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Empowerment evaluation in regional planning and public health



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Empowerment evaluation in regional planning and public health¹

Introduction

Empowerment is an overall goal for the public health work and for the HEPRO project as a policy program with the mission to stimulate sustainable public health in the Baltic Sea Region. In my previous papers to the HEPRO meetings the governance turn in public health is discussed and the empowerment planning is put forward as an adequate approach to public health work. In these papers public health work is regarded as a policy making process based on governance structures in the form of partnership between public, private and voluntary sectors and between levels of government. Further the empowerment planning approach is regarded as an appropriate approach to empowerment in organisations and regions if the planning approach is designed to stimulate the different variables in a development process. In this paper I shall discuss to what extent the ten principles of empowerment evaluation can become a guide in setting up a learning process and how the principles can stimulate the learning process within an empowerment planning approach to public health work

Empowerment evaluation and empowerment planning

Empowerment evaluation is a rather new concept that is designed to help improving policy programs. The empowerment concept is based on 10 principles, and in practices these principles are overlapping and interactively reinforcing (Fetterman 2005):

- (1) Empowerment evaluations are designed to help people *improve* their programs. The evaluators roll is to help people to help themselves, and empowerment evaluation is never conducted for the sake of intellectual curiosity alone.
- (2) The evaluator serves as a coach for the people involved in the program, or a critical friend to assist them, ensuring logic, rigor, and a systematic approach. However, the *community owns* the evaluation with its conceptual direction and actual implementation.
- (3) *Inclusion* means inviting as many stakeholders to the table as is reasonable and feasible and to encourage their participation.
- (4) *Democratic participation* is about how the people will interact and make decisions once they are together. Democratic participation is both a means to ensuring equality and fairness

¹ This paper was presented for the HEPRO meeting Saldus 14-16 May 2007

and a tool to bring forth as many insights and suggestions about how to improve the programs as possible.

(5) *Social justice* is a fundamental principle guiding empowerment evaluation in how to treat people, choosing target groups for the program and selecting data in the evaluation.

(6) Local community members have invaluable *knowledge about their community*. If valued, respected and mobilised this knowledge can be a strong force in improving the community.

(7) *Evidence-based strategies* with its track record and external credibility allow communities to build their activities on knowledge. However evidence-based interventions can not be blindly adopted but must be adapted to local conditions and environment.

(8) *Capacity building* in empowerment evaluation is about learning how to conduct evaluation and building skills in areas as evaluation logic, chain of reasoning, logic models, evaluation design, data collection methods, analysing, reporting and ethics.

(9) Capacity building, local and evidence-based knowledge and other of the principles contribute to the *organisational learning* process. Feedback loops and continual collection of information about staff performance and program output and outcome in an integrated part of empowerment evaluation. Conducted in a transparent way the learning process can ensure that data is credible and used to inform decision making.

(10) Empowerment evaluation is about *accountability*. It is useful for external accountability, but the strength of empowerment evaluation is in fostering internal accountability. External accountability in program implementation last as long as the program. However, all of these 10 principles in practice encourage and make possible internal accountability. The principles remind people that they are both individually accountable and accountable as a group. Individuals hold one another accountable for promises and commitments, and the feed back mechanisms built into empowerment evaluation hold the program and the organisation accountable.

In the presentation of the empowerment evaluation concept the authors discuss the role of the evaluator, the community and the funder, and they clarify what expectations we can have to the different roles. The roles of the funder and the community are easily understood and some what obvious. The role of evaluator is more unclear and complex. Is this an internal or external person? Is this an adviser or an active person in the process? The description of the role seems to indicate a mix, and there seem to be a need for discussing and clarifying the different expectations. In addition, the potential conflict between the different roles of the

community, funder and evaluator need to be discussed. In practice they do not have to be in harmony, rather the normal situation is likely to be that they are in conflict with each other.

In order to understand this we have to go to the fundamental understanding of empowerment. According to Schulz et al. (1995) empowered individuals are critical aware of their situation and therefore able to analyse what must change, possess a sense of control and is capable of acting, and engage in participatory behaviours. At the organisational level, empowered groups compete effectively for resources, influence policy, and are networked to others. However, empirical review of literature about empowerment evaluation done by Miller and Campbell (2006:314) indicates that although empowerment evaluation advocates for the inclusions of the recipients in the program, they were seldom part of the empowerment evaluation, relative to what one might expect. The goal of empowering citizens who are the beneficiaries of social programs has become less salient than holding the staff members accountable to the funding institutions. This is a well known mechanism from implementing policy program. The funding agency needs evidence-based knowledge about the output and the short term outcome from the program in order to legitimate his role and the use of the money, and this program logic is always in conflict with making the most deprived groups and communities targets for the program. This is just an example of how the different roles in the process can be in conflict, and express the need for clarifying the roles.

Miller and Campbell (2006:314) conclude their review of the empowerment evaluation approach, that the concept is not easily distinguished from other approaches to evaluation with emphasis on participation, collaborative processes and capacity building, and that the concept is criticised for not being fully theoretically articulated. In addition, I will say that many of the techniques that are used in the evaluation are the same or similar to those used in empowerment planning and development. It can be argued that empowerment evaluation as process is very similar to empowerment planning, and that empowerment evaluation can help us to integrate monitoring and learning in the empowerment planning approach.

Learning organisations and regions

Improvement is the key word in empowerment evaluation, and learning is the important tool in order to implement the program with wanted outcome. Learning can be regarded as a process in which the actors are seeking better ways to realise their interest and values.

However, learning is not only about new means to realise existing goals. Learning can also be changing values, needs and interest. That is why it is important to talk about learning at different levels, and about learning as an individual process and as a process in collectives like organisations and communities.

The public health work is in its mission a cross sector work and has that in common with regional development work. Indeed, many will say that public health work *is* regional planning and development work. From this point of view it becomes obvious that the public health work is about different organisations collaborating across vertical and horizontal power structures in order to enhance the capacity of the region to handle public health issues. Thus the learning process needs to become a process of learning both in the organisations and in the region.

It is often said that individuals learn in a collective interaction process, and that collectives learn through the individuals. But to some extent, the collectives like organisations and regions are autonomy to the individuals, and can develop their own understanding of the situation, goals, and strategies and so on. We can find what collectives as organisations and regions have learned, by studying their plans, processes, rules, routines, positions of people in power, and how they use power. This learning is maintained through processes of planning, decision making and implementation, through socialisation and recruiting. Learning thus becomes an important part of organisational and regional development, and the learning process as feedback loops need to be included into the planning system.

In the concept of the *learning organisation* a successful organisation need to continually adapt and learn in order to respond to changes in the environment (both internal and external). The idea of a learning organisation suggests that there is some learning in organisations that takes place over and above the learning undertaken by different individuals as part of their work and experience in organisations. Based on a systemic approach Peter Senge (1990) identifies and discusses five disciplines that all together create the learning organisation. The five disciplines of the learning organisation are (1) *personal mastery*, (2) *building shared vision*, (3) *mental models*, (4) *team learning*, and (5) *systems thinking* which is the fifth discipline that integrates the other 4. This model can be criticised for not being easy to adapt to the system of planning in organisations because the disciplines are in some ways overlapping.

However it can be argued that this is not the ambition of Senge. He regards learning as a kind of growing bottom up process starting with personal mastery of yourself and then involve sharing vision with others, reflecting on mental models, bringing in the team and make this become a systematic way of thinking in the organisation. Based on this practical understanding of the fifth discipline approach to learning organisations, the message from Peter Senge's work can help us to understand the dynamic in the learning process both in organisations and in regions.

In the concept of *learning regions*, knowledge is regarded as the fundamental resource and learning the most important process (Asheim 1996). Learning regions are regarded as more competitive in the global economy than traditional industrial districts. The learning region process can make regions more independent of external actors and import of knowledge from outside the regions, if the regional learning becomes a public good produced in a collective action process. A region with great capacity for collective action increases its potential for influencing its environment, but at the same time reduces the potential for individual action. Capacity for collective action is thus achieved at the cost of opportunity for individual action. This means that actors must renounce individual advantages to achieve collective goods.

In both learning organisations and regions, localised knowledge and the process of learning can fundamentally be seen as collective goods. The fundamental question is then which conditions must be fulfilled for these collective goods to be produced in learning organisations and regions. Collective good can be regarded as non-excludable, which means that the benefit cannot be refused a possible user, even if the user has taken no part in producing the good. This implies that if one person can utilise the good, every person can utilise it. The opposite of public goods is private goods, which are excludable goods because the producer can sell it to one customer and thus refuse its use to others. If collective goods are to become a meaningful reality, the actors must be able to separate individual interests, needs and values from collective interests, needs and values.

Instrumental actions theories like rational choice theory, explain learning in organisations and regions as collective action in the perspective of rational self-interested individuals. However, the rational choice theory cannot explain value rational collective actions such as creation of identity, confidence and other social relations. The *communicative action theory* provides a

broader concept, which includes different forms of rationality. This theory has a focus on the social learning process between interactive individuals, rather than isolated self-interested persons. In brief, the theory identifies different discourses starting with pragmatic discourses about facts, and then discourses about interest and values and leading up to the juridical discourses. In this way the theory manages to explain how common understanding and collective identity is created in communicative processes between persons, and how communicative processes is a fundamental prerequisite for learning organisations and regions.

The need for learning at different levels

The identification of different discourses is one important reason for talking about learning at different levels, and about learning as an individual process and a process in collectives as organisations and regions. The higher the level, the less we understand about the process, and although such higher level learning undoubtedly takes place, the more difficult it is deliberately to manage it (Bateson 1979/1985):

- *Learning at 0-level* is seen as no learning at all. New situations which seem to be similar to earlier situations are met with the same solution (laws, manuals, legislation and other stable action models).
- *Learning at I-level* means choosing among different solutions within a set of options. In a situation with similar information as in an earlier situation, the actors are able to choose solutions that are appropriate to the situation.
- *Learning at II-level*. When learning reaches this level, the actor is able to choose among sets of options based on different values. Compared to the situation at I-level, the actors manage to evaluate and change to another set of value based alternatives.
- *Learning at III-level* is about contextualises learning II, and is not easily understood, but it may be the existential level meaning setting the framework for learning at different levels based on learning about how to learn.

These levels correspond to the much used terms in learning literature as meta-learning, and triple, double and single loop learning. But instead of these academic terms, we can use the terms from planning literature: *learning at institutional, strategic, tactical and operative level*. *Learning at operative level* indicates that rules and old praxis tell us what is to be adequate praxis. This learning is about direct experience like; If I put my hand in the fire – it gets

burned. In given situations, one run to the standard solutions to the problems that have been used before (take the hand out off the fire). No other alternatives are regarded as possible solutions. The actors do not know any other way to act. This can be an appropriate action, but it is more likely that the action is dominated of routines and the action can be a pervert respond to the stimuli.

Learning at tactical level is what we routinely refer to as "learning" in the form of generalisation from basic experiences. Like; I have experienced "hand in fire" and "being burned", and I won't do it again. For this actor learning is about evaluating action to his interest, goals and values. A successful action is an action that reaches the goals he has, but these goals are firm and are not changed due to learning. Action and learning at this level mean that the dominating action pattern gives opportunities to discuss several possible actions, but the goal is the same.

Learning at strategic level is a kind of change of paradigm including new values, norms and ends. This learning means; I don't generally risk getting burned, but I might do so to save someone else from a fire. In this situation, the actors not only evaluate the different alternatives to reach the goal, but they evaluate different goals. Learning at strategic level means that we will be back in learning at tactical and operative, but now within a new kind of paradigm. Such learning happens rarely and is a kind of culture revolution that can take place both in organisations and regions. In a learning perspective, such a change is to be regarded as in depth-learning. If we want fundamental changes, we need this deep learning of new values at strategic level. Persons and organisations that have learned at this level have internalised new values and adopted corresponding logical courses of action as part of their repertoire of actions. If the intervention process like the HEPRO project does not give this form of deep learning of the core values of the project, the public health actions most likely will turn back to old habits after a while.

Learning at institutional level appears when the referential framework evolves and the main objectives of the organisation or region are modified. Involving organisations in partnership for public health is an example of institutional changes that create opportunities to develop new systems of learning. To set up this system of meta-learning, is the main issue for the planning and learning at the institutional level. The institutional framework and system of

learning influences the learning processes at all the other levels, and have to be designed very carefully in order to stimulate the wanted learning. In organisations the leaders have the overall responsibility to design adequate learning systems. In implementation structures like public health programs, this responsibility is transformed to the leader of the local/regional projects. For all the leaders the fundamental questions that have to be asked more or less continuously are; what are the best ways of stimulating learning at operative, tactical, strategic and institutional level. At the same time there is a need to take into consideration that all the levels of learning are interconnected within the system of learning.

Evaluation approaches

In a comprehensive publication from WHO the principles and perspectives on evaluation in health promotion is discussed very thoroughly (WHO 2001). One of the main conclusions is that the health promotion is an evolving field, and that one big challenge is to address the issues and problems involved in evaluation. Increased internal and external pressure for evaluation is one of the issues. First, professionals and other internal stakeholders frequently have a strong personal investment in their health promotion intervention. They often want to know whether their efforts have had a positive effect (*outcome or impact evaluation*) and the reasons why (*process evaluation*). Second, an increased demand for evaluation of health promotion is rooted in the pressure imposed by governmental and non-governmental funding agencies. They want *evidence of effectiveness* and particularly cost-related effectiveness (cost-benefit analyses), and evidence that the intervention have been, or are being, implemented as originally intended (WHO 2001:521). Not surprisingly, the conclusion after reviewing evaluations of health promotion is a shortage of evidence on effectiveness. This shortage can be explained by several causes. First of all the inherent difficulty of evaluating complex interventions that involves multilevel, multisector and multistrategy interventions that have an extended time frame and a poor control over the implementation of health promotion initiatives. A second cause is the lack of accepted appropriate methodologies and methods to collect evidence of effectiveness. Said that, the public health work do not struggle with this problem alone. Reviews of the literature on the effectiveness of initiatives related to nutrition, drug use, physical activity and teenage pregnancy have identified few well conducted evaluations and consistent findings (WHO 2001:522).

In the debate of methodology and methods there is in theory two paradigmatic positions. One is the traditional *positivistic and instrumental approach* that seeks causality between interventions and effects and which inspire people to seek objective knowledge and quantitative evidence of effectiveness. The other is the *phenomenological and communicative approach* which sees intervention as capacity building process and regard subjective and qualitative information from the participants about their interpretation of the situation as valid data. In practice, the main question is how to combine the quantitative and qualitative research methods, and as a consequence practical evaluation research has a mix of methods as a typical character. In addition, health promotion is ideologically committed to stimulate empowerment, which in its nature must be a balanced blend of instrumental and communicative rationalities, and therefore need to pay attention to the different variables in development processes in addition to the evidence of effectiveness of the process. WHO summarises their discussion in five conclusions: evaluation should be participatory, have adequate resources, examine both processes and outcomes, use a mix of methodological designs, and evaluation expertise in complex design should be fostered (WHO 245, 255)

These conclusions bring us back to planning. According to WHO (2001:524) many have observed that the process of evaluation is integrally related to the process of planning. Planning and evaluation can be seen as mirror images. Planning, implementation and evaluation are often portrayed as elements of an interactive cycle: Planning leads to implementation, which leads to evaluation, which in turn can lead to further development of planning, exactly as described in the HEPRO planning circle and empowerment planning (Amdam 2006).

Learning and evaluating in empowerment planning

It can be argued that organisations and regions are dynamic just because they are capable of evaluating and monitoring their actions, and thus being able to learn from their own actions. According to Fetterman (2005) empowerment evaluation can help organisations and communities to learn and to improve their programs. Empowerment evaluation is conducted with the purpose to improve the program, and is never conducted for the sake of intellectual curiosity alone. The feedback loops are designed to produce information about how the program is working (or not working), and to stimulate a discussion about how to make correctives or adaptive changes. As we have seen, in planning to day, learning is regarded as

an integrated part of planning systems, and learning in empowerment planning and evaluation is much a similar and parallel activity. Such planning and evaluation processes need to stimulate learning at institutional, strategic, tactical and operational level of the planning.

Evaluation conducted as reporting to superiors, has a tendency to hide information which can be used against them, and to report what easily can be quantified. Evaluations that are done in this manner will not allow for sufficient criticism, and will normally only involve learning at the operational level. This means learning about how the actions and changes were implemented compared to the programmed action in budgets, actions contracts etc. Learning which involves changing the objectives at the tactical and strategic levels can be better stimulated in processes that allows for actors to participate and thus accomplish increased insight into what the objectives ought to be and how the actions are carried out. Learning at these levels do require that the actors get the opportunity to participate and to evaluate the policy making process, the decision process, the implementation process and to evaluate the products and the impact of the action. Nevertheless, it is essential that the monitoring process, in addition to measuring measurable results, also set the stage for discourses at the other levels in the planning and development work, i.e. institutional, strategic, tactic and operative level. If we want people in local communities to take part in development; we need a planning and evaluating process that can promote learning at all levels.

Questions to address in the HEPRO-project evaluation:

- What have you as a partner of the HEPRO-project done to create a learning process about public health in your organisation and your community/ district/ county
- Whom can you see in the organisation and the community/ district/ county has learned about public health so fare, what have they learned, and how is this learning expressed in the public health work?
- What are the most important outputs and the most significant impacts on public health situation from the public health project so fare?
- What are you planning to do to stimulate the learning process?

Institutional planning – learning and monitoring

In empowerment evaluation the community ownership and democratic participation are core principles and values (Fetterman 2005). Public health programs are often initiated nationally or internationally, and implemented in local communities. A good balance between top down policy and bottom up policy is needed if a community shall avoid becoming dependent on

external institutions to solve their problems. A public health program will normally have a local project group (steering group) with representatives from different sectors. This is regarded as a starting point, but the local ownership has to be broader and deeper than the project group. Involving people in planning, implementing and evaluation can create ownership, but democratic participation is not the same as inclusions. While inclusion means bringing all the pertinent groups together, democratic participation is about how the groups will interact and make decisions once they are together (Fetterman 2005:45). Community ownership and democratic participation can be regarded as an institutional framework for the public health work, and tools to improve the legitimacy of the public health work, and as such, an important part of the institutional planning.

The institutional planning should have a local power structure as its superior objective. This involves adding weight to freedom for a territorially organised community to be able to make decisions, and to practice direct democracy and experimental social learning. This means a struggle where the alliance between the civil society and the elected representatives fight to make the communicative rationality superior to the instrumental rationality in their communities. This implies establishing a process of legitimating policies; a process based on undistorted discourses seeking equality of power and demand for stating reasons in public meetings. The process needs to involve actors from public, private and voluntary sectors and from local, regional and national level. In this policy legitimating process local communities, municipalities, counties and regions can influence the regional development if they participate in political processes and if they stand up as political institutions with legitimacy and acceptance.

The neglected partner in this kind of planning and development work is the civil society, which we can see as a complex culture of ethical values and moral norms shared by most people inside limited local areas. The civil society refers to relations between people, and relations outside the reach of the public government and the private enterprises. Research shows that there is still a social power in the civil society that can be mobilised and transformed into political power, and that the possibility for a functional and territorial integrated development seems to lie in an alliance between the civil society and the democratically elected representatives (Friedmann 1992). They have both their power tied up in territories, both can free themselves from the instrumental rationality that is dominating

public government and private enterprises, and both can contribute to communicative rationality. By experiencing and participating in the local democratic process, the organisations and the regions can be empowered in the policy process. In this way, the locally based cross-sector power can become a counter force against the established and chiefly vertical power structure in the public government and private enterprises.

Only the theory of communicative rationality provides us with a strategy to meet this challenge. It is the communicative process itself which is to legitimise policies and institutions. This requires a certain integration between system and life world, but not to the extent that they lose their distinctive characteristics. It is rather so that one should find an area where co-operation is desirable, and where the public sector can provide incentives in order to achieve the development desired both in public, private and voluntary sectors. The production of the aforementioned collective goods in learning regions is an example of such areas common to system and life world.

These arguments implies that we in regional planning and development work should concentrate on the planning process as a policymaking and learning process, and on the fact that it is important to have a plan for the intervention in the continuous development process. This plan for the intervention process should be based upon the acknowledgement of the developing variables and of the planning tools which can stimulate these variables (Amdam 2006). The plan should also show how the intervention intends to transfer this knowledge into understanding the organisations and the region, and which planning tools that shall be used in the intervention.

If we choose to organise the intervention as a project, which is often done, the superior perspective for the project should be how a process for a limited time, the project, can influence the continuous process which development really is. One of the most severe mistakes that can be done is to see the intervention and the project as a process for making planning documents. When this mistake is done, the process is often limited to the strategic and tactical planning and not to stimulating the mobilising, organising, action and learning variables.

Questions to address in the HEPRO-project evaluation:

- What have you as a partner of the HEPRO-project done to stimulate the legitimacy of the public health work in your organisation and your community/ district/ county?
- How strong is the legitimacy of the public health work in your organisation and your community/ district/ county now?
- What are you planning to do to stimulate the legitimacy?
- What do you think about your role as leader/responsible of the public health project?
- What are the biggest challenges for your public health project now?

Strategic planning – learning and monitoring

Inclusion and social justice are fundamental principles guiding empowerment evaluation (Fetterman 2005:46). I practice empowerment approaches to public health typically assist people in specific social concern or injustice. The target groups might include the homeless, battered women, people with disabilities, children, or minorities. The principle of social justice keeps the public health work eye on the prize of social justice, equity and fairness. Fetterman put forward a very illustrative example: Data from the evaluation might show that a social service program is not cost-effective, but the social justice agenda might override a decision about eliminating the program and force the organisation to find ways to subsidise the activity (Fetterman 2005:47).

Learning at strategic level means that the actor is able to choose among sets of options based on different values and goals. Compared to the situation at tactical level, the actors manage to evaluate and change to another set of alternatives. Learning at this level involves a moral dimension (Etzioni 1988), and can only be achieved through interaction and democratic discourses (Forester 1993). This process has to be democratically inclusive, and concerned with consensus building. This kind of management by arguments (Healey 1997) is important for mutual learning, but agreements on values and strategies are likely to be incomplete and unstable when it comes to practice, especially if they are not founded in a collective moral.

The stimulation of the mobilising variable can be done through strategic planning with main emphasis on the situation for the regional community now and in the future, and on formulating a vision of the desired future. It is also important to formulate the strategies for achieving this goal. The process should function as a broad learning process encouraging personal growth in the entire population of the region, and it can be similar to the process that

the transactive planning mentions (Friedmann 1973). In this way, a local social power can be created which can further be transformed into a political power through organising.

Local community members have invaluable knowledge and information about their community. Respecting the community knowledge is important in a bottom up approach to knowledge sharing and development. This knowledge, if mobilized, can be an extraordinary catalyst for change (Fetterman 2005:47, Schön 1983). In empowerment approaches the intervention will always be an arena where the bottom up policy making meet the top down policy making, or where the community knowledge meet the evidence-based knowledge in setting up the *strategic development programs*. Evidence-based knowledge and strategies have much to offer the development programs; in essence they offer program strategies or interventions that have worked in other similar communities. However, evidence-based strategies can and shall not be blindly adopted and expected to work in new communities. If combined with the community knowledge, they should be considered as useful ideas and models potentially adaptable to the local context. Many communities have suffered when the interventions have been out of-touch with the local environment, culture, and conditions (Fetterman 2005:48).

Questions to address in the HEPRO-project evaluation:

- What have you as a partner of the HEPRO-project done to put public health on the political agenda in your organisation and your community/ district/ county?
- How accepted is public health as an overall goal and guideline for more detailed planning in your organisation and your community/ district/ county now?
- What are you planning to do to mobilise people and put public health more on the political agenda?

Tactical planning – learning and monitoring

Empowerment evaluation is about accountability, internal and external. External forms of accountability last as long as the external agency is present and exert its force. Internal accountability is built within the structure of the organisation and between partners in the program when they hold one another accountable for promises, commitments and agreements. The strength of empowerment evaluation is in fostering internal accountability, and empowerment evaluation is used to achieve internal goals and external requirements and outcome (Fetterman 2005:50).

Learning at this level often means choosing among different solutions within a set of options. In a situation with similar information as in an earlier situation, the actors are able to prefer solutions that are appropriate to the situation. To take responsibility is a prerequisite for this learning, but often there is a lack of delivered responsibility in the communities. The overall prerequisite for learning at this level thus becomes to develop partnerships, networks and other forms of co-operation between the actors, and to set up an action program which distributes responsibility for the implementation.

Tactical planning emphasis on the making of action programmes that give priority to projects and actions, and distribute responsibilities and resources. Tactical planning is about how to use the organisation's resources to achieve the goals. In communities there are several organisations with separate fields of operation. In many cases the actors have to co-operate if they are to succeed in their struggle for an intended development. The establishment of these partnerships requires the actors to share a common understanding of the present and the future. This involves transforming social power into political power by having the people commit themselves to existing and new organisations which can accomplish through action the wanted operations and changes. We can use *tactical action programs* as terms for these partnerships and by this term understand agreements that regulate the responsibilities between the actors. But even if the region and the organisations in the partnerships clearly knows what they want to achieve, and has potential organisations for the implementation of actions, these regional organisations normally have limited control of the necessary means. We have learned that there is often a lack of delivered responsibility in the organisations and between the organisations to keep the leaders accountable for the outcome (and lack of outcome). This gives the tactical planning a sort of trial and error quality, which is what characterises the incremental planning (Lindblom 1959).

Questions to address in the HEPRO-project evaluation:

- What have you as partner of the HEPRO-project done to get public health activity decided and organised in your organisation and your community/ district/ county?
- How deeply rooted is public health work in action plans, budgets and daily work in your organisation and with your partners in the community/ district/ county now?
- What are you planning to do to get new public health activities decided and organised?

Operative planning – learning and monitoring

Capacity building is one of the most identifiable features of empowerment evaluation, but capacity building can also be limited to conduct evaluation and to improve the capacity to manage and operate program (Fetterman 2005:48). This is an important aspect of evaluation, but in an empowerment perspective, the capacity building process must include more than the capacity to implement program defined activities and projects. This broader understanding of the capacity building process implies that improving the community's total and long term capacity to implement planned actions is a key issue for empowerment work. If a program do not increase this capacity, the community might be in a less favourable situation regarding solving own problems, after the program than before. The community might have become more dependent on external help.

In regional planning and development work the responsibility for the actions is normally divided between many organisations and actors in private, public and voluntary sectors. Therefore, the implementation of actions often requires an extensive co-ordination between the actors and an implementing structure. We can use *operative action contracts* as terms for these structures and by this understand agreements that regulate the actors' responsibilities for implementing the actions and changes. Instrumental rationality or synoptic planning can be a tool to accomplish these contracts of action, but normally synoptic planning requires an actor who has command power and full control over the implementation (Amdam and Veggeland 1998). Consequently, negotiation planning between equal actors will normally be the practical way of working in order to get this kind of contracts (see Forester 1987).

Operative planning is the instrumental way of planning. Healey (1997) calls this form of planning management by performance criteria and output targets. The planners are supposed to have all necessarily knowledge, and actions are secured through command and control. Within the framework of stable action models, the individuals, households, firms and agencies can work out for themselves how to adjust their behaviour. Learning at this level means no learning at all. New situations that seem to be similar to earlier situations are met with the same solution based on laws, manuals and other stable action models.

Questions to address in the HEPRO-project evaluation:

- What actions have you implemented in your organisation and your community/ district/ county in order to promote sustainable public health?
- How strong is the capacity of the organisation and the community/ district/ county to implement public health actions now?
- What new public health actions/projects are you ready to implement?

Conclusions

The discussion in this paper shows that in public health work planning, implementation, evaluating and learning are linked in a continuous cycle. Further the discussion gives arguments to support the view that organisations and regions can become empowered and dynamic just because they are capable of evaluating and monitoring their actions, thus being able to learn from their own actions. Accordingly, if we want to promote existing and potential learning organisations and regions, there is a need for an approach to planning that manages to combine communicative and instrumental rationality and stimulate learning at different levels. The process can contribute to the reviewing and updating of the planning documents, and to the legitimisation of public health work both in organisations and regions. Such a complete evaluation and learning processes must involve both the institutional, strategic, tactical and operational levels of the planning.

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