

# PARTICIPATORY PLANNING IN ANGOCHE REGION, MOZAMBIQUE

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## INTRODUCTION

Participation is one of the central themes in primary healthcare in developing countries. Mozambique, under pressure from donor countries, is trying to decentralize management in its healthcare systems. This implies that management and planning capacity must exist at a peripheral level if this process is to be successful. Mozambique previously had a very hierarchical management structure in the health service. A series of participatory planning workshops was facilitated in four districts in the Angoche region, to demonstrate an alternative approach to planning, to develop a three-year plan targetting problem areas of healthcare provision, and to serve as one part of a needs assessment for a possible new development project aimed at capacity building for district health services. This paper describes that process and suggests that experience from developing countries has something to contribute to NHS management strategies.

## BACKGROUND

Conflict has been an integral part of peoples' lives in Mozambique since 1978 when RENAMO began an armed campaign aimed at destabilising the FRELIMO government.



A young man with TB being nursed by his brother.



A typical ward scene

The guerrilla war forced much of the population towards urban centres and left many rural areas almost inaccessible. In a country the length of Mozambique (approx 1800km) with the capital located in the south, there were communication difficulties and movement between north and south was severely impeded. Even within a province, access to many districts was only possible by plane. Roads were mined or destroyed. The impact on health service provision was paralysing and health structures survived only through a mixture of courage and determination by some health staff and large amounts of humanitarian aid. The processes of development were severely hindered and a hierarchical system prevailed with little input from the periphery in policy or planning.

In the light of the 1992 October peace accord and subsequent relative peace until the 1994 elections, many long-awaited development activities have begun to take place. Roads are re-opening and access is continually improving, including the road to development. In that process, the Ministry of Health has adopted a policy of decentralized management, initially at a provincial level, leading in the longer term to more involvement in management and planning at district level. This change has come under pressure from donor countries.

	MOZAMBIQUE	GAMBIA	UK
POPULATION	15,663,000	858,000	58,080,000
DOCTORS PER HEAD POPULATION	1:43,997	1:10,957	1:691
HOSPITAL BEDS PER HEAD POPULATION	1:1100	1:1010	1:140
INFANT MORTALITY RATE	172 per 1000	142 per 1000	9 per 1000
% POPULATION WITH SAFE DRINKING WATER	13%	45%	100%

THE PARTICIPATORY  
PLANNING PROCESS

The participants in the workshop included all heads of departments, eg Mother and Child Health (MCH), extended programme of immunization (EPI) and clinical services, as well as representatives from the health posts. Many very peripheral health posts in Mozambique had been left with only a skeleton staff, some being run by auxiliaries; regardless of their previous level of training, all were invited to participate. Consequently, the participants ranged from doctor and district health director to auxiliary. All sectors from district management team to the laboratory were represented.

The exercises were organised jointly by a relief-orientated aid agency working in the region and a development-orientated aid organisation interested in assessing the needs in the area and developing a new project. The facilitator was an external consultant with previous experience in Mozambique.

The workshops consisted of eight to eighteen people (maximum twenty). A cooperative planning exercise between the districts was also arranged. Each district and province sent two representatives who presented the plans made in their district, and on that basis represented their districts in overall planning for the region. The workshops can be held as an intensive exercise of three to four days or as a series of one-day exercises spread over time.

The basic planning framework can be used in a variety of ways depending on the reasons for the exercise. In this case it was used as a basis for problem-solving planning. It is the bare bones of a simple framework which is accessible and easy to use for everyone, and can be further developed and adapted by the participants themselves. It can also be used to develop an action plan for a service or a department, for networking between sectors and for intersectoral planning.

The planning exercise model is that of a journey

start by deciding to go on a journey and what we wish to achieve by it	the aim of the planning exercise
the reasons why we are going	the rationale
the starting point for the journey	the situation analysis
the destination	the objectives
the road and route	the action plan
the time required for each stage	the timetable or calendar
the ongoing and final assessment of the journey and problems encountered en route	the evaluation

Each stage is broken into smaller components. The facilitator uses participatory education techniques to enable the participants to understand what is required at each stage. Individual, small group and large group exercises are used throughout. It is the facilitator's job to make sure that everyone gets equal say, and that small group work is used to assist less powerful or vocal participants. For example, in Mozambique, power is vested in the District Health Director and then the district health management team, with the health post staff at the bottom. Consequently people tend to defer to the hierarchy. In each section, the large group is divided into smaller groups with the more powerful heads of departments together, and the health post staff working together. Each

group then feeds back to the larger group. The power of the individual or hierarchy is thereby reduced which can be very threatening.

Participants should recognise the expertise and experience of different group members. Therefore, on the subject of MCH, technical comments from the head of MCH should carry weight; in relation to management issues or community involvement in MCH services, however, other participants have as much to contribute.

RESPONSE TO THE WORKSHOPS

The workshops give a wide cross-section of district health staff the experience of planning. For most this was their first experience of being involved in planning and being part of the decision-making process. Participatory education techniques were also new. Consequently, initial response to the first day was mixed – “When are you going to start teaching us?”, the second day “We know you said we would have to work hard, but we didn't think we'd have to work this hard. We're exhausted!” and by the end of the third day “We can plan!” The participants were generally really proud of their finished product and were excited at the prospect of being able to plan for themselves in the future.

Some sections of the plans were over-ambitious or a little unrealistic, but in general the quality of the plans produced was excellent. In fact, doubt was felt amongst other people working in the districts about whether these plans had been produced by the facilitator or the districts' health staff themselves! The fact that ongoing evaluation is an integral part of the plan means that the staff will be able to see, as they use the plans, where planning needs to be improved.

It is often not possible to resolve a particular problem during the exercise, either because those involved do not have the power or capacity to implement proposed or desired changes, or because agreement cannot be reached. The exercise should not be seen as a 'cure all' tonic. For example, all districts had problems with material resources. Their plans, therefore, included making detailed lists of resources available against local case load and type, and then putting together a proposal to be submitted to provincial level and external aid organisations. Where agreement cannot be reached on contentious issues, plans are made to research the issue further, to have meetings between relevant parties and to set a time limit for final decision-making.

WHY PARTICIPATORY PLANNING?

The positive factors are:

1. Opinions are invited from all sectors of the district health teams.
2. Everyone knows what is going on and how decisions have been reached.
3. The plan is agreed and the influence of any particular individual's agenda is reduced.
4. Because workers on the ground are involved, their knowledge base and experience of feasibility in practice is used so that plans are realistic. Where possible, funders should also be included as participants to give balance.
5. Generally, having been consulted and involved, commitment to the proposed action is greater.
6. Combining ideas, qualities and strengths of several people can be a real asset in overcoming problems and finding new ways to move forward.

**The negative factors are:**

1. Working via committee often takes longer, especially where agreement must be reached on contentious issues.
2. The participatory approach requires people to come prepared to make compromises, and to be accommodating. Where personal agendas are too dominant agreement will be difficult to reach.
3. Planning in this way represents a significant threat to the hierarchy as they have no more say than the rank and file in the final decisions that make up the plan.
4. The success of the exercise depends on the ability of the facilitator to allow everyone to be involved and to participate, whilst ensuring that the process does not get bogged down in particular issues.

**DECENTRALISING MANAGEMENT  
IN THE NHS**

More hospitals are becoming trusts and more general practitioners are becoming fundholders. Management is no longer centralised. Despite this, a pure management tier in the way such systems are administered can leave many health professionals dissatisfied with policies and decision-making processes. This article has centred around work done in a developing country and whatever the ambiguity of the

terminology used, the developing world has much to offer the developed world, particularly in the area of participatory planning and management.

Participatory planning could be used as a means of bringing together purchasers and providers. The discussions, issues and ideas raised in such a forum are often as valuable as the conclusions drawn in promoting understanding and cooperation. There are lead-up exercises which can be used as a preliminary for such a workshop. Small groupwork in this case would be utilised to place purchasers and providers together in the discussion groups.

An outside facilitator who is independent is an asset for initial exercises. This is an ongoing process and is a simple format which ultimately people can use without buying in external assistance.

It is a framework, designed to be adaptable to the needs of the users and further developed by them. Its aim is to increase dialogue in an evermore competitive environment.

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