<https://www.tdrmooc.org/courses/course-v1:TDR+IR+2016/courseware/b97676e54fa34c038d1429ab8c0aee66/8c04c582d18444bfa1abbea7e909a369/>

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**Introduction**

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**Introduction**

0

00:00:04,383 --> 00:00:07,383

Welcome to module two of the five modules

1

00:00:07,583 --> 00:00:11,395

of a massive open online course on implementation research

2

00:00:11,602 --> 00:00:13,427

developed by the Special Programme for

3

00:00:13,664 --> 00:00:15,914

Research and Training in Tropical Diseases.

4

00:00:16,114 --> 00:00:19,114

This module will take you through how to assess the diversity

5

00:00:19,314 --> 00:00:21,659

of context and settings

6

00:00:21,859 --> 00:00:24,859

in your implementation research projects.

7

00:00:25,059 --> 00:00:29,268

Hello, my name is Pascale Allotey, professor of public health,

8

00:00:29,481 --> 00:00:32,431

head of global public health, and associate director

9

00:00:32,631 --> 00:00:34,916

of the South East Asia Community Observatory

10

00:00:35,116 --> 00:00:37,665

at the Monash University campus in Malaysia

11

00:00:37,865 --> 00:00:41,115

As you may recall, module one introduced you

12

00:00:41,315 --> 00:00:44,228

to some of the key concepts of implementation research,

13

00:00:44,415 --> 00:00:47,728

and provided some key definitions and some memorable case studies.

14

00:00:47,928 --> 00:00:50,928

Building on the overview,

15

00:00:51,128 --> 00:00:54,128

one of the biggest challenges of implementation research is

16

00:00:54,328 --> 00:00:56,578

the diversity of the context in which

17

00:00:56,765 --> 00:00:58,961

implementation is supposed to occur.

18

00:00:59,161 --> 00:01:02,686

Context is often the important reason why, for instance,

19

00:01:02,886 --> 00:01:05,886

a project that may be successful in one place

20

00:01:06,086 --> 00:01:07,898

can fail miserably in another.

21

00:01:08,098 --> 00:01:11,098

Context is also one of the most important and underestimated,

22

00:01:11,298 --> 00:01:14,736

and yet most complex areas to understand,

23

00:01:14,936 --> 00:01:17,611

in undertaking implementation research.

24

00:01:17,811 --> 00:01:20,811

The module will be presented to you by my colleagues,

25

00:01:21,011 --> 00:01:24,011

Bill Brieger and Uche Amazigo.

26

00:01:24,211 --> 00:01:26,734

Here is a quick illustration.

27

00:01:26,934 --> 00:01:30,655

We all live in a complex social, biological,

28

00:01:30,897 --> 00:01:33,009

political, and economic ecosystem.

29

00:01:33,209 --> 00:01:37,195

This means that we're influenced by external factors.

30

00:01:37,395 --> 00:01:41,655

As individuals, we belong to households, neighborhoods,

31

00:01:41,855 --> 00:01:45,980

cultures, and religions; all with particular values and belief systems,

32

00:01:46,180 --> 00:01:48,230

rules, regulations, and so on.

33

00:01:48,430 --> 00:01:51,430

And these, in turn, dictate and determine

34

00:01:51,630 --> 00:01:54,030

the infrastructure and processes

35

00:01:54,217 --> 00:01:57,542

that facilitate or hinder the delivery of interventions.

36

00:01:57,742 --> 00:02:01,142

And these rely on people, various stakeholders,

37

00:02:01,342 --> 00:02:05,287

service providers, policy makers, and so on,

38

00:02:05,487 --> 00:02:09,403

who have the power and the resources to make things happen or not.

39

00:02:09,603 --> 00:02:13,214

How well all these align can make or break

40

00:02:13,414 --> 00:02:15,551

successful and sustained implementation

41

00:02:15,751 --> 00:02:18,101

of efficacious interventions.

42

00:02:18,301 --> 00:02:19,688

In this module,

43

00:02:19,888 --> 00:02:22,888

Professor Bill Brieger and Professor Uche Amazigo

44

00:02:23,088 --> 00:02:26,676

will take you, systematically, through how to assess

45

00:02:26,876 --> 00:02:30,851

the context in which your intervention needs to be implemented

46

00:02:31,051 --> 00:02:34,288

as a key component of implementation research.

47

00:02:34,551 --> 00:02:37,251

By the end of the module, you should be able to

48

00:02:37,451 --> 00:02:40,663

demonstrate how implementation research

49

00:02:40,863 --> 00:02:43,863

needs are derived from programme settings,

50

00:02:44,063 --> 00:02:45,989

contexts, and experiences,

51

00:02:46,189 --> 00:02:50,868

and how to use these to design an implementation research project.

52

00:02:51,068 --> 00:02:53,543

By the end of the first chapter

53

00:02:53,743 --> 00:02:57,835

you should be able to define how settings and contexts

54

00:02:58,035 --> 00:03:02,690

influence implementation research through undertaking a needs assessment

55

00:03:02,890 --> 00:03:07,096

After chapter two, you will be able to describe

56

00:03:07,296 --> 00:03:10,296

the methods and data sources used to determine

57

00:03:10,496 --> 00:03:12,946

implementation research needs

58

00:03:13,146 --> 00:03:16,035

in specific local settings and contexts.

59

00:03:16,235 --> 00:03:19,473

Chapter three will help you to prioritize and formulate

60

00:03:19,673 --> 00:03:23,792

research questions focused around appropriate interventions

61

00:03:23,992 --> 00:03:26,522

given the context in which you're working.

62

00:03:26,722 --> 00:03:29,722

And chapter four provides some concrete examples

63

00:03:29,922 --> 00:03:32,660

of implementation research needs assessments

64

00:03:32,860 --> 00:03:35,860

through different settings and contexts.

65

00:03:36,060 --> 00:03:40,459

Uche and Bill leave you with some assessment exercises

66

00:03:40,659 --> 00:03:43,659

that will get you thinking critically

67

00:03:43,859 --> 00:03:46,222

about factoring the diversity of settings

68

00:03:46,422 --> 00:03:49,422

into the way you conceptualize and design

69

00:03:49,622 --> 00:03:51,700

your implementation research.

70

00:03:51,900 --> 00:03:54,067

Best of luck, and enjoy the module.

<https://www.tdrmooc.org/courses/course-v1:TDR+IR+2016/courseware/b97676e54fa34c038d1429ab8c0aee66/ee3f5777a7484ad588c361f1b9ad8e27/?child=first>

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**Settings and context for identifying IR needs**

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**Objectives**

To define how settings and context influence IR needs through needs assessment:

* Inner and outer settings
* Health systems
* Stakeholders
* Missed goals and targets

**Settings and context for identifying IR needs**

0

00:00:04,669 --> 00:00:08,012

Hello, and welcome to the second module

1

00:00:08,212 --> 00:00:11,845

in our course on implementation research.

2

00:00:12,020 --> 00:00:15,002

In the first module you learned about the overview

3

00:00:15,202 --> 00:00:17,751

of what implementation research is about.

4

00:00:17,951 --> 00:00:21,325

When we're doing implementation research we will be trying

5

00:00:21,525 --> 00:00:25,234

to decide on what important issues need to be studied,

6

00:00:25,434 --> 00:00:27,354

what interventions need to be tried.

7

00:00:27,554 --> 00:00:31,129

And so we need a needs assessment to learn about,

8

00:00:31,329 --> 00:00:34,497

what's going on with the programmes in our environment

9

00:00:34,697 --> 00:00:38,819

so that we can design good implementation research.

10

00:00:39,019 --> 00:00:45,675

In this module I'll be joined with Uche Amazigo, who is right now

11

00:00:45,888 --> 00:00:51,293

a Professor at the Nnamdi Azkiwe University in Nigeria.

12

00:00:51,493 --> 00:00:54,684

She was formerly the Director of the African Programme

13

00:00:54,919 --> 00:00:57,559

for Onchocerciasis Control. And I'm Bill Brieger,

14

00:00:57,759 --> 00:01:01,671

Professor at Johns Hopkins Bloomberg School of Public Health,

15

00:01:01,871 --> 00:01:03,844

the International Health Department.

16

00:01:04,068 --> 00:01:05,832

So thank you for joining us.

17

00:01:06,032 --> 00:01:10,658

One thing to remember about implementation research

18

00:01:10,858 --> 00:01:13,359

is that it's done in a context.

19

00:01:13,559 --> 00:01:18,144

And from the diagram, we can see that the context includes

20

00:01:18,394 --> 00:01:21,959

the outer setting, the broader social, political

21

00:01:22,159 --> 00:01:25,515

and economic environment in which our programmes operate.

22

00:01:26,413 --> 00:01:31,132

We have our inner setting, which includes all of the aspects

23

00:01:31,332 --> 00:01:33,353

of the service delivery organization

24

00:01:33,553 --> 00:01:35,594

and the people that they serve.

25

00:01:35,794 --> 00:01:40,113

We then of course, are concerned about the people themselves

26

00:01:40,313 --> 00:01:43,101

who they are, the individuals involved,

27

00:01:43,301 --> 00:01:48,742

including the beneficiaries, policy makers, programme implementers.

28

00:01:48,982 --> 00:01:52,518

And finally we have a process that we go about.

29

00:01:52,718 --> 00:01:56,797

Again, even though this is not like basic laboratory research,

30

00:01:56,997 --> 00:02:01,049

we still have to go through steps in an orderly way

31

00:02:01,249 --> 00:02:05,493

so that we know that the product we get out of the research is valid.

32

00:02:05,693 --> 00:02:07,203

And, of course, one of the first steps

33

00:02:07,403 --> 00:02:09,540

as we're going to be talking about in this module

34

00:02:09,740 --> 00:02:12,981

is collecting information that we need to make decisions

35

00:02:13,169 --> 00:02:16,643

about the kind of implementation that we're going to do.

36

00:02:17,497 --> 00:02:19,745

Here we see an example of the outer setting,

37

00:02:19,945 --> 00:02:21,839

the economic context.

38

00:02:22,039 --> 00:02:25,088

Here we have a market in a small town in Nigeria.

39

00:02:25,288 --> 00:02:28,671

But, again, people earn their living by farming.

40

00:02:28,871 --> 00:02:31,674

They may be a poor community, and as you recall,

41

00:02:31,874 --> 00:02:36,831

we're doing our modules about the infectious diseases of poverty.

42

00:02:37,031 --> 00:02:39,471

So we do need to consider those factors

43

00:02:39,671 --> 00:02:42,272

when we are designing interventions.

44

00:02:42,472 --> 00:02:44,212

We want to make sure that they are adapted

45

00:02:44,412 --> 00:02:48,828

to that local environment, where the programmeis being carried out.

46

00:02:49,378 --> 00:02:53,475

We recognize, of course, there are national as well as global policies

47

00:02:53,675 --> 00:02:56,273

that influence how the programme is carried out.

48

00:02:56,473 --> 00:03:00,191

Funding, of course, comes from national level,

49

00:03:00,391 --> 00:03:03,035

from Ministries of Health, international level

50

00:03:03,235 --> 00:03:05,126

through things like the Global Fund.

51

00:03:05,326 --> 00:03:07,981

So this again, is part of the broader environment.

52

00:03:08,181 --> 00:03:11,014

And then there's the broader policy or legal environment

53

00:03:11,214 --> 00:03:13,438

that makes it possible to deliver services,

54

00:03:13,977 --> 00:03:17,472

that sets the guidance, the technical guidance also,

55

00:03:17,672 --> 00:03:19,365

of how we deliver our programmes.

56

00:03:20,852 --> 00:03:23,208

Again, one thing we're concerned about

57

00:03:23,470 --> 00:03:25,671

from the external environment, whether it's

58

00:03:25,913 --> 00:03:27,858

a national level or the global level,

59

00:03:28,040 --> 00:03:31,639

is that our programmes are held accountable.

60

00:03:31,839 --> 00:03:34,726

If funding is being provided, there is this accountability

61

00:03:34,926 --> 00:03:37,627

and so that influences the evaluation.

62

00:03:37,827 --> 00:03:40,996

And again, what we're looking for is are we reaching our targets,

63

00:03:41,196 --> 00:03:43,236

which is part of the evaluation.

64

00:03:43,436 --> 00:03:45,998

The inner setting, as we can see here

65

00:03:46,198 --> 00:03:50,630

a small health center in Southeastern Nigeria,

66

00:03:50,955 --> 00:03:53,448

where women can come for antenatal care,

67

00:03:53,626 --> 00:03:55,481

where they can bring children for vaccinations.

68

00:03:55,681 --> 00:03:58,340

People who have common illnesses can come for treatment.

69

00:03:58,540 --> 00:04:01,184

And, if we're fortunate, we can have staff there

70

00:04:01,384 --> 00:04:03,643

who reach out and train community health workers

71

00:04:03,843 --> 00:04:06,558

to extend access to services.

72

00:04:06,819 --> 00:04:09,758

So what we're concerned about is what goes on

73

00:04:09,963 --> 00:04:12,082

in these service delivery settings.

74

00:04:12,557 --> 00:04:16,117

Inside, you know, the personnel, the resources they have,

75

00:04:16,317 --> 00:04:21,088

and again, the interaction with the community and the beneficiaries.

76

00:04:21,982 --> 00:04:26,696

Each organization has its own culture, the way people do things,

77

00:04:26,896 --> 00:04:29,116

the way they interact with each other,

78

00:04:29,316 --> 00:04:32,240

things that they value, and we want to take that

79

00:04:32,440 --> 00:04:37,024

into account when we're designing appropriate implementation research.

80

00:04:37,224 --> 00:04:40,247

So, again, our needs assessment is to learn about

81

00:04:40,447 --> 00:04:41,767

these various factors.

82

00:04:43,369 --> 00:04:46,700

We want to be sure that in the organization itself

83

00:04:46,900 --> 00:04:51,080

that the people from the leadership to the frontline implementers

84

00:04:51,280 --> 00:04:54,571

are ready to change, are willing to change

85

00:04:54,771 --> 00:04:57,538

in order to improve their service delivery.

86

00:04:58,350 --> 00:05:01,877

And we're also concerned about the clients,

87

00:05:02,113 --> 00:05:03,913

the consumers, the community members,

88

00:05:04,113 --> 00:05:06,801

the beneficiaries, however you want to call them.

89

00:05:07,001 --> 00:05:11,212

But again, if we do not offer a service that they appreciate

90

00:05:11,437 --> 00:05:14,215

or that they have access to, then we will still not

91

00:05:14,415 --> 00:05:15,667

be reaching our targets.

92

00:05:15,867 --> 00:05:19,591

So we definitely want to look carefully at this

93

00:05:19,769 --> 00:05:21,405

and gather information.

94

00:05:21,587 --> 00:05:23,983

It's important to stress that implementation research

95

00:05:24,183 --> 00:05:30,572

happens in a real-life setting, under real-life conditions

96

00:05:30,772 --> 00:05:34,526

within the routine delivery of services

97

00:05:34,726 --> 00:05:37,573

Again, this may be a service to provide

98

00:05:37,773 --> 00:05:39,744

intermittent preventive treatment of malaria

99

00:05:39,944 --> 00:05:42,884

for pregnant women, or it may be at the community level

100

00:05:43,069 --> 00:05:45,367

where we're doing community case management

101

00:05:45,567 --> 00:05:47,946

for common childhood illnesses.

102

00:05:48,146 --> 00:05:52,510

But we are looking at real-life programmes in real-life settings

103

00:05:52,710 --> 00:05:56,083

to find out what works and trying new interventions

104

00:05:56,283 --> 00:05:59,496

to make things work better, to give access to more people.

105

00:06:00,531 --> 00:06:04,900

So we want to take into account the prevailing conditions

106

00:06:05,100 --> 00:06:08,879

but again, as we said, from the external environment

107

00:06:09,079 --> 00:06:13,629

the political, social, economic, the local culture

108

00:06:13,829 --> 00:06:19,148

and adapt programmes to fit this environment.

109

00:06:19,348 --> 00:06:22,446

Now, in some research we're worried about external validity

110

00:06:22,646 --> 00:06:25,267

but if we're trying to do implementation research

111

00:06:25,467 --> 00:06:29,388

to improve the delivery of services in a particular setting

112

00:06:29,588 --> 00:06:32,601

we want it to actually work in that setting.

113

00:06:32,801 --> 00:06:35,595

So this is our challenge: to be real-life.

114

00:06:36,900 --> 00:06:40,921

Again, when we're talking about who is doing this

115

00:06:41,121 --> 00:06:45,110

yes, there maybe a core team of researchers

116

00:06:45,310 --> 00:06:47,732

but they don't operate alone.

117

00:06:47,932 --> 00:06:52,363

We need involvement for all of those who are designing

118

00:06:52,563 --> 00:06:56,710

managing, and using the programmes.

119

00:06:57,685 --> 00:07:01,380

Again, whether this might be a programme for distributing

120

00:07:01,580 --> 00:07:05,749

ivermectin to prevent river blindness or onchocerciasis.

121

00:07:06,538 --> 00:07:08,949

Whether this is a programme to distribute bed nets

122

00:07:09,149 --> 00:07:12,802

to prevent lymphatic filariasis or malaria,

123

00:07:13,002 --> 00:07:16,365

we want to bring in all parties to find out

124

00:07:16,565 --> 00:07:18,274

what is working, what is not working,

125

00:07:18,474 --> 00:07:22,139

and how we can design and try something better.

126

00:07:22,339 --> 00:07:26,289

So again, getting information from various sources to learn about this.

127

00:07:26,489 --> 00:07:31,174

So what we want to do in this module is to facilitate

128

00:07:31,374 --> 00:07:35,666

your learning about how do you analyze the context

129

00:07:35,866 --> 00:07:38,744

that you're going to be working in and researching in?

130

00:07:38,944 --> 00:07:42,043

How do you engage all the stakeholders,

131

00:07:42,243 --> 00:07:44,835

from the policy makers to the community members

132

00:07:45,035 --> 00:07:48,930

so that the programme is realistic for all of their needs?

133

00:07:50,170 --> 00:07:53,939

We want to get everyone's opinion about what are the bottlenecks

134

00:07:54,139 --> 00:07:57,681

that maybe affecting our current interventions.

135

00:07:57,881 --> 00:08:00,969

And then we want to get people's ideas

136

00:08:01,175 --> 00:08:03,942

and help design an intervention that we can test

137

00:08:04,142 --> 00:08:06,621

through implementation research.

138

00:08:06,821 --> 00:08:10,549

This is the key issue, that unless we get good information

139

00:08:10,749 --> 00:08:13,918

we won't have a good design to test.

140

00:08:14,672 --> 00:08:19,578

Again, we cannot stress too often the need to involve

141

00:08:19,778 --> 00:08:23,375

all of the stakeholders, all of the key parties

142

00:08:23,575 --> 00:08:28,107

from the policy makers, programme managers, implementing staff,

143

00:08:28,307 --> 00:08:31,160

frontline health workers, community health workers,

144

00:08:31,360 --> 00:08:35,146

community leaders, community organizations,

145

00:08:35,346 --> 00:08:38,390

and of course, the beneficiaries themselves.

146

00:08:38,590 --> 00:08:41,309

So all of these people need to be involved in this process

147

00:08:41,509 --> 00:08:42,965

as we have said.

148

00:08:43,165 --> 00:08:46,042

We also, again, recognize that this process

149

00:08:46,267 --> 00:08:51,335

or the design of the intervention is an issue of strategies.

150

00:08:52,044 --> 00:08:55,286

Now we assume at the beginning of any programme

151

00:08:55,486 --> 00:08:58,800

that the people coming together to design that programme

152

00:08:59,000 --> 00:09:01,948

have a strategy, have a way of going about things.

153

00:09:02,148 --> 00:09:05,110

Have a rationale that they have figured out

154

00:09:05,310 --> 00:09:07,361

what kind of activities they will do,

155

00:09:07,561 --> 00:09:08,986

and what resources they will need.

156

00:09:09,186 --> 00:09:11,374

These strategies should be planned

157

00:09:11,574 --> 00:09:13,387

and they should be updated regularly.

158

00:09:14,262 --> 00:09:16,400

But there may be some unplanned things happening.

159

00:09:16,600 --> 00:09:19,675

There maybe changes in the funding level.

160

00:09:19,875 --> 00:09:22,056

There maybe changes in community response.

161

00:09:22,256 --> 00:09:24,555

And we may find that people have adapted

162

00:09:24,755 --> 00:09:26,646

or modified the original strategy.

163

00:09:26,846 --> 00:09:29,627

We want to learn all of these things about the process

164

00:09:29,827 --> 00:09:33,315

of the existing programmes and take that into account

165

00:09:33,544 --> 00:09:36,736

in designing new interventions, and again be very specific

166

00:09:36,961 --> 00:09:39,149

when we do that, what are the steps and processes

167

00:09:39,349 --> 00:09:44,256

that we're hoping to test in this new approach?

168

00:09:45,131 --> 00:09:48,986

One of the big challenges that we will be looking at

169

00:09:49,186 --> 00:09:52,955

when we're gathering information about existing programmes,

170

00:09:53,155 --> 00:09:55,358

in order to design new interventions

171

00:09:55,558 --> 00:09:57,290

is whether things are working?

172

00:09:57,490 --> 00:09:59,727

Whether we're reaching our targets?

173

00:09:59,927 --> 00:10:04,105

Let's look at the example of malaria.

174

00:10:04,708 --> 00:10:07,548

The Roll Back Malaria Partnership bringing together

175

00:10:07,748 --> 00:10:10,860

public sector, private sector, international organizations,

176

00:10:11,060 --> 00:10:15,551

many, many partners to try to achieve the goal

177

00:10:15,751 --> 00:10:17,733

of bringing down deaths from malaria

178

00:10:17,933 --> 00:10:20,120

and hopefully eventually eliminating it.

179

00:10:20,731 --> 00:10:22,699

So this partnership was formed in '98.

180

00:10:22,899 --> 00:10:26,781

In the year 2000, the African Heads of State

181

00:10:26,981 --> 00:10:31,294

and the Ministers for Health and related partners, NGOs,

182

00:10:31,469 --> 00:10:35,705

all gathered in Abuja and set targets for what all countries

183

00:10:35,905 --> 00:10:38,782

wanted to achieve by the year 2010.

184

00:10:39,413 --> 00:10:41,819

And that was basically a figure of 80 percent.

185

00:10:42,019 --> 00:10:45,611

They wanted to be sure that 80 percent of particularly

186

00:10:45,799 --> 00:10:48,100

vulnerable people like children under 5,

187

00:10:48,320 --> 00:10:50,469

or pregnant women were sleeping under bed nets

188

00:10:50,669 --> 00:10:54,023

They wanted to make sure that 80 percent of people

189

00:10:54,223 --> 00:10:58,615

when they got sick from malaria received the correct treatment,

190

00:10:58,815 --> 00:11:00,955

in a timely manner within 24 hours.

191

00:11:01,155 --> 00:11:03,747

They wanted to make sure that 80 percent of pregnant women

192

00:11:03,947 --> 00:11:08,957

got intermittent preventive treatment through their antenatal care.

193

00:11:09,796 --> 00:11:12,616

These targets were revised upwards a little bit.

194

00:11:12,816 --> 00:11:16,126

Some of the donors said let's aim for 85 percent.

195

00:11:16,326 --> 00:11:20,599

And then around 2009, the United Nations generally

196

00:11:20,799 --> 00:11:23,882

started talking about universal health coverage.

197

00:11:24,594 --> 00:11:27,663

And meaning that everybody should be protected by bed nets.

198

00:11:27,863 --> 00:11:30,159

Everybody should get appropriate malaria treatment.

199

00:11:30,484 --> 00:11:33,439

Well, let's just look at the question of the 80 percent,

200

00:11:34,482 --> 00:11:37,317

because that's, you know, our first challenge.

201

00:11:37,517 --> 00:11:43,483

So, from 2000 to 2010, was it possible for countries to meet that target

202

00:11:43,683 --> 00:11:46,855

given the intervention designs that they had?

203

00:11:47,055 --> 00:11:51,169

And those designs were largely through the existing health services.

204

00:11:51,369 --> 00:11:56,659

Distributing them at the services at clinics, the bed nets.

205

00:11:56,859 --> 00:12:00,053

There would be campaigns also for the bed nets.

206

00:12:00,253 --> 00:12:03,005

So the question is, did these interventions work?

207

00:12:03,922 --> 00:12:09,153

So the challenge we had is that we didn't really achieve

208

00:12:09,353 --> 00:12:11,449

our full coverage, because what we were hoping

209

00:12:11,649 --> 00:12:14,062

is that if we had achieved full coverage by 2010,

210

00:12:14,262 --> 00:12:17,897

and sustained that, the deaths would really, seriously drop.

211

00:12:18,110 --> 00:12:21,037

We can see here information that was available

212

00:12:21,237 --> 00:12:27,121

around this 2010 target year, maybe 2009, 2011,

213

00:12:27,321 --> 00:12:31,292

but basically around that time information was available

214

00:12:31,492 --> 00:12:34,902

through a number of sources that we'll talk about in a later chapter.

215

00:12:35,102 --> 00:12:39,343

This particular source is included in demographic and health surveys,

216

00:12:39,543 --> 00:12:43,799

National Health Information systems, but what we saw is that

217

00:12:43,999 --> 00:12:48,012

for one of the targets, pregnant women sleeping

218

00:12:48,212 --> 00:12:55,732

under bed nets every night, no place achieved the 80 percent goal.

219

00:12:56,201 --> 00:12:59,033

It was really a big challenge. And nobody could make it.

220

00:12:59,233 --> 00:13:02,589

We found similarly that the same thing for intermittent

221

00:13:02,789 --> 00:13:05,489

preventive treatment, for pregnant women.

222

00:13:05,689 --> 00:13:11,160

In fact, as we're recording now in 2016, that goal still has not been met.

223

00:13:11,974 --> 00:13:15,124

So there are some challenges, we are finding that

224

00:13:15,324 --> 00:13:19,801

mortality did drop because we did increase the number of people

225

00:13:20,001 --> 00:13:21,929

who had access to these preventive services,

226

00:13:22,129 --> 00:13:24,527

and increased the number of people who got

227

00:13:24,727 --> 00:13:27,187

appropriate treatment and didn't die.

228

00:13:27,387 --> 00:13:31,251

But we didn't achieve zero mortality by 2015,

229

00:13:31,451 --> 00:13:33,769

which as some of you may recall, is also the year

230

00:13:33,969 --> 00:13:37,695

where the Millennium Development Goals were to be achieved,

231

00:13:37,895 --> 00:13:41,147

including those things related to malaria.

232

00:13:41,472 --> 00:13:45,002

So at any rate, it's not just enough to say, oh, we're sorry

233

00:13:45,190 --> 00:13:48,461

we didn't make that target, we want to find out why.

234

00:13:48,661 --> 00:13:52,751

And we want to plan new ways to reach people, to give them access

235

00:13:52,951 --> 00:13:56,966

to these services, so that we can achieve targets.

236

00:13:57,594 --> 00:14:01,283

So this is, you know, our major goal, can we learn?

237

00:14:01,483 --> 00:14:04,296

And of course, just from this information, we've learned

238

00:14:04,496 --> 00:14:06,381

that we didn't achieve the goal but we need to gather

239

00:14:06,581 --> 00:14:11,243

more information to find out why and figure out what we can do better.

240

00:14:11,443 --> 00:14:17,529

One way of understanding programmes and achievements,

241

00:14:17,729 --> 00:14:21,043

is the idea of programme stages.

242

00:14:21,243 --> 00:14:25,881

Many of our programmes to control infectious diseases

243

00:14:26,081 --> 00:14:27,911

of poverty have stages.

244

00:14:28,111 --> 00:14:30,754

We start off where the programmeis just being implemented

245

00:14:30,954 --> 00:14:32,765

and we need to scale up.

246

00:14:32,965 --> 00:14:37,448

This was what the period of 2000 to 2010 was supposed to be

247

00:14:37,648 --> 00:14:39,304

for many of the malaria interventions,

248

00:14:39,504 --> 00:14:42,492

scaling up, so we achieved that 80 percent,

249

00:14:42,692 --> 00:14:44,229

or more, hopefully more.

250

00:14:44,429 --> 00:14:48,978

The idea then was sustained control so that you could

251

00:14:49,178 --> 00:14:54,453

keep that level of coverage maintained until 2015.

252

00:14:54,653 --> 00:14:56,808

If that had happened, we would have seen

253

00:14:57,008 --> 00:14:59,589

major drops, we probably would have seen

254

00:14:59,789 --> 00:15:03,388

zero malaria deaths which had been the goal.

255

00:15:03,588 --> 00:15:06,464

Again, as we've mentioned, we hadn't achieved that.

256

00:15:06,664 --> 00:15:10,468

If we had achieved that, we would have gotten to the level

257

00:15:10,668 --> 00:15:14,506

of what they call pre-elimination, where when you send people

258

00:15:14,706 --> 00:15:18,091

for testing for malaria, when you suspect that

259

00:15:18,291 --> 00:15:21,039

you find that less than 5 percent of them

260

00:15:21,239 --> 00:15:23,621

with fevers actually have malaria.

261

00:15:23,821 --> 00:15:26,266

So that means other diseases are affecting people

262

00:15:26,466 --> 00:15:28,404

but malaria has dropped.

263

00:15:28,604 --> 00:15:31,547

At that point, we want to redesign, rethink

264

00:15:31,747 --> 00:15:33,152

reorient our programme.

265

00:15:33,352 --> 00:15:36,058

And implementation research is very much

266

00:15:36,258 --> 00:15:40,150

important in that process, because this new orientation

267

00:15:40,350 --> 00:15:42,392

at that stage would require better surveillance,

268

00:15:42,592 --> 00:15:46,317

better case detection, better response to outbreaks.

269

00:15:46,517 --> 00:15:49,789

So we need to have interventions that will do that.

270

00:15:50,164 --> 00:15:52,649

If we're successful in maintaining that

271

00:15:52,849 --> 00:15:54,726

and keep bringing down the number of cases,

272

00:15:54,926 --> 00:15:57,869

then we will get to the phase of malaria elimination

273

00:15:58,069 --> 00:16:02,225

where there would be less than a one per thousand people

274

00:16:02,425 --> 00:16:08,175

ultimately to the point where there are no cases acquired locally.

275

00:16:08,375 --> 00:16:10,252

There maybe a few people crossing the border

276

00:16:10,452 --> 00:16:13,573

as they do, and bringing it in but we try to catch them quickly.

277

00:16:13,773 --> 00:16:18,581

So by that point, if we have no malaria cases occurring

278

00:16:18,781 --> 00:16:23,581

we're very vigilant, we have the right interventions

279

00:16:23,781 --> 00:16:26,981

to detect cases in case anything happens.

280

00:16:27,181 --> 00:16:30,591

This happened with the Guinea worm, they actually set rewards

281

00:16:30,791 --> 00:16:32,760

for people who could find a Guinea worm.

282

00:16:32,960 --> 00:16:36,353

And, actually, no one did but it certainly kept people aware

283

00:16:36,553 --> 00:16:38,727

and that was an interesting intervention.

284

00:16:38,927 --> 00:16:42,828

So ultimately, if we can prevent transmission

285

00:16:43,028 --> 00:16:45,222

and the re-introduction from other countries

286

00:16:45,422 --> 00:16:50,609

for 3 years, WHO could certify a country as being free of malaria.

287

00:16:50,809 --> 00:16:53,297

So that's an ultimate goal.

288

00:16:53,497 --> 00:16:55,687

At this point, I'm going to turn the floor over

289

00:16:55,887 --> 00:16:59,501

to Uche Amazigo, who will talk to us about some of

290

00:16:59,701 --> 00:17:03,605

the practical reasons why we may have missed our targets.

291

00:17:04,900 --> 00:17:08,072

There are several reasons why programme targets are missed

292

00:17:08,706 --> 00:17:12,156

or programmes are unable to scale up.

293

00:17:12,648 --> 00:17:16,874

I shall present important stakeholders that provide

294

00:17:17,074 --> 00:17:21,600

useful information in implementation research

295

00:17:21,800 --> 00:17:24,598

to understand programme challenges.

296

00:17:25,595 --> 00:17:30,984

As Bill explained earlier, health providers missed the target

297

00:17:31,184 --> 00:17:35,628

for malaria control, despite the Abuja declaration

298

00:17:35,828 --> 00:17:38,395

by the African Heads of States

299

00:17:38,595 --> 00:17:42,236

and the commitments of donors and countries.

300

00:17:42,436 --> 00:17:46,634

Through needs assessment, malaria programmes can determine

301

00:17:46,834 --> 00:17:49,713

the reasons they could not meet their targets

302

00:17:49,913 --> 00:17:51,978

for the different settings.

303

00:17:52,178 --> 00:17:56,000

For instance, programmes can miss targets

304

00:17:56,200 --> 00:17:59,661

because of poor supervision by health workers

305

00:17:59,861 --> 00:18:05,235

or inadequate investment in monitoring programme activities.

306

00:18:05,435 --> 00:18:13,861

I mean lack of follow up can lead to non-use or misuse of commodities.

307

00:18:14,449 --> 00:18:19,482

As you can see in the slide, insecticide treated bed net

308

00:18:19,682 --> 00:18:25,272

is being used by children for a football goal post in this community.

309

00:18:25,472 --> 00:18:30,163

Inadequate investment in annual health education of beneficiaries

310

00:18:30,363 --> 00:18:34,306

can lead to misuse of commodities.

311

00:18:34,506 --> 00:18:38,172

Needs assessments by programmes should find out

312

00:18:38,372 --> 00:18:40,609

why these things happen.

313

00:18:40,809 --> 00:18:45,493

Stock-outs from poor planning has in various settings

314

00:18:45,693 --> 00:18:50,077

led to implementation problem and health programmes

315

00:18:50,277 --> 00:18:53,067

not achieving their goals.

316

00:18:53,703 --> 00:18:59,524

Clinic experiences also offer insight into programme implementation problems.

317

00:18:59,724 --> 00:19:06,244

For example, antenatal clinics may not be reaching all clients

318

00:19:06,444 --> 00:19:10,188

with malaria prevention and de-worming medicines.

319

00:19:11,338 --> 00:19:15,377

Needs assessment for implementation research

320

00:19:15,577 --> 00:19:20,180

will help the research team to respond to such questions as:

321

00:19:20,920 --> 00:19:24,548

Do women attend late or miss appointments?

322

00:19:24,748 --> 00:19:29,167

Do health staff not order enough medicines and supplies

323

00:19:29,367 --> 00:19:31,138

in a timely manner?

324

00:19:31,338 --> 00:19:35,078

Do health staff not record all services delivered?

325

00:19:35,912 --> 00:19:39,597

Implementation research requires also gathering

326

00:19:39,797 --> 00:19:42,970

appropriate data from programme beneficiaries:

327

00:19:43,170 --> 00:19:47,730

the communities, schools, work sites and others

328

00:19:47,930 --> 00:19:51,275

utilizing the programme in order to understand

329

00:19:51,475 --> 00:19:53,996

clients’perception of the programme,

330

00:19:54,525 --> 00:20:00,611

Iimplementation changes or the adaptations health providers

331

00:20:00,811 --> 00:20:03,850

and programme managers need to make.

332

00:20:04,050 --> 00:20:08,940

Community members may not adhere to annual ivermectin doses

333

00:20:09,140 --> 00:20:12,842

because the programme staff delivered ivermectin

334

00:20:13,042 --> 00:20:17,103

at the collection point after the members of the community

335

00:20:17,303 --> 00:20:19,677

had moved to their farmlands.

336

00:20:19,895 --> 00:20:22,640

This has happened in some sites.

337

00:20:23,232 --> 00:20:27,828

Programmes that aim to control and eliminate infectious diseases

338

00:20:28,028 --> 00:20:32,777

of poverty, do not work only within the health sector.

339

00:20:33,791 --> 00:20:37,469

The schistosomiasis and soil-transmitted helminth

340

00:20:37,669 --> 00:20:41,273

control programmes are primarily school-based.

341

00:20:42,029 --> 00:20:47,264

These diseases affect attendance, retention, completion

342

00:20:47,464 --> 00:20:52,211

and learning ability of school age children in many countries.

343

00:20:52,411 --> 00:20:57,124

To design a better way of scaling of these programmes,

344

00:20:57,324 --> 00:21:00,410

and improving coverage in local settings

345

00:21:00,610 --> 00:21:05,373

it is important to include schools in the needs assessment.

346

00:21:05,573 --> 00:21:11,125

Finally, do not forget that infectious diseases of poverty

347

00:21:11,325 --> 00:21:16,909

also impact on the ability of workers to function in their jobs

348

00:21:17,163 --> 00:21:22,013

whether these be in farming, construction, commerce,

349

00:21:22,213 --> 00:21:23,982

or clerical employment.

350

00:21:24,716 --> 00:21:29,372

Worksites and schools must be included, considered,

351

00:21:29,572 --> 00:21:34,548

in designing needs assessments for those programmes

352

00:21:34,748 --> 00:21:37,842

that include these groups as beneficiaries.

353

00:21:38,498 --> 00:21:42,645

In designing new programmes or to better understand

354

00:21:42,845 --> 00:21:46,059

implementation problems of a public health programme

355

00:21:46,259 --> 00:21:49,954

not reaching its goal, we need to pay attention

356

00:21:50,154 --> 00:21:53,104

to settings and context.

357

00:21:54,013 --> 00:21:58,844

Thank you for listening and please join us for Chapter 2.

<https://www.tdrmooc.org/courses/course-v1:TDR+IR+2016/courseware/b97676e54fa34c038d1429ab8c0aee66/ee3f5777a7484ad588c361f1b9ad8e27/?child=first>

Module 2: Needs Assessment for Implementation Research > Settings and context for identifying IR needs > Resources and References

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2. other Resources and References

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### Resources and References

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### ****Resources****

Presentation available for download [**here**](https://www.tdrmooc.org/assets/courseware/v1/d84d5d2c9b1cc17bb417cea2bc3895d4/asset-v1:TDR+IR+2016+type@asset+block/Module2_intro_Chapter1.pdf).

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Module 2: Needs Assessment for Implementation Research > Methods and data sources used to determine IR needs > Methods and data sources used to determine IR needs

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**Methods and data sources used to determine IR needs**

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**Objectives**

To describe methods and data sources used to determine IR needs in specific local settings and contexts:

* Methods
* Documents to consult
* Other sources (interviews, real life observations, media)

**Methods and data sources used to determine IR needs**

0

00:00:04,634 --> 00:00:08,534

Welcome to our second chapter in our module on needs assessment

1

00:00:08,719 --> 00:00:12,394

for implementation research. Uche and I will be sharing with you

2

00:00:12,593 --> 00:00:16,906

some of our experiences in gathering information to plan this research

3

00:00:17,118 --> 00:00:19,006

so we hope you enjoy this session.

4

00:00:19,195 --> 00:00:23,920

Like all research there are 3 basic methods for gathering information

5

00:00:24,143 --> 00:00:26,780

so this doesn't differ for implementation research.

6

00:00:26,982 --> 00:00:30,232

We're concerned about reviewing documents.

7

00:00:30,438 --> 00:00:35,788

Most programmes that we are going to be studying, that we're going to be

8

00:00:36,016 --> 00:00:40,428

designing are built on programmes that have been implemented already.

9

00:00:40,770 --> 00:00:43,233

There may be gaps, there may be problems

10

00:00:43,449 --> 00:00:46,137

but there are always reports and documents to tell us

11

00:00:46,347 --> 00:00:49,397

how the programme has done, where it's done well,

12

00:00:49,605 --> 00:00:52,792

where it has challenges and gaps and problems.

13

00:00:52,982 --> 00:00:56,057

So we need to collect existing documents to help us

14

00:00:56,285 --> 00:01:00,410

understand what's going on and plan for new interventions

15

00:01:00,601 --> 00:01:02,901

that may help the programme work better.

16

00:01:03,106 --> 00:01:05,868

We're also concerned about talking with people.

17

00:01:06,073 --> 00:01:09,185

We have many ways of doing that but we're concerned about talking

18

00:01:09,378 --> 00:01:12,790

with the beneficiaries of the programme, the people who have taken

19

00:01:13,002 --> 00:01:18,402

part in it; who have opinions about whether the service has been

20

00:01:18,631 --> 00:01:21,731

good for them or not. We're also interested in talking to people

21

00:01:21,937 --> 00:01:25,850

who'd never use the service to find out more about their opinions

22

00:01:26,044 --> 00:01:28,307

and we can do this in a number of ways.

23

00:01:28,660 --> 00:01:34,135

And finally we're interested in gathering information through observing.

24

00:01:34,337 --> 00:01:37,937

We will go to the place where the service is being offered.

25

00:01:38,132 --> 00:01:41,144

We'll see what's happening there. We'll go to the community where

26

00:01:41,336 --> 00:01:45,361

there are community interventions being delivered and see what's happening

27

00:01:45,622 --> 00:01:50,484

So together as a team we will work together and find out what is

28

00:01:50,682 --> 00:01:54,557

happening with this particular programme. We're going to be looking

29

00:01:54,772 --> 00:01:59,172

at who is affected. Are we reaching the right people or not?

30

00:01:59,397 --> 00:02:02,734

And why is this programme succeeding or not?

31

00:02:02,944 --> 00:02:06,081

In other words why we might need to develop and try

32

00:02:06,272 --> 00:02:10,635

a new intervention. The first big question we have is

33

00:02:10,856 --> 00:02:14,331

with documents, what can they tell us?

34

00:02:15,151 --> 00:02:18,851

We have a picture here of the malaria indicator survey

35

00:02:19,057 --> 00:02:22,432

that is from Malawi. The people that do our

36

00:02:22,668 --> 00:02:25,881

demographic and health surveys for example

37

00:02:26,121 --> 00:02:30,446

have the malaria information survey. They do HIV surveys

38

00:02:30,956 --> 00:02:33,993

but the idea of these surveys is at a national level

39

00:02:34,195 --> 00:02:39,058

we can learn about people who use and don't use particular services.

40

00:02:39,525 --> 00:02:43,775

And hopefully be able to distinguish different segments of the population.

41

00:02:44,085 --> 00:02:46,872

Generally what we're concerned about in these documents

42

00:02:47,083 --> 00:02:51,508

is the performance of the programme. Is it meeting its objectives?

43

00:02:51,726 --> 00:02:54,863

Is it meeting its goals? Is it meeting its targets?

44

00:02:55,726 --> 00:02:59,201

Hopefully the reports, some of them, will give us information on

45

00:02:59,418 --> 00:03:02,593

reasons why that they may not have succeeded,

46

00:03:02,848 --> 00:03:06,560

again giving us ideas for new interventions.

47

00:03:07,219 --> 00:03:09,956

It'll tell us funding gaps. One of the biggest challenges

48

00:03:10,172 --> 00:03:13,897

of course in delivering the programmes is not having enough funds

49

00:03:14,097 --> 00:03:18,559

or the funds not arriving on time. We want to learn something about

50

00:03:18,794 --> 00:03:21,656

the stakeholder commitment; all those people involved:

51

00:03:21,867 --> 00:03:24,879

the policy makers, the programme managers, other people.

52

00:03:25,102 --> 00:03:29,915

Are they really committed to implementing this programme?

53

00:03:30,435 --> 00:03:34,798

And finally, summing all this up, we'll see specific areas

54

00:03:35,014 --> 00:03:38,052

for improving the programme that can give us ideas for

55

00:03:38,237 --> 00:03:42,462

implementation research. Again, we're basically interested

56

00:03:42,684 --> 00:03:46,496

in gathering information that will help us design better programmes.

57

00:03:46,693 --> 00:03:49,355

Again as we mentioned yesterday, we're talking about in

58

00:03:49,548 --> 00:03:54,098

a specific locality so that the implementation research is

59

00:03:54,310 --> 00:04:00,235

very helpful to improving programme access, programme performance

60

00:04:00,478 --> 00:04:02,603

in a particular context.

61

00:04:03,150 --> 00:04:06,250

Here we can see some examples of the major documents that we

62

00:04:06,452 --> 00:04:09,514

may run across. These are particularly related to the

63

00:04:09,719 --> 00:04:13,031

major sources of funding whether it is international agencies

64

00:04:13,266 --> 00:04:16,516

or government agencies. We've talked a bit about the

65

00:04:16,962 --> 00:04:22,975

global fund. The Global Fund gives money for malaria, TB and HIV programmes

66

00:04:23,222 --> 00:04:29,359

and they provide reports back to countries at least every 6 months

67

00:04:29,569 --> 00:04:33,644

about the progress being made. Those reports are geared toward

68

00:04:33,850 --> 00:04:38,238

looking at the targets the country set so we'll see some examples

69

00:04:38,472 --> 00:04:43,222

of how progress reports can help us understand where programmes

70

00:04:43,441 --> 00:04:47,604

need to improve. We've talked about again, the demographic and health

71

00:04:47,813 --> 00:04:51,388

survey and its related surveys, the malaria indicator survey.

72

00:04:51,598 --> 00:04:56,811

This gives us a population basis for understanding access

73

00:04:57,012 --> 00:05:01,324

and utilisation of services, the uptake of interventions,

74

00:05:01,535 --> 00:05:04,423

whether it's intermittent preventative treatment for

75

00:05:04,641 --> 00:05:07,928

malaria by pregnant women; whether pregnant women even attend

76

00:05:08,154 --> 00:05:11,417

antenatal care so we can get good information.

77

00:05:11,684 --> 00:05:17,321

This is done maybe every 2-3 years alternating between the malaria survey

78

00:05:17,530 --> 00:05:20,618

and the demographic and health survey so it's not done

79

00:05:20,825 --> 00:05:26,500

that often. What we can find in real time is information from our

80

00:05:26,896 --> 00:05:29,846

national health management information system.

81

00:05:30,379 --> 00:05:32,754

Back to this question of the antenatal clinic,

82

00:05:32,966 --> 00:05:36,041

they have to provide monthly data on the number of women

83

00:05:36,252 --> 00:05:41,802

who came for 1,2,3 antenatal visits. Of those who registered

84

00:05:42,087 --> 00:05:45,625

they want to say who received the intermittent preventative treatment

85

00:05:45,830 --> 00:05:50,505

1,2,3 or more times. They want to record and report the number of

86

00:05:50,715 --> 00:05:53,715

women who were given an insecticide treated bed net

87

00:05:53,923 --> 00:05:57,260

so this is ongoing data that can help us understand whether

88

00:05:57,466 --> 00:06:00,466

we're achieving programme goals or not.

89

00:06:00,826 --> 00:06:04,563

We also have published and unpublished literature

90

00:06:04,763 --> 00:06:10,113

about programmes. University and Ministry of Health

91

00:06:10,333 --> 00:06:13,921

research institutes do quite a lot of studies about

92

00:06:14,138 --> 00:06:18,463

these common issues and these reports can help us understand

93

00:06:18,690 --> 00:06:22,015

where we have gaps, where we have successes.

94

00:06:22,287 --> 00:06:27,562

Finally, again from the ordinary supervision processes

95

00:06:27,784 --> 00:06:31,534

in the Ministry of Health, we have data on quality assurance

96

00:06:31,745 --> 00:06:36,170

or quality performance by health workers and by the overall service

97

00:06:36,402 --> 00:06:40,289

and that can point us in the direction of needs for

98

00:06:40,507 --> 00:06:43,619

better interventions or improving interventions and

99

00:06:43,833 --> 00:06:46,358

therefore our implementation research.

100

00:06:46,956 --> 00:06:50,881

In addition to these more global or national type of reports

101

00:06:51,090 --> 00:06:55,552

and documents we do recognize that each programme

102

00:06:56,023 --> 00:06:59,735

within a country will generate its own reports.

103

00:07:00,047 --> 00:07:05,547

We have reports that come in especially after bed net distribution

104

00:07:05,764 --> 00:07:08,539

campaigns on utilization of the bed nets.

105

00:07:08,836 --> 00:07:13,086

We have reports from the programme that controls onchocerciasis

106

00:07:13,291 --> 00:07:17,891

in a country about the uptake of ivermectin that's used to

107

00:07:18,099 --> 00:07:22,049

control the disease. We have reports on the

108

00:07:22,279 --> 00:07:24,667

proportion of eligible people that take it,

109

00:07:24,880 --> 00:07:26,955

the proportion of eligible communities

110

00:07:27,166 --> 00:07:30,429

so those specific programmereports are available.

111

00:07:30,825 --> 00:07:34,825

We, in some cases communities are actively involved in monitoring

112

00:07:35,026 --> 00:07:38,201

their health programmes and they develop their own simple

113

00:07:38,394 --> 00:07:41,319

reporting system. We may need to visit those communities

114

00:07:41,510 --> 00:07:44,335

to see those reports but it's important to learn how things

115

00:07:44,565 --> 00:07:50,353

are functioning on the ground. Most agencies, most NGOs have

116

00:07:50,566 --> 00:07:54,616

annual performance reports and it's important to read these

117

00:07:54,847 --> 00:07:58,410

to see in the agency's own eyes where they think they're doing well,

118

00:07:58,623 --> 00:08:00,873

what they want to do to improve.

119

00:08:01,256 --> 00:08:06,069

As we said before there is university based research but

120

00:08:06,299 --> 00:08:08,749

also university students have projects to do and

121

00:08:08,951 --> 00:08:11,026

they go out in the field and do these projects

122

00:08:11,221 --> 00:08:13,633

and write them up so we do need to be in touch

123

00:08:13,854 --> 00:08:16,467

with the different departments in the medical school or

124

00:08:16,663 --> 00:08:20,413

the social sciences who may go out and collect information.

125

00:08:20,593 --> 00:08:23,968

These student reports would be available for us to look at

126

00:08:24,156 --> 00:08:25,293

and learn from.

127

00:08:26,307 --> 00:08:29,669

Another thing too is that even though we may be doing a

128

00:08:29,882 --> 00:08:35,670

programmeon malaria we can learn from other programmes

129

00:08:35,858 --> 00:08:39,958

and the example of the African Programme for Onchocerciasis Control

130

00:08:40,173 --> 00:08:43,623

is a good one to think about other programmes learning from.

131

00:08:44,126 --> 00:08:49,126

Way back in 1978 the Alma-Ata Declaration stressed the importance

132

00:08:49,342 --> 00:08:52,730

of village health workers, community health workers,

133

00:08:52,942 --> 00:08:57,767

but this was not followed through. Eventually the African Programme for

134

00:08:57,999 --> 00:09:00,949

Onchocerciasis came along and developed something called

135

00:09:01,160 --> 00:09:04,310

community directed treatment with ivermectin where the

136

00:09:04,532 --> 00:09:09,269

community took charge of annual distribution of its own ivermectin

137

00:09:09,494 --> 00:09:13,119

in a way that it wanted to do it itself and of course kept

138

00:09:13,325 --> 00:09:17,663

its records and reported back. This programme became quite successful

139

00:09:17,877 --> 00:09:21,702

throughout up to now I think about 18 countries, endemic countries

140

00:09:21,920 --> 00:09:24,520

in Africa and people were watching this.

141

00:09:24,751 --> 00:09:28,476

We hadn't had information on the side, thatother programmes

142

00:09:28,674 --> 00:09:31,924

whether in agriculture, whether other disease control programmes,

143

00:09:32,123 --> 00:09:36,435

immunization programmes were latching on to this and so

144

00:09:37,551 --> 00:09:41,451

later, implementation research was done to see if we could

145

00:09:41,663 --> 00:09:45,025

systematically add on things like distribution of bed nets,

146

00:09:45,687 --> 00:09:49,637

distribution of community-based treatment for malaria,

147

00:09:49,844 --> 00:09:54,144

distribution and community- based delivery of vitamin A,

148

00:09:54,968 --> 00:10:00,668

observation of TB; directly observe treatment in the village.

149

00:10:00,927 --> 00:10:04,502

These were some of the things that were adapted as we went along.

150

00:10:04,933 --> 00:10:10,608

The Lymphatic Filariasis Programme also adapted the CDTi model.

151

00:10:10,865 --> 00:10:17,402

So yes, we can read reports and learn and adapt those to other programmes.

152

00:10:17,893 --> 00:10:24,093

We had mentioned Global Fund earlier and just to be sure that we know

153

00:10:24,293 --> 00:10:28,918

what these progress reports look like, I anonymously extracted one

154

00:10:29,132 --> 00:10:33,620

of these for you to see but like I said these come out every 6 months

155

00:10:33,824 --> 00:10:38,536

and you can see that the country has set its own targets.

156

00:10:38,822 --> 00:10:43,347

For example the level 1 target: people trained.

157

00:10:43,574 --> 00:10:50,574

They had set a target for the period of over 8000 people to be trained

158

00:10:50,827 --> 00:10:55,352

in anti-malarial treatment; health workers, community volunteers etc.

159

00:10:55,677 --> 00:10:59,414

and as you can see in the reporting period they achieved only about

160

00:10:59,622 --> 00:11:05,285

a third of their goal. Now sometimes this is a bit frightening but

161

00:11:05,525 --> 00:11:10,188

the Global Fund does provide funding for people to do implementation

162

00:11:10,389 --> 00:11:13,351

research to learn how to improve their programme.

163

00:11:13,547 --> 00:11:18,735

This should be an activity that spurs people on to try to

164

00:11:18,916 --> 00:11:24,428

improve what they're doing. We see also here that in terms of

165

00:11:24,731 --> 00:11:28,069

the number of adults in this case who received the appropriate

166

00:11:28,289 --> 00:11:32,064

malaria treatment, they had a target of 9 million

167

00:11:32,327 --> 00:11:36,265

and again they reached less than a third of the people.

168

00:11:37,076 --> 00:11:40,388

This should tell them are we delivering this in the right way?

169

00:11:40,612 --> 00:11:44,487

Can we design a better implementation process?

170

00:11:44,752 --> 00:11:48,440

Again this type of data from reports can guide us.

171

00:11:49,043 --> 00:11:54,018

Here is an extract from a malaria information or demographic

172

00:11:54,223 --> 00:12:00,986

and health survey report to let us know about the achievements.

173

00:12:01,520 --> 00:12:06,782

We know that targets have been set for example for malaria control.

174

00:12:07,259 --> 00:12:10,646

They were set back in the year 2000 at the Abuja Declaration

175

00:12:10,887 --> 00:12:15,537

for achieving by 2010 80% coverage of all these interventions.

176

00:12:15,983 --> 00:12:19,095

Here we can see interventions like sleeping under a bed net

177

00:12:20,166 --> 00:12:24,279

for both children and pregnant women.

178

00:12:25,253 --> 00:12:31,016

So basically we can see that the percentage that was achieved

179

00:12:32,575 --> 00:12:37,313

either sleeping under a treated net or any net

180

00:12:37,903 --> 00:12:42,690

was very low for both the pregnant women and the children.

181

00:12:42,932 --> 00:12:46,345

This should raise questions in our mind, why is it?

182

00:12:46,555 --> 00:12:50,993

Why are we not reaching people? And so again, opportunities to learn

183

00:12:51,220 --> 00:12:55,545

so that we can plan implementation research.

184

00:12:56,562 --> 00:13:00,874

From our health information system; as I said before

185

00:13:01,069 --> 00:13:05,006

we get reports on a regular basis and so you can summarize

186

00:13:05,228 --> 00:13:09,778

those for a certain period. Here we have information from

187

00:13:10,014 --> 00:13:14,676

3 major districts in Burkina Faso for 2015.

188

00:13:14,910 --> 00:13:19,848

We can see that for reaching pregnant women with the first dose

189

00:13:20,063 --> 00:13:23,125

and this again is based on the denominator of the

190

00:13:23,351 --> 00:13:26,888

number of women who registered for ANC in the first place

191

00:13:27,094 --> 00:13:30,969

which was relatively high in that country so they reached 82%

192

00:13:31,179 --> 00:13:34,491

with the first dose. They're doing pretty good with the second dose;

193

00:13:34,705 --> 00:13:38,530

79%. Not much of a drop off but with this new introduction of

194

00:13:38,741 --> 00:13:43,428

a third dose, they only reached about half of the people who registered.

195

00:13:43,651 --> 00:13:46,451

This tells them, okay what are we going to do about this?

196

00:13:46,632 --> 00:13:51,144

How are we going to improve the delivery of IPTp3?

197

00:13:51,364 --> 00:13:53,664

What interventions do we need?

198

00:13:54,247 --> 00:13:56,585

We mentioned the issue of quality assurance;

199

00:13:56,795 --> 00:14:01,545

performance quality and here we see the graph

200

00:14:01,745 --> 00:14:04,645

showing observations with a checklist

201

00:14:04,842 --> 00:14:07,042

of community health workers who are

202

00:14:07,238 --> 00:14:10,276

performing case management tasks in the village;

203

00:14:10,576 --> 00:14:12,739

malaria, pneumonia, diarrhea.

204

00:14:13,009 --> 00:14:17,797

There were 3 things that were being recorded and summarized:

205

00:14:18,116 --> 00:14:23,103

Did the community health worker take a good history

206

00:14:23,582 --> 00:14:29,370

and check for example, for temperature of the child?

207

00:14:29,669 --> 00:14:33,332

Did the community health worker actually perform a

208

00:14:33,548 --> 00:14:37,986

rapid diagnostic test for those who were suspected of malaria?

209

00:14:38,339 --> 00:14:42,402

And did the community health worker perform the correct

210

00:14:42,627 --> 00:14:46,877

case management procedures for whatever the condition was.

211

00:14:47,095 --> 00:14:51,558

As we said malaria, pneumonia, diarrhea or in case of unknown

212

00:14:51,777 --> 00:14:54,690

they would be expected to refer.

213

00:14:54,929 --> 00:14:59,179

So, over the 5 rounds which occurred about once a quarter,

214

00:14:59,408 --> 00:15:04,083

we can see general improvement but what we can see is that

215

00:15:04,296 --> 00:15:10,021

out of all of the 3 skill areas for these community health workers

216

00:15:10,398 --> 00:15:15,510

the area of history taking in examination was the poorest.

217

00:15:15,833 --> 00:15:19,833

It's that history taking that leads us to want to do a test,

218

00:15:20,079 --> 00:15:24,517

know what illness we're managing. We want to think about

219

00:15:24,942 --> 00:15:27,967

why is this? Why is this history taking difficult?

220

00:15:28,188 --> 00:15:31,663

They've improved other areas, what can we do about this?

221

00:15:31,935 --> 00:15:36,260

Of course we have performance information from health workers

222

00:15:36,460 --> 00:15:40,922

in clinics and other places, so observing health workers

223

00:15:41,123 --> 00:15:43,698

is an important source of information for our

224

00:15:43,898 --> 00:15:46,385

implementation research needs assessment.

225

00:15:46,970 --> 00:15:51,595

Okay, another thing we need to consider is that health has impacts

226

00:15:51,799 --> 00:15:56,474

on other sectors of society so we can learn about

227

00:15:56,881 --> 00:16:00,543

implementation research needs in other places such as schools.

228

00:16:00,879 --> 00:16:03,566

A number of interventions have been done to improve

229

00:16:03,780 --> 00:16:06,980

school health and the health of children affected by the

230

00:16:07,220 --> 00:16:11,082

infectious diseases of poverty. One study that we see here

231

00:16:11,287 --> 00:16:15,912

used children to report on whether bed nets were used at home.

232

00:16:16,349 --> 00:16:19,524

So the school provides a window into the community.

233

00:16:19,835 --> 00:16:24,773

And so the information that was gathered here

234

00:16:24,970 --> 00:16:27,495

was found to be comparable to what could be gathered

235

00:16:27,679 --> 00:16:29,816

through a community survey and they realized that

236

00:16:29,996 --> 00:16:33,059

schools were a great place to gather information about health

237

00:16:33,273 --> 00:16:36,174

not just of the children but of the community.

238

00:16:36,356 --> 00:16:40,531

One thing of course is that schools keep records on attendance.

239

00:16:41,137 --> 00:16:44,236

They keep records on people who drop out

240

00:16:45,258 --> 00:16:48,096

and so we can learn from those records

241

00:16:48,335 --> 00:16:52,272

especially if the teachers have recorded the reasons for absences.

242

00:16:53,118 --> 00:16:57,031

In a project in Western Kenya that looked at school days missed

243

00:16:57,304 --> 00:17:01,503

they could see that malaria was a major suspected cause of

244

00:17:01,715 --> 00:17:04,827

these children being absent. Then the question is

245

00:17:05,041 --> 00:17:09,279

what kind of interventions might be appropriate based in the school

246

00:17:09,592 --> 00:17:13,854

and for the children themselves or based in the school

247

00:17:14,063 --> 00:17:15,939

but reaching out into the community.

248

00:17:16,248 --> 00:17:19,073

By looking at these other sectors like education,

249

00:17:19,314 --> 00:17:23,776

we can get ideas of improving community health generally.

250

00:17:24,158 --> 00:17:27,458

Finally we get a lot of information from worksites.

251

00:17:27,794 --> 00:17:30,006

Now in many of the countries where we work

252

00:17:30,114 --> 00:17:34,739

a lot of the worksites are informal. You may have a sawmill somewhere.

253

00:17:34,938 --> 00:17:37,338

You have farmers. You may have auto-mechanics. And

254

00:17:37,549 --> 00:17:41,237

so they're not like a big industry that keeps records but

255

00:17:41,592 --> 00:17:44,555

of course you still do have records from places like

256

00:17:45,210 --> 00:17:50,547

Soft drink bottling factories, there’re assembly plants for different

257

00:17:50,778 --> 00:17:55,329

kinds of machines. There are the more white collar jobs

258

00:17:55,532 --> 00:17:57,819

like working in a bank, accountancy so there are

259

00:17:58,036 --> 00:18:02,262

records about absences. In many countries you'll find that

260

00:18:02,491 --> 00:18:06,553

malaria is a major source of absenteeism and also if it's a

261

00:18:06,773 --> 00:18:10,335

company they probably have a health plan and they pay for it

262

00:18:10,533 --> 00:18:13,258

so they want to know what is happening to their workers.

263

00:18:13,460 --> 00:18:16,773

Their records would be fairly good. A study that was done in

264

00:18:16,981 --> 00:18:21,656

Kenya and Nigeria did go to the factories, did go to the worksites,

265

00:18:21,860 --> 00:18:25,897

did talk to workers about their experiences and as you can see

266

00:18:26,109 --> 00:18:29,222

this study reported some of the information about malaria

267

00:18:29,446 --> 00:18:32,859

in particular and seeing that yes, adults perceive themselves

268

00:18:33,060 --> 00:18:36,585

as having malaria quite a lot. They did perceive themselves as

269

00:18:36,792 --> 00:18:40,542

missing workdays which is important for them if they're on a

270

00:18:40,764 --> 00:18:44,164

daily salary; it's important for their family but also

271

00:18:44,356 --> 00:18:47,918

not only are children missing work but parents, especially mothers

272

00:18:48,149 --> 00:18:51,850

and caregivers would miss work to take care of the sick child.

273

00:18:52,207 --> 00:18:55,207

This is the kind of thing that we can learn from the workplace.

274

00:18:55,911 --> 00:18:59,574

Again, the workplace is not a health delivery site per se

275

00:18:59,784 --> 00:19:02,846

but it certainly has implications because the workers live

276

00:19:03,040 --> 00:19:06,253

in the community, they get sick but also there are records

277

00:19:06,469 --> 00:19:09,881

that we can use to find out. And can we design interventions

278

00:19:10,100 --> 00:19:13,350

that are appropriate for workers and in worksites?

279

00:19:13,598 --> 00:19:17,473

At this point I'm going to turn the talk over to Uche

280

00:19:17,676 --> 00:19:20,676

and she'll take us through the sections on interviews and

281

00:19:20,905 --> 00:19:24,905

talking with people and in addition, to observational work.

282

00:19:25,110 --> 00:19:26,160

So thank you.

283

00:19:26,836 --> 00:19:29,823

I will continue from where Bill stopped to mention other

284

00:19:30,021 --> 00:19:35,159

data sources necessary and often used to determine implementation

285

00:19:35,478 --> 00:19:38,303

research needs. From all surveys,

286

00:19:38,515 --> 00:19:44,203

with questionnaires, among clients, talking with people is important.

287

00:19:44,420 --> 00:19:49,170

The clients include beneficiaries of the programme; men, women

288

00:19:49,374 --> 00:19:53,511

youths, school children, teachers, community leaders

289

00:19:53,709 --> 00:19:56,385

and members. Depending on the programme

290

00:19:56,653 --> 00:20:01,315

formal surveys could include also health workers or even

291

00:20:01,541 --> 00:20:04,729

patent medicine dealers. Why not?

292

00:20:04,933 --> 00:20:08,545

People have experiences and opinions to share

293

00:20:08,757 --> 00:20:13,182

whether they are literate or not. People who use services of a programme

294

00:20:13,413 --> 00:20:17,913

have views about what they like and what they do not like

295

00:20:18,101 --> 00:20:23,027

about that programme. People who do not use services can

296

00:20:23,242 --> 00:20:28,155

give us information about access problems or barriers.

297

00:20:28,440 --> 00:20:31,728

Remember in Module 1 Professor Oladele Akogun and Dr Hans Remme

298

00:20:35,504 --> 00:20:40,079

drew our attention to access to medicines and commodities

299

00:20:40,299 --> 00:20:43,536

being an implementation problem.

300

00:20:43,794 --> 00:20:48,444

Therefore listening to and documenting the experiences

301

00:20:48,659 --> 00:20:52,596

and opinions of people is an appropriate data source

302

00:20:52,820 --> 00:20:55,582

for diseases that affect the poor.

303

00:20:55,813 --> 00:21:00,576

For example, through surveys and by documenting the experiences

304

00:21:00,780 --> 00:21:04,480

and opinions of beneficiaries of ivermectin drug distribution

305

00:21:04,694 --> 00:21:09,232

programmes in 2 countries after 8 years of treatment

306

00:21:09,475 --> 00:21:16,538

we learned that in communities being male, being above 24 years old

307

00:21:16,921 --> 00:21:21,458

or belonging to a major ethnic group are factors associated with

308

00:21:21,659 --> 00:21:25,096

better compliance to ivermectin treatment.

309

00:21:25,762 --> 00:21:30,349

Another useful source of data is to observe programmes in action

310

00:21:30,575 --> 00:21:37,013

in real life. For example, observations in service delivery points,

311

00:21:37,360 --> 00:21:40,260

health worker performance checklists,

312

00:21:40,626 --> 00:21:44,088

and availability of supplies and materials,

313

00:21:45,003 --> 00:21:50,528

observations of the physical environment of the programme facility,

314

00:21:51,086 --> 00:21:53,512

client turnout and comfort,

315

00:21:53,701 --> 00:21:56,989

quality of record keeping, waiting time;

316

00:21:57,202 --> 00:22:01,639

these are all important. In a 10 country study

317

00:22:01,841 --> 00:22:05,253

end-users of health facilities, in particular, women

318

00:22:05,464 --> 00:22:09,977

attending health clinics reported that attitude of health staff

319

00:22:10,190 --> 00:22:15,202

and waiting time were their major concerns.

320

00:22:15,428 --> 00:22:20,091

Checklists can be used by clinics and community health workers

321

00:22:20,300 --> 00:22:25,712

for self-study, reflection and planning improvements.

322

00:22:25,955 --> 00:22:29,105

So observing programmes is important.

323

00:22:29,476 --> 00:22:33,139

I’lllike to end this chapter with reference to 2 other sources

324

00:22:33,350 --> 00:22:38,112

of data that have proven very useful in implementation research.

325

00:22:38,344 --> 00:22:42,894

These are observations in the community on health related

326

00:22:43,097 --> 00:22:48,660

conditions, community level service delivery and observing

327

00:22:48,882 --> 00:22:51,857

how people use interventions commodities such as

328

00:22:52,057 --> 00:22:54,219

insecticide treated bed nets.

329

00:22:55,095 --> 00:22:58,432

We can learn also from print and electronic media

330

00:22:58,817 --> 00:23:01,792

about programme implementation bottlenecks,

331

00:23:02,007 --> 00:23:07,332

gaps and successes. The press may not provide detailed statistics

332

00:23:07,613 --> 00:23:12,526

but it does highlight issues of concerns to the community members

333

00:23:12,765 --> 00:23:16,252

policy makers and programmemanagers.

334

00:23:16,792 --> 00:23:21,792

This is another data source for implementation research.

335

00:23:22,015 --> 00:23:26,490

Thank you and please join us to view the next chapter.

<https://www.tdrmooc.org/courses/course-v1:TDR+IR+2016/courseware/b97676e54fa34c038d1429ab8c0aee66/8f51ca0b58f346d190520af0ba094475/>

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1. video Methods and data sources used to determine IR needs
2. other Resources and References

Next

### Resources and References

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### Resources

Presentation available for download [**here**](https://www.tdrmooc.org/assets/courseware/v1/9d99e7cae39436a743b2fad831bbc1f5/asset-v1:TDR+IR+2016+type@asset+block/Module2_Chapter2.pdf).

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<https://www.tdrmooc.org/courses/course-v1:TDR+IR+2016/courseware/b97676e54fa34c038d1429ab8c0aee66/da9bdbea6c2f4912af860205bcb4366f/?child=first>

Module 2: Needs Assessment for Implementation Research > Formulating research questions for IR > Formulating research questions for IR

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2. other Resources

Next

**Formulating research questions for IR**

 Click to addBookmark this page

**Objectives**

To prioritize and formulate research questions focused around appropriate interventions:

* Key programme implementation challenges or gaps
* Possible interventions that could be tested
* IR questions arising from progress reports, HMIS, surveys

**Formulating research questions for IR**

0

00:00:04,964 --> 00:00:07,414

Hello and welcome to our third chapter

1

00:00:07,614 --> 00:00:08,573

in module 2.

2

00:00:08,773 --> 00:00:10,290

In our previous chapter

3

00:00:10,490 --> 00:00:13,178

we looked at different ways of gathering information

4

00:00:13,378 --> 00:00:15,221

about our programmes.

5

00:00:15,421 --> 00:00:18,298

About the context in which they are operating in.

6

00:00:18,498 --> 00:00:20,895

About how people are accessing and using them

7

00:00:21,049 --> 00:00:22,992

so that we could take this information

8

00:00:23,192 --> 00:00:25,838

and carry out the next step, which we'll discuss here,

9

00:00:26,038 --> 00:00:29,598

in terms of how do you formulate a question.

10

00:00:29,798 --> 00:00:31,795

Basically the questions are:

11

00:00:31,995 --> 00:00:33,602

"What needs to be changed?"

12

00:00:33,802 --> 00:00:36,746

and "What kind of intervention can achieve that?"

13

00:00:36,946 --> 00:00:39,159

So we'll look at some of the potential

14

00:00:39,359 --> 00:00:41,381

implementation research questions

15

00:00:41,581 --> 00:00:43,633

that a group might address.

16

00:00:43,833 --> 00:00:46,814

We see here that there are 2 kinds of questions​

17

00:00:47,014 --> 00:00:48,951

that you can address

18

00:00:49,151 --> 00:00:51,176

in implementation research.

19

00:00:51,376 --> 00:00:54,144

And again we're trying to get this information

20

00:00:54,344 --> 00:00:56,331

both in the clinic, in the community,

21

00:00:56,531 --> 00:00:58,922

in schools, in work sites.

22

00:00:59,122 --> 00:01:00,455

You can see here,

23

00:01:00,655 --> 00:01:02,557

we have a supervisory staff

24

00:01:02,670 --> 00:01:04,879

going out to visit the village health worker,

25

00:01:04,979 --> 00:01:06,518

looking at the register she has,

26

00:01:06,593 --> 00:01:08,806

so they've gathered information directly

27

00:01:09,006 --> 00:01:11,401

from the person who is providing

28

00:01:11,601 --> 00:01:13,483

community case management.

29

00:01:13,683 --> 00:01:16,449

So we want to take the information we've collected

30

00:01:16,649 --> 00:01:20,720

by looking at 2 issues.

31

00:01:20,920 --> 00:01:22,159

One,

32

00:01:22,359 --> 00:01:24,775

What are the key programme challenges

33

00:01:24,975 --> 00:01:25,983

that we found?

34

00:01:26,183 --> 00:01:28,909

What are the gaps? What needs to be addressed?

35

00:01:29,109 --> 00:01:32,859

What are we doing not as well as we could?

36

00:01:33,059 --> 00:01:36,083

What new ideas do we have for intervention?

37

00:01:36,283 --> 00:01:37,877

And then the second,

38

00:01:38,077 --> 00:01:40,178

what are the possible interventions?

39

00:01:40,671 --> 00:01:41,994

If, for example,

40

00:01:42,194 --> 00:01:44,016

the community health workers

41

00:01:44,128 --> 00:01:46,258

are having difficulty keeping records

42

00:01:46,458 --> 00:01:48,480

can we do an intervention

43

00:01:48,680 --> 00:01:52,624

that looks at a different kind of record-keeping format?

44

00:01:52,824 --> 00:01:55,653

We tried something like this some years ago

45

00:01:55,853 --> 00:01:58,932

for keeping record of the number of people

46

00:01:59,006 --> 00:02:01,009

who received the ivermectin treatments.

47

00:02:01,097 --> 00:02:02,576

And we tried 3 different things.

48

00:02:02,676 --> 00:02:04,136

We tried a tally sheet,

49

00:02:04,336 --> 00:02:06,545

because some of our village health workers

50

00:02:06,745 --> 00:02:07,938

were not well-educated.

51

00:02:08,138 --> 00:02:09,119

Tally sheet.

52

00:02:09,319 --> 00:02:10,898

We tried a

53

00:02:11,098 --> 00:02:14,380

process of putting little stones in different colored bags.

54

00:02:14,705 --> 00:02:18,539

And then we used the existing record form

55

00:02:18,739 --> 00:02:20,211

that had come from the programme.

56

00:02:20,411 --> 00:02:21,738

So these are some examples

57

00:02:21,938 --> 00:02:23,826

of how you use your information

58

00:02:23,926 --> 00:02:25,192

to raise a question:

59

00:02:25,392 --> 00:02:28,624

What would be the best intervention

60

00:02:28,711 --> 00:02:31,614

to improve the quality of record keeping

61

00:02:31,727 --> 00:02:33,993

by our community volunteers?

62

00:02:34,155 --> 00:02:36,837

We had talked earlier about programmes

63

00:02:37,037 --> 00:02:38,921

moving through different stages.

64

00:02:39,121 --> 00:02:41,765

We talked about the malaria programme

65

00:02:41,965 --> 00:02:43,543

where we talked about scaling up,

66

00:02:43,743 --> 00:02:46,938

sustaining, trying to get to pre-elimination.

67

00:02:47,200 --> 00:02:48,823

And so,

68

00:02:49,023 --> 00:02:52,082

one of the problems that we've come across

69

00:02:52,282 --> 00:02:53,912

as we've talked about before

70

00:02:54,112 --> 00:02:57,974

is it is difficult to sustain the coverage,

71

00:02:58,174 --> 00:03:01,400

the proportion of people sleeping under these bed nets.

72

00:03:02,388 --> 00:03:05,964

The nets were supposed to be long lasting

73

00:03:05,964 --> 00:03:07,960

Actually, they're good for about 3 years

74

00:03:09,235 --> 00:03:10,123

or 2 years.

75

00:03:10,123 --> 00:03:12,120

The question is,

76

00:03:13,824 --> 00:03:18,158

how do we ensure that after those 2 years

77

00:03:18,358 --> 00:03:19,369

people get nets?

78

00:03:19,469 --> 00:03:21,860

But even more importantly, how do they use them?

79

00:03:22,723 --> 00:03:25,401

You've seen some examples in the previous chapter

80

00:03:25,601 --> 00:03:29,256

of creative utilizations of the bed nets.

81

00:03:29,456 --> 00:03:31,918

And we want to make sure that first and foremost

82

00:03:32,118 --> 00:03:33,607

people are taken care of

83

00:03:33,807 --> 00:03:37,538

before fish and goats and plants are taken care of.

84

00:03:37,738 --> 00:03:40,271

So in terms of of using the nets,

85

00:03:40,471 --> 00:03:43,506

an important IR question could be

86

00:03:43,706 --> 00:03:46,176

"Is there a better way to do health education,

87

00:03:46,376 --> 00:03:47,627

health communication,

88

00:03:47,827 --> 00:03:50,012

social behavioural change communication,

89

00:03:50,212 --> 00:03:54,072

that will ensure that people are using their nets?"

90

00:03:57,125 --> 00:04:00,053

One of the things we discovered after a mass distribution in one of our countries,

91

00:04:00,253 --> 00:04:01,747

is that there was no follow up.

92

00:04:01,947 --> 00:04:04,271

They had trained village volunteers

93

00:04:04,371 --> 00:04:06,559

to go out and calculate the number of people

94

00:04:06,634 --> 00:04:07,735

living in the village

95

00:04:07,935 --> 00:04:10,010

and giving them vouchers,

96

00:04:10,110 --> 00:04:12,015

but they didn't train them to follow up

97

00:04:12,077 --> 00:04:13,254

to make sure people knew

98

00:04:13,304 --> 00:04:15,496

how to hang the net in their particular house,

99

00:04:15,583 --> 00:04:17,669

the importance of sleeping under the net

100

00:04:17,869 --> 00:04:20,071

So possibly, an IR question is,

101

00:04:20,271 --> 00:04:23,555

"How can we develop a communication approach

102

00:04:23,755 --> 00:04:27,684

that will increase the likelihood of people sleeping under nets?"

103

00:04:27,884 --> 00:04:29,557

So again, using our findings

104

00:04:29,757 --> 00:04:31,632

and trying to develop questions

105

00:04:31,832 --> 00:04:34,832

for better interventions that can be tested.

106

00:04:35,769 --> 00:04:40,408

We've discovered with another infectious disease of

107

00:04:40,608 --> 00:04:43,310

poverty, lymphatic filariasis

108

00:04:43,510 --> 00:04:44,619

that we do have stages.

109

00:04:44,819 --> 00:04:52,588

There are approximately 7 to 10 years of intervention

110

00:04:52,707 --> 00:04:58,125

for mass drug administration

111

00:04:58,325 --> 00:05:01,635

to control the disease.

112

00:05:01,835 --> 00:05:05,116

But again, you don't want to stop control completely

113

00:05:05,256 --> 00:05:09,263

until you know that you have really brought down

114

00:05:09,463 --> 00:05:10,984

the incidence of the disease.

115

00:05:11,184 --> 00:05:14,989

Then you need to do a various kinds of assessments.

116

00:05:15,189 --> 00:05:17,270

Now these surveys,

117

00:05:17,470 --> 00:05:19,133

these assessments are not cheap.

118

00:05:19,333 --> 00:05:22,425

So you don't want to do it prematurely.

119

00:05:22,625 --> 00:05:24,611

So some researchers

120

00:05:24,811 --> 00:05:27,810

have said, Okay. Can we come up with new ways

121

00:05:28,010 --> 00:05:31,010

of getting information on compliance,

122

00:05:31,210 --> 00:05:34,370

you know, with the drugs,

123

00:05:34,570 --> 00:05:37,570

with the ivermectin and albendazole

124

00:05:37,770 --> 00:05:39,263

in Africa?

125

00:05:39,463 --> 00:05:42,224

Can we find out if people are actually taking these drugs?

126

00:05:42,424 --> 00:05:45,014

And are enough people taking it

127

00:05:45,214 --> 00:05:47,757

to bring down the incidence of the disease

128

00:05:47,957 --> 00:05:51,599

before we actually do a mass survey?

129

00:05:51,799 --> 00:05:55,462

So what kind of ways of finding out

130

00:05:55,662 --> 00:05:57,237

from the health workers,

131

00:05:57,437 --> 00:05:58,784

from the communities,

132

00:05:58,984 --> 00:06:00,243

you know, can we use?

133

00:06:00,343 --> 00:06:01,879

Can we design an intervention

134

00:06:02,079 --> 00:06:05,410

that will have real-time information collection

135

00:06:05,610 --> 00:06:08,138

to help us inform our programme

136

00:06:08,338 --> 00:06:10,162

when to stop.

137

00:06:10,362 --> 00:06:13,010

So this is another example of a question

138

00:06:13,210 --> 00:06:15,643

of, you know, how are we doing?

139

00:06:15,843 --> 00:06:17,094

and in intervention,

140

00:06:17,294 --> 00:06:21,019

"Can we collect information in real-time better?"

141

00:06:21,219 --> 00:06:23,100

There are a number of questions here

142

00:06:23,300 --> 00:06:25,229

that we can think about very briefly.

143

00:06:25,429 --> 00:06:27,385

Some of you may have experienced these.

144

00:06:27,497 --> 00:06:31,119

Hopefully these ideas will make you think of some of the challenges

145

00:06:31,319 --> 00:06:33,148

that occur in your own environment.

146

00:06:33,348 --> 00:06:36,946

We have a challenge that we've seen

147

00:06:37,146 --> 00:06:39,952

with malaria intervention coverage being low.

148

00:06:40,164 --> 00:06:42,532

One option

149

00:06:42,732 --> 00:06:46,576

is looking at community distribution:

150

00:06:46,776 --> 00:06:51,074

community volunteers providing intermittent preventive treatment

151

00:06:51,149 --> 00:06:52,136

for pregnant women.

152

00:06:52,287 --> 00:06:54,971

There have been pros and cons discussed

153

00:06:55,171 --> 00:07:00,525

but we will not know if this is a reasonable and safe intervention until we pilot test it.

154

00:07:02,335 --> 00:07:03,758

So we need to raise questions

155

00:07:03,833 --> 00:07:06,956

about is there a community component

156

00:07:07,156 --> 00:07:10,029

to the antenatal care delivery.

157

00:07:10,229 --> 00:07:12,550

Can we have a community clinic partnership

158

00:07:12,750 --> 00:07:18,764

to improve the delivery of this IPT?

159

00:07:18,964 --> 00:07:20,795

One of the biggest challenges

160

00:07:20,995 --> 00:07:23,570

that all health services face,

161

00:07:23,770 --> 00:07:26,577

again you saw this in the last module, is stock-out.

162

00:07:26,777 --> 00:07:28,267

And sometimes

163

00:07:28,467 --> 00:07:31,692

clinics don't receive enough stock for themselves,

164

00:07:31,892 --> 00:07:34,875

let alone to distribute to community health workers

165

00:07:35,075 --> 00:07:37,057

for community-case management.

166

00:07:37,457 --> 00:07:39,464

So the question is,

167

00:07:39,664 --> 00:07:42,826

Is there a better way, more effective way,

168

00:07:43,026 --> 00:07:45,842

an intervention that could improve

169

00:07:46,042 --> 00:07:49,506

the availability of these drugs and other commodities

170

00:07:49,706 --> 00:07:52,396

to address community case management?

171

00:07:52,896 --> 00:07:56,319

Is there a role for private sector?

172

00:07:56,519 --> 00:07:59,455

Is there a role for revolving funds?

173

00:07:59,655 --> 00:08:00,567

What could be done?

174

00:08:00,692 --> 00:08:04,407

So we need to raise these kinds of intervention ideas

175

00:08:04,607 --> 00:08:07,905

as questions for implementation research.

176

00:08:08,392 --> 00:08:10,921

Again, we find in some cases,

177

00:08:11,121 --> 00:08:14,449

that community health workers

178

00:08:14,649 --> 00:08:19,753

have been taught to recognize malaria by signs and symptoms.

179

00:08:19,953 --> 00:08:25,099

But we know that not all cases of fever are malaria.

180

00:08:25,186 --> 00:08:26,488

And we know

181

00:08:26,551 --> 00:08:28,353

that many people enjoy the service

182

00:08:28,416 --> 00:08:30,140

of the community health worker

183

00:08:30,215 --> 00:08:32,484

since it improves access, it's very convenient.

184

00:08:32,824 --> 00:08:34,225

So the question is,

185

00:08:34,425 --> 00:08:37,180

Can we train, and can they effectively do

186

00:08:37,380 --> 00:08:40,491

rapid diagnostic tests for malaria

187

00:08:40,691 --> 00:08:42,593

at the village level?

188

00:08:42,793 --> 00:08:46,466

Okay. So an intervention to test this out would be in order.

189

00:08:46,666 --> 00:08:51,131

So again our goal is to increase our coverage of appropriate care.

190

00:08:51,681 --> 00:08:55,749

Let's say that we, again, we've been looking at ivermectin.

191

00:08:55,949 --> 00:08:59,878

This is a programme that started with mass distribution

192

00:09:00,078 --> 00:09:04,035

through community effort in 1995,

193

00:09:04,235 --> 00:09:06,573

the founding of the African Programme,

194

00:09:06,773 --> 00:09:08,248

for Onchocerciasis Control,

195

00:09:08,448 --> 00:09:09,906

and it's been estimated that if coverage can be maintained,

196

00:09:13,091 --> 00:09:16,491

at least 65% of eligible people

197

00:09:16,691 --> 00:09:21,183

up till...for at least 20-some years,

198

00:09:21,383 --> 00:09:24,368

that we might be able to eliminate transmission

199

00:09:24,568 --> 00:09:25,889

of the disease.

200

00:09:26,469 --> 00:09:27,834

There are a lot of ifs there

201

00:09:28,034 --> 00:09:29,503

but this is a question.

202

00:09:29,703 --> 00:09:34,241

But sometimes, and hopefully by the early 2020s,

203

00:09:34,441 --> 00:09:35,754

we might achieve that goal.

204

00:09:35,954 --> 00:09:39,116

But, if people have been taking this drug every year,

205

00:09:39,316 --> 00:09:42,316

and for some reason the coverage drops,

206

00:09:42,516 --> 00:09:43,990

less people take it.

207

00:09:44,190 --> 00:09:46,679

You know, is it because they're tired of taking it?

208

00:09:46,879 --> 00:09:48,618

Is it because of supplies?

209

00:09:48,818 --> 00:09:50,402

What are the reasons?

210

00:09:50,602 --> 00:09:51,563

But we need to think,

211

00:09:51,563 --> 00:09:53,560

Okay, we've been working with our communities

212

00:09:54,081 --> 00:09:55,510

to distribute this drug,

213

00:09:55,710 --> 00:09:58,289

is there any way we can tweak or improve

214

00:09:58,489 --> 00:10:01,561

on that community distribution to make it better?

215

00:10:01,624 --> 00:10:03,208

So that would be another example

216

00:10:03,283 --> 00:10:05,375

of an implementation research question.

217

00:10:06,212 --> 00:10:09,514

We had some data, that we talked about before,

218

00:10:09,714 --> 00:10:12,037

from our health information system,

219

00:10:12,237 --> 00:10:17,569

and we show that while we've increased over the years

220

00:10:17,769 --> 00:10:20,411

the number of women who got their second dose

221

00:10:20,611 --> 00:10:22,791

of IPT,

222

00:10:22,991 --> 00:10:24,940

what has happened is that

223

00:10:25,140 --> 00:10:27,792

now that we've introduced 3 or more doses

224

00:10:27,992 --> 00:10:33,967

we have the challenge of living up to that new target.

225

00:10:34,466 --> 00:10:37,111

And although these data show

226

00:10:37,311 --> 00:10:38,969

that in, I think it was Burkina Faso,

227

00:10:39,169 --> 00:10:42,965

that, yes, that once IPT3 was introduced

228

00:10:43,165 --> 00:10:47,307

it has been taken up by more women.

229

00:10:47,507 --> 00:10:50,696

But we also recognize

230

00:10:50,796 --> 00:10:55,908

that it is nowhere near these targets of 80% or more.

231

00:10:56,108 --> 00:10:58,059

So what can we do?

232

00:10:58,259 --> 00:11:03,465

First, are there interventions at the clinic that can be done?

233

00:11:03,665 --> 00:11:06,163

Is there a special training that nurses could have

234

00:11:06,363 --> 00:11:12,330

to help them recognize and record the need for treatment

235

00:11:12,530 --> 00:11:14,375

of the third dose?

236

00:11:14,575 --> 00:11:18,376

Is there anything they could do to improve their interviewing skills

237

00:11:18,576 --> 00:11:20,789

to identify women who need a third dose?

238

00:11:20,789 --> 00:11:22,780

Is there anything they could do to encourage women to come back

239

00:11:24,497 --> 00:11:26,407

for antenatal care, you know,

240

00:11:26,607 --> 00:11:30,129

for the requisite number of times so that they get their full dose?

241

00:11:30,329 --> 00:11:32,263

And as we mentioned before,

242

00:11:32,463 --> 00:11:34,660

is there a role for the community?

243

00:11:34,860 --> 00:11:35,826

In some places,

244

00:11:35,939 --> 00:11:38,324

a community intervention has been designed

245

00:11:38,524 --> 00:11:42,689

where the community mobilizes and educates mothers

246

00:11:42,889 --> 00:11:46,647

and others, testing out whether the community can help deliver

247

00:11:46,847 --> 00:11:48,197

these additional doses.

248

00:11:48,397 --> 00:11:50,442

So again our information

249

00:11:50,642 --> 00:11:52,554

raises the question

250

00:11:52,754 --> 00:11:55,934

that we can think about together as we said earlier,

251

00:11:56,134 --> 00:12:00,399

with all of our stakeholders come up with a locally relevant design,

252

00:12:00,599 --> 00:12:02,609

locally relevant intervention

253

00:12:02,696 --> 00:12:05,282

that can be tested through implementation research.

254

00:12:05,382 --> 00:12:08,616

We talked about our various surveys.

255

00:12:08,816 --> 00:12:11,931

Our demographic and health surveys.

256

00:12:12,131 --> 00:12:15,050

Our malaria indicator surveys.

257

00:12:15,250 --> 00:12:18,785

And we want to use that information

258

00:12:18,985 --> 00:12:23,568

to guide us to think about improving programmes,

259

00:12:23,743 --> 00:12:25,815

designing new interventions.

260

00:12:26,223 --> 00:12:30,758

So we can see that from this survey

261

00:12:30,958 --> 00:12:37,877

that there was increase in the number of children

262

00:12:38,077 --> 00:12:40,758

who had been tested, had a blood test,

263

00:12:40,958 --> 00:12:43,942

whether it was RDT or microscopy,

264

00:12:44,142 --> 00:12:47,860

but who had a test, so that number has been slowly increasing.

265

00:12:49,273 --> 00:12:50,841

Now the question is,

266

00:12:51,041 --> 00:12:54,340

the goal is not just testing anybody who has malaria

267

00:12:54,540 --> 00:12:56,921

because we don't know until we test.

268

00:12:57,121 --> 00:13:01,098

Our goal is to test anyone with a fever

269

00:13:01,298 --> 00:13:03,780

and then promptly treat them.

270

00:13:03,980 --> 00:13:07,223

So what we're seeing is that

271

00:13:07,423 --> 00:13:09,602

we have a long way to go.

272

00:13:09,802 --> 00:13:13,440

And it means if we're providing treatment for these children,

273

00:13:13,640 --> 00:13:15,933

if we've only tested less than half of them,

274

00:13:16,133 --> 00:13:19,853

we may be giving inappropriate treatment to the other half.

275

00:13:20,489 --> 00:13:22,136

So the question is,

276

00:13:22,336 --> 00:13:24,297

why that being done?

277

00:13:24,497 --> 00:13:29,441

Now earlier we mentioned that testing may not be done in the community,

278

00:13:29,641 --> 00:13:31,487

And we may want an intervention

279

00:13:31,587 --> 00:13:34,586

where village health workers or community health workers

280

00:13:34,786 --> 00:13:38,710

can be encouraged to use, trained to use these tests,

281

00:13:38,785 --> 00:13:40,607

and we can if that intervention works.

282

00:13:40,732 --> 00:13:42,322

But it also happens in the clinic.

283

00:13:42,517 --> 00:13:45,454

We found in places where the attitudes of the health workers

284

00:13:45,654 --> 00:13:46,370

were a bit poor.

285

00:13:46,570 --> 00:13:49,206

They trust in their judgment better than the test.

286

00:13:49,406 --> 00:13:51,771

The tests are actually quite accurate

287

00:13:51,971 --> 00:13:54,547

or else money wouldn't be spent on buying them.

288

00:13:54,635 --> 00:13:56,572

But what we still want to think about is,

289

00:13:56,772 --> 00:14:00,246

how do we increase the confidence of the health workers?

290

00:14:00,358 --> 00:14:02,185

What kind of intervention can be done

291

00:14:02,385 --> 00:14:03,950

in terms not just training

292

00:14:04,150 --> 00:14:06,486

but supervision, reinforcement, mentorship.

293

00:14:06,686 --> 00:14:11,566

So we need to design interventions that can increase the use of testing

294

00:14:11,766 --> 00:14:14,141

in the clinics and in the communities.

295

00:14:14,341 --> 00:14:17,072

You saw this information earlier,

296

00:14:17,272 --> 00:14:19,640

about supervisory checklists

297

00:14:19,832 --> 00:14:22,081

for the community health workers

298

00:14:22,281 --> 00:14:24,280

doing community case management

299

00:14:24,480 --> 00:14:25,483

of childhood illness,

300

00:14:25,683 --> 00:14:28,295

and as we said at that point in time,

301

00:14:28,495 --> 00:14:33,936

we had major challenges in the area of history taking and examination.

302

00:14:34,136 --> 00:14:35,730

Although things were improving,

303

00:14:35,930 --> 00:14:38,347

this area was the weakest area.

304

00:14:38,547 --> 00:14:40,237

So the question there again is,

305

00:14:40,437 --> 00:14:43,993

can we do something to improve supervision?

306

00:14:44,193 --> 00:14:45,552

What can we do?

307

00:14:45,752 --> 00:14:49,814

We've seen community health worker programmes in other countries,

308

00:14:50,014 --> 00:14:55,461

that recognize that health staff may not have adequate transportation.

309

00:14:55,661 --> 00:14:58,358

But in a smaller geographical area,

310

00:14:58,558 --> 00:15:01,459

one of the more experienced community health workers

311

00:15:01,659 --> 00:15:03,828

could serve as a peer supervisor,

312

00:15:04,028 --> 00:15:07,627

and be able to move around more easily in the villages to reinforce.

313

00:15:07,827 --> 00:15:10,659

So an intervention that we could test

314

00:15:10,859 --> 00:15:12,677

through implementation research

315

00:15:12,877 --> 00:15:16,040

may be by using peer supervisors.

316

00:15:16,240 --> 00:15:20,743

So these are the kind of things that the data should make us think,

317

00:15:20,943 --> 00:15:24,100

bring together the partners and stakeholders

318

00:15:24,300 --> 00:15:27,189

and talk about what kind of intervention might work

319

00:15:27,389 --> 00:15:30,518

to improve things in our own environment.

320

00:15:30,718 --> 00:15:35,772

We had also addressed this issue of ivermectin coverage,

321

00:15:35,972 --> 00:15:37,670

or compliance.

322

00:15:37,870 --> 00:15:39,743

We were able to collect information

323

00:15:39,943 --> 00:15:41,448

in about 5 countries,

324

00:15:41,648 --> 00:15:43,879

over an 8-year period,

325

00:15:44,079 --> 00:15:48,916

and found out how many people took or didn't take ivermectin,

326

00:15:49,116 --> 00:15:51,047

out of those 8 opportunities,

327

00:15:51,247 --> 00:15:57,042

and as you recall we did identify some particular groups at risk.

328

00:15:57,242 --> 00:15:59,213

So the question is,

329

00:15:59,413 --> 00:16:01,698

in these years leading up to the 2020s,

330

00:16:01,898 --> 00:16:03,775

when we hope to eliminate the disease,

331

00:16:03,975 --> 00:16:07,401

what interventions can we do

332

00:16:07,601 --> 00:16:11,876

to make it easier to reach certain segments of the population

333

00:16:12,076 --> 00:16:14,084

that are less likely to comply?

334

00:16:14,284 --> 00:16:16,584

So basically:

How can we reach women?

335

00:16:16,784 --> 00:16:18,709

How can we reach youth?

336

00:16:18,909 --> 00:16:23,194

Remember, people who are under 25 are less likely to comply.

337

00:16:23,394 --> 00:16:27,998

How do we reach ethnic minorities that may be living in the community?

338

00:16:28,198 --> 00:16:30,161

These are things we have to think about.

339

00:16:30,361 --> 00:16:34,032

Is it a question of training the community distributors better?

340

00:16:34,232 --> 00:16:37,232

Is it a question of ensuring that we have distributors

341

00:16:37,432 --> 00:16:39,129

from the minority groups,

342

00:16:39,329 --> 00:16:41,962

or distributors who are also women or youth?

343

00:16:42,049 --> 00:16:43,488

What can we do?

344

00:16:43,563 --> 00:16:45,715

Is there a way we can make it more convenient

345

00:16:45,802 --> 00:16:47,592

for people to get their ivermectin?

346

00:16:47,654 --> 00:16:50,150

These are the kinds of questions we need to be asking

347

00:16:50,350 --> 00:16:53,174

to lead us to design, or update,

348

00:16:53,374 --> 00:16:55,688

our interventions to make them more effective

349

00:16:55,888 --> 00:16:57,503

and reach more people.

350

00:16:57,703 --> 00:16:59,662

Well thank you very much for joining us

351

00:16:59,862 --> 00:17:03,352

and we look forward to having you with us again

352

00:17:03,552 --> 00:17:05,015

in the fourth chapter.

353

00:17:05,215 --> 00:17:06,235

Thank you.

<https://www.tdrmooc.org/courses/course-v1:TDR+IR+2016/courseware/b97676e54fa34c038d1429ab8c0aee66/b77468b327384d3596b6c67de25c16e7/?child=first>

Module 2: Needs Assessment for Implementation Research > Case studies on IR needs assessments > Case studies on IR needs assessments

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1. video Case studies on IR needs assessments
2. other Resources and References

Next

**Case studies on IR needs assessments**

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**Objectives**

To provide examples (case studies) of IR assessments from different settings and contexts:

* CDI examples
* ACT coverage
* IPTp coverage

**Case studies on IR needs assessments**

0

00:00:05,325 --> 00:00:10,225

In this chapter we will share a few implementation research

1

00:00:10,424 --> 00:00:15,537

case studies and will try to stress the importance of

2

00:00:15,799 --> 00:00:18,487

needs assessment in designing control

3

00:00:18,687 --> 00:00:22,224

and elimination programs in different settings.

4

00:00:22,424 --> 00:00:25,725

Different settings have different challenges. As we

5

00:00:25,987 --> 00:00:31,049

mentioned in the previous chapter these settings include: community

6

00:00:31,974 --> 00:00:38,050

health facility, work site, and schools in urban and rural areas.

7

00:00:38,250 --> 00:00:42,242

These are different geographical settings across the country.

8

00:00:42,442 --> 00:00:47,129

Data and evidence from these sources should inform implementation

9

00:00:47,329 --> 00:00:51,917

research potentials. Gathering evidence from published and

10

00:00:52,117 --> 00:00:57,985

unpublished reports, surveys and other sources gives a better

11

00:00:58,185 --> 00:01:04,685

understanding of programme needs in that setting. Here are some case studies.

12

00:01:05,760 --> 00:01:10,246

Our first example comes from adapting community directed

13

00:01:10,446 --> 00:01:15,392

treatment with ivermectin to addressing other health interventions.

14

00:01:16,692 --> 00:01:22,501

As a first step, we had to bring together a multi-disciplinary team:

15

00:01:22,701 --> 00:01:28,572

programme managers, public health experts, social scientists, and

16

00:01:28,797 --> 00:01:33,852

epidemiologists. We gathered base line information to understand

17

00:01:34,052 --> 00:01:38,627

the challenges. Not only to continue ivermectin distribution,

18

00:01:38,827 --> 00:01:45,037

but also to improve the delivery services for malaria, tuberculosis

19

00:01:45,237 --> 00:01:51,625

and Vitamin A. In order to design appropriate intervention, we needed

20

00:01:51,825 --> 00:01:56,549

also to understand the systems at different operational levels.

21

00:01:57,237 --> 00:02:02,629

By the understanding, we designed our standard intervention steps,

22

00:02:02,829 --> 00:02:09,048

as you can see in the slide. Because we did needs assessment

23

00:02:09,248 --> 00:02:14,393

at the beginning we were able to document the progress we made

24

00:02:14,593 --> 00:02:22,674

and able to compare it with the baseline. Basically, you can see

25

00:02:22,874 --> 00:02:28,574

some of the achievements on the slide. We had programme improvements

26

00:02:28,774 --> 00:02:34,561

not only in the delivery of services and in improving access

27

00:02:34,798 --> 00:02:39,780

to the services, but also the functioning of the health systems.

28

00:02:40,305 --> 00:02:44,965

As you can see in the slide, the effect of community directed

29

00:02:45,165 --> 00:02:51,033

intervention delivery was especially dramatic for malaria interventions.

30

00:02:52,183 --> 00:02:58,866

One, coverage with insecticide-treated bed nets and the percentage of

31

00:02:59,066 --> 00:03:03,686

children appropriately treated for malaria more than doubled.

32

00:03:05,074 --> 00:03:09,449

Annual ivermectin treatment coverage also improved,

33

00:03:09,649 --> 00:03:14,395

possibly because of greater community commitment to the total

34

00:03:14,595 --> 00:03:23,778

CDI package. In terms of costs to the health system, the CD strategy

35

00:03:23,978 --> 00:03:29,972

also appeared more efficient than the conventional delivery systems.

36

00:03:31,209 --> 00:03:36,900

Because the study we just described was built on the foundation of

37

00:03:37,100 --> 00:03:42,821

of CD ivermectin treatment approach the question remained:

38

00:03:43,021 --> 00:03:46,877

could this Community Directed Approach work in settings

39

00:03:47,077 --> 00:03:50,464

that didn’t have ivermectin distribution programme?

40

00:03:50,664 --> 00:03:56,868

Formative studies or needs assessment studies were done to find out whether

41

00:03:57,068 --> 00:04:03,659

Whether the approach could work in groups such as: the nomads, urban poor,

42

00:04:03,859 --> 00:04:11,208

rural areas with no community directed treatment with ivermectin experience.

43

00:04:11,408 --> 00:04:18,534

These results can encourage future IR. I would like to refer you

44

00:04:18,734 --> 00:04:24,315

to the article and hope you will read it. Bill will now continue

45

00:04:24,515 --> 00:04:28,381

with examples from the malaria programme. Thank you.

46

00:04:28,994 --> 00:04:32,829

Thank you, Uche. These have been very interesting examples

47

00:04:33,029 --> 00:04:40,102

because this has been an ongoing programme, this onchocerciasis program since at least 20 years

48

00:04:40,302 --> 00:04:43,365

and we’ve been reaping the benefits not just for ochocerciasis

49

00:04:43,565 --> 00:04:49,784

but for IR for other health programmes. We’re gonna talk about a few malaria

50

00:04:49,984 --> 00:04:54,350

examples right now. One of the biggest challenges we have in malaria

51

00:04:54,550 --> 00:04:59,244

is getting people the right medicine at the right time.

52

00:04:59,444 --> 00:05:05,353

And we’ve seen through our Global Fund reports, we’ve seen

53

00:05:05,553 --> 00:05:10,032

through our demographic and health or malaria indicator surveys that we

54

00:05:10,232 --> 00:05:13,877

have not done the best that we could in terms of making sure that

55

00:05:14,114 --> 00:05:19,206

sick people get the appropriate malaria drug as soon as they need it.

56

00:05:19,406 --> 00:05:25,627

And this may be due to the channel through which it’s provided

57

00:05:25,827 --> 00:05:29,801

and we need to think of interventions that can increase access

58

00:05:30,001 --> 00:05:34,192

(you’ll think back to module 1, access was one of the big issues

59

00:05:34,392 --> 00:05:39,545

that we talked about). So, we found that with normal public

60

00:05:39,745 --> 00:05:45,391

service based malaria programmes we’ve been able to possibly reach

61

00:05:45,591 --> 00:05:50,563

about half of people with the appropriate medicine. And so, again

62

00:05:50,763 --> 00:05:54,720

we’ve done needs assessments looking on our Global Fund reports,

63

00:05:54,920 --> 00:05:59,033

looking at our health information system reports, looking at reports

64

00:05:59,233 --> 00:06:04,521

from the demographic and health surveys and we see that this is not

65

00:06:04,721 --> 00:06:08,320

enough. So, we would then gather some additional information from

66

00:06:08,520 --> 00:06:12,490

interviewing people and we would try to think of some creative ways

67

00:06:12,690 --> 00:06:18,172

of delivering malaria drugs in an appropriate way. And one of the

68

00:06:18,372 --> 00:06:22,618

interventions that’s been tried in a number of countries, particularly

69

00:06:22,818 --> 00:06:26,886

through a special programe called the Affordable Medicines Facility

70

00:06:27,086 --> 00:06:32,149

for Malaria is making low cost appropriate malaria medications

71

00:06:32,349 --> 00:06:35,613

available to both the public, but especially the private sector.

72

00:06:35,813 --> 00:06:39,314

And this is one of the things that studies have shown is that

73

00:06:39,652 --> 00:06:43,654

many people get their malaria drugs in the private sector. So, we

74

00:06:43,854 --> 00:06:48,431

would use the information we have to design the intervention that would

75

00:06:48,631 --> 00:06:55,283

train, supervise, and ensure the correct stock for the private sector.

76

00:06:55,544 --> 00:06:59,361

Particularly, the private informal sector, they’re called medicine sellers,

77

00:06:59,549 --> 00:07:02,473

medicine shops, patent medicine sellers, chemical sellers.

78

00:07:02,673 --> 00:07:06,035

They have all different names. They're not available in all countries,

79

00:07:06,235 --> 00:07:09,178

it depends on the legal framework, but where they exist

80

00:07:09,378 --> 00:07:12,917

they meet a lot of the need. So, we need to use our information

81

00:07:13,117 --> 00:07:18,406

to design interventions for that group. We’ve talked about the issue

82

00:07:18,606 --> 00:07:22,787

of Intermittent Preventive Treatment (IPT) for pregnant women and the fact

83

00:07:22,987 --> 00:07:29,988

that new WHO guidance encourages women to get more than 2 doses of

84

00:07:30,188 --> 00:07:35,288

of IPT, now hopefully they can get at least 3, maybe 4 at every

85

00:07:35,488 --> 00:07:40,071

antenatal visit. But what we’ve seen is that in the process of

86

00:07:40,271 --> 00:07:48,985

increasing to doses or more, that we are not getting better coverage.

87

00:07:49,185 --> 00:07:53,829

There’s a drop-off. Which is normal in many ways, but again

88

00:07:54,029 --> 00:08:00,067

we need to use our needs assessment to find out is this drop off because

89

00:08:00,267 --> 00:08:02,855

of problems of stock out. So, we would look at our

90

00:08:03,055 --> 00:08:07,095

logistic management information system data to see if we are getting

91

00:08:07,295 --> 00:08:11,572

stocks to the local clinics. Is it a question of people not attending

92

00:08:11,772 --> 00:08:17,460

antenatal careenough times to benefit from the additional doses?

93

00:08:17,660 --> 00:08:21,045

What we can do? If we observe

94

00:08:21,245 --> 00:08:26,054

we may find that nurses are forgetting to give it, they're

95

00:08:26,246 --> 00:08:28,634

forgetting to inquire if the women have it, they're forgetting

96

00:08:28,834 --> 00:08:32,168

to look at the records to see if the woman has had previous doses,

97

00:08:32,368 --> 00:08:36,026

or they may be giving the doses and forgetting to record it.

98

00:08:36,226 --> 00:08:42,550

So, one intervention that might be tried would be a mobile health,

99

00:08:42,750 --> 00:08:47,333

mHealth type of programme where reminders can be sent on a regular

100

00:08:47,533 --> 00:08:53,525

basis to frontline clinic staff to encourage them to give IPT

101

00:08:53,725 --> 00:08:56,391

as many times as possible and record this.

102

00:08:56,591 --> 00:08:59,889

But again, we would need to do the needs assessment to find out

103

00:09:00,089 --> 00:09:03,932

what the problem is and assuming that we find out by observing,

104

00:09:04,132 --> 00:09:08,027

doing supervisory checklists that the problem is with the health workers,

105

00:09:08,227 --> 00:09:13,192

not carrying out the IPT tasks to the fullestthen we can try

106

00:09:13,392 --> 00:09:16,392

to design interventions based on the information we get from our

107

00:09:16,592 --> 00:09:21,511

needs assessment. In many countries community health workers are simply

108

00:09:21,711 --> 00:09:26,536

there to do health promotion health education. Provide information on

109

00:09:26,736 --> 00:09:31,545

sanitation, on hygiene, maybe encourage people to go to the clinic

110

00:09:31,745 --> 00:09:37,490

and get services, get treatment, encourage people to use bed-nets

111

00:09:37,690 --> 00:09:41,626

if they receive them, encourage pregnant women to go to antenatal care,

112

00:09:41,826 --> 00:09:46,702

but in our work with malaria in particular we’ve seen that

113

00:09:46,902 --> 00:09:53,291

again this is a missed opportunity. That, in order to increase coverage

114

00:09:53,491 --> 00:09:57,374

it would be very helpful if community health workers could

115

00:09:57,574 --> 00:10:04,027

provide basic treatment for malaria and as we said other common illnesses

116

00:10:04,227 --> 00:10:10,059

in the community. So, we do need to gather information, use our

117

00:10:10,259 --> 00:10:15,081

reports to determine that there are people being missed.

118

00:10:15,281 --> 00:10:19,594

We need to do further review of laws and legal framework,

119

00:10:19,794 --> 00:10:24,351

to see what about the possibility of community members handling

120

00:10:24,551 --> 00:10:29,997

simple medications. We need to look at the ability of communities

121

00:10:30,197 --> 00:10:35,394

to support volunteers. We need to look at the ability of health center staff

122

00:10:35,594 --> 00:10:41,498

to train and supervise. So, we need to look into, do a needs assessment

123

00:10:41,698 --> 00:10:46,779

on the feasibility of this. We also can learn from other countries.

124

00:10:46,979 --> 00:10:51,934

If a country has not introduced village health workers doing

125

00:10:52,134 --> 00:10:55,259

community case management, they can look at places like Rwanda

126

00:10:55,459 --> 00:10:58,459

that has well-established community health worker system

127

00:10:58,659 --> 00:11:03,886

where they do not only test for malaria, but also provide treatment

128

00:11:04,086 --> 00:11:07,781

for malaria and other childhood illnesses. So, again we can gather

129

00:11:07,981 --> 00:11:11,177

needs assessment info in the country and look at other programmes

130

00:11:11,377 --> 00:11:15,433

to learn from them. Again, related to this issue of community health

131

00:11:15,633 --> 00:11:19,166

workers,we don’t want to have a double standard,

132

00:11:19,366 --> 00:11:23,989

where you have what we call presumptive treatment of malaria.

133

00:11:24,189 --> 00:11:29,465

Based on signs and symptoms in one area which would be community health

134

00:11:29,665 --> 00:11:33,567

workers or even medicine shops, and then at the clinic have

135

00:11:33,767 --> 00:11:37,520

a different standard where we’re using parasitological tests like

136

00:11:37,720 --> 00:11:43,391

microscopy, like RDTs - rapid diagnostic tests, and then basing

137

00:11:43,591 --> 00:11:49,319

treatment on that. So, we have seen pilot interventions in some countries

138

00:11:49,519 --> 00:11:53,403

where the community health workers have been taught successfully

139

00:11:53,603 --> 00:11:59,930

to use RDTs safely and accurately. So, the question is if we want to

140

00:12:00,130 --> 00:12:05,142

introduce that into our country we need to examine other programmes,

141

00:12:05,342 --> 00:12:09,338

we need to collect information on treatment seeking, we need to

142

00:12:09,538 --> 00:12:14,565

provide information from supervising village health workers to see what

143

00:12:14,765 --> 00:12:18,977

they’re capable of. So, again, we need to do a needs assessment

144

00:12:19,177 --> 00:12:24,658

prior to developing any of these interventions, so that we base it on

145

00:12:24,858 --> 00:12:28,245

the local context, the local reality and the local needs.

146

00:12:28,445 --> 00:12:31,099

We have a few take home messages.

147

00:12:31,299 --> 00:12:38,953

Basically, we have tried to examine how the development

148

00:12:39,153 --> 00:12:44,330

of implementation research comes out of an assessment of needs,

149

00:12:44,530 --> 00:12:49,673

a baseline assessment, situation analysis of what is happening

150

00:12:49,873 --> 00:12:55,725

on the ground. Not only are people having access to and receiving

151

00:12:55,925 --> 00:12:59,954

the services, but also from the process point of view are these

152

00:13:00,154 --> 00:13:03,896

services being delivered in the most effective and efficient manner.

153

00:13:04,096 --> 00:13:09,542

We want to make sure that we not only have a plan to reach people

154

00:13:09,742 --> 00:13:12,742

and increase our targets, but that we look at the local system:

155

00:13:12,942 --> 00:13:16,230

the inside, the outside, the local context.

156

00:13:16,430 --> 00:13:19,970

Whether we’re talking about the context of schools, or clinics,

157

00:13:20,170 --> 00:13:24,151

or work sites or communities, but the context of different geographical

158

00:13:24,351 --> 00:13:27,663

areas, different epidemiological areas in our country for the

159

00:13:27,863 --> 00:13:32,869

different diseases and adapt our programmes to the information that

160

00:13:33,069 --> 00:13:37,475

we find about those particular areas. We stress that there’re

161

00:13:37,675 --> 00:13:42,167

many sources of information that you can use to do your

162

00:13:42,367 --> 00:13:44,759

needs assessment or situation analysis.

163

00:13:44,959 --> 00:13:49,102

Obviously, there’s wide variety of documents and reports on

164

00:13:49,302 --> 00:13:53,561

existing programmes. Some of these are from national or international

165

00:13:53,761 --> 00:13:57,922

agencies that have provided financial support. Some of these

166

00:13:58,122 --> 00:14:02,452

are internal programme reports. But we again want to look at reports

167

00:14:02,652 --> 00:14:06,476

and documents. We want to talk to the people.

168

00:14:06,676 --> 00:14:10,821

Those, who benefit from the programmes, or potentially could

169

00:14:11,021 --> 00:14:14,261

benefit, but may not be. We want to talk about the people directly

170

00:14:14,461 --> 00:14:18,995

involved in service delivery, service management, to get all of their views

171

00:14:19,195 --> 00:14:22,195

about what works, what doesn’t work and why.

172

00:14:22,395 --> 00:14:27,584

And then thirdly, we want to observe what is happening at the

173

00:14:27,784 --> 00:14:31,721

service delivery point, what is happening in the community that may

174

00:14:31,921 --> 00:14:36,308

influence the acceptance of a programme or access to a programme.

175

00:14:36,508 --> 00:14:39,508

What is happening in schools and work sites.

176

00:14:39,708 --> 00:14:42,708

We need to have a structured way.

177

00:14:42,908 --> 00:14:46,247

We’ve talked about checklists, for example. To learn what’s going on

178

00:14:46,447 --> 00:14:48,717

in that context, in that environment.

179

00:14:48,917 --> 00:14:52,966

And use that information for needs assessment to design

180

00:14:53,166 --> 00:14:58,655

good operations research. In conclusion, of course, we want

181

00:14:58,855 --> 00:15:05,694

good research questions that derive directly from available information

182

00:15:05,894 --> 00:15:09,179

that we’ve pulled together from existing reports or that we

183

00:15:09,379 --> 00:15:13,004

have gone out and collected through surveys and observation.

184

00:15:13,204 --> 00:15:17,667

So that our proposed intervention that we are going to study

185

00:15:17,867 --> 00:15:23,955

is based and grounded in the needs of those communities and settings.

186

00:15:24,155 --> 00:15:32,370

Before we go, just a little note about a couple of the resources

187

00:15:32,570 --> 00:15:37,193

that you can get online to help you plan implementation research

188

00:15:37,393 --> 00:15:42,862

and of course these have sections about the needs assessment process,

189

00:15:43,062 --> 00:15:48,502

the situation analysis process. We have both of these available on

190

00:15:48,702 --> 00:15:50,933

who.int/tdr website.

191

00:15:51,133 --> 00:15:56,968

One of course, is a toolkit that can be the basis for a training programme,

192

00:15:57,168 --> 00:15:59,644

and the other is a framework for planning.

193

00:15:59,844 --> 00:16:03,320

So, we hope you can access these materials for your use

194

00:16:03,520 --> 00:16:08,001

throughout this course. Thank you again for joining us

195

00:16:08,201 --> 00:16:10,792

in module two, Uche and I wish you well

196

00:16:10,992 --> 00:16:14,597

in the rest of the course. Enjoy module 3. Thank you.

<https://www.tdrmooc.org/courses/course-v1:TDR+IR+2016/courseware/b97676e54fa34c038d1429ab8c0aee66/b77468b327384d3596b6c67de25c16e7/?child=first>

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1. video Case studies on IR needs assessments
2. other Resources and References

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### Resources and References

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### Resources

Presentation available for download [**here**](https://www.tdrmooc.org/assets/courseware/v1/b5a17556b84f34e593fa7d6903f51bef/asset-v1:TDR+IR+2016+type@asset+block/Module2_Chapter4.pdf).

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* 3. Brieger WR, Sommerfeld JU, Amazigo UV. The potential for community-directed interventions: reaching underserved populations in Africa. *International Quarterly of Community Health Education* 2015, 35(4):295-316. [**Document here**](http://journals.sagepub.com/doi/pdf/10.1177/0272684X15592757).

<https://www.tdrmooc.org/courses/course-v1:TDR+IR+2016/courseware/b97676e54fa34c038d1429ab8c0aee66/6e3ffa0a30fc4f98aa89666d04e0bfb1/?child=first>

Module 2: Needs Assessment for Implementation Research > Conclusion > What you have learned

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1. other What you have learned

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**What you have learned**

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**What you have learned**

Each country has different successes and challenges in providing services for the infectious diseases of poverty, so their IR needs will differ.

We have many sources of information that can let us know that there is a need for IR to solve service delivery challenges (clinic records, community interviews, surveys and the like).

Research questions from IR should derive from our available information and focus on real service delivery challenges.

<https://www.tdrmooc.org/courses/course-v1:TDR+IR+2016/courseware/b97676e54fa34c038d1429ab8c0aee66/32deb259bb69474bb06cfb8ed7907b03/?child=first>

Module 2: Needs Assessment for Implementation Research > Assessment > Assessment

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1. problem Assessment

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**Assessment**

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**Assessment**

1.0 point possible (ungraded)

1. When discussing the ‘outer setting’ of implementation, we would NOT include…

Social and economic context

Local climate and weather

Interaction with other organizations

Influence of global financial supporters

Unanswered

2. The inner setting for considering implementation research design in real life systems includes all EXCEPT…

Organizational culture

Organizational structure

Physical facilities

Networks and relationships

Unanswered

3. Programmes are often planned to proceed along a pathway to meet a target such as malaria elimination. Which factor that might impede progress could justify implementation research?

Frequent stock-outs of essential commodities

Embezzling of project funds

Change in rainfall patterns

Late submission of project reports

Unanswered

4. In order develop implementation research to better control the infectious diseases of poverty we may need to look at programmes that are…

Costly and redundant

Terminated because of lack of funds

Are backed by strong political figures

Take place in other development settings like schools and workplaces

Unanswered

5. Programme documents can help us identify implementation research needs because they…

Offer insight into the writing and communication skills of programme staff

Provide evidence of programme gaps and reasons for problems

Are widely circulated among the donor community

Show pictures of satisfied clients

Unanswered

6. Progress report data may tell us where programme targets were not achieved, but we still need to \_\_\_\_\_\_\_\_\_ in order to learn why the gaps exit.

Conduct a financial audit

Interview programme staff and beneficiaries

Review civil service regulations

Analyze the current national health plan

Unanswered

7. Data from supervision may guide up to plan interventions to improve…

Health worker performance

Hiring practices

Budgeting procedures

Service locations

Unanswered

8. Which among the following data collection techniques for generating implementation research ideas are not useful ideas for learning from the consumers of services?

Focus group discussion

Questionnaire survey

Key informant interviews

Inventories of programme commodities

Unanswered

9. Observations that generate ideas about possible interventions for implementation research to improve service delivery might include:

Temperature and humidity at the service delivery point

Waiting time and flow of clients

Availability of file cabinets and shelves to store project reports

Location of a staff canteen

Unanswered

10. A tool that can foster systematic observation in identifying IR needs could be a…

Checklist

Microscope

Questionnaire

Key informant interview

Unanswered

11. A very basic question that distinguishes IR questions from questions for other types of research is…

What proteins should be targeted for a more effective vaccine?

What are the knowledge and attitudes of the service beneficiaries?

What are possible interventions that could be tested to address the implementation gaps?

Which medicine is more efficacious for the controlling of an infectious disease of poverty?

Unanswered

12. If we discover that the coverage of at least three doses of intermittent treatment for malaria in pregnancy (IPTp) has not been achieved for the past three years we might formulate an IR question that asks…

Is there another delivery mechanism in additional to antenatal clinic that could boost coverage?

Do women have the knowledge that at least 3 IPTp doses are needed?

Are health staff aware of the correct drug to use for IPTp?

Are our health information system data on IPTp accurate?

Unanswered

13. Our programmes are experiencing stockouts that reduce achievement of targets. An appropriate IR question to address this problem might be…

Are we using the right brands of drugs?

Can a system of mobile health reminders improve timely ordering of drugs?

Do we have adequate storage facilities?

Can health workers name all the drugs and commodities needed for the programme?

Unanswered

14. After 8 years of annual ivermectin distribution only 40% of eligible community residents have obtained fairly good compliance, and among these there are more men than youth and women. An appropriate IR question for this situation might be…

Do community members have a poor attitude toward ivermectin?

Are we recording ivermectin doses correctly each year?

Can community distributors accurately determine appropriate dosing of ivermectin?

Would specific recruitment of females and youth as community distributors boost compliance among these groups?

Unanswered

15. IR needs assessment determined that informal providers like patent medicine sellers could help boost coverage of correct malaria medication. IR questions for such a study might include all of the following EXCEPT:

Can simplified record keeping formats enable medicine sellers to document coverage better?

Do medicine sellers have room to stock malaria drugs?

Can medicine sellers ensure safety of their stock to prevent expiry and spoilage?

If medicine sellers practice patient counseling will uptake and compliance with malaria medicines increase?

Unanswered

16. We learned through IR needs assessment that health workers at antenatal clinic do not always provide all the doses of IPTp for which a pregnant woman is eligible. An example of an intervention to address this might be…

mHealth reminders for health workers to enhance IPT uptake

Using a different brand of the drug

Calculating IPTp dosage based on fundal height

Giving more health talks to the women on IPTp

Quizz can be taken 3 times