



Deliverable 3: Evaluation framework report for health promotion interventions implemented at municipal level



The project is funded by the European Union via the Structural Reform Support Programme and implemented by ICF, in cooperation with the Directorate General for Structural Reform Support of the European Commission

Submitted to:
Spanish Ministry of
Health and Directorate
General for Structural
Reform Support

Project:
Improving public health actions through better
information on equity and social determinants of
health and improved tools for evaluating health
promotion interventions



Deliverable 3: Evaluation framework report for health promotion interventions implemented at municipal level

A report submitted by [ICF S.A.](#)

In collaboration with the Spanish Ministry of Health



ICF S.A.
Avenue Marnix 17
Brussels
B-1000
Belgium
T +32 (0) 2 275 01 00
www.icf.com



Contents

- 1 Introduction 1
- 1.1 Purpose of this document 1
- 1.2 Methodology 1
- 1.3 What is health promotion evaluation? 3
- 1.4 Purpose of the evaluation 3
- 1.5 Standards for evaluation 3
- 1.6 Use of the evaluation 4
- 1.7 What is an evaluation framework? 4
- 1.8 Why evaluate the health promotion programmes? 4
- 1.9 Make decisions for the development of policies and the allocation of funds.
What is needed to be able to evaluate? 5
- 1.10 What are the barriers and facilitators? 5
- 1.11 Why equity should be a driver in the evaluation of health promotion
interventions? 5
- 1.12 How will this guide help you evaluate health promotion programmes? 6
- 1.13 10 steps to evaluate your health promotion program: summary 7
- 1.13.1 Checklist for the evaluation 11
- 1.14 Examples 15
- 2 10 Step process to evaluating your programme 16
- 2.1 Step 1: Describe the programme 16
- 2.1.1 What is this step about? 16
- 2.1.2 Why is this step important? 16
- 2.1.3 Parts of the programme to be described 16
- 2.1.4 Create a logic model 20
- 2.1.5 Considerations for equity 21
- 2.1.6 Questions for reflection and additional information/resources for this step 22
- 2.1.7 Summary 23
- 2.2 Step 2: Engage stakeholders 23
- 2.2.1 What is this step about? 23
- 2.2.2 Why is this step important? 24
- 2.2.3 How to do Step 2? 24
- 2.2.4 Considerations for equity 26
- 2.2.5 Questions for reflection and additional information/resources for this step 27
- 2.2.6 Summary 29
- 2.3 Step 3: Set your evaluation questions 29
- 2.3.1 What is this step about? 29
- 2.3.2 Why is this step important? 29
- 2.3.3 How to do Step 3? 30



2.3.4	Considerations for equity	33
2.3.5	Questions for reflection and additional information/resources for this step	33
2.3.6	Summary	35
2.4	Step 4: Assess resources	36
2.4.1	What is this step about?	36
2.4.2	Why is this step important?	36
2.4.3	How to do Step 4?	36
2.4.4	Considerations for equity	37
2.4.5	Questions for reflection and additional information/resources for this step	37
2.4.6	Summary	38
2.5	Step 5: Determine what information you need to collect and analyse.....	39
2.5.1	What is this step about?.....	39
2.5.2	Why is this step important?	39
2.5.3	How to do step 5?	39
2.5.4	Considerations for equity	44
2.5.5	Questions for reflection and additional information/resources for this step	44
2.5.6	Summary	45
2.6	Step 6: Determine appropriate methods.....	47
Step 6a-	Methods for data collection	47
2.6.1	What is this step about?.....	47
2.6.2	Why is this step important?	47
2.6.3	How to do Step 6?	47
Step 6b -	Determine appropriate methods for data analysis	52
2.6.4	What is this step about?.....	52
2.6.5	Why is this step important?	52
2.6.6	How to do Step 6b?	52
2.6.7	Considerations for equity	55
2.6.8	Questions for reflection and additional information/resources for this step	55
2.6.9	Summary	56
2.7	Step 7: Collect data	57
2.7.1	What is this step about?	57
2.7.1	Why is this step important?	57
2.7.2	How to do Step 7?	57
2.7.3	Considerations for equity	59
2.7.4	Questions for reflection and additional information/resources for this step	59
2.7.5	Summary	60
2.8	Step 8: Process data and analyse results	61
2.8.1	What is this step about?.....	61
2.8.2	Why is this step important?	61
2.8.3	How to do Step 8?	61
2.8.4	Questions for reflection and additional information/resources for this step	63
2.8.5	Considerations for equity	63
2.8.6	Summary	64
2.9	Step 9: Interpret and disseminate the results	65
2.9.1	What is this step about?.....	65
2.9.2	Why is this step important?	65
2.9.3	How to do Step 9?	65
2.9.4	Questions for reflection and additional information/resources for this step	68
2.9.5	Considerations for equity	69

2.9.6	Summary	70
2.10	Step 10: Apply evaluation findings to the programme	70
2.10.1	What is this step about?.....	70
2.10.2	Why is this step important?	71
2.10.3	How to do Step 10?	71
2.10.4	Questions for reflection and additional information/resources for this step	73
2.10.5	Considerations for equity	74
2.10.6	Summary	74

1 Introduction

1.1 Purpose of this document

This document proposes an evaluation framework for community level health promotion interventions that is tailored to the Spanish context. It is intended to help the Ministry of Health (hereinafter MoH) and other relevant Spanish stakeholders, such as municipalities, to:

- Evaluate the health promotion interventions in the context of the Health Promotion Strategy in a cycle of continuous improvement.
- Understand which aspects of the health promotion intervention met the objectives, were successful and which need improvement.
- Assess whether interventions in health promotion encompass an equity and intersectoral approach.
- Target future financing towards those types of interventions that are more successful, sustainable and equitable.
- Target interventions towards projects that address equity.

This guide should also contribute to identifying facilitators and barriers to local implementation of the Health Promotion and Prevention Strategy in the National Health System (SNS), so that the MS can provide support to local governments in project development under the National Health System (SNS).

1.2 Methodology

The first step in developing this framework has been the revision of evaluation processes linked to the Health Promotion and Prevention Strategy, such as the evaluation of its local implementation or the evaluation of projects linked to the agreement between the Ministry of Health and the Spanish Federation of Municipalities and Provinces (FEMP)¹.

Afterwards, we identified 10 evaluation frameworks for health promotion interventions. The selection was informed by the results of a thorough desk-based scoping exercise at international, European, and national levels. The specificities of each identified evaluation framework were collected, compiled, and analysed by our core research team, including information on:

- the aim of the framework and main evaluation areas covered.
- health promotion thematic areas/sub-topics covered.
- stakeholders involved in the design and implementation of the framework.
- evaluation steps used in the framework and, for each evaluation step:
 - description
 - whether the framework provides advice on how to carry out the evaluation (e.g. questions for reflection, templates, examples)

¹ Agreement between the Ministry of Health and the Spanish Federation of Municipalities and Provinces to strengthen the Spanish Network of Healthy Cities and Local Implementation of the Health Promotion and Prevention Strategy in the National Health System.

- whether any elements could be transferable to the Spanish context
- advantages and limitations of the framework.

Based on this review, we selected four frameworks to be used as a starting point to develop an evaluation framework specifically tailored for health promotion interventions implemented at municipal level in Spain:

- Davies, J.K. and Sherriff, N.S. (2012). The gradient evaluation framework (GEF): A European framework for designing and evaluating policies and actions to level-up the gradient in health inequalities among children, young people and their families. Brighton: University of Brighton. Available at: https://eurohealthnet.eu/sites/eurohealthnet.eu/files/publications/GEF%20-%20GefDocFinal_smallest.pdf
- Ontario Agency for Health Protection and Promotion (Public Health Ontario), Snelling S, Meserve A. (2016) Evaluating health promotion programmes: introductory workbook. Toronto, ON: Queen's Printer for Ontario; 2016. Available at: <https://www.publichealthontario.ca/-/media/documents/E/2016/evaluating-hp-programs-workbook.pdf?la=en>
- Prevention and Population Health Branch 2010, Evaluation framework for health promotion and disease prevention programs, Melbourne, Victorian Government Department of Health. Available at: [http://docs2.health.vic.gov.au/docs/doc/AE7E5D59ADE57556CA2578650020BBDE/\\$FILE/Evaluation%20framework%20for%20health%20promotion.pdf](http://docs2.health.vic.gov.au/docs/doc/AE7E5D59ADE57556CA2578650020BBDE/$FILE/Evaluation%20framework%20for%20health%20promotion.pdf)
- U.S. Department of Health and Human Services Centers for Disease Control and Prevention. Office of the Director, Office of Strategy and Innovation. Introduction to program evaluation for public health programs: A self-study guide. Atlanta, GA: Centers for Disease Control and Prevention, 2011. Available at: <https://www.cdc.gov/eval/guide/CDCEvalManual.pdf>

These frameworks were selected by scoring and then ranking all identified frameworks in relation to the following attributes:

- comprehensiveness of the evaluation steps;
- availability and clarity of explanations and advice for carrying out evaluations;
- potential for transferability to the Spanish context.

This document builds on each of these four frameworks' strengths, combining the most relevant elements applicable to the Spanish context into a structure to help the MoH and other relevant Spanish stakeholders (such as municipalities) to apply systematic methods to their evaluations and embed monitoring as part of best practice for public health programmes/MoH (from one-time studies to ongoing programme monitoring).

1.3 What is health promotion evaluation?

The health promotion evaluation is an assessment of the extent to which health promotion actions achieve an "estimated" outcome. The extent to which health promotion actions enable individuals or communities to exercise control over their health is a key element of the health promotion assessment². Includes:

- Evaluation of health promotion outcomes. It reflects changes in personal, social and environmental factors that improve people's control over their health.
 - Changes in health determinants are defined as intermediate health outcomes.
 - Changes in health status are health outcomes.
- Process evaluation.

The evaluation of health promotion activities can be participatory, involving all those actors have an interest in the initiative; interdisciplinary, involving various disciplinary perspectives and integrated in all phases of development and implementation of a health promotion initiative; and can also help train people, communities, organisations and governments to address health problems.

Generally speaking, programme evaluation is an area of improvement. That is why it is so important to be able to move forward on this issue and provide tools that facilitate it.

1.4 Purpose of the evaluation

Before the start, it should be clear:

- Why to evaluate the programme?
- What does the programme try to address?
- How will the evaluation results be used?

1.5 Standards for evaluation³

- Utility: Who needs the evaluation results? Will the evaluation provide relevant information in a timely manner for them?
- Feasibility: Are the planned evaluation activities realistic given the time, resources, and expertise at hand?
- Adequacy: Does the evaluation protect the rights of individuals and protect the welfare of those involved? Does it engage those most directly affected by the programme and changes in the programme, such as participants or the surrounding community?
- Equity: Does the evaluation incorporate an equity approach in the aspects to be evaluated? Is it structured with an equity approach?
- Accuracy: Will the evaluation produce findings that are valid and reliable, given the needs of those who will use the results?

² WHO Health Promotion Glossary

³ Own production with reference to: U.S. Department of Health and Human Services Centers for Disease Control and Prevention. Office of the Director, Office of Strategy and Innovation. Introduction to program evaluation for public health programmes: A self-study guide. Atlanta, GA: Centres for Disease Control and Prevention, 2011. <https://www.cdc.gov/eval/guide/CDCEvalManual.pdf>

- Transparency and accountability: Are the evaluation results made available to involved stakeholders and other interested parties?

1.6 Use of the evaluation

Evaluations can have different uses. It is important to understand the expectations of the people who can use the evaluation results and to identify relevant stakeholders and ask the following questions:

- How do stakeholders incorporate the results into decision-making and how could evaluation help in this regard?
- What do they want to know?
- What data do you find interesting?
- How can you use the evaluation results?

1.7 What is an evaluation framework?

An evaluation framework is a document that details how to monitor and evaluate different programmes or different aspects of a single programme (e.g. process evaluation; impact evaluations). It also sets out how to use evaluation results for programme improvement and decision-making. This framework pulls together the description of the relevant programme and how its activities link with the intended results. It also includes how to address the questions concerning the programme.

1.8 Why evaluate the health promotion programmes?

In order to ensure the success of these health promotion programmes, generate information for programme improvement and inform the future implementation of such programmes, it is very important to gather, analyse and report data about these and evaluate their impact.

In particular, the evaluation of health promotion interventions is essential to:

- Demonstrate that health promotion works and is an effective public health strategy
- Identify the best possible ways to promote health
- Improve practices (supporting decision-makers and health professionals in project developments, and engaging with the wider public to build knowledge and change behaviours)
- Justify the use of resources⁴

⁴ To this end, it is necessary to provide the necessary support to policy makers and practitioners, as well as to ensure effective Community involvement in building knowledge and changing behaviours and realities.

1.9 Make decisions for the development of policies and the allocation of funds. What is needed to be able to evaluate?

It is important to have a political and institutional commitment to promote health promotion programs and their evaluation. Without it, it will be difficult to develop successfully programs and their evaluations.

Training in health promotion and evaluation methodologies can be helpful, as well as to refer to other similar experiences that have been carried out in the territory or in other municipalities or regions.

It is essential to have a structured and well-founded methodology that supports the evaluation process, such as the one proposed by this Evaluation Framework pl, and that it be participated in in order to implement the changes derived from it.

1.10 What are the barriers and facilitators?

Facilitators	Barriers
<ul style="list-style-type: none">> Municipalities are entitled to implement health promotion programmes in their cities> The local level is closer to citizens and participation is easierMunicipalities have equipment (sports facilities, schools, parks) prepared to implement programmes> In the neighbourhoods the different stakeholders have the opportunity to work together; stakeholder participation and intersectionality is easier	<ul style="list-style-type: none">> Municipalities usually do not have enough resources (including human resources) to implement and evaluate programmes> Sometimes, the evaluation of programmes is not incentivised by policy makers> The diversity of municipalities in size, geographical dispersion and resources is a difficulty in implementing a common framework for assessing

1.11 Why equity should be a driver in the evaluation of health promotion interventions?

Social inequalities in health are unfair. Avoidable differences in health between population groups can be defined socially, economically, demographically, or geographically⁵. These inequalities are the result of groups' unequal health-related opportunities and resources according to their social class, gender, territory, or ethnicity; resulting in poorer health among the most socially disadvantaged groups⁶. A vast number of scientific studies show that health inequalities are substantial and responsible for excess mortality and morbidity.

⁵ Moving towards equity. Proposal for Policies and Interventions to reduce social inequalities in health in Spain.

⁶ Whitehead M. (1992). The concepts and principles of equity and health. *International journal of health services : planning, administration, evaluation*, 22(3), 429–445. <https://doi.org/10.2190/986L-LHQ6-2VTE-YRRN>

Achieving health equity is critical to addressing health inequalities insofar as it assures that everyone has a fair opportunity to attain their full health potential with equal access to community resources, equal use, and equal quality of care for all. For these reasons, when evaluating health promotion programmes, it is important to have a special focus on health equity. **Equity should be evaluated in every step of the programme**⁷.

1.12 How will this guide help you evaluate health promotion programmes?

The design of the evaluation of a programme should be done when planning the intervention. This guide summarises the key elements necessary to conduct a constructive evaluation of a health promotion intervention **through a 10-step process**⁸. These 10 steps will help you:

- a. **Engage with stakeholders and design the evaluation**
- b. **Evaluate:** Answer your questions (Collect and analyse data)
- c. **Implement:** Make use of the answers (Disseminate and apply findings)

Box 1.1 Step by step process to evaluate a health promotion programme

Step 1- Describe the programme: Depict/consolidate programme components: inputs, activities, impacts and outcomes.

Step 2- Engage stakeholders: Identify stakeholders, ensure intersectoral participation and clarify roles and responsibilities of those involved in the evaluation.

Step 3- Set your evaluation questions: Design the most appropriate evaluation questions to measure the impact of the programme.

Step 4- Assess resources: Identify the resources available for the evaluation.

Step 5- Determine what information you need to collect and analyse: Select the indicators that are specific to your programme.

Step 6- Determine appropriate methods for data collection and analysis: Collect appropriate data to answer the evaluation questions. Select credible methods to answer your evaluation questions.

Step 7-Collect data: Gather the information that will feed into your evaluation.

Step 8- Process data and analyse results: Enter, organise, and analyse data collected.

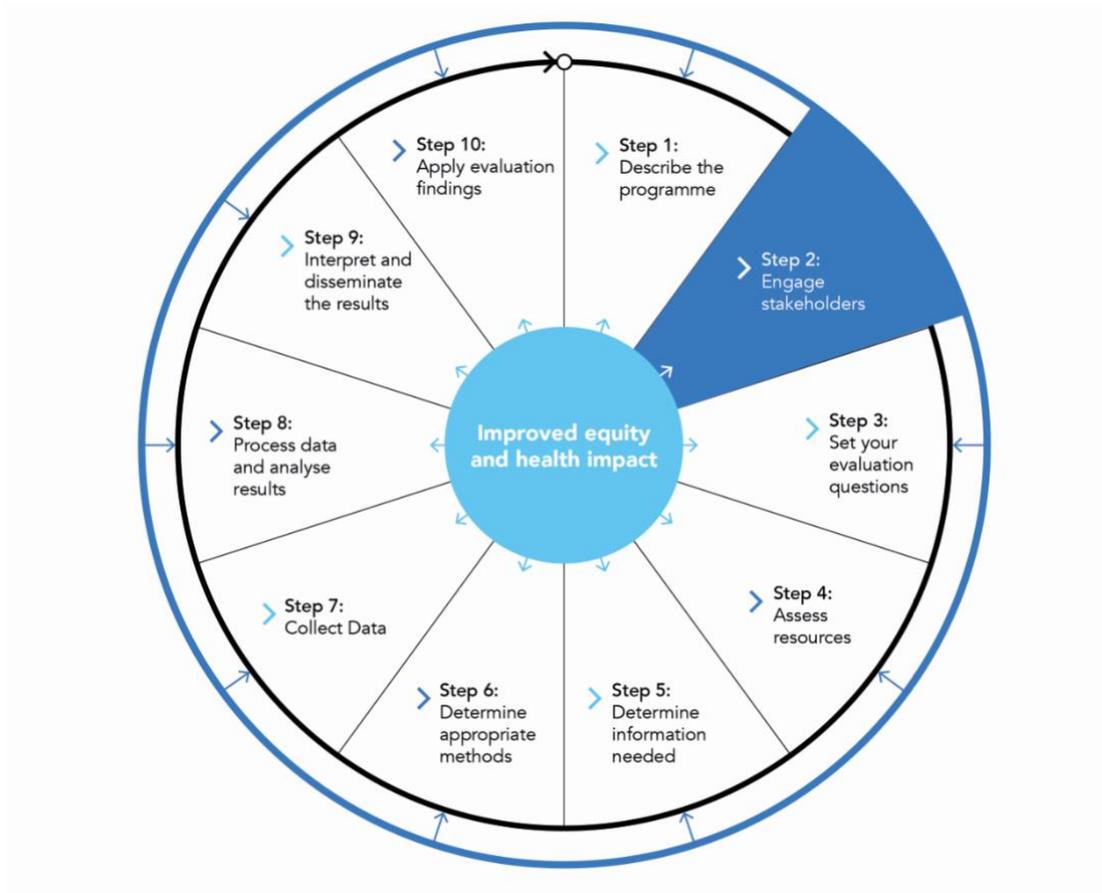
⁷ In this guide we will use programme and intervention interchangeably, although programmes can often include multiple interventions

⁸This evaluation framework is based on the 10-step evaluation model for evaluation health promotion programmes of the Ontario Agency for Health Protection and Promotion (Public Health Ontario).

Step 9- Interpret and disseminate the results: Decide what the data mean, provide explanations for the results, and attach significance to the findings.

Step 10-Apply evaluation findings to the programme: Use the results of the evaluation to make changes/improvements, inform decision making and stimulate new thinking.

Figure 1.1 Cycle of continuous improvement - 10 step process to evaluate your health promotion programme



Note: 1) Step 2 is in blue since it is a transversal step, that will have to be considered across the evaluation.
2) Due to context, time and budget, some steps might overlap

1.13 10 steps to evaluate your health promotion program: summary

Step 1: Describe the programme

Depict your programme components

- Compile a comprehensive programme description including need, programme goal(s), populations of interest, outcome and process objectives, strategies, activities, and resources
- Identify the stage of development and context of the programme

Crave a logic model

- Sequentially describe the programme components (resources, activities, impacts, and results) to evaluate.

Step 2: Engage Stakeholders

Identification of stakeholders

- Identify stakeholders that are involved in programme operations, served or affected by the programme or intended users of the programme
- Identify their roles and interests in the programme

Engagement with stakeholders

- Create a plan to involve stakeholder throughout the evaluation
- Involve stakeholder in reviewing your programme and the intervention logic
- Brainstorm with stakeholders about purposes and uses of the evaluation

Step 3: Set your evaluation questions

Select and refine your evaluation questions

- Brainstorming with stakeholders
- Select evaluation questions that are appropriate for your evaluation. Select questions focus on the process and the outcomes of your evaluation
- Consider the logic model, the stage of development of the programme
- Refine your questions considering factors, such as stakeholders, participants of the programmes or the intervention logic
- Consider the equity, efficiency, cost-effectiveness, and attribution focus in the questions

Determine your evaluation approaches

- Decide which evaluation design is more appropriate. When doing so, consider stage of the programme and available resources
- Tailor your questions to the evaluation design

Step 4: Assess resources

Identify resources available for the evaluation

- Check resources needed

- Check which resources are currently available
- Choose resources in consultation with stakeholders
- Assess the risks for each resource

Select/prioritise resources

- Select resources that will not put in risk the evaluation process
- Select resources considering that they will determine the methods used in the evaluation

Step 5: Determine what information you need to collect and analyse

Decide what to measure

- Discuss possible indicators with stakeholders
- Determine what indicators are already available
- Develop indicators that are specific to your programme
- Select your indicators based on a number of criteria

Step 6: Determine appropriate methods

Step 6a: Methods for data collection

Determine a range of data collection

- Decide what data you would need for your evaluation
- Determine the type of methodology most appropriate for the evaluation
- Consider asking an experienced evaluator or statistician
- Consider using triangulation, also known as "combined method perspective"

Train data collectors

- Decide who your data collectors will be
- Train your data collectors

Pilot test your procedures and tools

- Pilot test your procedures and tools
- Revise your data collection instruments based on feedback received.

Plan and optimise your data collection exercise

- Decide when you will collect data
- Decide frequency and duration of data collection
- Choose a sampling strategy
- Plan recruitment of participants
- Prepare a communication strategy for participants recruitment

Step 6b- Determine appropriate methods for data analysis

Decide on the analysis

- Determine methods for descriptive analysis
- Determine methods for causal contribution attribution analysis only for impacts/outcomes evaluations

Step 7: Collect Data

Develop data collection procedures

- Clearly document the recruitment process for participants
- Design your procedures so that you get a high response rate
- Consider participant informed consent
- Consider confidentiality and anonymity
- Consider cultural sensitivity

Collect data

- Follow your evaluation plan and timelines
- Decide what level of quality is necessary to meet stakeholders' standards for accuracy and credibility
- Develop and implement quality control techniques for your data

Step 8: Process data and analyse results

Enter the data

- Automate data collection where possible
- Decide what level of quality is necessary to meet stakeholders' standards for accuracy and credibility
- Develop and implement quality control techniques for your data

Organize your data to enable analysis

- Clean and organise your data

Analyse your data

- Determine what methods you should use to analyse your data

Set the stage for interpretation

- Translate findings into straightforward and understandable statistics

Step 9: Interpret and disseminate the results

Interpret data

- Consider what the results tell you about each evaluation question
- Engage with your stakeholders and ask them to review your results and participate in interpretation

Develop recommendations

- Develop recommendations to improve the programme

Share the findings of the evaluation

- Think about who you want to communicate to
- Determine which communication channels and/or formats will be used for each type of stakeholders
- Create and distribute communication products

Step 10: Apply evaluation findings to the programme

Think how to improve the programme and evaluation process

- Brainstorm strategies, and changes to the programme, especially with stakeholders
- Revise recommendations
- Propose changes and prioritise changes
- Develop an action plan to implement those changes
- Evaluate the evaluation process

1.13.1 Checklist for the evaluation

Checklist for step 1	
<input type="checkbox"/>	Description of the programme that includes needs, programme goals, population of interest, outcome and process objectives, strategies activities and resources
<input type="checkbox"/>	Identify the development phase of the programme
<input type="checkbox"/>	Identify the context of the programme
<input type="checkbox"/>	Incorporate inputs-resources, activities, results-impacts into a logic model
<input type="checkbox"/>	Equity approach to programme description
<input type="checkbox"/>	Ensure participation of key players

Checklist for Step 2	
<input type="checkbox"/>	Identify stakeholders
<input type="checkbox"/>	Identify the interests of the actors involved and their role in the evaluation
<input type="checkbox"/>	Create a plan to engage stakeholders throughout the evaluation
<input type="checkbox"/>	Involve them in reviewing the programme, and the logic model

Checklist for Step 3	
<input type="checkbox"/>	Brainstorming of evaluation questions with stakeholders
<input type="checkbox"/>	Select evaluation questions that are appropriate for your evaluation
<input type="checkbox"/>	Refine your questions considering factors, such as stakeholders, participants of the programmes or the intervention logic
<input type="checkbox"/>	Consider the equity, efficiency, cost-effectiveness, and attribution focus in your questions
<input type="checkbox"/>	Decide which evaluation design is more appropriate. When doing so, consider stage of the programme and available resources
<input type="checkbox"/>	Tailor your questions to the evaluation design

Checklist for Step 4	
<input type="checkbox"/>	Check resources needed for the evaluation
<input type="checkbox"/>	Check which resources are currently available
<input type="checkbox"/>	Choose resources in consultation with stakeholders
<input type="checkbox"/>	Assess the risks for each resource
<input type="checkbox"/>	Select resources that will not put in risk the evaluation process
<input type="checkbox"/>	Select resources considering that they will determine the methods used in the evaluation

Checklist for Step 5	
<input type="checkbox"/>	Discuss possible indicators with stakeholders
<input type="checkbox"/>	Determine which indicators are already available

<input type="checkbox"/>	Develop programme-specific indicators
<input type="checkbox"/>	Select indicators based on a number of criteria

Checklist for step 6 (a and b)	
<input type="checkbox"/>	Determine a range of data collection methods (6a)
<input type="checkbox"/>	Train data collectors (6a)
<input type="checkbox"/>	Pilot test your procedures and tools (6a)
<input type="checkbox"/>	Plan and optimise data collection exercise (6a)
<input type="checkbox"/>	Determine the right methods for data analysis (6b)

Checklist for Step 7	
<input type="checkbox"/>	Clearly document the process for recruiting participants
<input type="checkbox"/>	Design the procedures to get a high response rate
<input type="checkbox"/>	Consider participant informed consent
<input type="checkbox"/>	Consider confidentiality and anonymity
<input type="checkbox"/>	Consider cultural sensitivity
<input type="checkbox"/>	Collect data following your evaluation plan and timelines
<input type="checkbox"/>	Decide what level of quality is needed to meet stakeholder accuracy and credibility standards
<input type="checkbox"/>	Develop and implement quality control techniques for your data

Checklist for Step 8	
<input type="checkbox"/>	Enter the data
<input type="checkbox"/>	Debug and organise your data to enable analysis
<input type="checkbox"/>	Analyse your data
<input type="checkbox"/>	Set the stage for interpretation: Translate findings into simple and understandable statistics

Checklist for Step 9	
<input type="checkbox"/>	Consider what the results say about each evaluation question
<input type="checkbox"/>	Engage with the stakeholders involved to review the results and participate in the interpretation
<input type="checkbox"/>	Develop recommendations to improve the programme
<input type="checkbox"/>	Determine what kind of information you want to share with, with whom, and for what
<input type="checkbox"/>	Determine which channels and/or communication formats will be used for each type of stakeholder
<input type="checkbox"/>	Create and distribute communication products

Checklist for Step 10	
<input type="checkbox"/>	Ideas and changes to the programme, especially with stakeholders. Review recommendations
<input type="checkbox"/>	Propose and prioritise changes
<input type="checkbox"/>	Develop an action plan to implement changes
<input type="checkbox"/>	Evaluate the evaluation process

1.14 Examples

Two examples are used throughout the document to explain how to undertake the above mentioned 10 steps

1. A Case Study example

The selected health promotion intervention it is called "*Baixem al Carrer*" (Let's go to the street) and it is a community programme to reduce isolation in older people due to architectural barriers⁹. The intervention provided weekly outings for elderly people isolated at home due to architectural barriers; it aims to improve self-rated health and mental health, and to reduced participants' anxiety. This programme was implemented under Barcelona Salut als Barris (Barcelona Health in the Neighbourhoods) a community health programme to reduce social inequalities in health. The intervention has been evaluated with satisfactory results of improvements in self-perceived health and mental health of the participating population¹⁰.

2. Key actions of the Local Implementation of the Strategy for Health Promotion and Prevention in the National Health System (EPSP)

The EPSP¹¹ was approved by the Interterritorial Council of the National Health System on 18 December 2013 with the general objective of promoting the health and well-being of the population by promoting healthy environments and lifestyles and promoting safety against injuries. Thus, this Strategy proposes the progressive development of interventions aimed at improving health and preventing disease, injury and disability. The local area was considered, from the outset, an essential environment for the development of the Strategy; therefore, the development of the same found a specific plan for its implementation at the local level. This plan entails the accession of local entities to the Strategy and the subsequent implementation and development of *two key actions*:

- Establishment of a cross-sectoral coordination table taking into account the **Social Determinants of Health (DSS)** approach. The table is established as an instrument or structure to improve health through cross-sectoral collaboration that allows the development of interventions related to the Strategy.
- Identification of resources for health promotion and prevention (resource mapping), which gives visibility and value to all those structures and actions that the Local Entity has and that contribute to the health and well-being of the citizens.

⁹ Diez, E., Daban, F., Pasarin, M. Artazcoz, L., Fuertes, C., Lopez, M.J., Calzada, N. (2014) Evaluation of a community program to reduce isolation in older people due to architectural barriers. *Gaceta Medica* 28(5) 386-388. <https://doi.org/10.1016/j.gaceta.2014.04.013>

¹⁰ Daban et al. Improving mental health and wellbeing in elderly people isolated at home due to architectural barriers: A community health intervention. <https://www.elsevier.es/es-revista-atencion-primaria-27-avance-resumen-improving-mental-health-wellbeing-in-S0212656721000548>

¹¹

<https://www.mscbs.gob.es/profesionales/saludPublica/prevPromocion/Estrategia/estrategiaPromocionyPrevencion.htm>

2 10 Step process to evaluating your programme

2.1 Step 1: Describe the programme

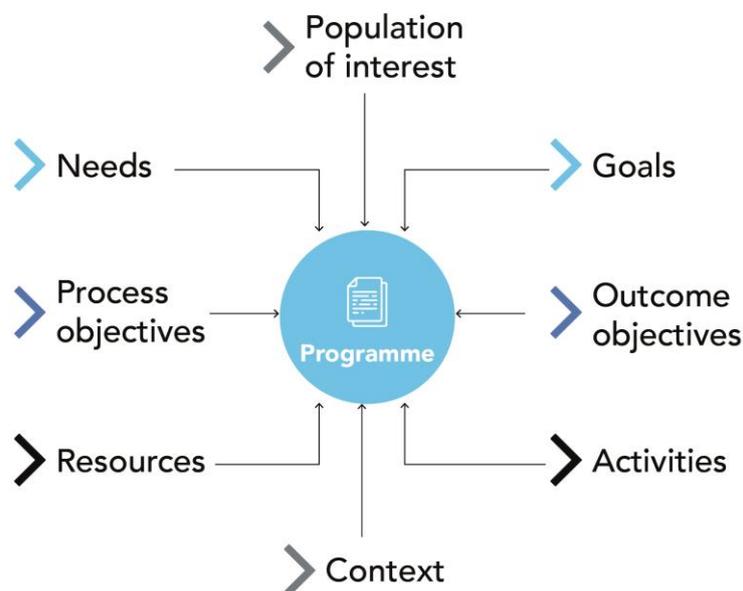
2.1.1 What is this step about?

It necessary to have a well-defined programme, which clearly delimits its components and expected results, and a logical model. This model is a simple tool that allows you to present sequentially and visually the components of the programme (objectives → resources → interventions → results). It is important to share this definition of the programme and logic model with stakeholders at the beginning of the programme and collect their feedback to adapt it.

2.1.2 Why is this step important?

To plan a programme evaluation, you need clarity about the programme and what it intends to accomplish. This step is used to create a connection between your programme planning and the evaluation. It is also important to assess if the programme is ready to be evaluated.

2.1.3 Parts of the programme to be described



Needs: public health problem you aim(ed) to address with your programme

You might define the need, in terms of its consequences for the national authorities or the community, the size of the problem overall, the size of the problem within various segments of the population, and/or significant changes or trends in incidence or prevalence.

Example key actions Local implementation of EPSP:

Chronic or noncommunicable diseases (NSDs) are currently the leading cause of mortality and morbidity in our country, and they are a high economic and social cost. The most common NSDs share some determinants and risk factors (smoking, consumption of risk and harmful alcohol, physical inactivity and sedentary lifestyle or unhealthy eating). These diseases are largely preventable if health promotion policies and actions are established to promote healthier lifestyles and environments. Key interventions in EPSP Local Implementation respond to this need.

Programme goals

- The **goal** provides the overall direction of the programme and it is not really measurable.
- Goals are general and normally expressed in a form of statement that describes what the programme is intending to achieve.
- Goals provide clear end points, around which activities and strategies can be organised. Typically, a goal is not evaluated directly, but the activities that the programme is formed of, are.
- Your programme should have a single goal or several if it is a more complex programme. The achievement of the goal should be measured with the outcome evaluation.

Case study example:

In Barcelona, the programme Health in the Neighbourhoods, is a community health programme carried out in the most disadvantaged neighbourhoods of Barcelona with the goal to reduce health inequalities between them and the rest of the city. The interventions conducted under this programme follow the same goal.

Many older people feel lonely and isolated, especially when they lose their partner. This is more important for women, as more women live alone due to their longer life expectancy. This problem is aggravated when there are mobility difficulties in leaving the house or when there are architectural barriers that make it difficult to do so. Social isolation and lack of social support are related to the poorer health in the population and will be important in these groups. The intervention 'Baixem al carrer' (Let's Go Out) consists in weekly outings that took place in five disadvantaged neighbourhoods of Barcelona, to alleviate the loneliness of elderly people who live in isolation in their homes for long periods, mainly due to mobility limitations and / or lack of a lift in their buildings. In addition to the weekly outings, group outings are organised once a month.

Example key actions Local implementation of EPSP:

The goal of EPSP's Local Implementation is to promote, at the local level, a society in which individuals, families and communities can reach their full potential for development, health, well-being and autonomy, and in which working for health is assumed as a task of all, with active involvement of the various sectors of society and the participation of individuals and the population. Key interventions in EPSP's Local Implementation contribute to achieving this goal.

Population of interest

You should define which groups or organisations need to change or take action to ensure progress on the public health problem. This is the group that requires special attention to achieve your goal(s). There are two kinds of populations of interest: primary and secondary¹².

- **The primary group** is often mentioned by the programme itself; and their health is addressed through the programme.
- **The secondary group** influences the primary population of interest. For example, people who are in a position to make decisions about the programme, such as partners, funding agencies, coalition members, and the general public or taxpayers¹³.

They are also important for evaluation because they can be key sources of data and information about the programme.

Intended outcome of the programme

It is important to define what action specifically needs to be taken and how the change or action needs to happen. Outcomes can also be called outcome objectives, results, impacts, or effects.

- They should be measurable by the evaluation.
- **Depending** on the estimated time for achieving the outcome they can be classified into: short-term, medium-term or intermediate, long-term results. A strong programme description provides details not only on the intended long-term outcomes, but also on the short-term and intermediate outcomes that precede it.
- An outcome objective should be about how much of a defined change should happen to a population group in a set time.
- Well-crafted objectives are **S.M.A.R.T.**:
 - **Specific**: clear and precise.
 - **Measurable**: amenable to evaluation, data should be available and accessible.
 - **Appropriate**: aligned with mandates and stakeholder expectations, theory and other evidence.
 - **Realistic**: reasonable considering the resources and other circumstances.
 - **Time-bound**: specific time frame provided for achievement of objective.

Smart Target Example:

Intervention objective "Fruit in school": Increase fruit consumption in children from 3 to 11 years old in the next school year.

Activities

¹² Ontario Agency for Health Protection and Promotion (Public Health Ontario), Snelling S, Meserve A. (2016) Evaluating health promotion programs: introductory workbook. Toronto, ON: Queen's Printer for Ontario; Available at: <https://www.publichealthontario.ca/-/media/documents/E/2016/evaluating-hp-programs-workbook.pdf?la=en>

¹³ Centers for Disease Control and Prevention, Program Performance and Evaluation Office (2012) Introduction to Program Evaluation for Public Health Programs: A Self-Study Guide. Step 1: engaging stakeholders. Available at: <https://www.cdc.gov/eval/guide/step1/index.htm>

These are the actions carried out by the programme leaders and its staff to achieve the desired outcomes in the target groups:

- Activities will vary by programme.
- Typical programme activities may include: outreach, training, funding, service delivery, collaborations and co-creation, partnerships and health communication, among others.

Resources

These are the human resources, funding, and information/skills needed usually from outside the programme—to implement the programme activities effectively.

- It is important to include inputs in the programme description because accountability for resources is often a focus of the evaluation.
- Just as important, the list of inputs is a reminder of the type and level of resources on which the programme is dependent on.

The description of resources should include resources necessary for the development of the programme from an equity approach, such as spaces and resources to facilitate conciliation or care, mediation resources, resources for group care, translation of materials, adapted and accessible spaces, etc. If this type of resources have not been previously covered in the programme, it can be assessed at this time whether they are present invisibly and without assigned funding, or if they do not exist. This moment provides an opportunity to contemplate your need and/or your explicit recognition and/or future funding as the case may be.

Process objectives

Determine what tangible products or results will be produced by the programme's activities. Outputs are the direct products of activities, usually some sort of tangible deliverable or countable effect. Outputs are also called process objectives.

Case study example:

In our example the number of isolated people identified, number of deprived urban areas covered, and number of isolated people engaged in the activity were the process objectives at stake. It is important to define these process objectives taking into account axes of inequality such as social class and gender. Gender inequalities need to be taken into account as there are many more older women living alone than men.

Identify other key elements

In addition to specifying these components, **a complete programme description includes discussion of:**

- **Stage of Development:** This is the stage at which the programme is in terms of development. Consider if the programme is just getting started, is it in the implementation stage, or it has been underway for a significant period of time. The focus of the evaluation will vary very much depending on the stage the programme is at.

- **Policy context:** Think about what factors and trends in the larger environment may have influenced the programme success or failure. This includes understanding past efforts, past collaborators, social and economic conditions, history of the issues, politics.

Case study example:

The context was very important for the described intervention. The resources for the Barcelona programme Salut als barris (Health in the Neighbourhoods- where Baixem al Carrer is included) implementation were tripled by a new left-wing government since social inequalities in health became a priority in their political agenda. The political will resulted in an increase in human and economic resources was crucial to sustain the programme and interventions¹⁴.

2.1.4 Create a logic model

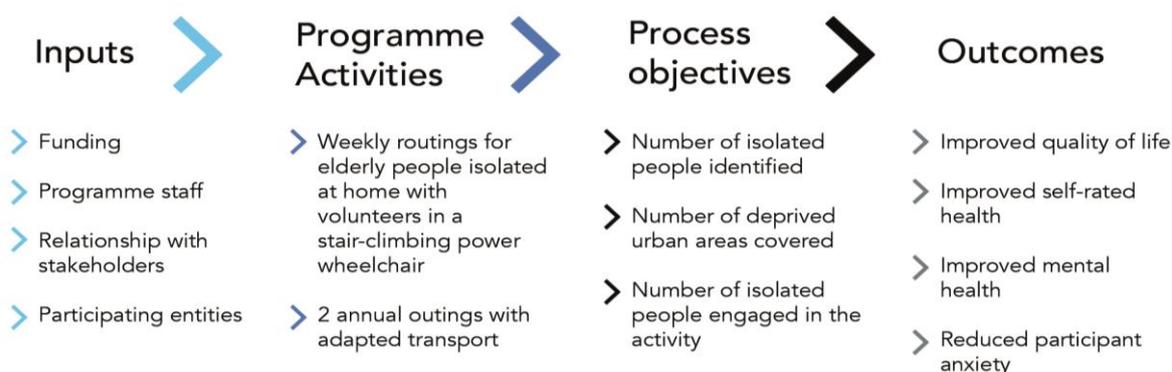
Logic models are usually developed during the programme design. If your programme-intervention does not have a logic model, it will benefit the evaluation to **create one at this stage**. If you have already developed a logic model, it will be helpful **to revise it at this stage**.

The logic model is used to depict the programme components (inputs, activities, impacts and outcomes) that need to be evaluated. It can provide the theoretical framework for the programme design. **It can be used to identify assumptions, what is measurable and which links in the logic chain can be tested by the evaluation.**

- Logic models usually include a column on the left to identify inputs, or the resources used to implement the programme.
- This is usually followed by programme activities, impacts and outcomes.
- The important point for evaluation purposes is that inputs and activities match the expected impacts and outcomes.

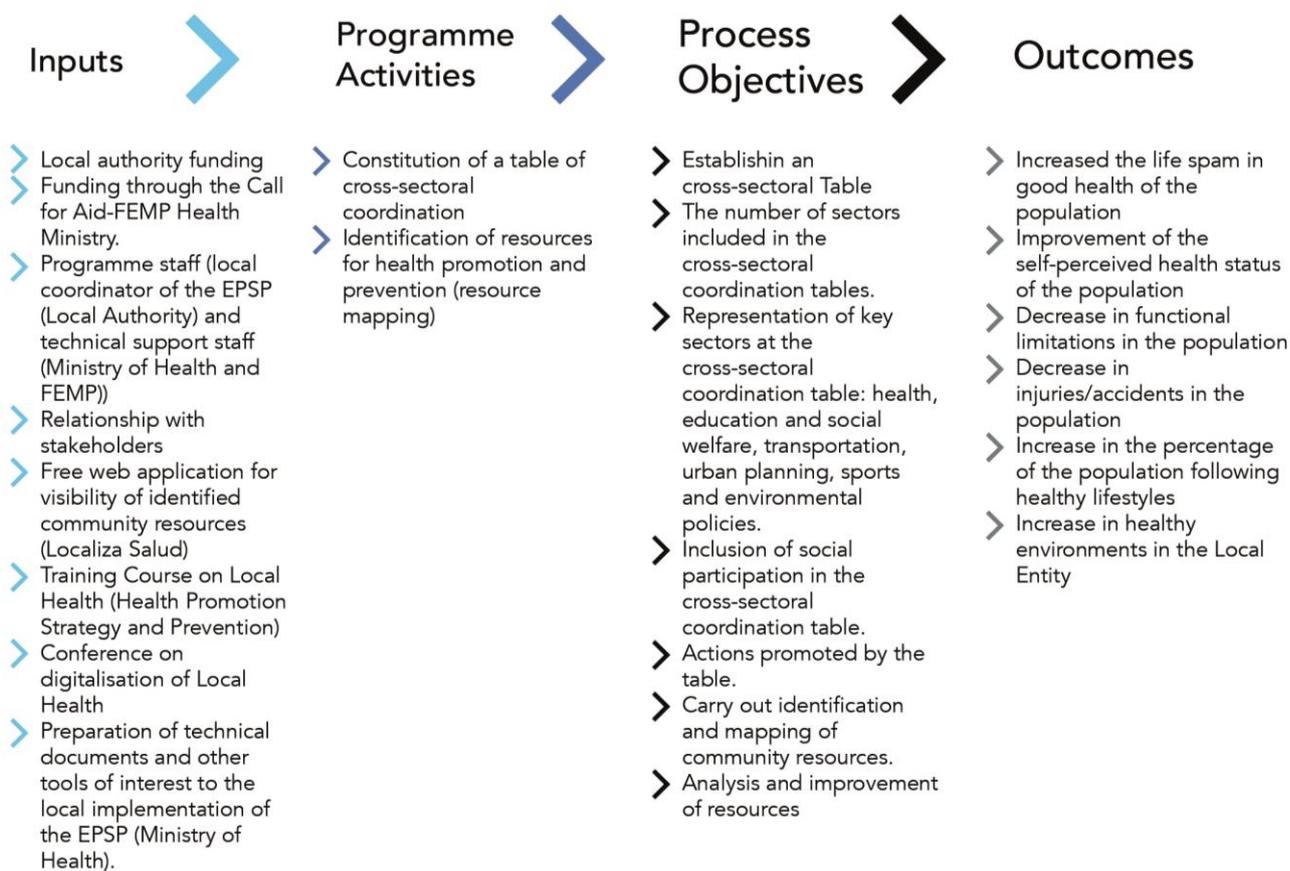
Case Study example:

Logic model of the community programme to reduce isolation in older people due to architectural barriers



¹⁴ Borrell C, Pasarín MI, Díez E, Pérez K, Malmusi D, Pérez G, Artazcoz L; el Grupo de la Agència de Salut Pública de Barcelona. Las desigualdades en salud como prioridad política en Barcelona [Health inequalities as a political priority in Barcelona]. Gac Sanit. 2020 Jan-Feb;34(1):69-76. Spanish. doi: 10.1016/j.gaceta.2019.04.004. Epub 2019 Jul 7. PMID: 31288951

Example key actions of local implementation of the EPSP:



2.1.5 Considerations for equity



Taking equity into account not only implies analysing whether all population groups are included. Equity must be taken into account in each of the sub steps above. For example:

- Does the goal of the programme take into account the axes of inequity (social class, gender, socioeconomic status of the area of residence, etc.)?
- Have you considered the groups that may miss out on the programme and therefore need special attention: low income people, women, children, elderly, Roma, immigrants, geographically isolated groups or individuals, people with disabilities, sexual orientation / sex identification minorities, faiths and ideology minorities?
- Does the programme's methodology take equity into account? Has data collection taken into account axes of inequality? Was the data analysis for this element separated by these axes? Were the data interpreted and presented in the results section?
- Have the resources allocated from an equity approach been considered?

2.1.6 Questions for reflection and additional information/resources for this step

- Is the programme connected to other programmes or activities with conflicting interests? What could be the impact on the programme's evaluation?
- Is this a programme, activity, initiative, policy? Can you evaluate all the steps?

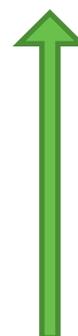
Resources:

- To learn more about the logical model tool see:
<https://ctb.ku.edu/es/tabla-de-contenidos/vision-general/modelos-de-desarrollo-para-la-salud-en-la-comunidad/modelo-logico-de-desarrollo/principal>

Template to support you with Step 1:

Table 2.1 Template to develop the logical model of the programme

Programme description:	
Programme Goals:	
Population of interest:	
Expected results:	
Process Objectives:	
Strategies:	
Activities:	
Resources:	



Checklist for step 1	
<input type="checkbox"/>	Description of the programme that includes needs, programme goals, population of interest, outcome and process objectives, strategies activities and resources
<input type="checkbox"/>	Identify the development phase of the programme
<input type="checkbox"/>	Identify the context of the programme
<input type="checkbox"/>	Incorporate inputs-resources, activities, results-impacts into a logic model
<input type="checkbox"/>	Equity approach to programme description
<input type="checkbox"/>	Ensure participation of key players

A more developed support template for this step can be accessed at the following link:

<https://www.cdc.gov/eval/steps/step2/Step-2-Checklist-Final.pdf>¹⁵

2.1.7 Summary

At the end of this step you should have:

- Clarified the programme's identified needs, the context and state of implementation;
- Clearly linked programme goal(s), populations of interest, outcomes and objectives, activities, and resources;
- Reviewed your logic model.
- Analyse each part of the programme with an equity lens.

2.2 Step 2: Engage stakeholders

2.2.1 What is this step about?

Stakeholders are individuals, groups or organisations that are interested in or could be affected by the programme. In turn, they are affected by the evaluation results, and/or with a stake in what will be done with the results of the evaluation. **Ideally, stakeholders should be involved in the programme design and the development of the logic model and in all the process of the implementation of the programme (including evaluation).** For health promotion interventions, understanding and addressing health problems is more effective when stakeholders are involved as active collaborators or co-creators.

When evaluating a health promotion intervention, it is fundamental to involve the stakeholders. This takes time and resources but improves the quality and ownership of the evaluation process and its results. When defining stakeholders, it is useful to think broadly about the people and sectors involved (i.e. a health programme often needs the participation of other sectors to be successful and sustainable). Capturing the cross-sectoral dimension throughout all the steps of the evaluation is recommended.

¹⁵ Centers for Disease Control and Prevention, Program Performance and Evaluation Office (2018) CDC Approach to evaluation: Program evaluation Framework Checklist for Stage 2 Acceso el: 30 de noviembre de 2020 [Internet]

2.2.2 Why is this step important?

The active participation of all major stakeholders is a critical component of successful programme planning and evaluation. This is needed for the development of an evaluation plan that meets the needs and expectations of all key players. In addition, active participation is necessary to improve health outcomes.

2.2.3 How to do Step 2?

You should identify and consult stakeholders about their interest and needs from the programme and the evaluation. **Engagement with stakeholders may happen throughout the entire evaluation (transversal step)**, however at this stage you should:

- Identify key stakeholders
- Identify stakeholders' interest and roles in the evaluation
- Engage stakeholders in reviewing the programme and its logic model

Identify key stakeholders

In this section you should identify which are the key stakeholders that are interested in or affected by the programme evaluation. When preparing a health programme evaluation it is important to understand what the intention is behind engaging with each of the stakeholder's groups. These stakeholders are:

- **Involved in programme operations:** funders, programme staff, management, partners.
- **Served or affected by the programme:** elected officials, advocacy groups, patients, community members.
- **Intended users of the evaluation:** persons in the position to make decisions about the programme: evaluators, or government officials working at local level or (public) health professionals.

These categories are not mutually exclusive, as sometimes stakeholders belong to two different categories.

A stakeholder map can be created to identify the stakeholders who will serve as the main sources of data for the evaluation¹⁶. Also, **give priority to stakeholders that can increase the credibility of your efforts or your evaluation**, who:

- work on a day-to-day basis on the implementation of the health promotion programme;
- will advocate or authorise changes;
- will fund
- will recommend the continuation or expansion of the programme.

¹⁶ [Lusthaus, C., Adrien, M. H., Anderson, G., & Garden, F. \(1999\). Enhancing organizational performance a toolbox for self-assessment. Ottawa, Canada: International Development Research Centre. Retrieved from https://www.idrc.ca/en/book/enhancing-organizational-performance-toolbox-self-assessment](https://www.idrc.ca/en/book/enhancing-organizational-performance-toolbox-self-assessment) in Better Evaluation. (2020) Stakeholder mapping and analysis. Available at: https://www.betterevaluation.org/en/evaluation-options/mapping_stakeholders

Cross-sectoral dimension:

Case study example:

In the programme Health in the Neighbourhoods all these stakeholders were included: Community Development Plan, Primary Health Care, Social Services, Barcelona Public Health Agency, Health Department of Barcelona City Council, Red Cross in Barcelona and neighbourhoods' organizations.¹⁷ The participation of all these actors favours the programme as it will become part of the neighbourhood and therefore much more accepted, shared and used. Gender inequalities in participation should be taken into account. For example: men may be more prominent in discussion groups, which would make it necessary to separate men and women in this type of group.

Identify stakeholders' interest and roles in the evaluation

Once the different stakeholders are identified, ask them about their interest and role in the evaluation. They should have the opportunity to contribute to the evaluation with their expertise and perspectives. You should make the best use of their time and maximise their benefit to the evaluation process.

Evaluation interest:

- Who do you represent, and what your interest in the programme is?
- Why is the programme important to you?
- What do you expect the programme to accomplish?
- What is the most important outcome this programme could achieve for you/your group?

Role in evaluation:

- Do you want and can participate in the evaluation during the design, performance and/or after results?
- Can you contribute more at any stage of the evaluation?
- What do you need to get involved in the evaluation?
- What is your availability during and after the evaluation?

Stakeholders can influence an evaluation when it is being designed, while it is being conducted or after the results are collected and ready to use. It is important to involve stakeholders meaningfully at the right stage. They should be consulted throughout the intervention for process evaluations and at the end of the programme to evaluate the outcomes and impact of the programme. **They will be more inclined to support the evaluation and to act on the results/recommendations produced if they are involved in the process in a meaningful way.**

¹⁷ Daban, F., Garcia-Subirats, I., Porthe, V., Lopez, M.J., de-Eyto, B., Pasarin, M.I., Borrell, C., Artazcoz, L., Perez, A. & Diez, E. (2002) Improving mental health and wellbeing in elderly people isolated at home due to architectural barriers: A community health intervention. Available at: <https://doi.org/10.1016/j.aprim.2021.102020>

Table 2.2 Example of a table that can help you with this step

Stakeholder	Role	Description of the interest in the evaluation

Getting the involvement of key stakeholders in the evaluation

Engage stakeholders in reviewing the programme and its logic model

Once you have identified the key stakeholders, they can provide feedback on your logic model and/or programme description (**Step 1**). A logic model often makes programme's assumptions and expectations explicit, and increases stakeholders' understanding about the initiative. This can lead to an informed discussion about what aspects of the programme to evaluate.

Participation in the approach, design, development and dissemination of the evaluation

The parties involved should be able to generate ideas that form the foundation of the evaluation. For example: the evaluation principles, the evaluation purposes and uses, and the evaluation questions. Depending on the context for obtaining this information, individual or group techniques can be used for this purpose (questionnaires, interviews, brainstorming, Phillips 6-6...)¹⁸

The actors involved can contribute to ensuring a clear and coherent understanding of the activities and expected results.

In addition to this fundamental contribution to the evaluation approach, key players should have the opportunity to participate in the rest of the evaluation process to the extent possible and if context allows.

2.2.4 Considerations for equity



Stakeholders have to include all groups involved in the programme. But it is important to take into account the following aspects (for equity matters): Are groups that usually do not participate or are under-represented in these types of programmes contacted? It is important to take into account the diversity of stakeholders including minority groups (immigrants, LGTBIQ+, women, aged, children, low-income families, etc...). Stakeholders to be considered include policy makers, experts, professionals and people representing this diversity. For instance, women, children (and not the parents speaking on

¹⁸ El manual de Metodología de Educación para la Salud del Gobierno de Navarra explica este tipo de "Técnicas de investigación en aula", pág.73-74. I.S.B.N. 84-235-2920-7978-84-235-29209 Disponible en: <https://www.navarra.es/NR/rdonlyres/049B3858-F993-4B2F-9E33-2002E652EBA2/194026/MANUALdeeducacionparalasalud.pdf> Acceso el: 30 de noviembre de 2020 [Internet]

their behalf), migrants, who are often excluded from the consultations. There is a lack of consideration of the sectors that can contribute with their policies to reduce inequalities

2.2.5 Questions for reflection and additional information/resources for this step

- How could you further engage the stakeholders in the evaluation?
- Does your programme or logic model need to be redefined?
- Do you need to address any concerns about the evaluation?
- Is a participatory approach right for this evaluation? Are there any risks in a participatory approach?

Resources:

Support templates to help you with step 2

Table 2.3 Identify key stakeholders

Category	Stakeholders
Who is involved in the programme operations?	
Who is served or affected by the programme?	
Who are the intended users of the programme?	

Table 2.4 Which of these are key stakeholders we need to engage

Increase credibility of our evaluation	Implement the interventions that are central to this evaluation	Advocate for changes to institutionalize the evaluation findings	Fund/authorize the continuation or expansion of the programme

Table 2.5 Identify Stakeholder's and roles in the evaluation

Stakeholder	Role	Description of the interest in the evaluation

Table 2.6 Identify what matters to stakeholders

Stakeholder	What activities and/or outcomes of this programme matters most to them?
1	
2	
3	
4	
5	
...	

Checklist for Step 2	
<input type="checkbox"/>	Identify stakeholders
<input type="checkbox"/>	Identify the interests of the actors involved and their role in the evaluation
<input type="checkbox"/>	Create a plan to engage stakeholders throughout the evaluation
<input type="checkbox"/>	Involve them in reviewing the programme, and the logic model

Stakeholder engagement tool: Measure Evaluation (2011) Tools for Data demand and Use in the Health Sector: Stakeholder Engagement Tool. Available at: <https://www.measureevaluation.org/resources/publications/ms-11-46>

2.2.6 Summary

By the end of this step, you will have:

- Identified the key stakeholders.
- Categorised them by the level of involvement in the programme evaluation.
- Reviewed and clarified your programme logic model with stakeholders (Step 1).
- Brainstormed the purpose(s) and uses of your evaluation.
- Developed principles to guide your evaluation.
- Brainstormed possible evaluation questions.
- Given the key players the ability to participate in the rest of the evaluation process.

2.3 Step 3: Set your evaluation questions

2.3.1 What is this step about?

At this stage, you and your stakeholders should have a clear understanding of the programme and its ambitions. You will have considered many aspects to assess in the evaluation. This step is about focusing the evaluation by identifying evaluation approaches that best suit your purpose and selecting the most relevant and appropriate evaluation questions.

2.3.2 Why is this step important?

It is tempting to evaluate everything, but it is also important to be able to prioritise what needs to be evaluated, because rarely can everything be done.

Determining the most important evaluation questions will help you select and narrow the focus of your evaluation. You will decide the best use of your resources (which are usually limited). Having a short list of questions can also be useful when you have to communicate the evaluation to others.

2.3.3 How to do Step 3?

You will need to complete the following tasks:

- Select and refine your evaluation questions
- Determine appropriate evaluation approach

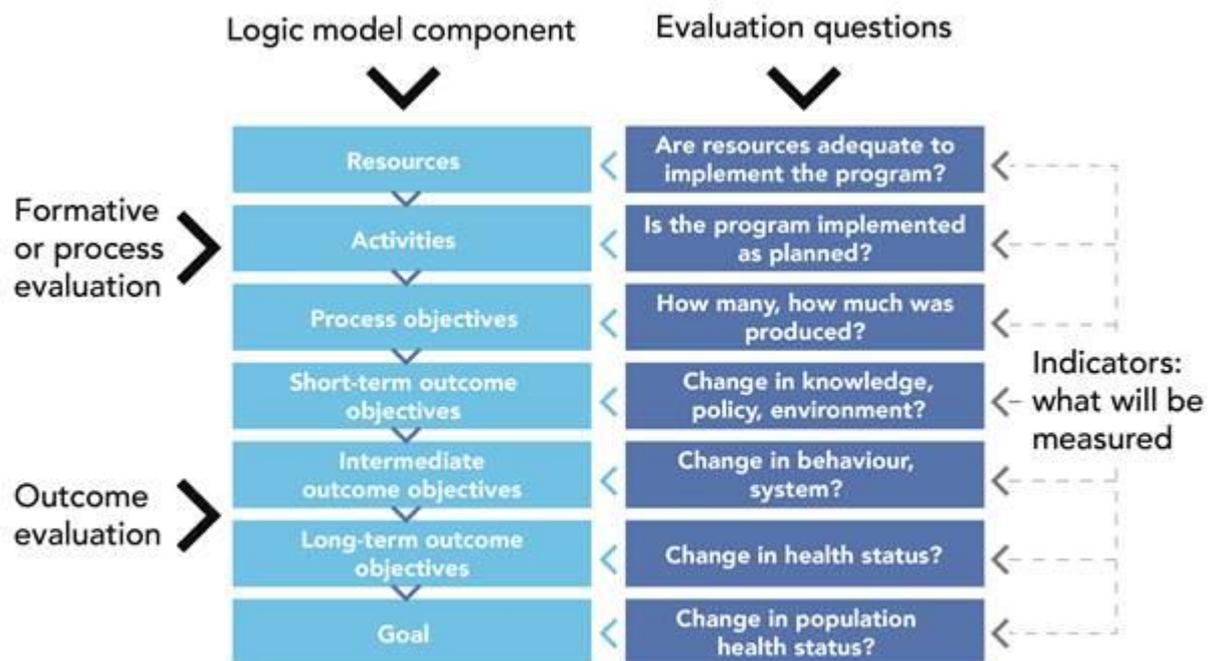
Select and refine your evaluation questions

Evaluation questions should be formulated in key areas. A good evaluation question addresses a specific area of concern (criterion) and is measurable in some way.

Questions can focus on how the programme is operating, what outcomes are being observed, or how the programme is working in different settings. Narrowing down the most relevant evaluation questions will give a systematic process and rationale for determining the focus of your evaluation. To select the evaluation questions, consider a number of factors:

- the programme logic model;
- the programme stage of development (e.g., planning, implementation, winding down);
- evaluations already completed; and
- who will be participating;
- the decisions stakeholder need to make based on the results¹⁹.

Figure 2.1 Mapping evaluation questions and indicators



Source: Ontario Agency for Health Protection and Promotion (Public Health Ontario), Snelling S, Meserve A. *Evaluating health promotion programmes: introductory workbook*. Toronto, ON: Queen's Printer for Ontario; 2016, Adapted from: CDC Division for Heart Disease and Stroke Prevention, *State Heart Disease and Stroke*

¹⁹Ontario Agency for Health Protection and Promotion (Public Health Ontario) Snelling S, Meserve A. *Evaluating health promotion programs: introductory workbook*. See page 8.

While process and outcome evaluations questions are most commonly used, there are several other types of evaluation question that might be central to a specific programme evaluation. These include the following:

- **Equity:** What are the broader impacts of the programme on vulnerable groups (beyond those included in the objectives)? Are there impacts that are unintended or unanticipated, especially for vulnerable groups? Do the benefits of the project reach those who are most in need?
- **Efficiency:** Are your programme's activities being produced with minimal use of resources such as budget and staff time? What is the volume of outputs produced by the resources devoted to your programme?
- **Cost-Effectiveness:** Does the value or benefit of your programme's outcomes exceed the cost of producing them?
- **Attribution:** Can the outcomes be related to your programme, as opposed to other interventions carried out at the same time?²⁰

Avoid evaluating aspects of your programme prematurely. Your evaluation questions should reflect your programme's stage of development. For example, it would not be appropriate to measure outcomes for a programme that only started recently. At this stage, resources could be used for a needs' assessment or process evaluation²¹.

Determine the appropriate evaluation approaches

There are a variety of **evaluation designs** available. Each design tends to be appropriate for a different programme and thereby has different objectives related to the context in which it is required to be used. Design is an important aspect of an evaluation. It has implications for what will count as 'data' or 'evidence', how such data/evidence will be gathered (i.e. methods and protocol), interpreted, and disseminated, for example. These designs include approaches which can be experimental, quasi-experimental, or non-experimental and/or observational, depending on the objectives specified by the stakeholders involved.

Taking time to identify the design of the evaluation increases the chance of the activities being useful, feasible, ethical, and accurate. There are two main evaluation designs: process evaluations and outcome evaluations:

- **Implementation evaluations (process evaluations)** document whether a programme has been implemented as intended, and why. Process evaluations can examine whether the activities are taking place, who is conducting the activities, who is reached through the activities, and whether sufficient inputs

²⁰ U.S. Department of Health and Human Services Centers for Disease Control and Prevention. Office of the Director, Office of Strategy and Innovation. Introduction to program evaluation for public health programs: A self-study guide. See page 8.

²¹ However, note that If you have an intervention logic, you might be able to identify intermediate or early markers of future success/impact relatively early in the implementation phase.

have been allocated or mobilised. It is useful for identifying barriers/facilitators to implementation and improving the programme implementation in the future.

- **Outcome evaluations** assess progress on the sequence of outcomes the programme produces. This sequence can be described using terms such as: short-term, intermediate, and long-term outcomes, or proximal (close to the intervention) or distal (distant from the intervention) outcomes. Depending on the stage of development of the programme and the purpose of the evaluation, outcome evaluations may include one or all of the outcomes in the sequence, including: changes in people's attitudes and beliefs; changes in risk or protective behaviours; changes in the environment, including public and private policies, formal and informal enforcement of regulations, and influence of social norms and other societal forces; changes in trends in morbidity and mortality.

Case Study example:

The evaluation of the Baixem al Carrer intervention used a quasi-experimental before-after design. This design involves comparing the population using the programme before and after participating. A more advanced design would involve having a comparison group of people with the same characteristics and who have not participated in the programme (experimental design). However, it was considered that due to ethical issues it was not possible to have a comparison group as all people who needed the programme should have it.

Isolated older people in disadvantaged areas were located in the community between 2010-15. They went out weekly with volunteers and a motorised caterpillar chair and went out in groups monthly. 147 participants were interviewed. Satisfaction was studied and their perceived health status, mental health and anxiety before and after a median of 8 outings were compared using the McNemar's tests and linear and Poisson regression models. The satisfaction with the programme was also measured.

The target population of Baixem al Carrer was elderly people living alone in disadvantaged neighbourhoods who were part of the BarcelonaSalut als Barris (Healthy Neighbourhoods) programme. The axes of inequality taken into account for the evaluation were gender (men and women), age group (over and under 85) and educational level.

The outcome evaluation questions were:

- *Has the perceived health of the intervention participants improved?*
- *Has mental health improved?*
- *Has the prevalence of anxiety decreased?*
- *Is there a high satisfaction with the programme?*
- *How do gender, age and the educational level influence these outcomes?*

Example key actions of the Local implementation of EPSP:

An evaluation of the key actions of the EPSP Local Implementation conducts a **process evaluation** based on:

1. The analysis of the responses to an online questionnaire completed, periodically, by the person(s) responsible for local implementation, ideally with the support of the other members of the cross-sectoral coordination table, of the Local Entities attached to the EPSP.

2. The analysis of the projects aimed at initiating and consolidating the key actions of the Local Implementation of EPSP, submitted by the Local Entities to the Annual Call for Aid under the Convention between the Ministry of Health and the Spanish Federation of Municipalities and Provinces for the empowerment of the Spanish Network of Healthy Cities and the Local Implementation of EPSP.

2.3.4 Considerations for equity



The evaluation questions have to take into account the experiences of different groups, including minority groups. In paragraph 2.3.3. some questions are specified to include equity in this step.

2.3.5 Questions for reflection and additional information/resources for this step

- Are the outcomes attributable to the programme?
- Is the evaluation design reasonable considering the available resources?

Resources:

Support templates to help you with step 3:

Table 2.7 Evaluation questions priority setting²²

Evaluation Question	Important for stakeholder	Important for overall purpose of the evaluation	Provides information we do not have	Potential to contribute to changes in future	Have necessary resources	Additional criteria	Total
e.g. Who are the priority population for your programme?	e.g.3	e.g.3	e.g.1	e.g.2	e.g.3	e.g.1	13

Table 2.8 Mapping evaluation questions

Focus	Logic Model Component	Evaluation questions	Indicators: what will be measure ²³
Implementation evaluations (Process Evaluation)	e.g. Resources	Are resources adequate to implement the programme?	Number of nurses' hours invested in measuring blood pressure.
...	e.g. Process objectives		Number of people participating in a campaign.
Outcome evaluation	e.g Goal	Change in population health?	Decrease in heart attacks in target population?
	...		

²² Use a simple priority ranking system to complete the worksheet: 1 = low, 2 = moderate, 3 = high priority question

²³ For the selection of indicators visit Step 5.

Checklist for Step 3	
<input type="checkbox"/>	Brainstorming of evaluation questions with stakeholders
<input type="checkbox"/>	Select evaluation questions that are appropriate for your evaluation
<input type="checkbox"/>	Refine your questions considering factors, such as stakeholders, participants of the programmes or the intervention logic
<input type="checkbox"/>	Consider the equity, efficiency, cost-effectiveness, and attribution focus in your questions
<input type="checkbox"/>	Decide which evaluation design is more appropriate. When doing so, consider stage of the programme and available resources
<input type="checkbox"/>	Tailor your questions to the evaluation design

2.3.6 Summary

By the end of this step, you will have:

- Identified the most appropriate evaluation approach – process, and/or outcome – to answer your evaluation questions.
- Identified the evaluation questions
- Prioritised your evaluation questions based on the programme logic model
- Narrowed the focus of the evaluation
- Included equity aspects in your evaluation question(s)

2.4 Step 4: Assess resources

2.4.1 What is this step about?

It is time to clarify what resources are available to conduct the evaluation. By this stage, you and your stakeholders should have a general sense of the evaluation, and of questions that will have to be answered. Information about available resources will help define the scope of the evaluation, and also help you decide which evaluation methods to select.

2.4.2 Why is this step important?

Evaluations can be expensive and time-consuming. In some cases, people cannot complete their evaluation due to resource constraints. You can avoid this by assessing available resources. This step will also help to clarify and build commitment from stakeholders; for example, if you ask them to contribute resources or co-create the evaluation.

2.4.3 How to do Step 4?

There is one main task to undertake:

- Identify resources available for the evaluation.

Identify resources available for the evaluation

Evaluations are resource-intensive exercises, which require an adequate amount of resources; it has been estimated that the cost of an evaluation is on average 10-15% of the programme to assess. It is important to consider the scope of the evaluation when deciding on resources for your evaluation. If the programme is new and innovative it may be necessary to evaluate it more intensively, using multiple methods or a stronger design.

It is important to consider all the types of resources needed for the evaluation:

- **Staff salary and benefits:** the level of expertise required, and time staff members can spend on the evaluation (and their roles); travel expenses;
- **Consultants:** people who can provide outside expertise or other perspectives;
- **Data collection:** possible costs associated with accessing data from large databases; collecting new data through surveys or interviews; or hosting focus groups and group meetings;
- **Supplies and equipment:** relevant software (e.g., quantitative or qualitative analysis software); photocopier; voice recorders; online survey subscriptions.
- **Communications:** costs for writing reports and designing materials for distribution; conference fees.
- **Time:** time available to complete the evaluation.
- **Training** linked to evaluation. It may be necessary to train or train actors in some methodological aspect or for the development of the evaluation.
- **Infrastructures and spaces.** Consider whether the evaluation requires the use of public or private spaces, for example, for meetings, and whether they have an associated cost.
- **Resources associated with care and facilitating participation.** In order to facilitate Community involvement by looking at gender inequalities, it may be necessary to consider resources for conciliation (e.g. ludotecas during times

intended to assess), as well as to adapt timetables. Think and define what resources are accurate for the care of the evaluation process and the people involved. Effective participation incorporating group care may require facilitators or dynamizers, mediation services, or coffee-tea and pastas to make a group dynamic. Other additional resources may be required to take care of the participation of people with language barriers or functional diversity.

Case study example

The Baixem al Carrer intervention has been funded by the Barcelona City Council and also has volunteering individuals to help in the outings of the elderly. The evaluation was led by Agència de Salut Pública de Barcelona, also with the participation of Planes de Desenvolupament Comunitari del Poblenou, Casc Antic, Besòs and Maresme and finally Zona Nord, there were also grants from Fundació Félix Llobet and Fundació "la Caixa. Fundamentally, human resources and the chair are needed to be able to lower the elderly.

2.4.4 Considerations for equity



The needs of different population groups are not the same.

For example, getting the participation of some groups in evaluation activities may require compensating for their time of dedication, since on occasions they are in a disadvantaged situation and may have to give up hours of their work to participate. Such compensation should be taken into account when planning the resources.

Incorporating equity into resource planning involves making a conscious analysis of what resources exist being invisible or without budget allocation. It is necessary to think about which reproductive or care work is associated with the evaluation and allocate resources to them if they so require: resources for conciliation as a library, or for the care of the human team involved in the evaluation, etc..

2.4.5 Questions for reflection and additional information/resources for this step

- What are the available resources for the evaluation?
- What are the time and/or money constraints?
- What are the resources that can be leveraged from stakeholders?
- In case the resources are not enough to evaluate the entire programme, what aspects should be prioritised?
- On the other hand, if more resources were available, what else could be done to improve the evaluation?

Resources:

Support template to help you with step 4:

Table 2.9 Resource assessment

Item	Amount required	Source
e.g. Consultants		
e.g. Data collection		
e.g. Supplies and equipment		
e.g. Communications		
e.g. Staff salary per dedicated time		
...		
...		

Checklist for Step 4	
<input type="checkbox"/>	Check resources needed for the evaluation
<input type="checkbox"/>	Check which resources are currently available
<input type="checkbox"/>	Choose resources in consultation with stakeholders
<input type="checkbox"/>	Assess the risks for each resource
<input type="checkbox"/>	Select resources that will not put in risk the evaluation process
<input type="checkbox"/>	Select resources considering that they will determine the methods used in the evaluation

Other resources to learn more:

Preskill, H., & Jones, N. FSG Social Impact Advisors, Strategic Learning and Evaluation Center. (2009). *A practical guide for engaging stakeholders in developing evaluation questions*. Retrieved from Robert Wood Johnson Foundation website: <http://www.fsg.org/tools-and-resources/practical-guide-engaging-stakehol...>

Radhakrishna, Rama & Relado, R.Z. (2009). A Framework to Link Evaluation Questions to Program Outcomes. *Journal of Extension*. 47. Available at: <https://www.joe.org/joe/2009june/tt2.php>

2.4.6 Summary

By the end of this step, you will have:

- Estimated the required resources to carry out the evaluation
- Determined the feasibility of your evaluation based on the available resources
- Prioritised the most important aspects of the evaluation

Assigned resources to include in the evaluation an equity lens and to facilitate participation

2.5 Step 5: Determine what information you need to collect and analyse

2.5.1 What is this step about?

In Step 5, you should determine what information needs to be collected and analysed to conduct the evaluation.

2.5.2 Why is this step important?

Collecting a large volume of data without a clear purpose can lead to a lot of resource of time and money that then can produce little results.

The data to be collected should be selected taking into account the objectives of the evaluation, so as not to carry out a data collection that is subsequently of no use.

2.5.3 How to do step 5?

There are four actions to follow:

- Discuss possible indicators with stakeholders
- Determine what indicators are already available
- Develop indicators that are specific to your programme
- Select your indicators based on a number of criteria.

Discuss possible indicators with stakeholders

By "indicator", we mean a variable that is normally used as a benchmark for measuring/evaluating a programme's process and impacts/outcomes. In this subsection, we mention two types of indicators: process indicators (i.e. is the programme being implemented according to plan?) and impacts/outcomes indicators (i.e. did the programme help bring along a measurable difference in a certain outcome?)

Stakeholders may have interesting ideas about what indicators to use for each of your evaluation questions. Speaking to them is therefore the first step you should follow in order to get a good understanding of: what data you need to collect and analyse in order to evaluate the programme; and what types of indicators would be useful for each type of stakeholders, and why.

Consider speaking with stakeholders who will collect the data; will use the data; and have the technical expertise to understand the strengths and limitations of specific measures.

Determine what indicators are already available

Ask yourself whether there is already data available that you can use as evidence. This could be secondary data, that has already been collected through primary sources and made readily available for researchers to use for their own research.

The Health Promotion and Prevention Strategy in the SNS offers various tables with indicators and their sources that can serve as a reference, both for health impact and lifestyle data and for process indicators²⁴.

It is important to consider the existence of other types of indicators in addition to those related to health, such as environmental indicators or socioeconomic determinants. For example, a health promotion intervention on the urban environment that promotes spaces for pedestrians and bicycles and reduces road traffic can use indicators of air and noise pollution outcomes, already available in other sources of information, for evaluation.

It is appropriate to know in advance whether there are indicators related to the topic that addresses the health promotion programme collected at the state and regional level (Autonomous Communities, provinces), and to assess whether they can be broken down by municipalities or smaller geographical levels.

Develop indicators that are specific to your programme

In the majority of cases, there will be gaps in the information that is already available, and you should therefore develop indicators that are specific to your programme. The most common categories of indicators are:

- **Process indicators** measure the programme's activities and outputs (direct products/deliverables of the activities). Together, measures of activities and outputs indicate whether the programme is being implemented as planned. Many people use output indicators as their process indicators; that is, the production of strong outputs is the sign that the programme's activities have been implemented correctly. Others may collect measures of the activities and separate output measures of the products/deliverables produced by those activities²⁵.
- **Outcome indicators** measure whether the programme is achieving the expected effects/changes in the short, intermediate, and long term. Some programmes refer to their longer-term outcome indicators as **impact** indicators. Because outcome indicators measure the changes that occur over time, indicators should be measured at least at baseline (before the program/project begins) and at the end of the project. Long-term outcomes are often difficult to measure and attribute to a single programme. However, that does not mean a programme should not try to determine how it is contributing to the health impact of interest (e.g., decrease in morbidity related to particular health issue)²⁶.

²⁴ Estrategia de Promoción de la Salud y Prevención en el SNS. Seguimiento y evaluación (pág. 119-124) <https://www.mscbs.gob.es/profesionales/saludPublica/prevPromocion/Estrategia/docs/EstrategiaPromocionSalud yPrevencionSNS.pdf>

²⁵ Centers for Disease Control and Prevention, Program Performance and Evaluation Office (2016) CDC Approach to Evaluation: Indicators. [Internet] Accessed on September 10, 2020. Available at: <https://www.cdc.gov/eval/indicators/index.htm>

²⁶ Ibid.

Case study example:

The evaluation of the Baixem al carrer intervention used:

- *Process indicators, such as the number of people served by the programme according to gender, age, educational level, months without leaving the house, number of outings, etc.*
- *Outcome indicators: perceived health status, mental health and anxiety. These outcome indicators were taken into account according to gender, educational level, months without leaving the house and number of outings. This allowed the effect of the intervention to be analysed according to gender and socio-economic status.*

Example key actions of the Local implementation of EPSP:

I. The following process indicators are used in the evaluation of key actions of the EPSP Local Implementation:

■ Establishment of the Cross-Sectoral Coordination Table:

- *Description of which sectors have been included on the table.*
- *Number of Local Entities with representation of the key sectors at the table: health, education, policies related to social welfare, transport, urban planning, sports and the environment.*
- *Description of how social participation has been articulated for the functions of the table.*
- *Actions driven from the table.*

■ Community Resource Map:

- *Making the map*
- *Descriptive indicators of resource distribution by factors, population groups,*

*II. As **indicators of outcome in** population health, reference will be made to the general indicators proposed in EPSP that are feasible to disaggregate by municipalities (or at smaller geographical levels), as well as other indicators of environmental improvement (use of public space, pollution, etc.) .*

Table 2.10 Examples of process indicators

Activities	Process indicators
Health education and skill development	<p>Percentage (of those eligible)</p> <p>Range of stakeholders/settings involved (reach)</p> <p>Number of information and education campaigns targeting different socio-economic groups</p> <p>Number of people targeted/reached by socio-economic group</p> <p>Level of knowledge and skills on healthy living acquired by socioeconomic group</p>
Social marketing and health information	<p>Evidence on effective social marketing messages and methods reviewed</p> <p>Key marketing channels/methods identified (for example, newspaper, Internet, telephone helpline, point-of-sale displays and so on)</p> <p>Marketing materials developed</p> <p>Campaigns implemented in targeted areas</p> <p>Percentage of target group aware of funded social marketing/health information activities and resources (reach)</p>
Establish programme governance and administrative arrangements	<p>Contracts with project implementers established</p> <p>Project advisory group/steering group established</p> <p>Contract with evaluators established</p> <p>Equity criteria in governance (participation, gender)</p>
Review and implement systems of taxation benefits, pensions, and tax credits to provide a minimum income for healthy living standards for children and families.	<p>Number of regressive taxes</p> <p>Employment benefits, tax system aligned to meet minimum income for healthy living.</p>

Table 2.11 Examples of outcome indicators

Outcomes	Outcome indicators
Reduced prevalence of overweight and obesity	Proportion of adults, children and adolescents across the social gradient who are overweight or obese Reduction in levels of obesity and diseases associated with obesity, in adults, children and adolescents across the social gradient Disability-adjusted life years
Ill-health prevention and health promotion	Improved disease specific outcomes (incidence, prevalence, mortality) for adults, children and young people across the social gradient
Reduced smoking and alcohol use	Improved disease specific outcomes e.g. linked with tobacco and alcohol (incidence, prevalence, mortality) in adults, children, young people, and families across the social gradient
Increased breastfeeding	Proportion of infants exclusively and fully breastfed at three and six months of age
Increased healthy eating	Proportion of adults, children and young people across the social gradient meeting recommended levels of fruit and vegetable consumption every day
Increased physical activity	Proportion of adults, children, young people, and families across the social gradient who did the recommended levels of physical activity in the past week Proportion of adults, children, young people, and families across the social gradient who use electronic media for more than two hours per day

Select the indicators based on a number of criteria

It is important that you assess the quality of your indicators, so that you keep only the most relevant ones, depending on the context of the programme. The selection should be done using the following criteria:

- **Importance:** Are indicators important and meaningful to achieving a successful programme and having a health impact? Do indicators provide answers to your evaluation questions?
- **Accessibility:** Is data on the indicator easily obtainable (depending on resources- e.g. staff, expertise, time, or money -, availability of data; and frequency at which data on the indicator is gathered)? Are indicators observable? Are indicators something respondents are likely to know?
- **Reliability:** Do indicators measure the issue or event consistently?
- **Validity:** Do indicators accurately measure the concept or event (i.e. providing the most direct evidence of the condition or result)?
- **Clarity:** Are indicators focused, clear and specific in terms of what they will measure?
- **Progress:** Do the changes measured by indicators represent progress toward implementing the activity or achieving outcomes?

2.5.4 Considerations for equity



When developing indicators consider using gradient-friendly indicators, which include focus on: the social determinants of health (e.g. working conditions, daily living conditions, health behaviours, housing conditions, economic situation, social protection, etc); socio-economic stratifiers/axes of inequality (e.g. socio-economic position, rural residence, non-Spanish speaking background, etc.); and structural drivers of health inequity. It is important to define a conceptual framework that shows the relationship between the social determinants of health and the programmes steps. This framework will be useful to decide which are the best indicators and variables needed for the specific programme.

Social determinants of physical activity include policies and legislation that contribute to inequities in the distribution of determinants of physical activity, such as 'walkable' neighbourhoods, crime rates, or recreational facilities, as well as social norms. Moreover initiatives aimed at improving living and working conditions that may be relevant to physical activity promotion may focus on access to and quality of early childhood settings such as childcare/preschool; education; workplaces; and local neighbourhoods. Finally, aspects related to individually attitudinal behaviour²⁷

2.5.5 Questions for reflection and additional information/resources for this step

- Would you choose other indicators to provide more valuable information if they were available?
- Have you checked similar evaluations to check the instruments are reasonable?
- Will your indicators provide enough evidence to your questions?
- If you consider collecting qualitative information, have you considered the additional time involved in its analysis?

Checklist for Step 5	
<input type="checkbox"/>	Discuss possible indicators with stakeholders
<input type="checkbox"/>	Determine which indicators are already available
<input type="checkbox"/>	Develop programme-specific indicators
<input type="checkbox"/>	Select indicators based on a number of criteria

27 Ball K, Carver A, Downing K, Jackson M, O'Rourke K. Addressing the social determinants of inequities in physical activity and sedentary behaviours. *Health Promot Int.* 2015 Sep;30 Suppl 2:ii18-9. doi: 10.1093/heapro/dav022. Epub 2015 Apr 7. PMID: 25855784.

2.5.6 Summary

By the end of this step, you will have:

- Determined what and how much information needed to answer your evaluation questions
- Selected the indicators that will provide the necessary evidence for your analysis
- Engaged with stakeholders in charge of data collection to assess the feasibility of access to data for each indicator
- Contemplated the use of gradient indicators that provide information on equity.

Resources:

Support template to help you with step 5:

Table 2.12 Prioritization of indicators²⁸

Focus	Evaluation question ²⁹	Indicators: what will be measure	ELIGIBILITY CRITERIA						
			Importance	Accessi- bility	Reliability	Validity	Clarity	Progress	Total
t	Health education and skill development	Percentage (of those eligible)							
		Number of information and education campaigns targeting different socio-economic groups							
...	...								
Outcomes	Reduced prevalence of overweight and obesity	Proportion of adults, children and adolescents across the social gradient who are overweight or obese							
		Reduction in levels of obesity and diseases associated with obesity in children and adolescents across the social gradient							

²⁸ Use a simple priority ranking system to complete the worksheet: 1 = low, 2 = moderate, 3 = high priority question.

²⁹ For the questions selected visit your work in Step 3.

2.6 Step 6: Determine appropriate methods

This step is divided into two different sub-steps:

- Step 6a: Determine appropriate methods for data collection
- Step 6b: Determine appropriate methods for data analysis

Step 6a- Methods for data collection

2.6.1 What is this step about?

To decide how to collect data to help you reach the following objectives:

- The data collection methods are credible and appropriate to answer your evaluation questions.
- The data collection methods are the most efficient methods to provide rich and detailed evidence.
- The data collection methods do not unnecessarily burden participants.
- The collected data represents all programme stakeholders.
- The timing of data collection is appropriate, so you do not over- or underestimate the programme results.

2.6.2 Why is this step important?

To ensure that the data collected is accurate and reliable, you need to develop standard data collection procedures and properly train those collecting the data.

2.6.3 How to do Step 6?

Four actions should be undertaken:

- Determine a range of data collection methods
- Pilot test your procedures and tools
- Train your data collectors
- Plan and optimise your data collection exercise

Determine a range of data collection methods

Decide what type of data you should use for your evaluation (quantitative and/ or qualitative data).

You should consider the evaluation needs to determine whether you should adopt a purely qualitative/quantitative approach or more of a mixed methodological approach. You should also consider the main advantages and limitations of these two types of data.

Decide which type of method is most appropriate for your evaluation's needs

There are six main categories of data collection methods:

- review existing data or documentation;
- talk to people;
- obtain written responses;
- conduct participatory activities (e.g. workshops);
- observe and track;
- get physical measurements

To determine which type of data collection method(s) should be used the following points need to be considered:

- feasibility: what information, systems are in place that can be used, how accessible the target populations are (contact info etc).
- methods previously used to evaluate the programme or similar ones
- routine data collection systems in place, relating to the programme (if so, data collection for the evaluation could be combined with the collection of routine data, to minimise the burden on respondents);

Annex 2 provides valuable information on the main objectives and limitations of data collection methods.

A key aspect of determining the method is to make your sampling strategy explicit in the collection of quantitative data and the selection of participants in qualitative research.³⁰ This strategy should enable reliable, valid and representative results. Sampling involves making a selection of the population of interest (e.g. individuals, groups) to study when information cannot be collected from all persons affected by the programme being evaluated. In the selection of participants for qualitative research, for example, the presence of people from different population groups or situations, or of people key to the community, can take precedence. Sampling types can be found in Annex 3.

To produce results that are reliable, valid and representative, you need to collect information from a target group which is large enough. However, for time and budget reasons, you will most probably not be able to collect information from everyone who was affected by the programme you are evaluating. You will therefore need to consider sampling (process of selecting units - e.g. individuals, groups - from the population of interest to study them in detail, with the aim of drawing conclusions about the larger population).

³⁰ This is only applicable for techniques which require collecting data directly from the population of interest (e.g. talking to people, obtaining written responses, conducting participatory activities, observing and tracking). You will not need to follow this step for activities such as reviewing existing data or documentation, or getting physical measurements.

Case study example:

In the Baixem al carrer intervention, users were given a personal interview-questionnaire before entering the programme, and after 6 months, with a minimum of four outings having taken place.

The variables included were a) individual characteristics: sex, age, time (in months) without leaving the house and educational level; and b) intervention dose estimated through the number of outings. The health variables were perceived health, mental health, and anxiety. The questions in the questionnaire were based on those of the Barcelona health surveys conducted every 5 years on a sample of the general population. In order to analyse gender and socio-economic inequalities it is important to collect these variables.

Consider using triangulation, also known as 'mixed method approach'

In most cases, a single type of data, or a single type of method will not be enough to accurately evaluate a programme. You should consider whether the evaluation design calls for a specific type of method or more of a mixed methodological approach, keeping in mind that triangulation (i.e. gathering both qualitative and quantitative data, using a combination of document review, interviews, surveys, and observational research etc.) will help you achieve the following objectives:

- overcome limitations of specific types of methods;
- deepen, elaborate, and nuance your findings and conclusions with the addition of each new method;
- cross-examine each additional piece of evidence and overcome biases that can arise from relying too heavily on one source; and
- check the accuracy and validity of findings by comparing multiple sources.

Pilot test your procedures and tools

Pilot testing your data collection methods should be done before you start the data collection process. This will help you:

- identify and/or control sources of error;
- determine whether your procedures and tools are adapted and/or whether improvements should be made;
- estimate the length of the full data collection process; and
- provide data collectors with an opportunity to practice and feedback on the procedures (again providing you an opportunity to make improvements if necessary).

The type of pilot testing will depend on the data collection method. However, there are two main stages in the pilot testing:

- ask a colleague to review the questionnaire for flow and clarity (usually in the earlier stage of developing a survey); and
- choose a small number of people from your population of interest to complete the survey and provide specific feedback (survey specific).

Revise your data collection instruments based on feedback received

It is very important to use the pilot testing to refine the data collection measures. Therefore, you should allow enough time between pilot testing and data collection to assess and revise the instruments and retrain collectors if needed.

Train your data collectors

*Note: Data collectors include your evaluation team, who will carry out the data collection exercises, e.g. desk researchers, interviewers, focus groups, surveys, participatory activities, etc. **Decide whether you need data collectors and which skills they should have***

In this step it is very important to identify whether you need data collectors and which type of data collectors will be needed for each indicator. To do this, make sure you reflect on:

- Indicators or Data Sources
- Collection Method

Only then you will be ready to reflect on the team needed for data collection and training needs. You will need to decide how many team members you will require for each type of data collection method and determine what type of specific knowledge and skills they will need.

This training should ensure that data collectors:

- learn about the data collection procedures;
- understand how to model these procedures;
- have opportunities to practice these procedures; and, ultimately
- all collect information in the same way and without introducing bias.

Preferably, data collectors should be trained together by the same person. Typical items of the training agenda include:

- purpose of the evaluation;
- types of documents to be reviewed / participants to be contacted;
- overview of the data collection exercises (including their purpose and how the data collected contributes to the purpose of the evaluation);
- procedures to implement the data collection exercises;
- potential challenges that data collectors might face and possible solutions;
- opportunities to share their thoughts related to implementing the data collection exercises and opportunities to practice the procedures outlined.

For data collection exercises that consist in talking or interacting with participants, you could consider including scenarios and role playing as part of the training.

Throughout the data collection process, it is important that to keep in touch with your data collectors, and check whether they are clear about the data collection process, they have questions, and if they adhere to the agreed-upon procedures.

Plan and optimise your data collection exercise

Decide when you will collect data

This will depend on the type of evaluation question you want to answer, e.g.:

- Before the programme, for evaluation questions on *needs* (e.g. what programme intervention should we develop?)
- Before and after the programme, for evaluation questions on *outcomes* (e.g. did the programme help bring along a measurable difference in a certain outcome?)

- During and after the programme, for evaluation questions on *process* (e.g. is the programme being implemented according to plan?)

Decide the frequency and duration of the data collection

This will depend on:

- how long for is the data needed to get results,
- and how often you need the data to make an informed conclusion.

Think about how you will recruit participants

Note: This is only applicable for techniques which require recruiting participants (e.g. talking to people, obtaining written responses, conducting participatory activities, observing and tracking), and for situations where stakeholders are not already engaged with the programme and with the evaluation (in which case, you do not need to recruit participants as there will be volunteers). If you use more participatory methods from already engaged stakeholders, you do not have to recruit

To do this, you will need to consider who you need to collect information from: e.g. are you targeting a relatively specific group (and if so which one), or are you assessing trends among a more general population?

You also need to think about how you will recruit them. This includes thinking about the best way to communicate the purpose of the evaluation to encourage them to engage with you.

Design your procedures so that you get a high response rate

Getting a high response rate is important in terms of the validity of the evaluation results. For instance, you should identify minimal numbers of responses during the planning stage and the proposed strategies if the response rate is too low, e.g.:

- extend time for the data collection exercise to take place;
- use reminder emails or phone calls;
- include financial or material incentives to participate;
- identify additional places to send the invitation to participate; and/or
- ask others to promote your data collection exercise .

If you believe you will not be able to achieve a high response rate, consider the following options:

- collect data on non-responders or the general population. This will enable you to make comparisons with data on actual responders, so that you can rule out biases; and/or
- determine how participants are different from individuals who have dropped out or refused to participate at all, as well as determine how participants compare to

the population of interest. This will enable you to understand how this affects the interpretation and generalisation of results; and/or

- rely on pre-existing data collections for measures of individual level change and focus your data collection efforts on organisational level measures.

Step 6b - Determine appropriate methods for data analysis

2.6.4 What is this step about?

In Step 6b, you should **determine appropriate methods of data analysis**.

2.6.5 Why is this step important?

This step will help you reach the following objectives:

- Data analysis methods are credible and appropriate to answer your evaluation questions.
- Evidence and conclusions are credible and answer your evaluation questions.

2.6.6 How to do Step 6b?

To determine appropriate methods for data analysis, there are two actions to follow:

- Determine methods for descriptive analysis
- Determine methods for causal and contribution attribution analysis

Determine methods for descriptive analysis

There is a large range of options available for descriptive analysis, which depend on whether you are considering quantitative or qualitative data. Table 2.13 below describes the main methods that exist to analyse data.

Table 2.13 Approaches for descriptive data analysis

Main methods for quantitative data	Main methods for qualitative data
<ul style="list-style-type: none"> - Counts/frequencies (arrange data values in ascending/descending order of magnitude/frequencies) - Measures of central tendency (mean, mode, and median); - Measures of variability (range, standard deviation, and variance). - Stratification of your data by variables of interest (e.g. participants' race, sex, age, income level, or geographic location) - Correlations (describe how strongly two or more variables are related) 	<ul style="list-style-type: none"> - Content analysis: reduce unstructured textual content into manageable data relevant to the evaluation to understand what happened, and understand the programme from the participants' perspective (e.g. motives, opinions, purposes etc.) - Thematic analysis: identify and analyse theme/patterns of particular interest within the data, allowing the indexation of text into categories - Narrative analysis: analyse stories or experiences shared by stakeholders to

Main methods for quantitative data	Main methods for qualitative data
<ul style="list-style-type: none"> - Time series analysis (observe data items obtained through repeated measurements over time) - Data/text mining (computer-driven automated techniques that run through large amounts of text or data to find new patterns and information) - Regressions (show/predict relationship between two or more variables) - Comparisons between groups, geographical areas, pre-and post-intervention status etc. 	<ul style="list-style-type: none"> - understand why a specific phenomenon happened - Discourse analysis: analyse the social context in which the communication between the researcher and the respondent occurred to understand why a specific phenomenon happened - Grounded theory: use qualitative data to develop a theory which offers an explanation about why a specific phenomenon happened

Case Study example:

In the Baixem al carrer programme, a descriptive analysis of the variables in the health questionnaires was carried out. In the information obtained from the health questionnaire, the differences between the perceived good state of health, the risk of having good mental health and less anxiety before and after were analysed using McNemar's test for paired data. Secondly, these changes in health were analysed according to gender, age, months without leaving the house, educational level and number of outings. Finally, multivariate analyses were performed by adjusting linear and Poisson regression models to compare health outcomes before and after according to the variables mentioned above.

Determine methods for causal analysis

Note: This action is relevant only for impacts/outcomes evaluations (as opposition to process evaluations).

There are different options available for causal and contribution attribution analysis (i.e. whether or not observed changes are due to the programme or external factors) and contribution (i.e. to what extent the programme caused the observed changes). You can opt for:

- Identifying possible alternative causal explanations and seeking information to determine if these can be ruled out.
- Identifying patterns that would be consistent with a causal relationship, and seeking to (dis)confirm evidence
- Using counterfactual approaches, to try and understand what would have happened in the absence of the programme and how this compares to the actual results.

There are three types of possible counterfactual approaches: experimental, quasi-experimental and non-experimental.

- The **experimental counterfactual approach** is also referred as Randomised Controlled Trials (RCTs). This is the most robust and credible approach, as it minimises biases and allows comparison and statistical reliability. The evaluator randomly allocates people in two groups: the programme group (people participating in the programme) and the control group (people not participating

who share similar characteristics to the programme group). Data is collected before and after the programme for the two groups, and the evaluator compares changes between before/after as well as between the programme/control group. Any difference in outcomes between the programme and control groups are due to the programme.³¹

- The **quasi-experimental counterfactual approach** is similar to the experimental one, except the control group is replaced by a comparison group, which is not randomly selected (i.e. identified from pre-existing or self-selected groups). Note that the comparison group should be as similar as possible to the programme group in terms of pre-programme characteristics. The experimental counterfactual approach is difficult to implement (e.g. hard to find situations where total randomisation can be implemented, issues with logistics, resources, time available etc.), while the quasi-experimental counterfactual approach is easier to implement but still offers a robust and credible analysis. Therefore, if you are not able to perform an RCT or to use a control group, you should aim to think how you could create a comparison group. For instance, if you cannot use a control group, you may be able to compare the change in indicators in your intervention group to state-wide or regional trends in these indicators.
- Finally, you could opt for a **non-experimental counterfactual approach** (e.g. observational or descriptive study). The evaluator focuses only on the intervention group. Data is collected before and after the programme, and the evaluator compares changes between before/after. Differences in outcomes might be due to the programme or caused by other factors. This is the least robust counterfactual approach, as it does not allow to make any conclusion on impact with certainty as any changes might be due to factors other than the intervention. However, it is easy to implement, and can be useful to understand the process and generate assumptions for further testing.

Consider asking for help from an experienced evaluator or a statistician.

Note that implementing the evaluation methods for experimental and/or quasi-experimental designs requires specific skills and/or experience. If in doubt, you should ask for help from an experienced evaluator or a statistician. You should determine whether such a person is available within your organisation or a partner organisation (i.e. what are the skillsets available within your team?), or whether you will need to ask help from outside your organisation. You should also consider whether there are any training needs within your team.

³¹ The interested reader can find further information in "Simplified guide to randomised controlled trials (Bhide et al, 2018) <https://obgyn.onlinelibrary.wiley.com/doi/full/10.1111/aogs.13309>

2.6.7 Considerations for equity



It is necessary to adapt the data collection methods to be able to reach the population groups have been identified as hard to reach. Sometimes representing these groups in the data collected is not possible with a random sample because they are small and represent such a specific segment of the population. In these cases it is necessary to use other techniques, such as "snowball" techniques. Also, the consideration of specific meeting places may be relevant. Another important consideration is to calculate a sample size that takes into account a representative sample for each identified minority group.

In turn, there are specific data that require specific data collection methods (for example, data on sexual orientation or gender identity cannot be collected at home with all family members. In this case it is better that data are self-reported).

Finally, you should prepare your analysis to analyse the data for the different groups using a stratified analysis. In order to achieve this, a sufficient sample size is required (to take into account, for example, the way such analysis is to be conducted: by small territorial units, educational level or other variables).

2.6.8 Questions for reflection and additional information/resources for this step

- When thinking about recruitment, did you consider an alternative when a stakeholder group is misrepresented?
- Will your methods be appropriate to produce a valuable programme evaluation?
- Do you foresee any risks in accessing the paned data?
- Have you consulted other organisations (when possible) to learn from their experience in similar evaluations?
- Do you have the necessary expertise to perform the data analysis phase?

Resources:

Support template to help you with Step 6:

Table 2.14 Evaluation plan

Programme goal(s)	Outcome indicator(s)	Source	Data collection dates	Reporting date(s)	Responsibility

Checklist for step 6 (a and b)	
<input type="checkbox"/>	Determine a range of data collection methods (6a)
<input type="checkbox"/>	Train data collectors (6a)
<input type="checkbox"/>	Pilot test your procedures and tools (6a)
<input type="checkbox"/>	Plan and optimise data collection exercise (6a)
<input type="checkbox"/>	Determine the right methods for data analysis (6b)

2.6.9 Summary

By the end of this step, you will have:

- Decided the most appropriate data collection methods that will provide the best evidence to your evaluation questions
- Selected methods that are not burdensome for the respondents and data collectors
- Selected methods that enable to collect data among vulnerable groups. Planned the data collection exercise consulting with stakeholders
- Determined your sample and how to recruit participants in addition to your communication strategy
- Decided the frequency and length of the data collection exercise
- Piloted your data collection exercises, and revised your data collection tools
- Trained data collectors
- Decided how you will analyse the data collected to answer your evaluation questions

2.7 Step 7: Collect data

2.7.1 What is this step about?

In Step 7, you should **collect evaluation data**, and implement the data collection plan. **Step 7 will help you reach the following objectives:**

- The data collection procedures (i.e. instructions on how data will be collected) and the evidence gathered are credible and appropriate for your evaluation questions.
- Use data collection procedures that are efficient and allow to get detailed evidence.

2.7.1 What is this step important?

The results of the evaluations and recommendations that can be extracted from it will depend on the quality of the data collected.

2.7.2 How to do Step 7?

There are two actions to follow:

- Collect data
- Throughout the data collection exercise, take ethical issues into consideration (for primary data collection techniques only)

Collect data

Set a timeline and follow your evaluation plan and timelines.

This will help ensure that the data are collected efficiently and in time to provide useful information.

Decide what level of quality is necessary to meet stakeholders' standards for accuracy and credibility.

To do this, you should organise a discussion with your stakeholders, taking into account the fact that obtaining quality data involves trade-offs between breadth and depth – you should ask for stakeholders' opinion on what is a good balance³².

Develop and implement quality control techniques for your data.

Quality control techniques will help ensure that any issues or errors are identified and corrected, so that your evaluation results are reliable, valid and informative. A lot of different factors might influence the quality of your data and should therefore be considered: design of the data collection instrument and how questions are worded, data collection procedures, training of data collectors, selection of data sources.

Actions you can take to ensure your data is of good quality during data collection are listed below:

- Examine the first wave of responses to check whether questions are being completed as expected. If not, consider revising your collection methods accordingly.

³² This point will avoid collecting large amounts of data that are not really useful or will not be used.

- Look at the number of no-responses or refusals. If they are higher than expected, consider revising your collection methods accordingly.

Throughout the data collection exercise, take ethical issues into consideration

Note: This action is relevant only for primary data collection techniques, i.e. when data is collected by a researcher from first-hand sources, using methods such interviews, focus groups, discussion groups, etc, or obtaining written responses (e.g. surveys, questionnaires), and observing and tracking (i.e. observation of stakeholders' behaviours, monitoring of blogs and social media).

Consider participant informed consent (i.e. participants understand the project, their role in it, and how the information will be used).

There are several ways you can ensure people are happy to participate in your evaluation. The most common one (applicable to all types of primary data collection techniques) is to ask in writing through a consent form. This form should be drafted in a friendly, open and respectful way and encourage participants to ask questions or express concern. Remember to store your informed consent forms securely and separately from your data.

You should also ask consent verbally prior to performing a data collection exercise which requires you to talk to people (i.e. face-to-face or telephone interviews, focus groups, discussion groups, Photovoice).

Consider confidentiality and anonymity.

You should ensure that information is safely stored and is not associated with participants beyond the research team (to preserve confidentiality and anonymity).

Then, it is important that you clearly communicate this information to all participants. This will help put participants at ease and encourage them to share personal information and provide honest feedback about the programme.

Consider cultural sensitivity (e.g. values and traditions).

People and organisations have different cultural preferences, meaning that you should tailor the way you ask your questions and aim to collect information. You should ensure that the techniques you use are in keeping with a given community's cultural norms. For instance, you should ask yourself the following questions:

- Will respondents feel more comfortable with written or oral communications? Will they prefer private conversations or small group conversations?
- Are the methods and sources appropriate to the culture and characteristics of the respondents (e.g. language and literacy level) - will they understand what they are being asked?
- Will the evaluator's status, position, gender or other characteristics have an influence on respondents' willingness to answer (e.g. someone known within the community versus a stranger from a local health agency)?
- Will the data collection method disrupt the programme or be seen as intrusive by participants?

New Data Sources

In today's information age, new sources of data have and/or will become available³³.

Digital data comes from diverse sources and is generated in different ways. Like routine collection, data is generated continuously. However, digital data differs because it is generated outside of public sector information systems.

It is important you start exploring the potential of the big data, social media, personal data collection aspects and other sources in your evaluation exercise. An example of this may be information from twitter and google analytics, but also qualitative methods for collecting information from social networks (content analysis).

2.7.3 Considerations for equity



In addition to paragraph 2.7.3. on cultural sensitivity, it is also important to take into account in this step the aspects discussed in paragraph 2.6.4.

2.7.4 Questions for reflection and additional information/resources for this step

- Have you created a system for your collectors to flag issues with data through the data collection process?
- Have you considered contingency actions if data collections do not go as expected?

Resources:

Support template to help you with Step 7:

Table 2.15 Data collection logistics

Data Collection Method/ Source	From whom will these data be collected	By whom will these data be collected and when	Security of confidentiality steps

³³ <https://www.unglobalpulse.org/2014/06/monitoring-and-evaluation-me-for-big-data/>

Checklist for Step 7	
<input type="checkbox"/>	Clearly document the process for recruiting participants
<input type="checkbox"/>	Design the procedures to get a high response rate
<input type="checkbox"/>	Consider participant informed consent
<input type="checkbox"/>	Consider confidentiality and anonymity
<input type="checkbox"/>	Consider cultural sensitivity
<input type="checkbox"/>	Collect data following your evaluation plan and timelines
<input type="checkbox"/>	Decide what level of quality is needed to meet stakeholder accuracy and credibility standards
<input type="checkbox"/>	Develop and implement quality control techniques for your data

2.7.5 Summary

By the end of this step you will have:

- Collected your data according to your established procedures
- Collected data that is credible and of high quality
- Discussed the level of quality of the data with stakeholders
- Control the quality and quantity of data throughout the data collection process
- Considered ways to obtain informed consent
- Consider ethical aspects and equity when collecting data

2.8 Step 8: Process data and analyse results

2.8.1 What is this step about?

In Step 8, you should engage with the data, by processing and analysing information from all sources.

2.8.2 Why is this step important?

This step allows you to understand and reflect the data collected and help answer the evaluation questions.

2.8.3 How to do Step 8?

There are four actions to follow:

- Enter the data
- Organise your data to enable analysis
- Analyse your data
- Set the stage for interpretation

Enter the data

Use automated data collection where possible

Automated data collection will help minimise data entry errors, and ensure that the information collected is more uniform, and easier to sort and analyse.

For instance, move any field notes from handwritten notes into Word or a qualitative analysis software (e.g. NVivo, Atlas.ti, MAXQDA) and move any quantitative data into Excel or a statistical programme (e.g. Stata, R, SPSS, SAS, Matlab). To determine which software to use, you will need to take stock of your team's level of knowledge and experience with these technical software.

Develop and implement quality control techniques for your data.

Using quality control techniques will help ensure that any issues or errors are identified and corrected, so that your evaluation results are reliable, valid and informative. A lot of different factors might influence the quality of your data and should therefore be considered: how the data are coded, data management, routine error checking as part of data quality control.

Actions you can take to ensure your data is of good quality once data collection is finished are:

- Review the data collected (or samples of data collected) and identify potential discrepancies (e.g. discrepancies between age and year of birth etc.).
- For each quantitative variable, determine a plausible range. Review samples of data collected (or samples of data collected) and identify: i) potential issues ; ii) potential outliers .
- For qualitative data, compare samples of the transcription from your activities (e.g. interviews/ focus groups) to the recorded material and ensure that the transcriptions are complete and accurate before analysing.

Clean and organize your data for analysis

Clean and organise your data.

Cleaning and organising the data is a crucial step which should be performed before you do any analysis. This may involve:

- Making corrections to any discrepancy and/or issue identified if possible or considering removing the observations from the scope of the analysis.
- Collapsing options into categories (e.g., display data as a range of hours rather than precise individual hours).
- Labelling your qualitative variables with demographic details of the participant(s) or other characteristics to help organise your data.
- Labelling your quantitative variables and values to make your data tables easier to understand.
- Organising your data and making sure that each variable is presented in a consistent way.

An important aspect of cleaning your dataset involves handling missing values. You should determine what you want to do with these.

Analysing the data

It is detailed in section 6b of Step 6.

Set the stage for interpretation

Translate findings into straightforward and understandable statistics

This step is particularly important and should take place once you have analysed the data and isolated important findings. This can be done for instance by:

- Making comparisons with previous similar studies (e.g. if you find that 30 per cent of workshop participants gained knowledge about healthy eating; look at evaluations of similar programmes to determine whether this is high or low).
- Presenting your data in a clear and understandable form, e.g. tables, bar charts, pie charts, line graphs, maps.

Note that you should prepare to engage stakeholders in interpreting the findings, in order to reach a larger understanding.

Case Study example:

Six months after the Baixem al Carrer intervention, participants showed improvements in perceived health, mental health and reduced anxiety. Improvements were greater among women, those who had not left the house for ≥ 4 months, those with a low educational level and those who had made ≥ 9 outings. Perceived health remained significant in multivariate models. Mean satisfaction was 9.3 out of 10. It is important to look at the results for men and women to take into account gender inequalities.

2.8.4 Questions for reflection and additional information/resources for this step

- Have you established a consistent procedure for the data the analysis?

Resources:

Support template to help you with Step 8:

Table 2.16 Reporting summary

What do you evaluate?	How will you measure it?	What did you find?	What are the implications?	What were the challenges?
Programme goals				
Programme objectives				
Programme activities				

Checklist for Step 8	
<input type="checkbox"/>	Enter the data
<input type="checkbox"/>	Debug and organise your data to enable analysis
<input type="checkbox"/>	Analyse your data
<input type="checkbox"/>	Set the stage for interpretation: Translate findings into simple and understandable statistics

2.8.5 Considerations for equity



The analysis of data has to be stratified by the main axes of inequality / social stratifiers. The analysis has to be stratified by age, sex, economic position, etc. It is necessary to construct bivariate specific tables taking into account these stratifiers. Depending on the results of the bivariate analysis, multivariate analysis will have to be stratified also. For example, if the results of the programme are different for men and women (increasing the outcome for men and decreasing for women), it will be necessary to do the analysis separated by sex.

2.8.6 Summary

By the end of this step you will have:

- Entered your data
- Reviewed the data during and after collection for accuracy and quality
- Cleaned and organised your data
- Stratify data to consider equity variables
- Conducted your data analysis; and
- Prepared your evaluation results for interpretation.

2.9 Step 9: Interpret and disseminate the results

2.9.1 What is this step about?

In Step 9, you should interpret your data (i.e. provide explanations for the results and attach significance to their findings). You should also disseminate the results to various audiences, through various channels and/or formats. To do this, it is necessary to incorporate elements of communication, dissemination, and translation or adaptation of the results to each context.

2.9.2 Why is this step important?

Step 9 will help you reach the following objectives:

- Findings are easy to understand and the recommendations are actionable.
- Stakeholders are aware and supportive of your evaluation and your findings.
- Findings are used and lessons learned in the course of the evaluation translate into informed decision-making and appropriate action to facilitate the programme's growth and improvement.
- Findings contribute to generating knowledge to build stronger health promotion programmes (what works, what does not, reasons for success and failure).

2.9.3 How to do Step 9?

There are five actions to follow:

- Interpret the data
- Develop recommendations
- Share the findings of the evaluation
- Determine which communication formats to use
- Think about the information contained in your communication

Interpret the data

Consider what the results tell you about the different components of the evaluation.

For instance, you should reflect on the findings of the evaluation:

- What are the findings of the evaluation? What do they mean and for whom?
- Has the programme been successful compared with its objectives?
- Are there any unexpected outcomes of the programme?

You should also reflect on your evaluation methods and processes, to see how these might have impacted on the findings of the evaluation:

- What data is available to support your findings? Can you explicitly justify your conclusions?
- If you used multiple indicators to answer the same evaluation question, did you get similar results?
- Have you compared the outcome data with the evaluation baseline?
- What are the limitations of your data interpretation process (e.g. potential biases, generalizability of results, reliability, validity)?

Finally, ask yourself how the evaluation results can be used for policies and decision making (i.e. creating or revising policies).

Throughout the evaluation, engage with your stakeholders.

It is important to regularly ask your stakeholders to review your results and participate in interpretation. This will ensure that you get different perspectives and insights, thereby increasing the validity, credibility, transparency and acceptance of your process and conclusions.

Interestingly, stakeholders may reach different or even conflicting judgment. You should make sure to understand the reason why there are conflicting interpretations and judgements (e.g. personal feelings and other biases might distort findings). It is important that you impartially and fairly capture all viewpoints in your evaluation.

Incorporate the equity approach into the interpretation of results.

Interpreting reality, or results, is a step potentially influenced by the positioning and prejudice of those who do so with respect to the axes of inequality. It is therefore essential to become aware of what this positioning is and how it can influence the interpretation of the reality derived from the evaluation, in order to limit possible biases.

For example, a process outcome may show that women attend community meetings less in a health promotion programme (lower proportion of female participants than in the population of interest). They could be interpreted as having less interest in being involved in such a programme, or that gender equity has not been contemplated when planning it (lack of conciliation spaces, lack of adequacy of schedules...). The same can happen with data from an impact indicator or result. For example, a physical activity promotion programme results in a significant increase in physical activity in males, not women. Women, by gender socialisation, could be interpreted as having more difficulty making this change, and that this has not been adequately envisaged in the programme, and perhaps overlook that in that area the level of crime is high and the space perceived as unsafe, or that living conditions mean that the double and triple days assumed by women require measures in other sectors and policies to achieve increases in physical activity.

It may be helpful to incorporate questions that broaden your gaze and ensure this approach when interpreting results.

Develop recommendations

Think about actions that should be considered as the result of the evaluation.

You should ask yourself: what could be done to improve the programme you have finished evaluating? Importantly, you should consider whether knowledge based on the findings of your evaluation can be transferrable to other programmes or policy actions.

Recommendations should be clear, practical, relevant and within the control of the evaluation users. To come up with such recommendations, you should:

- discuss these recommendations with your stakeholders;
- consider the benefits and costs of suggested changes (especially when making major recommendations);
- consider whether stakeholders will be able to implement the recommended actions; and
- make sure to be sensitive, thoughtful, and diplomatic (i.e. think about how the stakeholders will interpret recommendations in light of their responsibilities, political considerations, and personal perspectives).

Share the findings of the evaluation

Think about who you want to share the findings of the evaluation with; and more precisely what kind of information and with whom. To do this, think about the list of stakeholders identified in Step 2, and ask yourself:

- What is their relationship to the programme?
- What do they already know about the topic? What is important for them to know?
- What might they do with the evaluation results (e.g. make funding decisions, implement changes etc.)?

It is important that you ensure that the evaluation findings (including the limitations) are made accessible to everyone affected by the evaluation and others who have the right to receive the results. Therefore, you should ask yourself whether findings of the evaluation are disseminated to relevant stakeholders across the social gradient.

Consider the size, scope and budget of your evaluation project. This will determine what needs to be done, in terms of which communication channels to use, and the level/amount of information to share.

Determine which communication channels/formats to use

Communication channels will differ depending on which stakeholder you are targeting (e.g. level of understanding/knowledge in evaluation). To effectively reach your stakeholders, you will need to use a variety of channels and prepare different communication products, tailored to each type of audiences. To do this, you should consider, for each type of stakeholders:

- the communication channels/formats they prefer or better respond to;
- whether the format is appropriate to their time and resources.

Examples of possible channels and/or formats are listed in the table below.

1. Examples of possible channels and/or formats

Channels	Formats
Mass media	Print (newspapers), broadcast media (TV, radio), flyers
Social media channels	Websites, social media services including mails, Twitter, Facebook, LinkedIn
Professional media	Technical reports and summary reports, peer-reviewed journal articles and topical articles in the 'trades press'
Interpersonal channels	In-person meetings, stakeholder-led meetings, conferences, trainings, workshops
Community-specific venues (e.g., community centres, religious institutions, schools)	Social events, presentations
Professional venues (e.g., conferences, listservs, online forums)	Briefings, presentations, poster presentations, newsletters, seminars, webinars

Think about the information contained in your communication.

The information shared will differ depending on which type of stakeholders you are targeting (whether they want detailed findings or a high-level summary). To effectively reach your

stakeholders, you will need to prepare different types of information, tailored to each type of audiences. For each type of stakeholders, you should consider, :

- the type of information and level of details they prefer;
- the type of language which is the most appropriate;
- the extent to which communication needs to be simple and concise;
- the extent to which communication needs to be engaging and visually attractive; and
- whether the amount of information is appropriate to their time and resources.

Generally speaking, your communication should contain the following information: description of the programme being evaluated, its context, the evaluation's purposes and questions, procedures and evaluation findings.

Information can be presented in different ways, such as:

- Main bullets points (lessons decision makers can take from your research)
- Summaries (findings condensed to serve the needs of the busy decision maker)
- Details (e.g. context/ background, methodology/approach, results, conclusions, implications/lessons for key stakeholders, and references)
- Visual aids (infographics, maps, tables, figures and graphs or photographs)
- Word clouds (i.e. graphical representations of how often a word appears within a section of text).

Case Study example:

Six months after the Baixem al Carrer intervention, participants showed improvements in perceived health, mental health and reduced anxiety. Improvements were greater among women, those who had not left the house for ≥ 4 months, those with a low educational level and those who had made ≥ 9 outings. The differences in perceived health and mental health remained significant in multivariate models.³⁴ Mean satisfaction was 9.3 out of 10. It is important to look at the results for men and women to take into account gender inequalities.

Conclusion and recommendation

This community health intervention appears to improve a number of health outcomes in isolated older people, especially in the most vulnerable groups. Replicating this type of intervention could work in similar contexts.

2.9.4 Questions for reflection and additional information/resources for this step

- Depending on the target group targeted and their knowledge about the topic, illustrate the programme background, the evaluation and the results.

³⁴ Daban F, Garcia-Subirats I, Porthé V, et al. (2021) Improving mental health and wellbeing in elderly people isolated at home due to architectural barriers: A community health intervention. At. Primaria. DOI: 10.1016/j.aprim.2021.102020 . Disponible en: www.elsevier.es/es-revista-atencion-primaria-27-avance-resumen-improving-mental-health-wellbeing-in-S0212656721000548

- Highlight the results that are important for your audience.
- If the programme has a longitudinal evaluation, think about the frequency of dissemination of results.

Resources:

Support template to help you with Step 9:

Table 2.17 Dissemination plan

Target Audience	Communication objectives	Key message	Channel	Format	Timeframe
e.g. Programme staff	e.g. Confirm evaluation findings		e.g. interpersonal	e.g. PowerPoint	e.g. Prior to recommendation development

Checklist for Step 9	
<input type="checkbox"/>	Consider what the results say about each evaluation question
<input type="checkbox"/>	Engage with the stakeholders involved to review the results and participate in the interpretation
<input type="checkbox"/>	Develop recommendations to improve the programme
<input type="checkbox"/>	Determine what kind of information you want to share with, with whom, and for what
<input type="checkbox"/>	Determine which channels and/or communication formats will be used for each type of stakeholder
<input type="checkbox"/>	Create and distribute communication products

2.9.5 Considerations for equity



Data must be presented disaggregated by sex, by social-economic class, educational level, as well as by other groups affected by inequality. As mentioned, the evaluation of the programme should be presented separately for the different groups.

Work with the people in charge of interpreting the results on their own positioning and beliefs around the different axes of inequality and how they can influence their performance, to limit biases in this step.

Equity criteria must also be incorporated for the dissemination of the evaluation. For example, use of inclusive language, translation into other languages, adaptation of technical language, etc.

2.9.6 Summary

By the end of this step, you will have:

- Interpreted your evaluation results
- Interpreted the key messages to disseminate to your intended users
- Created a dissemination plan
- Shared your dissemination plan

2.10 Step 10: Apply evaluation findings to the programme

2.10.1 What is this step about?

This step focuses on using the results of the evaluation to direct change and new thinking. At this stage, build on your dissemination plan to follow up on the key messages and actions you would like to see as a result of your evaluation.

2.10.2 Why is this step important?

Sharing results can lead to action around:

- making decisions to improve the programme, i.e., the best use of resources;
- strengthening understanding of the programme at the community and organisational levels;
- securing social, financial and political support;
- helping your programme establish a network of like-minded groups or individuals with similar goals
- advocating for additional resources and policy change³⁵
- involving other sectors; and
- building evidence and support to include the Health-in-all-policies' approach.

2.10.3 How to do Step 10?

To carry out this step, four actions should be performed:

- Review your recommendations and brainstorm actions
- Prioritise changes
- Create an action plan to implement changes
- Reflect on the evaluation process

Review your recommendations and brainstorm actions

To generate new or revise existing recommendations, it is necessary to work with the results of the evaluation and with the stakeholders involved. Individual or group techniques can be used for this, although it should be noted that the group approach provides benefits in relation to the cohesion, participation and involvement of people and groups. Faced with budget or time constraints, individual interviews or surveys may also work. Techniques known as “classroom research”, “analysis” techniques, or social innovation techniques that allow optimising the creativity and generation of proposals of a group can be used, and that may be suitable at this time (world café, Open Space...)

Some questions to discuss could be:

- What emerged as strengths of the programme?
- What emerged as weaknesses of the programme?
- What concrete changes can our organisation make to improve programme implementation or outcomes, as set out in the programme logic model?
- What recommendations can be implemented?

³⁵Ontario Agency for Health Protection and Promotion (Public Health Ontario) Snelling S, Meserve A. Evaluating health promotion programs: introductory workbook. See page 8.

- Can we collaborate with any stakeholders to implement recommendations?
- How can the evaluation findings be used to secure funding for the programme?³⁶

Prioritise changes

The results of the evaluation can lead to decisions about changes, e.g. in the programme strategy or implementation, reassigning staff, or shifting financial resources. Such changes can improve the chances of meeting your programme goals and objectives.

Stakeholders can be involved in selecting the highest priority items and those that have the most possibility to actually be implemented³⁷.

Create an action plan to implement changes

Plan to make and implement strategic decisions about the programme (see Worksheet for Step 10). Identify a lead for the programme improvement plan, and set a timeframe to achieve the targeted improvements. Plan to re-evaluate the programme, to assess whether you've increased its effectiveness and are meeting programme objectives³⁸.

Figure 2.2 Action plan example

Priority recommendations	Activities/steps	Who is responsible/involved	Timeline
(e.g.) As the target populations for the program have changed, update communication materials using languages understood by the new audiences (plain language)	<ol style="list-style-type: none"> 1. Key informants review current communication materials to identify necessary changes 2. Update materials 3. Pilot test materials 	<ol style="list-style-type: none"> 1. Jean (PHN) 2. Mariam (Evaluator) 3. Jean and Mariam (PHN and Evaluator) 	<ol style="list-style-type: none"> 1. March-April 2. May 3. June-July

Source: Ontario Agency for Health Protection and Promotion (Public Health Ontario), Snelling S, Meserve A. *Evaluating health promotion programs: introductory workbook*. Toronto, ON: Queen's Printer for Ontario; 2016.

Reflect on the evaluation process

Take the time to consider the evaluation. You can stimulate discussion by addressing the implementation of the evaluation as well as the actual or anticipated outcomes.

The evaluation process itself can:

- Build shared meaning and understanding between groups involved in a programme.
- Help key stakeholders better understand the population of interest, particularly excluded groups who are not often heard.
- Create space for staff and participants to reflect and build trust.

³⁶Ontario Agency for Health Protection and Promotion (Public Health Ontario) Snelling S, Meserve A. *Evaluating health promotion programs: introductory workbook*. See page 8 See page 8.

³⁷Ibid.

³⁸Ibid.

- Give stakeholders an opportunity to obtain skills (e.g., identify problems; set criteria; group prioritisation; collect, analyse and interpret data; etc.).
- Quantitative and qualitative techniques can be used to assess the evaluation; for example, ask programme participants what they think of the results, ask peers or experts to review the evaluation, or ask for individual or group reflection on the process. This will enable everyone to improve future evaluation activities³⁹.

Estudio de caso:

The Baixem al Carrer programme has been shown to improve the perceived health and mental health of the participating population. For this reason, over the years the programme has been extended to more disadvantaged neighbourhoods in Barcelona. It will continue to be necessary to monitor its results over time and its impact on health inequalities.

2.10.4 Questions for reflection and additional information/resources for this step

- Has this programme evaluation provided any substantive information to suggest changes to other evaluation processes?
- How can you motivate change after evidence is produced?

Resources:

Support template to help you with Step 10:

Table 2.18 Action Plan

Priority recommendations	Activities/gaps	Who is responsible/involved	Timeline

³⁹Ontario Agency for Health Protection and Promotion (Public Health Ontario) Snelling S, Meserve A. Evaluating health promotion programs: introductory workbook. See page8.

Checklist for Step 10	
<input type="checkbox"/>	Ideas and changes to the programme, especially with stakeholders. Review recommendations
<input type="checkbox"/>	Propose and prioritise changes
<input type="checkbox"/>	Develop an action plan to implement changes
<input type="checkbox"/>	Evaluate the evaluation process

2.10.5 Considerations for equity



Depending on the results found in the evaluation, it will be necessary to change the programme.

If the evaluation has been conducted with an equity approach, changes and improvements to the programme will be able to better address existing inequalities, adapting interventions to the needs of different groups.

In turn, the evaluation of a programme may make clear the need to complement it with other interventions working on social determinants of health. For example, in a programme aimed at increasing physical activity practice, it may be necessary to introduce actions that change the environment in which people live to increase physical activity practice levels.

2.10.6 Summary

By the end of this step you will have:

- Reviewed the learnings from the evaluation
- Proposed changes to the programme that consider existing inequalities
- Revised your evaluation programme
- Consider the need of additional interventions

ANNEXES

Annex 1 Main objectives and limitations of data collection methods.

Type of method	Examples	Main objectives	Main limitations
Review existing data or documentation	<p>Examples of existing data or documents you might review:</p> <ul style="list-style-type: none"> • Meeting minutes, administrative records • Client medical records or other files • Newsletters, press releases • Strategic plans or work plans • Registration, enrolment, or intake forms • Previous evaluation reports • Records held by funders or collaborators • Web pages • Graphs, maps, charts, photographs, videotapes • Datasets of health statistics <p>Examples of data sources:</p> <ul style="list-style-type: none"> • Spanish National Health Survey • European Health Survey • Basic Minimum Data Set on hospital discharges • Spanish National Statistical Institute • Primary healthcare Information systems 	<p>Understand whether existing data it meets your needs.</p> <p>Determine whether there are gaps in existing data and help decide whether you need to collect new information, and if so, what kind of information.</p>	<p>May not exactly meet the evaluation's needs – not 100% reliable, and need to adjust the data as per the purpose of the evaluation</p> <p>Dependence on third-party data</p>
Talk to people (i.e. face-to-face or telephone interviews, focus groups, discussion groups, Photovoice)	<p>Examples of stakeholders you might talk to or ask written responses from:</p> <ul style="list-style-type: none"> • Clients, programme participants, nonparticipants • Staff, programme managers, administrators • Partner agency staff • General public • Community leaders or key members of a community • Funders • Representatives of advocacy groups • Elected officials, legislators, policymakers 	<p>Hear stakeholders in their own words.</p> <p>Allow stakeholders to express views in a safe environment (specific to interviews)</p> <p>Learn and discuss an issue from multiple perspectives (specific to focus groups)</p>	<p>Time consuming and expensive</p> <p>Require well-trained data collector (e.g. interviewer, focus group facilitator etc.) – otherwise, risk that responses might be of low quality and/or biased</p>

Type of method	Examples	Main objectives	Main limitations
Obtain written responses (e.g. surveys, questionnaires);	<ul style="list-style-type: none"> Local and state health officials 	Allow stakeholders to talk about pictures they have taken to respond to a question of issue of interest (specific to Photovoice)	
		Cost-effective Gather rich information on stakeholders' opinions and feelings Gather data in a uniform and easy to analyse way.	Difficult to gather in-depth understanding of issues. Not possible to follow-up on responses
Conduct participatory activities	Examples of visual methods you could use: <ul style="list-style-type: none"> Asking participants to draw their perspectives and feelings that may not have been articulated through words Asking participants to take a photo and then explain why it matters to them Examples of interactive verbal feedback methods you could use: <ul style="list-style-type: none"> Asking participants to keep a daily or weekly diary, or use social media. Asking participants to use their mobile phones to collect data about their behaviours, answering questions about their daily activities, moods, stressors etc. 	Get the involvement of the participants and get them to have a greater control over the process and results. Allow different views and perspectives to be captured in specific locations and at specific times. Can be used with participants who may not respond well to interview situations or to a questionnaire (e.g. children).	Possibility that findings be biased, due to the element of self-selection in who participates. Participants may lack confidence in the method used (e.g. drawing, photography or storytelling) and may as a result leave out details. Difficult to interpret and generalise results

Type of method	Examples	Main objectives	Main limitations
	<p>Examples of diagrams and other creative tools you could use:</p> <ul style="list-style-type: none"> • Listing preferences in a priority order, by 'pairwise ranking', asking participants to choose between pairs of options, or by using a matrix, showing options on one axis and criteria on the other • Drawing the outline of a person's body on a sheet of paper and asking participants to respond to questions such as what are you most worried about? what are you most hopeful about? 		
Observe and track (i.e. ethnography, observation of stakeholders' behaviours, monitoring of blogs and social media)	<p>Examples of what you might observe:</p> <ul style="list-style-type: none"> • Meetings • Special events or activities • On the job performance • Service encounters • Programme participants' behaviours • Changes in participants' health outcomes. • Twitter or Facebook comments 	<p>Formulate questions to pose in subsequent interviews</p> <p>Examine the programme's physical and social settings</p> <p>Identify programme aspects that stakeholders may not consciously recognize</p> <p>Learn about topics that stakeholders are unwilling to discuss.</p>	<p>Observation must be systematic and cautious (e.g. need to run a pilot to ensure whoever assume the role of observer are following a consistent approach)</p> <p>May carry ethical risks (e.g. confidentiality of participants)</p> <p>Might affect the events if those observed are aware.</p>
Get physical measurements	<p>Examples of what you might measure:</p> <ul style="list-style-type: none"> • Biophysical measurements (e.g. infant weight) • Geographical information (e.g. locations with high prevalence of HIV infections) 	Gather unbiased quantitative data	Might be time consuming and expensive

Annex 2: Types of Sampling

There are three types of sampling:

- **Probability Sampling**, which is the most robust option. It uses random sampling thereby maximising the probability that the sample is representative of the entire population of interest, allowing the results to be generalised in a statistically robust way and to draw inferences.
- **Intentional Sampling**, whereby the sample is selected based on the purpose of the evaluation with the expectation that each participant will provide unique and valuable information for the study (based on one or more predetermined characteristics). This method also allows you to make analytical inferences about the entire population of interest.
- **Convenience Sampling**, in which the sample is selected on the basis of the people or groups that are most easily accessible. This is the least robust sampling option, and should be avoided if possible, as it does not allow you to make any inference or generalise your results to the entire population. However, it is easy to implement and requires less time and money than the other two sampling techniques.

Determining the right sample requires specific skills. In case of doubt, help should be sought from experts in sampling or statistics, either within the organisation or external, depending on the context. The relevance of training the team itself in sampling methods can also be considered.

References

- Ball K, Carver A, Downing K, Jackson M, O'Rourke K. Addressing the social determinants of inequities in physical activity and sedentary behaviours. *Health Promot Int.* 2015 Sep;30 Suppl 2:ii18-9. doi: 10.1093/heapro/dav022. Epub 2015 Apr 7. PMID: 25855784.
- Centers for Disease Control and Prevention, Program Performance and Evaluation Office (2012) Introduction to Program Evaluation for Public Health Programs: A Self-Study Guide. Step 1: engaging stakeholders. Available at: <https://www.cdc.gov/eval/guide/step1/index.htm>
- Centers for Disease Control and Prevention, Program Performance and Evaluation Office (2016) CDC Approach to Evaluation: Indicators. [Internet] Accessed on September 10, 2020. Available at: <https://www.cdc.gov/eval/indicators/index.htm>
- Centers for Disease Control and Prevention, Program Performance and Evaluation Office (2018) CDC Approach to evaluation: Program evaluation Framework Checklist for Step 2 Accessed on: September 10th, 2020 [Internet] Available at: <https://www.cdc.gov/eval/steps/step2/index.htm>
- Daban, F., PAsarin, M.I., Borrell, C., Artazcoz, L., Perez, A., Fernandez, A., Porthe, V., Diez, E., the Barcelona Health in the Neighbourhoods Group. (2020) Barcelona Salut als Barris: Twelve years' experience of tackling social health inequalities through community-based interventions. *Gaceta Sanitaria* 34(2) 127-132. Available at: <https://www.sciencedirect.com/science/article/pii/S0213911120300704>
- Daban F, Garcia-Subirats I, Porthé V, et al. (2021) Improving mental health and wellbeing in elderly people isolated at home due to architectural barriers: A community health intervention. *At. Primaria*. DOI: 10.1016/j.aprim.2021.102020 Disponible en: <https://www.elsevier.es/es-revista-atencion-primaria-27-avance-resumen-improving-mental-health-wellbeing-in-S0212656721000548>
- Davies, J.K. and Sherriff, N.S. (2012). The gradient evaluation framework (GEF): A European framework for designing and evaluating policies and actions to level-up the gradient in health inequalities among children, young people and their families. Brighton: University of Brighton. Available at: https://eurohealthnet.eu/sites/eurohealthnet.eu/files/publications/GEF%20-%20GefDocFinal_smallest.pdf
- Diez, E., Daban, F., Pasarin, M. Artazcoz, L., Fuertes, C., Lopez, M.J., Calzada, N. (2014) Evaluation of a community program to reduce isolation in older people due to architectural barriers. *Gaceta Medica* 28(5) 386-388. <https://doi.org/10.1016/j.gaceta.2014.04.013>
- Ministerio de Sanidad, Servicios Sociales e Igualdad (2014) Estrategia de promoción de la salud y prevención en el SNS. Available at: <https://www.mscbs.gob.es/profesionales/saludPublica/prevPromocion/Estrategia/docs/EstrategiaPromocionSaludyPrevencionSNS.pdf>
- Ontario Agency for Health Protection and Promotion (Public Health Ontario), Snelling S, Meserve A. (2016) Evaluating health promotion programs: introductory workbook. Toronto, ON: Queen's Printer for Ontario; Available at: <https://www.publichealthontario.ca/-/media/documents/E/2016/evaluating-hp-programs-workbook.pdf?la=en>

- Ontario Agency for Health Protection and Promotion (Public Health Ontario), Snelling S, Meserve A. (2016) Evaluating health promotion programs: introductory workbook. Toronto, ON: Queen's Printer for Ontario; 2016, Adapted from: CDC Division for Heart Disease and Stroke Prevention, State Heart Disease and Stroke Prevention Program (CDC Division for Heart Disease and Stroke Prevention, State Heart Disease and Stroke Prevention Program. Figure 3, Mapping evaluation questions and indicators to a logic model. In: Evaluation guide: Developing and using a logic model. p. 9
- Prevention and Population Health Branch 2010, Evaluation framework for health promotion and disease prevention programs, Melbourne, Victorian Government Department of Health. Available at: [http://docs2.health.vic.gov.au/docs/doc/AE7E5D59ADE57556CA2578650020BBDE/\\$FILE/Evaluation%20framework%20for%20health%20promotion.pdf](http://docs2.health.vic.gov.au/docs/doc/AE7E5D59ADE57556CA2578650020BBDE/$FILE/Evaluation%20framework%20for%20health%20promotion.pdf)
- Skarlatidou, A., Suškevičs, M., Göbel, C., Prūse, B., Tauginienė, L., Mascarenhas, A., Mazzonetto, M., Sheppard, A., Barrett, J., Haklay, M., Baruch, A., Moraitopoulou, E.-A., Austen, K., Baiz, I., Berditchevskaia, A., Berényi, E., Hoyte, S., Kleijssen, L., Kragh, G., Legris, M., Mansilla-Sanchez, A., Nold, C., Vitos, M. and Wyszomirski, P., (2019). The Value of Stakeholder Mapping to Enhance Co-Creation in Citizen Science Initiatives. *Citizen Science: Theory and Practice*, 4(1), p.24. DOI: <http://doi.org/10.5334/cstp.226>
- U.S. Department of Health and Human Services Centers for Disease Control and Prevention. Office of the Director, Office of Strategy and Innovation. Introduction to program evaluation for public health programs: A self-study guide. Atlanta, GA: Centers for Disease Control and Prevention, 2011. Available at: <https://www.cdc.gov/eval/guide/CDCEvalManual.pdf>
- Whitehead M. (1992). The concepts and principles of equity and health. *International journal of health services : planning, administration, evaluation*, 22(3), 429–445. <https://doi.org/10.2190/986L-LHQ6-2VTE-YRRN>

Sources for further consultation:

- Bhide, A, Shah, PS, Acharya, G. (2018) A simplified guide to randomized controlled trials. *Acta Obstet Gynecol Scand*, 97: 380– 387. Available at: <https://doi.org/10.1111/aogs.13309>
- EMGO⁺ Institute / Amsterdam Public Health research institute (APH)'s (2011) Handling missing data. [Internet] Available at: <http://www.emgo.nl/kc/handling-missing-data/>
- Lusthaus, C., Adrien, M. H., Anderson, G., & Garden, F. (1999). Enhancing organizational performance a toolbox for self-assessment. Ottawa, Canada: International Development Research Centre. Retrieved from <https://www.idrc.ca/en/book/enhancing-organizational-performance-toolbox-self-assessment> in *Better Evaluation*. (2020) Stakeholder mapping and analysis. Available at: https://www.betterevaluation.org/en/evaluation-options/mapping_stakeholders
- Nebot, M., Lopez, M.J., Ariza, C., Villalbi, J.R., Garcia-Aviles., A. (2011) Evaluacion de la efectividad en salud publica: fundamentos conceptuales metodologicos. 25(Supl 1) 3-8. Available at: <https://www.gacetasanitaria.org/es-pdf-S0213911111700024>
- Ontario Agency for Health Protection and Promotion (Public Health Ontario), Snelling S, Meserve A. (2016) Evaluating health promotion programs: introductory workbook. Toronto, ON: Queen's Printer for Ontario; Available at: <https://www.publichealthontario.ca/-/media/documents/E/2016/evaluating-hp-programs-workbook.pdf?la=en>
- Preskill, H., & Jones, N. FSG Social Impact Advisors, Strategic Learning and Evaluation Center. (2009). A practical guide for engaging stakeholders in developing evaluation

questions. Available at: <https://www.fsg.org/tools-and-resources/practical-guide-engaging-stakeholders-developing-evaluation-questions-0>

- Radhakrishna, Rama & Relado, R.Z.. (2009). A Framework to Link Evaluation Questions to Program Outcomes. Journal of Extension. 47. Available at: <https://www.joe.org/joe/2009june/tt2.php>
- Stakeholder engagement tool: Measure Evaluation (2011) Tools for Data demand and Use in the Health Sector: Stakeholder Engagement Tool. Available at: <https://www.measureevaluation.org/resources/publications/ms-11-46>