Effective Monitoring and Evaluation of Primary Health Care Interventions Requires Participatory Approach
Abstract

Primary Health Care (PHC) is at the core of the Nigerian health system and key to providing basic health services to people with their full participation. The principles of PHC allow individuals and groups particularly rural communities active participation in planning, implementing, monitoring and evaluating health interventions. Methodical and participatory monitoring and evaluation underpins achievement of PHC goals and objectives, planning for any intervention is therefore incomplete without clear mechanisms for collectively monitoring and evaluating. The paper argues that participatory monitoring and evaluation in primary health care empowers communities and health workers to make informed decision on interventions, and performance; and promote collaboration, transparency, accountability, and sustainability. People’s participation advocated in primary health care is vital element for effective health programme intervention, and service delivery. The paper articulates strategies for effective monitoring and evaluation of primary health care interventions based on the participatory approach.

Key Words: Primary Health Care, Monitoring and Evaluation, Participatory Approach.

Introduction

Primary Health Care (PHC) is at the core of the Nigerian health system and key to providing basic health services to people with their full participation. The principles of PHC allow individuals and groups particularly rural communities active participation in planning, implementing, monitoring and evaluating health interventions. Health improvement is what public health professionals strive to achieve. Koplan (1999) argues that targets of public health actions have expanded beyond infectious diseases to include chronic diseases, violence, emerging pathogens, threats of biological terrorism, and the social contexts that influence health disparities. Hence, evaluating public health interventions has become more complex, and more critical for primary health care in rural communities dealing with disadvantaged and vulnerable groups. Monitoring and evaluating primary health care interventions to determine effectiveness, outputs and outcomes depend on the information system's capacity to generate reliable and relevant information for different levels of decision makers, particularly at the community level. Public health depends extensively on reliable information for assessing needs, planning, monitoring, and evaluating interventions. System services support health systems by transferring technical information and communicating best practices, evidence-based guidelines, and innovative approaches to service delivery (Sullivan, Strachan, and Timmons, 2007). The performance of these systems cannot be left to chance, participatory monitoring, and evaluation, using agreed indicators help to determine the relevance, progress, achievements, effectiveness, and efficiency of health interventions.

Why Participatory Monitoring and Evaluation in Primary Health Care?

Chan (2008) argues that health systems reforms based on PHC must ensure health systems contribute to health equity, social justice and the end of exclusion, moving towards universal access and social health protection; reorganise health services around people’s needs and expectations, so as to make them more socially relevant; replace disproportionate reliance on command and control and laissez-faire disengagement by the inclusive, participatory, negotiation-based leadership. At the planning stage of primary health care interventions consider strategies for monitoring and evaluating, these become integral to the entire process, and not add on elements attached when
implementers find it convenient. Methodical and participatory monitoring and evaluation underpins achievement of PHC goals and objectives, planning for any intervention is therefore incomplete without clear mechanisms for collectively monitoring and evaluating activities. Typically, the technical process of methodically monitoring and evaluating PHC interventions robust enough to accommodate non-technical stakeholders in a participatory process, enriches output without sacrificing quality and credibility. Participatory monitoring and evaluation in primary health care empowers communities and health workers to make informed decision on interventions, and performance; and promote collaboration, transparency, accountability, and sustainability. People’s participation advocated in primary health care is vital element for effective health programme intervention, and service delivery. Participatory process means involving all stakeholders, particularly beneficiaries in rural communities when assessing and prioritising health needs, planning and implementing interventions, monitoring and evaluating.

Plan effectively for monitoring and evaluation at the health intervention planning phase. Teams include men and women, constituted based on agreed criteria, and beneficiaries are part of the teams. Individuals and groups are adequately trained, sufficient money and materials are available for tasks. Tools and techniques for data collection, accounting and reporting systems collectively agreed. Mechanisms for using findings for corrective action, giving, and receiving feedback are established.

Participatory process advocated in PHC intervention helps to achieve the following:

i. selecting health needs from the people’s perspective;
ii. targeting health interventions based on community priority needs;
iii. mobilising local resources for PHC;
iv. optimising use of skills, and energies in health intervention;
v. providing legitimacy for the health intervention;
vi. enhancing commitment to achieving collective objectives;
vii. enhancing transparency, accountability, efficiency, and success;
viii. promoting collaboration and trust;
ix. enhancing accuracy, and reliability of information; and
x. building capacity for programme sustainability.

Primary Health Care Monitoring Defined

Monitoring ensures interventions are implemented as planned, identifies specific problems as they arise, and allows continuous feedback (Baker, 2000). Monitoring primary health care interventions means using participatory approach to methodically ensure that activities are carried out according as to achieve objectives of the intervention. Implementers use information generated to make necessary changes for greater effectiveness and efficiency.

It is therefore not monitoring when health officials, and politicians visit PHC projects in communities long after commencement; courtesy calls are paid on community leaders, and the project visited without clear plan of what is being monitored. Decision to monitor PHC interventions, what is monitored, when and how must be part of primary health care programme planning, and contained in the plan. Although, Green, (1992) suggests monitoring of health intervention is important function of a health planner during implementation. Indeed, methodical monitoring of PHC interventions begins even before implementation, once project or intervention is decided monitoring follows at the planning stage, and through the life of the intervention. Essentially, monitoring pervades all segments of the primary health care intervention, project and programme in the community or health facility, to address gaps at three main stages planning, implementation, and post implementation. Primary health care planners, managers,
policy makers, health workers, beneficiaries, and sponsors are all responsible for monitoring interventions.

**Participatory Primary Health Care Monitoring**

1. Participatory PHC monitoring starts with constituting monitoring teams, carefully selected based on agreed criteria to ensure competence. Ensure the team includes women, men, and when necessary youths depending on what is being monitored. Integrating beneficiaries of health interventions in PHC monitoring enhances credibility, transparency, and accountability. Beneficiaries can certify claims by implementers.

2. Clear objectives and indicators facilitate monitoring. Those involved in implementing, and monitoring activities must understand objectives, indicators, expected outputs, outcomes, and their linkages. Specific, measurable, achievable, and time bound (SMART) objectives are easier to measure. Review indicators to ensure viability in measuring objectives, different people using the same indicators should be able to obtain the same results, particularly on quantitative measures, valid and reliable indicators are likely to give credible results. Validity means the indicator measures what it is supposed to measure based on stated objective. Reliability implies different people using indicators at different times get similar results.

3. The team collectively develops monitoring plan guided by objectives, and resources. The plan addresses highlights and objectives of the primary health care project; monitoring objectives, activities, schedule, persons, and budget. The monitoring schedule has about eight items objectives, indicators, activities, time, monitoring method, progress, problems, and solutions. PHC monitoring objectives could include to: determine if project is being implemented according to plan, specifications, standards, and on time; understand the quality and quantity of money, and materials reaching implementers; ensure outputs are consistent with agreed targets; identify any unexpected constraints and problems and where; identify where changes are necessary and actions needed; and determine if the project plan should be reviewed.

4. Structured, consistent, user-friendly tools are necessary for collecting relevant, accurate, and timely data. Monitoring team tailors tools to match activity, objectives, information needed, data collectors, and the environment. Tools for monitoring depend on what is being reviewed and include: worksheet for the review, interview checklist and guidelines, discussion guidelines, observation guidelines. Techniques depend on reviewers and what is being reviewed. These could include: interview and observation, formal and informal discussion, review records and reports, and review minutes of meeting. Sources of data include health workers, policy makers, community leaders, related agencies, organisations, and ordinary men and women affected by the intervention.

The team agrees appropriate tools and techniques for collecting data on each aspect of the intervention for monitoring. Key questions are: What information is needed and what are the sources? Who should be involved in monitoring? When should monitoring be conducted?

What tools and techniques should be used? What materials are needed? How should the information be analysed? How would results be presented? How would results be used?

5. The team monitors and submits report. Monitoring must be conducted in accordance with specifications, and report submitted at agreed time. The health officers, consultants, and monitoring team agree reporting format during planning.
Planning and Conducting Participatory Primary Health Care Evaluation

Evaluation is systematic examination of intervention, project, or programme to determine degree to which objectives are achieved (Gajanayake, & Gajanayake, 1993). Evaluation responds to specific management decision-making needs and describes the intended programme; what was actually implemented; participant characteristics; and demonstrates impact of the programme (Poreteous, Sheldrick, and Stewart, 1997). In this context, participatory primary health care evaluation involves an inclusive team that methodically gather data using scientific and reliable tools and techniques to determine outputs and outcomes of interventions in order to improve them. Reliable evidence generated facilitates planning, and determining relevance, progress, efficiency, effectiveness, impact, and sustainability of interventions.

In primary health care monitoring and evaluation are inextricable. Monitoring ensures that primary health care programmes are on track while evaluation ensures they are on the right track with the desired effect, and impact. Judgement of activities at every stage is hence based on valid, accurate, and relevant information generated through monitoring and evaluation (Adindu, 2007). Evaluation in primary health care provides reliable information to guide present and future decisions and actions, hence part of planning, and implementation processes rather than the activity that may or may not be carried out.

Characteristics of Participatory Evaluation in Primary Health Care

Adindu (2008) suggests evaluation of health care interventions is more technical than monitoring, uses scientific research methodologies, quantitative and qualitative for data gathering and analysis. It requires specialist skills, but does not preclude none specialist stakeholders. However, adopting participatory approach in PHC evaluation has the following advantages:

i. ensures everyone involved or affected by the programme or providing resources has opportunity to participate in the evaluation process;

ii. shared interests and different concerns are recognised;

iii. all stakeholders have access to results of evaluation;

iv. enhances acceptability and support for the intervention and evaluation process;

v. builds capacities, promotes partnership among beneficiaries, implementers, and sponsors;

vi. community experience, and expertise are recognised and utilised; and

vii. enhances accuracy and reliability of results, and promotes sustainability of health intervention;

What to Evaluate in Primary Health Care

Effective primary health care evaluation helps in determining current health realities, priorities, objectives, and indicators, if project objectives are achieved using agreed indicators, extent to which results satisfy resource investment, quality of intervention, things that went right and wrong, how not to repeat mistakes, and measures to improve intervention.

Assess relevance of primary health services at the planning stage to understand current health situation, determine rationale, and appropriateness of each intervention in meeting identified health needs of the community. Changes proposed to the delivery and organisation of health services should be evaluated before they are widely implemented (McDonnell, Wilson and Goodacre, 2006). On the same note, evaluation should precede implementation and follow a staged approach (Cambell, Fitzpatrick, Kinmouth, et. al, 2000). Information from desk monitoring of PHC activities are utilised to assess relevance of planned intervention to the context, people, health needs, available
resources, technologies, and capacities. Relevance evaluation helps in deciding what activities must take place before actual implementation, and indeed how to break down the intervention.

**Assess progress** of primary health intervention during implementation to periodically measure actual achievement against planned activities, identify gaps, and their causes. Actions are then taken to keep the process, and activities on course. Data and information derived from monitoring are utilised to measure progress. Effective monitoring using the right tools, asking the right questions, and examining the right things, against the intervention plan, time, and budget to provide credible information for measuring progress of the primary health intervention. To assess progress means that the planning process was properly conducted with clear objectives, indicators, time, budget, and people properly selected and trained for various activities. Materials, and equipment are available on time in agreed quality and quantity. Objective assessment of progress is difficult when needed inputs agreed at the planning stage are not consistently coming on schedule.

**Assess efficiency** of PHC intervention to determine the relationship between results, and resources utilised. The aim is to improve implementation, and enhance progress by using results of monitoring. Efficiency evaluation of PHC ensures that the right people are assigned tasks, and properly trained; workers are well supervised, and remunerated.

**Assess effectiveness** to determine immediate outputs and outcomes of the primary health care intervention, and degree to which predetermined objectives, and targets are achieved. In addition, effectiveness addresses satisfaction or dissatisfaction expressed by the different health beneficiaries, communities, health workers, donors, and other stakeholders. Effectiveness requires application of scientific methodologies to measure outputs, and some degree of outcomes of the PHC intervention.

**Assess impact** after implementation to understand overall outcome of primary health care intervention on the health and social well being of the people. Impact evaluation typically conducted years after assesses causality, depending on initial plan determines if the intervention had desired effect on individuals, households, and institutions, whether the effect is attributable to the intervention, also exposes unintended consequences, positive or negative, on beneficiaries (Baker 2000). Impact evaluation of primary health care interventions helps in understanding positive, negative, foreseen and unforeseen status of beneficiaries due to health programme.

**Assess sustainability** to determine continuity of intervention after exit of external stakeholders, a litmus test for the success of PHC interventions. This is critical and forte of approach advocated in primary health care, and indeed all health and development interventions. It means the community is properly trained manage the intervention, understands the PHC intervention, actively involved in all the processes, has adequate local capacity to continue or maintain the intervention. Sustaining the PHC intervention means community values it, and ready to mobilise necessary resources to continue the intervention for long-term health improvement of the people. Sustainability is assessed years after external agents have left the community.

Basic steps are in participatory PHC evaluation start with constituting an inclusive evaluation team; review programme plan, objectives, and indicators; prepare evaluation plan; design data collection tools; and collect credible data, analyse and produce report. In terms of when to evaluate, Turnock (2004) argues that establishing measurable checkpoints in time and direction is key to any evaluation strategy. PHC evaluation is continual but results are summarised and reported at agreed times or intervals. During
planning those involved collectively decide when, what to evaluate, and when to report. Typically, quarterly evaluation is good practice, brings reports from all points, units or departments involved, often preceded by monthly review at each point. The quarterly review helps to track activities, and allows changes to take place if necessary. Evaluate at the beginning of the primary health care intervention to determine relevance and feasibility of issues being addressed, the objectives, indicators, and work plan. Continuously evaluate at the middle of PHC intervention to assess outputs, effect, progress, and efficiency. Compare results with objectives planned, identify gaps and problems, and take corrective action. Evaluate at the end of PHC intervention to determine extent to which objectives are achieved as planned, then three years after to assess impact.
References


