

# A Case Study on an Evaluation of the Annual Activity Plan 2019 of Health Promotion Bureau Sri Lanka

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DOI: <https://doi.org/10.52403/ijrr.20231248>

## ABSTRACT

The Health Promotion Bureau is the centre of excellence in Sri Lanka for health education, health promotion, and publicity of health information. The main achievement gained during the last few years is empowering and mobilising communities to improve their quality of life through health promotion principles. Public awareness aiming for healthy behaviour changes in the community through mass media is a unique service provided for years by the Health Promotion Bureau and appraised by all sectors. The government of Sri Lanka, the United Nations Populations Fund, the World Bank and the World Health Organization were the leading funding agencies in 2019 for Health Promotion Bureau activities. The activity plan aligns with the health master plan of the Ministry of Health. According to the Ministry of Health's Annual Action Plan 2019, the total estimated cost for all the HPB activities was Rs. 162.66 million. At the end of 2019, the total amount allocated by the Government of Sri Lanka was Rs. 75.01 million. It is 46% of the initial estimation. There were 98 activities planned for 2019 by the HPB. However, only 19 activities were accomplished in 2019. Among them, 17 were fully completed. The other two were completed 93% and 22%. Some of the activities conducted in 2019 were not planned for the year. There were many reasons for the poor performance of the annual activity plan 2019. Lack of monitoring and evaluation on the performance of the annual activity plan, planning unit combined with monitoring and evaluation, no specialised personnel on monitoring and evaluation, budget cuts on planned activities and different funding agencies

are some of them. The recommendation is to develop an independent monitoring and evaluation unit separated from the planning unit. The HPB units should be strengthened with adequate staff, and their capacity for planning, monitoring and evaluation should be developed. Provision of proper guidelines for planning activities, involving all the stakeholders and incorporating their views in the planning process, incorporating information and communication technologies in planning and monitoring activities, and regular review of activities and annual activity plan of the Health Promotion Bureau also must be considered for improvement of achievement of HPB annual action plan.

**Keywords:** Health Promotion Bureau, annual activity plan, monitoring and evaluation

## INTRODUCTION

In Sri Lanka, the health education services commenced in the mid-twentieth century. Initially, it functioned as a small unit, the Public Health Section of the Department of Health Services. The main focus was preventing common communicable diseases prevalent at the time, such as malaria, worm infestations, diarrheal diseases and typhoid fever, through public meetings and distributing public health material such as posters, leaflets and brochures. The major reorganisation of the services was in the mid-nineteen seventies with the appointment of a full-time medical officer in the administrative grade with postgraduate qualifications majoring in health education as in charge of the unit. The section at the

head office was merged with the Health Education Material Publication Unit to form a single organisational unit named the Health Education Division of the Ministry of Health under the administrative purview of a director later designated as Director of Health Education and Publicity. Within the next few years, with the support of the World Health Organization (WHO), the organisation rapidly developed into a fully-fledged bureau.

The rising burden of non-communicable diseases and the threat of epidemics of communicable diseases identified the need to plan, implement, monitor and evaluate efficient health promotion strategies, thereby leading to the upgrading of the Health Education Bureau to the status of Health Promotion Bureau (HPB). Furthermore, thirteen specialised units have been established to effectively implement the strategies identified in the National Health Promotion Policy.

The Health Promotion Bureau is the centre of excellence in Sri Lanka for health education, health promotion, and publicity of health information. The main achievement gained during the last few years is empowering and mobilising communities to improve their quality of life through health promotion principles. Public awareness aiming for healthy behaviour changes in the community through mass media is a unique service provided for years by HPB and appraised by all sectors.

Besides, HPB plays a vital role in public awareness about health promotion and healthy behaviour changes by participating in mass-scale health exhibitions, national campaign days, and community events.

Various health education materials have been produced to address emerging health issues such as dengue, leptospirosis, COVID-19, malnutrition, and non-communicable diseases. Developing households and public places such as hospitals, schools, villages, and workplaces as health promotion settings is another successful program conducted by the HPB. As a whole, HPB has been successful and

has received recognition for its remarkable contribution to health promotion through an integrated multidisciplinary approach.

The director is assisted by the deputy director and a team of consultant community physicians (CCP), consultants in community dentistry, medical officers, dental surgeons, chief health education officer, health education officers, administrative officer and supportive staff (Figure 1). Besides undergraduate and postgraduate training, continuous in-service training has been carried out for healthcare staff and other people involved or interested in health promotion. Routinely, HPB provides technical consultation for advisory committees, workshops, research and surveys and is often invited by other public organisations to share its expertise.

The curative sector is expanding rapidly in the world with the current development of medical knowledge. This progress is due to continuous research and developments. Several factors influence the development of the curative sector, such as epidemiological transition, demographic transition, and unhealthy behaviour of the people. This development is also reflected in the Sri Lanka health service sector. At the same time, the demand for the service also increases as the changes and developments progress.

However, scholars suggest that the prevention of diseases and subsequent health promotion are the best solutions for the current crisis in healthcare demand. The phrase 'prevention is better than cure' is often attributed to the Dutch philosopher Desiderius Erasmus in around 1500. It is now a fundamental principle of modern health care and inherent within health and social care strategies worldwide.<sup>[1]</sup>

To provide comprehensive services, HPB formulates an annual activity plan yearly. This plan helps to facilitate resource allocation and to coordinate the relevant stakeholders. Therefore, this yearly activity plan is essential for the HPB to function towards the goal.

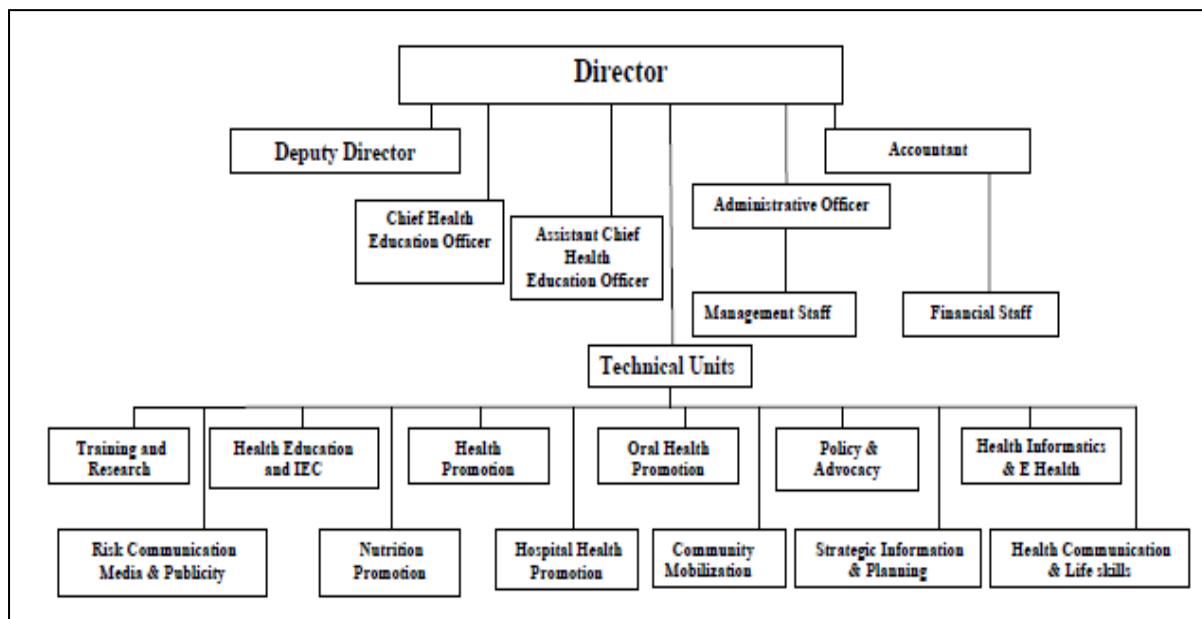


Figure 1: Organogram of the Health Promotion Bureau [2]

An evaluation is an assessment, conducted as systematically and impartially as possible, of an activity, project, programme, strategy, policy, topic, theme, sector, operational area or institutional performance. It analyses the level of achievement of both expected and unexpected results by examining the results, processes, contextual factors and causality using appropriate criteria such as relevance, effectiveness, efficiency, impact and sustainability. An evaluation should provide credible, practical, evidence-based information that enables the timely incorporation of its findings, recommendations, and lessons into the decision-making processes of organisations and stakeholders. The purpose of evaluation is to promote accountability and learning. The evaluation aims to understand why - and to what extent - intended and unintended results were achieved and to analyse the implications of the results. Evaluation can inform planning, programming, budgeting, implementation and reporting and contribute to evidence-based policymaking, development and organisational effectiveness. [3]

## Objective

To evaluate the annual activity plan 2019 of Health Promotion Bureau Sri Lanka.

## METHODOLOGY

Documents review of the annual activity plan 2019 and performance report and key informant interviews with the consultants responsible for planning were used to collect data for this evaluation.

## RESULTS

There are thirteen units in the HPB. Each unit prepares its annual activity plan for the next year in the last part of each year. These unit plans are forwarded to the Planning Unit of HPB to compile for HPB Annual Activity Plan. This HPB annual plan is sent to the Ministry of Health to incorporate into the Annual Activity Plan of the Ministry of Health. The activities in the plan are categorised and allocated based on the relevant funding agency. It was noted that there needed to be more coordination among the units when preparing their plan. Finding all the planned activities for 2019 at the planning unit was challenging. Finally, the Ministry of Health's Annual Action Plan 2019 provided the planned activities of HPB for 2019. [4] The activities were designed under the following headings.

1. Improvement in health outcome	36 activities
2. Infrastructure development and strengthening	01 activity
3. Advocacy	06 activities
4. Health education	18 activities
5. Community participation	06 activities
6. National program strengthening	18 activities
7. Monitoring and evaluation	13 activities

### Physical progress of activities

According to the Ministry of Health's Annual Action Plan 2019, 98 activities were planned in 2019 by HPB. According to the available activity plan at HPB, 19 activities were accomplished in 2019 [Annexure 1]. Among them, 17 were fully completed, and the others were completed in 93% and 22%. Several activities in 2019 did not coincide with the Ministry of Health's Annual Action Plan 2019. It took time to find the suggested strategic area and approved plan items of the annual activity plan within the activities carried out under each financial source.

### Financial progress of HPB in 2019

The financial support for HPB is provided by the Government of Sri Lanka (GOSL), the United Nations Population Fund (UNFPA), the World Bank (WB) and the World Health Organization (WHO). The Government of Sri Lanka provided Rs. 75.01 million for 2019, which is 81% of all the provisions in 2019. The expenditure was Rs. 49.44 million, 66% of the provision of GoSL. There were Rs 6.13 million, valued payable vouchers in hand. If the payable vouchers in hand are considered, the performance is 74% of the provisions. [Annexure 2]

The second-largest provision is by the UNFPA, which was Rs. 12.63 million. This amount is 14% of the total provision for 2019. The expenditure was almost 100%. The WB provided Rs. 4.0 million, and only 46% of that provision was used. The WHO provided Rs. 1.04 million, which was used in 2019.

The total provision by all the funding agencies was Rs. 92.69 million for 2019. The total expenditure was Rs. 64.95 million. There were vouchers valued at Rs. 6.13

million in hand. The financial progress was 76%, including the vouchers in hand. Nevertheless, the actual financial progress for 2019 is 70%.

According to the Annual Action Plan 2019 of the Ministry of Health (Ministry of Health, 2019), the total estimated cost for all the activities planned by the HPB was Rs. 159.92 million. At the end of 2019, the total funding by the Government of Sri Lanka was Rs. 75.01 million. It is 46.90% of the initial estimated budget.

### Issues

A uniform document is needed to get the information regarding the yearly activity plan and progress at HPB. It took a lot of work to tally the planned activities with the completed activities in the 2019 action plan. Discussions were held with community consultant physicians to get an idea about activity completion. Most of them mentioned that they were fully committed to completing the planned activity of the year. However, several areas for improvement were noted regarding the annual activity plan and performance.

1. Lack of monitoring and evaluation of the performance of an annual activity plan.
2. The planning unit is combined with monitoring and evaluation.
3. There is no specialised personnel for monitoring and evaluation.
4. Budget cut on planned activities.
5. Different funding agencies.
6. The imprest is released mainly at the end of the year.
7. There is no training needs analysis before planning the training activities.

8. Lack of interdepartmental coordination and accountability leads to duplication.
9. Lack of human resources for planning.
10. Lack of need assessment for the planning process.

### **PROBLEM ANALYSIS**

Several problems were noted regarding the annual activity plan during the evaluation. The interviews with the consultant community physician revealed that lack of monitoring and evaluation was selected as the main problem. This problem is further analysed as follows.

#### **Human Resource**

The human resource is the main arm for the monitoring and evaluation. There is no qualified and competent person for monitoring and evaluation at HPB. There is no designated person for carrying out the duties of monitoring and evaluation. This duty is performed by the consultant who is doing the planning activities. They need more experience in this aspect. Their knowledge was also limited in this aspect as they needed training on monitoring and evaluation. The staff's workload is high as they do the planning work and the other tasks assigned to them. The staff needs to improve their attitude in analysing what they have done and achieved. They feel that monitoring and evaluation is a fault-finding process.

#### **Process**

No manuals, guidelines, or standard operation protocols exist for proper planning, monitoring, and evaluation activities. The units are using their experience in preparing the annual plan, but there needs to be more preparedness for the annual plan. They used what was available and the previous year's plan as a template for preparing the activity plan. Most of the activities are incorporated in an ad hoc manner in the annual plan. It was evident in the Ministry of Health's Annual Activity Plan 2019. It was observed that new activities were carried out in 2019 outside the Annual Activity Plan 2019. Wrong

estimates and frequent changes in the activity plan leads to poorly prepared activity plan. The coordination among the units in preparing the plan is also lacking. The units are preparing the plan in isolation. Finally, these individual plans are integrated as a plan for the institution. No review was conducted before finalising the plan.

#### **Funding Source**

Four funding sources supported the activities in 2019. They are GoSL, UNFPA, WB and WHO. These different funding sources have their objectives in performing health promotion activities. These agencies have different cycle times and different accounting processes. Their monitoring and evaluation systems also differ in several aspects. The fund allocation is uncertain until they approve the activity. Lack of impress on time is another cause for the poor performance of the annual activity plan.

#### **Management**

Management is a vital part of the success of any activity. It includes some of these activities, such as supportive supervision, monitoring and evaluation. No separate unit is delegated for monitoring and evaluation, which is the main drawback. The contribution to the activity by the stakeholders is also lacking due to the increased workload and poor delegation of duty.

#### **Information**

Correct, timely data is crucial for proper decision-making. The availability of necessary information to make the activity plan is vital. Having not accurate information and not having information leads to ad hoc planning. Also, monitoring, evaluation, and supervision reports help develop a good activity plan. It was observed that data management needs to be in a standardised format to retrieve the information as required. Low usage of Information and Communication Technologies (ICT) in planning and monitoring is also evident at HPB.



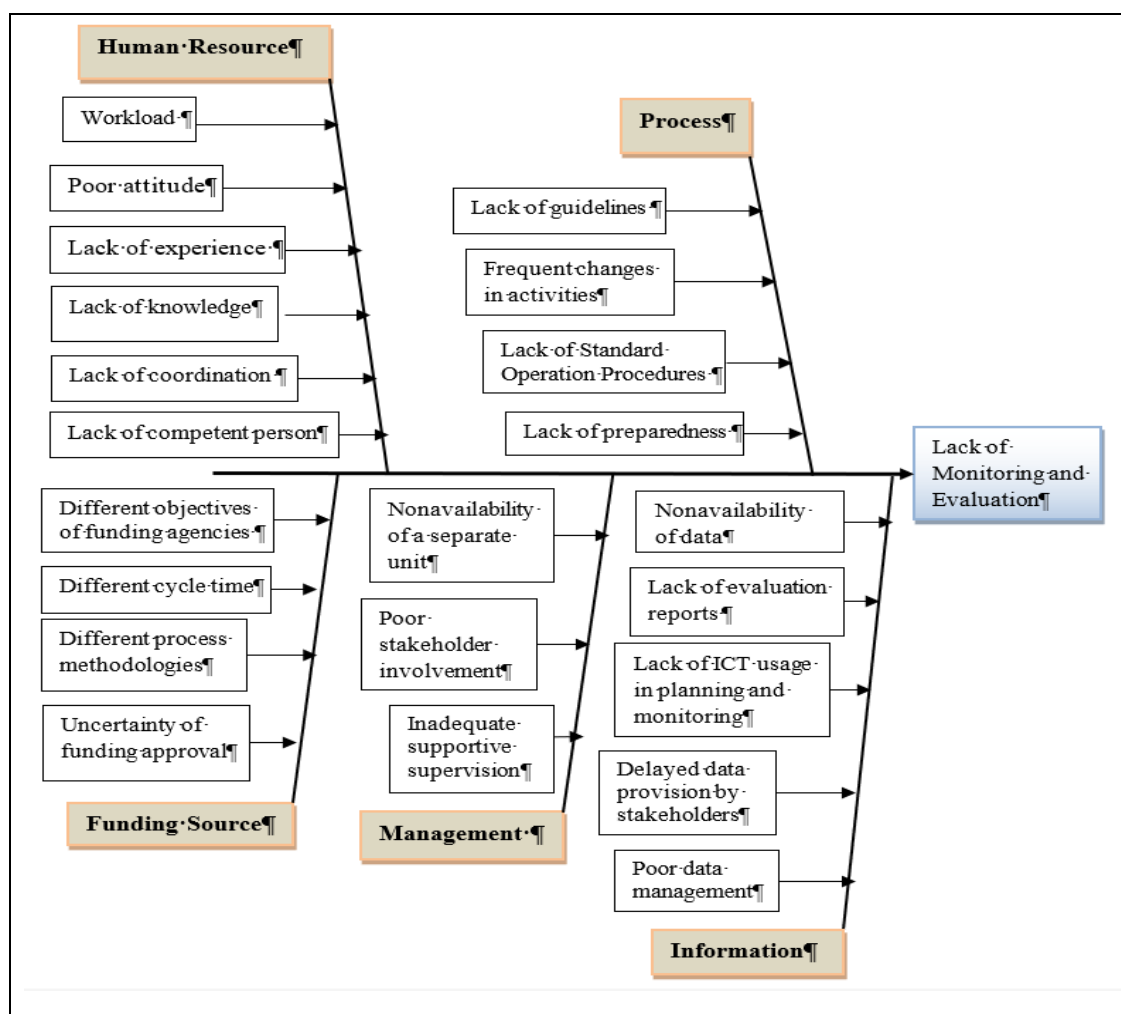


Figure 2: Fishbone diagram for lack of monitoring and evaluation.

The Development Assistants (DA) who assist in formulating the activity plan under each financial heading must be adequately aware of government requirements for planning, monitoring, and evaluation. In addition to that, relevant CCPs are mainly focused on their subject areas rather than collaborative planning. Although this is the country's essential health education and promotion institution, using ICT for planning and monitoring is needed.

### PROPOSALS

Even though there are several issues identified at the HPB regarding the annual activity plan, only a few can be more easily managed than the others.

1. The monitoring and evaluation unit should be separated from the planning

unit. The unit should be directly under the direct administration of the director or deputy director. This unit should have adequate staff and training on monitoring and evaluation. Currently, the monitoring and evaluation are carried out by the planning staff. That can lead to conflicts of interest because the same team plans, monitors, and evaluates. Some institutions provide training in monitoring and evaluation, and the University of Sri Jayewardenepura provides Post Graduate Diploma in Monitoring and Evaluation. Therefore, the staff can get knowledge and improve their skills. Continuous monitoring is essential to track the progress of the activities. Currently, the planning unit is mainly

concentrating only on monitoring. The lessons learned during the evaluation will help to take the necessary action in the future. An evidenced-based decision will help to achieve more benefits with limited resources. The monitoring and evaluation reports will help to polish the annual activity plan. The absence of this comprehensive monitoring and evaluation leads to improper annual activity plans and poor performance.

2. The planning unit should be strengthened with adequate human resources. A consultant in community physician leads the team with other activities to coordinate and supervise the activities of the planning unit. Besides, development officers are needed for the planning unit; they must also be allocated from the available staff. It will lead to the formation of the technically evaluated activity plan. Finding a technically sound, suitable person is the challenge, and frequent transfer or changes of them is the disadvantage.
3. The planning unit staff and other unit staff should be provided training on planning. It can be arranged as workshops and training sessions. Involving them in preparing the activity plan will lead to great success as their inputs and involvement are incorporated into the plans. All of them become the owners of the plan. Human resource development is a long-term investment for the HPB and the Ministry of Health. Even though they are transferred to other units, the training will help to develop a good plan for their respective units.
4. Information is a powerful source for planning. Informing the relevant stakeholders regarding the need for the information will help incorporate correct data into the plan. Also, having accurate estimates will lead to correct estimation in the final plan. Integrating ICT in planning and monitoring activities will enhance the productivity of the plan.

5. Involving all the stakeholders in discussion regarding the activity plan and having several rounds of review will make the plan more practical, acceptable, scientific and realistic. Gathering all of them on several occasions for review is a difficult task.

## RECOMMENDATIONS

The following recommendations are suggested for improving the annual activity plan and the performance.

1. Develop a monitoring and evaluation unit separate from the planning unit to have independent monitoring and evaluation of the activities of the HPB.
2. Strengthen with adequate staff for planning, monitoring and evaluation unit.
3. Provide updated training on planning, monitoring and evaluation for capacity building for staff.
4. Provide proper guidelines for planning activities.
5. Involve all the stakeholders and incorporate their views in the planning process for the activity plan.
6. Regular monitoring and evaluation of activities of HPB.
7. Incorporate ICT in HPB's planning and monitoring activities.

## IMPLEMENTATIONS

The proposed implementation plan is summarised in Table 1.

## CONCLUSION

The Health Promotion Bureau is responsible for health education and promotion activities in Sri Lanka. The HPB planning unit is responsible for preparing the activity plan for HPB by incorporating the individual plans of the units. There were four funding sources for HPB's 2019 activity plan. They are the Government of Sri Lanka, UNFPA, WB and WHO. According to the Ministry of Health's Annual Action Plan 2019, 98 activities were planned by HPB for 2019.

**Table 1: Activity plan for implementation**

	Activity	Responsibility	Timeline
1	Developing a separate monitoring and evaluation unit	D/HPB	Six months
2	Capacity development on planning, monitoring and evaluation	D/HPB CCP/Planning	One year
3	Regular performance review meetings on the activity plan	D/HPB CCP/Planning	One year
4	Incorporation of ICT in planning and monitoring.	D/HPB CCP/Planning,	One year
5	Providing guidelines on planning, monitoring and evaluation	DDG/Planning, D/HPB D/Planning, CCP/Planning	One year
6	Regular supervision of the activity plan	D/HPB	One year

According to the information available at HPB, only 19 activities were accomplished. Among them, 17 were fully completed. The other activities were completed by 93% and 22%.

The main issues noticed for the poor performance were the nonavailability of a separate monitoring and evaluation unit, lack of staff, inadequate monitoring and evaluation, and lack of ICT usage in planning and monitoring. The main recommendations are establishing a separate monitoring and evaluation unit, providing planning, monitoring and evaluation training, regular review of the annual activity plan, and incorporating all the stakeholders.

**Declaration by Authors**

**Acknowledgement:** None

**Source of Funding:** None

**Conflict of Interest:** The author declares no conflict of interest.

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How to cite this article: Siraj Mohamed Ibrahim. A Case Study on an Evaluation of the Annual Activity Plan 2019 of Health Promotion Bureau Sri Lanka. *International Journal of Research and Review*. 2023; 10(12):435-443. DOI: <https://doi.org/10.52403/ijrr.20231248>



**Annexure 1: Physical progress of activity plan 2019<sup>[5]</sup>**

No	Activity	Planned Output	Actual Output
1	Development and printing of a handbook for the members of Mothers' Support Group	Printing in Sinhala and Tamil languages	100%
2	Reprint the booklet "Oral Health Messages for Sri Lankans" with modifications	10,000 Sinhala and 2,000 Tamil booklets	100%
3	Designing and Publishing "Sepatha" magazine in Sinhala and Tamil medium	Printing 30,000 in Sinhala and 7,500 in Tamil	Printed 8,300 in Sinhala and Tamil ready to print
4	Development and printing of 115,000 Happy Village stickers	Printing 115,000 Stickers	Printed 75,000 in Sinhala, 25,000 in Tamil and 15,000 in English
5	Mapping of existing Mothers' Support Groups in project areas	Conducting four training programmes	100%
6	Conducting Training of Trainers (ToT) on Nutrition Counselling targeting district and MOH-level healthcare workers	Conducting Two Sinhala and two Tamil medium TOTs	100%
7	Capacity building workshop for School Dental Therapists (SDTT) on the application of health promotion concepts	Two workshops	100%
8	Capacity building workshop for Nursing Officers engaged in oral health care services on the application of health promotion concepts in the hospital setting	Two workshops	100%
9	Training on communication for hospital staff on communication - Western province	Three programmes	100%
10	Conducting a workshop for Risk Communication	One programme	100%
11	Five days of Basic Communication skills training for Health Education Nursing Officers	Nine programmes – one per province	100%
12	Counselling skills training programme for nursing officers	Three programmes	100%
13	Five days Basic counselling skills training program for cancer control for Nursing Officers and Medical Officers	Three programmes	100%
14	Advocacy Programme for Campaign Directors on Health Promotion	One programme	100%
15	Advocacy programme for media on NCD	One programme	100%
16	Advocacy programme for hospital staff on hospital health promotion - Western Province	Three programmes	100%
17	Quarterly National Review on health education and promotion	One annual and three quarterly reviews	100%
18	Progress review of HPB	Three quarterly reviews	100%
19	Conducting media events	40 events	93%

**Annexure 2: Financial progress of activity plan 2019<sup>[5]</sup>**

Description	Provisions for 2019*	Expenditure*	Balance Remaining*	Payable*	Progress (%)
Building and Construction	30.00	0.00	30.00	-	0
Other	30.00	43.92	-13.92	6.13	146
Nutrition Programme	12.00	3.54	8.46	-	30
Furniture and office equipment	1.54	1.53	0.01	-	99
Implementing Cancer Prevention Programmes	0.87	0.10	0.77	-	12
Printing the book "Oral Health Message for Sri Lanka."	0.60	0.35	0.25	-	59
<b>GoSL</b>	<b>75.01</b>	<b>49.44</b>	<b>25.57</b>	<b>6.13</b>	<b>66</b>
UNFPA	12.63	12.63	0.00	-	100
WB	4.00	1.83	2.17	-	46
WHO	1.04	1.04	0.00	-	100
<b>Total</b>	<b>92.69</b>	<b>64.95</b>	<b>27.74</b>	<b>6.13</b>	<b>70</b>

\* million

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