Including Stakeholders in Planning

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In a state with the resource limiter setting, we were requested to do a project to understand what are the problems for childhood illnesses and deaths. What are the intervention that could be taken up that are effective. So, it was divided into three parts. The first part was formative study, which would be able to provide us the insights—how, or what, intervention should we design?

Because the interventions were not decided, and the order context was not decided, we were delayed in the implementation of formative phase. Like, we did not know what to cover. We did not know what part of the childhood illnesses should we address in the formative study while we were doing the collection.

Because we were delayed, we were already near by the deadline of finishing the formative study, so we had to do it in a very short span of time. Because we had a very limited time, we could not plan it appropriately. The [INAUDIBLE] was almost absent. The tools were designed in a hurry. The training per year was literally shorter. So, when the results came, the quantitative component of the baseline assessment on the formative study was really very bad. It was in such a shape that we could not analyze it and make meaningful contribution. Now we were in problem.

Additionally, what we could do at the time was conducting the death autopsy of all childhood deaths that occur in a reasonable time frame. Because we could do it, we analyzed it programmatically. And then it was utilized. So basically, this quantitative component, which was virtually absent in the formative phase, was replaced by the understanding of the causes of deaths among these 0 to 5 age group, was utilized as a baseline.

This saved the face as on time. But it left us with very great learning lessons. And the learning lessons are please consult your program staff before you start the work. If they are delaying your work, please push it appropriately. If they do not design what interventions, or in what way they want the program to run, it is not possible for you to design baseline as well as inline studies. So please push them if they are not on time because ultimately you would be delayed.

Second, even if you are delayed, spend adequate time on planning, training, and supervising the collection effort. And not to mention analyzing as well. If you do not do this your baseline would be useless. If your baseline is useless, you won't be able to compare with your inline assessment. So basically, you won't know what happened-- what is the impact of the program running activities.

And third, which is very important message for us, was if possible, if the conditions allow, try to have plan B. Here, the quality was as went, in which we could do the data analysis, saved our face. It provided a lot of information to us, which was utilizing the program interventions, as well as, we University of Washington Department of Global Health E-Learning Program

had something to show in baseline. So please be aware of that.