



REPUBLIC OF ZAMBIA

**GUIDELINES FOR
HEALTH PROMOTION PROGRAMME
IMPLEMENTATION AT DISTRICT
LEVEL**

October 2012



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DISCLAIMER

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FOREWORD

The enjoyment of good health is a fundamental human right. Health is important for individual, community and national development. The Ottawa Charter on health Promotion which was drawn up in 1986 emphasised that promoting health is more than just providing health services. Peace, housing, education, food, income, a sustainable environment, social justice and equity are all necessary for the achievement of health. It calls for people to act as advocates for health through addressing political, social, cultural, environmental, behavioural and biological factors that impact on health.

Zambia is among the countries in the world still facing a double burden of communicable diseases as well as a growing burden of non-communicable diseases. Many people in Zambia suffer from preventable diseases while others live with disability from diseases and injuries that can be prevented. Dr. Hiroshi Nakajima, (Director General, World Health organization, 1988) once stated that “We must recognise that most of the World’s major Health problems and premature deaths are preventable through changes in human behaviour and at low cost. We have the know-how and technology but these have to be transformed into effective actions at the community level”

These Health Promotion guidelines are intended as a reference tool for the district health teams to integrate health promotion actions in the implementation of priority health programmes such as HIV/AIDS, Malaria, Tuberculosis, Mental health, child health, and reproductive health, non-communicable diseases such as diabetes, cancers and hypertension. Through application of various methods and working through a multi-sectoral approach, the district health teams can apply the guidelines to contribute to the prevention of disease and promoting environments that make healthier choices the easier choice for the majority of Zambians.

The Government of the Republic of Zambia through the Ministry of Health has a vision to ensure that all Zambians attain the highest standard of health through “provision of quality health services as close to the family as possible” in a clean, caring and competent manner.

I am pleased to introduce this first edition of health promotion guidelines for District Health teams. It is my sincere hope that the districts will use this important tool to improve not only the practice of health promotion, but also the health of the Zambians.



Dr. Joseph Kasonde, MP
MINISTER OF HEALTH

ACKNOWLEDGEMENT

These guidelines arose from a need that was expressed by the District Health Promotion Officers during orientation workshops that were organised through the collaboration with WHO, UNICEF and the Health Communication Partnership (HCP) in 2007 and 2008. Through this partnership, the MOH decided to produce guidelines for planning and implementation of health promotion programmes at the district level.

The Ministry of Health therefore wishes to express special gratitude to the World Health Organization Country Office and UNICEF Zambia Office in the development and production of this document through provision of both financial and technical support. The World Health Organization and Zambia Integrated Systems Strengthening Project (ZISSP) also provided the necessary funding for the workshops to develop and revise the guidelines and the printing of the document.

The task of developing these guidelines could not have been accomplished without the technical input from many organisations and other units within the Ministry of Health which worked in collaboration with the Health promotion unit. These organisations include Chainama College of Health Sciences, The University of Zambia-Department of Community Medicine, Lusaka District Health Office, National AIDS Council, National Malaria Control Centre and Child Health Unit.

Every effort was made to make these guidelines incorporate international and regional health promotion principles and strategies as outlined in the Ottawa Charter on Health Promotion, the WHO Regional Strategy on Health Promotion and the WHO Guidelines for Development of Health Promotion.

At the same time, the editorial team ensured that the guidelines remain relevant to Zambia through reference to national documents such as the National Health Strategic Plan and various plans and strategy documents for priority health programmes.

The Ministry of Health is greatly indebted to all the people who contributed in one way or another to the realisation of this important reference tool.



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LIST OF ABBREVIATIONS

AFRO	Africa Regional Office (of WHO)
AIDS	Acquired Immuno-Deficiency Syndrome
CHW	Community Health Worker
DHMT	District Health Management Team
EPI	Expanded Programme on Immunization
GRZ	Government of the Republic of Zambia
HCP	Health Communication Partnership
HPSI	Health Promoting Schools Initiative
HFA	Health for All
HMIS	Health Management Information System
HIV	Human Immuno-deficiency Virus
IMCI	Integrated Management of Childhood Illnesses
IEC	Information Education and Communication
MCH	Maternal and Child Health
MDGs	Millennium Development Goals
MOE	Ministry of Education
MOH	Ministry of Health
NGO	Non-Governmental Organization
PHC	Primary Health Care
RBM	Roll Back Malaria
STD	Sexually Transmitted Diseases
TBA	Traditional Birth Attendant
TB	Tuberculosis
UCI	Universal Child Immunization
UTH	University Teaching Hospital
WHO	World Health Organization
ZDHS	Zambia Democratic Health Survey
ZK	Zambian Kwacha

HEALTH PROMOTION GLOSSARY

The definitions given in this section have been derived from the WHO Document “Health Promotion Glossary” WHO/HPR/98.1

Advocacy for Health: A combination of individual and social actions designed to gain political commitment, policy support, social acceptance and systems support for a particular health goal or programme.

Disease prevention: Disease prevention covers measures not only to prevent the occurrence of disease, such as a risk factor reduction, but also to arrest its progress and reduce its consequences once established. (WHO)

Community: A specific group of people, often living in a defined geographical area, who share a common culture, values and norms, are arranged in a social structure according to relationships which the community has developed. Over a period of time. Members of a community gain their personal and social identity by sharing common beliefs, values and norms which have been developed by the community in the past and may be modified in future. They exhibit some awareness of their identity as a group and share common needs and a commitment to meeting them.

Community action for health: Community action for health refers to collective efforts by communities which are directed towards increasing community control over determinants of health, and thereby improving health.

Determinants of health: The range of personal, social and economic and environmental factors which determine the health status of individuals or populations.

Empowerment for Health: in health promotion, empowerment is the process through which people gain greater control over decisions and actions affecting their health.

Enabling: In health promotion enabling means taking action in partnership with individuals or groups to empower them, through the mobilisation of human and material resources to promote and protect their health.

Health: The World Health Organisation (1946) defines health as “A state of complete physical, psychological, social and spiritual well-being and not merely the absence of disease.”

Health for all: The attainment by all the people of the world of a level of health that will permit them to lead a socially and economically productive life. (WHO)

Health Behaviour: An activity undertaken by an individual, regardless of actual or perceived health status, for the purpose of promoting, protecting or maintaining health, whether or not such behaviour is objectively effective towards that end.

Health Communication: Health communication is a key strategy to inform the public about health concerns and to maintain important health issues on the public agenda. The use of mass media and multi-media and other technological innovations to disseminate useful health information to the public, increase awareness of specific aspects of individual and collective health as well as importance of health in development.

Health Education: Health Education comprises consciously constructed opportunities for learning involving some form of communication designed to improve health literacy, including improving knowledge, and developing life skills which are conducive to individual and community health (WHO Glossary of terms)

Health Development: Health development is the process of continuous, progressive improvement of health status of individuals and groups in a population.

Health Literacy: Health Literacy represents the cognitive and social skills which determine the motivation and ability of individuals to gain access to, understand and use information in ways which promote and maintain good health.

Health policy: A formal statement or procedure within institutions (notably government) which defines priorities and parameters for action in response to health needs available resources and other political pressures.

Health Promotion: *Health promotion is the process of enabling people to increase control over, and to improve their health. Other descriptions include health education, health communication and social mobilization.*

Health Promoting Hospitals: A health promoting hospital does not only provide quality comprehensive medical and nursing services, but also develops a corporate identity that embraces the aims of health promotion, develops a health promoting organisational structure and culture, including active, participatory roles for patients and all members of staff, develops itself into a health promoting physical environment and actively cooperates within its community.

Health Promoting Schools: A health promoting school can be characterised as a school that is constantly strengthening its capacity as a setting for living, learning and working.

Health status: A description and / or measurement of the health of an individual or population at a particular point in time against identifiable standards, usually by reference to health indicators.

Healthy Cities: a healthy city is one that is continuously creating and improving those physical and social environments and expanding those community resources which enable people to mutually support each other in performing all the functions of life and in developing to their maximum potential.

Inter-sectoral Collaboration: It is a recognised relationship between part or parts of different sectors of society which has been formed to take action on an issue to achieve

health outcomes or intermediate health outcomes in a way which is more effective, efficient or sustainable than might be achieved by the health sector acting alone.

Life Skills: Life skills are abilities for adaptive and positive behaviour, that enable individuals to deal effectively with the demands and challenges of everyday life.

Lifestyles conducive to Health: Lifestyle is a way of living based on identifiable patterns of behaviour which are determined by the interplay between an individual's personal characteristics, social interactions, and socioeconomic and environmental conditions.

Living Conditions: Living conditions are the everyday environment of people, where they live, play and work. These living conditions are a product of social and economic circumstances and the physical environment – all of which can impact upon health – and are largely outside of the immediate control of the individual.

Mediation: in health promotion a processes through which the different interests (personal, social, economic) of individuals and communities and different sectors (public and private) are reconciled in ways that promote and protect health.

Public Health: The science and art of promoting health, preventing disease and prolonging life through organised efforts of society (Acheson report, London, 1988).

Primary Health care: Primary health care is essential health care made accessible at a cost a country and community can afford, with methods that are practical, scientifically sound and socially acceptable. (Alma Ata declaration, WHO, Geneva, 1978).

Risk behaviour: Specific forms of behaviour which are proven to be associated with increased susceptibility to a specific disease or ill-health.

Risk factor: social, economic or biological status, behaviours or environments which are associated with or cause increased susceptibility to a specific disease, ill-health or injury.

Settings for Health: The Place or social context in which people engage in daily activities in which environmental, organisational and personal factors interact to affect health and wellbeing.

Examples of settings include schools, workplaces, hospitals, villages and cities.

CHAPTER I

Introduction to the Guidelines

1.1 Introduction

Many people in Zambia suffer from preventable diseases while others live with disability from diseases and injuries that can be prevented. Yet others lead risky health styles. Health Promotion is a key component of health service delivery directly mandated to address issues of enhancing people to take control of the determinants of health as well as generally prevent diseases. It is based on principles of individual and community participation in disease control and the promotion and maintenance of good health.

The Health Promotion Unit at the Ministry of Health has the general responsibility of coordinating the implementation of health promotion through health education, information, and communication programmes and putting in place mechanisms for inter-sectoral collaboration and community participation and empowerment. It is also charged with the responsibility of developing health promotion policies, national health promotion strategies, capacity building for implementation of health promotion, development of guidelines and standards for health promotion, research, monitoring and evaluation of health promotion in the country.

The development of these guidelines is a deliberate effort to build capacity for district health teams in the implementation of evidence based health promotion at the district and community level. The guidelines were developed as a reference tool for integrating health promotion activities in priority programmes. They are not meant to be a step by step guide, however, care has been taken to provide points of reference at each stage of planning and implementations taking into account the local situation.

A brief introduction is given to health promotion, key principles, priorities, strategies, methods and its use in health development. Detailed guidelines are given for planning, implementation, monitoring and evaluation of health promotion activities including action points for specific actions such as health education, community mobilisation, advocacy for health, working with the media and development of partnerships etc.

1.2 Why Health Promotion Guidelines?

In the recent years, investment in health promotion in Zambia has increased as a consequence of the general realisation and increasing need to integrate health promotion in priority programmes such as HIV/AIDS, TB, Malaria, Child health, reproductive health, mental health, non-communicable diseases like hypertension, diabetes, cancers, etc. The front line health workers are therefore called upon to manage health promotion programmes in a manner that can not only improve the success rate and outcomes of activities but also their sustainability.

The development of health promotion guidelines arises from the need to offer practical guidance for programme planning, development, implementation, monitoring and evaluation.

The guidelines will serve the following purposes:-

- *As a reference tool for training or orientation of health promotion practitioners in the country.*
- *Provides guidance on health promotion objectives and strategies that are targeted at organisational, social as well as behavioural change for better health.*
- *Provide practical information, which will guide decision making through the processes/phases of planning, implementation, sustainability, monitoring and evaluation of health promotion programmes/activities at the local level.*
- *Help to clarify roles of health promoters in programme implementation.*
- *Help to identify key skills, resources and processes in programme management.*
- *As a reference tool for field supervision.*

1.3 Who are these Guidelines meant for?

These guidelines are meant for health promotion officers, programme managers and partners implementing health promotion at the district level. The health promotion officer is the focal person under the District Health Office [DHO] who has been given responsibility to coordinate health promotion activities. Currently an officer in the district establishment is assigned to be Health Promotion focal person. This officer is entrusted with responsibility to plan, coordinate and implement health promotion activities in the district.

The health promotion focal point person should be a qualified officer who should attend DHO management meetings and be the anchor for health promotion activities. This officer should be a team player with capacity to plan, coordinate/collaborate, implement, monitor and evaluate health promotion activities having been oriented to the basics of health promotion. To be able to operate effectively, the officer needs the support and cooperation from other players within and outside DHO.

The officer should have a budget-line for health promotion activities and responsibility to coordinate health promotion activities in all the programme areas. Health promotion strengthens operations of all priority health programmes. It empowers individuals, families and communities to practice healthier life styles.

1.4 Main Duties of a Health Promotion Officer

General responsibilities

The Health promotion officer is charged with the overall management of health promotion programmes at district level: Planning, budgeting, coordination, Implementation, monitoring and evaluation and reporting of health promotion activities for all priority health programmes e.g. Malaria, HIV/AIDS, TB, Mother Newborn- Child health and Nutrition (MNCH), Reproductive health, Adolescent health, Mental health and Non-communicable diseases such as Cancer, Diabetes, Hypertension, Neglected Tropical Diseases, environmental health and epidemics etc.

Specific Functions

1. Facilitate community diagnosis.
2. Undertake resource mobilisation
3. Facilitate community mobilisation.
4. Coordinate health education activities.
5. Promote preventive services such as immunisation, family planning and screening for diseases.
6. Promote environmental health information and activities.
7. Coordinate health promotion activities in special settings such as schools, workplaces and hospitals.
8. Spearhead commemoration of Health Days and other health campaigns including exhibitions at shows and other events (appendix I).
9. Work with the media organizations including community radios operating in the district.
10. Coordinate Social mobilisation activities.
11. Coordinate Information, Education and Communication (IEC) activities in the district.
12. Spearhead the distribution of learning and information materials.
13. Strengthen and adapt community based initiatives such as drama, cultural events and community meetings.
14. Coordinate and strengthen community support groups such as TB treatment supporters, SMAGs, Adherence supporters, Growth monitoring promoters, Mother Breast feeding support groups.
15. Identify partners and foster inter-sectoral collaboration for health promotion activities.
16. Provide health promotion technical support to lower levels i.e. health centre and facilitate community participation and empowerment.
17. Provide quarterly reports (M&E section- report format)
18. Identify health problems and carry out/participate in research.
19. Conduct monitoring and evaluation of health promotion activities in the districts.
20. Hold quarterly meetings and generate reports on health promotion

I.5 Competences Required for Health Promotion Work

Health promotion work is broad and mainly includes prevention and promotive activities, behaviour change and community empowerment. Therefore, the competences required for health promotion work are diverse. Officers involved in health promotion work should have the required knowledge (minimum advanced certificate or diploma in health or social sciences), skills and attitudes to perform core functions. Some of the competencies and skills required are-

- i) Planning, implementing, managing collaboration and coordination
- ii) Health education
- iii) Communication
- iv) Social and community mobilization,
- v) Behaviour change communication
- vi) Social marketing
- vii) Advocacy and Lobbying
- viii) Networking
- ix) Monitoring and Evaluation
- x) Research
- xi) Writing

Points to Remember

- *Remember that not a single person can have all these competences*
- *Involve people from other sectors, e.g. teachers, police officers, community health workers, agricultural extension workers, the media, etc who have different skills to strengthen your programmes.*
- *In-service training is important in building competences. DHO should facilitate and support these that help to build capacity. Health promoters should be encouraged to attend refresher courses.*

CHAPTER 2

2.0 Health Promotion

2.1 What is Health Promotion

(i) What is Health?

The World Health Organization (1948) defines health as

“A state of complete *physical, mental, spiritual and social well-being and not merely the absence of disease.*”

(ii) Basic conditions for Health

The Ottawa Charter for health promotion (1986) identified eight (8) basic conditions for health. ***These include peace, shelter, education, food, income, stable ecosystem, sustainable resources, social justice and equity.***

The health promotion charters include the following:-

- Adelaide (1988), Australia
- Sundsvall (1991), Sweden
- Jakarta (1997), Indonesia
- Mexico City (2000), Mexico
- Bangkok (2005), Thailand
- Nairobi (2010), Kenya

(iii) What is Health promotion?

Health promotion is the process of enabling people to increase control over, and to improve their health. Other descriptions include health education, health communication and social mobilization. (WHO, 1986)

Health promotion is an effective, integrative and comprehensive approach to addressing the broader determinants of health. Specifically, “health promotion refers to planned actions, which aim to empower people to control their own health by gaining control over its determinants through effective public involvement and participation using different methods and approaches such as ***legislation and fiscal measures, organisational change, and community development.*** (WHO, 1994).

What are the functions of health Promotion?

“Health Promotion helps reduce excess mortality, addresses the leading risk factors and underlying determinants of health, helps strengthen sustainable health systems, and places health at the centre of the broad development agenda.” Health Promotion / WHA (A54.8, 01)

2.2 Strategies for Health Promotion

- **Advocacy** –for creation of conditions favourable to health;
- **Enabling** –creating supportive environments; and
- **Providing** information and skills needed to make healthy choices, and mediation-between different groups to ensure pursuit of health.

2.3 Five Action Areas for Health Promotion

The Ottawa Conference held in Canada in 1986 resulted in a charter for health promotion which proposed a strategy comprising five action areas listed below. In planning health promotion activities should focus on these areas:

- i) **Increasing individual knowledge:** Health Promotion supports personal and social development through providing information, education for health and enhancing life skills. By so doing, it increases the options available to people to exercise more control over their health and environment, and to make choices conducive to health.
 - ii) **Strengthening community action:** The empowerment and ownership by the communities and control of their own endeavours and destinies is crucial in health promotion. Community development is dependent on existing human and material resources existing at community level to enhance self-help and social support and to strengthen public participation in health matters.
 - iii) **Creating environments supportive of health:** Health promotion should generate living and working conditions that are safe, stimulating, satisfying and enjoyable (School health programmes, Workplace programmes, Health promoting hospitals, health promoting cities are some examples of these programmes).
 - iv) **Developing, implementing and enforcing health-related policies:** Health Promotion policy combines diverse but complimentary approaches including legislation, fiscal measures, taxation and organisational change. It contributes to ensuring safer and healthier goods and services, healthier public services, cleaner and more enjoyable environments.
- I. **Re-orienting health services:** Individuals, community groups, health professionals, service institutions and governments should work together towards a health care system that contributes to the pursuit of health and also that focuses on the total needs of the individual.

2.4 Methods Used in Health Promotion

- i) *Health education*
- ii) *Behaviour change communication*
- iii) *Social and community mobilisation*
- iv) *Social marketing*
- v) *Mass media communication*
- vi) *Lobbying*
- vii) *Mediation*
- viii) *Advocacy*

- ix) *Enabling*
- x) *Legal and fiscal measures*

Points to remember

- i) *No one approach is right for a health promotion programme or activity; you can use a combination of approaches in your work. e.g. If you are implementing behaviour change in anti smoking programmes, you can also advocate for policies for smoke free environments and tax measures to increase prices so that demand is reduced.*
- ii) *Remember to use approaches that involve and empower the communities other than focussing solely on disease prevention and behaviour change.*

2.5 Health Promotion Priorities in Zambia

To enable Zambians to take control of their health and improve health through the prevention of disease, the reduction of risk factors associated with specific diseases, the fostering of life styles and conditions conducive to health, and increasing use of available health services.

Specific programme objectives:-

- Prevention of priority communicable diseases such as HIV/AIDS, STIs, TB and Malaria.
- Prevention of priority non-communicable diseases such as mental illness, cardiovascular diseases, diabetes and cancer.
- Facilitating the engagement and empowerment of communities in health action.
- Fostering the development of health promotion programmes in specific settings such as schools, workplaces, cities and towns, hospitals, Churches.
- Advocating and development of public healthy policies.
- Reducing risk factors, such as conditions and behaviours that expose people to HIV/STI, tobacco use, other substance abuse and priority communicable diseases.
- Fostering life styles and conditions that are conducive to physical, social and emotional well-being, such as healthy dietary practices, active living and use of life skills.
- Increasing effective use of existing health services and stimulating demand for others.
- Prevention of Gender Based Violence (GBV) by spearheading the implementation of programmes in partnership with line ministries (Ministry of Home Affairs through Zambia Police Service, Ministry of Gender and Development, Community Development, Mother and Child Health)
- Promoting road safety through Highway Code and Road Smart Concept
- Advocating for actions to reduce the effects of climate change such as environmental degradation and pollution.

Point to Remember

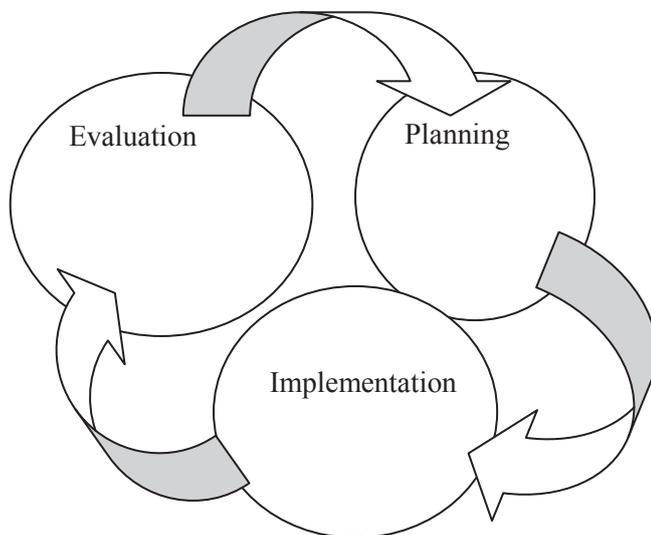
The national strategic plan will guide and determine health promotion priorities in Zambia.

CHAPTER 3

3.0 Guidelines for Planning and Implementing Health Promotion

This chapter provides guidance on planning, implementation, sustainability, monitoring and evaluation of health promotion activities. It provides steps for programme management, but local conditions may require that one modifies them. It is also important that reference is made to other information sources existing at the district level depending on the local situation.

Figure 1: Diagrammatic processes in programme management



Identification of problems and needs
Identification of solutions
Identification of goals
Resource mobilization
Planning for evaluation

3.1 Planning for Health Promotion.

Planning is a process that helps us to identify what we want to achieve and what we are going to do to achieve our goals. It therefore involves:-

- Situation analysis (Identifying gaps, needs and priorities)
- Programme design (programme aims and objectives, methods and strategies)
- Identifying resources (Identifying the human, material and financial resources)
- Developing plans for evaluation (with indicators set)
- Developing a detailed health promotion action plan

The Health Promotion focal person should take a leading role to ensure that health promotion actions are integrated in all the priority programmes and is adequately and competently planned for at community, Health Centre and District levels.

3.2 Situation Analysis

Situation analysis involves the following:-

- Identifying health issues in the community.
- Gathering relevant information from the community and other sources.
- Analysing information and identifying target groups.
- Identifying the stakeholders.
- Behaviour analysis

The table below shows the different types, sources and methods of information to be collected for a situation analysis.

Table 1: Types, sources, and methods of collection of information for a situation analysis

<p>Types of information to be collected: Socio economic, health, demographic e.g. sex, age, population, nutrition, income, education, etc.</p> <p>Sources of information include: Clinic, Local authorities, teachers, opinion leaders, registries, patient records, HIMS, surveys, reports, Census reports, ZDHS, Minutes etc.</p> <p>Methods for collection of information: Interviews, surveys, exit interviews, Focus Group Discussions, desk research, questionnaires, meetings etc.</p>
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3.3 Programme Design

Programme design involves establishing objectives and strategies for interventions to address identified problems.

Identification of problems and priorities

In the community, there are a number of health problems such as communicable diseases, non-communicable diseases, alcohol and substance abuse. When identifying problems, you need to bear in mind the following:

- Identify the problems which affect the community most
- Identify who is affected i.e. is it the youth, women, children, the disabled, the aged or is it a special group such as the poor?
- Examine how big the problem is
- What causes it and what can be changed about the cause of the problem?

Resources for health promotion are always limited. It is therefore important to prioritise the problems which affect the community most and for which you can make the most impact.

Setting programme objectives

Objectives are more specific and critical to planning. The objectives should be Specific, Measurable, Attainable, Realistic and Time bound (SMART). They should be consistent with the overall goal and aims of the District Health Office.

Objectives should focus on the following aspects:-

- Increasing awareness, knowledge, understanding and skills about health issues;
- Changing attitudes, feeling, beliefs, values, opinions and behaviour;
- Empowering communities through participation and capacity building;
- Creating healthier environments in schools, hospitals, workplaces and communities;
- Promoting health in settings such as schools, hospitals, workplaces, villages, cities and communities; and
- Orienting health care services in a manner more useful and user friendly to the community.

** Remember that a health promotion issue can have more than one objective.*

Table 2: Example of a health promotion objective

<p>Problem issue: Low levels of exclusive breastfeeding among mothers</p> <p>Objectives:</p> <p>1. Increasing awareness and knowledge levels among mothers on the benefits of exclusive breastfeeding from 70% to 80% by 2015.</p> <p>2. Increase the levels of exclusive breastfeeding by mothers from 35% to 50% by 2015.</p>

3.4 Identify Health Promotion Approaches and Strategies

Health promotion approaches and strategies should help to achieve the objectives set for the identified problem. It is important to bear in mind that there are different methods available to reach varying target groups and as such one should not rely on only one method/strategy to address a health problem in the community.

Consider the following when choosing approaches and strategies:-

- *Identify the best method*
- *Find cost-effective options*
- *Find the easier option*
- *Consider the acceptability by the community*
- *Appropriateness*

3.5 Approaches and Methods/Strategies for Addressing a Health Promotion Problem

The health promotion practitioner has many options to choose from when addressing an issue. The nature of the problem is the deciding factor for the approach and combination of interventions to be done.

If the nature of the problem is inadequate Knowledge, the approaches will lean heavily towards education and information provision. Various specific activities are available e.g. health education sessions, use of radio and television, posters, leaflets, drama, meetings etc,

If on the other hand the problem is that of social and structural arrangements the interventions will be those of advocacy. Here we have tools like lobbying, and meetings with policy and decision makers to change policies or the status quo. Below are some examples of approaches and methods to be used.

Health education: Aims at providing knowledge, change attitudes and lead to behaviour change

Strategies: Talks, Group discussions, , counselling, interpersonal communication dissemination and distribution of print materials,

Behaviour Change: Aims at changing attitudes and behaviour

Strategies: Mass media, IEC, campaigns, , social marketing, folk media

Community action: Aims at empowering the community in decision making and participation in health matters

Strategies: Demonstrations, community planning, meeting and field visits, engagement of community leaders and theatre for community action

3.6 Identifying and Mobilising Resources

This step involves taking stock of available, human, financial and material resources at your disposal for implementing and sustaining the programme. These resources may be available or there might be need to mobilize, lobby, or advocate for them. You also need a clear plan for generating and mobilising these resources as resources are always limited. It is important to ensure that the plans are realistic. Examples of resources include:

- **Human**
Experience and skills, health staff, clients, artists, drama groups, clerical staff, media staff etc.
- **Material**
Leaflets, posters, display/publicity materials, audiovisual equipment, teaching aids, existing facilities and services, sports centres, clinics offering health checks etc.
- **Financial**
Budget resources; ensure that health promotion activities are budgeted for across all the programmes.
- **Community**
Community support groups, drama groups, self help groups etc.
- **Time**
This is a resource all must account for and prepare for in order to achieve the objectives.
- **Policies**
There is need to become familiar with different policies in the health field as well as those that have an impact on health delivery

Note: Ensure that a specific budget line is available for health promotion activities in the district action plan. You can mobilise resources for activities by involving and collaborating with other partners and government departments.

3.7 Developing Plans for Monitoring and Evaluating Health Promotion Programmes

The process of developing a health promotion programme should involve a clear evaluation plan. It is important to monitor and evaluate our actions because we need to know if our actions were successful or not and to be able to measure the successes. When undertaking a programme, we need to know what has been achieved, and how it was achieved, whether it is a health education programme or an awareness campaign. What were the strengths and weaknesses and how can we improve on it. We evaluate to justify the resources used, improve on our practices and avoid duplication.

Checklist for evaluation planning

- *What is the purpose of the evaluation?*
- *What type of information do we need?*
- *What are the methods and tools we will use for evaluation?*
- *How often are we going to do the evaluation?*
- *Where will the resources for evaluation come from?*
- *What will be the format of the evaluation report?*
- *How will you communicate the results of the evaluation?*

What should we measure/evaluate?

- *Knowledge levels*
- *Attitudes*
- *Behaviour*
- *Health status*
- *Quality of life*
- *Costs*
- *Effectiveness (of methods used)*
- *Community participation and empowerment*

3.8 Developing a Consolidated Health Promotion Action Plan

The action plan presents details of who will do what, when and with what resources. It breaks down the objectives into manageable elements with a work schedule and specific deadlines. Specific dates can be indicated as milestones by which certain activities should be accomplished.

After this broad map the health promotion officer should work to aid implementation. Practically speaking this will not fit in the district action plan but may be an appendix for specific use by the implementers. Use of logical matrices is recommended here. Below is an example of a programme plan:

ISSUE: Lack of awareness, knowledge and skills on malaria prevention and control

Objective 1: Increase the use of ITNs for malaria prevention among children Under 5 from 50% to 60% by 2013.

Issue	Objective	Activities	When/ Person responsible	Messages
Lack of adequate knowledge on malaria prevention	-To increase knowledge on malaria prevention	Health education talks, drama, radio programs, television	Jan-Dec 2012 Malaria focal person Every quarter	-Malaria is preventable, through spraying, ITNS use, Larviciding etc

3.9 Ethics in Health Promotion

Health promotion aims at changing people's behaviours and empowering people to improve health through social action. A health promoter should be aware that a number of ethical issues arise in health promotion implementation and care should be taken to make a justified decision for the actions taken. Some basic questions that need to be considered based on the activity to be undertaken could be:-

- *Are the actions creating and respecting autonomy (informed consent) of the clients and allowing them to make free choices about their health?*
- *Are the actions respecting people and non-discriminatory?*
- *Will there be you be maximised individual good?*
- *Will there be increased social good?*
- *Will the actions be doing good and preventing harm?*
- *Will the actions be minimising harm in the long term?*
- *Will there be truth in the actions?*
- *Will there be use of the most efficient and effective actions?*
- *What risks are involved?*
- *Are there legal implications of the actions?*
- *Are the actions justified?*

Examples of ethical issues in health promotion

If a rumour spreads that there is HIV in a vaccine for children, Mothers may not be willing to have the children vaccinated. It is a justified fear and they have a right to refuse the vaccine. How does one react?

- Answer: respect the mother's fears. However, it is your responsibility to clarify that the rumour is not true by giving correct information and explaining to the mother the importance of having the child vaccinated.

How one does justifies the use of legal methods to make people stop smoking in public places?

- Answer: Smoking has been proven to be a major cause of cancer and other illnesses. By restricting people from smoking in public, helps reduce harm, prevent chronic illness and avoid smoke related death.

3.9.1 Support and coordinate health promotion activities for all priority programmes.

Health promotion cuts across all the programmes, hence one of the major roles for the health promoter is strengthening health promotion planning in all priority health programme areas. District action plans should include a mix of strategies such as health education, IEC, community participation, empowerment and

mobilisation. Existing activities should be strengthened by ensuring realistic activity design and costing.

3.9.2 Work within the broader DHO activities and plans of action.

Health promotion activities do not occur in a vacuum but rather are part of the broader DHO action plan. The planning cycle commences with the provision of technical updates from the central level for all areas. The District Health Promotion Focal person should grasp the Health Promotion Technical updates and adapt them for district implementation.

3.9.3 Involve the health centre

Involve the health centre staff and update them on new ceilings and call for their contribution as to what they will implement. The Health Promoter should be at hand to promote the cause for health promotion and guide in the planning for these activities. For example

Health centre X realises that under-five immunisation coverage is going down and they need community mobilisation to improve the situation. The Health Centre staff should be assisted in identifying targets, actions or interventions in the area of health promotion to be done [This is situation analysis]. The next stage is to systematically lay out objectives, activities, person responsible, design messages, outputs and inputs and realistic cost to aid implementation. For example, a series of meetings may be held with parents. This can be reinforced with door to door visits, community drama and the use of local radio broadcast.

Note that there may be more than one issue identified in a problem area and that more target audiences may be identified. Note also that the activity mix could be broader depending on resources and the magnitude of the issue.

This planning information from the Health Centre level will work as the building blocks at the district level to competently plan for Health Promotion. The district health promotion focal person is strongly urged to develop capacity of Health Centre staff in providing this data in a simple logical framework so that compilation and aggregating into the district action plan is made easier.

3.10 Capacity Building and Sustainability of Programmes

In order to ensure the sustainability of health promotion actions, there is need to take into consideration the following points:

- i) Identify what works, what does not work, challenges and document successes.

- ii) Find ways and means to sustain programmes with good outcomes e.g. funding, resource mobilization, community empowerment, and stakeholder involvement, capacity building through training, giving supplies or equipment.
- iii) Scale up best practices to other areas.

3.11 Developing Partnerships

Improving health is not a sole responsibility of the ministry of health. Most risk factors for health lie outside the health system, therefore there is need to have multi-sectoral collaboration to health promotion and involve various sectors such as finance, housing, education, safe water supply and sanitation, agriculture and nutrition.

Developing partnerships is key to the success of health promotion activities. It is also critical for resource mobilisation and it promotes ownership of the programme. Appropriate partners should be incorporated in the district health promotion coordinating committees. The list below is not exhaustive but provides a general guide.

List of Partners

Line ministries
Artists
Associations
Community Radio
Community Based Organizations
Community Health Workers
Community volunteers
Extension workers
Support groups
Faith Based Organizations
Law enforcement agencies
Political leaders
Private Companies
Neighbourhood Health committees
Non Governmental Organizations
Teachers
Traditional leaders
Traditional Healers
Service organization

3.12 Reporting on Health Promotion Programmes

Health promotion activities should be included in district reports for all the programmes utilising the reporting intervals for the districts. Ensure that success, challenges, lessons learnt and recommendations are reported.

CHAPTER 4

4.0 Health Promotion Interventions

This chapter addresses some health promotion interventions such as: health education; communication; community mobilization; advocacy; social marketing, mediation, mass media communication; school health and nutrition; health promotion in different settings; legal and fiscal measures,

4.1 Health Education

Health education is one of the most important components of health promotion. Lawrence Green (1999) defines it as “any combination of learning opportunities designed to facilitate **voluntary adaptation of behavior** which will improve or maintain health”. Health Education comprises consciously constructed opportunities for learning involving some form of communication designed to improve health literacy, including improving knowledge, and developing life skills which are conducive to individual and community health (WHO Glossary of terms).

The ultimate aim of health education is positive behavioral change. Every opportunity of interaction with people and communities should be used to provide health education. This can be on one to one basis, small group education or community education. Health education sessions should be conducted with consultation of experts in the specific fields of interest. Health education can be conducted at work places, health facilities, during outreach sessions, outreach meetings, door to door, during special events like traditional ceremonies, schools, colleges and other institutions.

Preparations for Health Education.

There is need to prepare for effective health education by:

- Identification of the problem/need;
- Identifying topic for discussion;
- Materials and expertise needed for that topic;
- Target audience;
- Venue-where it will be conducted;
- Duration of the session; and
- Job aids required (flip chart, Brochures, videos etc).

Golden rules for health education:-

- There must be a perceived need. Be sure that the clients understand the health problem to be prevented or the illness to be cured before beginning the session;
- Always assess what the clients know about a topic before beginning a session. Use their level of knowledge to begin the session;
- Adult learning should progress from the simpler concepts to more complex topics;
- Use materials which are easy to use and understand (posters, flip charts, videos, etc);
- Use participatory methods of learning (People learn best when they actively participate, involve them in learning);
- Provide opportunities for practicing new skills. It is essential that time be spent watching the client practice these skills;
- Positive behavior needs reinforcement. Use multiple approaches and channels to reinforce behavior change messages. For example door-to-door visitations, role plays and demonstrations; and
- Immediate feedback and correction of misconceptions increases learning.

4.2 Communication

Communication is an important approach used in health promotion. It is a process of informing and persuading communities to adopt positive behaviors. Communication should raise public awareness of issues in order to mobilize community participation. The following communication approaches can be utilized:-

- i) **Advocacy:** Aimed at lobbying influential decision-makers in society from the political, social, economic and cultural spheres to provide support for policy and resource allocation in areas of concern in health.
- ii) **Social Mobilization:** Is the process of bringing together all the partners and stakeholders to raise awareness and gain their support for achieving a health objective through raising the necessary material and human resources.
- iii) **Behavior Change Communication (BCC):** Behavior Change is a participatory process of working with individuals or communities to encourage and sustain practices or behaviors that lead to positive health outcomes. Communication, including mass media, mobile platforms, and interpersonal, should be used to support the process of health promotion through:
 - establishing new social norms around use of products, services, or practicing certain behaviors.
 - reinforcing or reminding people of messages delivered through other channels
 - disseminating information

- raising awareness
- creating demand for a specific product, service, or behavior
- advocating necessary changes to decision maker.

4.3 Steps for Communication Planning at District Level

4.3.1 Situation Assessment

This involves describing a particular situation as it exists now, and it is carried out before the strategy is developed and programme activities get underway. A Situation Assessment informs the strategy and programme activities and involves problem identification; ideal behaviors; key behavior and target audiences.

i) Identification of Health Problem

- Identification of the health problem is the first part of doing a Situation Assessment. A definition of a health problem must include the following specific elements:
- Affected health area: (e.g. Malaria, HIV/AIDS, Diarrhea, Child Health)

ii) Description of the problem: (e.g. incidence of malaria each year, HIV prevalence, diarrhea incidence, prevalence of under-nutrition among infants). Affected or stakeholder group could be mothers, children, sex workers, truck drivers, etc.

- Once there is a clear health problem statement, it is easy to proceed to plan research; choose audiences for the communication intervention; determine desired behavior changes, and identify programme objectives and activities.
- Communication is an effective tool in addressing identified health problems, e.g. if condom usage is low, resulting in HIV infections, communication can be used to sensitize people to understand the benefits of condom usage, and how to use them correctly and consistently.

iii) Identification of Ideal Behaviors

These are scientifically proven behaviors that are determined by scientific study to have a direct positive impact on a health problem, e.g. washing hands with soap and water after using a toilet reduces the incidence of diarrhoea.

iv) Identification of Key Behavior

Key behaviors are a subset of ideal behaviors. Usually, one cannot possibly address the entire set of ideal behaviors in a programme because of lack of resources or simply to avoid overwhelming the target audience. It follows, therefore, that the

Health Promotion Focal Point person has to examine the list of ideal behaviors and narrow that list down by determining which ones are the priorities.

- Sources of information are health facility records, interviews with clients, observe and record behavior, reports, meetings, surveys etc. These will indicate where there is increase in diseases, outbreaks, low/poor utilization of services and where communication interventions are needed or need to be strengthened.

v) Determine Target Audiences

Priority Groups (primary): These are people who should perform the positive behaviour and are the most affected by the problem. Whereas the **Influencing Group (secondary)** are people who will influence the priority group. These can support/prevent adoption of new behaviours (e.g. fathers, older women, traditional healers, community and religious leaders)

vi) Develop Messages

Ensure that the messages target the barriers and the facilitating factors, and not the ideal behaviors.

Characteristics of a good message:

The 7 “Cs” of good messages should...

1. Be **CLEAR**
2. **COMMAND** attention
3. **CATER** to heart and head (have a rational and an emotional appeal)
4. **COMMUNICATE** a benefit
5. **CREATE** trust
6. Be **CONSISTENT**
7. Have a **CALL** to action

vii) Determine channels of communication

- Various channels exist for communicating health messages for behavior change. In some cases a combination of channels should be employed.(e.g. use of radio and print media for the same message to the same audience)
- Choose the channel that is accessible and appropriate for the target audience.
- Always select the relevant channel that is cost effective that will produce the intended result at minimum cost.

Some commonly used channels include; *Television (National and community), national and Community radio, Print media, Drama, Debates, Peer education, Health talk, Community meetings, Church meetings, posters, workshops, songs, and traditional media such as story telling etc.*

viii) Develop communication objectives:

- Identify the strategies and activities to meet communication objectives;
- Ensure objectives are Specific, Measurable, Attainable, Realistic and Time bound (SMART).

ix) Determine the programme activities

In determining your activities, focus on the identified problem, target audience (are the activities appropriate for them?), and that they help to achieve the objectives.

x) Develop plan of action

4.4 Develop a Plan of Action Based on the Needs

The plan should include specific activities, a time line and needed resources.

Example of an activity sheet/Gantt chart for a plan of action

Activity	Inputs	Quantity	Cost	Timeline	Person resp.
Conduct drama performance	-human	-6	-	20/03/13	Health PFP
	-transport	-fuel	-K100,000		
	-allowances	-6	-K500,000		
	-venue	-1	-		
Total			K600,000		

4.5 Implementation

Once the Health Promotion Strategy is in place, implementation can get started. The following is a list of the various elements that will need to be carefully planned and managed during implementation:

i) Partnership planning:

Involving the district in the Health Promotion Committee is essential when implementing activities at district level. The following guides can help ensure the committee functions effectively.

- What partners are required for implementing the strategy?
- How can those partners be engaged?
- What support do they need now and in future?

ii) Development of communication materials:

Production and pre-testing of IEC Materials at the centralized and local level. For details, refer to available guidelines on how to develop communication materials.

iii) Media planning/purchasing

Securing air time and space for radio, television and newspaper facilities respectively need to be planned for and appropriate budget attached.

iv) Working effectively with mass media

This calls for understanding the way the media works (Deadlines, writing press releases, what matters to the media, editorial policy, resource and logistical challenges, etc); being available for the media and orienting them to your area of focus – health communication. There is need to identify the available media in the district in order to harness effective utilisation.

It is useful to listen to your local Radio and TV to know which programmes could be used for health issues in order to help negotiate for inclusion and decide what to pay for. You may also need to know the area covered, existing programmes, broadcasting hours and their formats, target audiences, viewership and listeners e.g. are they phone in, interviews or straight reports. Do they have a programme that regularly covers health issues?

i) Logistics organizing:

- Who will conduct activities?
- Where will they conduct them? (Community common areas, Schools, Churches or Clinics?)
- How will the implementers receive and keep track of the resources and materials to conduct the activity?
- When/on what schedule will they conduct the activities?

ii) Capacity building

- Concretize various audiences for capacity building
- Spell out training objectives for each audience
- Develop training materials/tool-kits
- Identify master trainers or lead facilitators
- Plan and conduct trainings for master trainers and participants

iii) Monitoring (both of media and of activities)

- Identify internal capacity for various kinds of monitoring required
- Identify/contract monitoring agency/agencies as required
- Create/approve guides or data collection instruments
- Formalize process for integrating monitoring data into programming

4.6 Spearhead Materials Distribution

Health Learning materials are regularly provided by central level and other partners. Sometimes these materials are not well distributed, or are delayed in reaching the intended targets. It is the duty of the Health Promotion Focal Person to ensure proper and timely distribution of IEC materials.

- i) **Provide information and Involve journalists where possible.** The journalists require information on various health issues in order to be effective in their roles. Constant updates on common diseases, health events such as world health days and other campaigns, conferences, meetings, workshops. will help to ensure constant and systematic coverage.

Health communication motivates people to adopt healthier lifestyles e.g. promotion of exercise, avoiding abuse of alcohol, anti smoking behaviour, healthy eating habits etc. It can also be a forum for dialogue on health issues and community development.

4.7 Health Promotion In Different Settings

Health promotion is mostly practiced in the community. There is need to involve the various stakeholders to implement programmes. Some of the activities that can be implemented in the community include community mobilization and community drama. There are important settings in the community where effective health promotion should be implemented such as the community at large, congregant settings- prisons, churches, refugee camps etc.

Some of the programmes that are implemented at the community level include:

4.7.1 School Health and Nutrition

It is widely known that education and health are interdependent. Good health supports successful learning and successful learning supports health. There is a link between the school and the nearest clinic and the surrounding community. There is need to provide continued surveillance of cases and diseases affecting pupils from time to time in order to manage the conditions which can affect the learning of the pupils. Teachers and parents should be brought on board to appreciate the school health programme. Some of the activities to be promoted during these sessions include: Prevention and protection of school going children from infections and other diseases through de-worming, vaccinations, giving ITNs, Vitamin A supplementation etc. Specific activities could be:

- 1) Surveillance and early detection of diseases affecting school going children;
- 2) Screening for diseases e.g. dental, eyes, skin infections, vaccination status, nutritional status etc;
- 3) Treatment of minor ailments;
- 4) Referral to the nearest clinic;
- 5) Provision of counselling services;
- 6) Ensure provision of clean water and sanitation;
- 7) Provision of hygiene education;
- 8) Provision of health education in general;
- 9) Promoting physical education;

- 10) Ensure provision of food safety and nutrition programmes;
- 11) Ensure prevention of discrimination, abuse and violence;
- 12) Prevention of tobacco use, alcohol and substance abuse;
- 13) Provision of skills for positive behaviour to avoid STIs, HIV and AIDS and unwanted pregnancies; and
- 14) Ensuring provision of clean physical environments.

There are many stakeholders in school health at the district and community level where the health centre is a major stakeholder whose role has to be supported, improved and sustained. The health promoter should identify the specific activities that can be implemented together with the school.

4.7.2 The Role of the District Health Office in School Health

- Participate in committees where the school health agenda is discussed e.g. the Ministry of Education-School Health and Nutrition (SHIN) programme, the WHO and Ministry of Health Promoting Schools Initiative (HPSI). If no committee exists, convene discussions with Ministry of Education and other partners.
- Develop consensus on the roles of the DHO and the Health Centres concerning School Health and Nutrition.
- Budget for school health services in your action plan and encourage health centres to budget for the same e.g. logistics for outreach to schools, supplies etc.
- Provide guidelines and support to the health centres in terms of materials for health education, screening, inspections of environment, de-worming, etc.
- Involve, support and guide schools during health campaigns.
- Support school based clubs such as: Anti-Aids clubs, anti smoking clubs.
- Provide necessary health learning materials to schools if available e.g. leaflets, booklets, posters etc. on common diseases, physical activity, substance abuse, good eating habits etc.
- Monitor the activities of the health centres conducted at the school level.
- Report on school health activities.

4.7.3 Health Campaigns and Commemorations

Health campaigns and Commemorations of health days each year are designed to build public awareness that specific epidemics, conditions and concerns remain of public health concern in much of the world, causing the deaths of several million people each year, mostly in developing countries including Zambia. The commemorations help in mobilizing the community and other stakeholders to get committed and take action on the health issues.

All institutions/organisations involved in health promotion should have a calendar of these events in order to facilitate planning and implementation while involving all the stakeholders. **(See appendix I).**

How to implement a campaign:-

- Ensure a preparatory committee exists which includes all key partners and stakeholders to oversee the event,
- Resource Mobilization: it is important to budget for commemorations in the district budget lines and request for support from partners and stakeholders for the success of the campaigns.
- Provide relevant information to explain the theme and the key messages of the event to partners and stakeholders including the media,
- Mobilise the community for support,
- Create public awareness: Involve the Media, e.g. radio, TV and newspapers for dissemination of key messages. The community radio is an asset to be utilised at the local level.
- Involve the target groups for the activities for the success of the events.
- Identify a suitable venue which will ensure community involvement.
- Identify officials who will participate to give visibility to the event and clarify their roles in advance.
- Observe the norms of community in the way the activities are conducted.
- Distribute relevant IEC materials to the target groups and the public such as posters, leaflets etc.
- Conduct pre-event activities to sensitize the community e.g. drama, shows, service provision such as screening services or training, etc.
- Monitor and evaluate the event.
- Document and report the events
-

4.7.4 Shows and Exhibitions

Shows and exhibitions present a perfect opportunity for disseminating, marketing health information and advocating for health issues. It provides an opportunity for communicating the benefits and creates demand for the various services available. Feedback is also obtained from the general public regarding the health services provided to the public.

How to prepare for the shows and exhibitions

- Keep a calendar of all events where exhibitions can be utilised e.g. Agricultural and Commercial Shows, conferences, meetings etc;
- Budget for logistical and material support for the exhibitions in your annual plan;
- Identify a team of 2 or 3 persons to be in charge of the exhibition;
- Involve technical staff in priority health programmes;
- Display the theme clearly at your work place and the exhibition stand;
- Be exhaustive in collecting materials e.g. posters, leaflets, videos, etc. and prepare quantities sufficient to distribute for the whole duration of the exhibition;
- Prepare and provide demonstrations e.g. family planning, nutrition, condom use. Ensure you draw attention of the public about the services available.
- Ensure you plan the display in terms of available space;
- Plan for necessary equipment e.g. T.V, Radio, needed for the display;

- Be sensitive to the language barriers;
- Document questions and issues raised by the public; and
- Report the event.

4.7.5 Community Mobilisation

Community mobilization means bringing community members and other stake holders together to strengthen community participation for sustainability and self-reliance. It generates dialogue; negotiations and consensus among a range of players that include decision makers, media, NGOs, opinion leaders, policy makers, private sector, community. Community mobilization is a capacity building process through which Individuals, groups or organisations identify needs, plan, carry out and evaluate activities on a participatory and sustained basis. This can facilitate improvement of health and other needs, either on their own initiative or stimulated by others.

Community mobilization involves:-

- Creating demand for interventions e.g. family planning, immunisation, cancer screening etc.
- Increasing access to services e.g. providing outreach sessions
- Scaling up interventions e.g. increase number of sites for services
- Increasing effectiveness and efficiency of interventions
- Contributing additional resources to the response through identification of local stakeholders to support
- Reaching the most vulnerable and hard to reach e.g. provide mobile services
- Addressing the underlying causes of HIV/AIDS e.g. couple counselling, promote self disclosure
- Increasing community ownership
- Promotes sustainability of projects/programmes e.g. IGAs and active participation of local people.

4.7.6 Community Based Drama

Drama groups are instrumental in carrying out health promotion activities. They need to be trained and supported to promote health programmes. There is need to provide financial and material support were possible to harness their potential. *The district should develop training programme for orientation of these groups in various health areas.*

4.7.7 Community Support Groups

The Ministry of Health and partners realized the need for community involvement in supporting various program areas. Different Community support groups have been trained and exist in support of various health interventions in their communities. These include TB treatment supporters, Growth promoter, Safe Motherhood Action groups (SMAGS), HIV/AIDS treatment supporters and home-based care givers, Mental health User's network, breast feeding support groups, Neighbourhood Health Committees (NHCs), TBAs, etc. These support groups undertake health promotion activities such as health education, community sensitisation, promoting adherence to treatment,

counselling, income generating activities, health literacy, and participate during health campaigns. Therefore, there is need to support them and collaborate with them to harness their potential.

The Health Promotion focal person should keep a catalogue of community support groups and partners in the district. Various partners are working with different groups that need coordination.

4.7.8 Health Promotion in Congregate Settings

Congregate settings include; prisons, churches and refugee camps. These settings serve as areas of easy transmission of communicable diseases such as Tuberculosis, HIV, Cholera and meningitis. There is need to design deliberate health promotion activities to help in the prevention of diseases. The health promotion focal person should collaborate with prison service officer, church leadership and coordinators of refugee camps to design health promotion interventions.

4.7.9 Health Promotion at Work Place

The work place is an important setting where people spend most of their time. Some occupations make people lead sedentary life styles that lead to non communicable diseases such as; hypertension and diabetes. There is need for the health promotion focal person to help design programmes that will promote health and prevent diseases at each work place in the district.

4.7.10 Health Promotion in Urban Areas

Health promotion in urban areas aims at addressing inequalities in the urban areas, advocating for urban health, promoting participatory governance through health literacy, considerations for determinants of health etc. Some of the issues for consideration include: air quality, climate change, housing and health, water and sanitation, mental health, transport and health, communicable and non communicable disease prevention, emergencies and disasters.

4.8 Health Promotion in Rural Areas

The larger population of Zambians live in rural set ups, these rural settings do not have easy access to modern health services. Therefore, there is need for the district health promotion focal person to design programmes that will assist the communities to improve their health status. These programmes can be implemented through community health volunteers such as malaria agents, TBAs, community health workers and others who are chosen by the community to represent them in health issues.

4.9 Health Promotion in Hospitals.

Hospitals settings are places where infection can easily be transmitted; where we can have opportunities to come in contact with a lot of people both the sick and health. In this set up, both communicable and non communicable diseases are found, hence the

need to come up with specific health promotion programmes which will cater for all types of conditions. This program will help create awareness about different health conditions in hospitals and how to prevent them.

CHAPTER 5

5.0 Monitoring and Evaluation of Health Promotion

Monitoring and Evaluation (M&E) is a continuous process that should occur throughout the life of a programme. Planning for M&E should be part of the design of any Health Promotion programme, right from the beginning. M&E is not a separate component of Health Promotion programmes but is an integral part. Experience shows that M&E is often ignored until the final stage of the project, but it is much more useful if it is incorporated from the beginning.

5.1 What is Monitoring?

Monitoring is a more regular process to see the direction of implementation while evaluation refers to analysis of outcomes of implementation after a stated period of time.

Monitoring should be a continuous and systematic process to determine if the actions taken are leading to the desired changes. The key question that health promoters should always ask is, 'How do we know if we are progressing towards our goals?'

5.2 Key Reasons for Monitoring Program Implementation

- i) Make immediate management (shorter term) decisions which will guide program implementation and thus assure good performance;
- ii) Hold partners and stakeholders accountable for implementing health promotion strategies
- iii) Gather input for evaluation

Methods that may be used to monitor programme implementation include;

- i) Periodic review of programme documents (such as work plans, monthly/quarterly reports, etc)
- ii) Periodic meetings, field visits at community level
- iii) Regular audits of materials at representative distribution points to find out quantities of materials issued, who gets the materials, the purpose to which the materials are put and the comments users make on the materials, if any
- iv) Routine review of radio and TV programmes being aired

5.3 Evaluating Health Promotion Programmes

Evaluation is a process of assessing what has been achieved and how it has been achieved. It means looking critically at the objectives of the activity or programme, working out what was good about it, what was bad about it and how it can be improved. It is important to evaluate our actions because we need to know if our actions were successful or not and to be able to measure the successes. Whether it is a health education programme or an awareness campaign we need to know what has been achieved, and how. What were the

strengths and weaknesses and how can we improve on it. We evaluate to justify the resources used, improve on our practices, avoid duplication, etc.

Before conducting evaluation we should be very clear about what we set out to achieve (goals and objectives). Examples;

- i) The objective was to increase the number of pregnant women sleeping under an insecticide treated net. The indicator would be: percentage of women who sleep under an ITN.
- ii) The objective was to increase the number of community groups participating in health issues. The indicator would be: number of community groups participating in health issues.

5.4 Process of Evaluation

- i) Clarify the purpose of evaluating
- ii) Develop appropriate tools
- iii) Collect, interpret and analyse data
- iv) Measure the short and long-term benefits/impact
- v) Communicate the results of the evaluation

Types of evaluation

Process evaluation:	Impact evaluation:	Outcome evaluation:
Involves looking at what went on during the implementation and making judgements about the cost, quality and appropriateness of the methods used	Assesses medium term effects of the program	Involves finding out whether the program objectives have been achieved
<p>-Inputs- What went in terms of money, time and materials? Were the best methods used? What about efficiency? Did you get value for money? E.g. was the use of video discussion the best? Was the mass media more appropriate for reaching your target group compared to door to door campaign?</p> <ul style="list-style-type: none"> • What went well, what can be changed?, 	<p>-studies short or medium term achievements and effects of the program</p> <p>-answers questions such as; is there change in knowledge, attitudes, practices and behaviour</p> <p>-was the change caused by the intervention?</p>	<p>-studies long term achievements such as changes in health awareness (e.g. did the youths become more aware about the dangers of smoking leading to a drop in initiation levels?)</p> <p>-Changes in knowledge and attitude</p> <ul style="list-style-type: none"> • Behaviour change • Policy change • Changes to the physical environment • Changes in health status

<p>how can we improve? Always look for positives and look for constructive ways of resolving problems.</p> <ul style="list-style-type: none"> • Feedback from other people e.g. clients, workmates through a suggestion box, complaints procedure, verbal communication 		<ul style="list-style-type: none"> • Community involvement and empowerment
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5.5 Methods used for Evaluating Health Promotion Activities

Assessing process:

Involves looking at what went on during the implementation and making judgements about the cost, quality and appropriateness of the methods used.

-Inputs- What went in terms of money, time and materials? Were the best methods used?, What about efficiency?, did you get value for money? E.g. was the use of video discussion the best? Was the mass media more appropriate for reaching your target group compared to door to door campaign?

- What went well, what can be changed? How can we improve? Always look for positives and look for constructive ways of resolving problems.
- Feedback from other people e.g. clients, workmates through a suggestion box, complaints procedure, verbal communication.

Assessing outcome:

Involves going back to find out whether you have achieved your objectives. Objectives are about the changes that you set out to achieve e.g. behaviour policies, community empowerment. To measure outcome different methods may be used such as:

- i. **Changes in health awareness**
 - by monitoring changes in demand for health
 - analysis of media coverage
 - questionnaires, interviews, discussions and observations
- ii. **changes in knowledge and attitudes**
 - Interviews
 - Discussions
 - Observation of how clients demonstrate their knowledge and skills

- Observing changes in what clients do
- iii. **Behaviour change**
 - Record behaviour e.g. numbers of women bringing children for vaccination
- iv. **Policy changes**
 - Inventory of policies
 - Implementation of policies
 - Health policies in settings such as schools
 - New legislation
 - Increase in health promotion services, products and facilities
- v. **Changes in health status**
 - keeping records of health indicators such as weight, blood pressure, cholesterol levels
 - health surveys to identify changes on health behaviour
 - analysis of trends in routine health statistics

Indicators are one of the most critical components of M&E and they help to monitor program implementation and gauge achievement of the programme's objectives.

- vi. **Identify your indicators**
 - Define the indicators well in advance in relation to the objectives, strategies and activities.
 - Identify both process and outcome indicators.

Examples of indicators are:

- **Knowledge:** (After the communication intervention the indicator will help you to assess to what extent you reached the target audience with messages and the levels of knowledge among the target audience. has increase in knowledge levels been attained?).
- **Attitudes:** (Assess the changes in attitudes towards health interventions, e.g. is family planning more acceptable? Is immunization accepted and the caretakers convinced to have their children immunized?).
- **Behavior Change:** (Assess the behavior change among the target audience e.g. is there improved adherence among clients on ART? Is there improved antenatal attendance etc?)
- **Process:** the number of communication committee meetings, materials distributed, radio programmes conducted, outreach visits, health talks conducted partners involved etc).

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APPENDICES

Appendix I- World Health Days and Health campaign dates

1.	World Leprosy Day	29 th January
2.	World TB Day	24 th March
3.	World Health Day	7 th April
4.	Africa Malaria Day	25 th April
5.	World Nurses Day	12 th May
6.	World No Tobacco Day	31 st May
7.	World Blood Donor Day	14 th June
8.	Child Health Week	June
9.	VCT Day	30 th June
10.	Breast Feeding Week	1 st – 7 th August
11.	National Epilepsy Day (Zambian Origin)	29 th August
12.	African Traditional Medicine Day	31 st August
13.	World Heart Day	25 th September
14.	World Mental Health Day	10 th October
15.	World Hospice and Palliative Care Day	Second Saturday of October
14.	SADC Malaria Day	11 th November
15.	World Diabetes Day	14 th November
16.	Child Health Week	November
17.	World AIDS Day	1 st December

Appendix 2- Guidelines for World Health days Commemorations

World Health Days Organizational Framework for Committees and their Responsibilities

Main Day Logistics Committee: (Chaired by the District Director of Health)

1. Coordination of all events.
2. Distribution of guidelines and relevant explanations on the theme or campaign.
3. Selection of venue for specific event or commemoration.
4. Budgeting for all activities of the events and the campaign.
5. Selecting sites for satellite activities.
6. Writing speeches for relevant guests.
7. Identifying Guest of Honour.
8. Preparation of tents (if necessary).
9. Organising tables, chairs (if necessary).
10. Organising Public Address System.
11. Identifying the Master of Ceremonies for the event.
12. Organising the Army Band/police for a walk (if necessary).
13. Assigning relevant protocol officers for the event.
14. Audition of the drama groups.
15. Preparing the main day programme.
16. Preparing and delivering invitations for all the guests.
17. Assist in distribution of T-shirts and other materials.
18. Mobilise relevant resources for all the activities.
19. Send report to MOH and all relevant partners

Publicity Committee: (Chaired by relevant Partner)

1. Preparing relevant slogans and messages around the theme.
2. Preparing posters, leaflets, banners, stickers, etc.
3. Preparing T-shirts, caps, etc.
4. Preparing a budget for publicity and a media plan.
5. Identifying media partners (e.g. Local community radio stations, ZNBC, Radio Phoenix, The Post, Zambia Daily Mail, Times of Zambia, Radio Yatsani, radio Christian voice, etc)
6. Organising press briefings (if necessary).
7. Collecting quotations for media activities.
8. Identifying panellists for radio and TV programmes from various partners.
9. Organising the TV launch for the day.
10. Endorsing placement of programmes on TV, radio and for the newspapers.
11. Registering for TV coverage of the event(s) (ZNBC, ZANIS).
12. Ensuring coverage of the event by all other media organizations (send invitations specifying date, venue, title of event, guest, time, etc).
13. Capture events on photographs, video, etc.
14. Prepare documentaries of the events.
15. Prepare summary report of the whole event.
16. Mobilise resources from partners and the media to supplement GRZ efforts.
17. Providing transport to relevant media organizations, e.g. ZNBC.

Satellite Committee: (Chaired by Community Partner)

1. Identify relevant activities for community action.
2. Identify relevant partners to undertake the activities.
3. Facilitate partners to develop budgets for the activities and guidelines on retirement procedures for the funds.
4. Fundraise for the activities from relevant organizations, depending on the theme.
5. Prepare reports of the activities.
6. Ensure that photographs and video recordings of events are conducted.
7. Organise attendance of relevant community leaders, MPs, etc, at the events.
8. Mobilise the communities for action on the activities.
9. Distribute relevant IEC e.g. posters, leaflets, etc.
10. Engage in public information delivery with video vans, loud speakers, etc.
11. Organise drama groups and audition the same.
12. Explain relevant themes to the community.
13. Identifying the Master of Ceremony for a local event.
14. Identifying a Guest of Honour for a local event.

GUIDELINES FOR HEALTH PROMOTION PROGRAMME IMPLEMENTATION AT DISTRICT LEVEL



DISCLAIMER

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FOREWORD

The enjoyment of good health is a fundamental human right. Health is important for individual, community and national development. The Ottawa Charter on health Promotion which was drawn up in 1986 emphasised that promoting health is more than just providing health services. Peace, housing, education, food, income, a sustainable environment, social justice and equity are all necessary for the achievement of health. It calls for people to act as advocates for health through addressing political, social, cultural, environmental, behavioural and biological factors that impact on health.

Zambia is among the countries in the world still facing a double burden of communicable diseases as well as a growing burden of non-communicable diseases. Many people in Zambia suffer from preventable diseases while others live with disability from diseases and injuries that can be prevented. Dr. Hiroshi Nakajima, (Director General, World Health organization, 1988) once stated that “We must recognise that most of the World’s major Health problems and premature deaths are preventable through changes in human behaviour and at low cost. We have the know-how and technology but these have to be transformed into effective actions at the community level”

These Health Promotion guidelines are intended as a reference tool for the district health teams to integrate health promotion actions in the implementation of priority health programmes such as HIV/AIDS, Malaria, Tuberculosis, Mental health, child health, and reproductive health, non-communicable diseases such as diabetes, cancers and hypertension. Through application of various methods and working through a multi-sectoral approach, the district health teams can apply the guidelines to contribute to the prevention of disease and promoting environments that make healthier choices the easier choice for the majority of Zambians.

The Government of the Republic of Zambia through the Ministry of Health has a vision to ensure that all Zambians attain the highest standard of health through “provision of quality health services as close to the family as possible” in a clean, caring and competent manner.

I am pleased to introduce this first edition of health promotion guidelines for District Health teams. It is my sincere hope that the districts will use this important tool to improve not only the practice of health promotion, but also the health of the Zambians.



Dr. Joseph Kasonde, MP
MINISTER OF HEALTH

ACKNOWLEDGEMENT

These guidelines arose from a need that was expressed by the District Health Promotion Officers during orientation workshops that were organised through the collaboration with WHO, UNICEF and the Health Communication Partnership (HCP) in 2007 and 2008. Through this partnership, the MOH decided to produce guidelines for planning and implementation of health promotion programmes at the district level.

The Ministry of Health therefore wishes to express special gratitude to the World Health Organization Country Office and UNICEF Zambia Office in the development and production of this document through provision of both financial and technical support. The World Health Organization and Zambia Integrated Systems Strengthening Project (ZISSP) also provided the necessary funding for the workshops to develop and revise the guidelines and the printing of the document.

The task of developing these guidelines could not have been accomplished without the technical input from many organisations and other units within the Ministry of Health which worked in collaboration with the Health promotion unit. These organisations include Chainama College of Health Sciences, The University of Zambia-Department of Community Medicine, Lusaka District Health Office, National AIDS Council, National Malaria Control Centre and Child Health Unit.

Every effort was made to make these guidelines incorporate international and regional health promotion principles and strategies as outlined in the Ottawa Charter on Health Promotion, the WHO Regional Strategy on Health Promotion and the WHO Guidelines for Development of Health Promotion.

At the same time, the editorial team ensured that the guidelines remain relevant to Zambia through reference to national documents such as the National Health Strategic Plan and various plans and strategy documents for priority health programmes.

The Ministry of Health is greatly indebted to all the people who contributed in one way or another to the realisation of this important reference tool.



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LIST OF ABBREVIATIONS

AFRO	Africa Regional Office (of WHO)
AIDS	Acquired Immuno-Deficiency Syndrome
CHW	Community Health Worker
DHMT	District Health Management Team
EPI	Expanded Programme on Immunization
GRZ	Government of the Republic of Zambia
HCP	Health Communication Partnership
HPSI	Health Promoting Schools Initiative
HFA	Health for All
HMIS	Health Management Information System
HIV	Human Immuno-deficiency Virus
IMCI	Integrated Management of Childhood Illnesses
IEC	Information Education and Communication
MCH	Maternal and Child Health
MDGs	Millennium Development Goals
MOE	Ministry of Education
MOH	Ministry of Health
NGO	Non-Governmental Organization
PHC	Primary Health Care
RBM	Roll Back Malaria
STD	Sexually Transmitted Diseases
TBA	Traditional Birth Attendant
TB	Tuberculosis
UCI	Universal Child Immunization
UTH	University Teaching Hospital
WHO	World Health Organization
ZDHS	Zambia Democratic Health Survey
ZK	Zambian Kwacha

HEALTH PROMOTION GLOSSARY

The definitions given in this section have been derived from the WHO Document “Health Promotion Glossary” WHO/HPR/98.1

Advocacy for Health: A combination of individual and social actions designed to gain political commitment, policy support, social acceptance and systems support for a particular health goal or programme.

Disease prevention: Disease prevention covers measures not only to prevent the occurrence of disease, such as a risk factor reduction, but also to arrest its progress and reduce its consequences once established. (WHO)

Community: A specific group of people, often living in a defined geographical area, who share a common culture, values and norms, are arranged in a social structure according to relationships which the community has developed. Over a period of time. Members of a community gain their personal and social identity by sharing common beliefs, values and norms which have been developed by the community in the past and may be modified in future. They exhibit some awareness of their identity as a group and share common needs and a commitment to meeting them.

Community action for health: Community action for health refers to collective efforts by communities which are directed towards increasing community control over determinants of health, and thereby improving health.

Determinants of health: The range of personal, social and economic and environmental factors which determine the health status of individuals or populations.

Empowerment for Health: in health promotion, empowerment is the process through which people gain greater control over decisions and actions affecting their health.

Enabling: In health promotion enabling means taking action in partnership with individuals or groups to empower them, through the mobilisation of human and material resources to promote and protect their health.

Health: The World Health Organisation (1946) defines health as “*A state of complete physical, psychological, social and spiritual well-being and not merely the absence of disease.*”

Health for all: The attainment by all the people of the world of a level of health that will permit them to lead a socially and economically productive life. (WHO)

Health Behaviour: An activity undertaken by an individual, regardless of actual or perceived health status, for the purpose of promoting, protecting or maintaining health, whether or not such behaviour is objectively effective towards that end.

Health Communication: Health communication is a key strategy to inform the public about health concerns and to maintain important health issues on the public agenda. The use of mass media and multi-media and other technological innovations to disseminate useful health information to the public, increase awareness of specific aspects of individual and collective health as well as importance of health in development.

Health Education: Health Education comprises consciously constructed opportunities for learning involving some form of communication designed to improve health literacy, including improving knowledge, and developing life skills which are conducive to individual and community health (WHO Glossary of terms)

Health Development: Health development is the process of continuous, progressive improvement of health status of individuals and groups in a population.

Health Literacy: Health Literacy represents the cognitive and social skills which determine the motivation and ability of individuals to gain access to, understand and use information in ways which promote and maintain good health.

Health policy: A formal statement or procedure within institutions (notably government) which defines priorities and parameters for action in response to health needs available resources and other political pressures.

Health Promotion: *Health promotion is the process of enabling people to increase control over, and to improve their health. Other descriptions include health education, health communication and social mobilization.*

Health Promoting Hospitals: A health promoting hospital does not only provide quality comprehensive medical and nursing services, but also develops a corporate identity that embraces the aims of health promotion, develops a health promoting organisational structure and culture, including active, participatory roles for patients and all members of staff, develops itself into a health promoting physical environment and actively cooperates within its community.

Health Promoting Schools: A health promoting school can be characterised as a school that is constantly strengthening its capacity as a setting for living, learning and working.

Health status: A description and / or measurement of the health of an individual or population at a particular point in time against identifiable standards, usually by reference to health indicators.

Healthy Cities: a healthy city is one that is continuously creating and improving those physical and social environments and expanding those community resources which enable people to mutually support each other in performing all the functions of life and in developing to their maximum potential.

Inter-sectoral Collaboration: It is a recognised relationship between part or parts of different sectors of society which has been formed to take action on an issue to achieve

health outcomes or intermediate health outcomes in a way which is more effective, efficient or sustainable than might be achieved by the health sector acting alone.

Life Skills: Life skills are abilities for adaptive and positive behaviour, that enable individuals to deal effectively with the demands and challenges of everyday life.

Lifestyles conducive to Health: Lifestyle is a way of living based on identifiable patterns of behaviour which are determined by the interplay between an individual's personal characteristics, social interactions, and socioeconomic and environmental conditions.

Living Conditions: Living conditions are the everyday environment of people, where they live, play and work. These living conditions are a product of social and economic circumstances and the physical environment – all of which can impact upon health – and are largely outside of the immediate control of the individual.

Mediation: in health promotion a processes through which the different interests (personal, social, economic) of individuals and communities and different sectors (public and private) are reconciled in ways that promote and protect health.

Public Health: The science and art of promoting health, preventing disease and prolonging life through organised efforts of society (Acheson report, London, 1988).

Primary Health care: Primary health care is essential health care made accessible at a cost a country and community can afford, with methods that are practical, scientifically sound and socially acceptable. (Alma Ata declaration, WHO, Geneva, 1978).

Risk behaviour: Specific forms of behaviour which are proven to be associated with increased susceptibility to a specific disease or ill-health.

Risk factor: social, economic or biological status, behaviours or environments which are associated with or cause increased susceptibility to a specific disease, ill-health or injury.

Settings for Health: The Place or social context in which people engage in daily activities in which environmental, organisational and personal factors interact to affect health and wellbeing.

Examples of settings include schools, workplaces, hospitals, villages and cities.

CHAPTER I

Introduction to the Guidelines

1.1 Introduction

Many people in Zambia suffer from preventable diseases while others live with disability from diseases and injuries that can be prevented. Yet others lead risky health styles. Health Promotion is a key component of health service delivery directly mandated to address issues of enhancing people to take control of the determinants of health as well as generally prevent diseases. It is based on principles of individual and community participation in disease control and the promotion and maintenance of good health.

The Health Promotion Unit at the Ministry of Health has the general responsibility of coordinating the implementation of health promotion through health education, information, and communication programmes and putting in place mechanisms for inter-sectoral collaboration and community participation and empowerment. It is also charged with the responsibility of developing health promotion policies, national health promotion strategies, capacity building for implementation of health promotion, development of guidelines and standards for health promotion, research, monitoring and evaluation of health promotion in the country.

The development of these guidelines is a deliberate effort to build capacity for district health teams in the implementation of evidence based health promotion at the district and community level. The guidelines were developed as a reference tool for integrating health promotion activities in priority programmes. They are not meant to be a step by step guide, however, care has been taken to provide points of reference at each stage of planning and implementations taking into account the local situation.

A brief introduction is given to health promotion, key principles, priorities, strategies, methods and its use in health development. Detailed guidelines are given for planning, implementation, monitoring and evaluation of health promotion activities including action points for specific actions such as health education, community mobilisation, advocacy for health, working with the media and development of partnerships etc.

1.2 Why Health Promotion Guidelines?

In the recent years, investment in health promotion in Zambia has increased as a consequence of the general realisation and increasing need to integrate health promotion in priority programmes such as HIV/AIDS, TB, Malaria, Child health, reproductive health, mental health, non-communicable diseases like hypertension, diabetes, cancers, etc. The front line health workers are therefore called upon to manage health promotion programmes in a manner that can not only improve the success rate and outcomes of activities but also their sustainability.

The development of health promotion guidelines arises from the need to offer practical guidance for programme planning, development, implementation, monitoring and evaluation.

The guidelines will serve the following purposes:-

- *As a reference tool for training or orientation of health promotion practitioners in the country.*
- *Provides guidance on health promotion objectives and strategies that are targeted at organisational, social as well as behavioural change for better health.*
- *Provide practical information, which will guide decision making through the processes/phases of planning, implementation, sustainability, monitoring and evaluation of health promotion programmes/activities at the local level.*
- *Help to clarify roles of health promoters in programme implementation.*
- *Help to identify key skills, resources and processes in programme management.*
- *As a reference tool for field supervision.*

1.3 Who are these Guidelines meant for?

These guidelines are meant for health promotion officers, programme managers and partners implementing health promotion at the district level. The health promotion officer is the focal person under the District Health Office [DHO] who has been given responsibility to coordinate health promotion activities. Currently an officer in the district establishment is assigned to be Health Promotion focal person. This officer is entrusted with responsibility to plan, coordinate and implement health promotion activities in the district.

The health promotion focal point person should be a qualified officer who should attend DHO management meetings and be the anchor for health promotion activities. This officer should be a team player with capacity to plan, coordinate/collaborate, implement, monitor and evaluate health promotion activities having been oriented to the basics of health promotion. To be able to operate effectively, the officer needs the support and cooperation from other players within and outside DHO.

The officer should have a budget-line for health promotion activities and responsibility to coordinate health promotion activities in all the programme areas. Health promotion strengthens operations of all priority health programmes. It empowers individuals, families and communities to practice healthier life styles.

1.4 Main Duties of a Health Promotion Officer

General responsibilities

The Health promotion officer is charged with the overall management of health promotion programmes at district level: Planning, budgeting, coordination, Implementation, monitoring and evaluation and reporting of health promotion activities for all priority health programmes e.g. Malaria, HIV/AIDS, TB, Mother Newborn- Child health and Nutrition (MNCH), Reproductive health, Adolescent health, Mental health and Non-communicable diseases such as Cancer, Diabetes, Hypertension, Neglected Tropical Diseases, environmental health and epidemics etc.

Specific Functions

1. Facilitate community diagnosis.
2. Undertake resource mobilisation
3. Facilitate community mobilisation.
4. Coordinate health education activities.
5. Promote preventive services such as immunisation, family planning and screening for diseases.
6. Promote environmental health information and activities.
7. Coordinate health promotion activities in special settings such as schools, workplaces and hospitals.
8. Spearhead commemoration of Health Days and other health campaigns including exhibitions at shows and other events (appendix I).
9. Work with the media organizations including community radios operating in the district.
10. Coordinate Social mobilisation activities.
11. Coordinate Information, Education and Communication (IEC) activities in the district.
12. Spearhead the distribution of learning and information materials.
13. Strengthen and adapt community based initiatives such as drama, cultural events and community meetings.
14. Coordinate and strengthen community support groups such as TB treatment supporters, SMAGs, Adherence supporters, Growth monitoring promoters, Mother Breast feeding support groups.
15. Identify partners and foster inter-sectoral collaboration for health promotion activities.
16. Provide health promotion technical support to lower levels i.e. health centre and facilitate community participation and empowerment.
17. Provide quarterly reports (M&E section- report format)
18. Identify health problems and carry out/participate in research.
19. Conduct monitoring and evaluation of health promotion activities in the districts.
20. Hold quarterly meetings and generate reports on health promotion

I.5 Competences Required for Health Promotion Work

Health promotion work is broad and mainly includes prevention and promotive activities, behaviour change and community empowerment. Therefore, the competences required for health promotion work are diverse. Officers involved in health promotion work should have the required knowledge (minimum advanced certificate or diploma in health or social sciences), skills and attitudes to perform core functions. Some of the competencies and skills required are-

- i) Planning, implementing, managing collaboration and coordination
- ii) Health education
- iii) Communication
- iv) Social and community mobilization,
- v) Behaviour change communication
- vi) Social marketing
- vii) Advocacy and Lobbying
- viii) Networking
- ix) Monitoring and Evaluation
- x) Research
- xi) Writing

Points to Remember

- *Remember that not a single person can have all these competences*
- *Involve people from other sectors, e.g. teachers, police officers, community health workers, agricultural extension workers, the media, etc who have different skills to strengthen your programmes.*
- *In-service training is important in building competences. DHO should facilitate and support these that help to build capacity. Health promoters should be encouraged to attend refresher courses.*

CHAPTER 2

2.0 Health Promotion

2.1 What is Health Promotion

(i) What is Health?

The World Health Organization (1948) defines health as

“A state of complete *physical, mental, spiritual and social well-being and not merely the absence of disease.*”

(ii) Basic conditions for Health

The Ottawa Charter for health promotion (1986) identified eight (8) basic conditions for health. ***These include peace, shelter, education, food, income, stable ecosystem, sustainable resources, social justice and equity.***

The health promotion charters include the following:-

- Adelaide (1988), Australia
- Sundsvall (1991), Sweden
- Jakarta (1997), Indonesia
- Mexico City (2000), Mexico
- Bangkok (2005), Thailand
- Nairobi (2010), Kenya

(iii) What is Health promotion?

Health promotion is the process of enabling people to increase control over, and to improve their health. Other descriptions include health education, health communication and social mobilization. (WHO, 1986)

Health promotion is an effective, integrative and comprehensive approach to addressing the broader determinants of health. Specifically, “health promotion refers to planned actions, which aim to empower people to control their own health by gaining control over its determinants through effective public involvement and participation using different methods and approaches such as ***legislation and fiscal measures, organisational change, and community development.*** (WHO, 1994).

What are the functions of health Promotion?

“Health Promotion helps reduce excess mortality, addresses the leading risk factors and underlying determinants of health, helps strengthen sustainable health systems, and places health at the centre of the broad development agenda.” Health Promotion / WHA (A54.8, 01)

2.2 Strategies for Health Promotion

- **Advocacy** –for creation of conditions favourable to health;
- **Enabling** –creating supportive environments; and
- **Providing** information and skills needed to make healthy choices, and mediation-between different groups to ensure pursuit of health.

2.3 Five Action Areas for Health Promotion

The Ottawa Conference held in Canada in 1986 resulted in a charter for health promotion which proposed a strategy comprising five action areas listed below. In planning health promotion activities should focus on these areas:

- i) **Increasing individual knowledge:** Health Promotion supports personal and social development through providing information, education for health and enhancing life skills. By so doing, it increases the options available to people to exercise more control over their health and environment, and to make choices conducive to health.
 - ii) **Strengthening community action:** The empowerment and ownership by the communities and control of their own endeavours and destinies is crucial in health promotion. Community development is dependent on existing human and material resources existing at community level to enhance self-help and social support and to strengthen public participation in health matters.
 - iii) **Creating environments supportive of health:** Health promotion should generate living and working conditions that are safe, stimulating, satisfying and enjoyable (School health programmes, Workplace programmes, Health promoting hospitals, health promoting cities are some examples of these programmes).
 - iv) **Developing, implementing and enforcing health-related policies:** Health Promotion policy combines diverse but complimentary approaches including legislation, fiscal measures, taxation and organisational change. It contributes to ensuring safer and healthier goods and services, healthier public services, cleaner and more enjoyable environments.
- I. **Re-orienting health services:** Individuals, community groups, health professionals, service institutions and governments should work together towards a health care system that contributes to the pursuit of health and also that focuses on the total needs of the individual.

2.4 Methods Used in Health Promotion

- i) *Health education*
- ii) *Behaviour change communication*
- iii) *Social and community mobilisation*
- iv) *Social marketing*
- v) *Mass media communication*
- vi) *Lobbying*
- vii) *Mediation*
- viii) *Advocacy*

- ix) *Enabling*
- x) *Legal and fiscal measures*

Points to remember

- i) *No one approach is right for a health promotion programme or activity; you can use a combination of approaches in your work. e.g. If you are implementing behaviour change in anti smoking programmes, you can also advocate for policies for smoke free environments and tax measures to increase prices so that demand is reduced.*
- ii) *Remember to use approaches that involve and empower the communities other than focussing solely on disease prevention and behaviour change.*

2.5 Health Promotion Priorities in Zambia

To enable Zambians to take control of their health and improve health through the prevention of disease, the reduction of risk factors associated with specific diseases, the fostering of life styles and conditions conducive to health, and increasing use of available health services.

Specific programme objectives:-

- Prevention of priority communicable diseases such as HIV/AIDS, STIs, TB and Malaria.
- Prevention of priority non-communicable diseases such as mental illness, cardiovascular diseases, diabetes and cancer.
- Facilitating the engagement and empowerment of communities in health action.
- Fostering the development of health promotion programmes in specific settings such as schools, workplaces, cities and towns, hospitals, Churches.
- Advocating and development of public healthy policies.
- Reducing risk factors, such as conditions and behaviours that expose people to HIV/STI, tobacco use, other substance abuse and priority communicable diseases.
- Fostering life styles and conditions that are conducive to physical, social and emotional well-being, such as healthy dietary practices, active living and use of life skills.
- Increasing effective use of existing health services and stimulating demand for others.
- Prevention of Gender Based Violence (GBV) by spearheading the implementation of programmes in partnership with line ministries (Ministry of Home Affairs through Zambia Police Service, Ministry of Gender and Development, Community Development, Mother and Child Health)
- Promoting road safety through Highway Code and Road Smart Concept
- Advocating for actions to reduce the effects of climate change such as environmental degradation and pollution.

Point to Remember

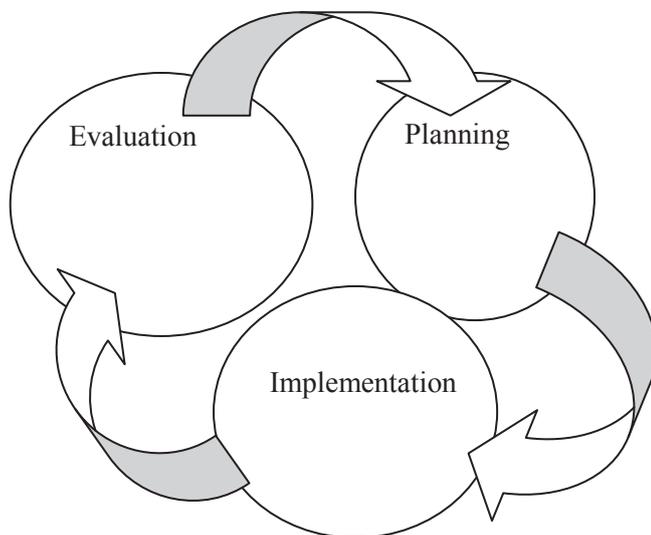
The national strategic plan will guide and determine health promotion priorities in Zambia.

CHAPTER 3

3.0 Guidelines for Planning and Implementing Health Promotion

This chapter provides guidance on planning, implementation, sustainability, monitoring and evaluation of health promotion activities. It provides steps for programme management, but local conditions may require that one modifies them. It is also important that reference is made to other information sources existing at the district level depending on the local situation.

Figure 1: Diagrammatic processes in programme management



Identification of problems and needs
Identification of solutions
Identification of goals
Resource mobilization
Planning for evaluation

3.1 Planning for Health Promotion.

Planning is a process that helps us to identify what we want to achieve and what we are going to do to achieve our goals. It therefore involves:-

- Situation analysis (Identifying gaps, needs and priorities)
- Programme design (programme aims and objectives, methods and strategies)
- Identifying resources (Identifying the human, material and financial resources)
- Developing plans for evaluation (with indicators set)
- Developing a detailed health promotion action plan

The Health Promotion focal person should take a leading role to ensure that health promotion actions are integrated in all the priority programmes and is adequately and competently planned for at community, Health Centre and District levels.

3.2 Situation Analysis

Situation analysis involves the following:-

- Identifying health issues in the community.
- Gathering relevant information from the community and other sources.
- Analysing information and identifying target groups.
- Identifying the stakeholders.
- Behaviour analysis

The table below shows the different types, sources and methods of information to be collected for a situation analysis.

Table 1: Types, sources, and methods of collection of information for a situation analysis

<p>Types of information to be collected: Socio economic, health, demographic e.g. sex, age, population, nutrition, income, education, etc.</p> <p>Sources of information include: Clinic, Local authorities, teachers, opinion leaders, registries, patient records, HIMS, surveys, reports, Census reports, ZDHS, Minutes etc.</p> <p>Methods for collection of information: Interviews, surveys, exit interviews, Focus Group Discussions, desk research, questionnaires, meetings etc.</p>
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3.3 Programme Design

Programme design involves establishing objectives and strategies for interventions to address identified problems.

Identification of problems and priorities

In the community, there are a number of health problems such as communicable diseases, non-communicable diseases, alcohol and substance abuse. When identifying problems, you need to bear in mind the following:

- Identify the problems which affect the community most
- Identify who is affected i.e. is it the youth, women, children, the disabled, the aged or is it a special group such as the poor?
- Examine how big the problem is
- What causes it and what can be changed about the cause of the problem?

Resources for health promotion are always limited. It is therefore important to prioritise the problems which affect the community most and for which you can make the most impact.

Setting programme objectives

Objectives are more specific and critical to planning. The objectives should be Specific, Measurable, Attainable, Realistic and Time bound (SMART). They should be consistent with the overall goal and aims of the District Health Office.

Objectives should focus on the following aspects:-

- Increasing awareness, knowledge, understanding and skills about health issues;
- Changing attitudes, feeling, beliefs, values, opinions and behaviour;
- Empowering communities through participation and capacity building;
- Creating healthier environments in schools, hospitals, workplaces and communities;
- Promoting health in settings such as schools, hospitals, workplaces, villages, cities and communities; and
- Orienting health care services in a manner more useful and user friendly to the community.

** Remember that a health promotion issue can have more than one objective.*

Table 2: Example of a health promotion objective

<p>Problem issue: Low levels of exclusive breastfeeding among mothers</p> <p>Objectives:</p> <p>1. Increasing awareness and knowledge levels among mothers on the benefits of exclusive breastfeeding from 70% to 80% by 2015.</p> <p>2. Increase the levels of exclusive breastfeeding by mothers from 35% to 50% by 2015.</p>

3.4 Identify Health Promotion Approaches and Strategies

Health promotion approaches and strategies should help to achieve the objectives set for the identified problem. It is important to bear in mind that there are different methods available to reach varying target groups and as such one should not rely on only one method/strategy to address a health problem in the community.

Consider the following when choosing approaches and strategies:-

- *Identify the best method*
- *Find cost-effective options*
- *Find the easier option*
- *Consider the acceptability by the community*
- *Appropriateness*

3.5 Approaches and Methods/Strategies for Addressing a Health Promotion Problem

The health promotion practitioner has many options to choose from when addressing an issue. The nature of the problem is the deciding factor for the approach and combination of interventions to be done.

If the nature of the problem is inadequate Knowledge, the approaches will lean heavily towards education and information provision. Various specific activities are available e.g. health education sessions, use of radio and television, posters, leaflets, drama, meetings etc,

If on the other hand the problem is that of social and structural arrangements the interventions will be those of advocacy. Here we have tools like lobbying, and meetings with policy and decision makers to change policies or the status quo. Below are some examples of approaches and methods to be used.

Health education: Aims at providing knowledge, change attitudes and lead to behaviour change

Strategies: Talks, Group discussions, , counselling, interpersonal communication dissemination and distribution of print materials,

Behaviour Change: Aims at changing attitudes and behaviour

Strategies: Mass media, IEC, campaigns, , social marketing, folk media

Community action: Aims at empowering the community in decision making and participation in health matters

Strategies: Demonstrations, community planning, meeting and field visits, engagement of community leaders and theatre for community action

3.6 Identifying and Mobilising Resources

This step involves taking stock of available, human, financial and material resources at your disposal for implementing and sustaining the programme. These resources may be available or there might be need to mobilize, lobby, or advocate for them. You also need a clear plan for generating and mobilising these resources as resources are always limited. It is important to ensure that the plans are realistic. Examples of resources include:

- **Human**
Experience and skills, health staff, clients, artists, drama groups, clerical staff, media staff etc.
- **Material**
Leaflets, posters, display/publicity materials, audiovisual equipment, teaching aids, existing facilities and services, sports centres, clinics offering health checks etc.
- **Financial**
Budget resources; ensure that health promotion activities are budgeted for across all the programmes.
- **Community**
Community support groups, drama groups, self help groups etc.
- **Time**
This is a resource all must account for and prepare for in order to achieve the objectives.
- **Policies**
There is need to become familiar with different policies in the health field as well as those that have an impact on health delivery

Note: Ensure that a specific budget line is available for health promotion activities in the district action plan. You can mobilise resources for activities by involving and collaborating with other partners and government departments.

3.7 Developing Plans for Monitoring and Evaluating Health Promotion Programmes

The process of developing a health promotion programme should involve a clear evaluation plan. It is important to monitor and evaluate our actions because we need to know if our actions were successful or not and to be able to measure the successes. When undertaking a programme, we need to know what has been achieved, and how it was achieved, whether it is a health education programme or an awareness campaign. What were the strengths and weaknesses and how can we improve on it. We evaluate to justify the resources used, improve on our practices and avoid duplication.

Checklist for evaluation planning

- *What is the purpose of the evaluation?*
- *What type of information do we need?*
- *What are the methods and tools we will use for evaluation?*
- *How often are we going to do the evaluation?*
- *Where will the resources for evaluation come from?*
- *What will be the format of the evaluation report?*
- *How will you communicate the results of the evaluation?*

What should we measure/evaluate?

- *Knowledge levels*
- *Attitudes*
- *Behaviour*
- *Health status*
- *Quality of life*
- *Costs*
- *Effectiveness (of methods used)*
- *Community participation and empowerment*

3.8 Developing a Consolidated Health Promotion Action Plan

The action plan presents details of who will do what, when and with what resources. It breaks down the objectives into manageable elements with a work schedule and specific deadlines. Specific dates can be indicated as milestones by which certain activities should be accomplished.

After this broad map the health promotion officer should work to aid implementation. Practically speaking this will not fit in the district action plan but may be an appendix for specific use by the implementers. Use of logical matrices is recommended here. Below is an example of a programme plan:

ISSUE: Lack of awareness, knowledge and skills on malaria prevention and control

Objective I: Increase the use of ITNs for malaria prevention among children Under 5 from 50% to 60% by 2013.

Issue	Objective	Activities	When/ Person responsible	Messages
Lack of adequate knowledge on malaria prevention	-To increase knowledge on malaria prevention	Health education talks, drama, radio programs, television	Jan-Dec 2012 Malaria focal person Every quarter	-Malaria is preventable, through spraying, ITNS use, Larviciding etc

3.9 Ethics in Health Promotion

Health promotion aims at changing people's behaviours and empowering people to improve health through social action. A health promoter should be aware that a number of ethical issues arise in health promotion implementation and care should be taken to make a justified decision for the actions taken. Some basic questions that need to be considered based on the activity to be undertaken could be:-

- *Are the actions creating and respecting autonomy (informed consent) of the clients and allowing them to make free choices about their health?*
- *Are the actions respecting people and non-discriminatory?*
- *Will there be you be maximised individual good?*
- *Will there be increased social good?*
- *Will the actions be doing good and preventing harm?*
- *Will the actions be minimising harm in the long term?*
- *Will there be truth in the actions?*
- *Will there be use of the most efficient and effective actions?*
- *What risks are involved?*
- *Are there legal implications of the actions?*
- *Are the actions justified?*

Examples of ethical issues in health promotion

If a rumour spreads that there is HIV in a vaccine for children, Mothers may not be willing to have the children vaccinated. It is a justified fear and they have a right to refuse the vaccine. How does one react?

- Answer: respect the mother's fears. However, it is your responsibility to clarify that the rumour is not true by giving correct information and explaining to the mother the importance of having the child vaccinated.

How one does justifies the use of legal methods to make people stop smoking in public places?

- Answer: Smoking has been proven to be a major cause of cancer and other illnesses. By restricting people from smoking in public, helps reduce harm, prevent chronic illness and avoid smoke related death.

3.9.1 Support and coordinate health promotion activities for all priority programmes.

Health promotion cuts across all the programmes, hence one of the major roles for the health promoter is strengthening health promotion planning in all priority health programme areas. District action plans should include a mix of strategies such as health education, IEC, community participation, empowerment and

mobilisation. Existing activities should be strengthened by ensuring realistic activity design and costing.

3.9.2 Work within the broader DHO activities and plans of action.

Health promotion activities do not occur in a vacuum but rather are part of the broader DHO action plan. The planning cycle commences with the provision of technical updates from the central level for all areas. The District Health Promotion Focal person should grasp the Health Promotion Technical updates and adapt them for district implementation.

3.9.3 Involve the health centre

Involve the health centre staff and update them on new ceilings and call for their contribution as to what they will implement. The Health Promoter should be at hand to promote the cause for health promotion and guide in the planning for these activities. For example

Health centre X realises that under-five immunisation coverage is going down and they need community mobilisation to improve the situation. The Health Centre staff should be assisted in identifying targets, actions or interventions in the area of health promotion to be done [This is situation analysis]. The next stage is to systematically lay out objectives, activities, person responsible, design messages, outputs and inputs and realistic cost to aid implementation. For example, a series of meetings may be held with parents. This can be reinforced with door to door visits, community drama and the use of local radio broadcast.

Note that there may be more than one issue identified in a problem area and that more target audiences may be identified. Note also that the activity mix could be broader depending on resources and the magnitude of the issue.

This planning information from the Health Centre level will work as the building blocks at the district level to competently plan for Health Promotion. The district health promotion focal person is strongly urged to develop capacity of Health Centre staff in providing this data in a simple logical framework so that compilation and aggregating into the district action plan is made easier.

3.10 Capacity Building and Sustainability of Programmes

In order to ensure the sustainability of health promotion actions, there is need to take into consideration the following points:

- i) Identify what works, what does not work, challenges and document successes.

- ii) Find ways and means to sustain programmes with good outcomes e.g. funding, resource mobilization, community empowerment, and stakeholder involvement, capacity building through training, giving supplies or equipment.
- iii) Scale up best practices to other areas.

3.11 Developing Partnerships

Improving health is not a sole responsibility of the ministry of health. Most risk factors for health lie outside the health system, therefore there is need to have multi-sectoral collaboration to health promotion and involve various sectors such as finance, housing, education, safe water supply and sanitation, agriculture and nutrition.

Developing partnerships is key to the success of health promotion activities. It is also critical for resource mobilisation and it promotes ownership of the programme. Appropriate partners should be incorporated in the district health promotion coordinating committees. The list below is not exhaustive but provides a general guide.

List of Partners

Line ministries
Artists
Associations
Community Radio
Community Based Organizations
Community Health Workers
Community volunteers
Extension workers
Support groups
Faith Based Organizations
Law enforcement agencies
Political leaders
Private Companies
Neighbourhood Health committees
Non Governmental Organizations
Teachers
Traditional leaders
Traditional Healers
Service organization

3.12 Reporting on Health Promotion Programmes

Health promotion activities should be included in district reports for all the programmes utilising the reporting intervals for the districts. Ensure that success, challenges, lessons learnt and recommendations are reported.

CHAPTER 4

4.0 Health Promotion Interventions

This chapter addresses some health promotion interventions such as: health education; communication; community mobilization; advocacy; social marketing, mediation, mass media communication; school health and nutrition; health promotion in different settings; legal and fiscal measures,

4.1 Health Education

Health education is one of the most important components of health promotion. Lawrence Green (1999) defines it as “any combination of learning opportunities designed to facilitate **voluntary adaptation of behavior** which will improve or maintain health”. Health Education comprises consciously constructed opportunities for learning involving some form of communication designed to improve health literacy, including improving knowledge, and developing life skills which are conducive to individual and community health (WHO Glossary of terms).

The ultimate aim of health education is positive behavioral change. Every opportunity of interaction with people and communities should be used to provide health education. This can be on one to one basis, small group education or community education. Health education sessions should be conducted with consultation of experts in the specific fields of interest. Health education can be conducted at work places, health facilities, during outreach sessions, outreach meetings, door to door, during special events like traditional ceremonies, schools, colleges and other institutions.

Preparations for Health Education.

There is need to prepare for effective health education by:

- Identification of the problem/need;
- Identifying topic for discussion;
- Materials and expertise needed for that topic;
- Target audience;
- Venue-where it will be conducted;
- Duration of the session; and
- Job aids required (flip chart, Brochures, videos etc).

Golden rules for health education:-

- There must be a perceived need. Be sure that the clients understand the health problem to be prevented or the illness to be cured before beginning the session;
- Always assess what the clients know about a topic before beginning a session. Use their level of knowledge to begin the session;
- Adult learning should progress from the simpler concepts to more complex topics;
- Use materials which are easy to use and understand (posters, flip charts, videos, etc);
- Use participatory methods of learning (People learn best when they actively participate, involve them in learning);
- Provide opportunities for practicing new skills. It is essential that time be spent watching the client practice these skills;
- Positive behavior needs reinforcement. Use multiple approaches and channels to reinforce behavior change messages. For example door-to-door visitations, role plays and demonstrations; and
- Immediate feedback and correction of misconceptions increases learning.

4.2 Communication

Communication is an important approach used in health promotion. It is a process of informing and persuading communities to adopt positive behaviors. Communication should raise public awareness of issues in order to mobilize community participation. The following communication approaches can be utilized:-

- i) **Advocacy:** Aimed at lobbying influential decision-makers in society from the political, social, economic and cultural spheres to provide support for policy and resource allocation in areas of concern in health.
- ii) **Social Mobilization:** Is the process of bringing together all the partners and stakeholders to raise awareness and gain their support for achieving a health objective through raising the necessary material and human resources.
- iii) **Behavior Change Communication (BCC):** Behavior Change is a participatory process of working with individuals or communities to encourage and sustain practices or behaviors that lead to positive health outcomes. Communication, including mass media, mobile platforms, and interpersonal, should be used to support the process of health promotion through:
 - establishing new social norms around use of products, services, or practicing certain behaviors.
 - reinforcing or reminding people of messages delivered through other channels
 - disseminating information

- raising awareness
- creating demand for a specific product, service, or behavior
- advocating necessary changes to decision maker.

4.3 Steps for Communication Planning at District Level

4.3.1 Situation Assessment

This involves describing a particular situation as it exists now, and it is carried out before the strategy is developed and programme activities get underway. A Situation Assessment informs the strategy and programme activities and involves problem identification; ideal behaviors; key behavior and target audiences.

i) Identification of Health Problem

- Identification of the health problem is the first part of doing a Situation Assessment. A definition of a health problem must include the following specific elements:
- Affected health area: (e.g. Malaria, HIV/AIDS, Diarrhea, Child Health)

ii) Description of the problem: (e.g. incidence of malaria each year, HIV prevalence, diarrhea incidence, prevalence of under-nutrition among infants). Affected or stakeholder group could be mothers, children, sex workers, truck drivers, etc.

- Once there is a clear health problem statement, it is easy to proceed to plan research; choose audiences for the communication intervention; determine desired behavior changes, and identify programme objectives and activities.
- Communication is an effective tool in addressing identified health problems, e.g. if condom usage is low, resulting in HIV infections, communication can be used to sensitize people to understand the benefits of condom usage, and how to use them correctly and consistently.

iii) Identification of Ideal Behaviors

These are scientifically proven behaviors that are determined by scientific study to have a direct positive impact on a health problem, e.g. washing hands with soap and water after using a toilet reduces the incidence of diarrhoea.

iv) Identification of Key Behavior

Key behaviors are a subset of ideal behaviors. Usually, one cannot possibly address the entire set of ideal behaviors in a programme because of lack of resources or simply to avoid overwhelming the target audience. It follows, therefore, that the

Health Promotion Focal Point person has to examine the list of ideal behaviors and narrow that list down by determining which ones are the priorities.

- Sources of information are health facility records, interviews with clients, observe and record behavior, reports, meetings, surveys etc. These will indicate where there is increase in diseases, outbreaks, low/poor utilization of services and where communication interventions are needed or need to be strengthened.

v) Determine Target Audiences

Priority Groups (primary): These are people who should perform the positive behaviour and are the most affected by the problem. Whereas the **Influencing Group (secondary)** are people who will influence the priority group. These can support/prevent adoption of new behaviours (e.g. fathers, older women, traditional healers, community and religious leaders)

vi) Develop Messages

Ensure that the messages target the barriers and the facilitating factors, and not the ideal behaviors.

Characteristics of a good message:

The 7 “Cs” of good messages should...

1. Be **CLEAR**
2. **COMMAND** attention
3. **CATER** to heart and head (have a rational and an emotional appeal)
4. **COMMUNICATE** a benefit
5. **CREATE** trust
6. Be **CONSISTENT**
7. Have a **CALL** to action

vii) Determine channels of communication

- Various channels exist for communicating health messages for behavior change. In some cases a combination of channels should be employed.(e.g. use of radio and print media for the same message to the same audience)
- Choose the channel that is accessible and appropriate for the target audience.
- Always select the relevant channel that is cost effective that will produce the intended result at minimum cost.

Some commonly used channels include; *Television (National and community), national and Community radio, Print media, Drama, Debates, Peer education, Health talk, Community meetings, Church meetings, posters, workshops, songs, and traditional media such as story telling etc.*

viii) Develop communication objectives:

- Identify the strategies and activities to meet communication objectives;
- Ensure objectives are Specific, Measurable, Attainable, Realistic and Time bound (SMART).

ix) Determine the programme activities

In determining your activities, focus on the identified problem, target audience (are the activities appropriate for them?), and that they help to achieve the objectives.

x) Develop plan of action

4.4 Develop a Plan of Action Based on the Needs

The plan should include specific activities, a time line and needed resources.

Example of an activity sheet/Gantt chart for a plan of action

Activity	Inputs	Quantity	Cost	Timeline	Person resp.
Conduct drama performance	-human	-6	-	20/03/13	Health PFP
	-transport	-fuel	-K100,000		
	-allowances	-6	-K500,000		
	-venue	-1	-		
Total			K600,000		

4.5 Implementation

Once the Health Promotion Strategy is in place, implementation can get started. The following is a list of the various elements that will need to be carefully planned and managed during implementation:

i) Partnership planning:

Involving the district in the Health Promotion Committee is essential when implementing activities at district level. The following guides can help ensure the committee functions effectively.

- What partners are required for implementing the strategy?
- How can those partners be engaged?
- What support do they need now and in future?

ii) Development of communication materials:

Production and pre-testing of IEC Materials at the centralized and local level. For details, refer to available guidelines on how to develop communication materials.

iii) Media planning/purchasing

Securing air time and space for radio, television and newspaper facilities respectively need to be planned for and appropriate budget attached.

iv) Working effectively with mass media

This calls for understanding the way the media works (Deadlines, writing press releases, what matters to the media, editorial policy, resource and logistical challenges, etc); being available for the media and orienting them to your area of focus – health communication. There is need to identify the available media in the district in order to harness effective utilisation.

It is useful to listen to your local Radio and TV to know which programmes could be used for health issues in order to help negotiate for inclusion and decide what to pay for. You may also need to know the area covered, existing programmes, broadcasting hours and their formats, target audiences, viewership and listeners e.g. are they phone in, interviews or straight reports. Do they have a programme that regularly covers health issues?

i) Logistics organizing:

- Who will conduct activities?
- Where will they conduct them? (Community common areas, Schools, Churches or Clinics?)
- How will the implementers receive and keep track of the resources and materials to conduct the activity?
- When/on what schedule will they conduct the activities?

ii) Capacity building

- Concretize various audiences for capacity building
- Spell out training objectives for each audience
- Develop training materials/tool-kits
- Identify master trainers or lead facilitators
- Plan and conduct trainings for master trainers and participants

iii) Monitoring (both of media and of activities)

- Identify internal capacity for various kinds of monitoring required
- Identify/contract monitoring agency/agencies as required
- Create/approve guides or data collection instruments
- Formalize process for integrating monitoring data into programming

4.6 Spearhead Materials Distribution

Health Learning materials are regularly provided by central level and other partners. Sometimes these materials are not well distributed, or are delayed in reaching the intended targets. It is the duty of the Health Promotion Focal Person to ensure proper and timely distribution of IEC materials.

- i) **Provide information and Involve journalists where possible.** The journalists require information on various health issues in order to be effective in their roles. Constant updates on common diseases, health events such as world health days and other campaigns, conferences, meetings, workshops. will help to ensure constant and systematic coverage.

Health communication motivates people to adopt healthier lifestyles e.g. promotion of exercise, avoiding abuse of alcohol, anti smoking behaviour, healthy eating habits etc. It can also be a forum for dialogue on health issues and community development.

4.7 Health Promotion In Different Settings

Health promotion is mostly practiced in the community. There is need to involve the various stakeholders to implement programmes. Some of the activities that can be implemented in the community include community mobilization and community drama. There are important settings in the community where effective health promotion should be implemented such as the community at large, congregant settings- prisons, churches, refugee camps etc.

Some of the programmes that are implemented at the community level include:

4.7.1 School Health and Nutrition

It is widely known that education and health are interdependent. Good health supports successful learning and successful learning supports health. There is a link between the school and the nearest clinic and the surrounding community. There is need to provide continued surveillance of cases and diseases affecting pupils from time to time in order to manage the conditions which can affect the learning of the pupils. Teachers and parents should be brought on board to appreciate the school health programme. Some of the activities to be promoted during these sessions include: Prevention and protection of school going children from infections and other diseases through de-worming, vaccinations, giving ITNs, Vitamin A supplementation etc. Specific activities could be:

- 1) Surveillance and early detection of diseases affecting school going children;
- 2) Screening for diseases e.g. dental, eyes, skin infections, vaccination status, nutritional status etc;
- 3) Treatment of minor ailments;
- 4) Referral to the nearest clinic;
- 5) Provision of counselling services;
- 6) Ensure provision of clean water and sanitation;
- 7) Provision of hygiene education;
- 8) Provision of health education in general;
- 9) Promoting physical education;

- 10) Ensure provision of food safety and nutrition programmes;
- 11) Ensure prevention of discrimination, abuse and violence;
- 12) Prevention of tobacco use, alcohol and substance abuse;
- 13) Provision of skills for positive behaviour to avoid STIs, HIV and AIDS and unwanted pregnancies; and
- 14) Ensuring provision of clean physical environments.

There are many stakeholders in school health at the district and community level where the health centre is a major stakeholder whose role has to be supported, improved and sustained. The health promoter should identify the specific activities that can be implemented together with the school.

4.7.2 The Role of the District Health Office in School Health

- Participate in committees where the school health agenda is discussed e.g. the Ministry of Education-School Health and Nutrition (SHIN) programme, the WHO and Ministry of Health Promoting Schools Initiative (HPSI). If no committee exists, convene discussions with Ministry of Education and other partners.
- Develop consensus on the roles of the DHO and the Health Centres concerning School Health and Nutrition.
- Budget for school health services in your action plan and encourage health centres to budget for the same e.g. logistics for outreach to schools, supplies etc.
- Provide guidelines and support to the health centres in terms of materials for health education, screening, inspections of environment, de-worming, etc.
- Involve, support and guide schools during health campaigns.
- Support school based clubs such as: Anti-Aids clubs, anti smoking clubs.
- Provide necessary health learning materials to schools if available e.g. leaflets, booklets, posters etc. on common diseases, physical activity, substance abuse, good eating habits etc.
- Monitor the activities of the health centres conducted at the school level.
- Report on school health activities.

4.7.3 Health Campaigns and Commemorations

Health campaigns and Commemorations of health days each year are designed to build public awareness that specific epidemics, conditions and concerns remain of public health concern in much of the world, causing the deaths of several million people each year, mostly in developing countries including Zambia. The commemorations help in mobilizing the community and other stakeholders to get committed and take action on the health issues.

All institutions/organisations involved in health promotion should have a calendar of these events in order to facilitate planning and implementation while involving all the stakeholders. **(See appendix I).**

How to implement a campaign:-

- Ensure a preparatory committee exists which includes all key partners and stakeholders to oversee the event,
- Resource Mobilization: it is important to budget for commemorations in the district budget lines and request for support from partners and stakeholders for the success of the campaigns.
- Provide relevant information to explain the theme and the key messages of the event to partners and stakeholders including the media,
- Mobilise the community for support,
- Create public awareness: Involve the Media, e.g. radio, TV and newspapers for dissemination of key messages. The community radio is an asset to be utilised at the local level.
- Involve the target groups for the activities for the success of the events.
- Identify a suitable venue which will ensure community involvement.
- Identify officials who will participate to give visibility to the event and clarify their roles in advance.
- Observe the norms of community in the way the activities are conducted.
- Distribute relevant IEC materials to the target groups and the public such as posters, leaflets etc.
- Conduct pre-event activities to sensitize the community e.g. drama, shows, service provision such as screening services or training, etc.
- Monitor and evaluate the event.
- Document and report the events
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4.7.4 Shows and Exhibitions

Shows and exhibitions present a perfect opportunity for disseminating, marketing health information and advocating for health issues. It provides an opportunity for communicating the benefits and creates demand for the various services available. Feedback is also obtained from the general public regarding the health services provided to the public.

How to prepare for the shows and exhibitions

- Keep a calendar of all events where exhibitions can be utilised e.g. Agricultural and Commercial Shows, conferences, meetings etc;
- Budget for logistical and material support for the exhibitions in your annual plan;
- Identify a team of 2 or 3 persons to be in charge of the exhibition;
- Involve technical staff in priority health programmes;
- Display the theme clearly at your work place and the exhibition stand;
- Be exhaustive in collecting materials e.g. posters, leaflets, videos, etc. and prepare quantities sufficient to distribute for the whole duration of the exhibition;
- Prepare and provide demonstrations e.g. family planning, nutrition, condom use. Ensure you draw attention of the public about the services available.
- Ensure you plan the display in terms of available space;
- Plan for necessary equipment e.g. T.V, Radio, needed for the display;

- Be sensitive to the language barriers;
- Document questions and issues raised by the public; and
- Report the event.

4.7.5 Community Mobilisation

Community mobilization means bringing community members and other stake holders together to strengthen community participation for sustainability and self-reliance. It generates dialogue; negotiations and consensus among a range of players that include decision makers, media, NGOs, opinion leaders, policy makers, private sector, community. Community mobilization is a capacity building process through which Individuals, groups or organisations identify needs, plan, carry out and evaluate activities on a participatory and sustained basis. This can facilitate improvement of health and other needs, either on their own initiative or stimulated by others.

Community mobilization involves:-

- Creating demand for interventions e.g. family planning, immunisation, cancer screening etc.
- Increasing access to services e.g. providing outreach sessions
- Scaling up interventions e.g. increase number of sites for services
- Increasing effectiveness and efficiency of interventions
- Contributing additional resources to the response through identification of local stakeholders to support
- Reaching the most vulnerable and hard to reach e.g. provide mobile services
- Addressing the underlying causes of HIV/AIDS e.g. couple counselling, promote self disclosure
- Increasing community ownership
- Promotes sustainability of projects/programmes e.g. IGAs and active participation of local people.

4.7.6 Community Based Drama

Drama groups are instrumental in carrying out health promotion activities. They need to be trained and supported to promote health programmes. There is need to provide financial and material support were possible to harness their potential. *The district should develop training programme for orientation of these groups in various health areas.*

4.7.7 Community Support Groups

The Ministry of Health and partners realized the need for community involvement in supporting various program areas. Different Community support groups have been trained and exist in support of various health interventions in their communities. These include TB treatment supporters, Growth promoter, Safe Motherhood Action groups (SMAGS), HIV/AIDS treatment supporters and home-based care givers, Mental health User's network, breast feeding support groups, Neighbourhood Health Committees (NHCs), TBAs, etc. These support groups undertake health promotion activities such as health education, community sensitisation, promoting adherence to treatment,

counselling, income generating activities, health literacy, and participate during health campaigns. Therefore, there is need to support them and collaborate with them to harness their potential.

The Health Promotion focal person should keep a catalogue of community support groups and partners in the district. Various partners are working with different groups that need coordination.

4.7.8 Health Promotion in Congregate Settings

Congregate settings include; prisons, churches and refugee camps. These settings serve as areas of easy transmission of communicable diseases such as Tuberculosis, HIV, Cholera and meningitis. There is need to design deliberate health promotion activities to help in the prevention of diseases. The health promotion focal person should collaborate with prison service officer, church leadership and coordinators of refugee camps to design health promotion interventions.

4.7.9 Health Promotion at Work Place

The work place is an important setting where people spend most of their time. Some occupations make people lead sedentary life styles that lead to non communicable diseases such as; hypertension and diabetes. There is need for the health promotion focal person to help design programmes that will promote health and prevent diseases at each work place in the district.

4.7.10 Health Promotion in Urban Areas

Health promotion in urban areas aims at addressing inequalities in the urban areas, advocating for urban health, promoting participatory governance through health literacy, considerations for determinants of health etc. Some of the issues for consideration include: air quality, climate change, housing and health, water and sanitation, mental health, transport and health, communicable and non communicable disease prevention, emergencies and disasters.

4.8 Health Promotion in Rural Areas

The larger population of Zambians live in rural set ups, these rural settings do not have easy access to modern health services. Therefore, there is need for the district health promotion focal person to design programmes that will assist the communities to improve their health status. These programmes can be implemented through community health volunteers such as malaria agents, TBAs, community health workers and others who are chosen by the community to represent them in health issues.

4.9 Health Promotion in Hospitals.

Hospitals settings are places where infection can easily be transmitted; where we can have opportunities to come in contact with a lot of people both the sick and health. In this set up, both communicable and non communicable diseases are found, hence the

need to come up with specific health promotion programmes which will cater for all types of conditions. This program will help create awareness about different health conditions in hospitals and how to prevent them.

CHAPTER 5

5.0 Monitoring and Evaluation of Health Promotion

Monitoring and Evaluation (M&E) is a continuous process that should occur throughout the life of a programme. Planning for M&E should be part of the design of any Health Promotion programme, right from the beginning. M&E is not a separate component of Health Promotion programmes but is an integral part. Experience shows that M&E is often ignored until the final stage of the project, but it is much more useful if it is incorporated from the beginning.

5.1 What is Monitoring?

Monitoring is a more regular process to see the direction of implementation while evaluation refers to analysis of outcomes of implementation after a stated period of time.

Monitoring should be a continuous and systematic process to determine if the actions taken are leading to the desired changes. The key question that health promoters should always ask is, 'How do we know if we are progressing towards our goals?'

5.2 Key Reasons for Monitoring Program Implementation

- i) Make immediate management (shorter term) decisions which will guide program implementation and thus assure good performance;
- ii) Hold partners and stakeholders accountable for implementing health promotion strategies
- iii) Gather input for evaluation

Methods that may be used to monitor programme implementation include;

- i) Periodic review of programme documents (such as work plans, monthly/quarterly reports, etc)
- ii) Periodic meetings, field visits at community level
- iii) Regular audits of materials at representative distribution points to find out quantities of materials issued, who gets the materials, the purpose to which the materials are put and the comments users make on the materials, if any
- iv) Routine review of radio and TV programmes being aired

5.3 Evaluating Health Promotion Programmes

Evaluation is a process of assessing what has been achieved and how it has been achieved. It means looking critically at the objectives of the activity or programme, working out what was good about it, what was bad about it and how it can be improved. It is important to evaluate our actions because we need to know if our actions were successful or not and to be able to measure the successes. Whether it is a health education programme or an awareness campaign we need to know what has been achieved, and how. What were the

strengths and weaknesses and how can we improve on it. We evaluate to justify the resources used, improve on our practices, avoid duplication, etc.

Before conducting evaluation we should be very clear about what we set out to achieve (goals and objectives). Examples;

- i) The objective was to increase the number of pregnant women sleeping under an insecticide treated net. The indicator would be: percentage of women who sleep under an ITN.
- ii) The objective was to increase the number of community groups participating in health issues. The indicator would be: number of community groups participating in health issues.

5.4 Process of Evaluation

- i) Clarify the purpose of evaluating
- ii) Develop appropriate tools
- iii) Collect, interpret and analyse data
- iv) Measure the short and long-term benefits/impact
- v) Communicate the results of the evaluation

Types of evaluation

Process evaluation:	Impact evaluation:	Outcome evaluation:
Involves looking at what went on during the implementation and making judgements about the cost, quality and appropriateness of the methods used	Assesses medium term effects of the program	Involves finding out whether the program objectives have been achieved
<p>-Inputs- What went in terms of money, time and materials? Were the best methods used? What about efficiency? Did you get value for money? E.g. was the use of video discussion the best? Was the mass media more appropriate for reaching your target group compared to door to door campaign?</p> <ul style="list-style-type: none"> • What went well, what can be changed?, 	<p>-studies short or medium term achievements and effects of the program</p> <p>-answers questions such as; is there change in knowledge, attitudes, practices and behaviour</p> <p>-was the change caused by the intervention?</p>	<p>-studies long term achievements such as changes in health awareness (e.g. did the youths become more aware about the dangers of smoking leading to a drop in initiation levels?)</p> <p>-Changes in knowledge and attitude</p> <ul style="list-style-type: none"> • Behaviour change • Policy change • Changes to the physical environment • Changes in health status

<p>how can we improve? Always look for positives and look for constructive ways of resolving problems.</p> <ul style="list-style-type: none"> • Feedback from other people e.g. clients, workmates through a suggestion box, complaints procedure, verbal communication 		<ul style="list-style-type: none"> • Community involvement and empowerment
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5.5 Methods used for Evaluating Health Promotion Activities

Assessing process:

Involves looking at what went on during the implementation and making judgements about the cost, quality and appropriateness of the methods used.

-Inputs- What went in terms of money, time and materials? Were the best methods used?, What about efficiency?, did you get value for money? E.g. was the use of video discussion the best? Was the mass media more appropriate for reaching your target group compared to door to door campaign?

- What went well, what can be changed? How can we improve? Always look for positives and look for constructive ways of resolving problems.
- Feedback from other people e.g. clients, workmates through a suggestion box, complaints procedure, verbal communication.

Assessing outcome:

Involves going back to find out whether you have achieved your objectives. Objectives are about the changes that you set out to achieve e.g. behaviour policies, community empowerment. To measure outcome different methods may be used such as:

- i. **Changes in health awareness**
 - by monitoring changes in demand for health
 - analysis of media coverage
 - questionnaires, interviews, discussions and observations
- ii. **changes in knowledge and attitudes**
 - Interviews
 - Discussions
 - Observation of how clients demonstrate their knowledge and skills

- Observing changes in what clients do
- iii. **Behaviour change**
 - Record behaviour e.g. numbers of women bringing children for vaccination
- iv. **Policy changes**
 - Inventory of policies
 - Implementation of policies
 - Health policies in settings such as schools
 - New legislation
 - Increase in health promotion services, products and facilities
- v. **Changes in health status**
 - keeping records of health indicators such as weight, blood pressure, cholesterol levels
 - health surveys to identify changes on health behaviour
 - analysis of trends in routine health statistics

Indicators are one of the most critical components of M&E and they help to monitor program implementation and gauge achievement of the programme's objectives.

- vi. **Identify your indicators**
 - Define the indicators well in advance in relation to the objectives, strategies and activities.
 - Identify both process and outcome indicators.

Examples of indicators are:

- **Knowledge:** (After the communication intervention the indicator will help you to assess to what extent you reached the target audience with messages and the levels of knowledge among the target audience. has increase in knowledge levels been attained?).
- **Attitudes:** (Assess the changes in attitudes towards health interventions, e.g. is family planning more acceptable? Is immunization accepted and the caretakers convinced to have their children immunized?).
- **Behavior Change:** (Assess the behavior change among the target audience e.g. is there improved adherence among clients on ART? Is there improved antenatal attendance etc?)
- **Process:** the number of communication committee meetings, materials distributed, radio programmes conducted, outreach visits, health talks conducted partners involved etc).

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APPENDICES

Appendix I- World Health Days and Health campaign dates

1.	World Leprosy Day	29 th January
2.	World TB Day	24 th March
3.	World Health Day	7 th April
4.	Africa Malaria Day	25 th April
5.	World Nurses Day	12 th May
6.	World No Tobacco Day	31 st May
7.	World Blood Donor Day	14 th June
8.	Child Health Week	June
9.	VCT Day	30 th June
10.	Breast Feeding Week	1 st – 7 th August
11.	National Epilepsy Day (Zambian Origin)	29 th August
12.	African Traditional Medicine Day	31 st August
13.	World Heart Day	25 th September
14.	World Mental Health Day	10 th October
15.	World Hospice and Palliative Care Day	Second Saturday of October
14.	SADC Malaria Day	11 th November
15.	World Diabetes Day	14 th November
16.	Child Health Week	November
17.	World AIDS Day	1 st December

Appendix 2- Guidelines for World Health days Commemorations

World Health Days Organizational Framework for Committees and their Responsibilities

Main Day Logistics Committee: (Chaired by the District Director of Health)

1. Coordination of all events.
2. Distribution of guidelines and relevant explanations on the theme or campaign.
3. Selection of venue for specific event or commemoration.
4. Budgeting for all activities of the events and the campaign.
5. Selecting sites for satellite activities.
6. Writing speeches for relevant guests.
7. Identifying Guest of Honour.
8. Preparation of tents (if necessary).
9. Organising tables, chairs (if necessary).
10. Organising Public Address System.
11. Identifying the Master of Ceremonies for the event.
12. Organising the Army Band/police for a walk (if necessary).
13. Assigning relevant protocol officers for the event.
14. Audition of the drama groups.
15. Preparing the main day programme.
16. Preparing and delivering invitations for all the guests.
17. Assist in distribution of T-shirts and other materials.
18. Mobilise relevant resources for all the activities.
19. Send report to MOH and all relevant partners

Publicity Committee: (Chaired by relevant Partner)

1. Preparing relevant slogans and messages around the theme.
2. Preparing posters, leaflets, banners, stickers, etc.
3. Preparing T-shirts, caps, etc.
4. Preparing a budget for publicity and a media plan.
5. Identifying media partners (e.g. Local community radio stations, ZNBC, Radio Phoenix, The Post, Zambia Daily Mail, Times of Zambia, Radio Yatsani, radio Christian voice, etc)
6. Organising press briefings (if necessary).
7. Collecting quotations for media activities.
8. Identifying panellists for radio and TV programmes from various partners.
9. Organising the TV launch for the day.
10. Endorsing placement of programmes on TV, radio and for the newspapers.
11. Registering for TV coverage of the event(s) (ZNBC, ZANIS).
12. Ensuring coverage of the event by all other media organizations (send invitations specifying date, venue, title of event, guest, time, etc).
13. Capture events on photographs, video, etc.
14. Prepare documentaries of the events.
15. Prepare summary report of the whole event.
16. Mobilise resources from partners and the media to supplement GRZ efforts.
17. Providing transport to relevant media organizations, e.g. ZNBC.

Satellite Committee: (Chaired by Community Partner)

1. Identify relevant activities for community action.
2. Identify relevant partners to undertake the activities.
3. Facilitate partners to develop budgets for the activities and guidelines on retirement procedures for the funds.
4. Fundraise for the activities from relevant organizations, depending on the theme.
5. Prepare reports of the activities.
6. Ensure that photographs and video recordings of events are conducted.
7. Organise attendance of relevant community leaders, MPs, etc, at the events.
8. Mobilise the communities for action on the activities.
9. Distribute relevant IEC e.g. posters, leaflets, etc.
10. Engage in public information delivery with video vans, loud speakers, etc.
11. Organise drama groups and audition the same.
12. Explain relevant themes to the community.
13. Identifying the Master of Ceremony for a local event.
14. Identifying a Guest of Honour for a local event.