What Works and How Do We Know What Works: Challenges and Approaches

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What Works and How Do We Know What Works: Challenges and Approaches

- The nature of the challenge
- Evidence, contextual knowledge and experience
- Program Impact Pathways
- Overview of Micronutrient Program Tools

The Nature of the Challenge

Current State of Knowledge

Limited evidence exists on “how” to transform interventions of known efficacy in controlled settings into programs delivered at scale in a variety of country-specific contexts. Addressing this gap would help use resources more effectively by bringing evidence into policy-making, program design, and subsequent program evaluation and refinement.

Innocenti Draft Report, p8.

At-Scale Implementation
What Kind of Challenge Is It?

Simple

- Few components
- Predictable
- Controllable
- Transferable

"Recipe"

Complicated

- Many components
- Highly integrated
- Predictable
- Transferable

"Blueprint"

- No blueprint
- Individuality
- Emergent issues & surprises
- Internal & external influences
- Continuous feedback & adjustment
- Processes are transferable, not interventions alone

Complex

Contextual

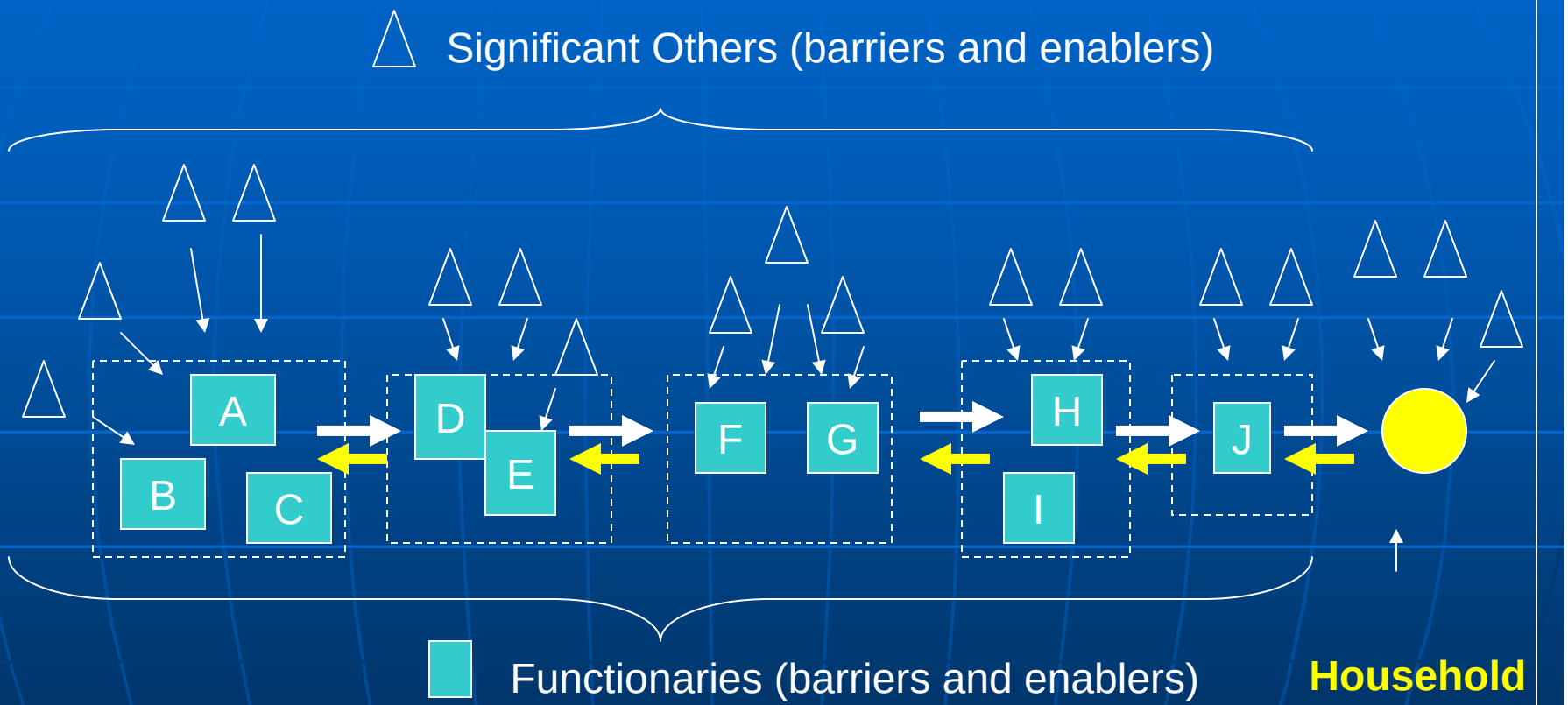
The Real World

Contextual

- Multi-stakeholder
- Diverse views, goals, strategies
- Unequal power
- Needs coordination, feedback, adjusting
- Needs flexible leadership

Source: Westley et al. *Getting to Maybe. 2007*

Complexity and Multiple Stakeholders in the Delivery and Support Systems for Sprinkles (Kyrgyzstan)



Why Is Large-Scale Implementation So Difficult?

- *Implementation involves long, complex, interdependent and contingent causal pathways and assumptions in organizations, communities and households*
- *Multiple, divergent and dynamic actors and interests at multiple admin levels*
- *Limited capacity for delivery, mgt and promoting high levels of utilization and compliance*
- *Most mgt systems designed for 'command and control' rather than "adaptive management" based on feedback and local understanding*
- *Under-investment in obtaining quality information on measurable features of implementation*
- *Under-utilization of systematized local knowledge & experience*

Summary of Overarching Issues from Innocenti

1. Key stakeholders share common goals but lack the leadership needed to coordinate priority-setting, advocacy, and action.
2. Stakeholder groups within the micronutrient community do not communicate effectively with one another.
3. Stakeholders have misaligned and often competing priorities and approaches at both global and country levels. This has impeded coordinated actions and slowed progress in achieving common goals.
4. The mi… …ith the broade…
5. The m… …ntial of private… … to improv… …rms.
6. Countr… …ss needs … …naking.
7. Weak program monitoring, evaluation, and documentation have hindered efforts to strengthen programs, advocacy, accountability, and guidance to country-level managers.
8. Achieving micronutrient goals is impeded by the overall paucity of nutrition funds.
9. Limited nutrition research funding directed to implementation research restricts our understanding of how best to design, manage, implement, evaluate, and finance micronutrient programs at scale.

- **Six of the Nine Overarching Issues Have Little or Nothing to Do With Evidence**
- **They Deal With Stakeholder Alignment, Decision Processes and Relationships**
- **Evidence Will Not Address These**

The Role of Evidence in the Policy Process

Many Actors with Competing Goals, Perspectives, interests, Mandates

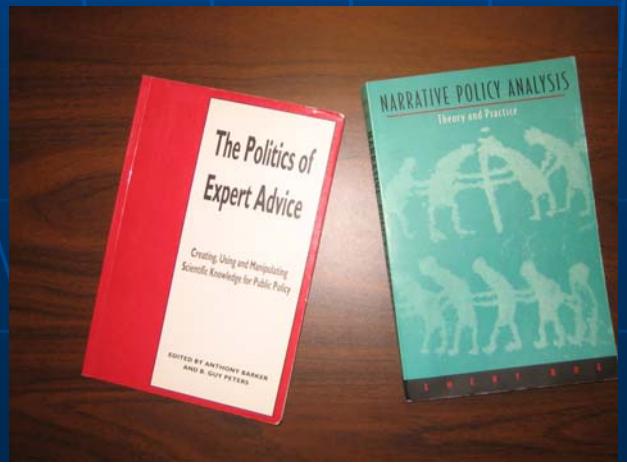
Preferences re. Priority Problems, Interventions, Strategies

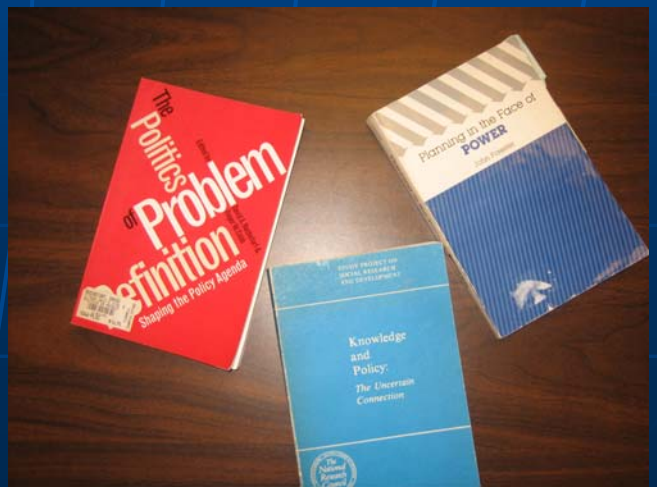
Fragmented, Incomplete, Contestable Evidence

Selective use of Information, Evidence, Arguments, Assumptions, Experts

Opportunistic & Unequal Access, Participation, Power, Resources, Influence

Fragmented Program & Policy Decisions & Actions

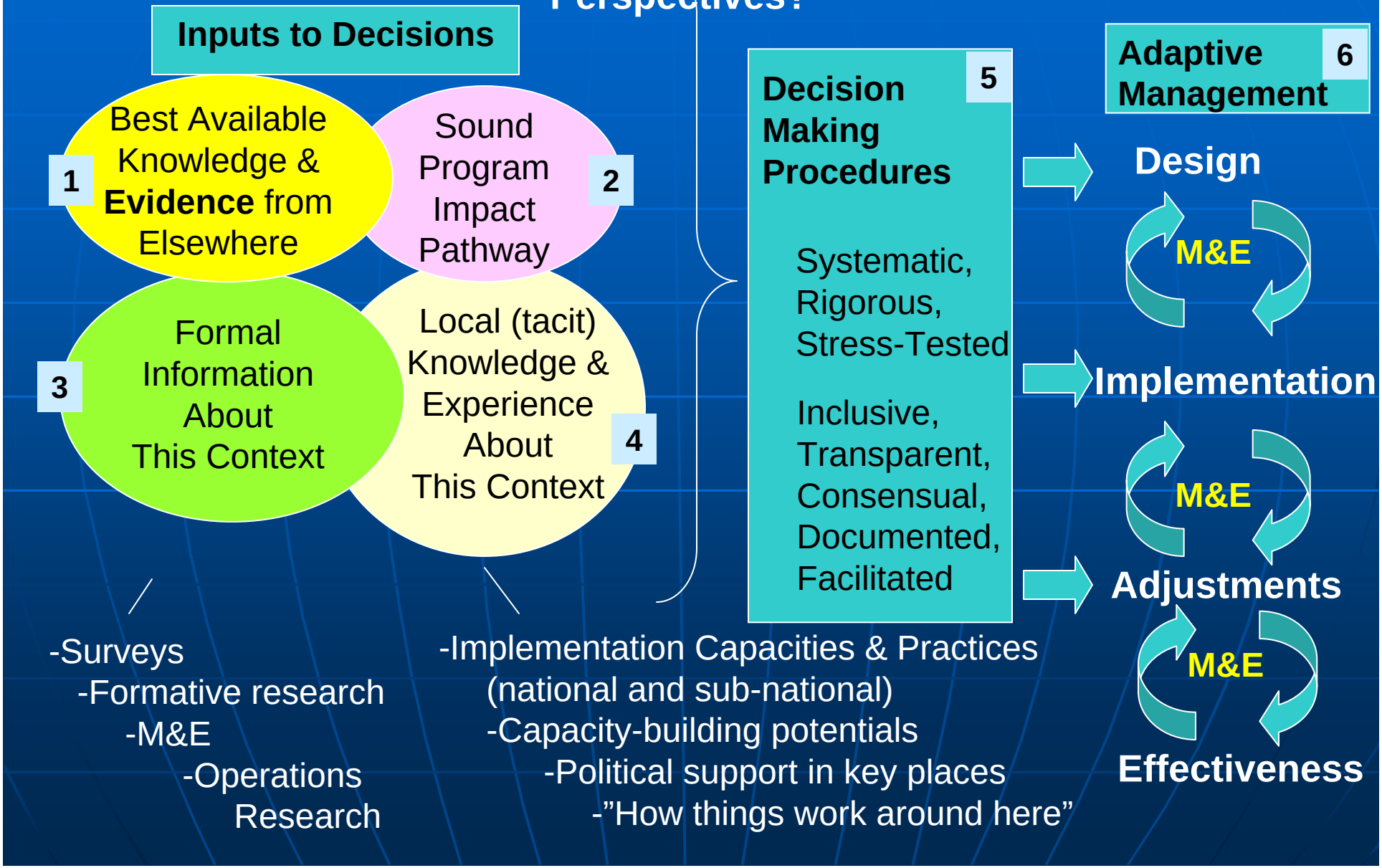




Evidence, Contextual Knowledge and Experience

What Should be Our Goal:

Strengthen Evidence or Facilitate Best Possible Decisions in the Face of Fragmentary Evidence and Diverse Interests and Perspectives?



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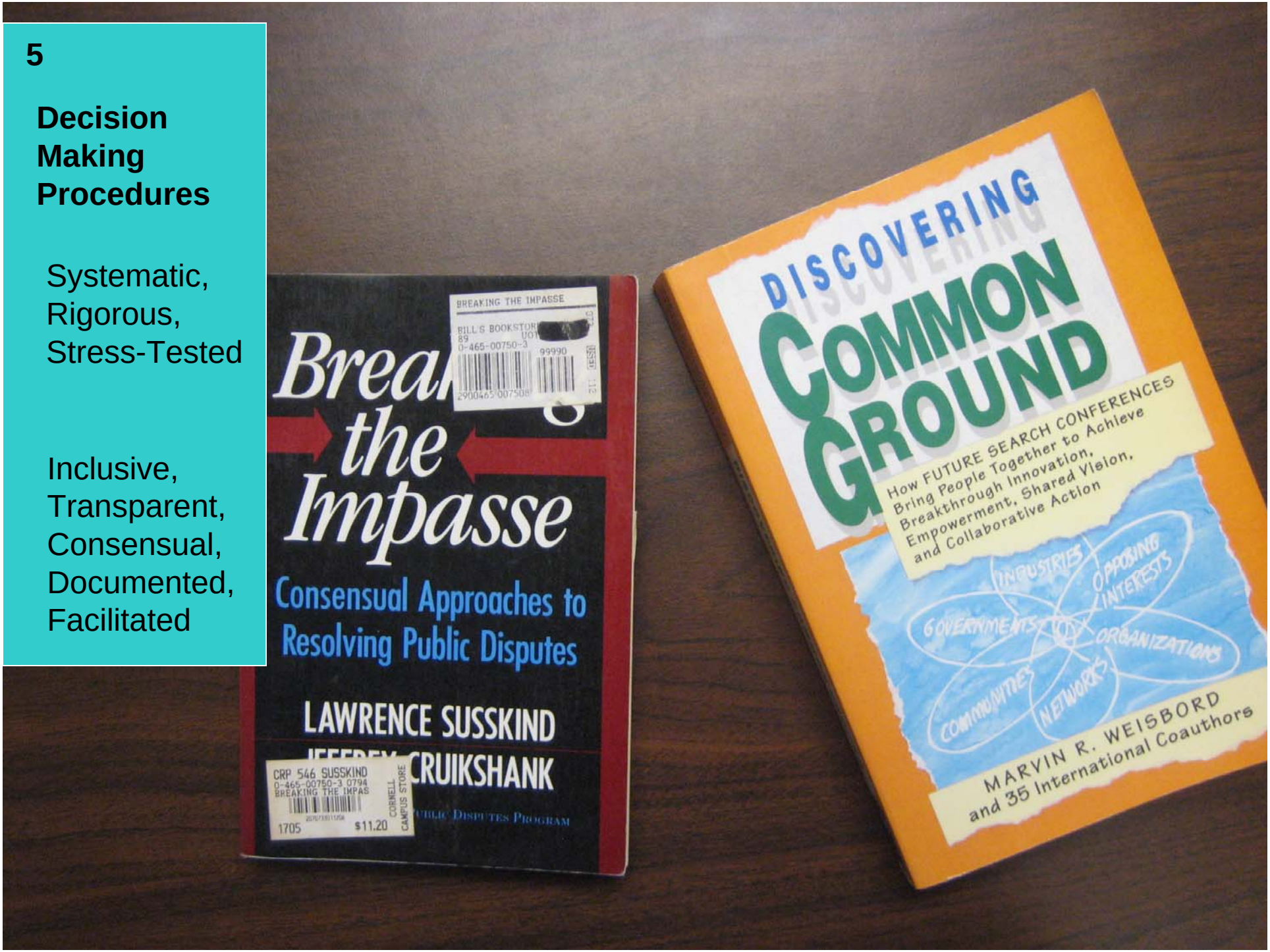
Decision Making Procedures

Systematic, Rigorous, Stress-Tested

Inclusive, Transparent, Consensual, Documented, Facilitated



Program Impact Pathways

Explicit vs Implicit

A Common Example: Training Health Workers to Counsel Mothers

The Goal:

Train Workers → Improved Counseling → Improved Feeding Practices

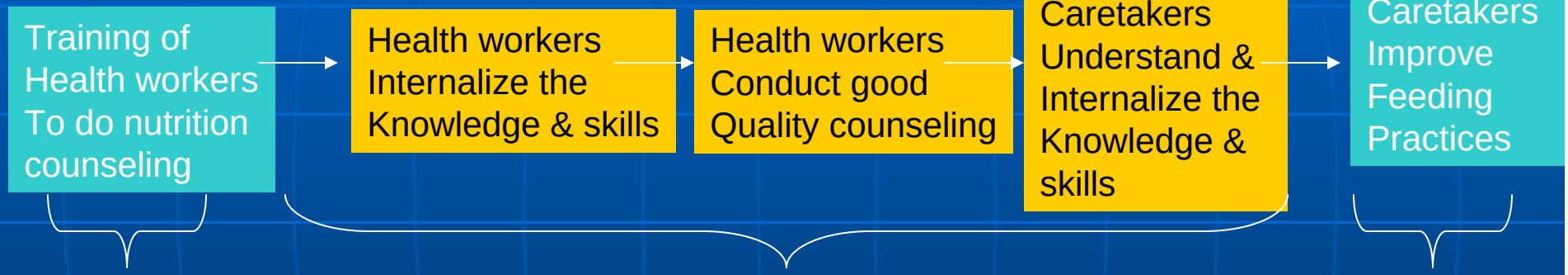
The Common Experience:

Train Workers → Little Change In Counseling → Little Change In Feeding Practices

Why?

Nutrition Example: BCC IYCF Component

Building a Program Impact Pathway, Step 1:
Specify Inputs and Desired Outcomes for Each Component

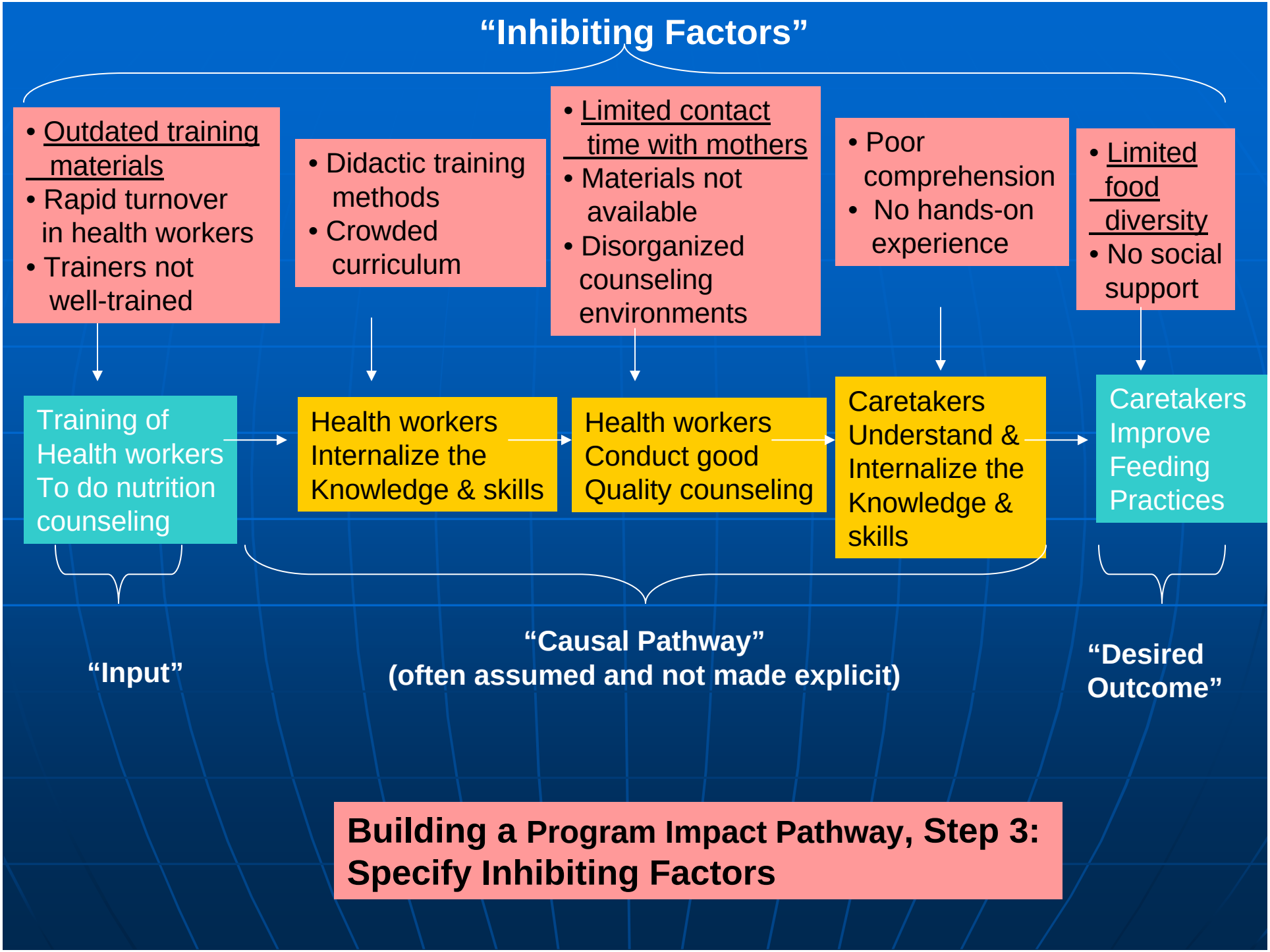


"Input"

"Causal Pathway"
(often assumed and not made explicit)

"Desired Outcome"

Building a Program Impact Pathway, Step 2: Specify the Causal Pathway


"Inhibiting Factors"
• Outdated training materials
• Rapid turnover in health workers
• Trainers not well-trained
• Didactic training methods
• Crowded curriculum
• Limited contact time with mothers
• Materials not available
• Disorganized counseling environments
• Poor comprehension
• No hands-on experience
• Limited food diversity
• No social support
Training of Health workers To do nutrition counseling
Health workers Internalize the Knowledge & skills
Health workers Conduct good Quality counseling
Caretakers Understand & Internalize the Knowledge & skills
Caretakers Improve Feeding Practices
"Input"
"Causal Pathway"
(often assumed and not made explicit)
"Desired Outcome"
Building a Program Impact Pathway, Step 3: Specify Inhibiting Factors

Importance of an Explicit Program Model and Assumptions: Results of a Meta-Analysis

	Outcomes for Assessing Effectiveness		
Training Method	**Teacher's Knowledge**	**Teacher's Skill**	**Teacher's Use of New Practices**
Lectures and Discussion	10%	5%	0
+ Demonstrations	30%	20%	0
+ Practice and Feedback	60%	60%	5
+ Coaching in the Classroom	95%	95%	95%

Fixsen, D.L., et al., *Implementation research: A synthesis of the literature.* 2005, National Implementation Research Network: Tampa, FL.

Implications

1. The design of programs must incorporate systematized local knowledge and experience, in addition to external knowledge & evidence
2. The implementation and management of programs must prioritize on-going M&E and Quality Assurance Procedures, to support central as well as decentralized adjustments and improvements
3. There is a political dimension to all these decisions (at the inter-personal and organizational levels), that must be addressed through systematic decision making processes
4. Documentation of 'what works' must give attention to the quality of these processes, in addition to 'hard indicators' such as coverage and utilization

Overview of the Micronutrient Program Tools

The Micronutrient Program Tools

- Program Assessment Guide (PAG)
- Program Documentation Guide (PDG)

Program Assessment Guide (PAG)

Processes

Participatory Procedures To Strengthen:

- The Systematic Integration Of Evidence, Contextual Knowledge & Experience
- Shared understanding, commitment, ownership, motivation & capacity to advance the micronutrient agenda
- Links with the broader nutrition and health agendas

Outputs

1. Action Plan to Address Barriers & Enablers
2. Operations Research Agenda
3. Issues for Inclusion in M&E
4. Strategic Plan to Build Support & Sustainability

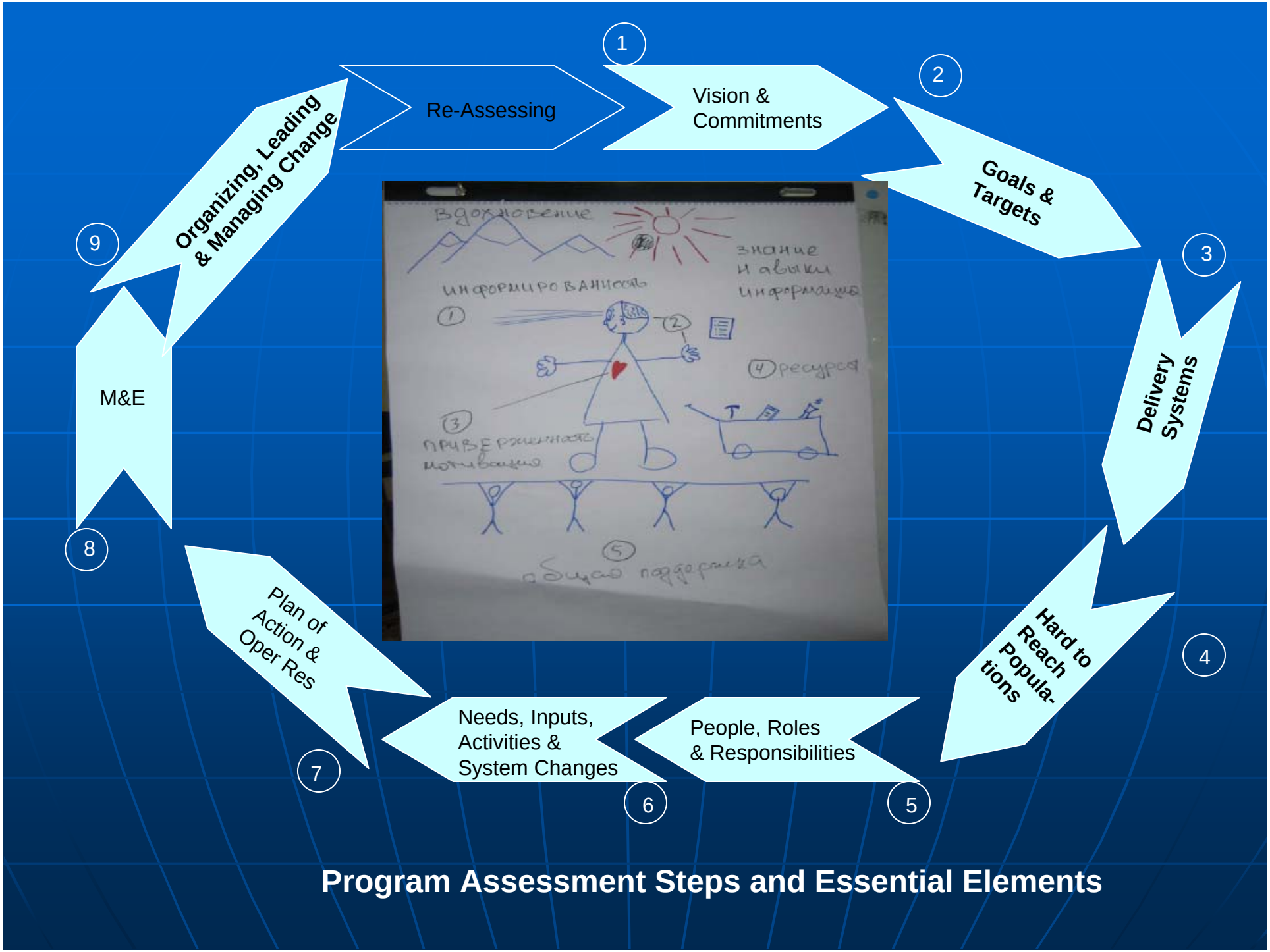
Micronutrient Program Assessment Guide

Laying the Groundwork

STEP 1: Where Are We Now?
STEP 2: Where Do We Want to Be?
STEP 3: Delivery and Support Systems
STEP 4: Hard to Reach Populations
STEP 5: People, Roles, Responsibilities

Micronutrient Program Assessment Guide

- **Building a Program**
- STEP 6: Needs, Inputs, Activities and System Changes
- STEP 7: Action Planning and Operations Research
- **Building Support Systems and the Enabling Environment**
- STEP 8: Monitoring and Evaluation
- STEP 9: Organizing, Leading and Managing Change



Program Assessment Steps and Essential Elements

Program Documentation Guide (PDG)

Overall Goal:

Improve the quality and comparability of information on the design, implementation and performance of national or large scale micronutrient programs.

Specific Objective:

Provide a consistent framework for use by global partners and country teams (or consultants) in order to assess:

1. the robustness of the “stated” program design, delivery systems, management systems and sustainability systems
2. the quality, extent, barriers and enablers of implementation, management and sustainability
3. the potentially transferable innovations and good practices in relation to implementation, management and sustainability
4. the adequacy of currently available documentation concerning (1-3) above
5. The extent to which local or tacit knowledge concerning (1-3) is shared among program stakeholders

Program Documentation Guide

Program Dimension	Frameworks
1a. Robustness of stated program design	Stress test the explicit or implicit program model
1b. Robustness of stated delivery system	Potter and Brough (2004)
1c. Robustness of stated management system	Mgt Sciences for Health (2003,4; Nutley 2003)
1d. Robustness of stated sustainability activities	Olsen (1998); CORE Group (2004); Laviolette & Manar (2008)
2a. Quality and extent of actual implementation; barriers & enablers	Effective coverage (WHO) Faillace (2008)
2b. Quality of actual mgt systems	Same as 1c
2C. Quality of actual sustainability	Same as 1d
3. Innovations & good practices	Houston & Pelletier (2008)
4. Adequacy of available documentation re. 1-3	TBD
5. Shared local/tacit knowledge among program stakeholders re 1-3	TBD

Planned and Potential Next Steps for the Micronutrient Program Tools

1. Complete the testing in four countries (2009)
2. Finalize the guides in concert with global partners and country implementers (2009)
3. Develop plans for dissemination, training and technical support in their use at country level (2010)
4. Identify a 'home' in a global organization to maintain a database of documented programs and recurrent implementation issues based on the PDG and PAG (2010)
5. Establish a global operations research fund to address recurrent issues identified across countries

SATELLITE SESSION
Micronutrient Program Tools
WEDNESDAY, 6:00 P.M. Room TBD

Thank You