



REPUBLIC OF KENYA
Ministry of Health

HEALTH PROMOTION UNIT
KMTCC Ground, Old Mbagathi Road
P.O. Box 30562 – 00100, Nairobi, Kenya
Tel: 2722084, 2722082, 2721507
Email: hpu@health.go.ke
Website: www.hpu.health.go.ke



REPUBLIC OF KENYA

OPERATIONAL GUIDELINES AND STANDARDS FOR HEALTH PROMOTION

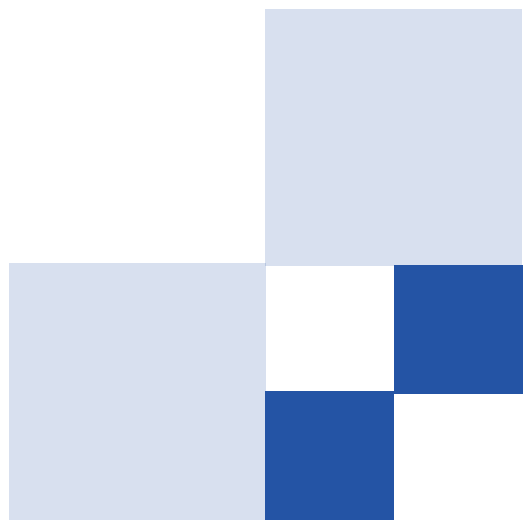
2013-2018

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Operational Guidelines and Standards for Health Promotion

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ACKNOWLEDGEMENT

The Health Promotion Standards and Guidelines are expected to inform on regulations and precincts governing health promotion practice as well as the principles that steer towards expected levels of achievement and maintenance during practise.

The health promotion guidelines describe the essential elements of interventions that facilitate better design and management of Health Promotion programme activities. They align the principles, concepts, theories and approaches of Health promotion practice in a manner likely to enable better and more cost effective achievement of programme objectives. The standards measure how well health promotion activities or programmes are carried out and also specify criteria or indicators for measuring performance.

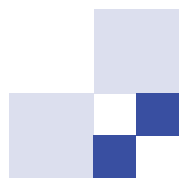
The compilation of the National Health Communication Guidelines has been achieved through the collaboration and commitment of various individuals and organizations. Special thanks go to the Directors of Medical Services and Public Health, Dr Francis Kimani, and Dr. S.K. Sharif respectively, for their great technical support and guidance during the entire process.

The process also received technical support from a consultant, Dr David Nyamwaya, Ministry of Health staff and partners including Population Services International (PSI)/Kenya and World Health Organization (WHO). I acknowledge the contribution of the following partners for their assistance: RCER-CDC, JICA, UNICEF, CHAI, DANYA International, AMREF, PATH, GIZ, APHRC, KEMRI, GLUK, APHRC, KMTC and LVCT. Finally, sincere gratitude goes to USAID Kenya, for providing financial support in the development and printing of this document.



Prof. Fred H. K. Segor

PRINCIPAL SECRETARY



FOREWORD

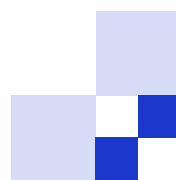
I welcome the development of these guidelines and standards for health promotion (HP) practice. They are an essential component for quality HP practice to be realized. These guidelines and standards are intended to be sufficiently flexible for the widest application and interpretation in different national contexts and for various types of HP practitioners, while establishing a clear threshold for entry to the HP profession.

A HP practitioner must be able to meet all the standards and at all times act professionally. Key among the criteria is ethical HP practice. This is based on a commitment to health as a human right, which is central to human development. It demonstrates respect for the rights, dignity, confidentiality and worth of individuals and communities, and for diversity, for example, of gender, age, disability, and cultural beliefs. It addresses health inequities and social injustice, and prioritises the needs of those experiencing poverty and social marginalization.

The HP guidelines are a compilation of the essential ingredients required for improvement of the quality and effectiveness of programme operations. They are a recipe for HP practice because they facilitate alignment of principles, concepts, theories, and approaches in a manner likely to enable better and more cost-effective achievement of programme objectives.

The standards include knowledge and competence required to practice HP. The definition of competence used in this document is: A combination of the essential knowledge, skills, and values necessary for the practice of HP. Core competencies are defined as the minimum set of competencies that constitute what all HP practitioners are expected to be capable of doing in the field of HP. The competencies are described and by using them as prescribed, HP practice can only improve. Some of these standards include: enabling change, advocating for health, mediating through partnerships, and empowering people for health action. For each competency, the document outlines the knowledge and skills required. It also identifies the indicators for each.

This document will be useful to all actors, including training institutions, employers of HP practitioners, the practitioners themselves, and the public to whom HP practice will be applied. I urge all those concerned to make full use of it.

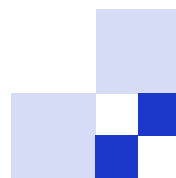


The preparation of these guidelines and standards was a consultative effort of many people and institutions. I am grateful to all of them and I am certain it will be useful to all health promotion practitioners.

A handwritten signature in black ink, consisting of several fluid, overlapping strokes that form a stylized representation of the name James W. Macharia.

James W. Macharia

CABINET SECRETARY- MINISTRY OF HEALTH



EXECUTIVE SUMMARY

HP practice when implemented appropriately and as per the required standards and expected best practiced levels will ensure that health inequity is reduced and the well being of the population in Kenya is enhanced and maintained at all times. This guidelines and standards therefore outline the minimum standards at which HP practice and training should be conducted.

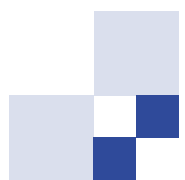
These guidelines compile the essential ingredients required for improvement of the quality and efficacy of program operations. These ingredients are a recipe for HP practice as they facilitate the alignment of principles, concepts, theories and approaches that will enable better and more cost effective achievement of program objectives.

In this document it states the standards which include knowledge, skills and competence that are required to practice HP. The definition of competence used in this document is 'a combination of the essential knowledge, skills and values necessary for the practice of HP'.

The Core competencies defined as the minimum set of competencies constituting what all health promotion practitioners are expected to be capable of doing in the field of health promotion are intended to guide on the expected capacity of the health promotion practitioners. For each competency mentioned, the document outlines the knowledge and skills required and identify indicators for each.

The competencies are described and by using these as prescribed, health promotion practice can only improve. Some of these standards include: enabling change, advocating for health, mediating through partnerships and empowering people for health action

It is expected that this Guidelines and Standards will streamline health promotion practice in our health care system and enable effective and efficient health promotion implementation in the Health and Non-Health sectors.



1.0 INTRODUCTION

1.1 Health promotion (HP) is a rapidly developing public health field whose emergence has been influenced primarily by better appreciation of the role of diverse factors that influence people's health. These factors are commonly referred to as the determinants of health. They include biological, socioeconomic, environmental, and behavioural elements, and can exert either a positive or negative impact on people's health. For example, the cultural practice of long-term breastfeeding enhances child health but, likewise, early marriage practiced by some communities works to the detriment of the health of adolescent girls in such communities.

As a distinct field of public health, HP has arisen from the need to facilitate integrative use of various diverse approaches, methods and techniques that ensure the determinants of health are tackled effectively. Its development has been motivated by its ability to enhance collaboration between different players in the implementation of comprehensive responses that simultaneously address several of the determinants of health.

The practice of HP has been influenced greatly by various models and theories, including behavioral and social science theories, for example, the health belief model, theory of reasoned action, trans-theoretical model, and social cognitive theory; community development theories, for example, community organization, community building and diffusion of innovation; communication theories, for example, behavior change and social marketing; organizational theories, for example, organizational change; and models for understanding intersectoral action¹.

Until recently, HP was perceived primarily as the parallel application of methods such as health education, health communication, social marketing, social mobilization, and mass media campaigns. Nowadays, it is viewed as comprising a wider range of complex social and political processes and society-wide actions whereby ordinary people work with experts to create and enjoy health. It can indeed be described as an umbrella field that combines many approaches, strategies and methods stemming from diverse theoretical bases. This integrative characteristic has indeed been singled out as a major strength of HP.

¹ (Nutbeam&Harris, 2004).

Experiences from within Africa and beyond have shown that HP is effective in enabling individuals and groups to improve their well-being. It has also been shown that there are now more players in health than was the case before and many of them are to be found outside the health sector. HP is a credible avenue through which they get mobilized².

1.2 Getting Started in HP

Effective HP practice requires that the practitioner:

1	Understands well the key concepts, theoretical frameworks and definitions of HP
2	Has the ability to select, develop and implement HP strategies, actions and use appropriate approaches and methods
3	Possesses a good grasp of the principles of health promotion and how they can be applied in specific settings or programs
4	Is capable of planning and managing a HP activity or program through collaboration and partnership

The key concepts and definitions of HP together with the ethical principles that underpin it are discussed elsewhere in this document.

The following section describes the strategies and major actions relevant to Hand mentions some of the methods used frequently.

1.2.1 The Behavioural Change Strategy

This strategy addresses knowledge, personal skills and attitude change.

Individuals and communities learn new tactics and increase their understanding of health problems and the required responses, empowering them to address health issues effectively. The methods commonly used include health education, demonstrations, lectures, and others discussed in detail later in this chapter.

²(Amuyunzu-Nyamongo & Nyamwaya, 2009)

1.2.2 The Mediation Strategy

This strategy focuses on reconciling conflicting interests in society so as to create conditions that support health. In human society, the socioeconomic environment usually gives rise to competing goals. Therefore, mediation to tackle those aims that hinder health improvement is necessary in many communities. A case in point is where people grow tobacco as a commercial commodity in spite of tobacco's role in causing disease and death. To balance the damage due to tobacco with its trade gains, governments, in most cases with support from civil society organizations and dedicated individuals, pass legislation and policies that protect people who do not wish to use tobacco from its harmful effects.

The role of HP here is to facilitate mitigation of conditions and circumstances so as to enable individuals to generate, maintain or improve health while engaging in regular socioeconomic life. The ultimate aim of mediation is to support creation of environments that support health and healthy living. It involves methods such as legislation, policies, fiscal measures, taxation, and sanctions that include fines or imprisonment.

1.2.3 The Advocacy Strategy

Advocating for health to increase commitment to health action is another strategy used widely by health promoters. Advocacy is about winning support of key constituencies in order to influence policies and spending and bring about social change. Commitment by leaders and other significant people in communities and the wider society leads to increase in allocation of resources for health. It is for this reason that health promoters are increasingly getting involved in political processes that can influence resource allocation and determine political attention. Advocacy, lobbying, political organization, activism, and staging of special promotion events are methods employed to ensure there is increased dedication to health action.

1.3 The Major HP Actions

At the practical level, the strategies of HP, singly or in various combinations, can be implemented at five main levels: individual, community, policy, health services, and the broader society and globally. These levels, usually known as major HP actions, are discussed briefly below³.

1.3.1 Creating Environments that Support Health

For health to be created, improved or maintained, supportive conditions must exist. Health development is usually assumed to be the business of health systems, but there is increasing evidence that it is made easier or possible primarily through the creation or improvement of various social, economic and physical conditions and circumstances. HP practitioners therefore need to work with their counterparts in sectors such as agriculture, transport, law enforcement, finance, gender, and education to promote production of safer and healthier goods and services, provision of healthier public and private services, as well as leaner, more user -friendly environments.

1.3.2 Strengthening community actions

The majority of HP actions are effective when relevant communities are enabled to participate in priority-setting, decision-making, strategy-making, and implementation as well as evaluation of interventions. Health promoters serve as a brokers and catalysts whose role is to enhance awareness about the need for specific health actions and to mobilize self-help and collaboration among community members. They also facilitate acquisition of information about health determinants and how to tackle them, provision of learning opportunities for health, and advise on how to obtain resources for required interventions.

1.3.3 Developing and Applying Health Policy

A healthy public policy incorporates very broad visions of health and goes beyond the health care system and its traditional hospital and physician-based care. It is concerned with the role of government and the public sector in creating the conditions that promote and support health. Examples include school health policy, alcohol policy, etc. In general terms, policy is an important tool that serves to direct the ways individuals and groups act to improve health. The HP practitioner supports, coordinates, initiates, and motivates the mechanisms and players needed to develop and implement a healthy policy.

³ Information adapted from the “Ottawa Charter for Health Promotion” as well as the “Jakarta Declaration on Health Promotion.”

1.3.4 Working with Health and Related Services to Make Them More People-Friendly

Health services are important in the attempt to promote health. Sadly, most conventional and especially government services are structured to provide mainly curative services and some preventive interventions such as vaccinations and family planning. It is for this reason, therefore, that HP works closely with health services to ensure that all health actions have a health-promoting element. There is need for sensitivity and response to the needs of individuals and communities. Health care providers need reorientation and retraining so as to acquire a broader mindset and new skills with which to support health-promoting activities in the course of their normal service delivery. HP brokers the relationship between health services and communities so that the necessary reorientations are carried out. The ideal situation is a formal partnership between communities or groups and service delivery.

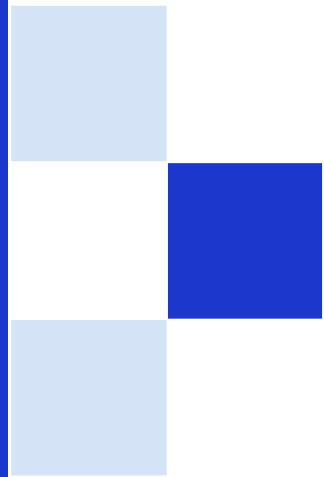
1.3.5 Developing Personal Skills

HP endeavours to enable people to exercise effective control over their health. This is done through providing information, offering health education, strengthening life skills, facilitating attitude change, and giving motivation for action. Using the listed and other interventions, the health promoter makes sure that the individual has more options in life and that the healthier choices are the easier ones. The individual is empowered to learn, prepare for living throughout life, and cope with illness and injuries. Development of personal skills takes place at home, school, work, religious setting and the broader community setting. The health promoter should therefore identify opportunities for the strengthening of skills in various settings.

1.3.6 Linking Local Action with the Global Context

A sixth level of HP action has emerged recently, mainly due to the recognition of the global nature of health and its determinants. Almost all HP actions at community and other levels are impacted by what is happening in other parts of the country, region, and world. Universal collaboration in HP should help increase health and also close the gap between the rich and the poor. It is for this reason that HP encourages all countries to work together towards elimination of illness. The importance of international, regional, and sub- regional cooperation has been demonstrated recently by outbreaks such as SARS and avian influenza.

PART ONE: **THE GUIDELINES**



1.0 What the Guidelines Are and How They Are to be Used

1.1 Preamble

The guidelines describe the essential elements of interventions that facilitate better design and management of HP programme activities. They constitute a compilation of the essential ingredients required for the improvement of the quality and efficiency of programme operations. The guidelines address key actions in the planning, implementing, and evaluation of HP programmes. They should therefore be regarded as a recipe for HP practice. This is because they facilitate alignment of principles, concepts, theories, and approaches in a manner likely to enable better and more cost-effective achievement of programme objectives. In application, individual practitioners can adapt the guidelines in response to unique programmatic conditions as they see fit.

The notion of participation by various stakeholders, a central theme in HP, underpins these guidelines. They are not concerned with strategic decisions in the programming process but rather concentrate on actions based on desired outcomes. In order to enable effective and systematic application, each set of guidelines is organized into Objective(s), Desired Outcomes, and Action elements. Also, because of their intended use by a wide spectrum of players, they are cast in generic terms to enable adaptation to a variety of programme contexts but are also specific enough to be effective in addressing the unique requirements of individual programmes. They should not, therefore, be regarded as a manual but rather as a resource whose use can enhance the quality and effectiveness of HP practice. They reflect a methodological bias since they address the wide range of ways of effecting HP.

1.2 Intended Users of the Guidelines

The guidelines are intended for those who already possess some technical exposure or training in HP as well as those in HP management and leadership. Other health and development professionals in various sectors can also find them useful as a support for participatory development programme implementation. Specifically, the guidelines may be used by:

The HP practitioner as a frame of reference for informing management decisions at the various stages of the programme cycle

HP technical leadership to inform the development, implementation, and evaluation of the field

Health programme teams to delineate roles among various actors and stakeholders in an intervention

Academic/training institutions as a basis for curriculum and course development

Employers to define criteria for assigning, supervising, and assessing HP staff

Programme managers to appreciate the role of HP in health and related sectors.

Since HP is still developing, there is need to review relevancy and adequacy of the guidelines at five-year intervals.

1.3 The objectives of the guidelines:

1. To clarify concepts and definitions used in HP
2. To describe the HP process in terms of strategies, approaches, action areas, and methods
3. To provide reference material for the design, implementation, and evaluation of HP programmes/interventions
4. To enhance the quality of HP through specification of competencies and standards of HP practice

2.0 Essential Concepts, Terms and Definitions

Concepts, terms and definitions as used in the Guidelines and Standards:

Accreditation: A form of qualification or individual registration awarded by a professional or regulatory organization that confirms an individual as fit to practice.

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

Behaviour change communication: A method that systematically endeavours to influence a behaviour that directly or indirectly relates to health.

It can also be seen to include modification of practices in a group of people as well as some of the environmental factors that affect the particular behaviour.

Burden of disease: A measurement of the gap between a population's current health and the optimal state where people attain full life expectancy without suffering major ill-health.

Collaboration: A recognized relationship among different sectors or groups that has been formed to take action on an issue in a way that is more effective or sustainable than might be achieved by one sector or group acting alone.

Community: A specific group of people, usually living in a defined geographical area, who share a common culture, values, and norms, arranged in a social structure according to relationships that have developed over a period of time.

Members of a community gain their personal and social identity through beliefs, principles, and standards that have been developed in the past and may be modified in the future. They exhibit awareness of their character as a group and have common needs and a commitment to meeting them.

Community development: The process through which a given group of people collectively identify and address a specific health issue using both internal and external resources. Usually, it involves use of participatory approaches and methodology.

Competency: The ability to apply particular knowledge, skills, attitudes, and values to the standard of performance required in specific contexts.

Health: A state of complete physical, spiritual, mental and social well-being and not merely the absence of disease or infirmity. Within the context of HP, it has been considered less an abstract state and more a means to an end. In this sense, it is a resource for everyday life, not the object of living. It is a positive concept emphasizing social and personal resources as well as physical capabilities. (Adapted from the Ottawa Charter for HP.)

HP: The process of enabling people to increase control over the determinants of health and thereby improve their health. The goal of HP practice is to provide and maintain conditions that make it

possible for people to make healthy choices and facilitate environmental conditions that support healthy behaviours.

HP represents a comprehensive social and political process, which embraces actions directed at strengthening the skills and capabilities of individuals and action directed towards changing social, environmental and economic conditions to alleviate their impact on public and individual health.

HP action: Describes programs, policies and other organized HP interventions that are empowering, participatory, holistic, intersectional, equitable, sustainable, multi-strategic in nature, and aim to improve health and reduce health inequities.

Public health: The policies, strategies, legislation, standards, and actions aimed at promoting health, preventing disease, and prolonging life through the organized efforts of society.

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

Health education: This comprises consciously constructed opportunities for learning involving some form of communication designed to improve health literacy, including improving knowledge and developing life skills that are conducive to personal and communal health.

Determinants of health: The range of personal, social, economic, and environmental factors that determine the health status of individuals or populations. HP usually focuses on addressing the full range of potentially modifiable determinants of health, such as health behaviours and lifestyles, as well as factors such as income and social status, education, employment and working conditions, access to appropriate health services and the physical environment.

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

Infrastructure for HP: Those human and material resources, organizational and administrative structures, policies, regulations, and incentives that facilitate an organized HP response to public health issues and challenges.

HP outcomes: Changes to personal characteristics and skills, and/or social norms and actions, and/or organizational practices and public policies that are attributable to a HP activity.

HP practitioner: A person who has relevant competencies necessary for undertaking, supporting or coordinating activities aimed at promoting health and reducing health inequities. The HP practitioner uses actions such as building healthy public policy, creating supportive environments for health, strengthening community action for health, developing personal skills, and reorienting health services.

HP approaches: These can be viewed in two broad ways: the type of interventions undertaken or the location, problem, and beneficiaries relating to an intervention. From the first perspective, there are five commonly used approaches: Medical/disease prevention, behaviour change, educational, empowerment and social change. From the second one, there are three main approaches: The settings approach, the issues approach, and the population approach.

Social determinants of health: These are the conditions in which people are born, grow, live, work and age, including the health system. These circumstances are shaped by the distribution of money, power and resources at global, national, and local levels, which are themselves influenced by policy choices. The determinants are mostly responsible for health inequities—the unfair and avoidable differences in health status seen within and between countries.

Stakeholder: Individuals or groups with an interest or stake in an outcome, project, programme or organization.

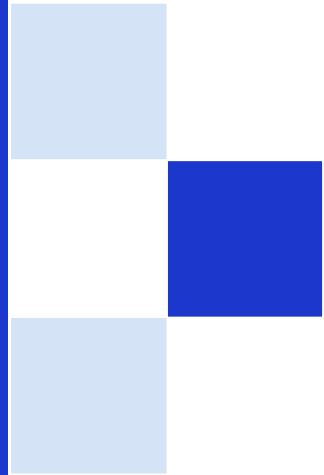
2.1 Functions of the HP Practitioner

A HP Officer is a professional who specializes in maintaining and improving the health of populations and reducing health inequities among population groups through the action areas articulated in the Ottawa Charter:

- Building healthy public policy
- Creating supportive environments
- Strengthening community action
- Developing personal skills
- Strengthening health service delivery

The HP practitioner intervenes in the areas listed above using three categories of strategic interventions: knowledge and skills development, mitigation of competing interests, and advocating for health. The main outcomes of these interventions are empowerment, conditions that support healthy policies, and more social support for health. In order to translate the strategic objectives into programme activities that produce specified results, the practitioner requires certain competences, such as those specified in the Standards part of this document.

PART ONE B: **THE GUIDELINES**



1.0 GUIDELINES FOR THE DESIGN, IMPLEMENTATION AND EVALUATION OF HP PROGRAMMES AND/OR INTERVENTIONS

Principles:

For the development and implementation of a HP programme, main principles to observe include:

- Integration of responses,
- Participation by a wide range of players ,
- Multi-sectoral collaboration,
- Coordination and partnership
- Equity
- Human rights

Key Players:

The key players include:

- HP practitioners,
- Representatives of the community,
- Civil society,
- Public sectors including health, education, administration etc depending on issue to be addressed and context
- Private sector
- Development partners

Objectives:

Three objectives shall influence activities selected:

1. To develop a participatory and comprehensive HP programme/intervention
2. To implement planned activities effectively and efficiently and in a timely manner
3. To develop mechanisms for monitoring and evaluation the programme

1.1 Guidelines for the design of a HP programme/activity

Objective: To develop a comprehensive HP programme/intervention

Desired Outcome 1: Issue to be addressed identified, target group determined, intervention/activity focus selected.

Suggested activities:

- Writing of a technical concept paper by the lead HP practitioner
- Convene an open, multidisciplinary, multiagency forum to brainstorm on intervention concept
- Constitute a team to carry the process forward, depending on issue, location of activity, and resource requirements
- Facilitate dialogue between the target group and the programme team—agree on issues be addressed, people most affected, and potential for success
- Gather information/data: health and demographics, info on past interventions, socioeconomic features, success stories, broader developmental context. (Sources of information include government and civil society and other development organization programme reports, research reports)
- Analyze the data, define needs, and project possible intervention
- Determine issue of focus
- Select target group
- State nature of intervention to be effected

Desired Outcome 2: SMART objectives developed.

Suggested activities

- State programme goal vs. issue determined
- Set objectives
- Test the objectives using SMART criteria

Desired outcome 3: Programme strategies defined.

Suggested activities

- Consider all possible level of strategy—a mixture of enabling creation of conditions conducive to health (policies, legislation, standards, mobilization) and advocating for increased social support for health
Select appropriate strategy/ies

Desired outcome 4: Resources to be used (internal, external OR existing interventions) identified.

Suggested activities

- Identify resources (financial, human and material) to be used in the programme (internal/community, external/public/private sources, governments, civil society, or individuals; consider grants or commercial borrowing).
Identify key players

Desired outcome 5: Decision, as to whether the programme plan is feasible or realistic, made.

Suggested activities

- Analyse objectives, strategies and resources mix to determine whether programme is feasible, i.e., the context, resources, players, interest, etc.
- On the basis of the analysis, decide the next move, i.e., adjustment of strategy or continuation

Desired outcome 6: An action plan developed including tasks, responsibilities for tasks assigned, time frame constructed, and communication plan agreed.

Suggested activities

- For each strategy, identify tasks and who to do what, set performance indicators and estimate resources needed for each task
- Set time lines—sequence of tasks determined by overall importance and time required for each task depending on the complexity and parties involved
- To ensure publicity and increase support, plan how information is to be communicated to all stakeholders and players—who to communicate with and how, professional vs. broad communication, which modes are to be used, for example, websites, conferences, reports, mass media, seminars, publicity events, etc., frequency of communication and feedback expected
- Integrate monitoring and evaluation mechanisms into the action plan

1.2 Guidelines for the implementation of a HP programme/activity

Objective:

- To effectively and efficiently implement components of a HP programme according to design

Desired Outcome 1: The tasks, roles and expectations of key players clarified.

Suggested activities

- Clarify tasks, communication plan and mechanisms for capturing additional opportunities
- Achieve shared understanding of roles, responsibilities and expectations of all actors: manager, implementation, team, beneficiaries, and other parties, including community/group targeted

Desired Outcome 2: Monitoring mechanisms developed and applied to ensure quality implementation.

Suggested activities

- Develop monitoring tools
- Apply monitoring procedures

Desired Outcome 3: Planned activities carried out.

Suggested activities

- Use list of tasks to guide implementation
- Rank tasks according to their priority
- Set timelines for the start and completion of targets
- Closely and systematically monitor time and resource utilization according to set targets
- Anticipate disruption due to unforeseen occurrences and negotiate new targets/timelines

1.3 Guidelines for the Evaluation of HP programs and/or Interventions

Objective 1: Appraisal of programme-implementation progress performed

Objective 2: Dialogue on implementation progress maintained

Objective 3: Adjustments on process, including moving to broader developmental scene, made as appropriate

Objective 4: Evaluation results shared

Desired Outcome 1: Monitoring of implementation activities undertaken.

Suggested activities

- Manager to discuss performance of roles by various players to keep implementation on course
- Various actors should establish mechanisms for dialogue on responsibilities, expectations, and challenges
- Conduct regular supervision and use the opportunity to ensure shared understanding on objectives and tasks
- Programme team should maintain active communication and obtain feedback from sponsors, target groups, technical teams, community, and stakeholders
- Publicize programme progress

Desired Outcome 2: Adjusted action plans.

Suggested activities

- Perform process evaluation as planned
- Detect problems/delays
- Discuss with all interested parties to agree options on way forward
- Select feasible option and adjust plans as necessary
- Discuss effects of new plans on resources, time, and other requirements
- Implement new plans with full agreement on how to handle any role, budgetary or time changes
- Continue implementation using adjusted action plans

Desired Outcome 3: Programme placed in a broader developmental context.

Suggested activities

- Use potential of initial success stories, media coverage, entry of famous personalities, research, and legislation to increase programme profile
- Attract new players (organizations, individuals, communities) to provide more support for the programme
- Connect with policymakers, leaders, legislators, and planners to incorporate programme concept or strategies elsewhere
- Link programme to broader development processes locally and nationally

Desired Outcome 4: Project progress monitored.

Suggested activities

- Put in place record keeping and reporting mechanisms/procedures
- Compare progress reports with baseline data
- Capture and record key events/features of implementation
- Involve target group and other key players in generating information of progress
- Ensure generation and analysis of information and data on methodology, resources, outputs and outcomes
- Share information and data with all parties involved
- Include unexpected outcomes

Desired Outcome 5: Purpose of programme evaluation decided.

Suggested activities

Decide purpose of the evaluation. Choose from below:

- Identify strategies that have been effective in achieving set objectives
- Assess quality of implementation
- Determine extent of achievement of performance indicators
- Assess extent of implementation

Desired Outcome 6: Scope of the evaluation determined.

Suggested activities

Consider type of outcome to measure. Choose from below:

- Short-term outcome (progress)
- Intermediate outcome (impact)
- Long-term outcome (result)

Desired Outcome 7: Evaluation methodology determined.

Suggested activities

- Decide what to measure and the indicators
- Determine when information is to be collected: baseline, post intervention or follow-up
- Establish how the information shall be collected: questionnaire, interviews, statistics/records, documents, environmental audit or observation
- Identify people to be involved: participatory vs. non-participatory approaches
- Decide whether quantitative or qualitative methods are to be used or both
- Select sample

Desired Outcome 8: Data collected.

Suggested activities:

- Identify skill sets required to collect data-train as necessary
- Identify resources—funds human resource, soft and hardware resources, etc.
- Indicate how community is to be involved
- Develop protocols for collection of data
- Record data/responses and enter for processing

Desired Outcome 9: Analysis of data

Suggested activities

- Carry out data analysis using packages such as EPI, INFO, SPSS, and PARADOX or do it manually if on a small scale
- Interpret results to show outcomes of the programme vs. those from other interventions
- Measure the short, intermediate, and long-term outcomes
- Make specific conclusions from the results: is the programme effective/not effective
- Indicate key factors that influenced results
- Make recommendations: continue, replicate, expand, contract or reduce

Desired Outcome 10: Evaluation results shared.

Suggested activities (choose)

- Distribute report/products according to internal programme requirements
- Communicate findings to media, interested institutions or health system
- Use findings for training
- Use results for policy development
- Present at conferences
- Publish in journal or in-house publication
- Post on the web

2.0 GUIDELINES ON HP PRODUCT DEVELOPMENT⁴

Key Players:

Key players include:

- Government
- Community,
- Civil society
- Development partners
- Implementing partners and
- The private sector.

Objective:

To develop effective and appropriate HP products.

Effective implementation of HP is greatly facilitated by the development and use of various products usually referred to as IEC materials. These include indigenous forms such as song, verse, drama, print/graphic materials, radio and television programmes, compact diskettes, video tapes as well as website, email and SMS-based forms.

The purpose of these guidelines is to enable practitioners to develop and use the products effectively. Given the purpose of this document, the guidelines for this section are limited to generic elements, leaving more detailed guidelines to be developed and adopted at national level by players and stakeholders. It may be useful to constitute a product-development working group.

2.1 The need for coordination and collaboration

- There are many producers of HP products even for the same thematic areas, for example, community health. In many cases, the quality of some of the products is poor, leading to unintended audience confusion and dissatisfaction.
- Duplication of effort and resource-use occurs when there is no collaboration among various players in HP production development. Coordination can help minimize such wastage.
- In a number of situations, some of the HP products can only achieve limited impact because not enough expertise and other resources have been invested in the development process.
- Competition occurs among some players and stakeholders with regard to the effectiveness of specific types of products. In this case, it is important for different parties to work together and thus reap from the benefits of the economies of scale.
- National health policy encourages concerted efforts aimed at addressing priority problems.
- It is thus a policy imperative to seek and maintain coordination and collaboration with regard to HP products.

⁴ Some content for this Section was obtained from a DHP compilation, "Draft Guidelines for IEC Material Development," put together by Isabella Ndwiga of DHP, MOPHS 2011. The term "IEC material" is increasingly becoming out of date while "HP products" becomes more fashionable

2.2 Conditions of success for HP product development and use

- Involvement of intended audiences in product development
- Consensus on the purpose of the product/s among major stakeholders
- Use of research to determine effectiveness of product categories and also specific products
- Pooling of resources in product development so as to reduce unit cost
- Agreement among players on the goal and objectives of products
- Systematic evaluation of the impact of a product
- Product review and use of the results to improve it
- Use of outsourcing mechanisms to develop and improve products
- Establishment of national guidelines on product development and use in various programmes

2.3 The process of developing effective HP products

STEP ONE: Convene a product development working group

The working group shall: Develop a concept paper on the product, including the issue of focus, goal and objectives, product development strategies and key actions, roles and responsibilities among players as well as coordination and collaboration arrangements, time available, and sources of funding.

STEP TWO: Carry out a study of the product context, specifically:

- Study social and behavioural elements relating to the product of the target audience
- Understand the physical, demographical, behavioural and cultural characteristics of the target population, and possible factors underlying desired behaviour change
- Delineate modes of communication and learning
- Determine language requirements
- Other products that relate to the issue of focus

STEP THREE: Analysis of the information obtained from the step above to:

- Identify the most appropriate forms of communication for the target audience
- Delineate the demographic, socioeconomic and health factors that may influence choice of product
- Define the problem to be addressed
- Determine which other products on the problem are already in existence (maybe another player has a product in use)
- Propose a possible range of products
- Determine the resources available for product development and production (expertise, funds, etc.)

STEP FOUR: Product selection

The following considerations are critical for the selection of the product.

- Consider the evidence, i.e., there must be scientifically demonstrated efficacy
- Consider the audience segmentation
- Consider the characteristics of the audience like education, culture, age, etc.
- Consider the cost-effectiveness and sustainability of the use of specific products
- Consider availability of expertise to develop and use the product
- Consider the environment within which the product shall be used: availability of electricity/power sources, buildings

STEP FIVE: Technical design of the product(s)

The main objective of this stage is to determine the product that responds to the target audience's needs and characteristics. The main activities include:

- Describe the primary and secondary audiences, with regard to needs and main features
- Set communication objectives—the product could focus on skills, motivation, mobilization, attitudes, changing cognitive behaviour or reinforcing existing practices
- Identify and seek to address obstacles that may hinder achievement of objectives
- Define clearly the messages or information to be conveyed
- Define support statements or reasons showing why the intended behaviour is important and surpasses the obstacles identified
- Select message tone—emotional, reasoning, cultural, economic

Other considerations are, for example, inclusion of celebrities or notable figures/themes that are already known.

There is better impact when various products are used, depending on audience segmentation.

STEP SIX: Ensuring quality in product development

Features of an effective product

- A. It should have a unique identity and an appealing personality that helps it to stand out from other products
- B. Its messages must speak with the same voice in design, colour, text, and narrative
- C. It should address people's needs
- D. Its main message and benefit to the participating population should be clear
- E. It should be simple, direct and technically correct so as to generate trust in what it is communicating. Credibility should never be replaced by creativity; a straightforward design is a better basis for trust than extravagance or fanciness
- F. It should appeal to both emotions and reason. An emotional appeal can pave way for a reasoned internalization of a message or advice.
- G. To ensure maximum effectiveness, an audit of its characteristics should be done. For example:
 - It should reflect the learning style of the audience (i.e., oral, written, audio, visual or audio-visual)
 - The content should be limited to a limited number of concepts
 - Concepts and messages need to be presented in a simple and organized manner
 - The message should reflect appropriate and specific values and beliefs of the audience
 - Visuals, photographs and images must be culturally relevant and correspond to the message
 - The text has to be written or narrated at an appropriate comprehension level

STEP SEVEN: Pre-testing the product

Pre-testing is trying out products or concepts and messages with selected members of the target audience to ensure that they are acceptable before the real versions are produced. It should be carried out using scientific methodology. The following should be measured:

Comprehension – This measures not only the clarity of the content in the presentation but also the way in which it is presented.

Attractiveness – HP products should be attractive; otherwise, individuals may not pay much attention to them. This can be achieved through the use of sounds, music, and tone in the case of radio; visuals (colour and illustrations) in the case of graphics; movement, action, illumination, and animation in the case of video.

Cultural acceptability – The messages must be acceptable to the participant audience. They should not have offensive or unbelievable nor generate discord among the members.

Involvement – The target group should be able to identify with the product. Illustrations, symbols and language should therefore reflect the characteristics of the audience.

Call to action – The product should indicate clearly what the Intervention wants the participant audience to do.

How to pre-test

1. Start with a peer review. Check with peers for obvious comprehension problems, factual errors or misrepresentations before the pre-test is taken out to the field.
2. Select the sample for which the material is to be pre-tested
3. Select techniques and design tools to be used in the pre-test
4. Select and train data collectors
5. Make the necessary logistical arrangements (transportation, meeting places, permits and authorizations so that everything will be clearly understood before the initiation of field work)
6. Collect data
7. Assess pre-test results and revise product/s' form or content

3.0 GUIDELINES ON RESOURCE MOBILIZATION ⁵

Principles:

Resource mobilization is a central intervention for health promotion practice. Principles that should underlie resource mobilization include:

- Coordination of various stakeholders
- Transparency
- Accountability
- Collaboration among players and
- Partnership
- Networking

Key Players:

- Government
- Community,
- Civil society
- Philanthropists
- International development partners and
- The private sector.

Objective:

To timely mobilize adequate resources for a specific program or intervention

Desired Outcome 1: Resource requirements reviewed.

Suggested activities

- Link resource mobilization activity to vision, mission and goals of the organization, department or programme. This should help clarify the need for resources to potential donors.
- Perform a situational analysis of internal and external resource environment to enable identification of realistic resource mobilization targets

⁵ Overall template adapted from F.A.O “A guide to resource mobilization.”

Desired Outcome 2: Resource mobilization targets identified.

Suggested activities

- Make inventory of existing resources—both financial and in kind
- Pinpoint resource mobilization priorities
- Identify funding gaps
- Project future resource needs and allocate the resources according to priorities in a resource timeline

Desired Outcome 3: Stakeholder group identified and broadened.

Suggested activities

- Develop stakeholder map indicating various stakeholders and their degree of participation
- Analyze matching interests of stakeholders
- Identify ways to increase participation by various stakeholders. (Assess according to the 3C's: Connection, Capability, and Concern)
- Develop the key message for communication to stakeholders

Desired Outcome 4: Resource mobilization action plan developed

Suggested activities

- Set goals, objectives and key outputs for resource mobilization
- Select resource mobilization vehicle (e.g. grants, special events, direct mail, earned income, major gifts, capital campaigns, and other innovative acquisition strategies)
- Define guiding principles for RM
- Set priorities and targets
- Establish coordination and oversight mechanisms

Desired Outcome 5: Action plan implemented

Suggested activities

- Identify: Determine and verify resource partners.
- Engage: Meet and make presentations to partners, foster individual contacts, etc.
- Negotiate: Reach an agreement on joint interests, agree on conditions, and formalize agreement legally.
- Manage and report: Acknowledge partners' contributions, manage resources efficiently, and provide regular reports to partners.
- Communicate results: Disseminate information on lessons learned and develop and use advocacy communication tools, for example, websites and brochures.

Desired Outcomes 6: Monitoring and evaluation carried out

Suggested activities

- Identify indicators both financial and non-financial
- Determine monitoring intervals
- Identify information sources, tools and methods for evaluation
- Delegate monitoring responsibilities
- Ensure monitoring is done
- Analyze information collected and compile a report
- Discuss findings and feed into the programme/overall plan

Desired Outcome 7: Sustainable resource mobilization approaches developed

Suggested activities

- Lobby for a dedicated portion of excise duties and other taxes for use in Programs

4.0 GUIDELINES ON COMMUNITY PARTICIPATION

Principles:

Principles applicable to these guidelines include:

- Respect for, and affirmation of, the diversity and breadth of community knowledge
- Equity
- Gender considerations
- Human rights
- Inclusiveness
- Integrity
- Empowerment
- Sustainability
- Coordination and
- Collaboration.

Key Players:

Key players include:

- HP practitioners
- Government departments,
- Civil society,
- Community based organizations,
- Communities,
- Community own resources (CORPs),
- Outsourced and internal academic and research personnel.

Objective:

To empower, mobilize and engage communities for health action

Desired Outcome 1: Situational analysis carried out

Suggested activities

- Initiating contact with the community. This can be done via visits to specific groups, open meetings, door-to-door visits, questionnaires, community radio and/or TV, SMS, dedicated website, suggestion boxes, drop-in centres, newsletters, and soliciting support of influential community members
- Identification of various structures and groups within the community and their possible impact/influence on HP activity
- Survey of community resources and existing HP initiatives
- Consolidation of community views on planned intervention as basis for decision-making
- Identification of HP challenges in the community

Desired Outcome 2: Dialogue with the community and leaders/representatives on HP action held

Suggested activities

- Engage leaders/representatives about the rationale, nature and possible outcomes of HP interventions
- Provide guidance on the need to reach disadvantaged and vulnerable segments of the community
- Discuss HP challenges in the community
- Facilitate familiarization with existing HP interventions in the community

Desired Outcome 3: Decision-making mechanisms established

Suggested activities

- Build consensus on how decisions relating to the intervention are to be made, for example, public meeting, negotiation team or use of existing protocols
- Determine how to resolve conflicting views
- Establish monitoring procedures to ensure decisions are implemented

Desired Outcome 4: Action plans for addressing HP challenges developed

Suggested activities

- Agree goals and objectives for planned intervention
- Identify and prioritize required activities
- Agree roles and responsibilities for implementation
- Establish community-level management mechanisms
- Set targets and monitoring indicators and how they are to be implemented
- Develop an action plan with objectives, activities, targets, indicators, management mechanism, resources, etc.

Desired Outcome 5: Action plans communicated

Information to be provided:

- Issue being addressed and the overall goal
- Role of the community and others involved in the intervention
- Current HP activities in the area
- Upcoming activities/specific action program information
- Locally available services
- Contact information for HP practitioners
- Guidelines on HP action participation for individuals

Communication channel options:

- Regular “open information” meetings
- Use of word of mouth
- Folk media
- Visits to existing groups
- Production of regular newsletters, leaflets and posters
- Text messages
- Community radio, community-developed videos
- Internet/email

Desired Outcome 6: Responsibilities or community participation shared

Suggested activities

- Definition of scope of decision(s) to be made including negotiable and non-negotiable components
- Determination of extent and nature of community and practitioners' involvement in decision-making
- Agreement on how to handle budget and risk management issues
- Refinement of stake and roles of various players

Desired Outcome 7: Communities empowered for HP action

Suggested activities

- Facilitation of dialogue between local HP team and community leadership/representatives
- Commit external players in terms of resources, interests, roles, and principles
- Determine local resources and how they are to be used in the intervention/programme
- Critical to identify and recruit local HP staff as appropriate
- Set principles and procedures of implementation

Desired Outcome 8: Monitoring and evaluation mechanisms developed

Suggested activities

- Collectively identify indicators
- Determine feedback channels and monitoring and evaluation mechanisms
- Agree on frequency of review of monitoring components

- Monitor according to plan
- Agree on pre-, post- and formative evaluation
- Evaluate as agreed

Desired Outcome 9: Evaluation results used to improve community participation

Suggested activities

- Analyze information from evaluation
- Package evaluation results
- Share the results with stakeholders
- Use information obtained from evaluation to adjust/sustain community participation

5.0 GUIDELINES ON KNOWLEDGE MANAGEMENT⁶

Principles:

Principles applicable here include:

- Coordination and collaboration,
- Participation
- Partnership
- Inclusiveness
- Ethical practice
- Empowerment
- Innovation
- Democratization of knowledge

Key Players:

Key players:

- Technical and administrative programme personnel,
- Outsourced technical personnel,
- Communication and academic experts,
- Government (National & County)
- Academic, research and training institutions
- Civil society and
- Communities

Objectives:

1. To collect, collate and make available intelligence on program operations
2. To share and use information to improve program design and implementation
3. To empower individuals, communities and institutions to use current, accurate and relevant information for their decision making

Desired Outcome 1: Knowledge audit undertaken

Suggested activities

- Develop an information/content management survey
- Identify how existing and planned initiatives might influence and support the generation, sharing, storing, and application of knowledge
- Identify gaps in current information and content management systems. (Identify information categories, types, access locations, owners/authors, usage, effectiveness, feedback and any existence of communities of practice.)
- Identify the nature of key relationships in the HP environment and discuss formality/informality and how these impact on issues of knowledge and learning
- Identify how human resources, information technology and other support functions can be better integrated to support knowledge management (KM)

⁶ Some material adapted from "Knowledge Management Implementation Tips and Guidelines: A Practitioner's Point of View." Smith, G.B. (2012).

- Discuss how political, economic, and cultural contexts of HP can impact upon the development and implementation of effective KM strategies
- Identify roles on leadership and management in KM
- Assess costs and benefits of improved KM
- Establish baseline indicators for use during monitoring and evaluation

Desired Outcome 2: Knowledge-harvesting mechanisms established

Suggested activities

- Decide on specific knowledge and expertise to be captured and clarify benefits of such to HP
- Understand target audience
- Select effective harvesters/partners. (Making tacit knowledge explicit can be difficult; people often “don’t know what they know” and so helping people to talk about what they know, and then capturing that effectively, is a key skill. It is generally recommended that you use people with strong communication, interpersonal and interviewing skills.)
- Build relationships by leveraging the people and the work they have been doing in trying to organize their information/content
- Build a comprehensive taxonomy and migration plan and begin moving current information into new taxonomy
- Develop information/content management processes, roles and responsibilities
- Build digital communities of practice to keep your core knowledge champions and mentors engaged
- Set expectations/objectives for information provision and use
- Develop incentive methodologies to encourage quality contribution of information/content
- Develop constant and consistent communication methodologies to keep people excited and informed

Desired Outcome 3: Tools for knowledge management selected

Suggested activities

- Develop personnel in terms of content and process for KM
- Select a technology to enable them manage knowledge
- Evaluate different vendor options of KM systems

- Run a side-by-side comparison of each tool/technology, weighing the risk, benefits, pros and cons in the areas of functionality provided to meet your requirements
- Evaluate long-term relationship/costs with supplier
- Ensure that KM infrastructure is adaptable and relevant to the various environments in which it is utilized

(Go to www.knowledge-management-tools.net for examples of knowledge management tools.)

Desired Outcome 4: Support for knowledge management solutions at executive levels enlisted

Suggested activities

- Apply KM solution in pilot environment first to highlight benefits
- Show return on investment in KM in quantitative or qualitative terms, for example, increased productivity, increased capacity or increased savings
- Enlist commitment and support

Desired Outcome 5: Information and experiences on KM shared

Suggested activities

- Institute for a for information exchange
- Communicate experiences on internet and other media
- Create a live exchange

Desired Outcome 6: KM Monitored and evaluated

Suggested activities

- Develop rating system to assess effectiveness of KM products and procedures
- Assess their performance against baseline indicators identified in audit
- Adopt a value-vs.-quantity approach to the assessment of KM

Desired Outcome 7: Evaluation results used and shared

Suggested activities

- Integrate communities of practice into KM programs and measure the productivity and
- efficiency gains of new collaboration mechanisms on common objectives vs. old mechanisms
- Identify good/best practice
- Validate good/best practice
- Disseminate and apply good/best practice and develop supportive infrastructure for it

6.0 GUIDELINES ON HEALTH POLICY DEVELOPMENT AND IMPLEMENTATION

These guidelines describe how healthy policy is developed, implemented and evaluated.

Healthy public policy incorporates very broad visions of health and goes beyond the healthcare system and its traditional hospital and physician-based care. It is concerned with the role of government and the public sector in creating the conditions that promote and support health. Examples of it include school health policy, alcohol policy, etc. In general terms, policy is an important tool that serves to direct the ways individuals and groups act to improve health.

Principles:

Principles in healthy policy development:

- Human rights
- Equity,
- Social Justice
- Human dignity
- Accountability
- Integrity
- Protection of the vulnerable and marginalized
- Nondiscrimination
- Coordination
- Partnership and
- Sustainability

Key Players:

Key players include:

- Health promotion practitioners
- Health workers in general
- Special interest groups
- Lobbyists
- Politicians
- Technical experts
- Programme managers
- Sectors planners
- Community leaders
- Development partners
- UN agencies

Objectives:

To facilitate the creation, enhancement and protection of public health through acting on the determinants of health.

Desired Outcome 1: Preparatory steps taken

Suggested activities

- Undertake a situational analysis on the issue of focus and the context within which it occurs—situational, structural, cultural, and environmental factors
- Advocate beneficiaries, players and stakeholders supporting the policy development
- Convene informal forum of core interest group
- Facilitate debate on the purpose of the proposed healthy policy: reduces harm to people, protects the environment, ensures sustainability of resources, restricts production and trade in harmful goods and substances, safeguards citizen in the marketplace, and the individual in the workplace, etc.
- Define the agenda for the policy development

Desired Outcome 2: Key actors and stakeholders identified and mobilized

Identify key players and stakeholders, who include:

Policy keeper – the agency that either by mandate or own initiative moves the policy forward;

Interest or pressure group – groups that exist outside of government and seek to influence policy either positively or negatively;

Agenda setters – these include organized interests, protest groups, political party leaders, senior government officials and advisors, informed opinions, and mass media;

Policy network – a collection of actors and organizations that influences decision-making in a policy sector;

Coalitions – an association of individuals representing diverse organizations, factions or constituencies who agree to work together to achieve a common goal.

Suggested activities

- Conduct a SWOT analysis
- Mobilize the various stakeholders
- Facilitate dialogue and agreement on mechanisms for taking the policy development forward

Desired Outcome 3: Data collected, analyzed and used to inform decisions on policy

Suggested activities

- Determine data/information needed and sources
- Collect and analyze the data using scientific methods
- Extrapolate implications of findings on proposed policy
- Set the agenda
- Define the problem to be addressed
- Consider possible effective interventions
- State the rationale for the policy

Desired Outcome 4: Policy components constructed

Suggested activities

- Set the policy vision and goal
- Develop objectives and agree outcomes
- State legal relevant provisions
- Select implementation strategies
- Define key actions
- Define and agree sharing of roles and responsibilities
- Stipulate procedures for monitoring

Desired Outcome 5: Policy carried forward

Suggested activities

- Develop a plan of action
- Seek political endorsement/approval
- Disseminate and promote the document
- Implement the policy
- Evaluate and adjust as appropriate

7.0 GUIDELINES ON COLLABORATION⁷

Principles:

- Participation,
- Partnership,
- Coordination,
- Teamwork
- Sharing of vision, goals and objectives
- Integration
- Inclusiveness
- Specificity of roles

Key Players:

- HP Professionals
- Health workers
- Public/private sector reps
- CBOs
- Government (National and County)
- Development and health partners
- Civil society

Objectives:

1. To facilitate shared resource mobilization and use in programming
2. To develop and implement joint plans and actions for health development
3. To accelerate agenda development and response

Desired Outcome 1: A favourable environment for collaboration established

Suggested activities

- Act reliably and competently in order to achieve legitimacy in collaborative arrangements
- Develop a history of successful collaboration in order to foster trust and understanding of roles and expectations by future collaborators
- Engage in advocacy with policymakers, politicians, communities, and resource providers to garner support for the collaborative effort

Desired Outcome 2: Cohesive team built

Suggested activities

- Champion respect for individual members' (and their organizations') modes of operation, norm and values, limitations, and expectations
- Include members from each stakeholder segment
- Highlight benefit to each member to offset costs and loss of autonomy and turf
- Allow for compromise

⁷ Based on "Making It Work: 20 Success Factors," by Mattessich, Paul W et al.

Desired Outcome 3: Co-owned processes and structures established

Suggested activities

- Foster “ownership” of all processes and results by the various team members through involvement
- Ensure representation of each partner organization on each level of the collaborative team
- Allow for flexibility in the running of the organization to accommodate different viewpoints
- Co-develop and implement clear policy and guidelines of operation
- Proceed with group activities at a pace that meets the needs of the group without overwhelming its capacity

Desired Outcome 4: Communication channels kept open

Suggested activities

- Champion frequent interactions, updates, discussions, and dissemination of information within group members
- Establish more informal, personal communication channels to produce a better-informed and more cohesive group

Desired Outcome 5: United purpose fostered

Suggested activities

- Co-develop S.M.A.R.T. goals for the team: Smart, Measurable, Achievable, Realistic, and Time-bound.
- Foster development of a shared vision for the team
- Purpose of collaboration should be unique from the mission and goal of each specific organization

Desired Outcome 6: Sufficient team resources mobilized

Suggested activities

- Ensure that collaborative team has adequate finances, staff, and material to support its operations consistently
- Select overall team leaders with superlative organizing and interpersonal skills to facilitate achievement of legitimacy in the eyes of the team
- Promote transparency and accountability for resources within the team

Desired Outcome 7: Minimized conflict within team*Suggested activities*

- Clarify roles and expectations by providing partners with the maximum amount of information on what is expected of them
- Draft a document outlining the different roles of the partners, the nature and intensity of their involvement, a conflict of interest policy, and financial rules of the team
- Remind partners that consensus building does not negate the need for compromise
- Refocus team from time to time by restating the team's long-term goals
- Uncover and discuss issues related to power imbalances from early on in the process.
- If possible, have a third party convener to help achieve neutrality

8.0 GUIDELINES FOR PARTICIPATORY RESEARCH IN HP

Principles:

- A reversal of learning : Learn from the people
- Facilitating community involvement in investigation and learning
- Self-critical awareness : Examine own behavior to identify and mitigate biases
- Personal responsibility
- Sharing information and feedback
- Empowerment

Key Players:

- HP practitioners
- Communities
- Partners
- 'Bridge builders'
- 'Bringers'
- 'Historians'
- Policy makers
- Researchers
- Learning institutions

Objectives:

To contribute to the building of a comprehensive evidence base for health promotion

Desired Outcome 1: An effective and sustainable community-based research partnership team established

Suggested activities

- Identify unique strength of partners and their contribution to the work
- Identify potential new partners, researchers, and institutions
- Achieve consensus of health issues to be addressed
- Achieve consensus on rules of collaboration, e.g., group rules or M.O.U.s. These must include regular, transparent communication, agreed-on goals, and rules of engagement
- Include "bridge builders" who have relevant experience with the community at hand
- Include "bringers" who can identify potential new partners and resources
- Include "historians" who understand the cultures, traditions, and myths that underpin health behaviour in the specific community

Desired Outcome 2: Community strengths enhanced

Suggested activities

- Identify existing strengths in the community in relation to the particular health issue
- Foster dialogue on how these strengths may be used to meet challenges

Desired Outcome 3: Reflect local culture in approaches and processes*Suggested activities*

- Identify community leadership structures
- Identify common gathering places
- Identify places and organizations of special meaning within the specific community
- Identify community-specific protocols and processes for collaboration with outsiders
- Establish trust and rapport with community members
- Proceed at a pace that causes minimal disruption to community activities
- Balance community timelines and need for shared control with relevant research, acknowledging constraints and pressures upfront to identify shared goals and stave off misgivings
- Avoid assumptions about people's approval of personal exposure or their willingness to share data through the research process

Desired Outcome 4: Study design developed*Suggested activities*

- Utilize academic expertise to design and rigorously test hypotheses and incorporate contemporary evidence-based practices
- Utilize community experts to generate new hypotheses and strategies and to guide recruitment and retention strategies
- Consider the social, cultural, economic and practical realities of potential participants

Desired Outcome 5: Resources mobilized*Suggested activities*

- Involve community members in soliciting funding to facilitate buy-in
- Incorporate flexibility in funding proposals for developing and testing emergent ideas in recognition of community input
- Ensure community members' remuneration is considered
- Where possible, recruit research assistants from within the community

Desired Outcome 6: Research process demystified*Suggested activities*

- Assist community to realize how their engagement influences HP research on issues that directly affect them. This can be achieved by demonstrating the potential impact of the findings and how lack of information hampers related efforts
- Highlight the various facets of policymaking to community members. This will involve detailing how current policy affects the current situation, identifying the community's stake in policy decisions, and describing the technical, legal and other factors that influence policy

Desired Outcome 7: New technologies utilized to document, study, and affect change*Suggested activities*

- Utilize relevant technologies as per the guidelines on technology use

Desired Outcome 8: Research findings disseminated*Suggested activities*

- Share results with scientific audiences through various channels
- Involve community members in the analysis and interpretation of data and determining how results will be disseminated
- Disseminate findings to the local community
- Involve all parties in advocacy and framing the issue

9.0 GUIDELINES ON COMMUNICATION

Communication is a central pillar of HP programming and implementation. Due to the important role communication plays in HP and health development in general, a separate document on communication has been developed and is available for detailed information on the subject. These guidelines therefore deal with only some practical consideration that the practitioner should have at their fingertips.

Principles:

The main principles that underpin health communication include:

- Use of Participatory/interactive approaches ,
- Evidence based practice,
- Collaboration,
- Coordination ,
- Comprehensive interventions
- Systematic planning
- Use of theories and models

Key Players:

- HP practitioners,
- Communication experts/professionals
- Media personnel and agencies
- Government,
- CBOs
- CVOs
- FBOs
- Academic institutions,

Objectives:

To apply health communication in behavior change, for mobilizing stakeholders and for advocacy to increase social support for health

Desired Outcome 1: Analysis of existing target group/consumer beliefs, attitudes, practices, and expectations done

Suggested activities

- Consider prevalent knowledge, attitudes, beliefs, and practices related to the programme's issue of focus
- Determine what the target group knows about the programme
- Identify what people expect from the programme
- Identify communication interventions that relate to the programme
- Consider findings in the implementation actions below

Desired Outcome 2: Health communication inputs into HP strategies identified*Suggested activities*

- Select the HP strategies to be used in the programme/intervention. These can include knowledge, skills and attitude development (resulting in empowerment), mitigation of competing interests (to create conditions that are conducive to health) or advocacy for health (leading to increased social support for health).
- Select communication inputs to enable implementation of the respective Strategies and achievement of intended outcomes, for example: social marketing can be used for empowerment, social mobilization for creation of supportive environments, and lobbying for increase of budgetary allocation for immunization.
- Incorporate appropriate communication elements in corporate image building
- Use communication to link the HP programme to broader health and general development

Desired Outcome 3: Specific messages for specific target audiences developed*Suggested activities*

- Design messages to avoid contradictory information with regards to attitudes and beliefs
- Profile target audiences by demographics, beliefs and attitudes
- Explore the threats and incentives that are effective in motivating each particular target audience
- Tailor messages to incorporate these considerations based on pre-test results

Desired Outcome 3: Formative research conducted*Suggested activities*

- Use formative research findings to shape the communication component
- Research each target groups belief's and attitudes with relation to issue/s to be addressed
- Pre-test messages to avoid unintended negative effects, ensure correct message understanding, and identify counter-arguments that might occur

Desired Outcome 4: Comprehensive interventions coordinated*Suggested activities*

- Given the complex nature of most health problems, it is important to design comprehensive interventions that address the different faces of the problem/s
- This means that diverse strategies—knowledge development, social mobilization and advocacy—should be linked programmatically to ensure consistency of messages
- Timing of activities should likewise be synchronized to avoid contradictory messages

Desired Outcome 5: Multiple Delivery Channels and Multiple Sources incorporated into the programme

Suggested activities

- Incorporate use of various channels and sources to reach a wider audience
- Evaluate consistency of message
- Systemize use of standardized message in all channels

Desired Outcome 6: Communication intervention sustained

Suggested activities

- Short-term communication interventions are the norm in most HP programmes
- We recommend that the communication intervention be present throughout the life of the programme and beyond where necessary as this enhances efficacy of the intervention
- Source for resources to support sustained communication

Desired Outcome 7: Theoretical framework applied in design and implementation of communication intervention

Suggested activities

- Reference should be made to a theoretical framework when planning and implementing a communication intervention
- Using a theoretical framework fosters greater effectiveness because the framework helps shape and package the intervention in a specific way

Desired Outcome 8: Interactive approaches used to enhance effectiveness of intervention

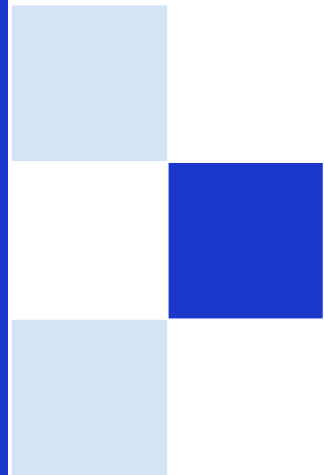
Suggested activities

- Communication component should use interactive methods and techniques as much as possible
- Participatory and interactive methods and techniques, for example, focus group discussions, help strengthen people's involvement in programme activities
- Interactive approaches enable target groups to input their suggestions and resources into the programme easily
- Increased participation ensures better programme outcomes

PART 2

HEALTH PROMOTION

STANDARDS



1.0 Definition and Justification for HP Standards

1.1 A standard in HP

A standard as used in this document is “a **technical specification or other precise criterion designed to be used consistently as a rule, guideline or definition.**” A standard needs to be commonly understood and should specify technical criteria or indicators for measuring performance. The standard has to be sufficiently capable of being used consistently across varying settings and geographical regions.

1.2 Why HP standards are needed

- Standards serve as the basis for individual practitioners to plan their careers, identify training needs and to develop professionally
- Employing/supporting organizations use the standards to systematize recruitment, selection, and assessment of practitioners, as well as to define the knowledge, skills and competencies necessary for effective and ethical practice besides promoting communication between HP practitioners and others in the organization
- Planners can use the standards to better understand the role of HP practitioners in health development and hence their placement in schemes of service
- Training/educational institutions can use standards to ensure relevancy of training programmes to practice and workplace/market needs
- General public can consult the standards if they wish to be assured of the effectiveness and safety of services provided by HP practitioners.

There are three basic building blocks for HP standards: General knowledge, ethical basis and competencies.

2.0 General knowledge

In order for a practitioner to attain the standards of practice described herein, there is need for them to have relevant and adequate knowledge (besides skills and values) on the areas that constitute HP. This knowledge is necessary for defining and/or performing the actions that are unique to HP. In many cases, it is acquired through basic and post basic formal education. In other cases, it can be obtained through continuous education using the numerous modes that now exist, for example, seminars, internet learning, work and/or placement experience, and involvement in research and training.

Due to the rapidly changing nature of the field of HP, it is important for practitioners to ensure they are fully current with theoretical and practical knowledge, which continues to evolve in HP. They need to master the following areas of information:

- Basic understanding of the definition of health and demographics, health systems and public health
- Knowledge of the key concepts, theories and definitions relating to HP
- HP methodology, including strategies, approaches, key actions, and constituent methods and techniques
- The cultural and religious contexts of HP action
- Core principles and ethical values that underpin HP practice
- The determinants of health as the springboard for HP action
- The theories and/or models pertaining to approaches of empowerment, participation, partnership, leadership, advocacy, and equity applied in HP action as opposed to the conventional medical and public health interventions in health
- Use of communication for effective HP action
- Current approaches to effective project and programme management, including needs assessment, planning, implementation and evaluation
- How to build and use evidence bases for informing and evaluating HP action
- Health systems, policies and legislation and their relevance to HP

2.1 The ethical bases for HP practice (values and principles)

Ethical HP practice involves the following:

Recognition of:

- Health as a basic human right that has to be respected in all work relating to HP
- The traditional values and resources for HP inherent within Kenya's diverse culture

Respect for:

- The rights, dignity, confidentiality, and worth of individuals and groups
- All aspects of diversity including gender, sexual orientation, age, religion, disability, ethnicity, race, and cultural beliefs

Commitment to:

- Addressing health inequities, social injustice, and the needs of those experiencing poverty and social marginalization
- Addressing the political, economic, social, cultural, environmental, behavioural, and biological determinants of health and well-being
- Ensuring that HP action is beneficial and causes no harm
- A culture of evaluation and learning, evidence-informed practice, and the development of a well-informed, effective, and sustainable workforce

Being:

- Honest about what HP is, and what it can and cannot achieve
- Accountable for the quality of one's own practice and taking responsibility for maintaining and improving knowledge and skills

Seeking:

- The best available information and evidence needed to implement interventions that influence health
- To empower individuals and groups to achieve autonomy and self-respect in HP action
- Opportunities for collaboration and partnerships for HP action

Supporting

- Sustainable development and sustainable HP action

2.2 HP competencies

The definition of competency used in this document is “**a combination of the essential knowledge, skills and values necessary for the practice of HP**”. Core competencies are defined as the minimum set of competencies that constitute a common baseline for all HP roles. In other words, these are what all HP practitioners are expected to be capable of doing efficiently and appropriately in the field of HP.

The competencies described here can benefit various categories of people as follows:

For practitioners, they can:

- Inform education, training, and qualification frameworks on what is relevant to practice and workplace needs
 - Provide clear guidelines for the knowledge, skills, and values needed to practice effectively and ethically
 - Assist in career planning and identifying professional development and training needs
 - Facilitate movement across roles, organizations, and countries because of shared understandings, qualifications and accreditation systems
 - Promote better communication and teamwork in multidisciplinary and multisectoral settings by providing a common language and shared understanding of the key concepts and practices used in HP
- Contribute to better recognition and validation of HP and the work done by HP practitioners

For academic/training institutions, they can:

- Provide a basis for HP curricula development and assessment of students
- Enable production of graduates relevant to the job market and professional development needs

For the ordinary Kenyans, they can:

- Encourage provision of standardized HP services that are evidence-based, population-focused, ethical, and equitable
- Form the basis for accountability in practice and quality assurance

For employing organizations, they can:

- Provide a basis for job descriptions, interview questions, and frameworks for evaluation and quality assurance
- Facilitate identification of the appropriate numbers and mix of HP workers in a given setting
- Help employers and managers to gain a better understanding of HP roles in specific workplaces
- Ensure proper identification of development and training needs of staff

2.2.1 Levels of competency

HP competencies can be defined at three levels: basic or entry level, intermediate level, and advanced level. These reflect the degree of responsibility and autonomy with which a competency is demonstrated. While they are herein described from entry level to practice level, it is important for HP practitioners to keep learning so as to progress to intermediate and advanced levels through professional experience, individual continuous learning, feedback from consumers and colleagues as well as pupillage. In order for users of this document to appreciate the varied responsibility and autonomy exhibited at the three levels, some description of this variation follows below:

Levels of Health Promotion Competency performance		
Basic	Intermediate	Advanced
1. Has basic knowledge and understanding of HP concepts, theories and principles, and seeks to increase the knowledge and understanding 2. Practices within own field or area of assignment 3. Demonstrates ability to solve ordinary day-to-day challenges in own field or area of assignment 4. Is committed to achieving equitable health outcomes. 5. May be engaged in relevant tertiary study and/or attained a relevant diploma or degree, or recognized as having prior learning and experience 6. Accepts regular supervision and participates in own professional development 7. Works at the district/county level and engages with national linkages and networks	1. Demonstrates advanced knowledge, including critical understanding of health promotion concepts, theories and principles 2. Demonstrates advanced skills by facilitating, leading and advising health promotion processes 3. Demonstrates innovation required to solve complex problems in a specialized field 4. Demonstrates active leadership to promote health and reduce health inequities 5. May be engaged in relevant tertiary study, and/or attained a relevant diploma or degree, or attained a postgraduate qualification, or recognized as having prior learning and experience 6. Contributes to professional development of individuals and or groups, and critically reviews own professional development 7. Works at the county/regional/national level and engages in global networks	1. Demonstrates highly specialized knowledge in a specific area(s) and critical reflection on health promotion concepts, theories, principles, and issues 2. Provides strategic leadership, advocacy and expertise in health promotion and/or public health 3. Demonstrates advanced analytical and problem solving skills in research and or innovation in order to develop new knowledge and or integrate knowledge from other areas and or respond to complex and unexpected challenges 4. Demonstrates advanced advocacy skills and strategic leadership to promote health, reduce inequities and improve health outcomes 5. Has engaged in or attained relevant high level study (at least one and preferably two postgraduate qualifications) 6. Contributes to professional knowledge and practice, and to reviewing strategic development of teams/groups 7. Works at the county/regional/national/global level, and contributes to global networks and knowledge

Below is a list of the core competencies commonly applied in HP:

1. Demonstrating knowledge necessary for HP practice
2. Conducting ethical practice
3. Empowering people to gain control over the determinants of health and thereby improve their health
4. Mediating between competing interests/parties to create environments that support health
5. Advocating for health so as to increase social support for health
6. Communicating effectively with communities, leaders and other professionals to enhance action for health
7. Leadership
8. Conducting needs and resources assessment
9. Planning/designing an intervention/programme
10. Implementing an intervention/programme
11. Research/evaluation-building evidence bases for HP
12. Knowledge management relating to health action and outcomes

THE STANDARDS

HP standards are derived from core competencies (knowledge, skills) in combination with criteria/indicators for measuring performance.

Knowledge in this context includes both theoretical and/or factual elements.

Skills can be viewed at two levels: cognitive (involving the use of logical, intuitive, and creative thinking) and practical (involving manual dexterity and the use of methods, materials, tools, and instruments).

STANDARD 1: CORE HP KNOWLEDGE

In order for a practitioner to attain the standards of practice described in this document, they must be equipped with relevant and adequate knowledge on the building blocks, theoretical frameworks, principles, strategies and methods of HP and possess a good understanding of the health policy and legislative environment. This knowledge is necessary for defining and/or performing the actions that are unique to HP. In many cases, this knowledge is acquired through basic and post-basic formal education. In other cases, this knowledge can be obtained through continuous learning via the numerous modes that now exist, for example, seminars, internet learning, work and/or placement experience and involvement in research and training.

Competency statement : A HP practitioner is able to:	Knowledge and skills required:	Performance indicators: Evidence from documentation or assessment (work or study) of practitioner's ability to:
1. Describe the health and demographics, major health issues, structures, key players and financing of the health systems with reference to indigenous elements 2. Articulate the determinants of health to diverse stakeholders of a HP intervention/programme 3. Apply HP strategies, approaches, action levels and methods to solve a defined health problem 4. Engage non-HP health workers in discussions on the relevance of HP to health development, given the presence of fields such as health education, behaviour change, health communication and others	Knowledge 1. Health policy and infrastructure 2. Determinants of health 3. HP theory and related models 4. Principles of HP 5. HP strategies 6. HP levels of action 7. Methodology in HP Skills 1. Programme planning 2. Enabling 3. Empowerment 4. Mediation 5. Communication 6. Advocacy for health 7. Needs/resources assessment 8. Design of a HP intervention thesis 9. Implementation of HP action 10. Leadership 11. Research and evaluation/evidence-base building and use 12. Ethical practice 13. Knowledge management	1. Identify key players in the health system and the role of the HP practitioner 2. Make a formal presentation to peers summarizing the determinants of health, definition of HP, HP principles, strategies, approaches and key actions 3. Justify the use of selected HP principles in a specific HP intervention 4. Discuss the concept of HP as a comprehensive process 5. Demonstrate use of HP principles, approaches, strategies and actions to design a specific HP action 6. Ability to effectively design, implement and evaluate HP interventions

STANDARD 2: ETHICAL HP PRACTICE

Ethical HP practice is based on a commitment to health as a human right, which is central to human development.

Competency statement: A HP practitioner is able to:

Knowledge and skills required:

Performance indicators:
Evidence from documentation or assessment (work or study) of practitioner's ability to:

1. Addresses health inequities and social injustice
2. Prioritize the needs of those experiencing poverty and social marginalization
3. Act on the political, economic, social, cultural, environmental, behavioural and biological determinants of health and well-being
4. Demonstrate respect for the right to choice and information, dignity, confidentiality and worth of individuals, groups and communities
5. Show respect for the diversity of gender, sexual orientation, age, religion, disability and cultural beliefs

Knowledge

1. Concepts, principles and ethical values of HP
2. Concepts of health equity, social justice and health as a human right
3. Existing and emerging legal and ethical issues in own area of practice

Skills

1. Addressing ethical issues proactively in an appropriate way
2. Acknowledging and recognizing people's expressed beliefs and preferences
3. Promoting the ability of others to make informed decisions
4. Promoting equality and value diversity
5. Valuing people as individuals
6. Acknowledging the importance of maintaining confidentiality
7. Being consistent with evidence, legislation, policies, governance frameworks and systems

1. Reflect on own behaviour and practice and identify where improvements should be made
2. Recognize the need for, and make use of, opportunities for own and others' development
3. Show awareness of different learning approaches and preferences
4. Apply evidence in improving own area of work
5. Objectively and constructively review the effectiveness of own area of work
6. Take action to improve quality of service provided

STANDARD 3: ADVOCATING FOR HEALTH

Advocate with and for individuals, communities, governments, donors, CBOs and relevant organizations so as to increase social support for health and thereby enhance capacity for health action

Competency statement: A HP practitioner is able to:	Knowledge and skills required:	Performance indicators: Evidence from documentation or assessment (work or study) of practitioner's ability to:
1. Influence/facilitate the prioritization of HP issues, resource allocation, and capacity-building to respond to the needs 2. Influence relevant stakeholders and specifically leaders to support and sustain HP action 3. Inform and influence public opinion on priority health issues 4. Advocate for the development of multisectoral policies, guidelines and procedures that positively impact health and reduce health inequities 5. Enable communities and groups to articulate their needs and facilitate mobilization of the resources and capacities required for HP action	Knowledge 1. Determinants of health 2. Advocacy strategies and techniques 3. Methods for stakeholder engagement 4. Health and well-being issues relating to specific populations 5. Theory and practice of community development Skills 1. Use of advocacy approaches 2. Working with diverse stakeholders 3. Facilitation 4. Community development 5. Ability to work with: Individuals and groups defined by gender, social and economic status, geography, culture, age, setting or interest, and with those in various organizations/sectors	1. Demonstrate how advocacy strategies can be used in a specified area for HP action, and demonstrate that the strategies reflect HP principles 2. Identify relevant stakeholders in a specified area or setting, and show how their support can be engaged to develop and sustain HP action 3. Select and use appropriate communication methods for a specified audience in order to raise awareness, influence opinion, advocate for and enable action on health and well-being issues 4. Select and use appropriate community development approaches to facilitate a specified community or group to identify and express their health and well-being needs 5. Display an appreciation of the differences between various cultures and institutions

STANDARD 4: MEDIATING THROUGH PARTNERSHIPS

Work collaboratively and complementarily across disciplines, sectors and with various stakeholders to foster the impact and sustainability of HP action. This is done through mediating through competing (and even conflicting) sectoral interests.

Competency statement: A health promotion practitioner is able to:

Knowledge and skills required:

Performance indicators:
Evidence from documentation or assessment (work or study) of practitioner's ability to:

1. Mobilize and engage stakeholders and partners from different sectors to actively contribute to health promotion action
2. Proactively build and support effective partnerships based on HP values and principles
3. Build successful partnerships by mediating between different sectoral interests
4. Facilitate the development and sustainability of strategic alliances, coalitions and networks for HP action
5. Use innovation to facilitate effective engagements with partners

Knowledge

1. Principles of effective multisectoral and multidisciplinary partnerships
2. Facilitation, negotiation, conflict resolution, mediation, teamwork, networking and stakeholder engagement
3. Systems, structures and functions of different sectors and organizations
4. Health in all policies (HiAP) approach

Skills

1. Stakeholder engagement
2. Collaborative working
3. Facilitation and mediation
4. Communication skills
5. Conflict resolution
6. Ability to work with stakeholders from community groups, organizations, partnerships, coalitions or networks, public and private sectors and civil society
7. Networking
8. Planning

1. Define and play own role in a specific partnership, alliance, coalition or network
2. Demonstrate skills and actions required to initiate, develop and sustain partnerships
3. Identify relevant stakeholders in a specific area/setting and show how they are working actively in HP action
4. Show how different interests across sectors/organizations are identified and mediated to achieve common HP goals

STANDARD 5: EMPOWERING PEOPLE FOR HEALTH ACTION

Foster ownership and sustainability of health actions by communities. Such actions require use of participatory and collaborative approaches to achieve desired health outcomes.

Competency statement: A HP practitioner is able to:	Knowledge and skills required:	Performance indicators: Evidence from documentation or assessment (work or study) of practitioner's ability to:
1. Initiate and/or support collaboration across sectors to influence the development of healthy public policies that improve health and reduce health inequities 2. Apply HP approaches that enhance empowerment, participation, partnership and equity to identify needs and create environments and settings that support health 3. Use community development methods to strengthen community participation and ownership and build capacity for HP action 4. Develop frameworks to guide the systematic planning, implementation and evaluation of health action by individuals, communities and institutions 5. Facilitate the development of personal knowledge and skills and attitude change to maintain and improve health 6. Work in collaboration with key stakeholders to restructure health and other services to promote health and reduce health inequities	Knowledge 1. Determinants of health and health inequities 2. Theory and practice of collaborative working, including facilitation, negotiation, conflict resolution, mediation and teamwork 3. Theory and practice of community development, including equity, empowerment, participation and capacity building 4. Knowledge of strategy and policy development and how legislation impacts on health 5. HP approaches 6. Research theory and methods 7. Behavioural change techniques for brief advice/interventions 8. Organizational theory 9. Theory and practice of organizational development and change management 10. Understanding of social and cultural diversity 11. Impact assessment Skills 1. Partnership building and collaboration 2. Behavioural change techniques 3. Organizational development 4. Change management 5. Advocacy 6. Community development, including empowerment, participation and capacity building 7. Ability to work with individuals and groups defined by geography, culture, age, setting, or interest, and with organizations/sectors	1. Contribute to collaborative action across specific sectors that aim to influence policies or services to improve health and reduce health inequities 2. Demonstrate ability to select appropriate change management and organizational development approaches to support the creation of health-promoting environments and/or settings in a specified area 3. Show how the approaches used support empowerment, participation, partnership and equity 4. Select and use appropriate community development methods for a specific community 5. Show how the methods used can lead to strengthened participation, ownership and HP capacity 6. Use appropriate behavioural change techniques for specific individuals or groups to facilitate the development of personal knowledge and skills to maintain or improve health, and develop the capacity of others to support behavioural change 7. Able to appreciate the complexity inherent in community and institutional structures and dynamics 8. Ability to carry out impact assessments

STANDARD 6: COMMUNICATION

Communicate HP issues, needs, solutions and actions effectively and sustainably using appropriate techniques and technologies for diverse audiences.

Competency statement: A HP practitioner is able to:	Knowledge and skills required:	Performance indicators: Evidence from documentation or assessment (work or study) of practitioner's ability to:
1. Use effective communication skills, including written, verbal, non-verbal, listening and information technology 2. Collect, collate, analyze, package and share information on issues, needs, solutions and actions relevant to HP 3. Use culturally appropriate communication methods and techniques for specific cultures/ groups and settings 4. Use interactive/participatory communication with individuals, groups, communities and organizations to improve health and reduce health inequities	Knowledge 1. Understanding and appreciation of sociocultural diversity 2. Theory and practice of effective communication 3. Application of information technology to health development 4. Health literacy Skills 1. Communication skills – written, verbal, listening and information technology 2. Development, use and evaluation of HP products/materials 3. Ability to work with individuals, groups and communities in different settings 4. Appropriate use of print, radio, TV and social media	1. Use relevant communication skills for specific HP actions 2. Have a basic knowledge of use of information technology and electronic media for specific groups 3. Mobilize and motivate community leaders to develop a shared vision and strategy 4. Determine and apply culturally sensitive and appropriate communication techniques and products for specific groups 5. Identify and use innovative communication techniques for specific settings and socioeconomic environments

STANDARD 7: PLANNING

Develop measurable HP goals and objectives based on assessment of needs and resources in partnership with stakeholders. Communicate HP issues, needs, solutions and actions effectively and sustainably using appropriate techniques and technologies for diverse audiences.

Competency statement: A HP practitioner is able to:	Knowledge and skills required:	Performance indicators: Evidence from documentation or assessment (work or study) of practitioner's ability to:
1. Mobilize, support and engage stakeholders in planning HP action 2. Use current approaches for planning HP action, starting with situational analysis 3. Develop a feasible action plan reflecting defined needs and resources 4. Develop and communicate appropriate, realistic and measurable goals and objectives for HP action 5. Identify appropriate HP strategies to achieve agreed goals and objectives	Knowledge 1. Effective HP theories and models 2. Principles of project management 3. Principles of resource management and risk management 4. Effective leadership Skills 1. Situational analysis 2. Ability to work with groups, communities and organizations targeted by HP action as well as partners and stakeholders 3. Able to form and lead a program team 4. Able to use programme/intervention planning and management tools	1. Identify, mobilize and engage different stakeholders in planning HP action 2. Justify and articulate selection of particular HP planning models 3. Develop a HP action plan reflecting situational analysis, target group, problem of focus, applicable HP strategies, activities, resources required, and measurable goals and objectives

STANDARD 8: IMPLEMENTATION

Implement effective, efficient, culturally sensitive, inclusive and ethical HP programmes/interventions in collaboration with relevant stakeholders.

Competency statement: A HP practitioner is able to:	Knowledge and skills required:	Performance indicators: Evidence from documentation or assessment (work or study) of practitioner's ability to:
1. Use empowering, ethical, culturally appropriate and participatory processes to implement HP action 2. Develop, pre-test and use appropriate resources and products 3. Manage effectively the resources needed for implementation of programmes/interventions 4. Enable programme sustainability and stakeholder ownership 5. Monitor and evaluate the quality of the implementation process in relation to agreed goals and objectives for HP action	Knowledge 1. Principles of project/programme management 2. Principles of effective human and financial resource management 3. Theory and practice of programme implementation 4. Understanding of social and cultural diversity 5. Quality assurance, monitoring and process evaluation 6. Theory and practice of community development Skills 1. Use of participatory implementation processes 2. Use of project/programme management tools 3. Effective communication 4. Resource management 5. Intersectoral and interdisciplinary collaboration 6. Ability to work with individuals, groups, communities, various stakeholders and partners and programme team members 7. Monitoring and process evaluation	1. Develop and pre-test HP products/materials for specific HP action identifying and showing how the products/materials enhance collaboration, empowerment and cultural appropriateness 2. Identify the resources required for implementation of a specific HP intervention 3. Demonstrate accountable and efficient use of resources individually or as part of a team 4. Mobilize and engage diverse stakeholders in collaborative HP action 5. Show how information required for monitoring the quality of the implementation process is collected, analyzed and used to improve the quality of a programme or intervention

STANDARD 9: EVALUATION AND RESEARCH

Use appropriate evaluation and research methods, in partnership with stakeholders, to determine the scope, impact and effectiveness of a HP action.

Competency statement: A HP practitioner is able to:

Knowledge and skills required:

Performance indicators:

Evidence from documentation or assessment (work or study) of practitioner's ability to:

1. Identify and use appropriate HP evaluation tools and research methods
2. Integrate evaluation into the planning and implementation of HP action
3. Use evaluation findings to refine and improve HP action
4. Use evidence-based strategies to inform practice and policy
5. Contribute to the development , implementation and dissemination of results from HP evaluation and research processes

Knowledge

1. Different types of evaluation and research
2. Formative and summative evaluation
3. Qualitative and quantitative research methods
4. Statistical analysis and data interpretation
5. Generation of evidence bases for HP

Skills

1. Use of different types of research methods and tools
2. Ability to formulate answerable research questions
3. Critical review of literature
4. Write research reports and communicate research findings effectively and appropriately
5. Ability to work with stakeholders, communities and researchers

1. Identify appropriate methods for the evaluation of a specified HP action
2. Critically appraise research literature and use
3. Collect, analyse and evaluate complex data, including statistical information relating to a specified health
4. Show how findings from evaluation and monitoring processes are used to refine and improve HP action/practice
5. Report on research findings and identify their implications for stakeholders, policy makers and communities
6. Contribute to publications in professional, management or academic journals and other platforms

STANDARD 10: ASSESSMENT

Conduct assessment of needs and resources in relation to the political, economic, social, cultural, environmental, behavioural and biological determinants that promote or compromise health.

Competency statement: A HP practitioner is able to:

Knowledge and skills required:

Performance indicators:
Evidence from documentation or assessment (work or study) of practitioner's ability to:

1. Apply participatory methods to engage various players in the assessment process
2. Use both quantitative and qualitative research methods to perform assessment
3. Collect, review and appraise relevant data, information and literature to inform a specific HP action
4. Identify the determinants of health relevant to a particular HP action
5. Identify the health needs and resources relevant to HP action in a specific context
6. Use culturally and ethically appropriate approaches to do the assessment
7. Identify priorities for HP action based on best available evidence and ethical values

Knowledge

1. Qualitative and quantitative methods
2. Available data and information sources
3. Social determinants of health
4. Health inequalities
4. Evidence base for HP action and priority setting
5. Understanding of social and cultural diversity

Skills

1. Collaboration building and negotiation
2. Health impact assessment – how to obtain, review and interpret data or information
3. Qualitative research methods, including participatory and action research
4. Quantitative research methods, including statistical analysis
5. Critical appraisal skills
6. Ability to work with community groups and organizations, partnerships, alliances, coalitions or networks, information/data analysts and/or researchers

1. Identify relevant stakeholders in a specific area or setting and show how their support is enlisted for an assessment process and in identifying priorities for action
2. Select appropriate qualitative and quantitative methods for use in a specific assessment process
3. Identify, collect, appraise and analyse data and information in a specific assessment process and illustrate how conclusions are used to make recommendations for HP action
4. Demonstrate how the approaches used in a specific assessment process are socially, culturally and ethically appropriate
5. Package, present and share the results of a needs/resources assessment exercise

STANDARD 11: LEADERSHIP

Contribute to the development of a shared vision and strategic direction for sustainable HP action in an organization, department or programme.

Competency statement: A HP practitioner is able to:	Knowledge and skills required:	Performance indicators: Evidence from documentation or assessment (work or study) of practitioner's ability to:
1. Facilitate achievement of consensus on a shared vision and strategic direction for HP agencies, departments or programmes 2. Use leadership skills that facilitate empowerment and participation (teamwork, negotiation, motivation, conflict resolution, decision-making, facilitation and problem-solving) 3. Mobilize, network with and motivate stakeholders in leading change to improve health and reduce inequities 4. Collect, collate, package and share new knowledge and ideas to improve practice and respond to emerging opportunities and challenges in HP 5. Contribute to mobilizing and managing resources for HP action 6. Contribute to team and organizational knowledge management and learning to strengthen HP action	Knowledge 1. Theory and practice of effective leadership, including teamwork, negotiation, motivation, conflict resolution, decision-making, facilitation and problem-solving 2. Management and organizational development theory 3. Strategy development 4. Theory and practice of collaborative working, including facilitation, negotiation, conflict resolution, mediation, decision-making, teamwork, stakeholder engagement and networking 5. Principles of effective intersectoral partnership 6. Emerging challenges in health and HP 7. Principles of effective human and financial resource management and mobilization	1. Mobilize and motivate leaders within the community, showing how they are engaged and motivated to agree a shared vision and strategic direction 2. Demonstrate use of own leadership skills in teamwork and decision-making, defining own role in a specified area of HP action 3. Demonstrate how to select and incorporate new ideas and knowledge to improve practice in a specified area of HP action 4. Demonstrate how resources are mobilized for a specified HP action, and show an understanding of the principles of effective management of staff and/or budgets 5. Appraise own practice and show how it contributes to team and/or organizational learning to advance HP action

STANDARD 12: KNOWLEDGE MANAGEMENT

The HP practitioner deals with huge amounts of data and information in the course of their day-to-day working life. Data and information become knowledge only when we extract their value. Knowledge management (KM) refers to a multi-disciplined approach to achieving organizational objectives by making the best use of knowledge. It focuses on processes such as acquiring, creating and sharing knowledge and the cultural and technical foundations that support them. HP practice has embraced use of KM because of the realization that intellectual capital or corporate knowledge is a valuable asset that can be managed as effectively as physical assets in order to improve performance. The focus of KM is connecting people, processes and technology for the purpose of leveraging programme or organizational knowledge.

Competency statement: A HP practitioner is able to:	Knowledge and skills required:	Performance indicators: Evidence from documentation or assessment (work or study) of practitioner's ability to:
1. Develop and execute an information/content management survey to determine how information is generated, shared, stored and applied 2. Facilitate in conjunction with champions, experts and partners the selection and development of knowledge-harvesting mechanisms 3. Support selection and adoption of a technology to enable the programme/organization manage knowledge 4. Advocate and promote support for KM at senior-level management 5. Monitor and evaluate KM-development of a rating system for assessing KM products and procedures; apply lessons learnt and share them 6. Share information and experience about KM (through fora for information exchange, on the internet and other media), creating a live exchange	Knowledge 1. Information and related technology in HP 2. Performance support systems 3. Social marketing, social mobilization 4. Organizational culture and change management, change champions 5. Leadership – informal and formal 6. Political, economic and cultural influences on programming 7. Planning, implementation and evaluation mobilization Skills 1. Mobilization 2. Negotiation 3. Persuasion 4. Innovation	1. Discuss the justification and process of KM 2. Demonstrate tools and mechanisms for KM in a specific setting/programme and explain the new relationships arising from KM use 3. Show own role in innovation, leading to adoption/expansion of KM in a programme/organization 4. Coordinate with relevant partners the monitoring, evaluation and review of KM 5. Participate in sharing, upgrading and promotion of KM experiences

MAJOR REFERENCES

In developing these standards and adapting them to the Kenyan situation, reference was made to work already done in Australia, Canada and parts of the United Kingdom. The major references are indicated in the section below:

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LIST OF CONTRIBUTORS

	Name	Organization
1.	Dr. Salim A. Hussein	HPU
2.	Anne Kanyuga	HPU
3.	Phares Nkari	HPU
4.	Isabella Ndwiga	HPU
5.	Joyce Njoroge	HPU/ Nairobi
6.	Dr. Murithi Heuston	KMTC
7.	David Baya	HPU/Coast
8.	Gerald Macharia	Clinton Health Access
9.	Dr Santau P. Migiro	HPU
10.	Belina Shisia	HPU
11.	Dr. B.N. Muia	HPU
12.	Samson Thuo	HPU/DVI
13.	Farida Tomno	HPU
14.	Maqo Eric Gitau	LVCT
15.	Catherine Lengewa	Consultant
16.	June Ndungu	Consultant
17.	Francis Mutua	LVCT
18.	Daniel Wako	RCER-CDC
19.	Oby Obyerodhyambo	PATH
20.	Grace Wasike	HPU/DCAH
21.	Dr. Christine Kisia	WHO
22.	Naoko Ishii	JICA
23.	Wawira Nyagah	PSI/K-APHIaplus HCM
24.	Jeremiah Ongwara	HPU-Nyanza
25.	Mike Ngune	HPU/ North Rift
26.	Ogeto Okindo	ACEA
27.	Dr. Nyamwaya David	Consultant
28.	Nicholas Ngomi	APHRC
29.	Vincent Odiara	PSI/K-Aphiaplus HCM
30.	John Wambugu	Daystar University
31.	Monicah M. Mbogo	HPU-Eastern
32.	Catherine Ahonge	DEPM
33.	Beatrice Wango	Aphiaplus HCM
34.	Ngure Karanja	HPU/South Rift
35.	George Odunga	HPU/ PGH Kakamega
36.	Jonathan Kertich	NDOC
37.	Joseph Mutura	HPU-Central
38.	Wycliffe Matini	DHP-DDSR
39.	Ruth Omondi	Consultant
40.	Khalila A. A. Salim	Consultant
41.	Francis Namisi	AMREF
42.	George Ngatiri	GLUK
43.	Olivia Oketch	GIZ
44.	Heide-Richter Airijoki	GIZ
45.	Antoinette BA-Nguz	PATH
46.	Christine Ouko	CDC
47.	John Obisa	UNICEF
48.	Dr Rose Olayo	TICH GLUK

49.	Jane Gatimu	HPU-Central
50.	Philip Luseno	HPU-Western
51.	Rachel Mbae	HPU-NBI
52.	Anthony Okoth	Aphiaplus/PSI(K)
53.	Dr Ayagah Isabella	IHR
54.	Gilbert Ouoch	Danya Intl-Africa Region
55.	Jayne Kariuki	UNICEF
56.	Bridgit Job-Johnson	UNICEF
57.	Dr Patricia Odera	GIZ