

PLANNING, IMPLEMENTATION, MONITORING AND EVALUATION OF HEALTH EDUCATION PROGRAMS

At the end of this chapter you will be able to:

- Describe the concept and process of planning in HE/HP
- Discuss HE/HP implementation strategies
- Explain concept of monitoring and evaluation of HE/HP program
- Understand Planning- model: Precede-Proceed model

INTRODUCTION

Health education program is a set of planned and organized activities carried out over a time to accomplish specific health related goals and objectives. Effective health education and health promotion require a systematic planning. One of the most important reasons why many health education programs fail is that they are not based on appropriate planning procedure.

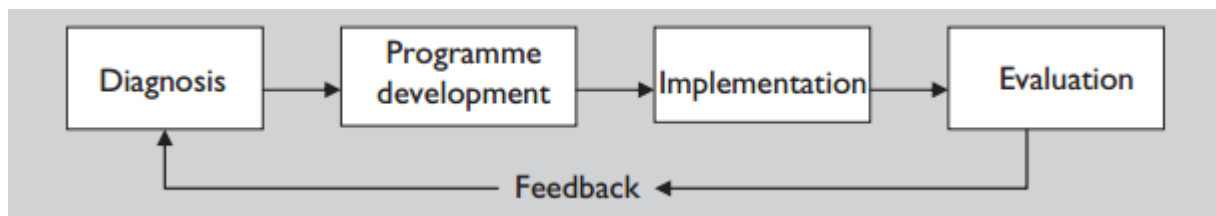
A planned HE program is necessary for single activities, such as the provision of health education to prevent cardiovascular disease among workers in industries or clients that come to a health facility. In every situation, decisions need to be made in advance about objectives, people to involve, people to address, strategies for action, the organization of activities - including the means of financing these activities - and the evaluation plan.

HE does not mean only to rely on disseminating health information in different medias; it must also aim at bringing change in attitude and behaviour related to health. It has clear goals and related behavioural objective. HE programs plans goes beyond the cognitive level and addresses health determinants, social factors, attitudes and skills that influence specific health related behaviours . in addition, it also fosters knowledge, attitudes, skills, values and believes that support or enhance health-related behaviours.

Therefore, in this unit you will be introduced to some of the basic concepts of planning, monitoring and evaluation, steps and models of health education planning. several planning models have been developed for health education program including: Precede-Proceed model and health education planning process.

Although planning models differ in terminology, they generally consist of four logical phases: diagnosis, programme development, implementation, and evaluation.

- In the diagnosis phase, problems and needs are identified and analyzed.
- In the programme development phase, concrete activities are developed.
- In the implementation phase, the planned activities are put into practice.
- Evaluation is concerned with finding out whether the implemented activities have been successful.



Throughout the phases in planning, theories that have been discussed in the previous chapter can help to clarify or describe problems and to identify strategies for addressing these problems.

CONCEPTS OF PLANNING

Planning is an anticipatory decision making about what needs to be done, how it has to be done, and with what resources. It is central to health education and health promotion process. It can be considered as a process of creative thinking. To plan is “to engage in a process or procedure to develop a method of achieving an end.” It helps the process of decision making by laying out the goals and objectives.

Planning can be determined after careful diagnosis of the community health issues.

Community Diagnosis- is a process of identification and detailed description of important health and health related problems of a given community (nature and extent of the problem). So that measures can be taken by making decisions based on the diagnosis. It involves statistical and epidemiological knowledge in addition to the clinical skills (Community Dx Vs clinical Dx). Community diagnosis helps to decide on the form intervention, the type of intervention, the target for intervention, and provide a base line data for later /future evaluation of the intervention.

The stages of Community diagnosis include:

- 1st – Determining the health status
- 2nd --Determining the pattern of the health care delivery
- 3rd – Investigating the relationship between the health status and the pattern of the health care delivery
- 4th – Summarizing evidences and establishing determinants

IMPORTANCE OF PLANNING IN HEP

- It helps to conduct HE program in a systematic way and accomplish the set of activities within scheduled time
- It helps to conduct HE program based on the problems or it enables to think about how to develop the best methods to solve a problem
- It enables to implement HE program through rational (based on reason or logic) or best use of scarce resources
- It helps to match resources with problem
- It helps to conduct HE program by employing appropriate methods and channels or develop a best course of action
- It allows to prioritize problems and convey appropriate information for solving problem
- Sometimes there may be duplication of activities and systematic planning enables to avoid duplication and wasteful expenditure

PRINCIPLES OF PLANNING

- 1) Based on careful analysis of the situations (research): which focused on description of the health situation of a given population. Information is required about aspects that positively and negatively influence the quality of life of the population under study to identify problems and to plan for an intervention.
- 2) Relate to basic needs and interests of the people: Community’s perceived needs, subjectively defined problems, perceived priorities and challenges should be taken into consideration while planning health programs. This helps to understand discrepancies that appear between

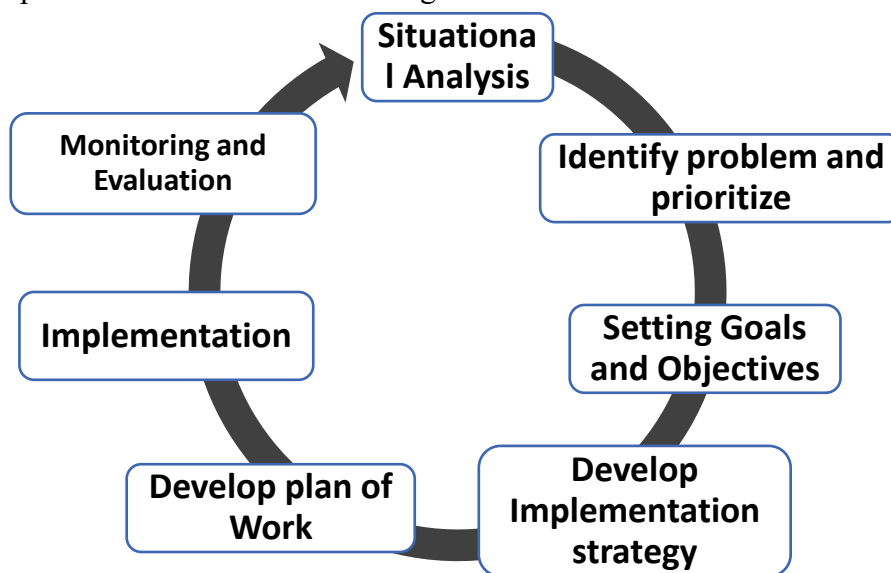
the perception of community members and the perception of health professionals regarding the most urgent problems to address.

- 3) Planned with the people who are involved in its implementation: involve community members and representatives of major sectors in the community, as they possess important information about the community's social structure, and about the community's health and behaviour patterns. This involvement creates more possibilities for gaining support for the programme.
- 4) Fullest utilization of the existing resources: It is necessary to know which resources are available, which resources need to be acquired, and how such resources can be mobilized and organized. Resources are all the goods, funds, services, manpower, time, material and equipment that are available to organize and carry out the programme and its activities in order to achieve the objectives.
- 5) Flexible enough to meet long time situation: Health education programs should not be too rigid. Some flexibility is needed. The programme has to be able to adapt to unforeseen changes while it is running, and to the reactions and emerging needs of the target group in particular.
- 6) It should be a continuous process: new problems may arise as old problems are solved
- 7) Should be achievable considering such factors as finance, personnel, time etc.
- 8) Trained personnel should be utilized for preparing a plan.

HEALTH EDUCATION PLANNING PROCESS

Planning health education and promotion program is a multi-step process. The steps in planning process are sequential or that they build upon one another.

The seven steps of Health Education Planning are:-



STEP I. SITUATIONAL ANALYSIS

Situational analysis is the process of identifying, understanding, and describing a problem or set of problems. Facts are the foundation stones upon which the community leaders and the planners build and carry out their programs. The local situation is the bench mark from where people should start the process of program planning.

Diagnosis of the existing situation provides information on which priorities can be set for educational and promotional efforts. Data about the health status of the population, and social indicators such as unemployment, education levels, health problems, living situation, and other socio-economic and socio-demographic issues associated with community health should be assessed. This information gives some idea of the quality of life in the population, the existence and extent of possible health problems, and specific groups or individuals within that population who are probably most affected.

Assessment: - is the process of identifying and understanding a problem or set of problems and later planning a series of actions to deal with the problems.

Need: - is a variety of felt urgencies related to the existence, continuation, and maintenance of life and the enhancement of living. Therefore, community need assessment is necessary to determine the issues that are priority to the community, determine the purpose of the intervention, and it is a baseline for monitoring and evaluation.

Activities to be included in this phase:

- Assessment of perceived needs and priorities (including behavioural and non-behavioural problems and its causes, most significant health problems for the priority population, and the most promising intervention)
- Examination of epidemiological data and social indicators
- Setting priorities for action

Health information to be collected may include:

- Demographic and socio-economic characteristics
- Community groups and their impact on health care system.
- Cultural practices and their impact on health
- Health beliefs, practices and need of audience etc
- Community health needs

Sources of information for needs assessment

- 1) **Primary data:** are data which collected through direct observation, semi-structured interview, in-depth interview, focus group discussion, etc.
- 2) **Secondary data:** data that were collected and documented for other purposes. Like health facility records, prior research studies, and reports.

STEP II. IDENTIFY PROBLEMS AND PRIORITIZE

What do we have at the end of needs assessment?

A number of problems are emerged out of needs assessment. Since it is not possible or feasible to deal with all the problems at once, we will have to prioritize and evaluate them according to pre-defined criteria and select for action.

Prioritizing must be done based on pre-defined criteria:

- ✓ **Magnitude of the problem:** Extent or prevalence of the problem
- ✓ **Degree of severity:** Seriousness of the problem interms of pain, discomfort, death
- ✓ **Feasibility:** Cost effectiveness & social acceptability of the intervention.
- ✓ **Government concern:** political acceptability to intervene the problem

✓ **Community concern:** *relation with community perceived health needs.*

Ranking is then done by using criteria on 5 point scale

very high (5), high (4), moderate (3), low (2) and very low (1)

STEP III SETTING OBJECTIVES

The next step is to set objectives once the problems have been prioritized. It is impossible to evaluate a course or a program efficiently without a clearly stated objective. Objectives are outline specific changes that will occur in the priority population at a given point in time as a result of exposure to the program.

Objective should be measurable and attainable state that can be achieved within a foreseeable period with the resources available. Five criteria have been suggested for the design and specification of high quality objectives: the so-called SMART criteria.

A specific objective should be **SMART**:

- **S** – Specific (to a disease, population group, age, or geographical location);
- **M** –Measurable (using important indicators to measure changes);
- **A** – Achievable- can be accomplished with our resources
- **R** – Realistic/relevant to reduce or solve community problem
- **T** – Time bound – can be accomplished in a specified period of time.

Example:

- *A reduction of 10 per cent in the prevalence of cardiovascular disease in the male population, in the 40 to 60 age group, in a certain community within the next five years;*
- *A reduction of 25 per cent in the number of children hospitalized due to road traffic accidents in a specified geographic area within the next three years.*

N.B. Words open to many interpretations should not be used while writing an objective. For example, know, understand, appreciate, enjoy, believe etc, words open to less interpretation should be used e.g., write, identify, list, define, differentiate, compare etc.

STEP IV. DEVELOP INTERVENTION STRATEGY

Once the objectives have been developed, planners need to decide on the most appropriate means of reaching the goals and objectives.

The planners must choose activities that permit the most effective (leads to desired outcome) and efficient (uses resource in responsible manner) intervention.

Some of the commonly used intervention strategies were:

- | | |
|-------------------------------|--------------------|
| - Health communication | - Health promotion |
| - Health policy/reinforcement | - Health education |
| - Community mobilization | - Social marketing |
| - School health program | - Advocacy |

STEP V. DEVELOP PLAN OF WORK

A plan of work is a detailed schedule of activities to be done in a given period of time. It should specify the role of different persons involved, the time in which the particular activities have to be carried out, and the different methods to be used.

Good work plan has the following components:

- ✓ Clear objectives
- ✓ List of activities
- ✓ Strategies / approaches
- ✓ Materials used

- ✓ Time frame
- ✓ Clear indicators
- ✓ Specific resources to be utilized
- ✓ Role of different persons involved

In short, an action plan should answer the following questions.

- When should it start and when should it be completed?
- Who does it and who is responsible for seeing it is actually carried out?
- What materials and resources are needed?

Example on improving low institutional delivery

Objective	Strategies (approaches)	Activities	Indicators	Target audiences	Material	Responsible bodies	Time
To increase the rate of institutional delivery in SNNP region by the end of 2020.	- Health promotion - Health Communication - Delivery service	- Health education - Providing information on institutional delivery - Strengthening ANC service - Providing skilled delivery service	- No. of health education session - No. of mothers reached by HID - No. of mothers attending ANC clinic - No. of mothers delivered at health facilities	- Pregnant mothers in the region	- Print materials like posters, leaflet, flipcharts, etc	- Health facilities - Health care providers like Midwives, Nurses, Doctors, Public health professionals - NGOs	Jan 1 to Dec 31, 2020

STEP V. IMPLEMENTATION OF HEALTH EDUCATION PROGRAMS.

Once a programme has been developed, it is ready to be implemented. Implementation is carrying out the plan or putting the plan/program into action. It is translating the goals, objectives and methods into a community-based health education programs.

There are three ways to put plan into action:

- a) By using piloting process: Test program in small scale with priority population to validate the whole program process.
- b) By phases, in small segments: Once, the program piloted, it could be expanded, but not to all priority population.
- c) By initiating the total program all at once

However, several unanticipated difficulties may occur during implementation, such as delays in delivery of educational materials, failure to attract the target group's attention, or difficulties in the process of intersectoral collaboration and community participation.

STEP VII. MONITORING & EVALUATION

Monitoring: is the process of assessing the progress of the health education activities in order to track that the activities are being performed according to the plan. It is a very helpful tool

which enables the planners to detect any kind of problems related to the performance of the activities as early as possible and to give relevant solutions to the problems detected.

In general, monitoring assesses whether work progresses according to schedule; resources are used rationally and as planned; and plans are being implemented in the way planned.

Evaluation is the process of assessing whether the health education interventions are attaining their goals and objectives which are predetermined while planning the interventions. A process that attempts to determine relevance, effectiveness and impact of activities in the light of the objectives.

Evaluation is aimed at making a value judgment about the program achievement. A critical assessment of the good and bad points of an intervention, and how it can be improved.

Therefore, evaluation will help to:

- Determine whether the objectives set were achieved.
- To improve our own practice (Learn from success & mistakes).
- Determine whether the project should be extended elsewhere
- To justify the use of resources.
- To determine the effectiveness and efficiency of different methods of Health education.
- To inform other health promoters so that they don't have to reinvent the wheel.

Evaluation is divided into two depending on the period of evaluation. These are:

- i **During implementation (formative evaluation):** to identify areas for changes or modifications; to detect deficiencies and ensure immediate redesign of intervention strategies.
- ii **At the end of programme (summative evaluation):** to assess programme or project effectiveness of the programme in achieving its stated objectives; efficiency of the programme or project in utilization of resources and whether to continue, modify or terminate the project.

PLANNING MODELS USED IN HEALTH EDUCATION

There are many planning models in health education and promotion. Among these models, the Precede-Proceed model is the well-known and most frequently used model to plan, implement and evaluate health education and promotion programs.

PRECEDE-PROCEED MODEL

The ***PRECEDE-PROCEED*** model is the well-known and most frequently used model in health education and promotion programs.

The Precede-Proceed model is a multi-theoretical based framework developed by Lawrence Green and Marshal Kreuter over 40 years ago. It is used to assess health related behaviors and environments that affect health and quality of life needs, and to design, implement and evaluate health promotion programs that improve quality of life for those who need these programs (Green & Kreuter, 1991).

It guides planners through a process that starts with desired outcomes and then works backwards in the causal chain to identify a mix of strategies for achieving those objectives

In this framework, health behavior is regarded as being influenced by both individual and environmental factors, and hence has two distinct parts.

It has Two parts i.e. PRECEDE and PROCEED

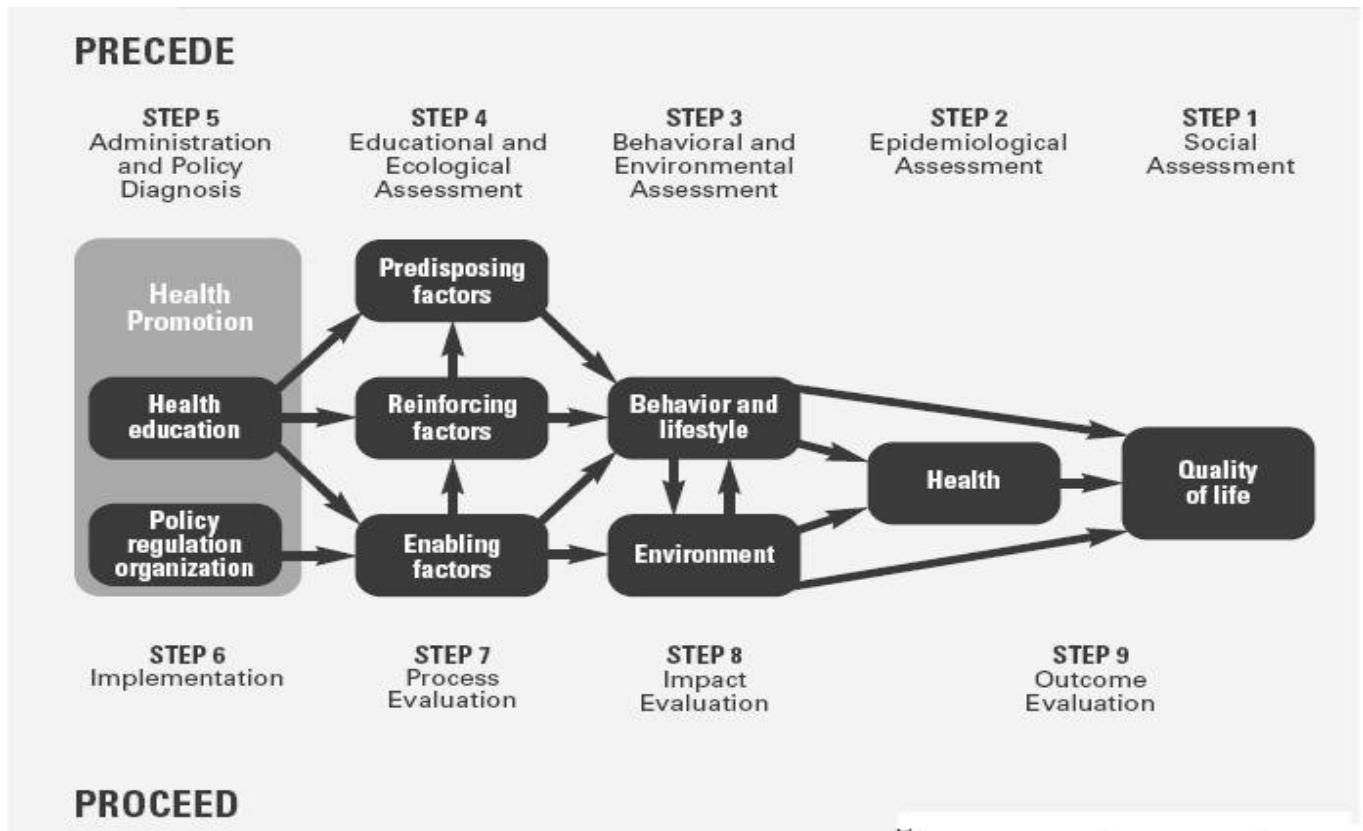
Note: The two fundamental propositions which are emphasized by PRECEDE-PROCEED model are:

- 1) *Health and health related risks are caused by multiple factors*
- 2) *Efforts to effect behavioral, environmental and social change must be multidimensional.*

The PRECEDE-PROCEED model provides a comprehensive structure for assessing health and quality of life needs, and for designing, implementing, and evaluating health education and other public health programs.

PRECEDE-PROCEED model provides a comprehensive structure for assessing health and quality-of-life needs and for designing, implementing, and evaluating health promotion and other public health programs to meet those needs.

- **PRECEDE** (*Predisposing, Reinforcing, and Enabling Constructs in Educational Diagnosis and Evaluation*)
 - Outlines a diagnostic planning process to assist in the development of targeted and focused public health programs
 - Phase 1 Social Diagnosis
 - Phase 2 Epidemiological Diagnosis
 - Phase 3 Behavioral & Environmental Diagnosis
 - Phase 4 Educational & Organizational Diagnosis
 - Phase 5 Administrative & Policy Diagnosis
- **PROCEED** (*Policy, Regulatory, and Organizational Constructs in Educational and Environmental Development*)
 - Guides the implementation & evaluation of the programs designed in PRECEDE
 - Phase 6 Implementation
 - Phase 7 Evaluation (Process)
 - Phase 8 Evaluation (Impact)
 - Phase 9 Evaluation (Outcome)



PRECEDE is composed of four additional phases.

Phase I: social diagnosis: involves determining the quality of life or social problems and needs of a given population. It involves assessment of people perception about of their own quality of life and ask the community what it needs to improve its quality of life through community forums, focus groups, interviews and surveys

It encompasses subjectively defined problems and priorities of individuals or communities. The social indicators include absenteeism, achievements, crime, discrimination, aesthetics, comfort, happiness and performance.

The objectives of social diagnosis include:

- Increasing community involvement (active partnership)
- Determining the concerns with quality of life or condition of living
- Verifying and classifying the concern analysis of existing social indicators (data available).
- Documenting the status of the target population
- Rationalizing the selection of priority problems

Phase II: epidemiological diagnosis; investigates the relationship between social problems and health problems or it focuses on identifying the health determinants that affect quality of life. In Epidemiological diagnosis, data may be needed to identify the major causes of morbidity and mortality in the population.

Once a list of problems identified in phase 1 & 2, priority should be set among these problems. For the selected health problem, develop program goals and objectives

Example: Malaria is the identified health problem

- Goal: To reduce the burden of malaria in in ‘X’ kebele by 2015.
- Objective: To reduce the prevalence of malaria among community in ‘X’ kebele from 40% to 10% by the end of 2015.

Phase III: behavioral and environmental diagnosis; involves analyzing the behavioral and environmental determinants of the health problems. The behavioral and environmental factors that are related to the identified health problems should be identified in this phase.

Phase IV: Educational and educational diagnosis; in this phase, the factors that predispose, reinforce, and enable the behaviors and lifestyles are identified. It identifies **causal factors that must** be changed to initiate and sustain the process of behavioral and environmental change identified in Phase 3.

- Predisposing factors: Knowledge, Attitudes, Beliefs, Self-efficacy, etc
- Enabling factors: Accessibility & Availability health resources
- Reinforcing factors: Peer and family Influence

Phase V: Administrative and policy diagnosis; it involves ascertaining which health promotion, health education and/or policy-related interventions would best be suited to encouraging the desired changes in the behaviors or environments and in the factors that support those behaviors and environments.

In this phase, the policies, resources and circumstance in the organization that could hinder or facilitate the program implementation such as: Availability of time, staffs, resources, commitment, space etc. should be identified and solved accordingly before implementation.

PROCEED is composed of four additional phases.

Phase VI: Implementation; is translating the goals, objectives and methods into a community based health education programs. In this phase, the interventions identified in phase five are implemented.

Phase VII: Process evaluation; involves measurements of health education program implementation success to assure and/or improve the quality of the program. It assesses whether or not the services are delivered as planned. Process evaluation is continuous so that the educators can make adjustments in the program as evaluative data suggest they are necessary. It can undertake through monitoring and supervision while the program is on implementation.

Phase VIII: Impact evaluation; involves evaluating immediate observable effects (short term changes) of the health education interventions on the factors supporting behavior, and on behavior itself (like raised knowledge level, Changes brought in attitude and behavior, and improvements seen in practicing the recommended behaviour).

For example, person coming for treatment, changes in community knowledge, changes in practice, use of oral rehydration, latrine construction, and contraceptive use etc.

Phase IX: Outcome evaluation; The ninth and last phase comprises outcome evaluation (long term changes)—that is, determining the ultimate effects of the interventions on the health and quality of life of the population.

For example, gains in health, reduction in mortality, morbidity, disability, quality of life etc

Generally, the PRECEDE – PROCEED model:

- Provides a template for the process of conceiving, planning, implementing, and evaluating a community intervention
- Structured as a participatory model, to incorporate the ideas and help of the community
- Considers the ways in which administrative and policy guidelines can limit or shape an intervention, an area of planning too often ignored
- Incorporates evaluation of the process, the intervention itself, and the final outcome.
- In actual practice, PRECEDE and PROCEED function in a continuous cycle. Information gathered in PRECEDE guides the development of program goals and objectives in the implementation phase of PROCEED.

This model is based on the principle of community participation. It begins by engaging the population of interest themselves in a process of identifying their most important health or quality-of-life issue