



iniciativa
salud
mesoamérica

The Stories that Numbers Tell: Using Narratives to Improve Programmatic Performance

October 21, 2015

Dr. Robert C. Hausmann
Learning Advisor, Salud Mesoamérica Initiative
Assistant Professor, University of Houston
rchausmann@uh.edu / +1-202-316-9806

Key takeaway

System change requires a continuous monitoring cycle of experimentation-measurement-reflection and course-correction, which inherently involves learning.

It is more like monitoring AS evaluation instead of monitoring AND evaluation.

SMI Learning Tool Approach

- During a six-month period, we collected over 2200 stories from front-line workers, local health care administrators, and policy-makers in the region.
- Data was collected using SenseMaker, a narrative data collection tool.
- Based on those stories, we generated visual data
- Reports were created and jointly analyzed in participatory workshops

Tell us your story: the Initiative Learning Project



We will begin by asking you some general questions about your experiences in improving health outcomes for woman and children, and then ask you a series of questions concerning your story. There is no right or wrong answer - we are interested in hearing your stories, and understanding your experiences.

Describe ONE decision or activity that had either a POSITIVE or NEGATIVE impact on your work in the Initiative. Briefly describe the specific situation, related actions, and the result

1. Your experience :

2. Please give your story a title:

Why use this approach?

Intentionally Mixing Quantitative and Qualitative

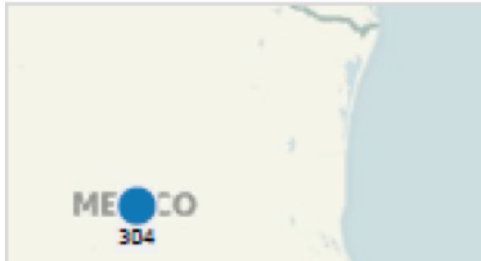
Understand the way in which people make decisions, and the context in which those decisions are made

Quantitative data: Using a “signification framework” respondents contribute several responses and for each they add layers of meaning to each unique situation shared.

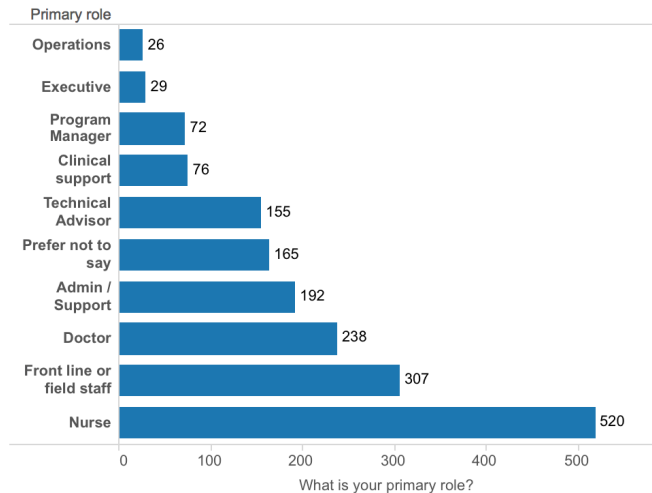
Qualitative data: The stories that convey experiences or observations, provide a context for making sense of the quantitative data and patterns.

This forms a rich dataset that permits a combined qualitative-quantitative assessment for generating deep insights.

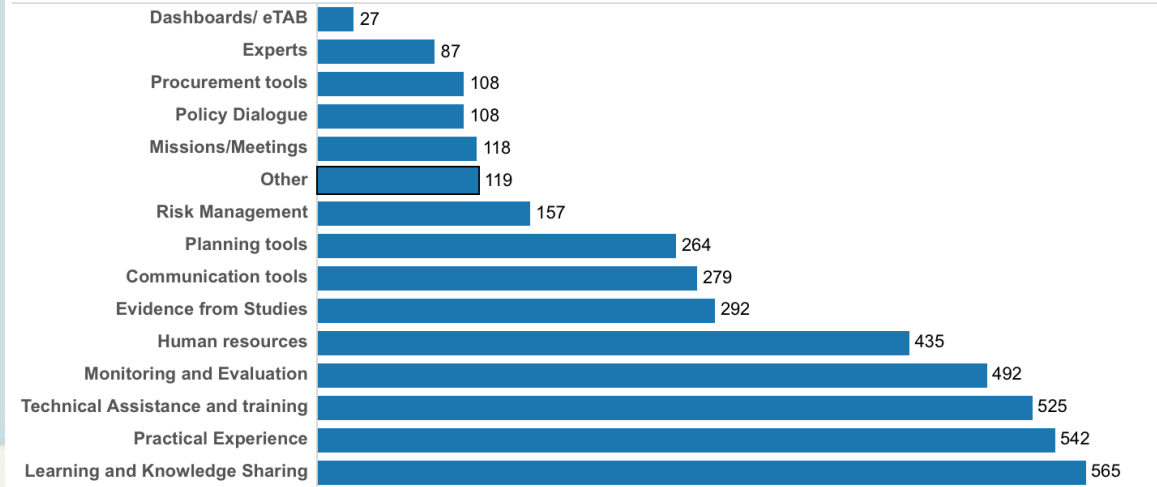
Stories create the context for change in the region



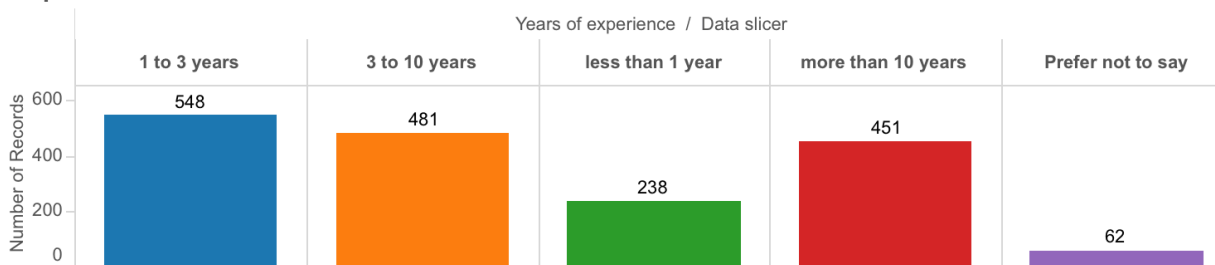
What is your primary role?



Situation could have benefitted from

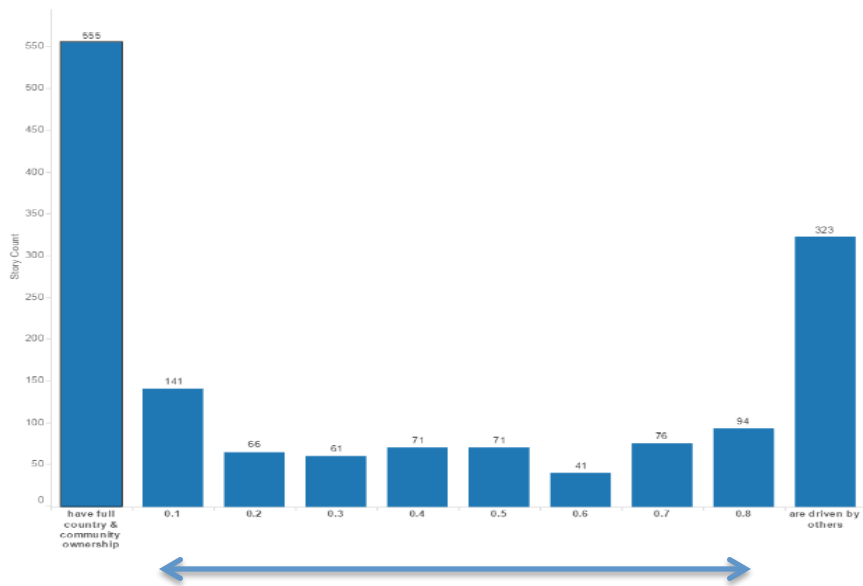


Experience in field



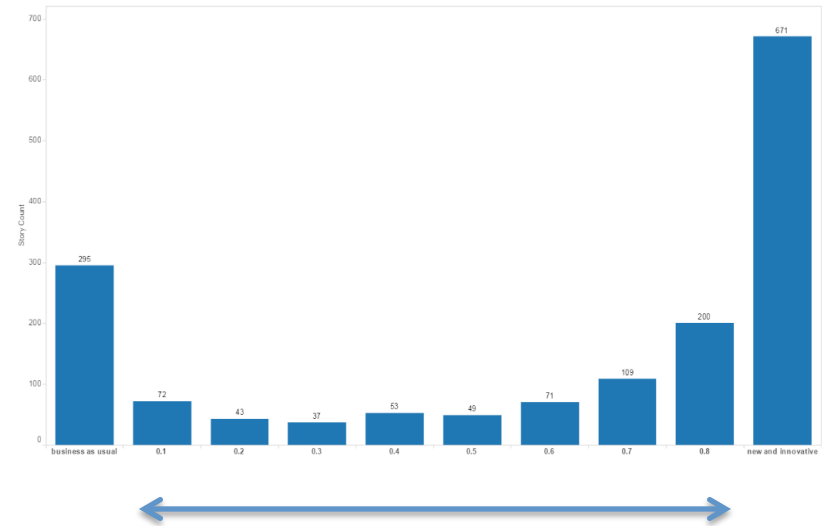
Program Ownership?

New and innovative?



FULL COUNTRY OWNERSHIP

DRIVEN BY OTHERS



BUSINESS AS USUAL

NEW AND INNOVATIVE

Who were the bottlenecks and who were the supporters?

Figure 5 Main Support in the Experience

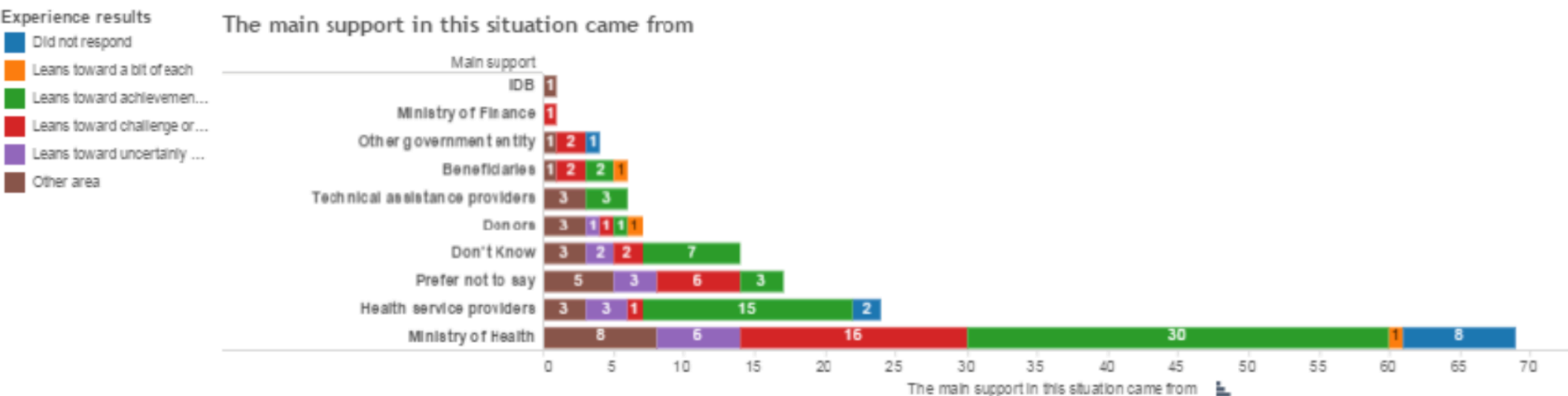
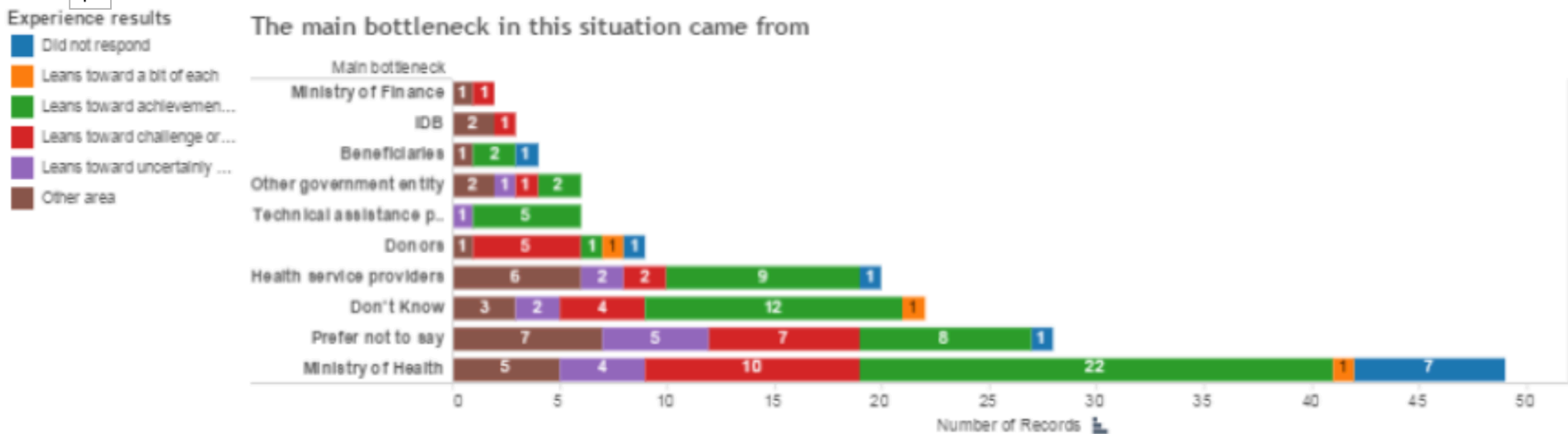


Figure 6 Main Bottlenecks

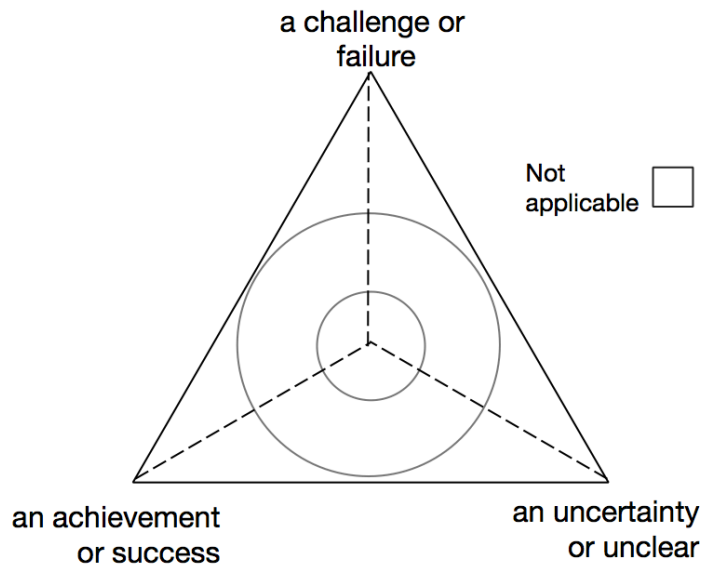


In learning workshops, we would ask...

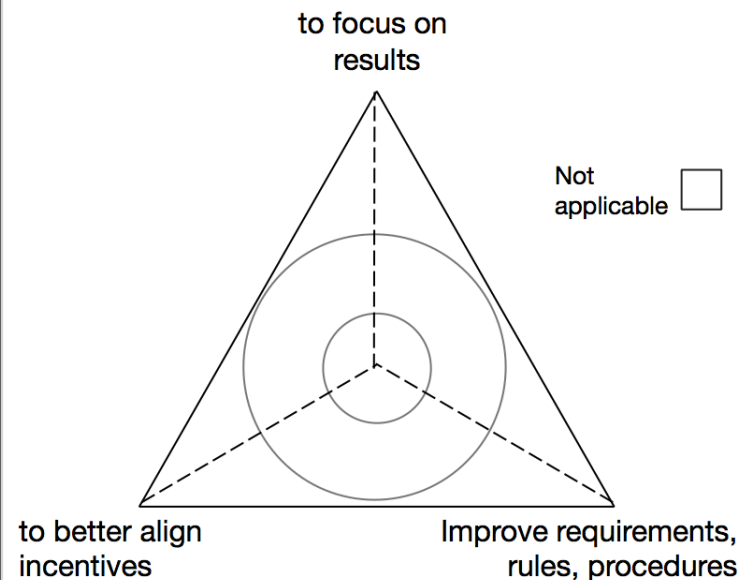
Discuss at
your tables

Where do you think the data landed for the
following triangles...

The situation shared is one that is 'leaning
toward'...

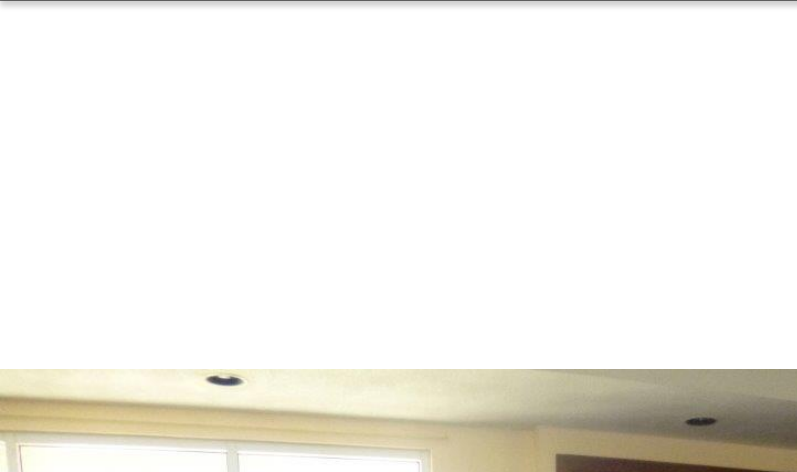


This situation shared shows the Initiative-project
has helped...



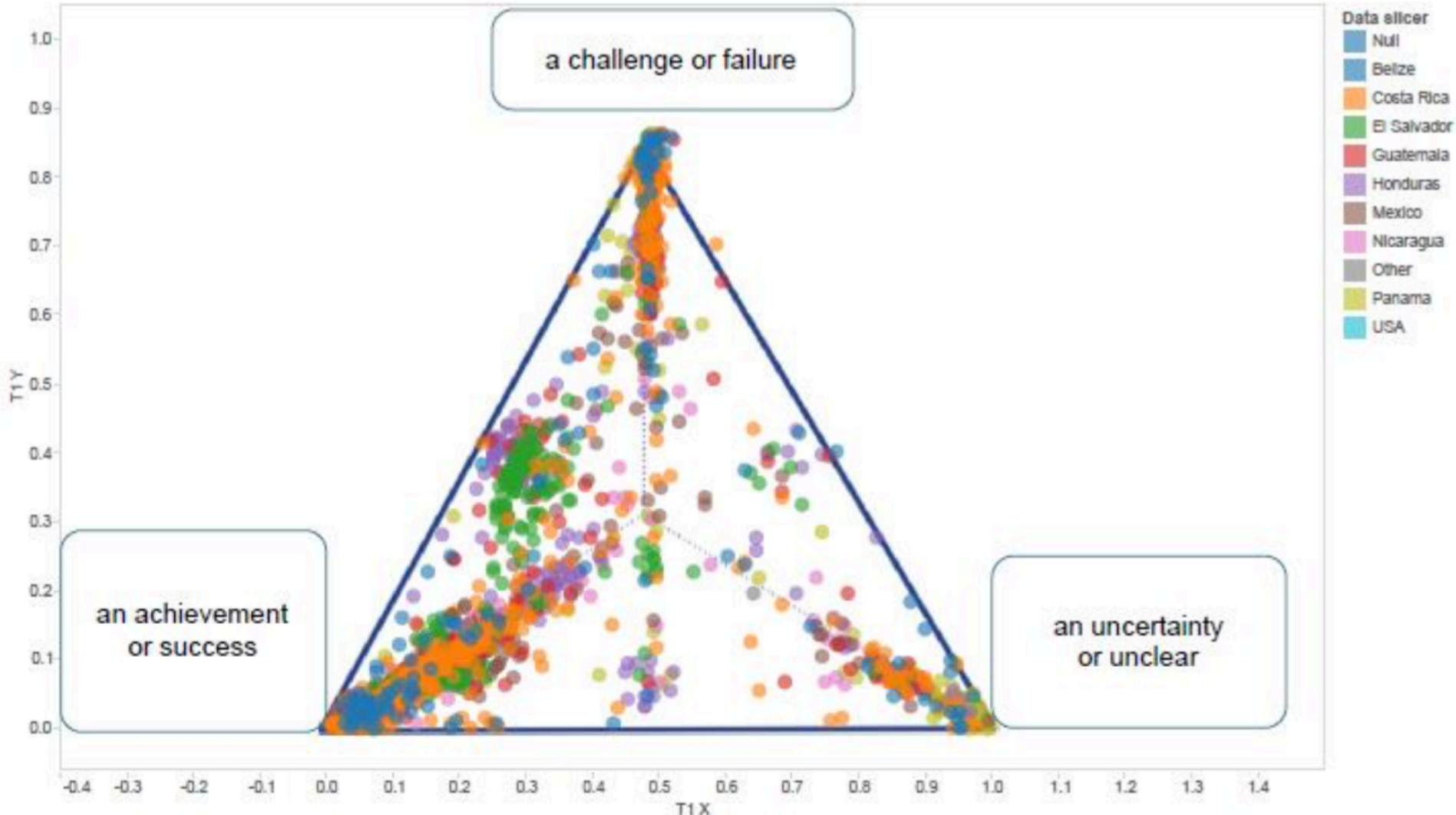
Where would you like to see more/fewer stories –why?

Learning workshops...



Stories create the context for change in the region

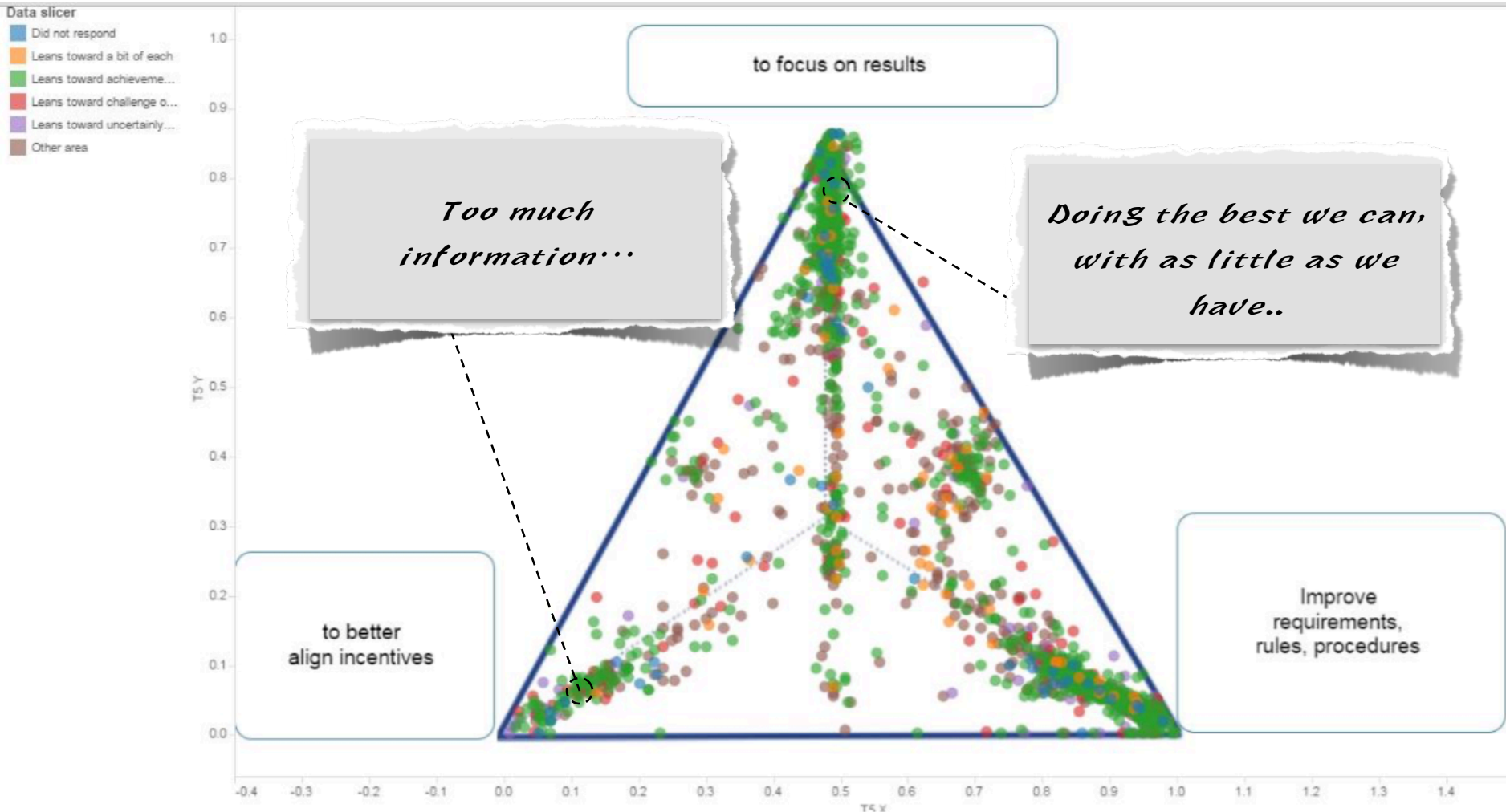
Figure 4 This experience is leaning towards... (2124 stories)



Each data point represents a story, directly accessible by the decision-maker

Stories create the context for change in the region

Figure 17 What has the project helped? (1938 stories)

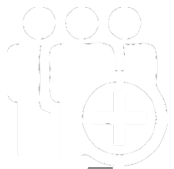


Each data point represents a story, directly accessible by the decision-maker

Positive Experience: Doing the best we can with as little as we have



*SM2015 Initiative has provided assistance to maternity wards, gynecology services, and pediatric intensive care units by hiring staff in high demand that are very scarce at hospitals. The staff hired under this project is highly committed to meet the required indicators; **however**, many times we fail to meet them because we lack the necessary inputs at the hospital and we cannot get those resources through the project either, which takes a toll of our performance at the moment of the evaluation»*



Recommendations

- *To make the Ministry of Health to commit to supplying the necessary inputs to meet indicators.*
- *Sanctions should not be applied to project managers when they are not directly responsible for the indicators that failed to be met.*

Negative Experience: Too much information...



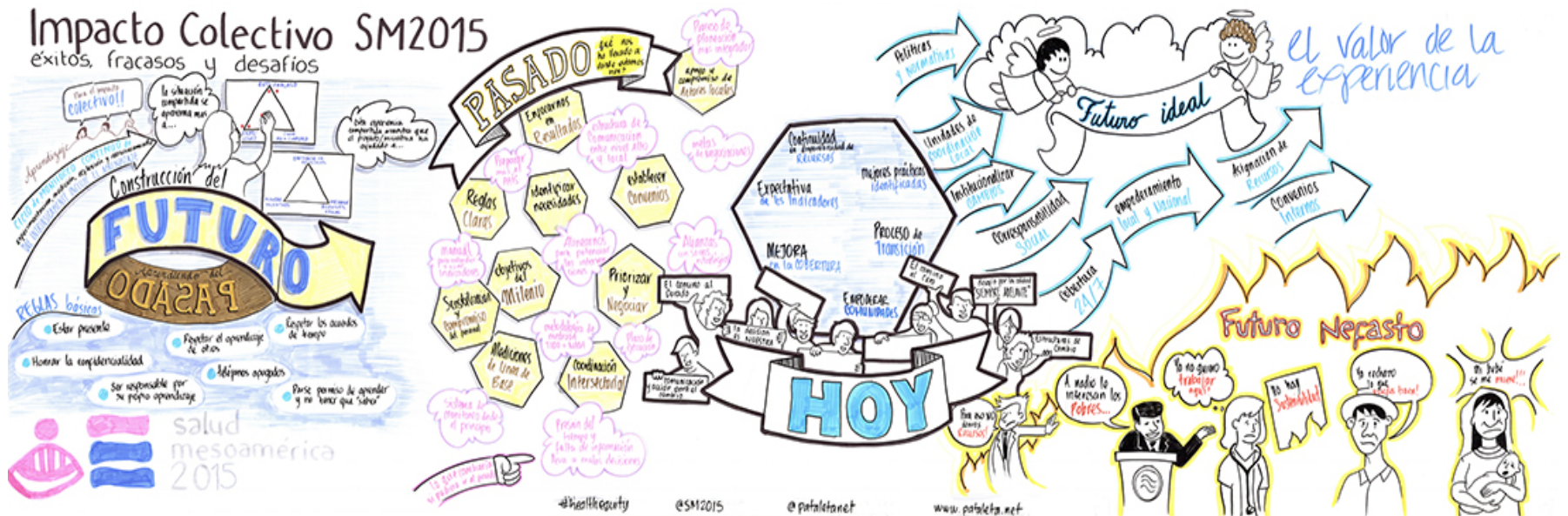
My experience was very negative. I went to this home to do the survey and there was a young lady present. When I asked the questions she was very open about sex and she was only 14 years old. She said that she was sexually active and this bothered me a lot because she was not ashamed. She said her mom had her when she was 13 years old so she could do the same thing. I tried to educate her and give her information about her sexual health. »

Maybe I could have given her more information to help understand what the consequences are if she continues down this path. Have more patience with her.



Country and Regional-level Action Planning

- What surprised you about the stories?
- Based on the stories in the package:
 - What activities / experiences must include in second operation? How can we replicate these experiences in the second operation? Include examples and specific interventions
 - What activities / experiences must not repeat in second operation How can we prevent this kind of experience in the second operation? Include examples and specific interventions
- What can we do in the next 10 days with the new information we received today?



Action Planning in Belize

Positive/Strongly positive experiences: how do we replicate these types of experiences going forward?

- Continuous monitoring of inputs needed for improved maternal health and reduce child mortality
- Foster team work by sharing knowledge and experience
- Encourage monthly meetings to integrate community health care workers and hospital staff (especially MCH)
- Through the QI Teams, strengthen communication and allow rural health care nurses to actively monitor CHWs
- Have better incentives for CHW or increase their financial incentive they are presently receiving
- Encourage collaboration among CHWs; those operating within and outside of the project
- Equip health post with equipment necessary to do PAP smears
- Provide updates, possibly monthly, on project activities so that stakeholders are aware of what the project has to offer
- Focus QIF and technical assistance on 36 and 54 month indicators
- Increase incentives to QIF
- Encourage creativity from QI teams in health fairs and community activities
- QIF- must be included in the second operation since this builds collaboration and team work within and among health care providers. Must be replicated in all health regions, but indicators may need to change to improve quality actions

Negative/Strongly negative experiences: how do we avoid these types of experiences going forward?

- Design QIF so that awards/incentives can reach all facilities by providing partial/gradual awards
 - For health centers that do not meet target health indicator during evaluation stage of the QIF, staff should give a second chance as to not demoralize the providers
- Stress-management- the CHWs have a lot more work to do and they are not being compensated. A plan should be in place to provide some sort of incentive for their hard work (certificate, recognition, stipend)
- Create a mechanism where administration is responsible for collecting the complaints in the suggestion box (have a designated member of management team present when suggestion box is opened/complaints box should be opened by more than one individual)
- Discontinue the assigned day clinic and institute the appt. system and walk-in policy as not to miss opportunities/ Provide SRH services at all times, reduce missed opportunities
 - Family planning methods should be given on a daily basis, especially for high-risk groups
 - Nurses have to put themselves in the client's shoes. If she had given an appointment to the client, she should honor it
- Monitor life-saving interventions/processes of care
- The evaluation team can make suggestions on positive work done in another region so that the best practices can be implemented by another team
- Invite the PAPU unit to part take in evaluations of M&E
- Develop promotional orientation material regarding the project for distribution among health facilities staff and CHWs to generate buy-in
- MOH (permanent staff) needs to accept CHWs and introduce them to the team

Conclusions and Next Steps

The insights gained by analyzing patterns in stories is relevant to the implementation of large-scale maternal and neonatal health programs because of its potential to

- Complement existing M&E designs
- Improve the quality of decision-making by providing rapid, actionable feedback
- Creating a safe environment to talk about challenges and failures





iniciativa
salud
mesoamérica

Gracias

