Lessons learned from the application of a participatory evaluation methodology to Healthy Municipalities, Cities and Communities initiatives in selected countries of the Americas

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Abstract: Health promotion has made significant strides in the past few decades in the Americas. Creating a healthy and supportive setting, also known as the settings approach, continues to be one of the most widely used health promotion strategies. Interest in evaluating the effectiveness of these strategies has been increasing greatly in the past few years. Participatory evaluation holds great promise for helping to generate this evidence and promote understanding of the factors that affect, positively or negatively, the advances of health promotion in the Region. During 2004-2006, a Participatory Evaluation methodology was introduced into several countries in the Americas through formal trainings conducted by the Pan American Health Organization (PAHO) in collaboration with country partners. This article summarizes the main lessons learned from the application of the participatory evaluation methodology in various countries in Latin America and the Caribbean. Factors affecting the evaluation of the initiatives were identified at multiple levels (individual, community, organizational, political, economic, etc.). Specific issues that were addressed included the political context, turnover of personnel in key institutions, concerns related to the effectiveness of participatory processes, and the existence of strong and sustained leadership at the country level. These factors are intertwined and affect each other in very complex ways, a fact that was reflected in the municipalities' experiences with participatory evaluation. Challenges included the ability to secure resources for the evaluation, the time needed to conclude the process, and working in an intersectoral manner. However, participating municipalities reported that the process of implementing a participatory evaluation and working with various stakeholders had an empowering effect: communities and stakeholders were more willing and interested in participating in health promotion initiatives in a sustained manner; alliances and intersectoral collaboration were strengthened; communication channels were opened; and municipalities were stimulated to review their planning and implementation processes in order to more appropriately incorporate health promotion principles. The article concludes with recommendations to improve the planning and implementation process of participatory evaluation efforts. (Promotion & Education, 2007, (2): pp 68-73)

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The First International Conference on Health Promotion in Ottawa, Canada, in 1986 produced what has since become known as the Ottawa Charter for Health Promotion (PAHO/WHO, 1986). Since then the health promotion strategy has been accepted and utilized as a central element in community development processes. As a result, in the last 3 decades, governments and international organizations have significantly increased their investments in health promotion programs.

The concept of health promotion has shifted from a focus on disease prevention in the 1970s, to the recognition of the need for complementary interventions (such as healthy public policies), to incorporate other sectors, and to create healthy environments in the 1980s and 90s. In the past few years, the concept of health promotion has broadened to include the determinants of health, global movements of social change and the need to invest and strengthen leadership in health promotion.

Health promotion today focuses on addressing the multiple determinants of health. These determinants are both within individuals’ control (such as personal practices and behaviors and accessing services), as well as outside it (such as physical and social environments, education, income and social status, housing, access to food, social support networks, and working conditions, etc.). These determinants do not act in isolation of each other, but rather interact in very complex ways.

Creating a healthy and supportive setting, also known as the settings approach, continues to be one of the most widely used health promotion strategies. The healthy settings approach is based on the premises that determinants of poverty and equity, and their influence on health, can be addressed through creating sustainable public policies and laws, developing supportive environments, building public-private partnerships, strengthening networks, mobilizing means of communication, and promoting an active role of municipal and local governments in health promotion and development.

The Healthy Municipalities, Cities and Communities (HMC) strategy

The HMC movement is an example of the application of health promotion principles at the local level. The Pan American Health Organization (PAHO) developed and introduced the HMC Strategy in the 1990s to improve and promote local health and development in the countries of the Americas. This Strategy is being actively implemented in 17 of the 38 countries of the Americas.

An HMC is one that ensures continuous improvements in the conditions that affect the health and wellbeing of its members. This is achieved by facilitating joint action among local authorities, community members and key stakeholders towards improving their living conditions and quality of life. More than just addressing the consequences of disease, the HMC Strategy focuses on the determinants of health, and supports the processes that enable community members to take control over their own health and quality of life, and to participate in the development of an HMC (PAHO, 2002).

HMC is based on the premises that one, various systems and structures governing social, economic, civil and political conditions, as well as physical environments, can impact individuals’ and communities’ health; and that two, health is inherently linked to individuals’ capacity to act in the community and society to which they...
belong. An HMC strives to create a synergy between two premises: promoting individual actions and societies that respond supportively. The ultimate goal is to support processes that enable people to take control over their own health while improving equity, social participation, accountability and responsive local governance.

**Evaluating the HMC strategy**

The evaluation of health promotion strategies such as HMC has been recognized by the international community as necessary in order to strengthen the capacity of institutions and communities to promote measures that are coherent with the needs and priorities of the population. Thanks to the HMC strategy, countries of the Americas have gained considerable experience with innovative ways of translating health promotion into local action. However, there is little documentation about these experiences and even less about the results achieved.

Health promotion strategies, such as HMC, generate real benefits for people and their environment. It is of particular importance to be able to show these benefits to decision-makers so that they will be willing and motivated to set aside resources to support health promotion programs and activities. The evaluation offers many opportunities to create and disseminate evidence that demonstrates strengths, weaknesses, consequences, and impacts resulting from the development and implementation of these strategies.

The evaluation of these initiatives will also provide stakeholders with the opportunity to better know their community and its resources, and to reflect on the progress of their efforts. This will, in turn, support better design and management of health promotion initiatives in the context of community health resources, as well as create accountability related to what has been proposed and redirect efforts when needed. Given the intersectoral and interdisciplinary nature of health promotion, it is also expected that the evaluation process will create opportunities for collaboration among sectors, improve multidisciplinary dialogue and strengthen participatory efforts within HMCs.

**The participatory evaluation of HMC initiatives**

In very simple terms, evaluation means collection, analysis, interpretation and reporting of information, and using the results for decision-making. Like health promotion, in the past few decades, the concept of evaluation has also greatly evolved. The goal of evaluating health promotion strategies shifted from the evaluation and monitoring of projects and interventions, to more complex, thematic and interdisciplinary evaluations.

The implementation of health promotion programs highlighted the need for more flexible and participatory evaluations; ones that reflected health promotion principles as well as the complexity of local development and participatory experiences. This new approach required multiple measures and methods in order to evaluate changes in areas such as governance, social participation, social impact, equity, sustainability, etc.

Instead of judging the success or failure of an intervention or a project, this new approach focused on understanding local realities and on continuous learning. Evaluation, hence, shifted from something done by “outsiders” to a collaborative and participatory endeavor.

It is in this context that the concept of participatory evaluation develops. In a participatory evaluation, the key stakeholders are involved in all phases of the process, including the design, implementation, management, interpretation, and decision-making about the evaluation and its results. A participatory evaluation implies more than the application of participatory techniques to conventional approaches and methodologies for monitoring and evaluation. It requires:

- Participation of key stakeholders in all phases of the process.
- Negotiation and consensus about what to evaluate and how results will be interpreted and utilized.
- Continuous learning that results in capacity building and incorporation of lessons learned in the decision-making process.
- Flexibility to adapt to a continuously changing environment.

Participatory evaluation is considered to be the most appropriate methodology in the context of HMC initiatives because it reflects the principles of the HMC strategy, recognizes the complexities of HMC as a local development initiative, and facilitates the development of capacities, learning and empowerment. As such, participatory evaluation stimulates autonomy and community self-determination as it allows communities to improve their ability to resolve their own problems (PAHO, 2006).

It is expected that the implementation of a participatory evaluation will create opportunities and give voice to a broader range of stakeholders, encouraging them to take ownership of the evaluation process. When conducted in a truly participatory manner, this type of evaluation promotes accountability and motivates continuous and active participation from all stakeholders.

Processes that are based on the commitment and dedication of all stakeholders are likely to create a sense of common interest among those involved and to produce positive changes in their community.

However, the participatory evaluation methodology presents some challenges. As with most collaborative and participatory endeavors, participatory evaluation can be time-consuming, since the process requires bringing together and building consensus among people from various backgrounds, sectors, institutions and groups, that often bring to the table different, if not conflicting, needs, agendas and interests. This emphasizes a need to clarify roles, responsibilities and the evaluation objectives and processes. The participatory evaluation also requires leadership from people with strong facilitation skills as well as people with openness to collaborate, to listen and to take into consideration their colleagues' perspectives, needs and interests. Because it is an open and flexible process, participatory evaluation has no predetermined plan. As a result, this approach may be perceived as less effective and objective and can be unsettling to those who are used to working with traditional evaluation approaches.

**PAHO’s participatory evaluation initiative**

In 1999, PAHO established a Healthy Municipalities Evaluation Working Group, comprised of evaluation experts from various international institutions. The Working Group agreed that specific evaluation tools, frameworks and evidence of effectiveness were needed to support health promotion and similar initiatives. Building upon these recommendations, the Evaluation Working Group has developed a series of evaluation tools, among them, a *Participatory Evaluation Guide for Healthy Municipalities, Cities and Communities*.

The Guide provides recommendations on evaluation processes and tools, as well as a mechanism to showcase and document the rich, extensive, and varied experiences and results related to the HMC strategy. It offers an evaluation framework that incorporates essential HMC and health promotion elements such as intersectoral collaboration, social participation, capacity building and community capacity, among others. The methodology allows for the documentation and analysis of changes and accomplishments in terms of processes, outcomes and results, and guides users on how to act on the results to improve their HMC initiative.

During 2004-2006, the Participatory Evaluation Guide was introduced into several countries in the Americas through formal trainings conducted by PAHO in collabora-
tion with country partners. Participants in these trainings included staff from the Ministry of Health (MOH) and other key ministries (such as education) at the national as well as state levels; representatives from NGOs, universities, and funding agencies; health workers; municipal staff and authorities; community organizations and members. Following the trainings, several communities in various countries of the Americas applied the participatory evaluation methodology to their HMC initiatives. Follow-up questionnaires were sent to workshop participants every 4 months during 2005-2006 to collect information about the activities taking place as a result of the training received. During this period, countries also submitted reports to PAHO and/or published their experiences with the application of the participatory evaluation methodology.

Lessons learned from the application of the Participatory Evaluation Methodology

This section presents the main lessons learned from the application of the participatory evaluation methodology in Brazil, Dominican Republic, Honduras, Mexico, Peru and Trinidad and Tobago. This information was compiled from reports submitted by the countries to PAHO and from the follow-up questionnaires completed by workshop participants.

1. Take into account the political context and timing

Given the strong emphasis of initiatives such as HMC on the active involvement of local authorities and the public sector, the political context and timing was by far the most important factor affecting the implementation of participatory evaluation in the participating countries. Election periods and political transitions often caused major delays (if not termination) of initiatives, shortage/change of personnel and funds, and great uncertainty about the future of the initiatives, and their evaluation. In Honduras, for example, plans to conduct participatory evaluations that were incorporated into the municipalities’ strategic plans for 2006, were suspended after the local elections and the political changes that took place in that year. Many of the people spearheading the process were removed from their posts. Workshops in the participatory evaluation methodology in municipalities were also suspended due to administrative problems in State Health Secretariats caused by this political transition and the turnover of key personnel.

The political timing of the application of the Participatory Evaluation Guide in the Campinas Region of the State of São Paulo, Brazil, was also reported as «sensitive», since it occurred right before elections. This generated uncertainty about who would still be present to follow-up on the initiatives, or even if initiatives would be continued (Sperandio et al. 2006).

The experience in the Dominican Republic underscores this difficulty. Even though plans were in place to conduct the participatory evaluation in 10 municipalities during 2006, local elections took place resulting in significant changes of municipal authorities and staff. As a result, efforts had to be redirected to introduce and seek support for the HMC initiative and the participatory evaluation from the newly elected and re-elected officials.

These moments of political/administrative transitions can have considerable impact on the work being conducted at the community level. It causes delays and losses (including financial) since the time necessary to explain and get agreement on the continuation of programs can be lengthy. This has consequences for the evaluation of programs under implementation, but especially for programs conducted by a previous administration that do not continue under the new one.

These experiences demonstrate that the transitory nature of local and national political contexts can weaken programs and public policies, particularly when there is a change in political parties. This emphasizes the need to form a strong coalition among all sectors of society to strengthen and sustain the HMC initiatives and their evaluation (Sperandio et al, 2006). Having a strong and broad base of support can provide continuity and sustainability to HMC initiatives and their evaluation during these transitional periods.

2. Aim for a truly intersectoral process

Incorporating a variety of local partners (MOH, NGOs, universities, community members and community-based organizations, etc.) was important for the sustainability of the HMC initiative and its participatory evaluation in the countries. It is crucial, however, to get buy-in from the main stakeholders in order to begin and sustain the implementation of the participatory evaluation methodology. Lack of support from critical stakeholders, such as municipal program managers or key personnel at public institutions can seriously deter or isolate the advancement of the initiative.

In the experience of Vila Paciencia, in the State of Rio de Janeiro, Brazil, it was difficult to coordinate the activities with the public sector, due to the communities “historical social isolation and lack of citizenship rights”, which was marked by “structural oppression and violence.” (Becker et al., 2006). As a result, it was not possible to include a representative from the public sector in the evaluation process, given its demonstrated lack of interest in the community. In addition, a weak community organization could not ensure that the community had a voice and, as a result, formal participation from the community association was weak. Even though this did not impede the conduct of the participatory evaluation by other stakeholders involved in the community (NGOs, universities, etc.), it kept the process isolated from the broader community context since it was unclear whether the evaluation results and conclusions would be taken into consideration by all relevant stakeholders.

However, as the Vila Paciencia experience reported, the implementation of a participatory evaluation methodology forced the group to confront these difficulties and to reflect on possible courses of action: “the participatory evaluation’s emphasis on intersectoral collaboration contributed greatly to understanding local politics and the role of different actors (public, private, community, etc.), thereby providing a reference for discussions and decision-making” (Becker et al, 2006).

Upon realizing the above, the group decided to create a new intersectoral group focused on the construction of a new community kitchen. The new group includes representatives from the local public sector (municipal education and social development, state’s social assistance), as well as community members. The weak community participation also required concerted efforts focused on the process of getting the community organized. The new actors have demonstrated interest in participating in the evaluation process. It is expected that working on the evaluation will help to strengthen the work of the new intersectoral group and favor the sustainability of the Vila Paciencia initiative (Becker et al., 2006).

3. Conducting a participatory evaluation takes time, but it is worthwhile

All countries reported that the participatory evaluation process was lengthy and time consuming due to various factors. It is necessary to bring together and guarantee the buy-in from people from various backgrounds, sectors and interests. These people bring to the table different perspectives and paradigms. They often come from institutions and organizations with rigid and bureaucratic structures and work cultures.

As it happens in processes that emphasize community and multi-sector participation, the various levels of knowledge and literacy among those involved have to be taken into account. Experiences in Brazil,
Peru, Dominican Republic and Trinidad and Tobago all noticed that different levels of education among the community leaders was a challenge to implementing the evaluation.

It is important to recognize the time needed for institutions, organizations and individuals to adapt and accept a new methodology and paradigm that can greatly change how they function and work, such as a participatory evaluation. In many cases, given the appropriate time and stimulation, people become motivated and apply dedicated efforts to implementing these new programs and methodologies.

For example, the participatory methodology was new to most of the health secretariats of the participating municipalities. This often generated an internal movement across public institutions to discuss the new concepts and assess degree of agreement among staff in order to incorporate the new methodology into existing programs, with particular emphasis on intersectoral collaboration and guaranteeing social participation in actions and decision-making processes. This is a slow process as it needs to take place through meetings, forums and discussion groups, and requires linking various levels of administration, breaking existing paradigms, and dealing with individual and collective resistance (Sperandio, 2006).

Respecting the time needed to achieve this acceptance in public institutions and among their staff was critical in order to put in place programs that were consistent with the communities’ expectations, making optimal use of resources, adopting approaches that were more consistent with health promotion practices, and improving personal motivation among public staff and other stakeholders.

This initial process also served as an opportunity to strengthen alliances and trust among participants and their institutions (for example, municipal managers, representatives from the community and NGOs). As reported by the experience of communities in the Northeast of Brazil, these new alliances “encouraged an innovative way to promote local empowerment and equity” (De Sá et al., 2006).

Since preparing for and using participatory processes takes time in order to work effectively and even longer to demonstrate results, often, due to political pressures and impending changes in government, countries will bring in evaluators external to the community to conduct an outside and non-participatory evaluation. Although this produces useful information and results, it does not have the same empowering and long-lasting impact of the more participatory processes. It also does not guarantee that the information collected and analyzed and the lessons learned will be shared with the community.

4. Set aside resources for evaluation

Lack of sufficient resources have in many cases limited or interrupted the participatory evaluation process. The allocation of scarce community resources to conduct a participatory evaluation was a common problem. This was often the result of a general lack of understanding about the effectiveness and the usefulness of the results generated on the part of program managers and others responsible for funding and budget. This underscores the importance of continuously educating about and raising awareness of the importance of health promotion in promoting equity and better health for all, and the need to establish adequate funding and structures for its evaluation. This includes the need to educate stakeholders on the benefits and the appropriateness of participatory evaluation in producing key information for decision-making at all levels.

Analysis of previous international experiences supports the allocation of a minimum of 10% of total program resources to ensure the development and implementation of evaluation in health promotion (PAHO, 2005). It is important to advocate for the establishment of a fund for health promotion evaluation from the initial planning stages of any initiative (PAHO, 2005).

5. Reach consensus on the definition of key concepts

It was common for the participating countries and the stakeholders to report a general lack of understanding about the concept of health promotion (often considered an approach to disease prevention) and the participatory evaluation methodology. This can have a direct impact on the planning of the evaluation since how people understand key concepts will shape the design, data collection, analysis and presentation of results of the evaluation.

There were also doubts about the benefits of conducting a participatory evaluation, mostly related to the time it takes to conduct the process and the usefulness of the data it will produce. As a result, it was not uncommon to face resistance by those in key institutions in applying a participatory evaluation methodology that, as they understood it, did not emphasize results and project evaluation.

It is important to address these concerns and take into account the challenges faced by stakeholders coming from institutions with rigid and bureaucratic structures, that very often do not have a policy to coordinate with other institutions or to work in an intersectoral manner, and who are often unwilling to share information.

6. Address concerns related to participatory processes

Concerns about working with the community also came up in some instances, often in the form of fears of receiving negative comments and prejudice against actions taken with “too much” input from community members. Representatives from public sectors in some cases were apprehensive that the process would generate “unrealistic demands” on the part of community members or negative criticism. This was particularly true of communities that were not well represented, in which, traditionally, programs and approaches were implemented from the top-down and truly representative and participatory mechanisms for community participation were scarce or non-existent. Often efforts had to be re-directed at organizing the community, and raising awareness about the real meaning of “participation” among the stakeholders.

7. Institutional context and individual factors

Working with institutions with rigid and bureaucratic structures was also reported as a major challenge for those engaged in conducting a participatory evaluation. Main complaints included lack of institutional support or excessive bureaucracy, lack of coordination among public sector institutions, strict guidelines regarding the use of funds, and conflicts between the different actors involved (federal, state, municipal). Personal and professional interests, low technical capacity of personnel, and concerns that participatory evaluation would only lead to a heavier workload that would not necessarily translate into “benefits” for their immediate work also affected people’s interest in investing in the process.

Of all challenges, the high turnover of personnel at all levels and institutions was by far the most disruptive and difficult to deal with since it could seriously impair the continuity, feedback and appropriate application of the participatory methodology. Brazil, Peru, Mexico and Trinidad and Tobago all indicated the difficulties faced when changes took place of key personnel (particularly within the Ministry of Health) involved with the health promotion initiatives and their evaluation. Public sector personnel are frequently transferred to another State or unit/program within their institutions and it is often the case that in their new posts they are no longer in a position to follow through with the initiatives for which they were previously responsible.
In Peru, the AMARES Project, a program supported by the European Union, the Peruvian Network of Healthy Municipalities and 7 regional Peruvian networks are collaboratively developing a database of baseline data which, in turn, is generating a great deal of baseline data that will be critical to support evaluation efforts in the future.

9. Conducting participatory evaluation can be alone an empowering process

There was an empowering effect of applying a participatory methodology – communities and stakeholders were more willing and interested in participating and maintaining this participation. The process of planning and implementing a participatory evaluation provided a very rich opportunity to discuss, exchange and reflect on countries’ experiences with the HMC Strategy.

Most countries reported that these planning discussions brought to light the various interpretations that participants gave to health promotion concepts and principles. Participants quickly realized the implications of these differences for the planning and implementation of the evaluation methodology and the importance of reaching consensus among the group members.

This resulted in a productive and positive dialogue among participants to reach consensus on the various concepts and principles utilized in their evaluation processes.

This process also stimulated participants to take into account different aspects of health promotion that had been overlooked in previous evaluation efforts. This brought up a “difficulty” since many realized that their HMC programs were not taking into account some of the health promotion principles (for example, programs were not intersectoral). This is stimulating many municipalities to review their planning and implementation processes in order to more appropriately incorporate health promotion principles.

Conclusions

Health promotion has made significant strides in the past few decades in the Americas. Interest in evaluating its effectiveness has been increasing greatly in the past few years. Participatory evaluation holds great promise for helping to generate this evidence and promote understanding of the factors that affect, positively or negatively, the advances of health promotion in the Region.

The experiences described in this article highlight some of the various challenges posed by the complex and multidimensional local and national contexts in which the participatory evaluation is introduced. Factors affecting the success of evaluation initiatives were identified at all levels of reality (individual, community, organizational, political, economic, etc.). It is also important to take into account that these factors are intertwined and affect each other in very complex ways. This was reflected in the municipalities’ experiences in applying the participatory evaluation.

Even though the development of the Participatory Evaluation Guide happened as a direct response to requests from countries implementing the HMC Strategy, once the methodology was made available and was applied in such initiatives, the majority of countries realized they “were not ready” to implement such an innovative approach to evaluation. This was mainly due to their realization that their HMC and health promotion programs and initiatives had not appropriately taken into account key health promotion principles (such as intersectorial collaboration or community participation).

This was an important contribution that the application of the participatory evaluation made to these initiatives: it shed light on the gaps in their efforts and forced those involved to confront the problems and reflect on how to address them. As a result, the majority of community groups and institutions involved in this initiative perceived the need to re-examine and thereby reorient their planning and implementation processes in order to effectively apply the participatory evaluation methodology in the future. Thus, engaging in the participatory evaluation process has served as a catalyst to generate intersectoral and participatory processes essential to the development of HMC initiatives.

All countries involved in this evaluation initiative reported that the process of engaging in participatory evaluation was highly motivating and revitalizing, concretely allowing those involved to evaluate their actions more consistently, stimulating interest in the issue of evaluation and in-depth reflection on activities. The experience strengthened capacities among those involved, generated commitment to promote health promotion principles, strengthened alliances among key stakeholders, and emphasized the potential of the participatory evaluation as a decision-making tool. These experiences demonstrate that supporting the implementation of participatory evaluation initiatives has the potential to contribute to the advancement of health promotion in the countries of the Americas.
References


