Using **Realist Evaluation** to evaluate public health interventions

**Lessons learned from the evaluation of the Passage Project**

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Why evaluate public health interventions?

Users of evaluations (donors, policy makers) want

• to assess if there was any impact to fulfill accountability requirements
  
  *Was the money well spent?*

• to learn

  *What worked in the intervention, what didn’t? Can we scale this up? Could we repeat this in another setting?*
Evaluating public health interventions is challenging due to their very nature

1. Public health interventions are mostly socially embedded
   - success is dependent on people and their relationships
     • no intervention and no result without collaborative and ‘willing’ actors and communities

2. Public health interventions are
   - multi-faceted: multiple strategies and multiple goals, targeted at different groups in various social settings
     • designed and implemented by / through multidisciplinary teams
Illustration: Scaling up of prevention of mother to child transmission (PMTCT) services

- **multiple people** involving providers, community, pregnant HIV+ women

- **multiple settings** at home, in treatment centres, in hospitals, maternities

- **multiple strategies** sensitizing, counselling, delivering clinical services
3. Goals, strategies (and effects) may change throughout the implementation of the programme
   − interventions are not always executed as planned
     e.g. participatory situation analysis taking one year instead of planned 6 months

4. Good programme teams continuously adapt their intervention
   − on basis of incrementally better understanding of how the intervention could work
   − in response to changing context conditions
     • resistance from local decision-makers, similar new programmes, policy changes, etc
Outcome or impact evaluations: how intervention and outcome are linked remains unexplained

Black monolith in Kubrick’s 2001 Space Odyssey
Alternatives to effectiveness evaluation designs (process evaluation, participatory evaluation, progress evaluation)
  – learning for stakeholders and those involved in the implementation of the programme

**Realist evaluation**
  – not only improving design and implementation of ongoing programmes but also learning for future programmes
  – recommend whether, where and how an intervention could be applied in other settings
  – how? through theory-building
Realistic Evaluation (RE)


- Theory driven evaluation school

- Goal is to learn ‘whether an intervention works, for whom, in which contexts and how’
  1. By making explicit programme designers’ assumptions (programme theory)
  2. Through empirically testing this programme theory

- Sound philosophical underpinnings, little practical guidance
Applying RE: The 7 step framework

1. Is RE needed?
2. Choosing the study design
3. Extracting the programme theory
4. Testing the programme theory
5. Drafting the refined programme theory
6. Communicating results to commissioners
7. Contributing to the body of knowledge

Diagram: A circular flowchart with the 7 steps connected in a cycle.
The case of the PASSAGE end-of-project evaluation

• A 3 year project funded by the EU in three urban settings in West Africa (Mopti, Mali; Maroua, Cameroon; 2 districts in Ouagadougou, Burkina Faso)

• Intervention: to improve the continuum of care in adolescent sexual and reproductive health by creating networks between service providers of public and private sector, health and social services

• Evaluation question: How did the creation of networks between different service providers improve the continuum in ASRH care?
Step 1: Does the final evaluation of the Passage project need RE?

- **Objective**: assessment of the need for RE
- **How?** Discussion with the commissioners of the evaluation on the basis of the following criteria:
  - Networking intervention dependent on social interaction
  - Intervention is multi-faceted: linking up actors from public and private, from clinical and social services requires several strategies
  - Strategies might change over the course of the project duration
  - Need for learning on how the linking of providers would lead to integrated provision of care in the domain of adolescent sexual and reproductive health
Step 2: Choosing the study design

- Realist evaluation is method-neutral
- In practice:
  - Comparative case study design
  - Methods: qualitative research methods
Step 3: Extracting the programme theory

Objective
• To extract the programme theory through unearthing the designers’ assumptions on how the intervention works and by synthesizing previous knowledge

How?
• Document review: project documents, logical framework
• Interviews and causal mapping of the designers’ assumptions
• Literature review of similar interventions
Illustration: the initial programme theory

- Improved continuum of care
- Strengthened capacity of service providers
- Integrated ASRH services
- Synergies
- Cooperation
- Exchange
- Shared vision on integrated services, continuity of care
- Getting to know each other

First Global Symposium on Health Systems Research, Montreux Switzerland 2010
Step 4: Testing the programme theory

Objective:
to test the initial programme theory by identifying Context-Mechanism-Outcome configurations
• How?
  – Data collection
    • Project monitoring and reporting data
    • In-depth interviews with key informants
    • Focus group discussions with adolescents
  – Analysis: guided by the elements of the programme theory
    • Checking the implementation of the planned intervention
    • Comparing the planned and actual outcomes
    • Attributing outcomes to the intervention
    • Context: chronogramme of critical events on which the programme has no direct influence, but which impacted on implementation or outcome
    • Mechanisms: identifying drivers of actors or triggers of events that explain how the intervention led to the outcomes
Context: competition over scarce resources
little incentives to collaborate

Intervention: networking

Mechanism:
- individual and organizational opportunities
  visibility, learning from actors with different expertise
  access to information and funding

Outcome:
improved continuum of care in ASRH
Objective: comparing the results of the analysis with the initial programme theory (PT) in order to refine it

**Initial PT**
Bringing together various actors involved in reproductive health for adolescents in a network increases access and utilisation of appropriate social and health services by adolescents and contributes to improving their sexual and reproductive health status.

**Refined PT**
Bringing together various actors involved in reproductive health for adolescents in a network increases access and utilisation of appropriate social and health services if

1. the network includes actors that cover the whole range of services and
2. these actors arrive at a shared vision on how to improve integration of services
Illustration refined programme theory

Initial PT (part 2)

Networking contributes to:
(1) better knowledge of partners and their specificities
(2) a shared vision among partners on adolescent sexual and reproductive health

This leads to better cooperation and synergies rather than competition. This in turn would lead to an improved continuum of care and ultimately to better ASRH outcomes.

Refined PT (part 2)

Active networking contributes to:
(1) better knowledge of partners with different backgrounds
(2) a shared awareness of strengths and weaknesses in the provision of care (organisational learning)
(3) An increased capacity to inform and refer adolescents.
This enhances coordination and quality of services.

The underlying processes are based on linking and bridging social capital.

Partners need to perceive a win-win situation to continue to be active members and to experience a feeling of ownership.
Step 6: Communicating results to commissioners

• Objective: to ‘translate’ the refined PT and communicate it to the commissioners

• How?
  – Workshops with country implementation teams and decision-makers
  – Feedback meetings / reports with commissioners
  – Policy recommendations
Step 7: Contributing to body of knowledge

- **Objective:** Realist evaluations contribute to the body of existing knowledge

- **How?**
  - The refined PT decontextualises empirical findings
    - Allows better transfer of findings to other settings
  - Realist evaluation findings can be taken up in realist synthesis – systematic literature reviews on basis of realist principles
Challenges of using RE for *ex post* programme evaluations

- Routine M&E systems of health programmes often do not produce rich data on changes in context
- Rival programme theories: what if there is no consensus on the initial programme theory amongst designers?
- Discerning contextual conditions from mechanisms of change requires practitioner craft
- Paradox: opening ‘the black box’ makes causal attribution difficult
Conclusion

- Realist evaluation is a promising route to take for learning more about how public health interventions work
- But… we need further methodological development regarding its practical application
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