Christian: Implementation research apparaît deux fois en haut des pages. Peut-on en supprimer un ?

<https://www.tdrmooc.org/courses/course-v1:TDR+IR+2016/courseware/e3524f7df8814f0db55058c4356eb3b1/6dc1838abc8147d3b1f3296d228c021d/?child=first>

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**Module objectives**

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**General objectives of this module:**

* To identify and to specify the different types of strategies
* To justify the choice of the strategy for a given intervention
* To choose an appropriate Implementation Research design

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**Introduction**

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**Introduction**

**LEARNING OBJECTIVES**

0

00:00:05,183 --> 00:00:08,327

This is Module 3 of the 5 modules

1

00:00:08,505 --> 00:00:10,814

of the massive open online course

2

00:00:10,975 --> 00:00:13,600

on Implementation Research, developed by

3

00:00:13,712 --> 00:00:16,035

the Special Programme for Research and Training

4

00:00:16,178 --> 00:00:17,773

in Tropical Diseases.

5

00:00:17,984 --> 00:00:20,174

This module outlines the design

6

00:00:20,237 --> 00:00:22,494

of implementation strategies.

7

00:00:23,087 --> 00:00:27,187

Hello, my name is Pascale Allotey, Professor of Public Health,

8

00:00:27,582 --> 00:00:29,971

head of Global Public Health and Associate Director

9

00:00:30,058 --> 00:00:32,646

of the South East Asia Community Observatory

10

00:00:32,714 --> 00:00:34,993

at the Monash University campus in Malaysia.

11

00:00:35,281 --> 00:00:38,755

If this is your first visit to this site, a very warm welcome,

12

00:00:39,085 --> 00:00:42,480

and I would strongly encourage you to browse through the first two modules

13

00:00:42,892 --> 00:00:45,207

that introduce implementation research

14

00:00:45,390 --> 00:00:47,940

and provide an overview of how to address

15

00:00:48,093 --> 00:00:51,620

different contexts in which implementation research projects

16

00:00:51,783 --> 00:00:53,813

can be designed and undertaken.

17

00:00:53,913 --> 00:00:58,209

In this 3rd module on designing implementation research strategies,

18

00:00:58,372 --> 00:01:01,104

Professor Maria Rosário O. Martins

19

00:01:01,273 --> 00:01:06,396

will take you through how to identify and specify implementation strategies.

20

00:01:06,759 --> 00:01:10,890

In other words, given a range of possible options,

21

00:01:11,077 --> 00:01:14,380

how do you decide which is the best strategy

22

00:01:14,556 --> 00:01:16,225

for the particular health problem

23

00:01:16,455 --> 00:01:19,314

and intervention with which you are faced?

24

00:01:19,472 --> 00:01:21,799

Working with Dr. Neal Alexander

25

00:01:21,977 --> 00:01:23,693

and Dr. Jorge Arroz

26

00:01:23,857 --> 00:01:27,164

Maria and her team will systematically take you through

27

00:01:27,251 --> 00:01:29,691

the process of identifying approaches

28

00:01:29,941 --> 00:01:32,419

through an understanding of the context,

29

00:01:32,612 --> 00:01:35,401

through an exploration of existing literature,

30

00:01:35,505 --> 00:01:38,648

including how to assess the quality of the evidence

31

00:01:38,813 --> 00:01:40,767

and through an assessment of the suite

32

00:01:40,917 --> 00:01:42,954

of methods you have at your disposal.

33

00:01:43,305 --> 00:01:46,492

They present a case study from ongoing work

34

00:01:46,556 --> 00:01:49,306

in prevention of malaria in Mozambique,

35

00:01:49,552 --> 00:01:51,416

which brings the concepts to life

36

00:01:51,641 --> 00:01:53,435

and provides a concrete example

37

00:01:53,611 --> 00:01:56,343

to guide your understanding of the concepts.

38

00:01:56,577 --> 00:01:59,343

To recap briefly, in Module 1,

39

00:01:59,512 --> 00:02:02,458

we explained the role of implementation research

40

00:02:02,595 --> 00:02:04,048

in addressing the challenge

41

00:02:04,163 --> 00:02:07,880

of getting efficacious interventions to those to need it.

42

00:02:08,039 --> 00:02:10,296

Implementation research does this

43

00:02:10,433 --> 00:02:12,814

through the identification of the barriers

44

00:02:12,971 --> 00:02:15,014

and in the development and testing

45

00:02:15,099 --> 00:02:17,745

of strategies to overcome these barriers.

46

00:02:17,904 --> 00:02:20,763

Module 2 took you through the challenges

47

00:02:20,828 --> 00:02:24,091

of understanding and working with a diverse context

48

00:02:24,255 --> 00:02:27,084

that have an impact on implementation.

49

00:02:27,270 --> 00:02:28,607

We address, for instance,

50

00:02:28,743 --> 00:02:31,677

why an intervention would work in one context

51

00:02:31,826 --> 00:02:32,914

and not in another,

52

00:02:33,070 --> 00:02:34,937

making context, therefore,

53

00:02:34,987 --> 00:02:37,766

a critical component of implementation.

54

00:02:37,994 --> 00:02:43,316

This 3rd module focuses on how to design implementation strategies

55

00:02:43,566 --> 00:02:45,869

and the research approaches required

56

00:02:46,083 --> 00:02:48,192

to ensure robust evidence

57

00:02:48,374 --> 00:02:51,470

to justify the implementation approach.

58

00:02:51,801 --> 00:02:54,413

The module is divided into 3 sections.

59

00:02:54,811 --> 00:02:58,077

Chapters 1 and 2 are presented by Maria.

60

00:02:58,501 --> 00:03:02,163

In Chapter 1, she defines an implementation strategy.

61

00:03:02,356 --> 00:03:05,656

In Chapter 2, she takes you through the approaches

62

00:03:05,783 --> 00:03:08,478

for justification of your research strategy,

63

00:03:08,603 --> 00:03:11,998

and in Chapter 3, Neal will walk you through

64

00:03:12,128 --> 00:03:13,962

the appropriate research design

65

00:03:14,222 --> 00:03:16,425

to ensure the robustness of the evidence

66

00:03:16,603 --> 00:03:19,365

generated by your implementation research.

67

00:03:19,525 --> 00:03:21,844

The module culminates in a case study

68

00:03:21,990 --> 00:03:25,528

of a project in Mozambique called Native by Jorge.

69

00:03:25,706 --> 00:03:27,171

By the end of the module,

70

00:03:27,502 --> 00:03:30,437

you'll be able to identify different types

71

00:03:30,559 --> 00:03:32,421

of implementation strategies,

72

00:03:32,712 --> 00:03:36,548

specify the different type of implementation strategies,

73

00:03:36,822 --> 00:03:39,957

and use these concepts in real life examples

74

00:03:40,216 --> 00:03:42,711

to choose an appropriate implementation design

75

00:03:42,879 --> 00:03:44,855

related to diseases of poverty

76

00:03:45,018 --> 00:03:48,202

and other types of public health research priorities.

77

00:03:48,629 --> 00:03:51,919

The module includes a list of recommended readings,

78

00:03:52,167 --> 00:03:55,189

some exercises to ensure formative assessment,

79

00:03:55,362 --> 00:03:57,140

and points for discussion.

80

00:03:57,457 --> 00:03:59,745

Best of luck, and enjoy the module.

<https://www.tdrmooc.org/courses/course-v1:TDR+IR+2016/courseware/e3524f7df8814f0db55058c4356eb3b1/4108d587e4dc490e94af1a3d2e5a989c/?child=first>

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**Objectives**

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**Objectives**

At the end of this chapter you will be able to:

* + Identify different types of implementation strategies
  + Specify the different types of implementation strategies
  + Use these concepts in real-life examples related to diseases of poverty

**Identify and specify the different types of strategies**

0

00:00:04,488 --> 00:00:07,326

Hello, welcome to module 3.

1

00:00:07,677 --> 00:00:10,489

My name is Maria Rosário Martins,

2

00:00:10,719 --> 00:00:13,682

and I am professor of statistics and research methods

3

00:00:17,545 --> 00:00:19,432

in the Institute of Hygiene and Tropical Medicine, Lisbon, Portugal.

4

00:00:19,664 --> 00:00:22,376

And I am also the coordinator of this module.

5

00:00:22,627 --> 00:00:26,314

Today my topic is on the definition and specification

6

00:00:26,579 --> 00:00:28,504

of implementation strategy.

7

00:00:28,720 --> 00:00:32,995

This is the first talk in the series that will discuss in detail

8

00:00:33,220 --> 00:00:36,220

the design of an implementation strategy.

9

00:00:37,115 --> 00:00:39,902

Let me begin by giving you an overview of

10

00:00:40,116 --> 00:00:41,891

what I want to cover today.

11

00:00:42,518 --> 00:00:46,518

I'm going first to introduce you to a real life example,

12

00:00:46,747 --> 00:00:50,059

related to bed nets delivery in Mozambique.

13

00:00:50,998 --> 00:00:55,773

Then, I am going to talk about two possible definitions

14

00:00:55,994 --> 00:01:00,532

for implementation strategy together with real life examples.

15

00:01:00,959 --> 00:01:06,534

And finally, I'm going to present 5 important dimensions

16

00:01:07,091 --> 00:01:09,428

that are very useful in the description

17

00:01:09,646 --> 00:01:11,984

of implementation strategy.

18

00:01:12,523 --> 00:01:16,885

So, the fundamental point that drives this segment

19

00:01:17,095 --> 00:01:22,733

is that implementation strategies description must be very precise.

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00:01:23,652 --> 00:01:28,377

This explanation must allow us to measure the different components

21

00:01:28,595 --> 00:01:32,408

of the strategy, and also to reproduce it.

22

00:01:33,534 --> 00:01:38,521

At the end of this chapter we hope that you will be able to

23

00:01:38,828 --> 00:01:42,353

identify the different types of implementation strategies,

24

00:01:42,652 --> 00:01:47,239

to specify the different types of implementation strategies,

25

00:01:47,499 --> 00:01:50,624

and to use these concepts in real life examples

26

00:01:50,867 --> 00:01:53,479

related to diseases of poverty.

27

00:01:53,784 --> 00:01:57,121

Let us begin our lecture by presenting an example

28

00:01:57,430 --> 00:02:00,605

related to the bed net delivery in Mozambique.

29

00:02:01,302 --> 00:02:03,602

So, what is the problem?

30

00:02:04,261 --> 00:02:08,099

Malaria is considered the most important public health problem

31

00:02:08,308 --> 00:02:09,520

in Mozambique.

32

00:02:10,070 --> 00:02:12,520

It is the leading cause of mortality

33

00:02:12,750 --> 00:02:18,325

with 35% of children aged under 5 years testing positive

34

00:02:18,533 --> 00:02:21,883

for malaria parasites in 2011.

35

00:02:22,755 --> 00:02:26,968

Moreover, in these children malaria accounts for

36

00:02:27,287 --> 00:02:29,925

42% of deaths.

37

00:02:30,422 --> 00:02:35,797

In addition, we also know that malaria prevalence is different

38

00:02:36,060 --> 00:02:41,123

across the regions with very small figures in the capital Maputo,

39

00:02:41,467 --> 00:02:46,305

that is around 1.5%

40

00:02:47,682 --> 00:02:51,682

and it is very, very high in Zambézia

41

00:02:52,024 --> 00:02:55,461

with numbers around 55%.

42

00:02:56,175 --> 00:02:59,025

And we can all see that in general

43

00:02:59,300 --> 00:03:02,463

prevalence rates are higher in the North,

44

00:03:02,900 --> 00:03:04,925

and lower in the South.

45

00:03:05,711 --> 00:03:10,336

In terms of coverage, the indicators are also below the target.

46

00:03:10,596 --> 00:03:12,508

As we can see in this table,

47

00:03:12,786 --> 00:03:18,448

in 2011 only 36% of children

48

00:03:18,801 --> 00:03:21,801

under 5 slept under a bed net.

49

00:03:22,048 --> 00:03:26,873

Furthermore, only 34% of the pregnant women

50

00:03:27,129 --> 00:03:29,379

slept under the bed nets.

51

00:03:29,897 --> 00:03:33,272

One can ask, why the different interventions

52

00:03:33,506 --> 00:03:36,506

do not reach the desired outcomes?

53

00:03:37,385 --> 00:03:39,048

We have a health problem.

54

00:03:39,293 --> 00:03:44,430

On the other side we know that there are efficacious interventions.

55

00:03:44,694 --> 00:03:46,906

So, what do we know exactly?

56

00:03:47,227 --> 00:03:50,402

We know that the use of bed nets,

57

00:03:50,806 --> 00:03:53,218

in particular, long lasting nets

58

00:03:53,485 --> 00:03:55,010

are efficacious.

59

00:03:55,628 --> 00:03:58,303

We also know, that the use of bed nets

60

00:03:58,529 --> 00:04:01,654

reduces malaria episodes among children.

61

00:04:02,246 --> 00:04:07,084

And finally, we also know that the use of treated bed nets

62

00:04:07,352 --> 00:04:08,965

is cost effective,

63

00:04:09,183 --> 00:04:11,808

namely, the long lasting ones.

64

00:04:12,452 --> 00:04:16,752

However, there is still a low coverage in Mozambique.

65

00:04:17,509 --> 00:04:18,959

So, again...

66

00:04:19,351 --> 00:04:22,901

There is an efficacious intervention.

67

00:04:23,864 --> 00:04:27,151

But, there is an implementation problem.

68

00:04:27,572 --> 00:04:31,535

We need to develop or to design strategies

69

00:04:31,884 --> 00:04:36,021

in order to improve the bed nets used

70

00:04:36,218 --> 00:04:38,255

by the population in need.

71

00:04:38,857 --> 00:04:42,907

As conclusion, we know that the use of bed nets

72

00:04:43,325 --> 00:04:46,400

reduces malaria transmission rates.

73

00:04:46,956 --> 00:04:50,856

But, we need more research into the most effective

74

00:04:51,100 --> 00:04:55,663

and sustainable way to deliver those bed nets

75

00:04:56,236 --> 00:04:59,899

and to assure that they are properly used.

76

00:05:00,613 --> 00:05:04,213

But one can ask, what are the reasons for this failure?

77

00:05:04,899 --> 00:05:09,224

The literature identifies several reasons for this failure.

78

00:05:09,840 --> 00:05:13,328

On one hand, there are several issues related to

79

00:05:13,631 --> 00:05:16,044

supply chain in the countries,

80

00:05:16,361 --> 00:05:21,274

that don't have a formal system for routing distribution.

81

00:05:22,230 --> 00:05:27,055

On the other hand, in Mozambique there are poor road conditions.

82

00:05:27,946 --> 00:05:32,396

As we can see in the map, Mozambique is a very large country,

83

00:05:32,694 --> 00:05:36,969

and many districts are not accessible during the rainy season.

84

00:05:37,469 --> 00:05:41,469

Finally, there are also issues related to the poor

85

00:05:41,710 --> 00:05:43,660

information management systems

86

00:05:43,946 --> 00:05:48,684

to detect shortages and stock-outs of malaria products.

87

00:05:49,380 --> 00:05:52,867

So, we have a research question,

88

00:05:53,428 --> 00:05:56,965

and we need to develop effective solutions

89

00:05:57,399 --> 00:06:00,749

for the problem related to implementation.

90

00:06:01,420 --> 00:06:04,795

As we already know, that in the first phase

91

00:06:05,120 --> 00:06:08,983

we need to identify the problem and its context.

92

00:06:10,302 --> 00:06:12,840

And then, the second phase

93

00:06:13,120 --> 00:06:16,783

is related to the design of the implementation strategies.

94

00:06:17,746 --> 00:06:21,258

But, what is an implementation strategy?

95

00:06:21,802 --> 00:06:27,415

Well, it is not easy to find in the literature a consensus about

96

00:06:27,622 --> 00:06:31,109

a definition of an implementation strategy.

97

00:06:31,394 --> 00:06:35,707

Perhaps the main challenge in defining implementation strategy

98

00:06:35,932 --> 00:06:42,157

is that implementation research draws insight and techniques

99

00:06:42,387 --> 00:06:46,250

from a range of disciplines, including economics,

100

00:06:46,484 --> 00:06:51,334

management, social psychology, behaviour science,

101

00:06:51,629 --> 00:06:53,217

and applied statistics.

102

00:06:53,647 --> 00:06:58,097

And of course, each discipline comes with its own techniques,

103

00:06:58,551 --> 00:07:00,451

norms and jargon.

104

00:07:01,043 --> 00:07:04,381

Here we are going to present 2 possible definitions

105

00:07:04,611 --> 00:07:06,461

for implementation strategy.

106

00:07:07,313 --> 00:07:10,913

The first one is based on the paper by Proctor

107

00:07:11,173 --> 00:07:13,461

and colleagues in 2013

108

00:07:13,797 --> 00:07:18,409

where implementation strategies are defined as methods

109

00:07:18,667 --> 00:07:24,230

or techniques used to enhance the adoption, implementation,

110

00:07:24,479 --> 00:07:29,279

and sustainability of a clinical programme or practice.

111

00:07:31,035 --> 00:07:33,247

So, let's give an example.

112

00:07:33,495 --> 00:07:36,920

An implementation strategy used to improve the coverage

113

00:07:37,151 --> 00:07:42,326

and quality of immunization programs is supervision lists.

114

00:07:43,256 --> 00:07:46,456

Another important definition is the following:

115

00:07:46,902 --> 00:07:50,552

implementation strategies can be defined as strategies

116

00:07:50,784 --> 00:07:56,472

needed to deliver or implement the products or interventions.

117

00:07:57,361 --> 00:08:01,611

Let's illustrate this concept with a real life example.

118

00:08:02,043 --> 00:08:05,805

In Module One, Professor Oladele Akogun described a very interesting implementation research project

119

00:08:10,017 --> 00:08:12,504

related to home management of malaria.

120

00:08:12,738 --> 00:08:13,825

Do you remember?

121

00:08:14,031 --> 00:08:17,631

One of the specific objectives of this study

122

00:08:17,971 --> 00:08:22,496

was to assess whether bringing information, education,

123

00:08:22,707 --> 00:08:27,045

communication activities and prepackaged drugs

124

00:08:27,425 --> 00:08:30,325

closer to where people live,

125

00:08:30,554 --> 00:08:33,391

improves the compliance for caregivers

126

00:08:33,675 --> 00:08:35,963

with treatment for childhood fevers.

127

00:08:36,953 --> 00:08:41,328

In this study, the following strategies were developed:

128

00:08:42,128 --> 00:08:47,353

training community-based providers in Home Management of Malaria,

129

00:08:48,571 --> 00:08:52,046

supply of pre-packaging of antimalarial

130

00:08:52,579 --> 00:08:55,454

closer to where people live.

131

00:08:56,643 --> 00:09:02,705

And also, the use of the colours and pictures on the pre-packs

132

00:09:02,992 --> 00:09:08,705

with messages to help caregivers to recognize the appropriate treatment. Another example is related to the development

133

00:09:14,066 --> 00:09:19,141

of intervention specific tools for malaria control in schools.

134

00:09:19,664 --> 00:09:22,852

Implementation strategies are very important

135

00:09:23,086 --> 00:09:25,698

in implementation research. Why?

136

00:09:25,992 --> 00:09:29,492

Because they represent the "How to" component

137

00:09:29,740 --> 00:09:35,890

of changing health service delivery in low and middle income countries.

138

00:09:36,153 --> 00:09:37,266

So, don't forget...

139

00:09:38,056 --> 00:09:41,568

Implementation strategies are related

140

00:09:41,811 --> 00:09:47,011

to the "How To" component.

141

00:09:47,666 --> 00:09:51,554

Now that we have defined implementation strategy,

142

00:09:51,855 --> 00:09:54,693

and that we have presented some examples

143

00:09:55,113 --> 00:10:01,100

let's come back to the identification of different types of implementation strategy.

144

00:10:02,134 --> 00:10:03,671

In previous examples,

145

00:10:03,994 --> 00:10:08,056

we saw that the complexity of implementation strategies

146

00:10:08,578 --> 00:10:10,003

can be very different.

147

00:10:10,587 --> 00:10:15,187

A very simple strategy is the intervention specific toolkit

148

00:10:15,618 --> 00:10:18,618

for malaria control in schools.

149

00:10:18,934 --> 00:10:20,784

Other examples include:

150

00:10:21,032 --> 00:10:24,882

local needs assessments, stakeholders consultations,

151

00:10:25,256 --> 00:10:27,856

community visits and meetings.

152

00:10:28,563 --> 00:10:33,563

Well, in this case when only one strategy is developed

153

00:10:33,876 --> 00:10:38,576

it is usual to call it a discreet or single component strategy.

154

00:10:39,099 --> 00:10:43,149

Now, be very careful because in some publications

155

00:10:43,661 --> 00:10:46,974

they are also called implementation interventions,

156

00:10:47,239 --> 00:10:48,539

or actions.

157

00:10:49,343 --> 00:10:55,018

Now, let's consider the situation where several strategies

158

00:10:55,273 --> 00:10:56,448

are combined.

159

00:10:56,945 --> 00:11:02,670

In this case it is called a multi-faceted implementation strategy.

160

00:11:04,149 --> 00:11:09,211

An example is training, consultation, audit and feedback.

161

00:11:10,003 --> 00:11:14,478

There are also some implementation frameworks that include

162

00:11:14,804 --> 00:11:17,679

a number of discreet implementation strategies

163

00:11:18,209 --> 00:11:20,347

combined in a specific way.

164

00:11:20,713 --> 00:11:24,538

One of these models is the Replicating Effective

165

00:11:24,784 --> 00:11:26,384

Programmes framework.

166

00:11:26,872 --> 00:11:30,185

This model provides a roadmap for implementing

167

00:11:30,425 --> 00:11:34,638

evidence based intervention into communities based settings

168

00:11:34,865 --> 00:11:40,128

through a combination of several strategies in order to maximize

169

00:11:40,395 --> 00:11:43,758

the chances of sustainable interventions.

170

00:11:44,552 --> 00:11:48,789

The model includes a number of discreet implementations

171

00:11:49,098 --> 00:11:52,098

strategies across 4 phases.

172

00:11:52,837 --> 00:11:56,887

The first phase, is Pre-Conditions.

173

00:11:57,416 --> 00:12:00,916

The second phase, is the Pre-Implementation.

174

00:12:02,282 --> 00:12:05,769

The third phase, is Implementation.

175

00:12:06,058 --> 00:12:09,558

And the last phase is the Maintenance and Evolution.

176

00:12:10,183 --> 00:12:15,071

Examples of strategies included on each of these phases

177

00:12:15,346 --> 00:12:18,446

are represented in this figure.

178

00:12:18,870 --> 00:12:22,833

We saw that in the Replicating Effective

Programmes model,

179

00:12:23,600 --> 00:12:28,000

implementations strategies are classified according to phases.

180

00:12:28,614 --> 00:12:32,839

Another approach is to group the implementation strategies

181

00:12:33,191 --> 00:12:37,728

in terms of the actor or the stakeholder using them.

182

00:12:38,150 --> 00:12:41,825

Usually implementation strategies include:

183

00:12:42,773 --> 00:12:47,973

enhancing the capabilities of government,

184

00:12:49,118 --> 00:12:55,255

improving the performance of provider organizations.

185

00:12:56,907 --> 00:12:59,595

But they include also,

186

00:13:00,131 --> 00:13:06,856

strengthening the capabilities and performance of individual providers.

187

00:13:09,180 --> 00:13:14,880

They include also empowering communities and households.

188

00:13:16,454 --> 00:13:22,329

And finally, they also are related to supporting multiple stakeholders

189

00:13:22,611 --> 00:13:27,011

engaged in improving health.

190

00:13:28,546 --> 00:13:31,034

This information can be organized in a table

191

00:13:31,492 --> 00:13:35,054

where the first column corresponds to the main actor

192

00:13:35,630 --> 00:13:39,630

and the second column corresponds to the implementation strategies.

193

00:13:40,814 --> 00:13:44,201

There are some examples of implementation strategies

194

00:13:44,563 --> 00:13:46,901

at different stakeholder levels.

195

00:13:47,649 --> 00:13:49,324

At the government level,

196

00:13:49,716 --> 00:13:55,066

policy reviews are usual implementation strategies.

197

00:13:57,237 --> 00:13:59,462

At the community level,

198

00:14:00,051 --> 00:14:03,964

training and community mobilization

199

00:14:04,406 --> 00:14:07,843

are frequently implementation strategies.

200

00:14:08,136 --> 00:14:13,399

Finally, situation analysis is a very good example

201

00:14:13,705 --> 00:14:17,980

related to multiple actors implementation strategies.

202

00:14:20,084 --> 00:14:23,834

Now, let's go back to the example related to

203

00:14:24,252 --> 00:14:26,477

Home Management of Malaria.

204

00:14:27,018 --> 00:14:32,143

One of the strategies was to conduct a situation analysis,

205

00:14:32,672 --> 00:14:37,385

and this situation analysis was used to develop

206

00:14:37,674 --> 00:14:40,749

a better understanding of community process

207

00:14:40,995 --> 00:14:44,183

and community perception of the use of pre-packs

208

00:14:44,429 --> 00:14:46,804

for treating fevers in children.

209

00:14:47,336 --> 00:14:51,749

Also, to document community concepts of ill health

210

00:14:51,980 --> 00:14:55,530

and perception of malaria treatment seeking behaviour,

211

00:14:55,927 --> 00:15:01,015

and to identify channels for communicating health information.

212

00:15:01,589 --> 00:15:05,914

The situation analysis was also very useful to document drug names, design of pre-packs and different age groups,

213

00:15:11,857 --> 00:15:14,944

nature of packing, etc.

214

00:15:15,486 --> 00:15:18,599

In this case, what are the main actors?

215

00:15:19,501 --> 00:15:23,838

Yes, the main actors are multiple actors.

216

00:15:26,329 --> 00:15:30,704

Another strategy was training community based providers

217

00:15:31,143 --> 00:15:34,856

in Home Management of Malaria.

218

00:15:35,826 --> 00:15:39,201

In this case, what are the main actors?

219

00:15:40,386 --> 00:15:44,111

Yes, the main actors are the community.

220

00:15:46,918 --> 00:15:52,693

Finally, in implementation strategies related to information,

221

00:15:52,952 --> 00:15:55,177

education and communication,

222

00:15:55,559 --> 00:15:57,347

what are the main actors?

223

00:15:59,097 --> 00:16:04,559

Yes, the main actors are communities and households.

224

00:16:06,000 --> 00:16:07,337

As a summary,

225

00:16:07,675 --> 00:16:11,462

We saw that the actor or the stakeholder

226

00:16:11,855 --> 00:16:16,455

is an important dimension for implementation strategy specification.

227

00:16:16,741 --> 00:16:20,266

However, as we will see later on...

228

00:16:20,605 --> 00:16:22,930

there are other key elements for

229

00:16:23,180 --> 00:16:25,630

implementation strategy specification.

230

00:16:26,062 --> 00:16:28,962

Namely, the action,

231

00:16:29,922 --> 00:16:31,047

the target,

232

00:16:31,441 --> 00:16:32,791

temporality

233

00:16:33,621 --> 00:16:34,871

dose,

234

00:16:35,558 --> 00:16:39,508

implementation outcomes, and justification.

235

00:16:39,890 --> 00:16:43,690

We are going to be talking about some of these issues

236

00:16:44,832 --> 00:16:47,619

in greater detail over the coming weeks.

237

00:16:48,287 --> 00:16:52,399

That brings me to the end of what I wanted to cover today.

238

00:16:52,976 --> 00:16:55,889

So, over the next coming weeks

239

00:16:56,180 --> 00:16:59,955

you are going to be hearing a lot more about

240

00:17:00,223 --> 00:17:02,460

each one of these issues.

241

00:17:03,151 --> 00:17:05,914

It's a pleasure to be with you today.

242

00:17:06,589 --> 00:17:08,739

Thank you for your attention.

<https://www.tdrmooc.org/courses/course-v1:TDR+IR+2016/courseware/e3524f7df8814f0db55058c4356eb3b1/4108d587e4dc490e94af1a3d2e5a989c/?child=last>

Module 3: Designing Implementation Strategies > Identify and specify the different types of strategies > Practice Assessment

 Previous

1. video Objectives
2. problem Practice Assessment
3. other Resources and References

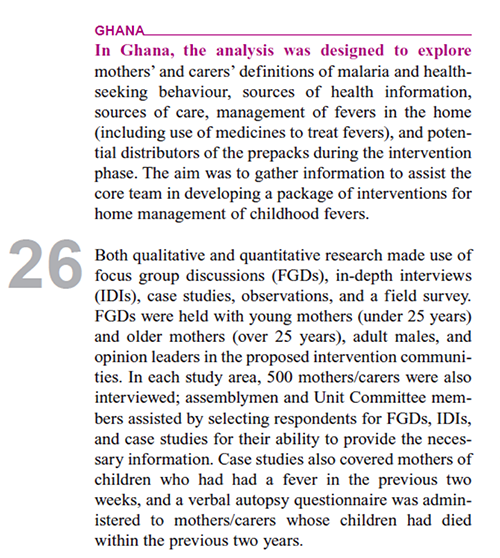
Next

**Practice Assessment**

 Click to addBookmark this page

**Discussion**

Consider the Situation Analysis for Ghana (in: Gyapong, M, Garshong, B. *Lessons learned in home management of malaria: implementation research in four African countries.*  Geneva, World Health Organization on behalf of the Special Programme for Research and Training in Tropical Diseases, 2007. p. 26 :



Identify:

* The actor(s): who deliver(s) the strategy
* The action(s): specific actions or processes to be passed.
* The target(s) of the action: toward what or whom.

Instructions on how to respond...

**Discussion**

**Topic:** Week 1 / Topic-Level Student-Visible Label

Show Discussion

**Questions**

0 points possible (ungraded)

1. The provision of prepackaged antimalarial drugs is an implementation strategy.

True

False

unanswered

2. Training the drug distributors is a single component implementation strategy.

True

False

unanswered

3. The assessment of needs and constraints is an implementation strategy.

True

False

unanswered

4. There is only one actor in the assessment of needs and constraints.

True

False

<https://www.tdrmooc.org/courses/course-v1:TDR+IR+2016/courseware/e3524f7df8814f0db55058c4356eb3b1/4108d587e4dc490e94af1a3d2e5a989c/?child=last>

Module 3: Designing Implementation Strategies > Identify and specify the different types of strategies > Resources and References

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3. 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/v1/452d57eeac203587574b7353907a82ef/asset-v1:TDR+IR+2016+type@asset+block/Module3_intro_Chapter1.pdf):

### ****References****

* 1. Peters D H, et al. Implementation research: what it is and how to do it. *BMJ,* 2013, 347:f6753. [**Document here**](http://www.bmj.com/content/bmj/347/bmj.f6753.full.pdf).
* 2. Peters D, Tran N, Adam T. *Implementation research in health: a practical guide*. Geneva, World Health Organization, 2013. [**Document here**](http://apps.who.int/iris/bitstream/10665/91758/1/9789241506212_eng.pdf).
* 1. Gyapong, M, Garshong, B. *Lessons learned in home management of malaria: implementation research in four African countries.*  Geneva, World Health Organization on behalf of the Special Programme for Research and Training in Tropical Diseases, 2007. [**Document here**](http://apps.who.int/iris/bitstream/10665/43617/1/9789241595186_eng.pdf).
* 2. Proctor EK, Powell BJ, McMillen JC. Implementation strategies: recommendations for specifying and reporting. *Implementation science,* 2013, 8:139. **[Document here](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3882890" \t "[object Object])**.

<https://www.tdrmooc.org/courses/course-v1:TDR+IR+2016/courseware/e3524f7df8814f0db55058c4356eb3b1/3416cc9a3bfa48f0bd664074cf7beb35/?child=first>

Module 3: Designing Implementation Strategies > Designing implementation strategies > Objectives

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2. other Practice assessment
3. other Resources and References

Next

**Objectives**

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**Objectives**

At the end of this section you will be able to:

* Use different methods/approaches to identify potential needs, barriers or facilitators
* Identify factors that should be taken into account when selecting an implementation strategy
* Apply these concepts in real-life situations

**Designing implementation strategies**

0

00:00:05,674 --> 00:00:06,486

Hello,

1

00:00:06,673 --> 00:00:08,412

it's good to be with you again.

2

00:00:09,075 --> 00:00:12,861

Today, my topic is on the justification of the choice

3

00:00:13,074 --> 00:00:16,075

of a particular implementation strategy.

4

00:00:16,274 --> 00:00:18,787

It is the second talk, in this series,

5

00:00:19,012 --> 00:00:20,962

that will discuss in detail

6

00:00:21,200 --> 00:00:24,099

the design of an implementation strategy.

7

00:00:24,711 --> 00:00:27,136

Let me begin by giving you an overview

8

00:00:27,361 --> 00:00:29,537

of what I want to cover today.

9

00:00:29,900 --> 00:00:32,861

First, I'm going to introduce you [to] some approaches

10

00:00:33,062 --> 00:00:36,248

to identify potential needs, barriers,

11

00:00:36,486 --> 00:00:38,800

and facilitators to implementation.

12

00:00:39,337 --> 00:00:43,074

Then, I'm going to talk about some factors

13

00:00:43,312 --> 00:00:46,349

that must be taken into account in the selection

14

00:00:46,562 --> 00:00:49,999

of the most appropriate implementation strategies,

15

00:00:50,225 --> 00:00:53,762

and this together with real life examples.

16

00:00:54,425 --> 00:00:58,599

And finally, I'm going to present you a very recent study

17

00:00:58,850 --> 00:01:01,462

on specific methods that can be used

18

00:01:01,699 --> 00:01:05,337

to improve the selection of implementation strategies.

19

00:01:06,187 --> 00:01:10,237

So, the fundamental point that drives this segment

20

00:01:10,475 --> 00:01:15,125

is that, given several implementation strategies,

21

00:01:15,350 --> 00:01:18,099

we should give a clear justification

22

00:01:18,325 --> 00:01:22,311

of why the specific strategy was selected.

23

00:01:23,561 --> 00:01:27,387

If we choose a strategy that cannot be justified,

24

00:01:27,611 --> 00:01:29,649

then, we should be careful

25

00:01:29,887 --> 00:01:31,660

about its application.

26

00:01:31,899 --> 00:01:34,499

So, at the end of this chapter,

27

00:01:34,737 --> 00:01:39,799

we hope that you will be able to use different methods,

28

00:01:40,024 --> 00:01:42,836

approaches to identify potential needs

29

00:01:43,061 --> 00:01:44,874

barriers or facilitators,

30

00:01:45,100 --> 00:01:48,724

to identify factors to be taken into account

31

00:01:48,924 --> 00:01:51,499

when selecting an implementation strategy

32

00:01:51,700 --> 00:01:54,462

and also, to apply these concepts

33

00:01:54,687 --> 00:01:56,612

in real-life situations.

34

00:01:57,275 --> 00:01:58,662

In the previous chapter,

35

00:01:58,900 --> 00:02:02,187

we saw that implementation strategies

36

00:02:02,424 --> 00:02:04,711

can be more or less complex

37

00:02:04,961 --> 00:02:07,886

and that multi-faceted strategies

38

00:02:08,099 --> 00:02:12,361

can be built combining several single strategies.

39

00:02:12,999 --> 00:02:15,149

We also present some approaches

40

00:02:15,387 --> 00:02:18,487

that can be used to describe and classify

41

00:02:18,775 --> 00:02:20,261

implementation strategies.

42

00:02:20,512 --> 00:02:21,437

Do you remember?

43

00:02:22,062 --> 00:02:25,612

We saw that strategies can be classified

44

00:02:25,825 --> 00:02:29,475

using, for example, implementation phases,

45

00:02:29,874 --> 00:02:33,250

but also according to main actors.

46

00:02:33,749 --> 00:02:37,074

So, in designing implementation strategies,

47

00:02:37,274 --> 00:02:42,986

we must make efforts to provide a clear justification

48

00:02:43,224 --> 00:02:47,562

to the strategy we use to implement a given intervention.

49

00:02:48,199 --> 00:02:52,987

Let's go back to the example related to the Home Management of Malaria.

50

00:02:53,937 --> 00:02:55,949

One of the implementation strategies

51

00:02:56,174 --> 00:03:00,312

was training community based providers.

52

00:03:00,511 --> 00:03:01,349

Do you remember?

53

00:03:02,049 --> 00:03:05,724

So, why did they choose this strategy

54

00:03:05,924 --> 00:03:09,724

and not another one, based, for example, on health providers?

55

00:03:10,973 --> 00:03:14,098

Before the selection of a particular strategy,

56

00:03:14,323 --> 00:03:15,699

we need to identify

57

00:03:15,924 --> 00:03:18,961

the needs, barriers or facilitators,

58

00:03:19,299 --> 00:03:22,499

also called determinants of practice.

59

00:03:23,498 --> 00:03:26,887

Then, we must provide a clear justification

60

00:03:27,112 --> 00:03:30,424

of why the particular strategy was selected.

61

00:03:31,386 --> 00:03:34,861

Why would this implementation strategy help

62

00:03:35,099 --> 00:03:38,274

in overcoming potential barriers to implementation?

63

00:03:38,874 --> 00:03:40,874

This is the key question.

64

00:03:41,724 --> 00:03:46,049

The choice of the most appropriate implementation strategy

65

00:03:46,311 --> 00:03:48,011

is a complex job,

66

00:03:48,385 --> 00:03:51,999

and there is not a lot of information on this area.

67

00:03:52,786 --> 00:03:56,261

However, there is a very recent and growing work

68

00:03:56,486 --> 00:03:58,799

on the subject that can help us.

69

00:03:59,724 --> 00:04:04,574

For example, this study, published in 2013,

70

00:04:04,786 --> 00:04:10,624

presents a check list with 57 potential determinants of practice,

71

00:04:10,962 --> 00:04:13,649

grouped in seven domains:

72

00:04:14,399 --> 00:04:15,912

guideline factors,

73

00:04:16,149 --> 00:04:18,812

individual health professional factors,

74

00:04:19,224 --> 00:04:20,662

patient factors,

75

00:04:20,899 --> 00:04:23,049

professional interactions,

76

00:04:23,274 --> 00:04:26,249

incentives and resources,

77

00:04:26,474 --> 00:04:30,187

capacity for organizational change,

78

00:04:30,412 --> 00:04:34,237

social, political and legal factors.

79

00:04:34,899 --> 00:04:37,949

The check-list presented in this paper

80

00:04:38,174 --> 00:04:41,062

is complemented with five worksheets

81

00:04:41,299 --> 00:04:45,212

to facilitate its use in implementation research

82

00:04:45,437 --> 00:04:48,399

and also in quality improvement projects.

83

00:04:48,787 --> 00:04:50,699

I strongly recommend you

84

00:04:50,924 --> 00:04:53,099

to take a look inside of the paper,

85

00:04:53,348 --> 00:04:57,762

and to read carefully the content of the worksheets.

86

00:04:58,012 --> 00:05:01,949

The paper can be found in this link.

87

00:05:03,111 --> 00:05:05,474

So, the first question is:

88

00:05:05,724 --> 00:05:09,087

How can we identify potential needs,

89

00:05:09,299 --> 00:05:12,861

barriers or facilitators to implementation?

90

00:05:13,886 --> 00:05:16,199

There are several approaches.

91

00:05:17,024 --> 00:05:20,461

These determinants of practice can be identified

92

00:05:20,662 --> 00:05:22,687

through [a] formal assessment process,

93

00:05:22,912 --> 00:05:27,361

using theory or conceptual models,

94

00:05:27,623 --> 00:05:33,699

using research literature or using more informal approaches

95

00:05:33,986 --> 00:05:36,074

such as brainstorming.

96

00:05:37,462 --> 00:05:39,112

Let us give some examples.

97

00:05:39,362 --> 00:05:43,586

We want to identify barriers or facilitators

98

00:05:43,811 --> 00:05:47,511

related to bed-net delivery in African countries.

99

00:05:48,610 --> 00:05:51,222

We can use a revision of the literature.

100

00:05:51,497 --> 00:05:57,560

For example, this paper is on a systematic review on the subject.

101

00:05:57,786 --> 00:06:02,736

And the authors found that stock-outs and poor logistics

102

00:06:02,961 --> 00:06:05,936

for bed-net procurement and transport

103

00:06:06,136 --> 00:06:07,635

are potential barriers.

104

00:06:07,848 --> 00:06:12,911

And they also found that training and supervision of staff

105

00:06:13,923 --> 00:06:17,486

are potential facilitators to implementation.

106

00:06:18,385 --> 00:06:22,772

Another example is related to the community-directed interventions

107

00:06:23,009 --> 00:06:24,986

that you saw in the first module.

108

00:06:25,261 --> 00:06:26,073

Do you remember?

109

00:06:26,785 --> 00:06:29,923

In this case, there is a conceptual model

110

00:06:30,136 --> 00:06:35,898

of critical factors in the community-directed intervention

111

00:06:36,323 --> 00:06:40,060

that has already been developed.

112

00:06:41,748 --> 00:06:44,797

Now that we saw different approaches

113

00:06:45,023 --> 00:06:48,698

for the identification of the determinants of practice,

114

00:06:49,048 --> 00:06:51,647

we must try to provide a justification

115

00:06:51,910 --> 00:06:56,347

for the selection of a particular implementation strategy.

116

00:06:57,323 --> 00:07:02,310

Let's go back to the example related to the delivery of bed-nets

117

00:07:02,560 --> 00:07:03,798

in African countries.

118

00:07:04,523 --> 00:07:05,634

What do we know?

119

00:07:05,860 --> 00:07:09,309

We know that appropriate use of bed-nets

120

00:07:09,547 --> 00:07:11,385

can prevent malaria.

121

00:07:11,948 --> 00:07:15,785

However, a percentage of children under five

122

00:07:16,023 --> 00:07:18,697

sleeping under bed-nets is still very low

123

00:07:18,872 --> 00:07:20,810

in many African countries.

124

00:07:21,709 --> 00:07:26,659

We need first to identify potential barriers to implementation.

125

00:07:27,286 --> 00:07:30,748

And then, we select the most appropriate strategy.

126

00:07:30,973 --> 00:07:33,472

We know that in many countries

127

00:07:33,698 --> 00:07:37,472

bed-net distribution had been usually managed

128

00:07:37,709 --> 00:07:39,097

by the health system.

129

00:07:39,747 --> 00:07:43,798

Many times, in the context of immunization campaigns.

130

00:07:44,397 --> 00:07:45,886

At the time of this study,

131

00:07:46,523 --> 00:07:51,634

the concept of community based distribution of bed-nets was new.

132

00:07:52,834 --> 00:07:56,272

Why the particular strategy was selected?

133

00:07:56,860 --> 00:08:01,659

The strategies developed were based on previous effective strategies

134

00:08:01,884 --> 00:08:06,433

used for the control and elimination of other diseases.

135

00:08:06,934 --> 00:08:11,897

So, one possibility is to choose the implementation strategy

136

00:08:12,121 --> 00:08:14,496

based on empirical studies.

137

00:08:14,722 --> 00:08:17,196

But the selection of the most appropriate

138

00:08:17,434 --> 00:08:21,959

implementation strategy can also be done based on other factors.

139

00:08:22,371 --> 00:08:25,709

For example, relevant theory

140

00:08:26,971 --> 00:08:30,421

might be appropriate to address the specific challenge

141

00:08:30,622 --> 00:08:32,795

raised by implementation context.

142

00:08:32,996 --> 00:08:36,221

Another example is to base our choice

143

00:08:36,409 --> 00:08:39,284

on some pragmatic justification.

144

00:08:40,696 --> 00:08:43,471

Finally, I would like to bring your attention

145

00:08:43,683 --> 00:08:45,421

to a very recent study

146

00:08:45,620 --> 00:08:50,334

where specific methods are proposed to improve the selection

147

00:08:50,546 --> 00:08:53,008

of implementations strategies.

148

00:08:55,284 --> 00:08:57,745

In this paper, the authors propose

149

00:08:57,946 --> 00:09:02,696

a step by step process for selecting implementation strategies,

150

00:09:03,234 --> 00:09:05,659

but also, for engaging stakeholders.

151

00:09:06,359 --> 00:09:08,946

This approach can be very useful

152

00:09:09,146 --> 00:09:12,721

to both researchers and program managers.

153

00:09:12,921 --> 00:09:16,109

and can be used in very different contexts.

154

00:09:16,984 --> 00:09:20,158

However, because it is a very recent paper,

155

00:09:20,359 --> 00:09:24,859

there are still no practical examples related to diseases of poverty.

156

00:09:25,609 --> 00:09:28,646

I strongly recommend you to read this study,

157

00:09:28,846 --> 00:09:32,108

and who knows if you are not going to be [a] pioneer

158

00:09:32,334 --> 00:09:33,859

in its application.

159

00:09:34,433 --> 00:09:39,934

So, don't forget, as I mentioned at the beginning of this lecture,

160

00:09:40,471 --> 00:09:44,508

given several possible implementation strategies,

161

00:09:44,708 --> 00:09:47,559

we should give a clear justification

162

00:09:47,759 --> 00:09:51,671

of why this specific strategy was selected.

163

00:09:52,921 --> 00:09:56,684

If we choose a strategy that cannot be justified,

164

00:09:57,109 --> 00:10:00,909

then we should be careful about its application.

165

00:10:01,984 --> 00:10:06,459

So, that brings me to the end of what I wanted to cover today.

166

00:10:07,634 --> 00:10:11,209

The next lecture will be on research designs

167

00:10:11,409 --> 00:10:14,809

and will be presented by Doctor Neil Alexander.

168

00:10:16,609 --> 00:10:21,196

It's a pleasure to be with you today, and thank you for your attention.

<https://www.tdrmooc.org/courses/course-v1:TDR+IR+2016/courseware/e3524f7df8814f0db55058c4356eb3b1/3416cc9a3bfa48f0bd664074cf7beb35/?child=first>

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**Practice assessment**

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**Discussion**

Consider the example related to [**Insecticide Treated Nets**](http://www.who.int/tdr/publications/documents/cdi_report_08.pdf?ua=1%20), page 47, and 70-90:

* **How** did the authors identify the needs, barriers, or facilitators?
* **What** type of strategy was chosen for ITNs?
* **Why** did the authors choose this particular strategy?

Instructions on how to respond...

<https://www.tdrmooc.org/courses/course-v1:TDR+IR+2016/courseware/e3524f7df8814f0db55058c4356eb3b1/3416cc9a3bfa48f0bd664074cf7beb35/?child=first>

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### Resources and References

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### Resources

* Presentation available for download [**here**](https://www.tdrmooc.org/assets/courseware/v1/94820a0f6ea0248b13be90786868026c/asset-v1:TDR+IR+2016+type@asset+block/Module3_Chaptwer2.pdf).
* [Video on Dengue](https://www.youtube.com/watch?v=FFGgYEAgucw)

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* 5. Powell BJ, et al. Methods to improve the selection and tailoring of implementation strategies. *Journal of behavioral health services and research,* August, 2015. [**Document here**](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4761530/) (Free full text on 21/02/2017).

<https://www.tdrmooc.org/courses/course-v1:TDR+IR+2016/courseware/e3524f7df8814f0db55058c4356eb3b1/b275582cb43e4027a8868022f0b7bcc3/?child=first>

Module 3: Designing Implementation Strategies > Choose an appropriate IR design > Objectives

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**Objectives**

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**Objectives**

At the end of this section you will be able to:

* Appreciate the importance of formulating the relevant research question
* Go from the research question to the design of a research strategy

### The research question

0

00:00:04,974 --> 00:00:05,846

Welcome back to the course.

1

00:00:06,065 --> 00:00:07,777

I'm Neal Alexander

2

00:00:07,882 --> 00:00:10,189

I'm based at CIDEIM in Cali in Colombia.

3

00:00:10,709 --> 00:00:13,588

The next 2 chapters, this one and the next one,

4

00:00:13,731 --> 00:00:16,990

are about how to choose a suitable implementation research design.

5

00:00:17,617 --> 00:00:20,095

This chapter is about how to specify

6

00:00:20,240 --> 00:00:21,297

your research question

7

00:00:21,434 --> 00:00:22,919

in connection with the objective

8

00:00:23,126 --> 00:00:27,391

and how to use it to specifically address a given health related problem.

9

00:00:27,988 --> 00:00:30,460

Then, once you've specified your research question,

10

00:00:30,600 --> 00:00:34,061

the next chapter is about how to use it to develop a research design.

11

00:00:34,466 --> 00:00:36,349

So, what is a research question

12

00:00:36,501 --> 00:00:37,858

and why does it matter?

13

00:00:38,496 --> 00:00:40,268

Well, it's a way of specifying

14

00:00:40,434 --> 00:00:43,733

what it is that you want to have learnt by the end of the research.

15

00:00:44,194 --> 00:00:46,567

It's the next step in the evidence-based approach

16

00:00:46,702 --> 00:00:49,376

after you've identified a health related problem.

17

00:00:49,888 --> 00:00:53,004

It's a way to help select between the wide range of qualitative,

18

00:00:53,277 --> 00:00:55,254

quantitative, and mixed methods

19

00:00:55,493 --> 00:00:58,029

that can be used in implementation research.

20

00:00:58,702 --> 00:01:00,672

You can have different types of research questions

21

00:01:00,829 --> 00:01:02,418

depending on the type of objective.

22

00:01:02,866 --> 00:01:05,987

Suppose the objective is explanatory:

23

00:01:06,476 --> 00:01:08,621

For example, you might have a cervical screening strategy

24

00:01:08,784 --> 00:01:11,014

that isn't reaching all the women who might benefit

25

00:01:11,190 --> 00:01:13,560

and you want to find out what's stopping it from doing so.

26

00:01:14,058 --> 00:01:16,100

Then, you might want to describe

27

00:01:16,423 --> 00:01:17,920

a situation that you know about:

28

00:01:18,033 --> 00:01:21,412

For example, how health teams manage to provide HIV/AIDS treatment

29

00:01:21,550 --> 00:01:22,608

to those who need it.

30

00:01:22,796 --> 00:01:24,718

You might want to influence

31

00:01:24,841 --> 00:01:26,350

something through an intervention:

32

00:01:26,628 --> 00:01:29,204

For example, a package of health insurance benefits.

33

00:01:29,530 --> 00:01:32,391

You might want to know what kind of effect that package has

34

00:01:32,526 --> 00:01:34,990

on access to hospital services.

35

00:01:35,614 --> 00:01:37,551

You might want to explain

36

00:01:38,134 --> 00:01:40,778

a bit like describe but more analytic:

37

00:01:40,901 --> 00:01:43,993

For example, understand how community empowerment can lead to

38

00:01:44,156 --> 00:01:45,004

improved sanitation.

39

00:01:45,511 --> 00:01:48,264

Finally, you might want to predict,

40

00:01:48,381 --> 00:01:50,673

meaning thinking of changes into the future

41

00:01:50,968 --> 00:01:53,366

not necessarily predicting in the physical sense:

42

00:01:53,629 --> 00:01:56,193

For example, you might want to know how to expand

43

00:01:56,342 --> 00:02:00,334

use of bed nets to such an extent that malaria transmission is prevented.

44

00:02:00,806 --> 00:02:03,190

To try to develop specific research questions

45

00:02:03,366 --> 00:02:05,029

we identify the key elements

46

00:02:05,174 --> 00:02:06,750

and one way to do that

47

00:02:07,017 --> 00:02:08,824

is via the PICO scheme.

48

00:02:09,146 --> 00:02:11,667

The 'P' is for population,

49

00:02:11,901 --> 00:02:15,888

which, in implementation research, means the stakeholders in the implementation strategy.

50

00:02:16,350 --> 00:02:20,504

'I' is for the intervention, or implementation strategy itself...

51

00:02:20,645 --> 00:02:21,902

what does that consist of?

52

00:02:22,536 --> 00:02:25,349

'C' is for control or comparison

53

00:02:25,643 --> 00:02:28,025

What's the alternative to the implementation strategy?

54

00:02:28,338 --> 00:02:30,918

Finally, 'O' is for the outcome.

55

00:02:31,109 --> 00:02:34,489

What do we hope the implementation strategy is going to improve?

56

00:02:35,462 --> 00:02:37,626

For most of the rest of this chapter, we're going to take

57

00:02:37,788 --> 00:02:39,895

an example implementation research question,

58

00:02:40,045 --> 00:02:41,136

break it down,

59

00:02:41,567 --> 00:02:43,252

then make the parts more specific

60

00:02:43,430 --> 00:02:47,020

aiming to refine the question and make it more useful in guiding the design.

61

00:02:47,310 --> 00:02:50,259

This particular research question relates to dengue.

62

00:02:50,567 --> 00:02:53,128

In the photo here there's a discarded car tire

63

00:02:53,458 --> 00:02:56,115

which is something that can easily collect rainwater and become

64

00:02:56,165 --> 00:02:58,299

a breeding site for Aedes mosquitoes.

65

00:02:58,785 --> 00:02:59,912

The question is

66

00:03:00,057 --> 00:03:03,193

how can a local health department effectively target breeding sites

67

00:03:03,367 --> 00:03:05,096

of mosquitoes which transmit dengue?

68

00:03:05,476 --> 00:03:09,170

We're going to break it down and see what it contains in terms of the PICO elements.

69

00:03:09,836 --> 00:03:11,017

Here's the question again.

70

00:03:11,324 --> 00:03:14,755

What does it say about the 'P' for population or stakeholders?

71

00:03:15,384 --> 00:03:18,693

Well, first, although the intervention is ultimately aimed at reducing

72

00:03:18,855 --> 00:03:20,562

dengue incidents in the population,

73

00:03:20,735 --> 00:03:23,936

here we're interested in implementation.

74

00:03:24,102 --> 00:03:29,303

So, the who, the 'P' in the PICO, the population or stakeholders,

75

00:03:29,623 --> 00:03:32,294

refers to those who are managing and carrying out the intervention.

76

00:03:32,821 --> 00:03:35,239

Are they mentioned in the current version of the question?

77

00:03:35,715 --> 00:03:38,831

Well, no, they're not, but who do you think they could be?

78

00:03:39,319 --> 00:03:43,120

Well, they're likely to be some combination of public servants

79

00:03:43,244 --> 00:03:44,998

like health service or sanitation workers

80

00:03:45,158 --> 00:03:46,226

and the general public

81

00:03:46,373 --> 00:03:49,884

if, for example, the strategy involves mass media messages

82

00:03:50,018 --> 00:03:52,609

aimed at cleaning up discarded containers

83

00:03:52,762 --> 00:03:54,190

which could hold rainwater.

84

00:03:55,011 --> 00:03:57,965

Here's the question again. What about the 'I' for intervention

85

00:03:58,077 --> 00:03:59,939

or implementation strategy?

86

00:04:00,109 --> 00:04:01,536

What does the question say about that?

87

00:04:01,996 --> 00:04:03,159

It does say something.

88

00:04:03,284 --> 00:04:05,473

It says it's about targeting mosquito breeding sites

89

00:04:05,610 --> 00:04:06,691

but it's very general.

90

00:04:07,274 --> 00:04:10,962

We might try to say something about some or all of the following components:

91

00:04:11,109 --> 00:04:16,118

justification, why we're doing this, action and action targets,

92

00:04:16,247 --> 00:04:19,747

temporality or time, and dose or how much.

93

00:04:20,186 --> 00:04:22,394

This is following the paper by Proctor and others

94

00:04:22,507 --> 00:04:26,968

whose scheme also contains components covered under the 'P' and 'O' of PICO.

95

00:04:27,464 --> 00:04:28,944

Following up those components,

96

00:04:29,112 --> 00:04:30,859

in terms of justification,

97

00:04:31,017 --> 00:04:33,894

prior work found that controlled measures were subject to limitations

98

00:04:33,951 --> 00:04:36,813

such as lack of training and high turnover of personnel

99

00:04:36,954 --> 00:04:39,461

and concentration on national guidelines

100

00:04:39,600 --> 00:04:41,123

over local conditions.

101

00:04:41,767 --> 00:04:44,494

Action and action targets therefore included

102

00:04:44,647 --> 00:04:47,694

training of sanitation technicians and other personnel

103

00:04:48,027 --> 00:04:51,954

and identifying the key breeding sites and targeting them.

104

00:04:52,532 --> 00:04:55,515

Storm drains, rather than domestic containers

105

00:04:55,792 --> 00:04:57,242

were found to be dominant

106

00:04:57,644 --> 00:05:00,247

and they were targeted with pyriproxyfen

107

00:05:00,382 --> 00:05:02,400

which is an insect growth regulator.

108

00:05:04,130 --> 00:05:07,330

So, now we're on to 'C' for control or comparison.

109

00:05:07,603 --> 00:05:09,801

What does the question say about that?

110

00:05:10,977 --> 00:05:13,764

Well, no, it doesn't really say anything about

111

00:05:13,839 --> 00:05:15,653

what the intervention will be compared with.

112

00:05:16,097 --> 00:05:18,233

We'll come back to this briefly in the next chapter

113

00:05:18,295 --> 00:05:20,466

but you might consider doing a trial,

114

00:05:20,634 --> 00:05:23,227

which would give you a nearby control group

115

00:05:23,400 --> 00:05:24,306

at the same time,

116

00:05:24,451 --> 00:05:26,645

or, a before/after comparison.

117

00:05:27,790 --> 00:05:29,975

Finally, what about the 'O' for outcome?

118

00:05:30,122 --> 00:05:32,318

What does the question tell us about that as it stands?

119

00:05:32,783 --> 00:05:35,686

Well, the question mentions effectively targeting breeding sites.

120

00:05:36,107 --> 00:05:39,503

In terms of implementation research, we might consider the following aspects:

121

00:05:39,894 --> 00:05:43,005

acceptability, adoption,

122

00:05:43,147 --> 00:05:45,759

whether people actually follow the strategy,

123

00:05:46,236 --> 00:05:49,004

appropriateness, feasibility,

124

00:05:49,198 --> 00:05:51,174

fidelity, meaning, for example,

125

00:05:51,250 --> 00:05:54,281

are the key breeding sites being correctly identified?

126

00:05:55,100 --> 00:05:59,148

Cost of the implementation: is the new strategy more expensive?

127

00:05:59,840 --> 00:06:03,439

Penetration, which could mean whether the key breeding sites

128

00:06:03,546 --> 00:06:05,774

are actually being treated with pyriproxyfen.

129

00:06:06,147 --> 00:06:07,458

Finally, sustainability.

130

00:06:08,288 --> 00:06:11,272

So, a refined question might be as follows:

131

00:06:12,125 --> 00:06:14,271

This version has got more about the 'P'

132

00:06:14,400 --> 00:06:16,580

for population or stakeholders,

133

00:06:16,843 --> 00:06:19,447

the 'I' for intervention

134

00:06:19,597 --> 00:06:21,836

or the implementation strategy itself,

135

00:06:22,305 --> 00:06:24,800

and the 'O' for outcome,

136

00:06:25,428 --> 00:06:28,345

and we'll see a bit more about the 'C' for control or comparison

137

00:06:28,487 --> 00:06:29,633

in the next chapter.

138

00:06:30,405 --> 00:06:31,843

That's the end of this chapter

139

00:06:31,985 --> 00:06:34,519

closing on this quote which says that

140

00:06:34,669 --> 00:06:37,441

in implementation research, as in other fields,

141

00:06:37,571 --> 00:06:39,072

the research question is king.

142

00:06:39,888 --> 00:06:42,233

We've got an additional video,

143

00:06:42,463 --> 00:06:45,110

an interview with the vector-born disease coordinator

144

00:06:45,235 --> 00:06:48,236

in the town where that dengue vector study was done,

145

00:06:48,731 --> 00:06:51,731

and I'll be back in the next chapter.

**From research question to research design**

0

00:00:04,474 --> 00:00:08,552

Welcome back. I'm Neal Alexander from CIDEIM in Cali

1

00:00:08,955 --> 00:00:10,507

and in this chapter, we're going to continue

2

00:00:10,574 --> 00:00:13,183

with how to choose a suitable implementation research design.

3

00:00:13,390 --> 00:00:16,386

There are many different study designs. You can read about them in the book

4

00:00:16,497 --> 00:00:19,560

by Bonita and others, that's published by WHO

5

00:00:19,721 --> 00:00:21,883

and you can get it as a free download.

6

00:00:22,018 --> 00:00:24,131

The details are in the bibliography at the end.

7

00:00:24,470 --> 00:00:28,342

For now, we're just very simply going to distinguish between

8

00:00:28,562 --> 00:00:30,745

observational studies on the one hand,

9

00:00:31,009 --> 00:00:34,457

and experimental or intervention studies on the other.

10

00:00:35,026 --> 00:00:37,288

In observational studies,

11

00:00:37,485 --> 00:00:39,058

the researcher takes the measurements

12

00:00:39,182 --> 00:00:42,748

but it's not their intention to intervene and change the situation.

13

00:00:43,168 --> 00:00:45,365

Within intervention studies,

14

00:00:45,648 --> 00:00:48,423

they can be experimental, like a randomized trial

15

00:00:48,554 --> 00:00:50,727

or they can be quasi-experimental

16

00:00:50,865 --> 00:00:52,431

like a before and after design

17

00:00:52,603 --> 00:00:53,534

where you do an intervention

18

00:00:53,669 --> 00:00:55,433

and see how things change from before.

19

00:00:56,158 --> 00:00:59,061

Observational studies tend to be easier and cheaper to carry out,

20

00:00:59,246 --> 00:01:00,403

but without providing,

21

00:01:00,534 --> 00:01:03,273

on the whole, as strong of evidence as experimental ones

22

00:01:03,720 --> 00:01:06,197

and that's quantified in frameworks

23

00:01:06,247 --> 00:01:09,364

like the GRADE guidelines here.

24

00:01:11,180 --> 00:01:15,565

In turn, when WHO made recommendations

25

00:01:15,995 --> 00:01:18,879

then it's been found that they have a higher take up

26

00:01:18,929 --> 00:01:21,680

if the degree of evidence is stronger

27

00:01:21,831 --> 00:01:22,737

in these terms.

28

00:01:22,918 --> 00:01:27,071

Now, in the previous chapter, we saw different kinds of research objectives

29

00:01:27,294 --> 00:01:30,085

and the kinds of research questions that go with them.

30

00:01:30,309 --> 00:01:32,263

In this slide and the next few ones,

31

00:01:32,366 --> 00:01:33,759

we're going to see what kinds of designs

32

00:01:33,872 --> 00:01:35,603

might be suitable for each kind of objective.

33

00:01:36,391 --> 00:01:40,244

Here, we've got exploratory and descriptive objectives.

34

00:01:40,724 --> 00:01:43,724

By definition, they don't have anything to do with interventions

35

00:01:43,846 --> 00:01:45,944

so observational designs are more suitable.

36

00:01:46,475 --> 00:01:49,026

Now, within observational designs,

37

00:01:49,214 --> 00:01:52,214

there's a range of qualitative and quantitative methods available.

38

00:01:52,928 --> 00:01:56,694

For implementation research, the qualitative ones may be more relevant,

39

00:01:57,072 --> 00:01:59,138

and they include ethnography,

40

00:01:59,414 --> 00:02:03,015

case studies, key informant interviews and focus groups.

41

00:02:03,719 --> 00:02:07,115

Still within exploratory and descriptive objectives,

42

00:02:07,251 --> 00:02:09,330

quantitative methods, such as surveys,

43

00:02:09,446 --> 00:02:13,075

also may be useful in observational designs.

44

00:02:13,779 --> 00:02:15,672

Finally, mixed methods

45

00:02:15,819 --> 00:02:18,505

meaning combinations of qualitative and quantitative methods,

46

00:02:18,654 --> 00:02:20,294

can be used in different combinations.

47

00:02:20,294 --> 00:02:23,346

First one, then the other, or the other way around and so on.

48

00:02:24,177 --> 00:02:25,171

Moving on,

49

00:02:25,283 --> 00:02:27,300

the influence kind of objective

50

00:02:27,425 --> 00:02:30,488

is where an interventional design such as a trial is most relevant.

51

00:02:31,495 --> 00:02:35,091

Here, we've got a schematic diagram of a cluster-randomized trial

52

00:02:35,224 --> 00:02:36,728

to evaluate the effectiveness of

53

00:02:36,829 --> 00:02:38,514

eHealth supported patient recruitment

54

00:02:38,633 --> 00:02:39,599

called " TRANSFoRm "

55

00:02:39,821 --> 00:02:42,164

in primary care research.

56

00:02:42,869 --> 00:02:45,428

It was done in 5 countries

57

00:02:45,913 --> 00:02:49,160

and between them, they included primary care centers

58

00:02:49,282 --> 00:02:51,621

which were the clusters

59

00:02:52,096 --> 00:02:54,986

which were randomized to either the TRANSFoRm arm

60

00:02:55,431 --> 00:02:57,998

20 of them and 20 to the control arm

61

00:02:58,323 --> 00:02:59,238

with the outcomes

62

00:02:59,464 --> 00:03:02,105

being compared between the two arms.

63

00:03:02,897 --> 00:03:04,910

For the explain type of objective,

64

00:03:05,169 --> 00:03:06,949

which we said was more analytic than

65

00:03:07,052 --> 00:03:09,857

the explore or describe objectives,

66

00:03:10,054 --> 00:03:13,154

we might use either an observational or an intervention design.

67

00:03:13,676 --> 00:03:15,079

If an intervention one

68

00:03:15,283 --> 00:03:17,074

then a quasi-experimental design

69

00:03:17,193 --> 00:03:19,677

might be more suitable than an experimental one

70

00:03:19,804 --> 00:03:21,138

like a randomized trial.

71

00:03:22,167 --> 00:03:24,236

Here, we've got an illustration of one kind

72

00:03:24,356 --> 00:03:25,789

of quasi-experimental design

73

00:03:26,108 --> 00:03:29,830

called the before/after or interrupted time series design

74

00:03:29,969 --> 00:03:31,293

and here we've got a quote

75

00:03:31,435 --> 00:03:33,222

from a paper which argues for the importance

76

00:03:33,356 --> 00:03:35,703

of this design in quality improvement research.

77

00:03:36,214 --> 00:03:37,448

How does it work?

78

00:03:37,589 --> 00:03:40,308

Well, in the figure here,

79

00:03:40,451 --> 00:03:42,829

we've got time on the horizontal axis

80

00:03:43,008 --> 00:03:45,985

and an outcome of interest on the vertical axis.

81

00:03:46,508 --> 00:03:47,911

Let's say, for example, that

82

00:03:48,079 --> 00:03:49,610

prior to the intervention

83

00:03:49,736 --> 00:03:51,336

the outcome has got a steady trend

84

00:03:51,682 --> 00:03:55,441

then, we might assume that had we not intervened here,

85

00:03:55,640 --> 00:03:57,356

it would have continued in the same way

86

00:03:57,422 --> 00:03:58,862

and that's the dotted line there.

87

00:03:59,352 --> 00:04:01,842

Well, that's quite an assumption,

88

00:04:02,138 --> 00:04:05,541

and it does make the evidence less strong than if we'd done a randomized trial.

89

00:04:05,751 --> 00:04:06,704

However,

90

00:04:07,098 --> 00:04:09,434

what it lets us do is

91

00:04:09,955 --> 00:04:12,175

compare what actually happened

92

00:04:12,370 --> 00:04:13,691

in the solid line

93

00:04:14,210 --> 00:04:18,858

with the assumed counterfactual data

94

00:04:18,997 --> 00:04:20,077

in the dotted line.

95

00:04:20,557 --> 00:04:22,496

If you remember the research question

96

00:04:22,615 --> 00:04:23,986

about dengue in the previous chapter,

97

00:04:24,122 --> 00:04:25,298

this is how the comparison,

98

00:04:25,451 --> 00:04:28,152

the C component of PICO was made,

99

00:04:28,642 --> 00:04:32,032

before and after the intervention was compared.

100

00:04:32,695 --> 00:04:35,301

Finally, for the predict kind of objective

101

00:04:35,701 --> 00:04:38,339

then observational designs may be more relevant.

102

00:04:39,375 --> 00:04:41,048

So the take home message from this chapter

103

00:04:41,265 --> 00:04:43,110

is that the research design

104

00:04:43,296 --> 00:04:45,649

should be determined by the research question

105

00:04:45,911 --> 00:04:46,822

and the objective

106

00:04:47,098 --> 00:04:48,746

and also by the strength of evidence

107

00:04:48,852 --> 00:04:50,729

that it's feasible for you to achieve.

<https://www.tdrmooc.org/courses/course-v1:TDR+IR+2016/courseware/e3524f7df8814f0db55058c4356eb3b1/b275582cb43e4027a8868022f0b7bcc3/?child=first>

[Course](https://www.tdrmooc.org/courses/course-v1:TDR+IR+2016/course/)  [Module 3: Designing Implementation Strategies](https://www.tdrmooc.org/courses/course-v1:TDR+IR+2016/course/#block-v1:TDR+IR+2016+type@chapter+block@e3524f7df8814f0db55058c4356eb3b1)  [Choose an appropriate IR design](https://www.tdrmooc.org/courses/course-v1:TDR+IR+2016/course/#block-v1:TDR+IR+2016+type@sequential+block@b275582cb43e4027a8868022f0b7bcc3)  Practice assessment

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## Practice assessment

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### ****Discussion****

Please read the following page in the document below and try to answer the questions:

Do these objectives of the Home Management of Malaria study\* (HMM, p19) identify the following aspects? If so what are they?

* Population or stakeholders?
* Intervention or implementation strategy?
* Control or comparison?
* Outcome(s)?

\*In: Gyapong M, Garshong B. *Lessons learned in home management of malaria: implementation research in four African countries.*  Geneva, World Health Organization on behalf of the Special Programme for Research and Training in Tropical Diseases, 2007. p 19. [**Document here**](http://apps.who.int/iris/bitstream/10665/43617/1/9789241595186_eng.pdf).

### Discussion

**Topic:** Week 1 / Topic-Level Student-Visible Label

Show Discussion

### Questions

0 points possible (ungraded)

1. The compliance of mothers/caregivers with treatment for childhood fevers is an outcome of the study.

True

False

unanswered

2. Mothers/caregivers are the only population or stakeholders in the study.

True

False

unanswered

3. The stated objectives are consistent with comparing the outcomes before versus after implementation of the package of interventions.

True

False

unanswered

4. The implementation strategy consists of IEC and prepackaged drugs.

True

False

unanswered

<https://www.tdrmooc.org/courses/course-v1:TDR+IR+2016/courseware/e3524f7df8814f0db55058c4356eb3b1/b275582cb43e4027a8868022f0b7bcc3/?child=first>

[Course](https://www.tdrmooc.org/courses/course-v1:TDR+IR+2016/course/)  [Module 3: Designing Implementation Strategies](https://www.tdrmooc.org/courses/course-v1:TDR+IR+2016/course/#block-v1:TDR+IR+2016+type@chapter+block@e3524f7df8814f0db55058c4356eb3b1)  [Choose an appropriate IR design](https://www.tdrmooc.org/courses/course-v1:TDR+IR+2016/course/#block-v1:TDR+IR+2016+type@sequential+block@b275582cb43e4027a8868022f0b7bcc3)  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/d97f1c1a173d75bbd8e88aceb07af1ef/asset-v1:TDR+IR+2016+type@asset+block/Module3_Chapter3.pdf).

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* 2. Guyatt G, et al. GRADE guidelines: 1. Introduction-GRADE evidence profiles and summary of findings tables. *Journal of clinical epidemiology*, 2011, 64(4):383-394. [**Document here**](http://www.jclinepi.com/article/S0895-4356(10)00330-6/pdf).
* 3. Mastellos N, et al. A cluster randomised controlled trial evaluating the effectiveness of eHealth-supported patient recruitment in primary care research: the TRANSFoRm study protocol. *Implementation science*, 2015, 10:15. [**Document here**](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4318251/pdf/13012_2015_Article_207.pdf).
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* 10. Thabane L, et al. Posing the research question: not so simple*. Canadian journal of anaesthesia*, 2009, 56(1):71-79. [**Document here**](http://link.springer.com/content/pdf/10.1007%2Fs12630-008-9007-4.pdf).

<https://www.tdrmooc.org/courses/course-v1:TDR+IR+2016/courseware/e3524f7df8814f0db55058c4356eb3b1/7561ca09faeb416b8949ab26c79fed85/?child=first>

[Course](https://www.tdrmooc.org/courses/course-v1:TDR+IR+2016/course/)  [Module 3: Designing Implementation Strategies](https://www.tdrmooc.org/courses/course-v1:TDR+IR+2016/course/#block-v1:TDR+IR+2016+type@chapter+block@e3524f7df8814f0db55058c4356eb3b1)  [Real-life case related to bednet delivery in Mozambique](https://www.tdrmooc.org/courses/course-v1:TDR+IR+2016/course/#block-v1:TDR+IR+2016+type@sequential+block@7561ca09faeb416b8949ab26c79fed85)  Objectives

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## Objectives

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### Objectives

At the end of this section you will be able to:

* Illustrate the concepts developed in this module with a real-life example.

### Real-life case related to bednet delivery in Mozambique

0

00:00:05,153 --> 00:00:06,070

Hello

1

00:00:06,254 --> 00:00:06,999

Welcome

2

00:00:07,536 --> 00:00:09,143

My name is Jorge Arroz

3

00:00:09,227 --> 00:00:10,800

and I'm a medical doctor

4

00:00:10,927 --> 00:00:12,228

with a Masters degree

5

00:00:12,333 --> 00:00:13,296

in Public Health.

6

00:00:13,634 --> 00:00:15,377

And actually I'm a PhD student

7

00:00:15,446 --> 00:00:16,520

in International Health

8

00:00:16,620 --> 00:00:18,327

at the Institute of Hygiene

9

00:00:18,409 --> 00:00:19,589

and Tropical Medicine

10

00:00:19,664 --> 00:00:21,486

in Lisbon, Portugal.

11

00:00:23,033 --> 00:00:23,428

I'm also

12

00:00:23,527 --> 00:00:24,947

the Malaria Project Senior

13

00:00:25,023 --> 00:00:26,145

Technical Manager

14

00:00:26,212 --> 00:00:28,941

at World Vision Mozambique.

15

00:00:29,845 --> 00:00:31,271

Let's give an overview

16

00:00:31,375 --> 00:00:33,468

of what we are going to cover today.

17

00:00:34,451 --> 00:00:36,570

First, I'll present an introduction

18

00:00:36,678 --> 00:00:38,334

of the problem related to

19

00:00:38,623 --> 00:00:40,875

bed nets delivery in Mozambique.

20

00:00:41,843 --> 00:00:42,632

Then,

21

00:00:42,736 --> 00:00:45,112

the study will be described together

22

00:00:45,411 --> 00:00:46,931

with the objectives

23

00:00:47,011 --> 00:00:48,603

and the research question.

24

00:00:49,478 --> 00:00:50,289

Finally,

25

00:00:50,611 --> 00:00:52,998

we will cover the different phases

26

00:00:53,175 --> 00:00:54,772

of the project implementation

27

00:00:54,823 --> 00:00:57,106

and we will present some results

28

00:00:57,299 --> 00:00:58,919

from the pilot study.

29

00:01:00,060 --> 00:01:01,095

Let's begin

30

00:01:01,348 --> 00:01:03,320

by presenting the problem in Mozambique.

31

00:01:04,190 --> 00:01:08,096

Malaria is considered the most important public health problem in the country

32

00:01:08,742 --> 00:01:11,020

with 35% of children

33

00:01:11,387 --> 00:01:13,549

aged under five years testing positive

34

00:01:13,936 --> 00:01:16,445

for malaria parasites in 2011.

35

00:01:17,739 --> 00:01:18,263

Moreover

36

00:01:18,263 --> 00:01:19,596

in 2014

37

00:01:19,871 --> 00:01:21,907

National Malaria Control Programme

38

00:01:21,957 --> 00:01:23,035

reported up to

39

00:01:23,110 --> 00:01:24,840

5.8 million cases

40

00:01:25,041 --> 00:01:25,723

of malaria

41

00:01:25,857 --> 00:01:26,687

with up to

42

00:01:26,813 --> 00:01:28,179

3.2 thousand deaths

43

00:01:28,292 --> 00:01:29,329

related to it.

44

00:01:30,500 --> 00:01:31,142

Now,

45

00:01:31,238 --> 00:01:32,514

getting back to bed net

46

00:01:32,602 --> 00:01:33,957

distribution mass campaigns

47

00:01:34,082 --> 00:01:35,567

for universal coverage,

48

00:01:35,729 --> 00:01:38,444

3 main challenges were identified.

49

00:01:39,209 --> 00:01:40,871

The first one is related

50

00:01:41,034 --> 00:01:43,739

to household registration process.

51

00:01:44,562 --> 00:01:45,975

So, in order to plan

52

00:01:46,138 --> 00:01:47,246

and quantify the amount

53

00:01:47,384 --> 00:01:48,078

of bed nets

54

00:01:48,434 --> 00:01:51,172

it's important to do a registration

55

00:01:51,285 --> 00:01:53,320

of all the households.

56

00:01:54,322 --> 00:01:56,367

This process is conducted

57

00:01:56,492 --> 00:01:58,523

by local volunteers

58

00:01:58,863 --> 00:02:00,162

and they have to go

59

00:02:00,300 --> 00:02:01,555

house by house

60

00:02:01,681 --> 00:02:04,230

to register the household members.

61

00:02:04,843 --> 00:02:06,390

The registration form

62

00:02:06,515 --> 00:02:08,130

was too complex

63

00:02:08,300 --> 00:02:09,578

because the recorders

64

00:02:09,665 --> 00:02:11,226

had to collect information

65

00:02:11,375 --> 00:02:12,161

on the names,

66

00:02:12,567 --> 00:02:13,654

age,

67

00:02:14,039 --> 00:02:15,040

and gender

68

00:02:15,164 --> 00:02:17,457

of all household members.

69

00:02:17,802 --> 00:02:18,505

Also,

70

00:02:18,629 --> 00:02:19,718

the risk of having

71

00:02:19,868 --> 00:02:21,847

a double registration

72

00:02:22,022 --> 00:02:22,810

was high

73

00:02:22,897 --> 00:02:25,810

because houses were not marked

74

00:02:26,047 --> 00:02:27,181

On the other side,

75

00:02:27,503 --> 00:02:28,620

for the same reason

76

00:02:29,062 --> 00:02:30,553

sometimes we missed

77

00:02:30,728 --> 00:02:32,409

registering some houses.

78

00:02:33,721 --> 00:02:34,990

Another complexity

79

00:02:35,114 --> 00:02:36,354

was related to the time

80

00:02:36,491 --> 00:02:38,160

that people had to wait

81

00:02:38,284 --> 00:02:39,744

to receive the bed nets

82

00:02:40,110 --> 00:02:42,509

without any kind of assurance

83

00:02:42,630 --> 00:02:43,727

that they will in fact

84

00:02:43,876 --> 00:02:45,245

receive the bed nets.

85

00:02:46,030 --> 00:02:47,503

The second challenge

86

00:02:47,878 --> 00:02:50,024

was related to the criteria

87

00:02:50,186 --> 00:02:51,725

to distribute bed nets

88

00:02:51,874 --> 00:02:53,753

per each household.

89

00:02:54,348 --> 00:02:55,921

The number of bed nets

90

00:02:56,045 --> 00:02:57,039

for each household

91

00:02:57,387 --> 00:02:59,808

depends on many parameters:

92

00:02:59,968 --> 00:03:01,391

sleeping patterns,

93

00:03:01,541 --> 00:03:02,241

age,

94

00:03:02,403 --> 00:03:03,205

and gender. This process is time consuming

95

00:03:06,170 --> 00:03:07,411

and sometimes difficult

96

00:03:07,573 --> 00:03:08,775

to put into practice.

97

00:03:10,506 --> 00:03:11,356

Finally

98

00:03:11,493 --> 00:03:12,613

there were long queues

99

00:03:12,775 --> 00:03:14,347

to receive the bed nets.

100

00:03:15,110 --> 00:03:16,324

The main reason

101

00:03:16,486 --> 00:03:17,467

for these queues

102

00:03:17,579 --> 00:03:18,989

is related to the fact

103

00:03:19,151 --> 00:03:19,946

that the names

104

00:03:20,083 --> 00:03:21,989

had to be confirmed

105

00:03:22,164 --> 00:03:24,239

in the registration list

106

00:03:24,401 --> 00:03:27,138

and sometimes the names were not

107

00:03:27,325 --> 00:03:29,391

in that particular list

108

00:03:30,093 --> 00:03:31,567

More specifically

109

00:03:31,691 --> 00:03:33,752

the objective of this study

110

00:03:33,902 --> 00:03:35,873

is to compare bed net coverage

111

00:03:36,060 --> 00:03:37,059

by households

112

00:03:37,271 --> 00:03:40,384

before and after the intervention.

113

00:03:41,064 --> 00:03:43,798

So what is the research question?

114

00:03:44,599 --> 00:03:46,162

The research question

115

00:03:46,324 --> 00:03:48,455

in this study is the following:

116

00:03:48,969 --> 00:03:51,195

Is bed net coverage by households

117

00:03:51,345 --> 00:03:54,141

changing after the invention?

118

00:04:02,990 --> 00:04:03,440

Hello!

119

00:04:03,665 --> 00:04:04,653

Welcome again!

120

00:04:04,853 --> 00:04:07,853

We're going to have an interview with doctor Jorge Arroz,

121

00:04:08,053 --> 00:04:10,778

who's in charge of the new pattern

122

00:04:10,978 --> 00:04:14,428

of distribution of bed nets in Mozambique.

123

00:04:14,628 --> 00:04:15,441

Hello Jorge

124

00:04:15,641 --> 00:04:17,753

Hello, professor Maria do Rosário

125

00:04:17,953 --> 00:04:20,653

It's a great pleasure to be here,

126

00:04:20,853 --> 00:04:22,641

[to speak] about a study that took place in Mozambique.

127

00:04:22,841 --> 00:04:23,378

Right

128

00:04:23,578 --> 00:04:27,553

We're now going to start

129

00:04:27,778 --> 00:04:31,728

by describing the precise context of the study.

130

00:04:31,928 --> 00:04:35,641

Well, the study was done in Mozambique

131

00:04:35,841 --> 00:04:38,678

in the central region,

132

00:04:38,878 --> 00:04:42,815

a region where there is a high occurrence of malaria

133

00:04:43,765 --> 00:04:46,741

as well as in two other provinces

134

00:04:46,941 --> 00:04:50,878

where malaria is widespread,

135

00:04:51,078 --> 00:04:55,177

the context is fairly rural,

136

00:04:57,215 --> 00:05:01,078

and where availability of health care is not very good.

137

00:05:01,302 --> 00:05:05,815

Access to health care providers is not easy,

138

00:05:06,015 --> 00:05:08,828

and the people, the population

139

00:05:09,028 --> 00:05:11,253

have to travel huge distances

140

00:05:11,890 --> 00:05:15,140

to have access to very basic health services.

141

00:05:15,652 --> 00:05:19,290

Right. Let's now go to the next phase.

142

00:05:19,515 --> 00:05:25,478

I imagine that before these new measures were implemented

143

00:05:25,678 --> 00:05:27,715

what's called an analysis of the situation

144

00:05:27,915 --> 00:05:28,878

was done

145

00:05:29,078 --> 00:05:30,691

with various actors

146

00:05:30,891 --> 00:05:33,853

and that some conclusions were reached?

147

00:05:34,041 --> 00:05:36,678

I'd like you to tell us a little about this

148

00:05:36,878 --> 00:05:38,641

and what were the main problems

149

00:05:38,841 --> 00:05:40,841

faced in the course of this analysis.

150

00:05:41,791 --> 00:05:44,116

Well, an analysis of the situation was done

151

00:05:44,316 --> 00:05:46,028

including various actors,

152

00:05:46,228 --> 00:05:48,116

the Ministry of Health,

153

00:05:50,590 --> 00:05:51,740

its representatives

154

00:05:51,940 --> 00:05:53,578

at the level of the provinces and districts.

155

00:05:53,778 --> 00:05:57,691

Besides these actors,

156

00:05:57,866 --> 00:06:02,303

health-care partners were involved,

157

00:06:02,503 --> 00:06:04,266

non-governmental organisations

158

00:06:04,466 --> 00:06:06,278

one of which I belong to,

159

00:06:06,478 --> 00:06:07,566

Care Vision International,

160

00:06:09,403 --> 00:06:11,703

and there also was the involvement

161

00:06:11,903 --> 00:06:13,928

of the community leaders,

162

00:06:14,128 --> 00:06:15,203

of the community structures,

163

00:06:15,403 --> 00:06:18,403

as actors that participated actively

164

00:06:18,603 --> 00:06:21,678

in the process of distribution of bed nets.

165

00:06:22,678 --> 00:06:24,641

-Right. So what were the main conclusions

166

00:06:24,841 --> 00:06:25,853

you have reached?

167

00:06:26,053 --> 00:06:29,903

-During this analysis of the situation,

168

00:06:31,753 --> 00:06:37,403

three main conclusions clearly appeared.

169

00:06:38,916 --> 00:06:43,066

The first being related to the process of registering

170

00:06:43,266 --> 00:06:44,178

the members of a household.

171

00:06:44,353 --> 00:06:46,716

One of the main steps

172

00:06:46,916 --> 00:06:48,166

is to register all families

173

00:06:48,366 --> 00:06:50,041

that live in a given area,

174

00:06:50,241 --> 00:06:54,441

and we saw that this process was much too complex

175

00:06:54,641 --> 00:06:57,191

with registrations forms filled

176

00:06:57,391 --> 00:07:02,166

with information on the members of the household,

177

00:07:02,366 --> 00:07:06,016

for example the name of each member of the household,

178

00:07:06,216 --> 00:07:08,678

with age and gender.

179

00:07:08,878 --> 00:07:11,278

This made things a little more difficult

180

00:07:11,478 --> 00:07:12,303

and would make

181

00:07:12,491 --> 00:07:14,178

the process of registration more complex.

182

00:07:14,378 --> 00:07:17,453

Another point linked to the process of registration

183

00:07:17,653 --> 00:07:22,953

was the possibility of double registration

184

00:07:23,365 --> 00:07:24,266

of the houses,

185

00:07:25,153 --> 00:07:26,316

as they were not marked

186

00:07:26,516 --> 00:07:32,303

and the possibility of a house not being registered.

187

00:07:33,203 --> 00:07:37,178

Also, the second important aspect

188

00:07:37,366 --> 00:07:38,653

of this situation analysis

189

00:07:38,853 --> 00:07:43,941

was linked to the process of attribution

190

00:07:44,141 --> 00:07:45,366

of the bed nets

191

00:07:45,566 --> 00:07:48,190

to the families, which was complex.

192

00:07:49,115 --> 00:07:53,802

A fairly complex form of attribution of bed nets was needed

193

00:07:54,640 --> 00:08:01,677

and we ended up having to evaluate

194

00:08:01,877 --> 00:08:04,315

the distribution itself, and we reached the conclusion

195

00:08:04,541 --> 00:08:08,316

that the people had to queue up for a very long time

196

00:08:08,516 --> 00:08:11,140

waiting to receive a bed net.

197

00:08:11,616 --> 00:08:13,753

So, the questions of the registration,

198

00:08:13,953 --> 00:08:16,453

of the households members,

199

00:08:16,653 --> 00:08:20,416

and the long waiting queues

200

00:08:20,616 --> 00:08:23,766

and the criteria for the attribution of the bed nets

201

00:08:23,953 --> 00:08:25,416

are the three key aspects

202

00:08:25,616 --> 00:08:28,691

that stood out as a result of the analysis of situation.

203

00:08:28,891 --> 00:08:29,778

So I imagine that

204

00:08:29,978 --> 00:08:32,141

for this process to be implemented,

205

00:08:32,353 --> 00:08:34,403

there were various phases?

206

00:08:34,603 --> 00:08:38,040

I'd like you to tell us a little about those phases

207

00:08:38,566 --> 00:08:41,678

that unfolded

208

00:08:42,116 --> 00:08:43,478

so that in the end,

209

00:08:43,678 --> 00:08:46,265

the new strategies were implemented.

210

00:08:47,477 --> 00:08:50,440

-The distribution process of nets

211

00:08:50,640 --> 00:08:53,190

has its various phases,

212

00:08:53,978 --> 00:08:55,302

and for the first phase,

213

00:08:55,502 --> 00:08:59,152

it was necessary for the health-care authorities

214

00:08:59,365 --> 00:09:01,277

to have the required competence,

215

00:09:01,478 --> 00:09:04,790

therefore for the team, at the district level

216

00:09:04,990 --> 00:09:06,214

to be trained.

217

00:09:07,077 --> 00:09:09,865

Sometimes, these people, after receiving training,

218

00:09:10,027 --> 00:09:12,340

would themselves train

219

00:09:12,540 --> 00:09:14,665

other persons at the district level

220

00:09:14,865 --> 00:09:17,576

in order to strengthen,

221

00:09:17,764 --> 00:09:20,139

and increase the district team,

222

00:09:22,440 --> 00:09:25,915

also involving the community leaders.

223

00:09:26,115 --> 00:09:28,426

They were selected

224

00:09:28,602 --> 00:09:32,077

for a specific locality, region or neighborhood,

225

00:09:32,289 --> 00:09:34,452

and volunteers worked on this process

226

00:09:34,652 --> 00:09:36,652

of registration of members of households.

227

00:09:36,815 --> 00:09:39,090

It was important for these people

228

00:09:39,290 --> 00:09:40,627

to be members of the community,

229

00:09:40,827 --> 00:09:43,577

as they are be better accepted,

230

00:09:43,715 --> 00:09:47,752

by the members of households,

231

00:09:47,902 --> 00:09:50,115

who open the doors to their houses more easily

232

00:09:50,277 --> 00:09:51,439

and trust them more.

233

00:09:54,002 --> 00:09:56,765

And these recorders, as we call people in charge of the registration,

234

00:09:56,965 --> 00:09:58,239

are also given training.

235

00:09:59,701 --> 00:10:05,139

They are given the forms, receipts and stickers.

236

00:10:05,365 --> 00:10:09,102

in order to identify the houses that have been registered.

237

00:10:09,302 --> 00:10:10,740

The receipts guarantee

238

00:10:10,940 --> 00:10:12,290

that the families will finally go

239

00:10:12,490 --> 00:10:14,351

where the distribution is to take place

240

00:10:14,564 --> 00:10:18,089

and receive the due number of bed nets.

241

00:10:19,177 --> 00:10:21,090

This information, having been collected

242

00:10:21,290 --> 00:10:24,840

and the date of distribution having been set,

243

00:10:25,040 --> 00:10:28,302

the distribution points being as close as possible

244

00:10:28,502 --> 00:10:30,352

to the given community,

245

00:10:30,552 --> 00:10:33,240

the families get there with the receipts

246

00:10:33,440 --> 00:10:35,415

and are given the bed nets.

247

00:10:35,615 --> 00:10:39,240

So, in general, these are the phases

248

00:10:39,415 --> 00:10:42,339

of the process of distribution

249

00:10:43,314 --> 00:10:44,315

in the new pattern.

250

00:10:44,515 --> 00:10:47,052

From what I can see, there are three innovations

251

00:10:47,190 --> 00:10:49,027

in this new pattern, aren't there?

252

00:10:49,152 --> 00:10:52,852

To start, the process of attribution

253

00:10:53,002 --> 00:10:56,002

of a set number of nets per family was simplified,

254

00:10:56,840 --> 00:10:59,290

then the introduction of vouchers

255

00:10:59,502 --> 00:11:02,490

that enable a better identification

256

00:11:02,690 --> 00:11:05,690

of the families when they claim the nets they are entitled to

257

00:11:05,890 --> 00:11:09,489

and allow those huge waiting queues to be avoided,

258

00:11:11,239 --> 00:11:16,015

and we can add that the fact that there are stickers

259

00:11:16,215 --> 00:11:20,565

has reduced the amount of over information

260

00:11:20,765 --> 00:11:24,214

or lack or information on the families. Would you agree?

261

00:11:24,377 --> 00:11:27,852

Right. And to my mind, the first very important aspect

262

00:11:28,052 --> 00:11:30,390

was the simplification of the methodology

263

00:11:30,590 --> 00:11:32,915

leading to the attribution of the bed nets

264

00:11:33,115 --> 00:11:38,515

which basically is, nowadays, a bed net for every two people.

265

00:11:40,752 --> 00:11:44,265

In fact, the receipts, which are vouchers

266

00:11:44,465 --> 00:11:50,127

allow the families to have a form of document

267

00:11:50,477 --> 00:11:53,090

they can easily take to the distribution point

268

00:11:53,290 --> 00:11:57,227

and easily be identified as already registered.

269

00:11:57,427 --> 00:11:59,902

And to finish, the stickers have in fact

270

00:12:00,102 --> 00:12:01,477

enabled the avoidance of

271

00:12:01,677 --> 00:12:05,715

double registration of the members of households

272

00:12:05,915 --> 00:12:08,652

as they indicated which houses had been registered

273

00:12:08,852 --> 00:12:12,552

and also if a house didn't have a sticker to it,

274

00:12:12,752 --> 00:12:14,565

it implied it had not been registered

275

00:12:14,765 --> 00:12:16,527

and the supervision team

276

00:12:16,727 --> 00:12:18,727

that monitors the registration

277

00:12:18,927 --> 00:12:21,277

would spot the house and send a team of recorders

278

00:12:21,477 --> 00:12:24,377

to that community

279

00:12:24,552 --> 00:12:27,339

and to those houses to make the registration.

280

00:12:27,515 --> 00:12:31,877

Very well. You have spoken about these three innovations,

281

00:12:33,277 --> 00:12:37,140

The people that are watching us are probably curious to know

282

00:12:37,340 --> 00:12:40,902

what the vouchers were like

283

00:12:41,102 --> 00:12:43,377

and would like to know more about

284

00:12:43,565 --> 00:12:45,690

this new technique of distribution.

285

00:12:45,890 --> 00:12:47,615

Can you give [a] detailed explanation?

286

00:12:47,815 --> 00:12:50,327

What was the format of the vouchers,

287

00:12:50,527 --> 00:12:52,290

what information did they carry,

288

00:12:57,315 --> 00:13:00,027

between the old method, that was more complex,

289

00:13:00,227 --> 00:13:01,840

with a more complex pattern

290

00:13:02,040 --> 00:13:04,027

of distribution of nets to the families

291

00:13:04,227 --> 00:13:06,315

and now your new simpler method?

292

00:13:06,515 --> 00:13:08,327

Let's have a little more explanation,

293

00:13:08,527 --> 00:13:10,677

it's important as these concern the strategies,

294

00:13:10,852 --> 00:13:12,364

the most important points in your study.

295

00:13:12,714 --> 00:13:17,052

That's right. So the voucher was made of two parts:

296

00:13:17,264 --> 00:13:20,490

the left part, was a stub

297

00:13:20,690 --> 00:13:24,465

that was kept by the recorder

298

00:13:24,665 --> 00:13:27,965

and the team involved in the process of distribution,

299

00:13:28,590 --> 00:13:31,665

and the right part, was the receipt of the voucher

300

00:13:31,865 --> 00:13:33,377

given to the family

301

00:13:33,577 --> 00:13:38,552

and gave basic information on where the family lived,

302

00:13:38,752 --> 00:13:42,202

the area where it was located,

303

00:13:42,402 --> 00:13:46,165

the number of members living in the household

304

00:13:46,365 --> 00:13:47,240

which is very important

305

00:13:47,440 --> 00:13:52,152

as the first change was the formula

306

00:13:52,364 --> 00:13:56,065

to enable the attribution of a bed net to each household

307

00:13:56,265 --> 00:13:59,265

and basically, the formula was

308

00:13:59,465 --> 00:14:01,152

the number of members of the household

309

00:14:01,352 --> 00:14:02,302

divided by two,

310

00:14:02,502 --> 00:14:06,327

and rounded up to an even number.

311

00:14:06,527 --> 00:14:08,427

-This is the new formula? -This is the new formula.

312

00:14:08,627 --> 00:14:09,877

And was the old one like?

313

00:14:10,077 --> 00:14:14,002

The old formula would, after gathering information

314

00:14:14,202 --> 00:14:21,277

on the age, gender and number of members of a household

315

00:14:21,477 --> 00:14:24,877

attempt to establish patterns of sleeping habits,

316

00:14:26,202 --> 00:14:28,677

such as, for example, in one family

317

00:14:28,877 --> 00:14:33,752

where there were three members in the household,

318

00:14:33,952 --> 00:14:38,902

it was possible to receive one, two or three bed nets.

319

00:14:39,102 --> 00:14:44,002

For example, in the old model of distribution

320

00:14:44,227 --> 00:14:48,327

a family with a father, a mother and a two-year-old child

321

00:14:48,515 --> 00:14:49,790

would receive one bed net,

322

00:14:49,990 --> 00:14:53,415

because they were supposed to all sleep together.

323

00:14:54,177 --> 00:14:57,902

But, if in this family the child was already ten years old,

324

00:14:58,102 --> 00:15:00,827

they were to receive two bed nets

325

00:15:01,027 --> 00:15:03,677

because the father and the mother were to sleep together

326

00:15:03,877 --> 00:15:06,202

and then the child was to sleep on his own.

327

00:15:06,677 --> 00:15:09,340

However, if that family were to be composed

328

00:15:09,540 --> 00:15:14,252

of a father, a grand-father and of a twenty-year-old child,

329

00:15:14,452 --> 00:15:21,877

as it's not possible to have the father share his bed

330

00:15:22,077 --> 00:15:25,165

with the grand-father or the twenty-year old son,

331

00:15:25,415 --> 00:15:27,940

they had to receive three bed nets.

332

00:15:28,165 --> 00:15:29,490

There were three situations,

333

00:15:29,690 --> 00:15:34,152

three possibilities for attribution of bed nets,

334

00:15:34,377 --> 00:15:36,977

for the same household composition.

335

00:15:37,164 --> 00:15:39,390

This is what has changed in the new system.

336

00:15:39,590 --> 00:15:42,115

where the number of members of a household

337

00:15:42,352 --> 00:15:43,352

is simply divided by two,

338

00:15:43,552 --> 00:15:47,402

the goal being one bed net

339

00:15:47,602 --> 00:15:49,377

for two people.

340

00:15:49,577 --> 00:15:51,277

So, it must be simpler...

341

00:15:51,477 --> 00:15:53,752

-Much simpler. -For those who have to calculate

342

00:15:53,940 --> 00:15:55,815

there are fewer parameters.

343

00:15:56,015 --> 00:15:58,177

Besides the receipts, there were stickers.

344

00:15:58,402 --> 00:16:05,801

The stickers gave basic information as the location of

345

00:16:06,015 --> 00:16:07,727

the neighborhood, the community,

346

00:16:07,914 --> 00:16:11,790

and that the house had been registered.

347

00:16:11,990 --> 00:16:16,177

And you would stick it on the main door of the house

348

00:16:16,377 --> 00:16:18,015

of the hut,

349

00:16:18,215 --> 00:16:20,865

to my mind, in this context it's more a hut,

350

00:16:21,065 --> 00:16:25,277

seeing the rural context of the communities where we worked

351

00:16:25,477 --> 00:16:28,490

and tested the new pattern.

352

00:16:28,690 --> 00:16:33,515

However, when the supervisors checking the registrations

353

00:16:33,715 --> 00:16:39,890

would arrive at a community and see houses without stickers,

354

00:16:40,090 --> 00:16:44,977

they would by principle deduce that the house had not been registered.

355

00:16:45,177 --> 00:16:48,890

It made it easier to send a more specific team

356

00:16:49,065 --> 00:16:52,540

to the community to register those families.

357

00:16:52,715 --> 00:16:53,652

Thank you very much.

358

00:16:53,852 --> 00:16:56,852

So now that we have talked about these new strategies,

359

00:16:57,052 --> 00:16:59,715

we've been allowed to talk about what will follow the study.

360

00:16:59,915 --> 00:17:03,027

We have already spoken about the investigation,

361

00:17:03,227 --> 00:17:07,090

and now for those taking part in the investigation,

362

00:17:07,290 --> 00:17:09,752

there are more years of studies, aren't there?

363

00:17:09,927 --> 00:17:12,515

Could you talk about what will follow the study?

364

00:17:12,715 --> 00:17:16,052

Well, the present study

365

00:17:16,252 --> 00:17:19,727

is made of a mix of methodology

366

00:17:19,977 --> 00:17:23,877

with a qualitative component and a quantitative one.

367

00:17:24,077 --> 00:17:27,715

The qualitative component:

368

00:17:27,915 --> 00:17:33,440

in each of the phases of the process

369

00:17:33,652 --> 00:17:35,565

of distribution of bed nets,

370

00:17:35,765 --> 00:17:38,377

there was a focal discussion group

371

00:17:38,577 --> 00:17:41,702

with the key actors of that phase.

372

00:17:41,902 --> 00:17:46,853

The goal was to try to gather as much information

373

00:17:47,053 --> 00:17:51,765

on what had happened during that phase, or during all the phases,

374

00:17:51,978 --> 00:17:52,978

the pros and cons

375

00:17:53,178 --> 00:17:54,715

of each step

376

00:17:54,915 --> 00:17:58,952

to better adjust the interventions.

377

00:18:01,203 --> 00:18:03,965

Already, in the quantitative component

378

00:18:07,803 --> 00:18:08,003

the study was

379

00:18:08,003 --> 00:18:10,790

380

00:18:10,790 --> 00:18:07,803

a quasi- experimental study in which we had a district

,

381

00:18:07,803 --> 00:18:11,040

382

00:18:11,240 --> 00:18:13,265

that was a district of intervention

383

00:18:13,465 --> 00:18:17,290

in which the new pattern of distribution was followed

384

00:18:17,490 --> 00:18:20,528

that is, a bed net for every two persons,

385

00:18:20,728 --> 00:18:22,678

the use of vouchers,

386

00:18:22,878 --> 00:18:24,640

the use of stickers

387

00:18:24,840 --> 00:18:27,540

for the identification of the houses.

388

00:18:28,353 --> 00:18:33,215

Meanwhile there was the control group,

389

00:18:33,415 --> 00:18:35,715

the district of control,

390

00:18:35,940 --> 00:18:38,065

which had had a previous intervention.

391

00:18:38,265 --> 00:18:43,565

with those complex criteria of registration

392

00:18:43,777 --> 00:18:48,990

of attribution of a bed net to each member of a household.

393

00:18:49,178 --> 00:18:52,578

We tried as best as we could to obtain something comparable

394

00:18:52,778 --> 00:18:56,503

from one district to another in terms of rural characteristics

395

00:18:56,715 --> 00:19:01,478

and even in terms of people who had benefited

396

00:19:01,678 --> 00:19:04,678

or who wanted to receive a bed net.

397

00:19:04,915 --> 00:19:07,115

Right. I have a question for you,

398

00:19:07,315 --> 00:19:09,865

in this qualitative study, in the qualitative part,

399

00:19:10,065 --> 00:19:12,440

you said there were focal groups, with the key actors

400

00:19:12,640 --> 00:19:14,190

and they made conclusions.

401

00:19:14,390 --> 00:19:16,113

Was the process changed

402

00:19:16,313 --> 00:19:19,313

in order to take into account what the comments had been?

403

00:19:19,514 --> 00:19:20,714

Do you have an example?

404

00:19:20,914 --> 00:19:24,914

It was noted that the physical quality of the vouchers

405

00:19:25,114 --> 00:19:27,952

that had been made

406

00:19:28,152 --> 00:19:30,914

was not adapted and resistant,

407

00:19:31,127 --> 00:19:36,189

taking into account where the family was going to store

408

00:19:36,389 --> 00:19:37,463

the vouchers.

409

00:19:37,964 --> 00:19:39,952

The study there is finished

410

00:19:40,152 --> 00:19:44,677

but in another district that was being used as a pilot too,

411

00:19:44,877 --> 00:19:50,314

we were able to better a little the quality of the receipts,

412

00:19:50,488 --> 00:19:50,976

and vouchers

413

00:19:51,139 --> 00:19:59,076

and this was one of the lessons we quickly managed to grasp

414

00:19:59,326 --> 00:20:01,489

with something positive for the implementation,

415

00:20:01,689 --> 00:20:02,902

with somewhat of a success

416

00:20:03,102 --> 00:20:05,601

in the other district of intervention.

417

00:20:05,976 --> 00:20:07,551

Very well. We're about to finish.

418

00:20:07,739 --> 00:20:08,939

Now, the fundamental question:

419

00:20:09,139 --> 00:20:11,702

we have already defined the strategies,

420

00:20:11,702 --> 00:20:12,139

we have already defined the aim of the investigation,

422

00:20:15,364 --> 00:20:18,727

and now, we don't know, so we need to test,

423

00:20:18,927 --> 00:20:21,314

to see if we get results.

424

00:20:21,514 --> 00:20:24,739

We have already spoken about what has been done,

425

00:20:24,939 --> 00:20:25,689

the pilot study.

426

00:20:25,889 --> 00:20:29,851

And what were the main conclusions you've reached?

427

00:20:30,163 --> 00:20:35,889

First, in terms of variants for the measure of the results,

428

00:20:36,089 --> 00:20:39,176

of the study, of the implementation,

429

00:20:39,376 --> 00:20:40,976

we used,

430

00:20:41,176 --> 00:20:45,301

first the percentage of bed nets

431

00:20:45,501 --> 00:20:50,889

that were distributed compared to what had been planned,

432

00:20:51,089 --> 00:20:53,276

and then the coverage of bed nets

433

00:20:53,501 --> 00:20:55,389

in the households,

434

00:20:55,589 --> 00:20:56,638

therefore in the families.

435

00:20:56,838 --> 00:21:01,151

And what we observed

436

00:21:01,351 --> 00:21:05,476

as the result of the implementation of the research

437

00:21:05,676 --> 00:21:08,076

was that after five days,

438

00:21:08,276 --> 00:21:12,451

with the first results,

439

00:21:12,651 --> 00:21:15,926

the percentage of bed nets distributed

440

00:21:16,126 --> 00:21:21,114

using the new pattern of distribution,

441

00:21:21,314 --> 00:21:26,801

was greater than the one obtained with the previous pattern.

442

00:21:27,001 --> 00:21:31,664

With the new pattern, we reached 88%,

443

00:21:31,864 --> 00:21:37,064

while we had reached 77% with the previous pattern.

444

00:21:37,264 --> 00:21:39,989

And you saw this difference as meaningful, didn't you?

445

00:21:40,214 --> 00:21:43,989

This difference was statistically meaningful. That's correct.

446

00:21:44,176 --> 00:21:48,476

As far as the coverage of households is concerned,

447

00:21:48,726 --> 00:21:50,701

of bed nets in the households,

448

00:21:50,901 --> 00:21:53,114

again after five days

449

00:21:53,314 --> 00:21:56,314

which is the number of days necessary

450

00:21:56,514 --> 00:21:59,426

for the distribution of the bed nets

451

00:21:59,626 --> 00:22:03,926

there was a difference between the groups,

452

00:22:04,126 --> 00:22:07,551

the district of implementation with the new pattern

453

00:22:07,751 --> 00:22:11,214

compared to a district using the previous pattern.

454

00:22:11,414 --> 00:22:15,589

With the new pattern of implementation,

455

00:22:15,776 --> 00:22:19,289

the coverage was larger,

456

00:22:19,489 --> 00:22:22,501

80 percent, around 81 percent

457

00:22:22,701 --> 00:22:27,976

compared to coverage in the district where the old pattern was used

458

00:22:28,176 --> 00:22:30,164

which was 73 percent.

459

00:22:30,364 --> 00:22:32,651

And this difference too was....

460

00:22:32,851 --> 00:22:34,376

It too was statistically significant.

461

00:22:34,576 --> 00:22:37,314

Yes, I still have a question for you:

462

00:22:37,514 --> 00:22:39,239

when did the study take place,

463

00:22:39,439 --> 00:22:44,851

as for us it's important to know when it took place.

464

00:22:45,039 --> 00:22:48,676

Well... the study

465

00:22:48,876 --> 00:22:51,376

took place last year, in 2015,

466

00:22:51,576 --> 00:22:55,676

from October to December

467

00:22:55,876 --> 00:22:58,114

in 2015.

468

00:22:59,851 --> 00:23:05,089

The results were already available in January,

469

00:23:05,351 --> 00:23:12,164

for a more exhaustive, careful analysis, to follow with new steps.

470

00:23:12,376 --> 00:23:15,114

That's true. So, what are the next steps?

471

00:23:15,314 --> 00:23:17,114

With these results,

472

00:23:17,314 --> 00:23:19,364

we have already had a process of socialization

473

00:23:19,564 --> 00:23:22,114

with the Health Ministry,

474

00:23:22,314 --> 00:23:27,126

with various actors active in the process of distribution,

475

00:23:27,326 --> 00:23:29,651

from both the provinces and the districts involved,

476

00:23:29,851 --> 00:23:35,901

and this new strategy was adopted by the Health Ministry,

477

00:23:36,101 --> 00:23:40,164

in view of a massive distribution of bed nets at the national level.

478

00:23:40,351 --> 00:23:45,826

A first phase will take place on a large scale

479

00:23:46,001 --> 00:23:48,639

in one of the provinces of North Mozambique

480

00:23:48,839 --> 00:23:50,851

more precisely in the province of Nampula,

481

00:23:51,051 --> 00:23:54,826

which is planned for this year, in 2016.

482

00:23:55,026 --> 00:23:57,364

Very well. So, I want to thank everybody

483

00:23:57,564 --> 00:24:01,564

for being with us today.

484

00:24:01,726 --> 00:24:06,589

We're going to close this cycle of MOOC Module number 3,

485

00:24:06,789 --> 00:24:09,526

I hope you've enjoyed it, and see you soon.

<https://www.tdrmooc.org/courses/course-v1:TDR+IR+2016/courseware/e3524f7df8814f0db55058c4356eb3b1/344f2908266541e48e6fe4cb666a2d51/?child=first>

[Course](https://www.tdrmooc.org/courses/course-v1:TDR+IR+2016/course/)  [Module 3: Designing Implementation Strategies](https://www.tdrmooc.org/courses/course-v1:TDR+IR+2016/course/#block-v1:TDR+IR+2016+type@chapter+block@e3524f7df8814f0db55058c4356eb3b1)  [Conclusion](https://www.tdrmooc.org/courses/course-v1:TDR+IR+2016/course/#block-v1:TDR+IR+2016+type@sequential+block@344f2908266541e48e6fe4cb666a2d51)  What you have learned

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## What you have learned

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### ****What you have learned****

* There are different types of implementation strategies: single-component and multi-faceted strategies.
* Strategies can be grouped in terms of the actors or stakeholders using them.
* To start with, strategies must be designed using five important dimensions: actors, actions, action targets, , and dose.
* The research design should be determined by the research question and the strength of evidence it is feasible to achieve.

<https://www.tdrmooc.org/courses/course-v1:TDR+IR+2016/courseware/e3524f7df8814f0db55058c4356eb3b1/84768a6940394a8b8dce50461bae6463/?child=first>

[Course](https://www.tdrmooc.org/courses/course-v1:TDR+IR+2016/course/)  [Module 3: Designing Implementation Strategies](https://www.tdrmooc.org/courses/course-v1:TDR+IR+2016/course/#block-v1:TDR+IR+2016+type@chapter+block@e3524f7df8814f0db55058c4356eb3b1)  [Assessment](https://www.tdrmooc.org/courses/course-v1:TDR+IR+2016/course/#block-v1:TDR+IR+2016+type@sequential+block@84768a6940394a8b8dce50461bae6463)  Assessment

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## Assessment

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**Learning goals**:

* Identify different types of implementation strategies
* Specify the different types of implementation strategies
* Use these concepts in real-life examples related to diseases of poverty

**Please review the selected paper carefully and answer four questions**:

[**Community-directed interventions for priority health problems in Africa: results of a multicountry study**](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2897985/pdf/BLT.09.069203.pdf). *Bulletin of the World Health Organization*, 2010, 88(7):509-518.

Maximum grade: 100 points

### PEER ASSESSMENT

This assignment has several steps. In the first step, you'll provide a response to the prompt. The other steps appear below the **Your Response** field.

#### Your Response due Dec 31, 2028 20:00 AST (in 11 years, 4 months)IN PROGRESS

Enter your response to the prompt. You can save your progress and return to complete your response at any time before the due date (Sunday, Dec 31, 2028 20:00 AST). **After you submit your response, you cannot edit it**.

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##### The prompt for this section

Part 1. Identify two implementation strategies in the paper. (200 words max)

(Implementation strategies can be defined as strategies needed to deliver or implement the products or interventions of?.)

##### Your response (required)



##### The prompt for this section

Part 2. Consider implementation strategies developed for Year 1 in district 1 and district 3. Classify and discuss the type of implementation strategies developed for each district. (200 words max)

(We know that there are different types of implementation strategies: Single-component and Multi-faceted implementation strategies. We can also group them in terms of the actor or the stakeholder using them.)

##### Your response (required)



##### The prompt for this section

Part 3. Consider the delivery of insecticide-treated bed nets (ITN) in year 1, district 3. Why was the Community-Directed Intervention (CDI) strategy used? (200 words max)

(We know that it is very important to justify the choice of a specific strategy)

##### Your response (required)



##### The prompt for this section

Part 4. Suggest alternative implementation strategies for delivering ITNs, together with possible advantages and drawbacks. (300 words max)

(For example, you can base your suggestions on the following paper:   
Willey BA, et al. Strategies for delivering insecticide-treated nets at scale for malaria control: a systematic review. *Bulletin of the World Health Organization*, 2012, 90(9):672-684E.  
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3442384/pdf/BLT.11.094771.pdf)

##### Your response (required)

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