

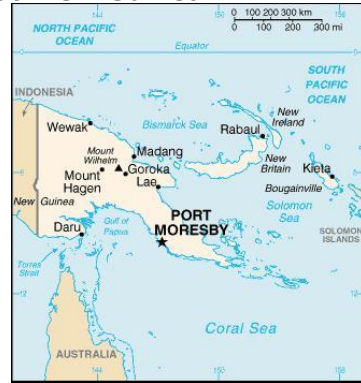
Lessons from the evaluation of community health interventions in Papua New Guinea

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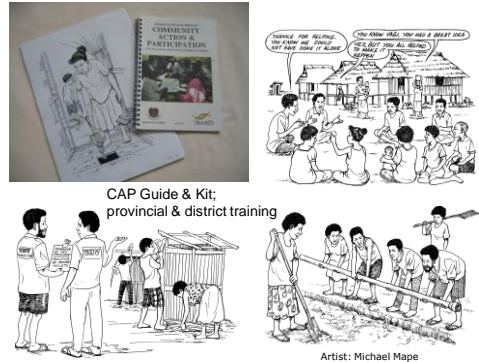
Background - PNG Women's and Children's Health Project

- AusAID funded supported by PNG National Dept. Health
- Implemented June 1998 – December 2004
- Aim:
 - reduce maternal and infant mortality by improving quality and coverage of maternal and child health services
- Community initiatives encouraged communities to take responsibility for their own health



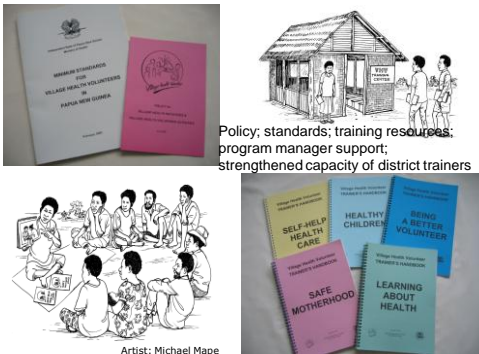
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Support for community action & participation process



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Support for Village Health Volunteer programs



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Village life before intervention



Village life after intervention



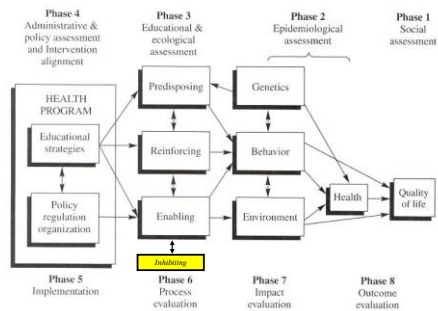
Thesis Objectives

To find out:

- What were the long-term effects of the intervention 4 years after it was introduced?
- What caused the changes?
- How did intervention affect the way health workers and the community interact?
- What influenced success or failure?

(Ashwell 2008)

PRECEDE-PROCEED MODEL – HEALTH PROGRAM PLANNING
Green, L. W., & Kreuter, M. W. (2005).



Logical framework – to guide planning and evaluation

- Re-design of community strategies (1999)
- Implementation (1999-2003)
- Process evaluation (2000-2003)
- Impact evaluation (2004) – modified Most Significant Change technique
- Outcome evaluation (2006)

Outcome Evaluation - Design

- ❑ **Qualitative research techniques**
 - played major part in describing ,and providing evidence of , complex interaction & behaviours of health workers and community subsequent to Project (2 yrs after intervention)
- ❑ **Quantitative research techniques**
 - added insights that may not otherwise have been revealed using only one technique
 - richly informed by descriptions of ‘significant events’ into a synthesis of outcomes and explanations of how these were derived.

Methodology

- Rapid assessment, response and evaluation (RARE) methodology (Trotter, & Needle, 2001)
- Designed in 1999 as a qualitative evaluation tool for key public health issues e.g. USA HIV/AIDS epidemic in African American and Hispanic communities (Needle, 2003)
- Commonly used to evaluate health interventions in a developing country context (Trotter et al., 2001)

Appropriateness of RARE

- Pragmatic approach – collection, synthesis and analysis of data
- Highly adaptable / flexible approach (Needle et al., 2003)
- Combines a range of methodological tools and techniques e.g. qualitative and quantitative sampling frames for validity and reliability of data
- Makes use of existing data sets / statistics
- Designed to stand alone or supplement other methods

Methodological tools commonly used for RARE:

- Key-informant interviews
- Focus group discussions
- Direct observations
- Mapping and geo-coding
- Rapid 'street intercept' assessment interviews

(Needle et al., 2003; Trotter & Needle, 2001)

Most Significant Change technique (MSC)

- Originally developed as a tool for continuous monitoring (Davies & Dart, 2004)
- Involves '*prompting*' the storyteller to reflect on changes (Davies & Dart 2004)
- Engages people at different levels to critique and systematically select most significant stories - as a way of determining development program's impact
- PNG culture inhibits people from publically critiquing others so adapted

Classification of demonstrated outcomes

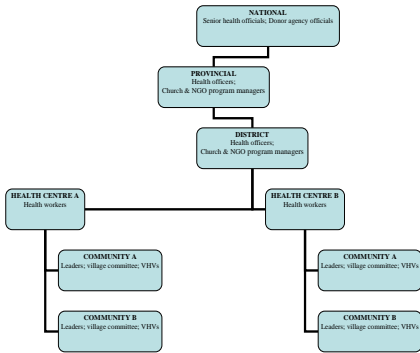
Based on amount of change in community that could be attributed to WCH Project strategies:

- 'Successful' or 'highly effective' – describes community that has made significant changes
- 'Moderately successful' or 'moderately effective' - made some changes
- 'Less successful' or 'less effective' – made limited changes
- 'Unsuccessful' or 'ineffective' - made no changes

Setting and Context in PNG

- In PNG March to Sept. 2006 (6 mths)
- 4 regions (100%) – extremely rugged landforms (along coast, in hinterland, mountain ranges and outer islands)
- 10 provinces (50%)
- 19 districts (21%)
- Visited 44 rural health facilities and 92 isolated village communities
- Targeted health workers responsible for maternal child health service delivery

Sampling technique: multi-level



Community Health initiatives

Evaluated communities that:

- Existed prior to the WCH Project
- Grew out of WCH Project support (training and/or financial support)
- Inspired by demonstrated impact of another initiative
- Identified communities that seemed to demonstrate a range of links with rural health services – from successful down to less than successful

Qualitative data collection

- Key-informant interviews - Health personnel, VHVs, community leaders and members
- Focus group discussions (community)
- Stories of 'significant' events in community - creative way of relating experience and knowledge (provided evidence of outcome)
- Opportunistic observations (behaviour of community interacting with health workers)

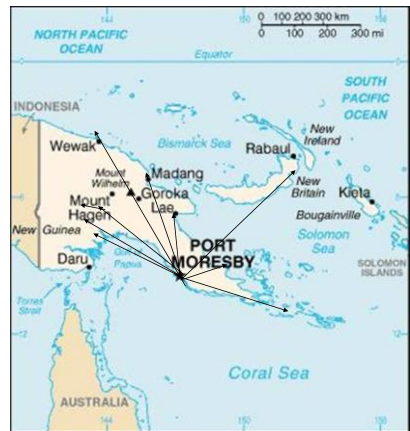
Health facilities / communities

44 health facilities & 92 communities provided extensive evidence of full impact, both intended and unintended

- 6 district hospitals (district level)
- 21 health centers (sub-district level)
- 17 aid posts (community level)
- 92 communities

2006 Field visit

Traversed country by canoe / dingy, walking, vehicle and plane



Informal interviews - 175 key stakeholders

- National Dept of Health staff (18)
- Provincial Health Officers (62)
- District Health Officers (34)
- Rural health workers (58)
- Community members (3)

Informal discussions occurred at odd times - gave rich insight into the culture and reasons why changes occurred (used 'head notes')



Health workers



VHVs & villagers



In a variety of places – along paths, climbing mts., bouncing over ocean waves, driving on rough dirt tracks

Sample of questions asked

- Which areas has your community seen significant changes in over past 7 years?
- What do you think may have influenced these changes?
- What benefits or ill-effects have you seen from these changes
- How do local health workers relate with your community?
- Has this been a positive or negative experience?

Community focus group discussions

- Community leaders, village health volunteers (VHVs), community members from 77 villages
- Stories around a 'significant event' illustrating impact
- Opportunistic observations - interaction between community and health workers
- 15 site visits - no-one was available for interview

Interviewed 77 community groups; observed 15 more villages



Quantitative data collection

- Review of census population figures for 77 communities (PNG National Census Unit)
- Key health indicators - National Dept. Health Information System statistics (national, provincial and district, health facility)
 - Assess extent of impact of intervention in reducing maternal and child morbidity and mortality + common diseases
- Review relevant WCH Project documents

Lessons learned / transferability

- Pragmatic and flexible approach of RARE means it can easily be adapted for use with other groups from similar backgrounds (culturally sensitive)
- Speedy - in-expensive way of rapidly collecting relevant data
- Non-duplicative – complements ongoing processes rather than replace them
- Ensures community participation in the process

Transferability (cont.)

- Designed to complement traditional epidemiological survey methods / supersedes other rapid assessment methods (quick and dirty)
- Makes for systematic analysis of qualitative data
- Promotes triangulation of data gathered from various sources
- Uses evaluation to determine impact of intervention (Needle et al., 2003)

Transferability (cont.)

- Aims to gain a more holistic understanding of natural context
 - taps into local inhabitants' knowledge and combines with modern research expertise
- Designed to best reflect an individual's experiences in context of everyday life (Denzin & Lincoln 2000)
- Designed to allow researcher to learn from people as opposed to 'studying' people

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Thank you

