FHS WEBINAR: How can “learning-by-doing” help to improve the delivery of health services, and reach poor and marginalised people?

Tuesday 30 January 2018, 13:00 to 14:30 GMT
About the FHS consortium

• The purpose of the Future Health Systems (FHS) consortium is to generate knowledge that shapes health systems to benefit poor people.

• FHS addresses fundamental questions about the design of health systems and works closely with people who are leading the transformation of health systems in their own countries.

• The first and second phases of FHS, supported by the UK Department for International Development (DFID), lasted from 2005-2010 and 2011-2016.

• FHS has now commenced a two year extension phase (2017-18) which builds on work carried out during the second phase of FHS.

• During 2017-18, FHS is building upon the relationships, learning, and data already collected and exploring new directions and emerging topics that resonate with the FHS focus of addressing health inequities and applying FHS learning to strengthen health system resilience.

• Supported by the UK Department for International Development (DFID).
Our partners
What is a *learning-by-doing* approach?

- There is no single solution for successfully scaling-up health service delivery and reaching poor and marginalised people.
- A “learning-by-doing” approach, using tools and techniques that are inclusive, participatory, and flexible, can help us learn from failure and adapt interventions in response to changes in particular contexts.
- Supplement recently released in BMC Health Research Policy and Systems, titled *Engaging Stakeholders in Implementation Research: tools, approaches, and lessons learned from application*. 
Webinar contributors - Chair

Sara Bennett, Johns Hopkins University
Bloomberg School of Public Health, USA
Webinar contributors - Presenters

**Ligia Paina**, Johns Hopkins University Bloomberg School of Public Health, USA

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Shehrin Shaila Mahmood, International Centre for Diarrhoeal Disease Research (ICDDR,B), Bangladesh

Upasona Ghosh, IIHMR University, India
Housekeeping

Please keep your microphones muted

We will not be using webcams

If you wish to ask a question, either write the question in the chat box or click the hand icon next to your name

Please submit your questions through the Questions Box

For technical support please write to l.murphy@ids.ac.uk
Using Theories of Change to inform implementation of health systems research and innovation

Ligia Paina, Annie Wilkinson, Moses Tetui, Elizabeth Ekirapa-Kiracho, Debjani Barman, Tanvir Ahmed, Shehrin Shaila Mahmood, Gerry Bloom, Jeff Knezovich, Asha George, Sara Bennett
What is a Theory of Change?

“an outcomes-based approach which applies critical thinking to the design, implementation, and evaluation of initiatives and programs intended to support change in their context” (Vogel 2012)

• Analysis of how an intervention influenced change
• Description of the pathways to change
• Facilitating a team’s “deeper reflective process and dialogue [...] to deconstruct the basic assumptions which underpin program interventions” (Valters 2014)
Purpose of our article

To document the process through which the FHS consortium country teams from Bangladesh, India, and Uganda used ToCs in their research activities.
Timeline

- **'11-'12**: All FHS teams develop ToCs
- **'13 – '14**: Bangladesh, Uganda, and India revise ToCs
- **'15-'16**: Reflection meetings, reviews, and synthesis
Bangladesh

- The team aimed to strengthen the linkages between informal healthcare providers, i.e. village doctors, and the formal health system in Chakaria.

- The main intervention components:
  - Training
  - mHealth
  - Telemedicine
Bangladesh: Dropped HealthBox and changed intervention to focus on telemedicine
India

- The team worked in the Sundarbans areas that have poor health indicators, in addition to being vulnerable to climate shocks.

- Main intervention components:
  - Operational research
  - Establishment of a common knowledge platform focused on filling information gaps and improving the coordination of service providers.
India: Refined constructs and linkages to emphasize cross-cutting and contextual factors
India: Refined constructs and linkages to emphasize cross-cutting and contextual factors
The team used a Participatory Action Research approach to build more sustainable financing mechanisms of to increase access to skilled delivery for women in rural Uganda.

The main intervention components:
- health systems strengthening,
- community sensitization home visits by VHT’s,
- radio spots
- community dialogues,
- promotion of saving practices for birth preparedness.
Uganda: Centralized on participatory action research and bringing together stakeholders
Uganda: Centralized on participatory action research and bringing together stakeholders

**Communities**
- Improved routine and referral transport
- More male involvement in MNH
- Better participation in ensuring accountability from health service provider

**Health providers**
- Motivated to provide better health services
- Better use of available MNH resources
- Support to the VHTs to sensitize communities

**Improved Maternal and Newborn Outcomes:**
- Reduced maternal and newborn death

**Households**
- Improved maternal and newborn care practices
- Saving for MNH related needs such as birth items and transport
- Increased use of transport services
- Improved uptake of MNH services

**District leaders**
- Improved planning for MNH services
- Better support supervision to health providers
- More advocacy for resources for MNH services

**Technological support by MAKSPH and other partners**
- Promoting birth preparedness
- Sensitization by VHTs
- Linking households to savings groups
- Linking transporters to savings groups

**Provision of non-financial incentives**
- Basic trainings
- Basic supplies
- Performance recognition

**Future Health Systems Innovations for equity**
Uses of a Theory of Change

- Strategic planning
- Communication
  - Internal & External
- Learning
- Accountability
Strategic planning

Consortium level
- Logframes were more useful for strategic planning purposes

Country level
- TOCs were key in the design of the three country studies
- TOC revision did not drive the direction of the projects, rather it was used to document teams’ lessons from early implementation
**Communication**

<table>
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<tr>
<th>Category</th>
<th>Activities</th>
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<tr>
<td>Internal/cross team</td>
<td>- Sharing TOCs provided insights into the work of consortium as a whole</td>
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<td>- Facilitated capacity building exercises</td>
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<tr>
<td><strong>External</strong></td>
<td>- Facilitated discussions with policy makers and community engagement</td>
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<td>- External views captured, but not directly linked to revision</td>
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<tr>
<td><strong>Planning research comms</strong></td>
<td>- Guided development of videos, evidence briefs, journal publications, and policy briefs (esp. in B and U)</td>
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Learning

- Defining assumptions is critical, but difficult to do prior to implementation.

- Learning primarily came out of the revision process.
  - Early evidence contradicted initial assumptions, leading to refocusing intervention (e.g. Bangladesh).
  - Focusing TOC towards flexible implementation and engaging actors, mindful of changing context (e.g. India).
  - Participatory action approach facilitated engagement during implementation (e.g. Uganda).
Accountability

• Top-down accountability - country teams accountable to donors

• DFID and FHS promoted “learning by doing”, facilitated focus on contextual complexities etc.

• No evidence of TOC being used to create downward accountability loops, with local stakeholders and end-users
Lessons

- Developing and revising TOCs facilitate putting together the story of implementation as it happens

- Use all available evidence, document assumptions
- In the absence of evidence, TOCs can help identify pathways that need to be interrogated further
- Periodic reflection meetings are important, interventions (esp. complex ones) being revised quicker than incorporated into a single ToCs
- In the FHS case, focus of revisions was to document change, not always induce it
Lessons (cont.)

- Revising ToCs help to systematically incorporate new learning and, potentially also feedback from stakeholders, into implementation.

- Stakeholders can and should be engaged early and consistently, though TOC should not be the only tool or approach.

- It’s the process that matters more than the product itself.
  - “ToC is the tip of the iceberg”: what becomes a part of the ToC is a crystallization of many prior discussions, questioning, mulling over experiences of implementation.
A participatory action research approach to strengthening health managers capacity at district level in Eastern Uganda

Moses Tetui, Anna-Britt Coe, Anna-Karin Hurtig, Sara Bennett, Suzanne N Kiwanuka, Asha George, Elizabeth Ekirapa Kiracho
Introduction

• Health indictors in SA are persistently poor
  • Infectious diseases
  • Non-communicable diseases
  • Maternal mortality

• Weak health systems
  • Limited financing, poor coordination, limited collaborations
  • Limited and unmotivated health workforce, poor infrastructure, frequent shortages etc

• Weak management of the systems
Management

- Is a process of dealing with things and actors to achieve set agendas
- Management is the glue that enables the functioning of the health system
- Less attention has been paid to the development of public health managers especially in LIC within the Public Sector
- More so at sub-national levels
Background

Ugandan Setting - MANIFEST

- Aim
- Approach
  - Stakeholders
  - Cycle

- http://tandfonline.com/toc/zgaha20/10/sup4?nav=tocList
Use of PAR in Management capacity building:
- High income countries
- Businesses management
- Increasingly being used in LIC
Research Question

What are the contributions of a PAR approach to local health managers’ capacity strengthening in Eastern Uganda?
Methods

Data collection

Qualitative case study

• 16 interviews with managers
• District level -7
• Facility level -9
• Observations
• Review meetings
**Methods....**

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<tr>
<th>Data analysis</th>
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<tr>
<td>Inductive</td>
<td>Deductive</td>
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<tr>
<td>- Initial open coding</td>
<td>CVF</td>
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<tr>
<td>- Iterative process to form categories</td>
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Results

The collaborate function of management: Enhancing commitment and cohesion.
• Enhancing commitment to project goals.
• Improving team cohesion

The control function of management: enhancing efficient use of resources.
• Enhancing planning and coordination skills
• Improving ability to review progress

The create function of management: Promoting change and adaptability.
• Unmasking existing resources for health needs
• Becoming more adaptable to client needs

The compete function of management: attaining set goals.
• Defining and attaining specific project goals
• Improving confidence in decision-making
The creative function of management

“One thing I have learned is to be creative. I used to be somebody who would sit and complain about the government and the district. But now I am more concerned, I have come to appreciate that it’s my responsibility to ensure the proper running of the facility. For example, putting in place a duty roster that is agreed upon by all staff, has helped us to ensure that we always have at least one midwife on duty because of the high number of deliveries. We are also teaching other staff to handle other maternity issues like health education.”

- Health facility manager 4
Conclusions

• Strong health management systems are core to the strengthening of health systems

• Health managers’ strengthening
  • Is a complex phenomenon that requires different perspectives and stakeholders working in synergy not withstanding emerging conflict

• Health managers capacity and the approaches to strengthen it in LICs are still weak
  • Especially at sub-national level

• PAR enhanced Managers’ abilities to collaborate with others and be creative
  • Expanded interaction spaces
  • Openness, practice opportunities, promotion of local ideas and solutions, and challenging of the status quo

• PAR enhanced managers abilities the “compete” and “control”
  • Empowerment of managers to better plan, coordinate and implement activities.
  • Opportunities to monitor and review project activities sharpened the managers’ capacity in analytical reflection and accountability
Conclusions

- PAR is recommended for complex, systems strengthening interventions
  - Local capacity development
  - Increased chances of continuity
  - Increased local relevance of the interventions

- PAR considerations
  - Time intensive
  - Intensive and prolonged engagement
  - Uncertainty
  - Conflict
    - PAR provides opportunities to deal with the conflicts-transforming them to change ingredients.

- Non-participatory approaches are still relevant - i.e. experimental studies or those that require strict control of procedures to prove concepts and ideas.
Q&A with Ligia and Moses

Ligia Paina, Johns Hopkins University Bloomberg School of Public Health, USA

Moses Tetui, Makerere University School of Public Health, Uganda
Panel Discussion

Elizabeth Ekirapa-Kiracho, Makerere University
School of Public Health, Uganda

Shehrin Shaila Mahmood, International Centre for
Diarrhoeal Disease Research (ICDDR,B), Bangladesh

Upasona Ghosh, IIHMR University, India
Find out more...

Supplement recently released in BMC Health Research Policy and Systems:

Thank you for joining us!