



SUMMARY OF ROUNDTABLE DISCUSSIONS.
THE “PROGRAMME LOGIC APPROACH (PLA) TOOLKIT”
CONSULTATION WORKSHOP.
APRIL 2007

Prepared by

Kevin P Balanda,
Ireland & Northern Ireland’s Population Health Observatory
(INIsPHO), Institute of Public Health in Ireland (IPH)

For

The Food Safety Promotion Board (FSPB)

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The Institute of Public Health
5th Floor
Bishop’s Square
Redmond’s Hill
Dublin 2
Ireland

Tel.: +353 1 478 6300

The Institute of Public Health
Forestview
Purdy’s Lane
Belfast
BT8 7ZX
Northern Ireland

Tel.: +44 90 648494

Email: info@inispho.org
info@publichealth.ie



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TABLE OF CONTENTS

ACKNOWLEDGEMENTS	3
EXECUTIVE SUMMARY	5
1. INTRODUCTION	7
1.1 The "Decent Food for All (DFfA)" intervention	
1.2 The Programme Logic Approach (PLA)	
1.3 Outline of the consultation workshop	
2. SUMMARY OF ROUNDTABLE DISCUSSIONS	
2.1 Is the PLA Toolkit useful?.....	11
2.2 Is the PLA appropriate?	12
2.3 Any gaps?.....	12
2.4 Other aids, or resources or materials for the PLA Toolbox?.....	13
2.5 Ideas to make the PLA Toolkit more user-friendly	13
2.6 Next steps.....	14
APPENDIX 1. PRESENTATION: "THE PLA TOOLKIT: AN OVERVIEW" .	15
APPENDIX 2. SOME AIDS INCLUDED IN THE CURRENT VERSION OF THE PLA TOOLKIT	256

EXECUTIVE SUMMARY

The Programme Logic Approach (PLA) is a programme development and evaluation framework that is applicable to a very broad range of complex interventions.

A version of the PLA was adopted and applied to the community-based “Decent Food for All (DFfA)” intervention, and a test version of a ‘PLA Toolkit’ was developed.

In April 2006, a consultation workshop that aimed to gather initial feedback on current version of the Toolkit was attended by just over twenty participants from varied backgrounds.

The overwhelming opinion of participants was that the PLA Toolkit was very useful although its application to smaller projects required further investigation. Participants also thought it would be useful to test the Toolkit on a broader policy intervention.

The Programme Logic Approach (PLA) was considered a very useful framework for such a Toolkit although participants felt that other frameworks could easily be integrated into the Toolkit.

While participants recognized that the focus of the current version of the Toolkit was on the development of an evaluation plan, there was a strong feeling that a more systematic approach to the development of complex interventions should be included into the Toolkit’s PLA Cycle.

As well as the aids that are already included in the current version of the Toolkit (see Appendix 2); participants suggested a number of other valuable additions.

Generally speaking, participants felt that the structure of current version of the Toolkit seemed to “work” but made a number of suggestions about how it could be made more practical and accessible.

In conclusion, participants that, after a little further development, the Toolkit should be properly tested in another smaller project as well as another larger project.

In the longer term, participants saw that broader ownership of the Toolkit by all key agencies was vital and that additional support (such as training and

other technical support) would be necessary if the PLA Toolkit was to be widely adopted.

1. INTRODUCTION

1.1 THE "DECENT FOOD FOR ALL (DFfA)" INTERVENTION

The "Decent Food for All (DFfA)" intervention is a community-based intervention designed to tackle food poverty in deprived communities in the Armagh and Dungannon Health Action Zone in Northern Ireland. It comprises a range of programmes and workshops which holistically address food poverty issues and promote positive healthy food choices in local communities.

Amongst the DFfA programmes and workshops, are:

- **Cook It!** to support anyone who is interested in enhancing their cooking skills and healthier eating.
- **Balanced Beginnings**, concentrating on healthy eating needs in the early years of childhood.
- **My Body** for children aged 5-11 years old to encourage them to think about looking after their bodies in a healthy way.
- **Food Safety in the Home**, a workshop covering topics such as food hygiene in the home, storage of food and shopping tips.
- **Understanding Food Labels**, a workshop looking at fat, sugar and salt content of different foods with the aim of helping consumers to make informed healthy food choices and purchases.
- **Budgeting & Money Management**, workshops involving budgeting the weekly income to allow increased expenditure on food as well as making money stretch further.

1.2 THE PROGRAMME LOGIC APPROACH (PLA)

To develop and implement complex interventions that effectively tackle the complex problems our society faces, we need to know:

- What works and what doesn't work?

- Who benefits from an intervention and who doesn't? Who might have been harmed by it?
- What are the conditions that support success? What conditions act against success?

To answer such questions, a systematic approach to intervention development and evaluation that focuses on the components of an intervention and the mechanisms by which, together, they achieve the intervention's aim is required.

The Programme Logic Approach (PLA) is applicable to a very broad range of complex interventions including community-based interventions, health and social services planning and policy. A version of the PLA was adopted and applied to the development and evaluation of the DFfA intervention.

Based on that experience, a test version of a 'PLA Toolkit' that uses the DFfA intervention as its first case study has been developed.

1.3 OUTLINE OF THE CONSULTATION WORKSHOP

On 16 April 2006, a consultation workshop was run that aimed to:

1. Present the current version of the PLA Toolkit and illustrate its application to the Decent Food for All intervention
2. Gather initial feedback on
 - The perceived usefulness of such a Toolkit
 - The PLA as a framework for the Toolkit
 - The current version of the Toolkit
 - The future development of the Toolkit.

Just over twenty participants from varied backgrounds including community development workers, community dietitians, programme evaluators and educationalists attended the workshop.

The workshop commenced with a presentation (see Appendix 1) outlining the Programme Logic Approach (PLA), its application to the DFfA intervention, and the current version the PLA Toolkit. This was followed by a plenary Questions and Answer session.

A list of the main the aids that are incorporated into the current version of the Toolkit was distributed prior to the presentation (see Appendix 2).

Three tables of 6-7 participants were then formed and facilitated roundtable discussions, lasting approximately one and a half hours, followed. The discussion was based around the broad questions that were circulated to each participant at the beginning of the workshop (see Table below). The facilitators had been briefed beforehand and a note taker was assigned to each table.

Table: Discussion questions circulated to all participants at the beginning of the workshop

QUESTION 1. Would it be useful to have such a Toolkit to assist practitioners and evaluators develop and evaluate complex interventions?	
QUESTION 2. Is it appropriate to use the Programme Logic Approach (PLA) as a framework for the Toolkit?	<p>QUESTION 2A. If YES, are there any particular issues we should take care to address as we continue to develop the Toolkit?</p> <p>QUESTION 2B, If NO, what would be a better framework?</p>
QUESTION 3. Do you have any comments on the way that the Toolkit is currently structured?	<p>For example:</p> <ul style="list-style-type: none"> ○ Are there any gaps that should be filled? ○ Are there other aids that would be useful? ○ Are there particular resources and materials that should be included in the PLA Toolbox? ○ How could we make the Toolkit more user friendly?
QUESTION 4. Do you have any ideas about what should be the next steps in the development of the Toolkit?	

If participants wanted to become involved in the further development of the PLA Toolkit they were asked to write their details on the contact sheet.

2. SUMMARY OF THE ROUNDTABLE DISCUSSIONS

A thematic analysis of the plenary Question and Answer session and the roundtable discussions was then undertaken, and findings were summarized under the following headings:

- Is the PLA Toolkit useful?
- Is the PLA appropriate?
- What are the main gaps?
- What other aids, resources or materials should be added to the Toolbox?
- How can we make the Toolkit more user-friendly?
- What are the next steps?

2.1 Is the PLA Toolkit useful?

The overwhelming opinion of participants was that yes, the Toolkit was very useful although its application would always require a careful trade-off between generalizability and utility.

It was considered particularly useful for larger projects but, because its application appeared to be resource intensive and technically sophisticated, its applicability to smaller projects required further investigation.

In particular, participants wanted to see more details about its use in smaller projects with smaller budgets, and projects where there is not such a clear distinction between intervention and evaluation teams

Participants also thought it would be useful to test the Toolkit on broader policy interventions as well as community-based interventions.

2.2 Is the PLA appropriate?

The Programme Logic Approach (PLA) was considered a very useful framework for the development and evaluation of complex interventions:

- The PLA Cycle, as a dynamic process with continuous feedback, was thought to be particularly relevant
- “It helps apply rigour to our thinking”
- “It helps us capture the lessons about what is working and what is not working”
- The Data Collection step is useful
- “Being aware of other influences is helpful”

However; participants also felt that

- The PLA’s “Unique Selling Point” needs to be highlighted without "overselling" it
- The Toolkit needs to be appropriate to both qualitative and quantitative endpoints

Participants suggested that other frameworks such as Log Frame Analysis the New Economic Foundation’s approach could be easily integrated into the Toolkit.

2.3 Any gaps?

While participants recognized that the focus of the current version of the PLA Toolkit was on the development of an evaluation plan, there was a strong feeling that a more systematic approach to the development of complex interventions should be included into the PLA Cycle.

They noted that:

- The two ovals in the centre of the graphic for the PLA Cycle was confusing - it assumes the process starts with the intervention already designed
- There were too many resources for planning an evaluation and not enough on designing an intervention

Participants also suggested it was necessary to continue the PLA Cycle to include monitoring and surveillance, to incorporate economic evaluation into the Toolkit, and allow different entry points into the PLA Cycle.

2.4 Other aids, or resources or materials for the PLA Toolbox?

In addition to the aids that are already included in the current version of the PLA Toolkit (see Appendix 2), participants thought it was useful to include:

- Standard guidelines for each aspect of the approach
- A contact person /organization for assistance
- A definition of a "complex" as well as a "simple" intervention
- A clearer definition of "outcomes" - e.g., intermediate, long term outcomes

Participants emphasized that the dynamic relationship between practitioners and evaluators – rather than being presented two separate" groups – needed to be recognized in the next version of the Toolkit.

2.5 Ideas to make it more user-friendly

Generally speaking, participants felt that the structure of current version of the PLA Toolkit seemed to "work" but that it needed to be made as practical and accessible as possible.

To make the Toolkit more user-friendly, participants suggested that:

- The Toolkit might be "downsized" so that it included only the "core" pieces of information that are needed
- It would be useful to identify more clearly who is the audience: Health professionals? Community workers?
- A flowchart guiding you to the correct section would be useful
- The language needs to be simplified so that it is acceptable to all stakeholders
- There should be greater use of diagrams and colour-coding to complement simple language

2.6 Next steps

Participants felt that "further proof and evidence to substantiate the use" of the PLA Toolkit was needed.

They felt that, after a little further development, the Toolkit needs to be properly tested in a smaller project as well as another larger project. These pilot tests should include:

- Feedback from practitioners
- Intense focus testing
- Readability assessment

In the longer term, participants saw that broader ownership of the PLA Toolkit by all key agencies was vital – it was asked if the Health Service Executive (HSE) could "take this on?" They suggested, for example, that

- Perhaps projects seeking funding could be required to use such a process
- It needs to be aligned with public health departments' research guidelines

Participants also felt that additional support (such as training and other technical support) would be necessary if the PLA Toolkit was to be more widely adopted.

APPENDIX 1. PRESENTATION: “THE PLA TOOLKIT: AN OVERVIEW”

OUTLINE OF PRESENTATION

1. BACKGROUND
2. PROGRAMME LOGIC APPROACH (PLA)
3. THE PLA TOOLKIT
4. APPLICATION TO THE DFfA INTERVENTION



BACKGROUND

Decent Food for All (DFfA)

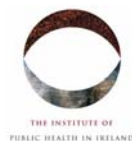
ADHAZ - Programme delivery
Armagh and Dungannon Health Action Zone
Intervention period – initially 3 years, 1 year extension

IPH – Research and evaluation
Used the PLA to design the evaluation

FSPB & FSA – Core funding

INisPHO

Focuses on the practical issues associated with generating, sharing and using health intelligence



WHY A TOOLKIT?

Agreed expectation to:

- Be accountable
- Incorporate evidence
- Contribute experience

Lack of practical tools and resources on the island

Complex problems require complex solutions and a systematic framework can guide us through these complexities.

Programme Logic Approach (PLA) is such a framework when supported by appropriate tools and resources, and illustrated by Irish examples.



PROGRAMME LOGIC APPROACH

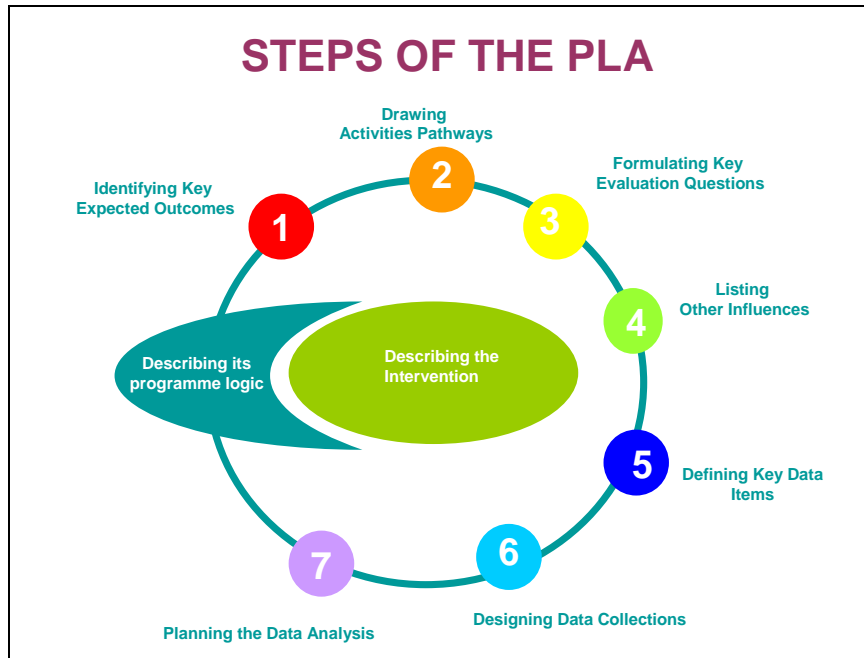
Methodology for developing, evaluating and monitoring complex interventions.

Based on “Programme Logic” that focus on the components of an intervention and how they are assumed to achieve the intervention’s objectives

Well established methodology: CDC and CVD, etc; Kellogg Foundation, etc

This version adopted for community-based interventions





FEATURES & BENEFITS OF THE PLA

Features

- Focuses on interventions and their programme logics
- Applied in a flexible, iterative manner
- Involves collaborative effort between intervention and evaluation personnel.
- Applies to broad range of complex interventions

Benefits

- Evaluations focus on how interventions work and (if they don't work) what components that need to be strengthened
- Promotes realistic understanding of strengths & limitations of evaluations
Incorporates traditional knowledge base into intervention design
- Incorporates appropriate methodology into evaluation plans
- Captures practitioner experiences and incorporate them into knowledge base
- New insights can be incorporated into an improved intervention design
- Emerging issues can be carried forward to later steps for more valid evaluations



AIMS OF THE PLA TOOLKIT

Target audience

Personnel who are involved in the design, delivery, evaluation and monitoring of complex interventions.

Aim

To provide the target audience with practical tools and resources to carry out this work.

This version

Focuses on community-based interventions. Later versions could include applications to service delivery and policy interventions

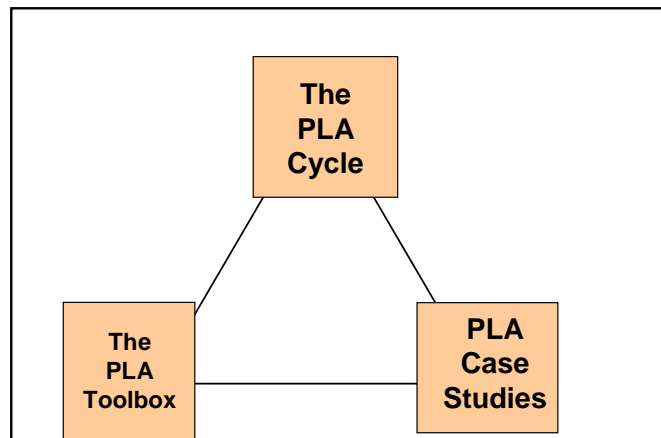


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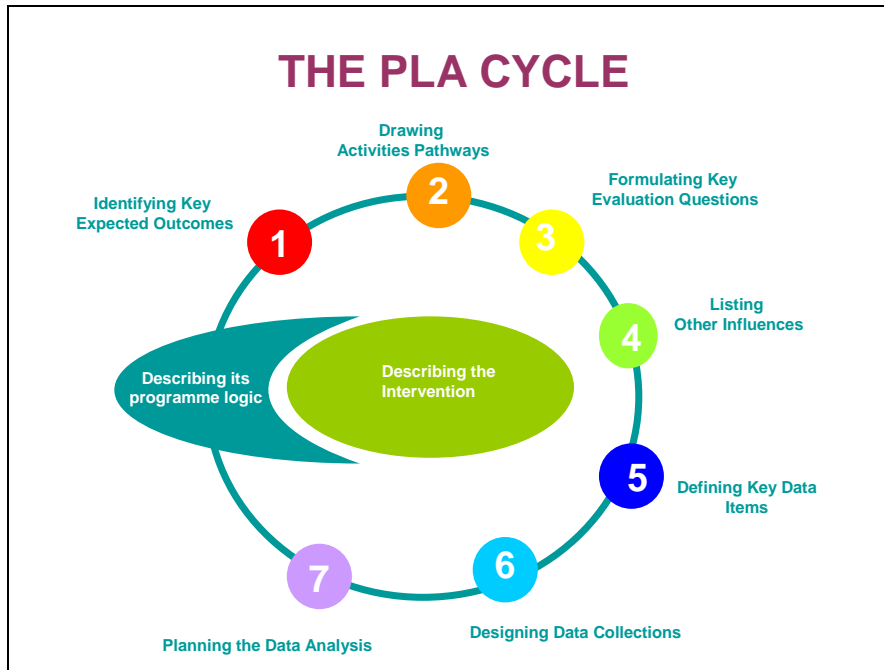
ELEMENTS OF THE PLA TOOLKIT



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THE PLA TOOLBOX

Tools and resources to help the team ...

- Describe the intervention and its programme logic
- Develop the evaluation and monitoring
- Record the outputs of the PLA Cycle
- Facilitate of the team working and decision making



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PLA CASE STUDIES

“Decent Food for All (DFfA)” community-based food poverty intervention, conducted in the Armagh and Dungannon Health Action Zone in Northern Ireland.

Used to

- Anecdotally illustrate the steps of the PLA
- Provide examples of completed PLA outputs



APPLICATION TO THE DECENT FOOD FOR ALL (DFfA) INTERVENTION



DFfA INTERVENTION & RELATED ACTIVITIES

Programmes

- Cook It!
- Balanced Beginnings
- My Body
- Looking Good Feeling Better

Workshops

- Healthy Eating / Fruit Tasting
- Food Safety
- Oral Health
- Food Labelling
- Food Budgeting

Other related programmes

- Fresh Fruit in Schools (DHSSPS)
- Community Food Gardens (F&A LSP)
- Community Food Co-op (D LSP)
- Breakfast Club (Big Lottery Fund)



KEY EXPECTED OUTCOMES - DFfA

Ten KEOs into four domains:

- Local Regeneration (2)
- Individual, Household and Community Change (5)
- Research and Knowledge (1)
- Policy Change (2)

Two over-arching themes:

- “Reduction in Inequalities”
- “Settings (Community / Home / School / Workplace)”

Expected Outcome 1.1 Improved accessibility to affordable safe and healthy food

Key Expected Outcome 1.2 Stronger local food production and supply economies with a greater emphasis on affordable safe and health food

Key Expected Outcome 2.1 Improved awareness/knowledge

Key Expected Outcome 2.2 Greater demand for affordable safe and healthy food.

Key Expected Outcome 2.3 Improved health behaviours

Key Expected Outcome 2.4 Greater social inclusion

Key Expected Outcome 2.5 Greater individual development

Key Expected Outcome 3.1 Enhanced knowledge base

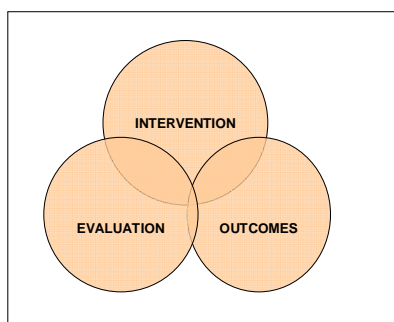
Key Expected Outcome 4.1 Stronger food-related policy and strategy with a greater emphasis on (affordable) safe and healthy food

Key Expected Outcome 4.2 Stronger food and well-being networks for sharing, learning and support

KEY EVALUATION QUESTIONS - DFfA

Was the intervention delivered as planned? Resources & activities monitoring
Did each component of the intervention achieve its objectives? Participant evaluations
Was any change observed at population level? Pre-test and post-test data collections (community surveys & food basket studies)
Could this population change be attributed to the intervention? Use of comparison area and eliminate alternative explanations by adjusting for influences
It is repeatable in other circumstances? Comparisons with other situations using external data sources

OTHER INFLUENCES - DFfA



- Resources, staffing
- Associated food programme not originally part of DFfA
- External activities (eg *Safefood's* mass media campaigns)
- Changes in local food distribution (eg eating places, supermarkets in rural areas)
- Rising obesity
- Seasonality
- Poor survey response rates

DATA COLLECTIONS - DFfA

Resource and activities monitoring

Participant evaluations

Community surveys:

- Before and after
- Intervention and comparison areas

Food basket study / mapping of availability and cost

- Before and after
- Intervention area only

'Ethnographic' study of the culture of food

Evaluation of networks

KEY EXPECTED OUTCOME 1.1 - DFfA

Improved accessibility to (affordable) safe and healthy food:

- *Financial Access (benefit/budget maximisation)*
- *Physical Access*

Involves availability and cost, as well as other practical issues (eg, transport plus other costs)

Also involves:

- Family composition and disposable income
- Social and cultural factors

Different data items needed to be collected in different ways:

- Food basket studies
- Ethnographic study
- Community surveys

AVAILABILITY AND COST OF FOOD - DFfA



Availability and cost of food



Intervention area



All shops in this area



Before and after the intervention



Classic food basket study

SOCIAL & CULTURAL FACTORS - DFfA

Aim

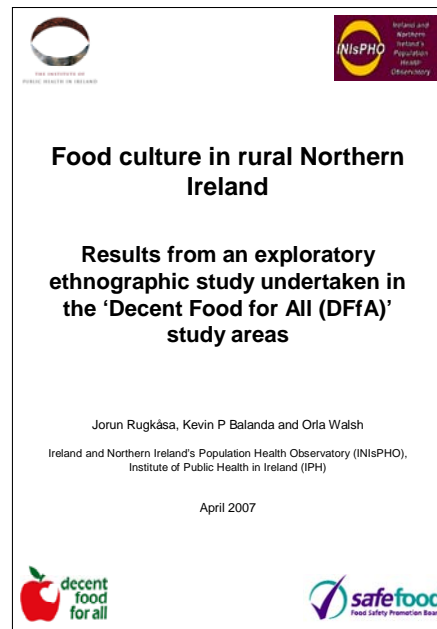
To explore the social & cultural issues associated with food purchasing, preparation and consumption

Method

Group interviews as purposeful conversations

Participants:

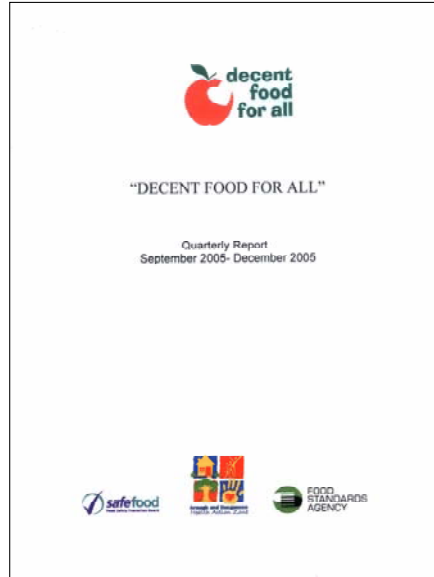
- 'Cook It' - a cooking course for young mothers
- The DFfA food co-op
- 'Balance of Good Health' information session
- ADHAZ staff



RESOURCE & ACTIVITIES MONITORING - DFfA

Agreed template and database for internal activities

- Programme name
- Venue
- Date
- Number attending
- Target ward
- Gender
- Age
- Target group



APPENDIX 2. SOME AIDS INCLUDED IN THE CURRENT VERSION OF THE PLA TOOLKIT

STANDARD CHAPTER LAYOUT (1)

"Introduction" The aim of the step and a list of the outputs.

"Working through the step" A guide to working through the step

"Going around the PLA Cycle" Looking back to review earlier steps and carrying forward issues to later steps.

"Working together" Issues that may arise from the different perspectives and roles of intervention and evaluation personnel.

"Case studies" Examples of completed outputs from the case studies.

"Some extra notes" Additional miscellaneous notes.

"Further reading" Where to go for more information.

STANDARD CHAPTER LAYOUT (2)



Resources from the PLA Toolbox



Some tips



Pitfalls to avoid

PLA TOOLBOX

The intervention and its programme logic	Tools to help describe complex interventions and their programme logic.
Monitoring and evaluation	Tools to help develop the monitoring and evaluation framework.
PLA Outputs	Tools to <ul style="list-style-type: none"> •help explain the PLA process; •capture the outputs of the PLA Cycle; •Strengthen the coherence between its steps.
Facilitation	Tools to support team working and decision making

POSSIBLE CASE STUDIES

Community-based intervention	
"Decent Food for All (DFfA)" community-based food poverty intervention (Northern Ireland)	Current version of the Toolkit
"CPR2000" a community-based CPR intervention (Australia)	Future versions?
Service delivery	
A project linking service delivery targets to national health inequalities targets (Republic of Ireland)	Future versions?
Policy interventions	
A framework for monitoring the impact of smokefree workplace legislation (Scotland)	Future versions?

KEY EVALUATION QUESTIONS

Was the intervention delivered as planned?

Did each component of the intervention achieve its objectives?

Was any change observed?

Was any of this change attributable to the intervention?

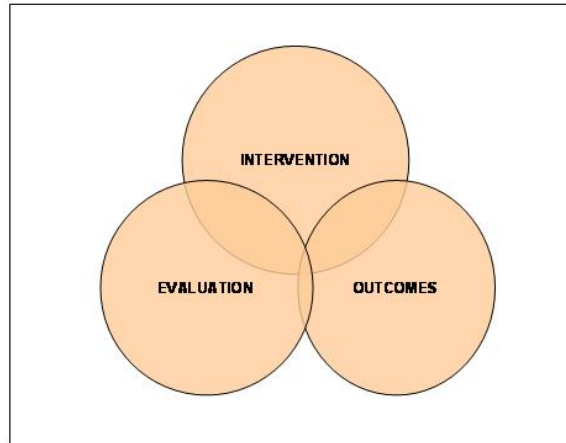
Is any effect repeatable?

KEY DATA ITEMS

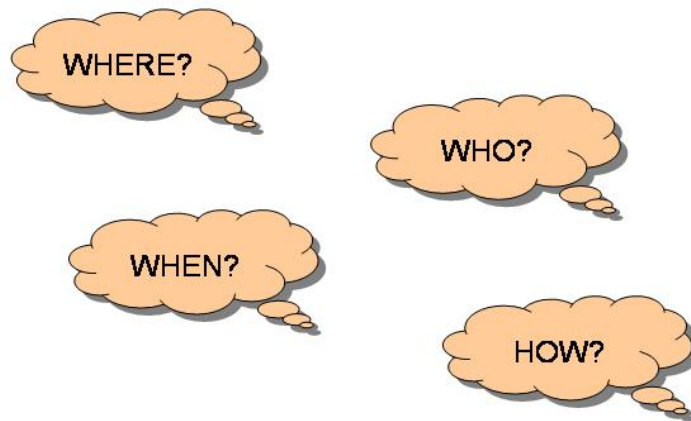


Activities-related items	Associated with the pathways of activities
Key performance indicators	Associated with the key expected outcomes of the intervention
Socio-economic and other demographic variables	Associated with the target groups of the intervention
Other factors	That might influence the delivery of the intervention, the occurrence of the outcomes, or the scientific integrity of the evaluation.

OTHER INFLUENCES



DATA COLLECTIONS



A COLLABORATIVE EFFORT

INTERVENTION PERSONNEL	EVALUATION/RESEARCH PERSONNEL
Backgrounds	
Tend to be more service oriented	Tend to be more academically oriented
Perspectives	
Probably have greater knowledge of the local context	Probably have a stronger theoretical understanding of research issues
Tend to place stronger emphasis on experiential knowledge of the practitioner and the community	Tend to emphasise the more traditional knowledge base founded on either qualitative or quantitative methodology
Tend to put primary focus on delivering the intervention to the local community	Tend to put primary importance on the evaluation / research methodology and findings
Roles	
Responsible for funding of the intervention	Responsible for funding the evaluation
Stronger focus on the local health and well-being of the local community	Probably have stronger focus on knowledge generation and contributing to the evidence base