapter Two

In Chapter Two of the study, the literature review was conducted to explore the origin of and to further understand how the strategic planning process is conducted. The literature indicated how the Department of Health is conducting the process of planning for providing services to the community. The development of strategic planning in other countries was explored. Other important aspects highlighted in the Chapter were:

- The relationship between plans and budgets
- Participation in the strategic planning process
- The importance of capacity building for effective planning

- The importance of information technology in planning
- Implementation of strategies and plans
- Monitoring and evaluation of plans
- Characteristics of rural health problems

6.2.3 Chapter Three

Research design and methodology were discussed. The method of data collection from the officials responsible for the development and implementation of Departmental plans was determined. Data was collected through interview sessions with participants and through answering interview questionnaires.

The sample was thirty officials within the provincial Department of Health. In addition officials at the national office were interviewed because they are involved in decision making and determination of the standardised National Indicator Data Set (NIDS) which measures the performance of the provinces across the country.

6.2.4 Chapter Four

Chapter Four dealt with the presentation of the data collected. Qualitative methods of data collection were used to collect information through interviews with the participants. Data revealed that there is no proper coordination of planning procedures from the national Department of Health, between provinces and down to the sub-District level. Decision making is centralised between the national Department of Health and Programme Managers without consideration of implementers' concerns.

6.2.5 Chapter Five

Chapter Four dealt with the analysis of the data collected. The qualitative study relies on inductive reasoning processes to interpret and structure the meanings that can be derived from data. Analysing data is the most complex of all the phases of a qualitative project (Thorn, 2010: 14). The analysis of this study was not difficult because the interview questions were

constructed in a manner that participants were answering the interview questions in a discussion manner where enough information was gathered through discussion.

6.2.6 Chapter Six

Chapter Six was the last chapter of the study. It consists of findings, recommendations and the conclusion of the study after data collection and analysis.

6.3 Findings

6.3.1 Improving the strategic planning processes in the Department of Health

The interaction with the participants revealed that during the development of the strategic document, enough time is not allocated to conduct meetings at all levels of the Department of Health, starting with the interaction between the National and Provincial offices. Failure on this level will influence the quality of information disseminated downward and the quality of document that will be produced for that period or year. The study revealed that in order to improve the effectiveness of planning in the Department of Health, the national Department must decentralise decision making on NIDS to the province level with clear guidelines to be followed by individual provinces.

There is a need for support structures at the programme level because of the scarcity of health professionals. This service is needed especially where vacant positions exist. The support structures within the Department of Health should consist of officials with knowledge and experience of that particular programme. The external officials must also have knowledge and experience of the services rendered by that programme for the period of planning.

At Provincial level, the Strategic Planning Coordinating Directorate is not consulting with sub-District Managers, District and Provincial Managers alone before all the Managers can start planning collectively. This means that the Strategic Planning Coordinating Directorate has not been gathering sufficient information for collective deliberations. Districts do not have a well-

established Planning Committee that will work hand-in-hand with the Provincial team during the development of Departmental plans.

Participation from the community is not sufficient based on the data collected. There must be additional structures from the community that must be identified to interact with Department of Health on the services needed by the community. The current active political structure is not comprehensively representing the community at large.

6.3.2 National Department of Health in provincial planning

The data revealed that the assistance provided by the national Department of Health to provincial Departments during the planning cycle is very limited. There is only one Director responsible for overseeing the strategic planning processes at provincial level. The Director is qualified in administration but lacks clinical knowledge to guide and assist the clinical programmes when the need arises during the planning period. There is a need for the national Department of Health to organise a health professional with clinical knowledge and experience to work with the Director of the Strategic Planning Directorate during the planning period.

Currently decisions on the NIDS are centralised at the national Department of Health. This process leads to ineffective implementation in the collection of the NIDS data set which are identified as being unachievable even during the period of planning. The indicators, data elements and targets are unrealistic and affect the performance of the Province.

The officials are not against following the national format and understand that the format is developed to enforce uniformity and consistency in the factors that must form part of provincial plans. Uniformity and consistency ensure effective reporting on the achievements and non-achievements of provincial goals and objectives.

6.3.3 Accountability in the implementation of strategic plans

The response from the participants showed that Managers' accountability in implementing the strategic documents can only be achieved if indicators and targets can be determined based on

the available resources. Managers are not afforded the opportunity to exercise flexibility on decisions around their working environment and the use of limited resources. Managers' accountability can be improved if Performance Agreements can be aligned to available resources.

The responses revealed that there are divisions between the provincial Managers who are termed Coordinators, and sub-District Managers who are expected to collect and implement most of the indicators under unfavourable conditions with limited resources.

There is no proper arrangement regarding training and development for officials responsible for Departmental planning. Officials have never been trained on planning processes and this has raised audit exceptions against the Annual Performance Plan of the Department of Health. Managers need to be trained and developed annually before the planning period starts to balance the knowledge and skills of planners.

6.3.4 Programme Managers' competency assessment

According to the framework for measuring programme performance information (2007: 11) performance standards and performance targets should be specified prior to the beginning of service cycle which may be a strategic planning period or financial year. The response indicated that in the Department of Health, due to the limited financial resources, Managers' performance is not assessed quarterly and there are no corrective actions instituted against Managers for non-achievement of objectives and targets. The Department of Health is not acknowledging good performance. The study revealed that Managers' performance has not been rewarded in the past three years.

There is high turnover of officials due to mismanagement of performance information. The study revealed that health professionals are leaving the Department of Health in North West for greener pastures at other provinces or in the private sector.

6.4 RECOMMENDATIONS

Based on the findings and literature, recommendations in respect of all objectives are listed below.

6.4.1 Recommendation in respect of improving the strategic planning processes:

Planning for health care services is very dynamic and is characterised by changes influenced by political, economic, cultural and societal factors in South Africa and globally. The Department of Health needs to establish a Planning Committee to lead during the planning period. It will also ensure that plans are implemented once completed. The Planning Committee must be inclusive of Directors of all the Directorates or programmes of the Department of Health.

Departmental Planning Committee members should form part of provincial officials who attend preparation meetings at the National office at the beginning of the planning period.

The Planning Committee should be responsible for assessing the Strategic Plan to ascertain the goals, objectives and priorities that will not be achieved based on the budget and other factors that can hamper achievement. The report of the assessment on the implementation viability of the documents upon the approval of the documents must be made available to the office of the Head of Department who will be able to present it to the Executive of the Province. This Report can also be used to lobby funds from National Treasury and from other partners and stakeholders.

The Planning Committee must develop timelines and action plans in line with strategic objectives. The Planning Committee must also follow up on progress made the implementation of the strategic documents to determine the areas of weakness in implementation of the plans and design strategies to address them.

The Planning Committee should facilitate the collaboration processes between the Department of Health and external stakeholders on the interconnectedness of Departmental plans across the province.

The need for additional support structures at some programmes must be established by the Planning Committee to increase capacity of the programme.

The need for the Department of Health to employ an Epidemiologist has been very evident in the analysis of the results. The Department of Health will be in better position to make informed decisions based the identified risk factors of the prevalent diseases in the Province. Epidemiological information will also be used to plan and evaluate strategies to prevent illness.

To strengthen integrated planning, the Department of Health needs to form an Inter-Departmental Planning Committee. This Committee will provide a convenient means of a larger number of officials from different Departments where the services are interrelated, to improve the effectiveness in planning for services for the community. When a committee consists of officials representing different Departments and functions in the Departments, it helps to ensure that all aspects of a decision are considered. Decisions will be taken jointly by all the Committee members and achievement of goals and objectives becomes easier.

Based on the findings of the study, it was noted that the current Provincial Health Council participating in the Department of Health needs to be strengthened by additional community representatives. The community representatives are needed to present community experiences, to provide information about any relevant issues affecting the community and also the needs and aspiration of the community comprehensively.

6.4.2 Recommendation in Respect of National Interventions

The recommendation is that the national Department of Health needs to identify an official who will be the focal person for clinical programmes. This focal person must have a clinical qualification to be able to facilitate challenges between clinical programmes of the Province. The provincial person must also conduct facility support visits for oversight to gain experience on the practical circumstances at facility level. The processes provide sufficient information for decision making during NIDS development.

6.4.3 Recommendation in respect of Managers' accountability in the implementation of the plans

One of the four dimensions of the Accountability Framework is transparency, complaint and response mechanisms. This is the process through which organisations make a commitment to respond to and balance the needs of stakeholders in its decision making processes and activities (Blasgescu 2005:5). For the Department of Health to improve the accountability of Managers in implementing the strategic documents, Senior and Middle Managers should combine decision making based on the availability of all resources in the Department of Health. The combined decision making will ensure that there is transparency in decision making and in this do away with divisions between levels of management that are apparently occurring.

Senior Managers must strength complaint and response mechanisms through which the Department of Health enables officials to address performance complaints. Senior Managers must ensure that complaints are resolved within a specific period.

Training and development of planners must form part of an annual training plan for the Department of Health. All Managers should attend the training a month before the Departmental planning process begins.

6.4.4. Recommendation in Respect of Managers' Performance Assessment and Measurement

The health system is facing a challenge of inappropriate and inadequate production and deployment of health professionals. The backlog in infrastructure development is a worrying factor that impedes Managers' performance. The current employee performance management and development systems template was developed in 2007 and standardised for all government Departments.

Blasgescu (2005:10) stated that “An organisation’s commitment to accountability must be reflected in its responsiveness to its officials’ concerns, needs and the willingness to adjust policies when necessary”.

Senior Managers in the Department of Health must review the current Performance Agreement template. The new template for the Department of Health must be aligned to the available resources and needs of the Department. The template must also include financial and non-financial aspects to measure the divisional performance as well as organisational performance. The current method of measuring performance is irrelevant to the Department of Health based on the availability of resources.

6.5 RECOMMENDATIONS FOR FURTHER STUDIES

This study focused on how planning in the Department of Health is conducted. Research could easily be extended to other Departments within the province. The same study can be conducted and be extended to other provincial Health Departments. Further studies can be conducted to measure how the limited budget can affect the implementation of the Strategic Plan.

6.6 LIMITATIONS

Like any other studies this study has identified limitations. Limitations are in respect of sample size and the method of analysis used. The sample size of participants was 30 officials. If all officials participating in the planning process could have been sampled, more information could have been collected and the findings could be different. The results of this study is generalised to the Department of Health, North West provincial office only.

A quantitative research method using interview sessions and questionnaires was adopted for this research. Analysis of the results depended on the responses of the participants which were captured manually. If the other electronic methods of analysis, for example an Excel spread sheet, were implemented the results might be different.

6.7 CONCLUSION

The information from the data collected and analysed highlighted several findings which result in concluding that the strategic planning process of the Department of Health is not effective. The ineffectiveness in the strategic planning process of the Department of Health is influenced by the following factors:

- Poor cooperation between National, Provincial and Districts Managers during the planning period.
- Divisions amongst the Departmental Managers cause disputes that arise during the development of Performance Agreements.
- Mismanagement of officials' performance.
- Limited resources to implement the Departmental mandate.
- The unresolved performance conflicts between Managers across the programmes of the Department of Health.

The decision by the national Department of Health on what needs to be collected and measured by provinces must be brought to the attention of a National and Provincial Senior Manager before the next period of planning begins. Both Provincial and National Managers must recognise the complexity of challenges provincial officials are experiencing, how it affects the relationships and come up with solution that will best address the problem.

The study revealed that there are factors that are beyond Department of Health's control to succeed in enforcing performance management regulations.

7 REFERENCE LIST

- Abdel H, 2005. Supporting public participation in Egypt Forum for activating Egyptian reform programs Sponsored by the Centre for International Private Enterprise (CIPE) and the Al Ahram Regional Press Institute, Cairo
- Armada, F., Muntaner, C. & Navarro, V. 2001, "Health and social security reforms in Latin America: the convergence of the World Health Organisation, the World Bank, and transnational corporations", *International Journal of Health Services: Planning, Administration, Evaluation*, vol. 31, no. 4.
- Armstrong, M., 2012. *Armstrong's Handbook of Human Resource Management Practice*. 12th Edition. British Library of Congress Catalogue in Publication Data, United Kingdom.
- Barry, B., 1998. *A beginner's guide to strategic planning*. 5th Edition. St Louis: Elsevier Saunders.
- Barten, F., Mitlin, D., Mulholland, C, Hardoy, A. & Stern, R., 2008. *King Code of Governance for South Africa*, Institute of Directors.
- Betty Y., 2008. *Evaluation and Program Planning* Volume 31, Issue 4, November 2008.
- Blagesu M., Lucy De las Casas L. and LoidR ,One World Trust, 2010. *Pathway to accountability: The GAP Framework* by. (UK) London. *Evid Based Nurs* 2000;**3**:68-70 doi:10.1136 ebn.3.3.68
- Bless, C. & Higgson-Smith, C., 2006. *Fundamentals of Social Research Methods: An African Perspective*. 4th Edition. Cape Town. Juta.
- Botswana Integrated Health Service Plan 2010 – 2020.
- Brink, H., Van der Walt, C, and van Rensburg, G. 2012. *Fundamental of research methodology for healthcare professionals* ,3rd edition, South Africa. Juda.
- Burns, N. & Grove, S.K., 2009. *The Practice of Nursing Research: Appraisal Synthesis and Generation of Evidence*. 6th Edition. Elsevier Saunders, Louis Missouri.
- Chetambe, H.N. & Sakwa, M. 2013. Effects of financial training on financial performance of schools in Kenya: A survey of administrators of secondary schools in Trans-Nzoia County. *International journal of academic research in business and social sciences*, 3(10). <http://dx.doi.org/10.6007/IJARBSS/v3-i10/291>. Date accessed: 29 Aug. 2014

- Connelly, S., 2009. Deliberation in the face of power: stakeholder planning in Egypt Policy and Society, 28 (3) .
- Creswell, J.W., 2009. Research Design, Qualitative, Quantitative and Mixed Methods Approaches. Thousand Oaks, California: Sage Publication.
- Crow, G. and Wiles, R., 2008. Managing Anonymity and Confidentiality in Social Research: the Case of Visual Data in Community Research. Southampton: E.S.R.C National Centre for Research Methods.
- Delbridge, R. and Keenoy, T, 2010. Beyond Managerialism, The International Journal of Human Resource Management and Planning, 21 (6).
- District Health Management Information System 2011, National Department of Health, South Africa, Government Printers.
- Edmunds, A.W 2006. Introduction to Clinical Pharmacology Fifth Edition, Philadelphia , Elsevier.
- Framework for Managing Programme Performance Information. 2007, South Africa, Published by the National Treasury, South Africa.
- Framework for Strategic Plans and Annual Performance Plans 2010 South Africa. National Treasury, Pretoria.
- Frannie, A.L, 2011. "The future of Africa is now! The critical role of capacity development", World Journal of Science, Technology and Sustainable Development, Vol. 8 Iss: 2/3.
- Given, L. M., 2008. The Sage encyclopaedia of qualitative research methods. Los Angeles, California: Sage Publications.
- Health System Trust 2010 South Africa Pretoria.
- Hoepfel, M. Choosing Qualitative Research: A Primer for Technology Education Research. Journal of Technology Education 9 (10).
- John Thompson and Frank Martin 2010. Strategic Management Awareness and Change, Six Edition, United State, South Western Division.
- Levesque, R., 2007. SPSS Programming and Data Management: A Guide for SPSS and SAS Users, Fourth Edition, SPSS Inc., Chicago Ill. ISBN 1-56827-390-8.

- Levine R., Russ-Eft D, Burling, A., Stephens, J. And Downey' J Nursing research: Generating and assessing evidence for nursing practice. Philadelphia: Lippincott Williams & Wilkins.
- Lunenburg, F.C. and Irby, B.J., 2008. Writing a successful thesis or dissertation, Corwin Press.
- Lynch Richard. 2006. Corporate Strategy , Fourth Edition, England, Pearson Education Limited.
- Merriam, S.B. 2009. Qualitative Research: A Guide to design and Implementation. San Francisco: Jossey – Bass.
- Millennium Development Goal Country Report 2010 National Department of Health, South Africa, Government Printers.
- Muller, M. Nursing Dynamics. 4th Edition. South Africa Heinemann Publishers
- Polit, D F, & Beck, Ct 2006: Essentials of Nursing Research Methods, Appraisal and Utilization. Philadelphia: Lippincott Publishers.
- Porter, M. E. 1998. On Competition. Boston, MA: Harvard Business School.
- Porter, M. E. 2008. On Competition. Boston, MA: Harvard Business School.
- Public Finance Management Act, 1999, Republic of South Africa.
- Public Finance Management Act, 1999, Republic of South Africa.
- Robert A. and Vijay G., 1998.Management Control System.11th Edition McGraw Hill Companies Inc. New York
- Schibrowsky, J.A. and Peltier, A.N., 2007. "The state of internet marketing research: A review of the literature and future research directions", European Journal of Marketing, Vol. 41 Iss: 7/8.
- Trochim W.M.K (2006) Types of Surveys Available from:
<http://www.socialresearchmethods.net/kb/survtype.php>
- Van Zyl, P.S., 1997. Secure the future - Innovate and make a difference, South African Planning Journal 42 9 (10)
- Wall A., 2007. "Strategic performance management- a managerial approach and behavioural approach", ed. Palgrave Macmillan, New York.
- Woods, P. (2006) Qualitative Research. Faculty of Education, University of Plymouth

8 ANNEXURES

ANNEXURE 1: QUESTIONNAIRE

1	How can the current strategic planning processes in the Department of Health be improved?	Participants comments
1.1	What is your perception about the current process followed during the development of strategic planning documents of the Department of Health?	
1.2.	Are there any support structures that you would like to be added/ included to assist during the development of plans at the programme level?	
1.3.	Based on your experience, is the consultation processes between different stakeholders, up to the finalisation of the document enough?	
2.	Are the guidelines and interventions from the National Department of Health assisting the provincial Department?	
2.1	In your own opinion and based on experience, is the intervention and assistance provided by National Department of Health during planning effective?	
2.2	To what extent are the provincial Managers involved in the development of NIDS (National Indicator Data Set)?	
2.3	What is your opinion about following the national format during planning?	
3.	To what extend are the Managers held accountable for the implementation of the strategic plan?	
3.1	Do you think that relevant officials are participating in the planning processes and have mutual agreement on setting indicators and target?	

3.2	What would you say is the major contributing factors to non-commitment in implementing the plans?	
3.3	Do you think that officials involved in development of strategic plans for the Department of Health need training and development?	
4	How often are the Programme Managers assessed against their understanding, achievement in implementation of the strategic plan	
4.1	Are managers' performance agreement aligned to the programme indicators and targets in the annual performance plan?	
4.2.	Are there clear measures in place to compare Manager's performance against the actual program results?	
4.3.	Has the Department of Health established an effective strategy or appraisal system that is used to measure performance plans regularly?	

ANNEXURE 2: APPROVAL LETTER



health

Department of
Health
North West Province
REPUBLIC OF SOUTH AFRICA

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MAHIKENG, 2735

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POLICY, PLANNING, RESEARCH, MONITORING AND EVALUATION

To : Ms O.S Kubeka

From : Policy, Planning, Research, Monitoring & Evaluation

Subject : Research Approval Letter- Evaluating the effectiveness of strategic planning in Department of Health in North West Province.

To inform the researcher that permission to undertake the above mentioned study has been granted by the North West Department of Health. The researcher is expected to arrange in advance with the chosen districts or facilities, and issue this letter as prove that permission has been granted by the provincial office.

Upon completion, the department expects to receive a final research report from the researcher.

Kindest regards

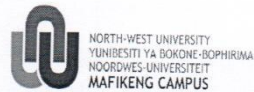

Director: PPRM&E
Dr. FRM Reichel

05/12/2014
Date



Healthy Living for All

ANNEXURE 3: LETTER FROM THE UNIVERSITY OF NORTH WEST HUMAN RESEARCH ETHICS COMMITTEE



Graduate School of Business and
Government Leadership (GSB&GL)
Private Bag x 2946, Mmabatho
South Africa, 2735
Tel: 018-389 2486 Fax: 018-389 2335
Email: Graduateschool@nwu.ac.za

To whom it may concern

It gives us great pleasure to inform you that the North West University Human Research Ethics Committee formally approved your research proposal for the MBA study

Student Name
OS Kubeka

Student No
17001145

Ethical Clearance No
NWU-00270-14-S9

The ethical clearance number indicates above is attached to your study. This serves as proof of approval to continue with your data collection and final completion.

We wish you all the success with your research


.....
Research Unit
Ismail Haffeejee



ANNEXURE 4: LETTER OF PERMISSION FOR THE RESEARCH FROM THE DEPARTMENT OF HEALTH, NORTH WEST PROVINCE

P.O. Box 2952
MAFIKENG
2735
03 September 2014

Director
Department of Health
Policy, Planning and Research Directorate
North West Province

SUBJECT: PERMISSION TO COLLECT DATA FOR RESEARCH PROJECT

This letter serves as a request for permission to collect data from Department officials in a form of questionnaire.

Research Topic: Evaluating the Effectiveness of Strategic Planning in Department of health North West Province.

Supervisor: Prof C Miruka

I am a Masters Student at the University of North West (Mafikeng Campus) student number, 1700114. I am currently employed by Department of Health as assistant director in the Policy, Planning and Research Directorate.

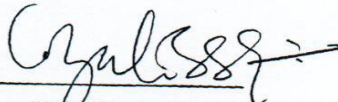
Participants

The participants in these studies will be the officials that take active part in strategic planning of the department at the level of Directors, Deputy Directors and some assistant directors at the district level of the Province.

Participants will be voluntarily participating in filling the questionnaire attached to this form in the absence of the researcher.



O.S. Kubeka



Prof C Miruka

ANNEXURE 5: LETTER TO THE STRATEGIC PLANNING DIRECTORE REQUESTING PERMISSION TO CONDUCT THE RESEARCH.

P.O.Box 2052
MAFIKENG
2735

02 March 2015

Director: Mr G. Tanna
National Department of Health
Strategic Planning Directorate

Dear Sir,

RE: REQUEST FOR PERMISSION TO CONDUCT DATA COLLECTION

I am a student at University of North West completing **Masters of Business Administration (MBA)**. I am sure you are aware that any post graduate study involves completion of a Dissertation. It is for this reason that I request your personal and professional permission to conduct an interview session with your office because of the level of your office's involvement in guiding the development of formats for the strategic planning processes of the National and Provincial Departments of Health.

The title of my research Dissertation is **Evaluation of the Effectiveness of Strategic Planning Process in the Department of Health** and is being undertaken under the Supervision of **Prof Mirukla**

The research study shall make use of interview questionnaires with twelve key selected potential participants chosen

The ethical research principles will be strictly adhered to throughout the research. The information obtained will be used only for the purpose of this study and will ensure anonymity and confidentiality to potential research participants.

Your kind assistance in granting me permission will be highly appreciated and thank you for taking the time in allowing your staff to be part of this research study as I am sure it will not only be of benefit to me but to the Department as well.

You are kindly requested to indicate the date so that will be available in the office.

Yours faithfully,



O.S. Kubeka

Cellphone: 078 052 9956



Deputy Director : Ms N. Mangonyane



Director : Dr F Reichel
Policy Planning, Research
Monitoring and Evaluation

ANNEXURE 6: EDITOR'S LETTER

Ms Kathy Kay
P.O. Box 4186
Rivonia
South Africa
2128

16 July 2015

North West University
Mahikeng Campus
South Africa

To Whom It May Concern

Herewith confirmation of my edit of the following student:

Name of Student: **ONTLAMETSE SELINA KUBEKA**

Mini-thesis submitted in partial fulfilment of the requirements for the degree of Master of Business Administration at the Mahikeng campus of the North West University.

Proposed title: **EVALUATING THE EFFECTIVENESS OF STRATEGIC PLANNING IN THE DEPARTMENT OF HEALTH, NORTH WEST PROVINCE**

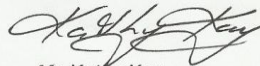
SUPERVISOR: **PROFESSOR C. MIRUKA**

I hereby confirm that I have edited the Master mini-dissertation of Ms Kubeka of North West University, Mahikeng Campus.

To my knowledge, this is the original work of Ms Kubeka, apart from my own editorial suggestions and those of her supervisor and other educational advisors. It is ultimately the prerogative of the student to accept or reject the suggestions of the editor.

Please do not hesitate to query anything that is not clear.

Regards



Ms Kathy Kay

Editor, trainer, researcher

kath@telkomsa.net
082 559 3742