

## Guide for Documenting Health Promotion Initiatives

PAHO Health Promotion Effectiveness Working Group

# Guide for Documenting Health Promotion Initiatives



**Pan American  
Health  
Organization**



*Regional Office of the  
World Health Organization*

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## ACKNOWLEDGEMENTS

**Working Group Members and PAHO/WHO Collaborating Centers that contributed to this document (in alphabetical order):**

Center for Chronic Non-Communicable Disease Policy (Public Health Agency of Canada)

Center for Health Promotion (University of Toronto, Canada)

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Center for Evaluation, Training and Advocacy in Health Promotion (CEDETES, Center for Development and Evaluation of Public Health Policies and Technologies, University of Valle, Cali, Colombia)

Center for Healthy Cities (Indiana University, USA)

Center for Healthy Cities and Health Promotion (CEPEDOC - Center for Study, Research and Documentation in Healthy Cities, University of São Paulo, Brazil)

National Institute of Public Health/Mexican School of Public Health (Mexico)

The United States Centers for Disease Control and Prevention (National Center for Chronic Disease Prevention and Health Promotion)

WHO Collaborating Center for Healthy Cities and Towns (Quebec, Canada)

Workgroup for Community Health Development (University of Kansas, USA)

Representatives from the Area of Sustainable Development and Environmental Health and Area of Health Surveillance, Disease Prevention and Control of PAHO.

Additional contributions were received on the field test from: Argentina, Brazil, Canada, Colombia, Costa Rica, Cuba, Ecuador, El Salvador, Guyana, Mexico, Paraguay, Peru, Saint Vincent and the Grenadines, Trinidad and Tobago, Uruguay.



# Introduction

The objective of this Guide is to provide a simple, standard format to support the documentation of health promotion programs, projects, initiatives, activities or efforts to create conditions that promote health and health equity. This documentation effort will help expand the evidence base for the effectiveness of health promotion activities and projects that are taking place worldwide. This Guide can also be useful to:

1. Provide guidance on what information should be collected on health promotion initiatives
2. Promote sharing of experiences and materials developed so the initiatives can be adapted and applied by others, as applicable
3. Facilitate empowerment of the initiative's participants by helping them understand the initiative within the context of health promotion
4. Support capacity building efforts for those involved in the initiative
5. Aid advocacy and resource mobilization activities
6. Create opportunities for critical reflection on the initiative and health promotion processes

***By completing and submitting this form, there is a possibility that:***

- **Your initiative will be posted on PAHO's Web Page**
- **You might gain voice with current and potential funders**
- **You might increase your likelihood of publishing in a peer-review journal**
- **Your initiative may be adapted by and inform the implementation of other initiatives**

***When addressing the questions in this Guide, please:***

- Use brief sentences and paragraphs (using the headings and blank spaces provided)
- Be consistent with the times used to describe activities (i.e. future, past, or current activities)
- Annex a glossary of terms and acronyms, as well as references when other programs, techniques, or documents are mentioned in your responses

Detailed instructions are provided in the accompanying Guidelines to Complete the Health Promotion Documentation Guide. Definitions are provided in the Glossary to assist you in answering the questions.

If you are willing to share your documentation with others, ***please send the completed Guide and any related reports or digital images to: Marilyn Rice, Pan American Health Organization, E-Mail address: [hpdpd@moss.paho.org](mailto:hpdpd@moss.paho.org)*** by clicking the submit form button.

We are very grateful to you for taking the time to complete this guide. The information you provide is very important to health promotion practitioners the world over.

1. Submission date of this report \_\_\_\_\_

2. Your Contact Information

Name			
Position			
Organization			
Address			
City	State/Province/Department		
Zip Code	Country		
Phone No.	Fax No.		
Email			

3. Contact information lead/implementing organization

Name			
Position			
Organization			
Address			
City	State/Province/Department		
Zip Code	Country		
Phone No.	Fax No.		
Email	Website		

4. Contact information partner /involved organizations

Name			
Position			
Organization			
Address			
City	State/Province/Department		
Zip Code	Country		
Phone No.	Fax No.		
Email	Website		

4. Contact information partner /involved organizations (continued)

Name			
Position			
Organization			
Address			
City	State/Province/Department		
Zip Code	Country		
Phone No.	Fax No.		
Email	Website		

Name			
Position			
Organization			
Address			
City	State/Province/Department		
Zip Code	Country		
Phone No.	Fax No.		
Email	Website		

Name			
Position			
Organization			
Address			
City	State/Province/Department		
Zip Code	Country		
Phone No.	Fax No.		
Email	Website		

Name			
Position			
Organization			
Address			
City	State/Province/Department		
Zip Code	Country		
Phone No.	Fax No.		
Email	Website		

5. Title / name of the initiative

6. Purpose(s) or objective(s)

6.1 Issues addressed by the initiative

<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

7. Expected outcome(s)/result(s)

8. Time frame

Start Date

End Date/Projected End Date

☐ Ongoing/Continuous

Comments

9. Stage of Implementation

☐ Start up

☐ In progress

☐ Completed

10. Geographic coverage

Country

Check applicable geographic division

List all areas where the initiative is being or has been implemented

☐ Province/State/Region

☐ City/Town/Municipality

☐ Village/Community/  
Neighbourhood

11. In what setting is/was the initiative being implemented?

Check applicable setting

Name of setting or description

☐ Community

☐ University

☐ School

☐ Hospital

☐ Community Center

☐ Workplace

☐ Religious institution

☐ Health & Wellness  
Centers

☐ Law enforcement/Judicial

☐ Population-specific  
support services

☐ Virtual community

☐ Government/executive/  
decision making body

☐ Other Please state

12. Briefly describe, in approximately 250 words, initiative.



13. A What were the characteristics of the setting (BASELINE - before implementation of the initiative)?

Demography (population profile)

Population health profile

Political context

Socio-economic conditions

Socio-cultural

Citizenship -level of participation of various stakeholders (i.e. individuals, community, local authorities, government agencies, private sector)

13. B What are the characteristics of the setting following implementation of the initiative? If the initiative is ongoing, what changes have been observed?

Demography (population profile)

Population health profile

Political context

Socio-economic conditions

Socio-cultural

Citizenship - level of participation of various stakeholders (i.e. individuals, community, local authorities, government agencies, private sector)

14. Why was this initiative started ? Check all that apply and explain briefly.

☐ In response to an unmet need

☐ In response to a crisis

☐ In response to an opportunity

☐ In response to a political request

☐ In response to citizen/ community action

☐ In response to a funding opportunity

☐ Initiated by an individual on behalf of an organization

☐ Other (please state)

15. Was the design of this initiative guided by any strategies/models or frameworks?

☐ No

☐ Yes (please describe below)

## IV

## FINANCING

16. What was/is the budget for the initiative/What funds were available for this initiative?

Start up	\$	<input type="text"/>	Currency	<input type="text"/>
Annual	\$	<input type="text"/>		
Total (if completed)	\$	<input type="text"/>		

17. What were/are the sources of funding (check all that apply and state amounts received)?

<input type="checkbox"/> Government	\$	<input type="text"/>
<input type="checkbox"/> Fundraising	\$	<input type="text"/>
<input type="checkbox"/> Agency budget	\$	<input type="text"/>
<input type="checkbox"/> NGO	\$	<input type="text"/>
<input type="checkbox"/> Private Sector	\$	<input type="text"/>
<input type="checkbox"/> Donor	Name	<input type="text"/>
	Amount	\$ <input type="text"/>
<input type="checkbox"/> Other	Please state who	<input type="text"/>
	Amount	\$ <input type="text"/>

18. Describe any non-financial resources that were made available to implement the initiative (including community assets).

Human	<input type="text"/>
Material	<input type="text"/>
Other Please state	<input type="text"/>

19. Were/are the financial resources available for this initiative adequate to accomplish the expected results?

☐ Yes

☐ No

If not, what were/are the challenges?

20. Were/are the non-financial resources provided for this initiative adequate to accomplish the expected results?

☐ Yes

☐ No

If not, what are the challenges?

21. Who were/ are the key partners involved in this initiative (people, organizations, institutions), and what were/are their main roles and responsibilities?

NAME	MAIN ROLES AND RESPONSIBILITIES

22. Did the participation of these partners change over time? ☐ No ☐ Yes

If yes, please describe how and what kind of change was observed (for example, from funder to field partner, from active partner to uninterested, etc.)

23. Were new partnerships developed during the implementation of the initiatives? ☐ No ☐ Yes

If yes with whom, why and how. Please describe below.

24. What strategies have been/are being used to achieve the results/outcomes thus far? (check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Participation<br>(stakeholder/target audience) <i>(go to A)</i>      | <input type="checkbox"/> Advocacy <i>(go to F)</i>                                 |
| <input type="checkbox"/> Partnerships/collaboration/<br>intersectoral action <i>(go to B)</i> | <input type="checkbox"/> Building leadership <i>(go to G)</i>                      |
| <input type="checkbox"/> Empowerment/Capacity Building <i>(go to C)</i>                       | <input type="checkbox"/> Creating supportive environments <i>(go to H)</i>         |
| <input type="checkbox"/> Public Policy <i>(go to D)</i>                                       | <input type="checkbox"/> Improve access to resources/<br>services <i>(go to I)</i> |
| <input type="checkbox"/> Communications and<br>Public Relations <i>(go to E)</i>              | <input type="checkbox"/> Other Strategies not identified above <i>(go to J)</i>    |

#### A. Participation (stakeholder/target audience)

Were there previous experiences with social participation and/or mobilization in this setting or with this population?

What was done to get people involved and to participate?

How long did it take before people started participating?

What challenges did the initiative face in mobilizing participation?



For each challenge what was done to overcome it?

What was achieved through participation?

What process was used to measure the effectiveness of this strategy?

## B. Partnerships/collaboration/intersectorial action

Describe the type of partnerships that were established during this initiative.

What strategies helped to develop and maintain these partnerships?

How long did it take to develop these partnerships, and how long have they been maintained?

What challenges did the initiative face to develop and maintain these partnerships?

What was achieved through these partnerships?

What evaluation process was used to measure the effectiveness of this strategy?

### C. Empowerment/Capacity building

What was done to build capacity at the individual level?

What was done to build capacity at the community level?

What was done to build capacity at the organizational level?

What leadership evolved as a result of this empowerment/capacity building strategy?

Did these efforts bring about change? ☐ No ☐ Yes, please explain below

How long did it take to create change by using this strategy?

What challenges did the initiative face while implementing capacity building activities?

What was achieved by building capacity?

What evaluation process was used to measure the effectiveness of this strategy?

## D. Public Policy

Did the initiative contributed to the development or modification of any public policy? If yes, please list and briefly describe.

What was the process to develop new policies or change existing policies?

How long did it take for these public policy changes to occur?

What challenges did the initiative face when developing or changing these public policies?

What was achieved through these changes in public policy?

What evaluation process was used to measure the effectiveness of this strategy?



## E. Communications and Public Relations

How was information about the initiative given to and received from people involved in implementing the project?

How was information about the initiative given to and received from intended participants/partners?

Which communication tools/methods were most useful and why?

Which communication tools were least useful and why?

What challenges did the initiative face that relate to communicating and sharing knowledge, and how were they addressed?

What was achieved through communication and knowledge transfer?

What evaluation process was used to measure the effectiveness of this strategy?

## **F. Advocacy**

What advocacy activities were carried out during the initiative?

How were these advocacy activities carried out?

What challenges did the initiative face that relate to advocacy, and how were they addressed?

What was achieved through these advocacy efforts?

What evaluation process was used to measure the effectiveness of this strategy?

## G. Building leadership

Did the initiative use any pre-existing leadership structure (coalitions, committees, community groups)? Please explain.

What was the leadership structure used or set up to implement and maintain this initiative?

How did this leadership develop and evolve?

Was the leadership structure effective for the implementation of the initiative?

☐ Yes

What worked and why did it work?

☐ No

What did not work & why?

Has the leadership structure facilitated the sustainability/ continuation of the initiative? Please explain how.

What evaluation process was used to measure the effectiveness of the leadership structure?

## H. Creating supportive environments

Were any supportive environments created as a result of the initiative?

☐ No

☐ Yes (if yes please explain briefly below)

How were these supportive environments created?

What challenges did the initiative face in creating supportive environments, and how were they addressed?

How long did it take to create the supportive environments?

What was achieved through creating supportive environments?

What evaluation and monitoring strategies were used to measure the effectiveness and follow the process of developing healthy settings?

## **I. Improving access to resources/ services**

What improvements were made to increase access to resources/services?



How were these changes made?

What challenges did the initiative face that relate to improving access to resources, and how were they addressed?

What was achieved by increasing access to resources?

What evaluation process was used to measure the effectiveness of this strategy?

**J.** Other strategies not mentioned:  
Please specify strategy(s) used

Please describe and give an analysis similar to the other strategies.

List any other challenge(s) not mentioned above and give an account of how it/they were overcome

25.

List and describe any other actions/ strategies that contributed positively or negatively to this initiative

26.

27. What are the notable achievements/results/ outcomes from this initiative (list in bullet format)?

28. Which Millennium Development Goal(s) Plus did the initiative contribute to, if any?  
(check all that apply and explain briefly)

☐ 1. Eradicate extreme poverty and hunger

☐ 2. Achieve universal primary education

☐ 3. Promote gender equality and empower women

☐ 4. Develop a global partnership for development

28. Which Millennium Development Goal(s) Plus did the initiative contribute to, if any?  
(check all that apply and explain briefly)

☐ 5. Improve maternal health

☐ 6. Combat HIV/AIDS, malaria and other diseases

☐ 7. Reduce child mortality

☐ 8. Ensure environmental sustainability

☐ MDG + Combat Chronic Non Communicable Diseases and their risk factors

☐ Violence & injury prevention

☐ Road traffic injuries

☐ Tobacco use and exposure to second hand smoke

☐ Abuse of alcohol and other substances

☐ Unhealthy diet and obesity

☐ Physical inactivity

☐ Hearing & visual impairment

☐ Mental health

☐ Disabilities/rehabilitation

☐ Other

29. At what levels did the initiative make changes? (check all that apply and describe briefly)

☐ Individual

☐ Community

☐ Policy

☐ Organizations  
and  
Institutions

30. Which change was most important and why?

31. If applicable, has the initiative been sustained/continued beyond the project timeframe?

☐ No. Why not?

☐ Yes. What enabled the initiative to be sustainable/ continued?

32. Describe the evaluation process used to measure and improve the initiatives progress

33. What were the main lessons learned from this initiative?

Planning

Implementation



## Evaluation

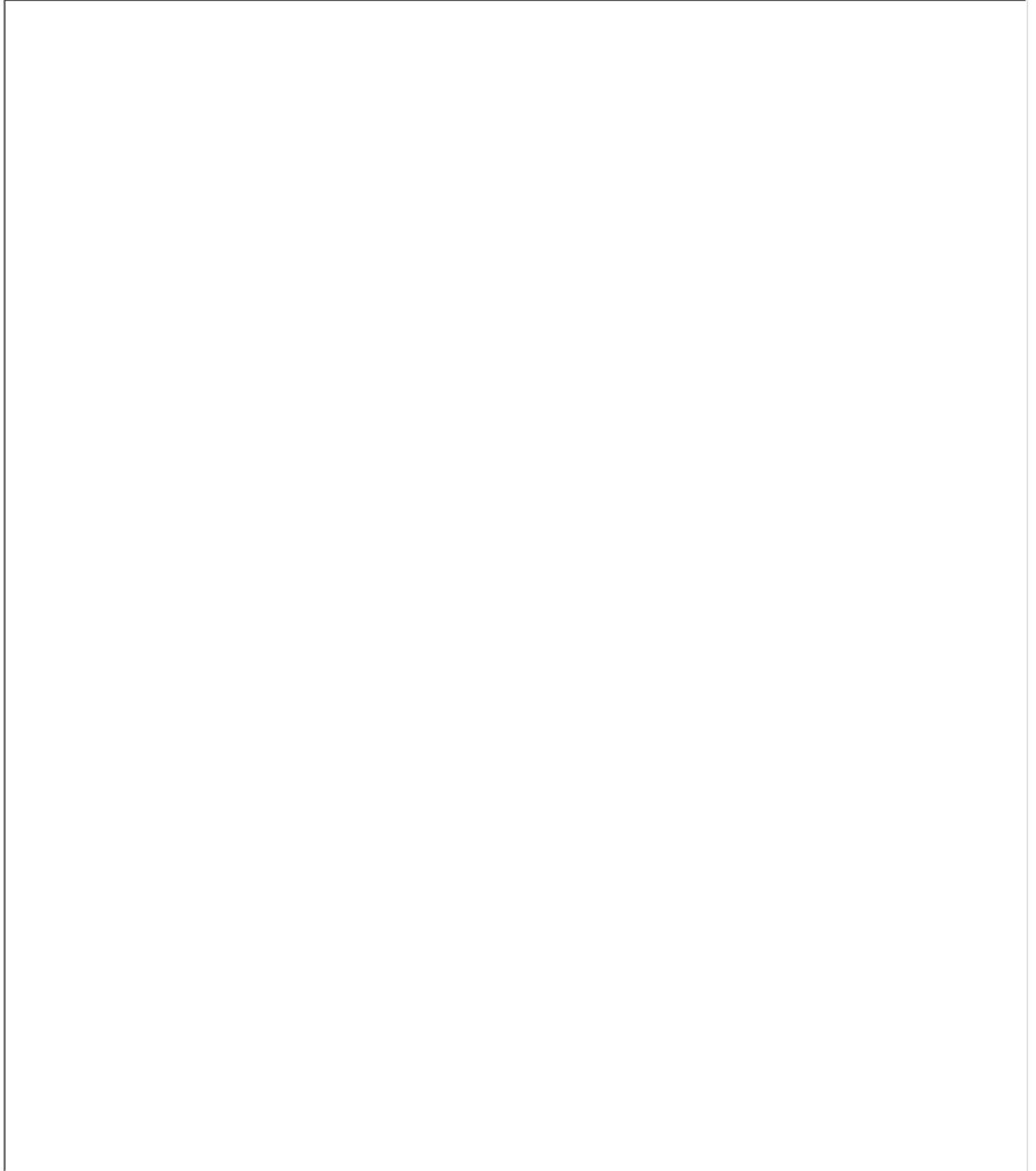
## Sustainability

34. What recommendations can you give for improving this and future similar health promotion initiatives?

35. Please list and attach copies of any material and or other tools produced to support this initiative.

36.

Please list and attach any photographs that capture significant stages and achievements of this initiative:



Submit by Email

Print Form

# Glossary

**Action planning and evaluation:** The systems and structures for organizing community activities oriented to social/ political change, with an emphasis on evaluation as a means of influencing change rather than assessing success.

**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 (WHO, 1998).

**Alliance:** An alliance for health promotion is a *partnership* between two or more parties that pursue a set of agreed upon goals in *health promotion* (WHO, 1998).

**Capacity building:** Capacity building is the development of knowledge, skills, commitment, structures, systems and leadership to enable effective health promotion. It involves actions to improve health at three levels: the advancement of knowledge and skills among practitioners; the expansion of support and infrastructure for health promotion in organizations, and; the development of cohesiveness and partnerships for health in communities (WHO, 2005).

**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 the future. They exhibit some awareness of their identity as a group, and share common needs and a commitment to meeting them (WHO, 1998).

**Critical dialogue:** Well-planned, somewhat structured, always purposive discussion that creates opportunities for critical thinking and reflection that results in the creation of new ways of understanding.

**Critical reflection and systematic monitoring:** Means of systematically and collectively capturing the learning and adjusting activities as the initiative proceeds.

**Determinants of health:** The range of personal, social, economic and environmental factors which determine the *health status* of individuals or populations (WHO, 1998).

**Effectiveness:** The extent to which an organization, policy, program or initiative is meeting its expected results; the "impact", "contribution", or "degree" to which the program meets its stated objectives in terms of community capacity building and health status.

**Empowerment for health:** In health promotion, empowerment is a process through which people gain greater control over decisions and actions affecting their health (WHO, 1998).

**Equity in health:** Equity means fairness. Equity in health means that people's needs guide the distribution of opportunities for well-being (WHO, 1998).

**Evolving leadership:** Conscious strategies to develop leadership skills and opportunities as a means of building community capacity.

**Faces, Voices and Places:** This is an effort to build political will at the highest level while at the same time providing technical assistance to address the social and economic determinants of health at the local level. It advocates for the most vulnerable populations and helps build citizenship with a focus on shared rights and responsibilities. This is achieved through intersectoral and interagency collaboration that unites efforts and commitment toward the achievement of the Millennium Development Goals.

# Glossary

**Health:** Health is defined in the WHO constitution of 1948 as: A state of complete physical, social and mental well-being, and not merely the absence of disease or infirmity. Within the context of health promotion, health has been considered less as an abstract state and more as a means to an end which can be expressed in functional terms as a resource which permits people to lead an individually, socially and economically productive life. Health is a resource for everyday life, not the object of living. It is a positive concept emphasizing social and personal resources as well as physical capabilities (WHO, 1998).

**Health behavior:** Any 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 behavior is objectively effective towards that end (WHO, 1998).

**Health promotion:** Health promotion is the process of enabling people to increase control over, and to improve their health (WHO, 1998).

**Health promotion outcomes:** Health promotion outcomes are changes to personal characteristics and skills, and/ or social norms and actions, and/or organizational practices and public policies which are attributable to a *health promotion* activity (WHO, 1998).

**Intersectoral collaboration:** A recognized 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 (WHO, 1998).

**Meaningful participation of stakeholders:** Ways of making community based interventions (CBI) stakeholders full and equal partners. Participation processes that are shaped by the real interests, feelings and values of the participants create opportunities for stakeholders to discover personal meaning in CBI.

**Millennium Development Goals Plus:** The eight Millennium Development Goals (MDGs) - which range from halving extreme poverty to halting the spread of HIV/AIDS and providing universal primary education, all by the target date of 2015 - form a blueprint agreed to by all the world's countries and all the world's leading development institutions. They have galvanized unprecedented efforts to meet the needs of the world's poorest populations. However, plus has been included as there may be other more pressing priorities that countries need to address such as violence, environmental issues, chronic diseases, etc.

1. Eradicate extreme poverty and hunger
2. Achieve universal primary education
3. Promote gender equality and empower women
4. Reduce child mortality
5. Improve maternal health
6. Combat HIV/AIDS, malaria and other diseases
7. Ensure environmental sustainability
8. Develop a global partnership for development

**Partnership for health promotion:** A partnership for health promotion is a voluntary agreement between two or more partners to work cooperatively towards a set of shared *health outcomes* (WHO, 1998).

# References

1. World Health Organization (1998) *Health Promotion Glossary*. WHO, Geneva.
2. Smith, B.J., Tang, K.C., Nutbeam, D. (2006) WHO Health Promotion Glossary: new terms. *Health Promot. Int. First published online*, 1-6.
3. UN Millennium Development Goals. <http://www.un.org/millenniumgoals/>
4. <http://www.paho.org/mdg/>