

Aurobindo College of Dentistry

Indore, Madhya Pradesh
INDIA



MODULE PLAN

- Topic : Planning and Evaluation
- Subject : Public Health Dentistry
- Target Group : Undergraduate Students
- Mode : PowerPoint Presentation
- Platform : Institutional LMS
- Presenter : Dr. Dhaman Gupta



INTRODUCTION

- Health planning is a concept of recent origin. It is part of national development planning.
- Health planning is necessary for the economic utilization of material, man – power and financial resources.
- The purpose of health planning is to improve the health services.



- National health planning has been defined as ‘the orderly process of defining community health problems, identifying unmet needs and surveying the resources to meet them, establishing priority goals that are realistic and feasible and projecting administrative action to accomplish the purpose of the proposed programme’



ELEMENTS OF PLANNING

Objective – Planned end point of all activities, is precise.

Target – Discrete activity, permits the concept of degree of achievement.

Goal – Ultimate desired state towards which objectives and resources are directed. What, extent, population & geographic area involved, time.



USES OF PLANNING

- To match the limited resources with many problem.
- To eliminate wasteful expenditure or duplication of expenditure.
- To develop the best course of action to accomplish a defined objective.



A “PLAN” IS A BLUE PRINT FOR ACTION.

It consists of 5 major elements:

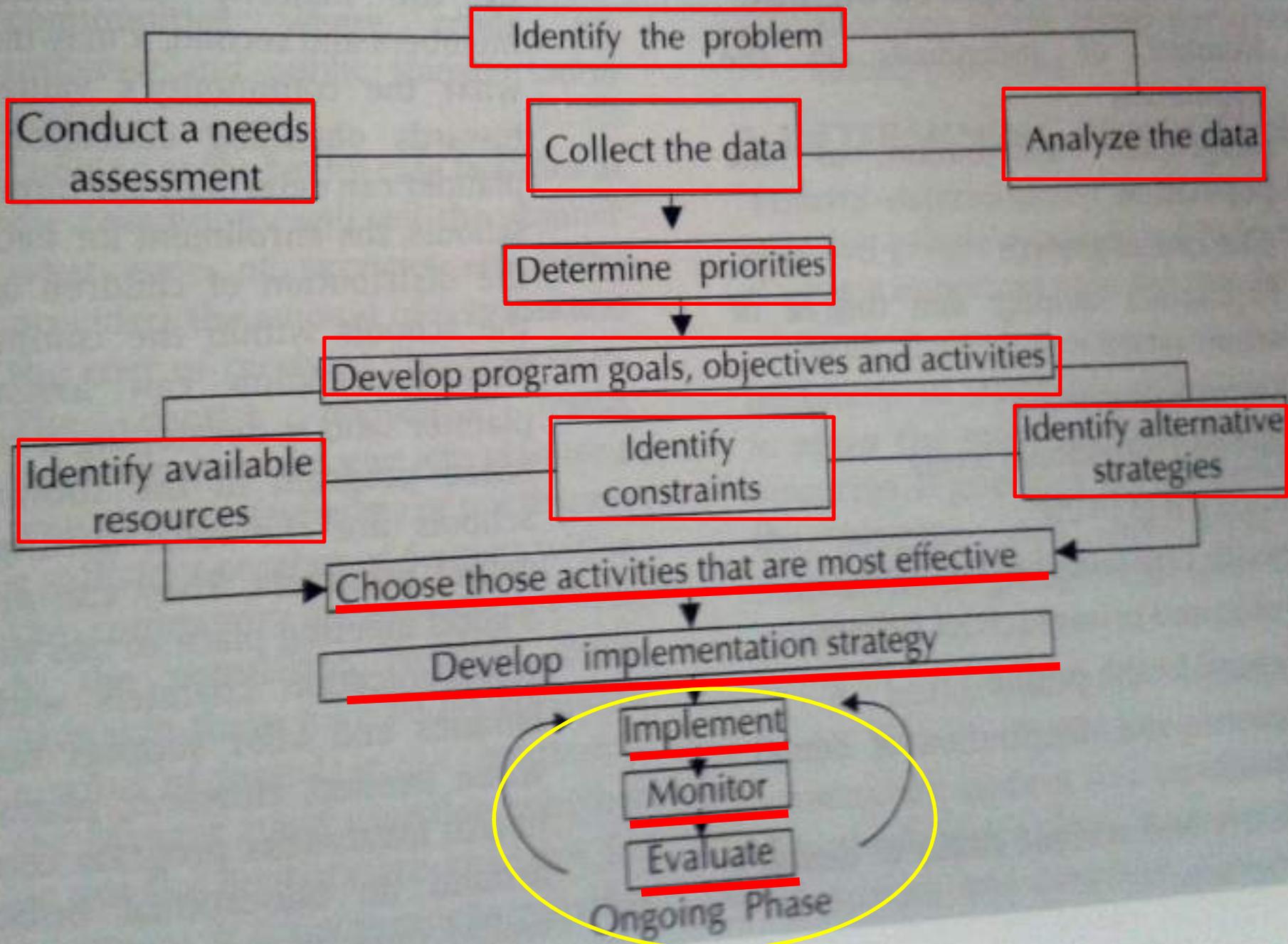
- **Objectives**
- **Policies**
- **Programme**
- **Schedule**
- **Procedures**



THE PLANNING CYCLE



STEPS IN THE PLANNING PROCESS



STAGES OF PLANNING

1. Analysis of health situation
2. Establishment of objectives and goals
3. Assessment of resources
4. Fixing priorities
5. Write-up formulated plan
6. Programming and implementation
7. Monitoring
8. Evaluation



1. Analysis of health situation –

- First step in health planning

- Collection, assessment & interpretation of information in such a way as to provide a clear picture of the health situation

- Minimum essential requirement
 - ❖ The population, its age and sex structure
 - ❖ Statistics of morbidity and mortality
 - ❖ The epidemiological and geographical distribution of different diseases.



- Medical care facilities
- Technical manpower of various category
- Training facilities available
- Attitudes and beliefs of the population towards disease, its cure and prevention



2. Establishment of objectives and goals

- Objectives and goals are needed to guide efforts
- Otherwise haphazard activity, uneconomical use of funds and poor performance.
- Objective must be established at all levels
 - ✓ At upper level – objective are general
 - ✓ At lower levels – specified and detailed.
- Objective may be short term or long term
 - Short term – upto 2 yrs
 - Long term - > 2 yrs



3. Assessment of resources – Manpower, material, money, skills, knowledge and techniques needed or available for the implementation of the health programmes.



4. Fixing priorities –

- Establishment of priorities in order of importance or magnitude.
- In fixing priorities, attention is paid to financial constraints, mortality and morbidity, disease which can be prevented at low cost, saving the lives of younger people in whom there has been considerable social investment and also political and community interests and pressures.
- Alternate plans with greater effectiveness are chosen.

5. Write up formulated plan –

- The plan must be complete in all respects for the execution of a project.
- Each stage of plan is defined and costed and the time needed to implement is specified.



6. Programming and implementation –

- Once the health plan has been selected and approved by the policy making authorities, programming and implementation are begun.
- Many well considered plans have fallen down because of delays in critical supplies, inappropriate use of staff and similar factors.



- The main considerations at the implementation stage include –
 - Definition of roles and tasks
 - The selection , training, motivation and supervision of the manpower involved
 - Organization and communication
 - The efficiency of individual institutions such as hospitals or health centers.



7. Monitoring –

- Monitoring is the day to day follow up of activities.
- It is a continuous process of observing, recording and reporting on the activities of the organization or project.



8.Evaluation –

Assess the achievement of stated objectives of a programme, its adequacy, its efficiency, its acceptance.



CONCLUSION

- A plan can play a vital role in helping to avoid mistakes or recognize hidden opportunities. Planning helps in forecasting the future, making the future visible to some extent. Planning is looking ahead.
- However, planning is worthwhile only if change is seen to be necessary and if the plans are capable of being implemented.



THANKYOU



VI. EVALUATION:

According to *World Health Organization 1967:-*

“Evaluation measures the degree to which objectives and targets are fulfilled and the quality of the results obtained . It measures the productivity of available resources in achieving clearly defined objectives. It measures how much output or cost-effectiveness is achieved. It makes possible the reallocation of priorities and of resources on the basis of changing health needs.”



STEPS OF EVALUATION

1. Determine what is to be evaluated
2. Established standards and criteria
3. Plan the methodology to be applied
4. Gather information
5. Analyze results
6. Take action
7. Re-evaluate



DETERMINE WHAT IS TO BE EVALUATED



There are three types of evaluation:

- Evaluation of structure: This is evaluation of whether facilities, equipment, manpower and organization meet a standard accepted by experts as good.





- Evaluation of process: The process of medical care includes the problems of recognition, diagnostic procedures, treatment and clinical management, care and prevention. An objective and systematic way of evaluating the physician (or nurse) performance is known as “ Medical (or nursing) audit”





- Evaluation of outcome: This is concerned with the end results, that is, whether persons using health services experience measurable benefits such as improved survival or reduced disability. The traditional outcome components are the 5Ds of illhealth such as Disease, Discomfort, Dissatisfaction, Disability and Death



ESTABLISHMENT OF STANDARDS AND CRITERIA



Standards and criteria must be established to determine how well the desired objectives have been attained. Naturally such standards are a prerequisite for evaluation.



PLANNING THE METHODOLOGY



- A format in keeping with the purpose of evaluation must be prepared for gathering information desired.
- Standards and criteria must be included at the planning stage.



GATHERING INFORMATION



- Evaluation requires collection of data or information. The type of information required may include political, cultural, economic, environmental³⁰ and administrative factors influencing the health situation as well as mortality and morbidity statistics.
- The amount of data required will depend on the purpose and use of the evaluation.



ANALYSIS OF RESULTS



- The analysis and interpretation of data and feedback to all individuals concerned should take place within the shortest time feasible, once³¹ information has been gathered.
- In addition, opportunities should be provided for discussing the evaluation results.



TAKING ACTION



- For evaluation to be truly productive, emphasis should be placed on actions- action designed to support, strengthen or otherwise modify the³² services involved.
- This may call for shifting priorities, revising objectives, or development of new programmes or services to meet previously unidentified needs.



RE-EVALUATION



- Evaluation is an on-going process aimed mainly at rendering health activities more relevant, more efficient and more effective.



FORMATIVE EVALUATION

- Refers to the internal evaluation of a program
- Examination of the activities of a program
- Usually carried out to aid in development of a program in its early phase.
- Eg:- A fluoride mouth rinse program initiated at a neighbourhood in which paraprofessionals are trained to administer three types of fluoride rinses under a strict sequence of procedures.



3 types of fluoride rinses to be administered

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graph TD; A[3 types of fluoride rinses to be administered] --> B[After 3 days]; B --> C[Work checked of paraprofessionals for strict adherence to procedures]; C --> D[If the sequence is incorrect, formative evaluation is done]; D --> E[Remedial changes at that point are made];
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After 3 days

Work checked of paraprofessionals for strict adherence to procedures

If the sequence is incorrect, formative evaluation is done

Remedial changes at that point are made

SUMMATIVE EVALUATION

- Judges the merit or worth of a program after it has been in operation.
- Helps to know whether a fully operational program is meeting the goals
- Aimed at program decision makers



OTHER TYPES OF EVALUATION

- Relevance evaluation
- Process evaluation
- Effectiveness evaluation
- Impact evaluation
- Efficiency evaluation



RELEVANCE EVALUATION

- Refers to activities designed to determine whether the program is needed or whether the program is targetting its efforts at the individuals in need.



PROCESS EVALUATION

- Refers to efforts made to assess the extent to which program implementation complies with the program plan.
- This part of evaluation is a part of the management process.
- This type of evaluation is used early in the implementation of health program.
- Four types of recommendations follow from it:-
 1. Terminate the project
 2. Reorganize the project
 3. “Fine tune” the project
 4. Proceed with the project as it has been implemented



EFFECTIVENESS EVALUATION

- It refers to whether program results meet predetermined objectives.
- Emphasis is on immediate outcomes of program activities and whether these outcomes meet the activities specified by the program planners.



IMPACT EVALUATION

- It refers to the long term outcomes of the program.
- Considers whether the intervention had any long lasting effects on the ultimate problems that the program is intended to remedy.
- An expression of the overall effect of a program on health status and socio- economic development.



EFFICIENCY EVALUATION

- Attempts to relate the results obtained from a specific program to the resources expended to maintain the program.



TYPES OF DISHONEST EVALUATION

1. **Eyewash** – An appraisal limited to aspects that look good.
2. **Whitewash** – covering up failure by avoiding objectivity, eg:
by soliciting testimonials
3. **Submarine** – aimed at torpedoing a program, regardless of
its worth
4. **A postponement ploy** – noting the need to seek facts in the
hope that the crisis will be over by the time the facts are
available.



ELEMENTS OF EVALUATION



○ Evaluation is the most difficult task in the whole area of health services. The components of evaluation process are:

1. Relevance
2. Adequacy
3. Accessibility
4. Effectiveness
5. Acceptability
6. Efficiency
7. Impact



RELEVANCE:



- Relevance or requisiteness relates to the appropriateness of the service, whether it is needed at all. If there is no need, the service can hardly be of any value.
- Eg vaccination against small pox is now irrelevant because the disease no longer exists.



ADEQUACY:



- It implies that sufficient attention has been paid to certain previously determined courses of action.
- Eg the staff allocated to a certain programme may be described as inadequate if sufficient attention was not paid to the quantum of work-load and targets to be achieved.



ACCESSIBILITY:



- It is the proportion of the given population that can be expected to use a specified facility, service etc
- The barriers to accessibility may be physical (distance, travel, time); economic (travel cost, fee charged); or social and cultural (caste or language barrier)



ACCEPTABILITY:



- The service provided may be accessible, but not acceptable at all, e.g screening for rectal cancer.

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EFFECTIVENESS:

- It is the extent to which the underlying problem is prevented or alleviated.
- The ultimate measures of effectiveness will be the reduction in morbidity and mortality rates.



- It is a measure of how well resources (money, men, material and time) are utilized to achieve a given effectiveness.

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IMPACT:

- It is an expression of the overall effect of a programme, services or institution on health status and socio-economic development.



CRITERIA FOR EVALUATION

- ≈ 4 main criteria have been accepted for use in evaluation of dental services (WHO 1972)
- 1) **EFFECTIVENESS** : Have the stated objectives been achieved?
 - 2) **EFFICIENCY**: What has been the cost in manpower or finance in relation to the output of the programme ?



- 3) **APPROPRIATENESS**: Is the program acceptable to both consumers and provider and do the priorities reflect a proper interpretation of the needs of the population?
- 4) **ADEQUACY**: Has the intended coverage of the target population been achieved and the services readily available?

