Fostering successful scale up of normative change interventions

How Realist Evaluation Can Help
REALIST EVALUATION ROOTS
Social Science Paradigms

Positivism

Realism
These Perspectives Relate to Program Evaluation

Program inputs

Nothing is evaluated here

Some process is evaluated

Inner workings & operations of program components and their connections evaluated

Program outcomes
KEY PRINCIPLES
REALIST EVALUATION
APPROACH
Key Principles of Realist Evaluation

The nature of programs:
✓ Programmes are ‘embedded’
✓ Programmes are ‘active’
✓ Programmes are ‘theories’

Principal research tasks:
✓ Hypothesise the key mechanisms (M)
✓ Hypothesise the key contexts (C)
✓ Explain the outcome pattern (O)

Adapted from R Pawson
Programs are “embedded”

They are always inserted into pre-existing social systems

To work, preventive health initiatives need to operate at different levels:

✓ Ideas
✓ Individuals
✓ Institution
✓ Infrastructure

Adapted from R Pawson
Programs are Theories

If we do .......... to them, they will change their behavior in ...... way.

Adapted from R Pawson
Programs are “active”
They are ‘active’ in the sense that their intended effects work through the reasoning and volition of their subjects.

Even ‘mechanical’ interventions like the free distribution of bed nets depend on the subject’s ideas.

Bed nets work but also end up:

✓ Not installed (can’t be bothered)
✓ Removed (sleeping becomes too hot)
✓ Used differently (for Dads, not Moms & kids)
✓ ‘Walking’ (sold/exchanged for higher-value item)

Adapted from R Pawson
Realist Evaluation: Mechanisms, Contexts & Outcomes

Don’t ask ‘what works?’

Rather, investigate: ‘what works for whom in what circumstances?’

The same program mechanism will have different outcomes in different contexts

Adapted from R Pawson
Mechanisms ≠ Inputs or Activities

A mechanism represents the process of how ‘beneficiaries’ interpret and act upon the intervention.

(M1) Might boost confidence and reduce same-sex bullying

(M2) Might increase cognitive skills and allow VYAs to reason through discomfort with changing body

(M3) Might increase reasoning skills enabling VYA boys to exploit unequal gender-power dynamics

(M...etc.) Other possible mechanisms
Contrasting views of “systematic reviews”

Meta-analysis perspective

- Programs have effects
- Evaluation measures effect sizes
- Systematic review seeks mean effect

The realist understanding:

- Programs are theories
- Evaluation is theory-testing
- Systematic review is theory-synthesis
“Realist review does not provide simple answers to complex questions. It will not tell policy-makers or managers whether something works or not, but it will provide the policy and practice community with the kind of rich, detailed and highly practical understanding of complex social interventions, which is likely to be of much more use to them when planning and implementing programmes at a national, regional or local level.”

DEVELOPING PROGRAM THEORY
Basic Process

1. Make explicit through diagramming and discussion, how an intervention is linked to outcomes.

2. Elicit underlying mechanisms, intermediate effects, and assumptions. (alternative mechanisms?)

3. Develop/test theory using existing program data, conducting additional studies and discussions with different stakeholder groups (designers, implementers, ‘beneficiaries’)
Mechanisms

Intervention implementation

Context

Expected outcomes
Tékponon Jikuagou
Leveraging Social Connections to Spark Family Planning Use
Why we used an realist evaluation approach to articulate a program change theory

MIDWAY THROUGH PILOT PHASE

- Common understanding of how implementation of the TJ package of interventions leads to expected changes in results framework.

- Identifying additional evaluation questions for the pilot endline

- For pilot project documentation, so program theory can be tested at scale

- Talking with new user organizations about TJ package
Intervention Components

1. Engage Communities in Social Mapping

2. Support Influential Groups in Reflective Dialogue

3. Encourage Influential Individuals to Act

4. Use Radio to Create an Enabling Environment

5. Link FP Providers with Influential Groups
Goal
Reduce unmet need for FP

Strategic Objective
Decreased proportion of women and men of reproductive age with unmet need for FP

Ultimate Result 1
Increased use of FP services

Ultimate Result 2
Increased use of contraception

Intermediate Result 1
Increased communication between couples about fertility desires and FP use

Intermediate Result 2
Increased proportion of women and men planning to use FP

Intermediate Result 3
Increased proportion of women and men taking steps to obtain FP

Primary Results: Network
1) Increased proportion of people in women’s and men’s social networks believed to approve of FP
2) Increased perception of community approval for child spacing and FP use
3) Increased perception that discussion of FP is accepted/appropriate
4) Decreased perception of stigma associated with FP use

Primary Results: Individual
1) Increased proportion of women and men desiring to use FP
2) Increased proportion of women and men approving of FP methods
3) Increased perception that spouse approves of FP use
4) Increased proportion of women and men saying they definitely could obtain a contraceptive method should they need one
5) Increased proportion of women and men saying they could use FP consistently if they did not want to get pregnant
6) Increased proportion of women and men who correctly perceive the risk of pregnancy during the postpartum and breastfeeding period

Intermediate Result 1
Increased communication between couples about fertility desires and FP use

Intermediate Result 2
Increased proportion of women and men planning to use FP

Intermediate Result 3
Increased proportion of women and men taking steps to obtain FP

Macro Result:
Increased proportion of women and men reporting equitable attitudes about roles within the couple related to fertility and family planning.
Mechanisms

Context

Outcomes – individual, network

INTERVENTION COMPONENTS

1. Engage communities in social mapping
2. Support influential groups in reflective dialogue
3. Encourage influential individuals to act
4. Use radio to create an enabling environment
5. Link FP providers with influential groups
TJ Social Network Pkg

1- Community Social Mapping
2- Group & catalyzer reflective dialogues
3- Influential people acting
4- Radio broadcasts for enabling env
5- Linking groups to FP services

Raising interest & permission to talk
Encouraging gender role examination & shifts
Diffusing new ideas & behavior-relationship models to peers, family, others in network
Improving inter personal & intragroup communication & communic efficacy
Fostering FP seeking behaviors & interpersonal provider connections

Outcomes - Results Framework

**Individual change**

↑ women & men...
- approve of FP methods
- perceive spouse approves FP use
- could seek FP method if needed

**Network change**

↑ women & men perceiving others in their networks...
- approve of FP and FP use
- believe FP discussions appropriate
- believe FP stigma is reducing

**Downstream change**

↑ women & men desire FP use
↑ couple communication
↑ women & men taking steps to obtain FP
REALIST EVALUATION FROM BANGLADESH

UNICEF-supported MNH Promotion Program via CHWs

Outcomes – Improved maternal & neonatal health

Adams et al, Health Policy and Planning 2015
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<th>Context</th>
<th>Mechanisms</th>
<th>Outcomes</th>
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| Communities have limited access to formal health facilities/care and limited awareness of MNH care practices and danger signs. | - CHWs proactively engage in health issues with communities, which in turn, shifts community perceptions of facility services.  
-CHWs develop self-efficacy and pride in their efforts, which is reinforced in turn, by community respect for their efforts.  
-Training and outreach support from the MNH program makes CHWs feel accountable for their outreach efforts. | Community women are more likely to seek facility care—in contradiction to prevalent practice of home delivery.  
Outreach programme continues to function at scale, most CHWs remain engaged for the long-term.  
Without active CHWs, health system suffers, as the programme model is not put into place, and many women never hear health promotion messages. |
| Women in communities feel isolated from health services and intimidated by providers |                                                                                                       |                                                                                                                                 |
| Women have few opportunities for financial and social empowerment       |                                                                                                       |                                                                                                                                 |
| CHWs working in rural, isolated areas have limited resources to support their work. |                                                                                                       |                                                                                                                                 |
REALIST EVALUATION IN PASSAGES
What can realist evaluation contribute to scale up of norms interventions?

✓ Theories of change guide scale up
  – For new user organizations
  – Serving as a fidelity check during scale up

✓ Developing theories of change can help identify missing indicators and evidence prior to scale up

✓ Multiple interventions with multiple theories of change can help identify important norms intervention mechanisms and contexts ==> grounded theory development
Let’s try it!

After listening to a description of each intervention, choose an intervention and discuss in a group:

1. What might be critical contextual factors that will affect the pilot and scale-up of the intervention?

2. What mechanisms appear to be critical in leading to successful normative change?

- Men, masculinities, and FP
- Growing up GREAT

20 minutes to discuss
Closing Thoughts

- Passages is not only testing individual interventions, but contributing to building knowledge about norms interventions and their scale up.

- Theory development a critical element to guide scale up.

- Applying realist inquiry’s distinctive understanding of causality will yield multiple C-M-O program theories and contribute to grounded theory development (Pawson et al 2005).