

Planning, implementation  
,monitering ,and evaluation of  
health education programs



## Definition 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.

## Purposes of planning

- Best use of scarce resources
- Avoid duplication and wasteful expenditure
- Helps for problem prioritization
- Develop a best course of action

## **Principles of planning**

- Based on careful analysis of the situations
- Relate to basic needs and interests of the people
- Planned with the people who are involved in its implementation
- Flexible enough to meet long time situation.
- Should be a continuous process
- Should be achievable considering such factors as finance, personnel, time etc.

## Steps of planning health education and intervention





## **Step I situational analysis**

- The local situation is the bench mark from where people should start the process of program planning.
- After assembling the facts pertaining to local situations, it is important to analyze these facts in such away that they will be useful to individuals or planners.

# Information for situational analysis

The information collected may include:

- Community and its topography
- Demographic and socio-economic characteristics

***Conduct need assessment***

## Community need assessment

- **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.

Identify ;

- ✓ What is the problem
- ✓ Magnitude/size of the problem
- ✓ Severity of the problem
- ✓ community practice (KAPB), service/resources, cultural practices/social influences with regard to the problem

## Sources of data for need assessment

### Primary data

- survey
- interview

### Secondary data

- Existing records
- Data collected for various purpose



## **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

## **Criteria to prioritize**

- 1. *Magnitude of the problem***- How wide spread the problem is ?
- 2. *Severity of the problem*** - fatality, consequence, disability
- 3. *Feasibility*** - in terms of time, resources, etc.
- 4. *Government concern*** -Priority policy
- 5. *Community concern*** - Felt need of the community

## Example of problem prioritization

SN	Problem s	M	S	F	G	C	Total	Rank
1	Malaria							
2	TB							
3	HIV/AIDS							
4								
5								
6								
7								

**Score each problem out of five (1-5)**

## **Step III: Setting objectives**

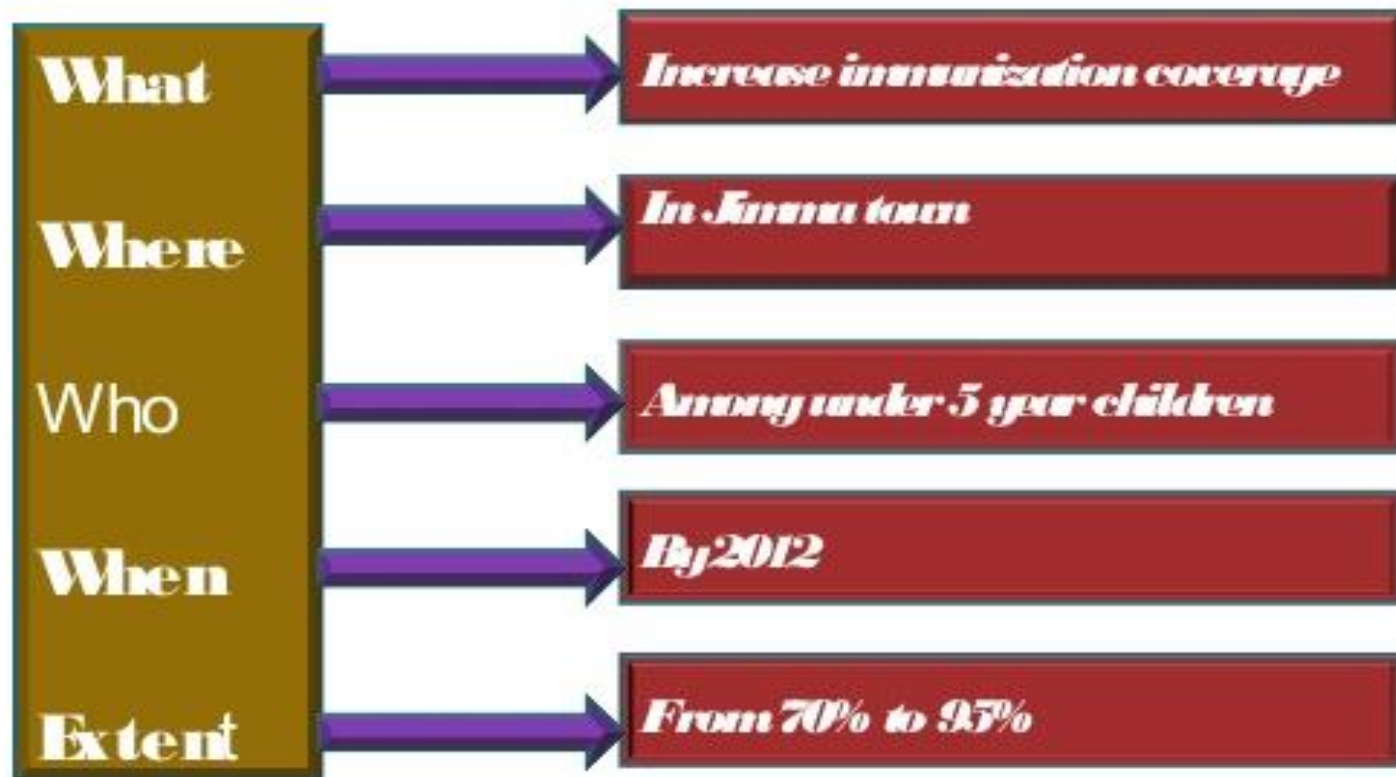
*If you do not know where you are going, then any road will do,"*

*If you do not know where you are going, how will you when you are arrived?*

### **Step III: Setting objectives....**

- Once the problems have been prioritized, the next step is to set objective.
- It is impossible to evaluate a course or a program efficiently without a clearly stated objective.
- A program objective is a series of statement that must answer:
  - ***What do we want to achieve?***
  - ***Where?***
  - ***Who is the target group?***
  - ***When do we want to achieve?***
  - ***Extent of achievement?***

For example, **to increase immunization coverage** from 70% to 95% **among under 5 children** in **Jimma town** by 2012.



## Types of objectives



## Types of objectives ...

### 1. Health objectives

- Describe how health status is to be improved
- They are termed as “*outcome objective*”
- They are *ends* / represent the true bottom line of the program

E.g To reduce infant mortality by 2/3<sup>rd</sup> by the end of 2015

## ***2. Behavioral objectives***

- ***Behavioral objective*** refers to the actual things the program will encourage people to do or not to do!

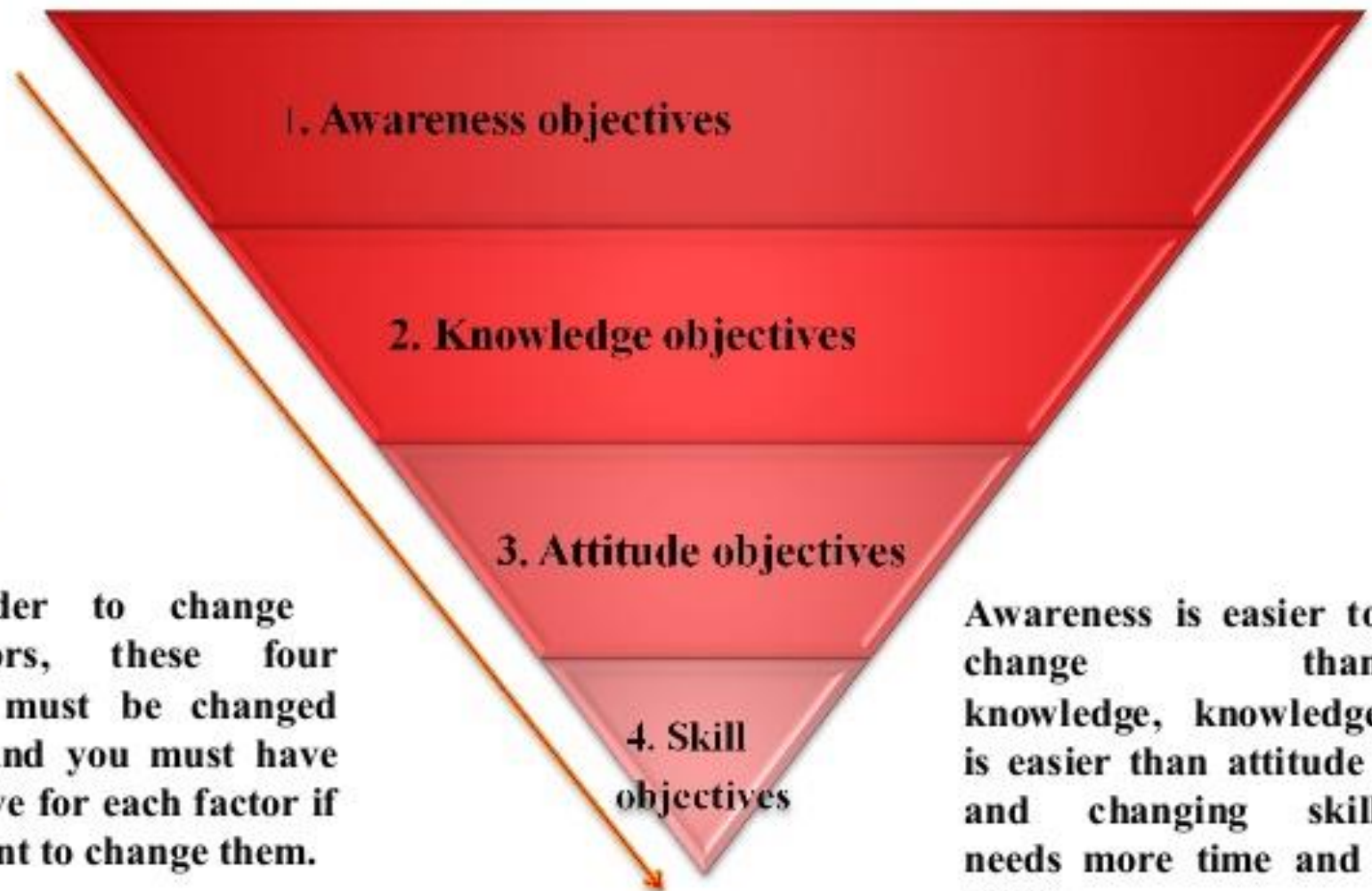
E.g To reduce cigarette smokers by 50%

## ***3. Learning objectives***

- ***Learning objectives*** describe knowledge, attitude or skill development

E.g Clients should be able to describe three ways of HIV/AIDS transmission

## Hierarchy of learning objectives



In order to change behaviors, these four factor must be changed first and you must have objective for each factor if you want to change them.

Awareness is easier to change than knowledge, knowledge is easier than attitude and changing skill needs more time and effort.

## Objectives ....

**4. *Resource objective*** : Is what the program planners hope to provide , be it the essential service or material support

E.g

- To establish three counseling center by the end of 2012
- To supply 3000 poster for each health center by the end of 2012.
- To distribute 10,000 hagober at the end of 2013

## Objectives... SMART

**S**

- Specific, simple- relates to a specific event

**M**

- Measurable- has an indicator which is measurable

**A**

- Achievable considering resources at hand

**R**

- Realistic/Relevant - can reduce or solve a problem relevant to community

**T**

- Time bound - can be accomplished in a specified period of time.

## **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 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.

## Work plan...

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

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



## **V: Implementation of the programs**

- 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.

## Monitoring

- Monitoring is the systematic collection and analysis of information on the project progress .
- It helps to keep the work on track.
- 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.



## Evaluation

- **Evaluation:** is the process of assessing whether the health education interventions are attaining their goals and objectives which are predetermined while planning the interventions.
- Effectiveness ?
- Efficiency ?

## Planning models used in health education

- There are many planning model 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.
- Developed by Lawrence W. Green and his colleagues in 1980

# The **PRECEDE/PROCEED** Framework

**Lawrence W. Green & Marshall W. Kreuter**

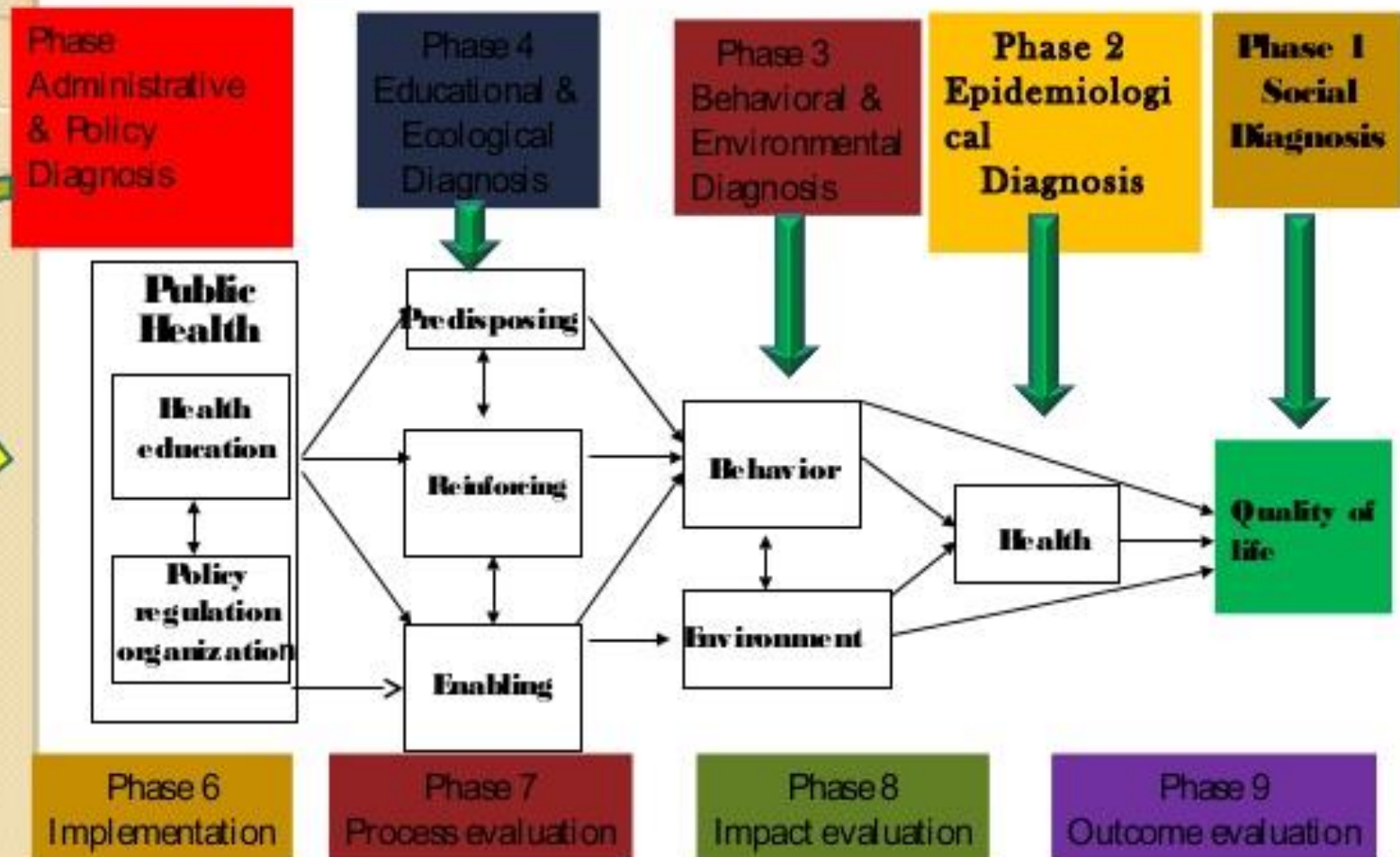
## **PRECEDE**

**P**= Predisposing  
**R**= Reinforcing  
**E**= Enabling  
**C**= Causes  
**E**= Educational  
**D**= Diagnosis  
**E**= Evaluation

## **PROCEED**

**P** = Policy  
**R** = Regulatory  
**O** = Organizational  
**C** = Constructs  
**E** = Educational  
**E** = Environmental  
**D** = Development

# PRECEDE-PROCEED MODEL Diagram



Green & Kreutzer, Health Promotion Planning, 3rd ed., 1999.

## **HHCHE has five phases-HANNING PHASE**

Phase 1: Social diagnosis

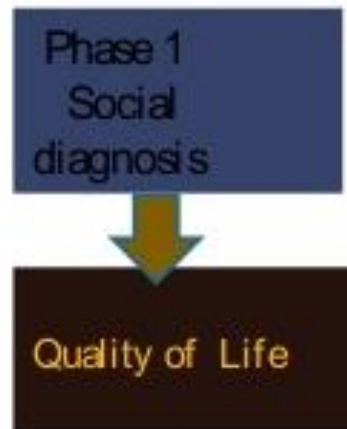
Phase 2: Epidemiological diagnosis

Phase 3: Behavioral and environmental diagnosis

Phase 4: Educational and organizational diagnosis

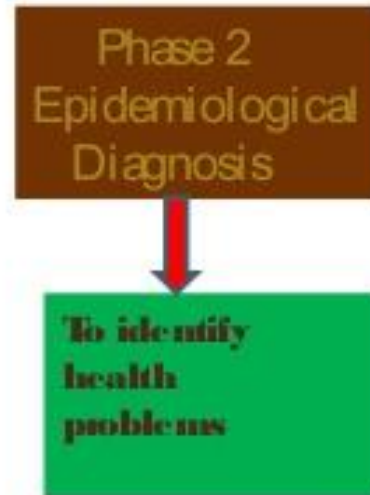
Phase 5: Administrative and policy diagnosis

## Phase 1 – Social Diagnosis



- Phase 1: seeks to subjectively define the Quality of life (problems & priorities) of priority individuals or population
- needs
- Identify social problems that impact quality of life,
- ***Identify health issues from people point of view***

## Phase 2 - Epidemiological Diagnosis



- Determine health issues associated with the quality of life. e.g., morbidity, mortality, risk factors, disability, incidence, prevalence of disease
- Objective data is gathered, usually from secondary data sources / Epidemiological data
- ***Creating priorities among the problem or list of problem***

## **Phase 3: Behavioral and Environmental Diagnosis**

Phase 3: Behavioral and non-behavioral diagnosis



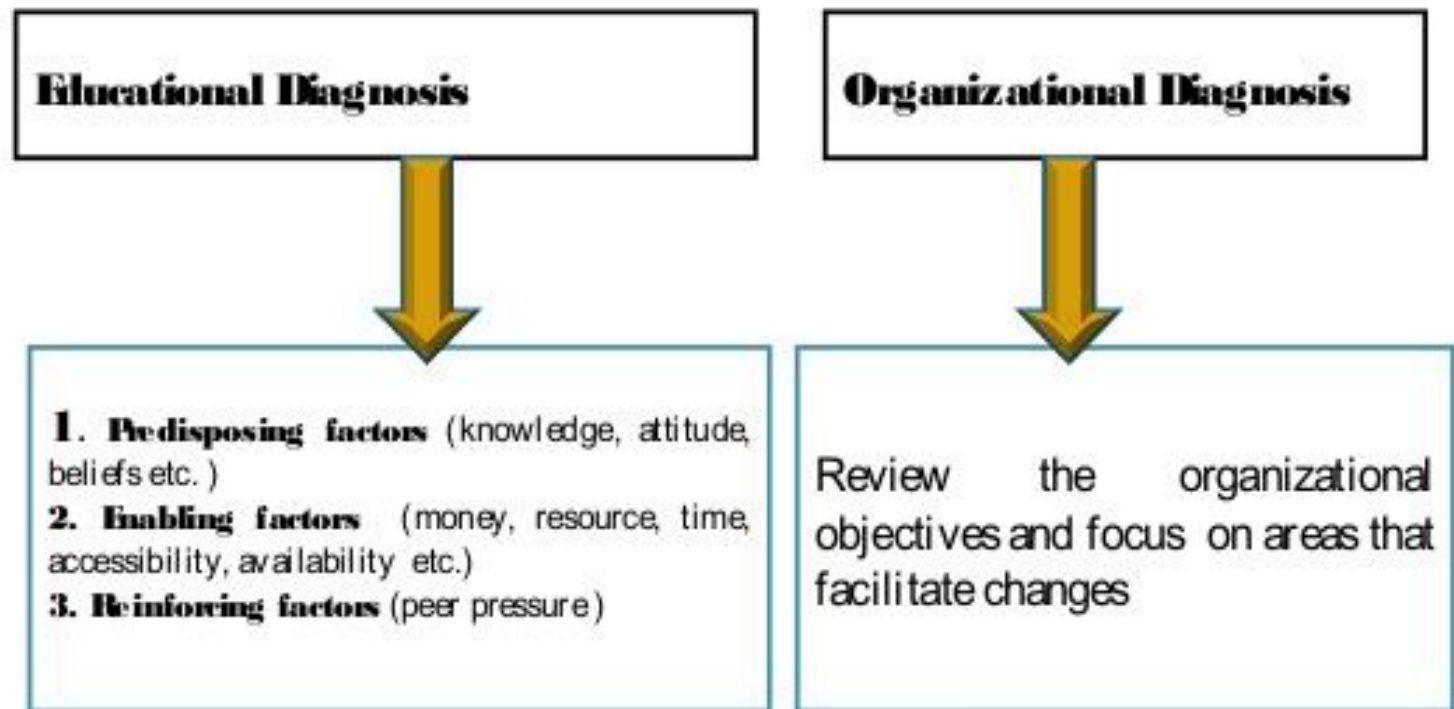
To identify

1. Behavioral and
2. Non-behavioral cause for the health problem

- In phase 3, identify behavioral and non-behavioral causes (environmental factors) which seem to be linked to health problems identified in Phase 2 and put them separately.

## Phase 4: Educational & Organizational Diagnosis

- Identifies **causal** factors that must be changed to initiate and sustain the process of behavioral and environmental change identified in Phase 3.



## **Phase 5: Administrative and Policy Diagnosis**

- Focuses on administrative and organizational concerns which must be addressed prior to program implementation
- Includes assessment of resources, budget development and allocation, development of implementation timetable, organization and coordination with others
- Analysis of policies, resources and circumstances prevailing organizational situations that could hinder or facilitate the development of the health program Policy Diagnosis

## Design a Comprehensive Intervention plan

**PRECEDE**- phase ends with a Comprehensive Intervention plan which is ready for implementation and **PROCEED** begins





**PROCEED** has four phases:

Phase 6: Implementation

Phase 7: Process evaluation

Phase 8: Impact evaluation

Phase 9: Outcome evaluation



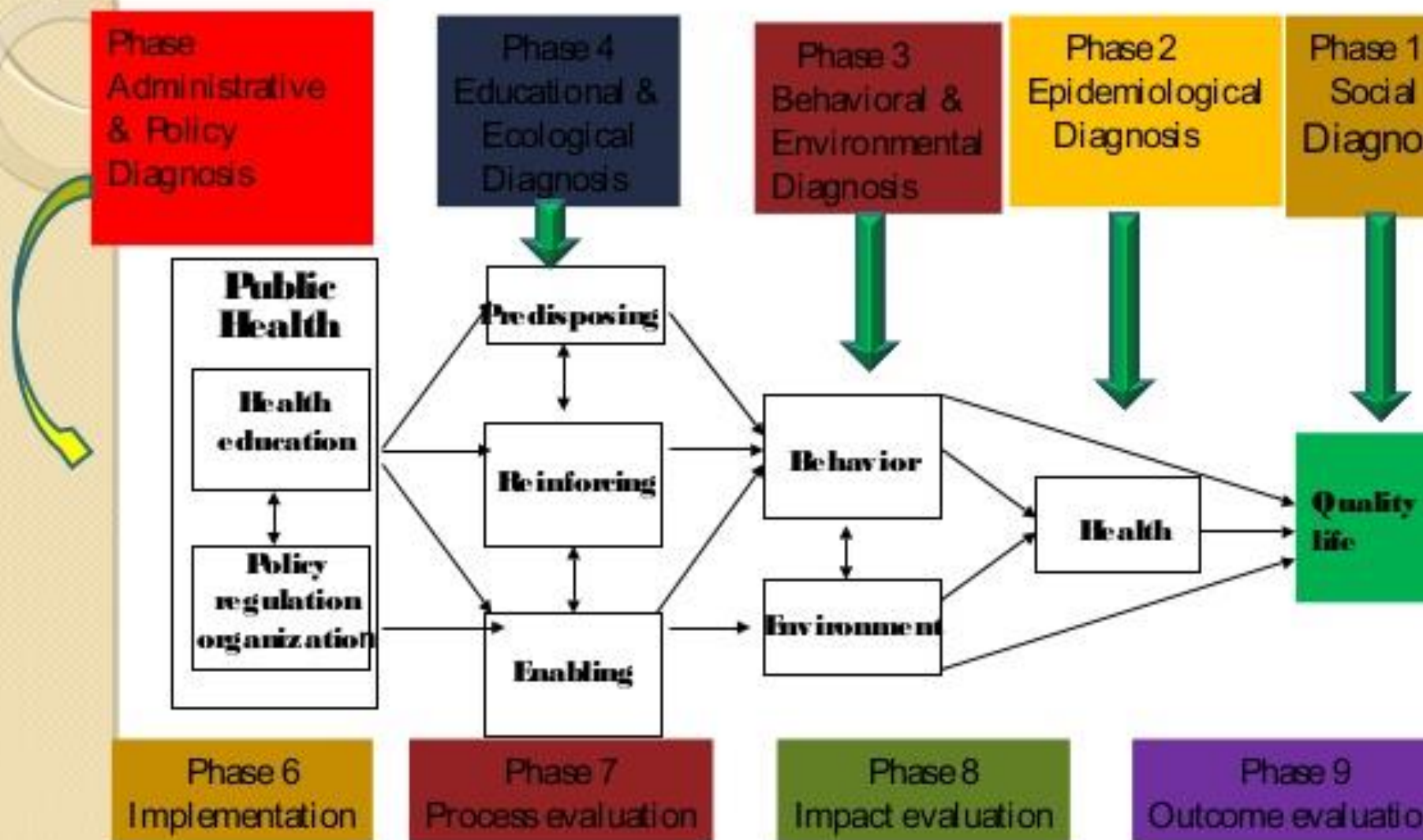
## **Phase 6: Implementation**

- Beginning of PROCEED
- The act of converting program objectives into actions through policy changes, regulation and organization.
- It is translating the goals, objectives and methods into a community based health education programs.

## **Phases 7 , 8, &9 - Evaluation**

- ✓ **Phase 7: Process evaluation** - measurements of implementation process to control, assure, or improve the quality of the program
- ✓ **Phase 8: Impact evaluation** - immediate observable effects of program (changes in Knowledge, attitude, beliefs, practice etc.)
- ✓ **Phase 9: Outcome evaluation** -long-term effects of the program such as reduction in mortality, morbidity, prevalence of disease, improved health status, life expectancy

# PRECEDE-PROCEED MODEL Diagram





Plan your work.  
Work your plan.