



IRISH RESEARCH COUNCIL
An Chomhairle um Thaighde in Éirinn



CAROLINE
Collaborative Research Fellowships
for a Responsive and Innovative Europe



CAROLINE: Collaborative Research Fellowships for a Responsive and Innovative Europe
Marie Skłodowska-Curie Actions COFUND Grant Agreement no. 713279

Brynne Gilmore

Centre for Global Health, School of Psychology,
Trinity College Dublin

How do community participation approaches influence behaviour change communication for health?: A realist evaluation of community conversations in Marsabit, Kenya

REA Site Visit 28th May 2018, Irish Research Council, Dublin

About Me:

- Originally from Canada – working in Ireland for last 7 years
- Applied as Experienced Researcher II – successfully defended PhD November 2017
- Prior to Fellowship:
 - PhD from 2013-2017, working in Tanzania and Uganda on operations research using realist evaluation for community health
 - Numerous research projects across sub-Saharan Africa (Kenya, Sierra Leone) and elsewhere (Afghanistan, Lebanon, Turkey/Syria), globally since 2011
 - Primary research - mixed methods and realist evaluation for NGO programmes research, completed several systematic reviews and two realist reviews
 - Contributed to MSc supervision and lecturing/coordinating modules



Lelembule CC group in Samburu holds a meeting at their Maryyana. The group is currently working with other local and international NGOs to address the water issue which is key in their agenda.

Photo by Concern Worldwide Kenya

My Project: Community Conversations

A realist evaluation

Community Conversations

- Implemented by Partner (Concern Worldwide Kenya)
- Participatory, socially transformative approach focusing on behavioural change within vulnerable communities
- Enables communities to address underlying causes of health concerns
- CC intervention lasts between 12-18 months, with varying make-up depending on objectives



Marsabit

- 70% of individuals live below the poverty with the three-quarters (75%) living in rural areas¹;
- Doctor to patient and nurse to patient ratios are 1:63,825 and 1: 1,868, respectively²;
- 4th highest maternal mortality ratio (deaths per 100,000 live births) in Kenya³;
- 25% Facility Deliveries⁴;
- Child malnutrition is over 35% with stunting at an alarmingly high rate of 40%⁴;
- Difficulties in access to health services (weak health systems, infrastructure, terrain)
- Cultural practices and nomadic lifestyle influence health behaviours



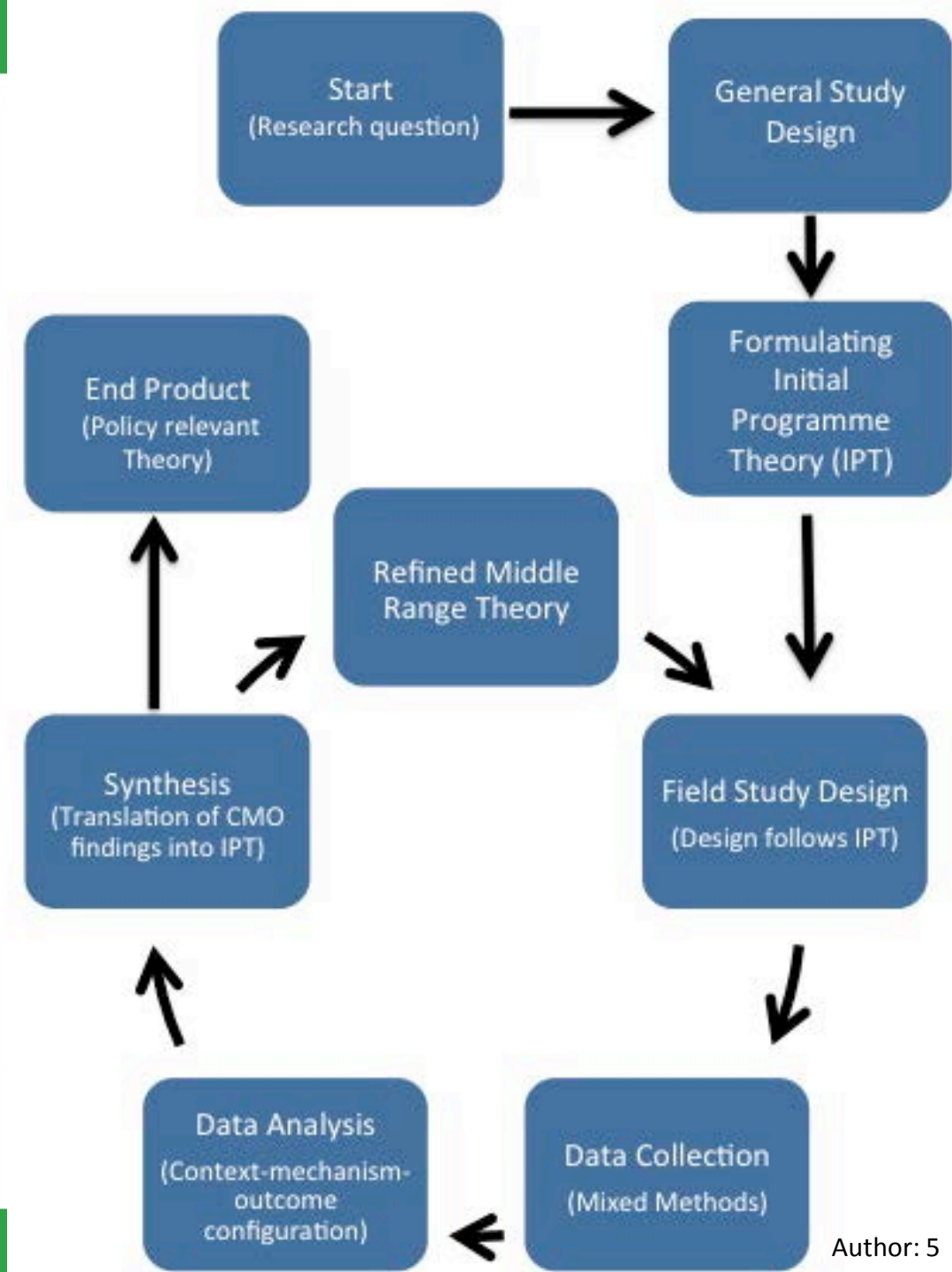
The Question:

How do they work (if they do) for Social, Behavioural Change Communication (SBCC)?

- To best answer this question, and provide programmatic information to inform implementation of Concern's CC programming, a realist evaluation was chosen

Methodology

- Form of theory driven evaluation that seeks to understand, '*what work, for whom, why and under what conditions*'?
- Multiple Phase Study, that aims to identify Middle Range Theories to answer research question
- Mixed methods, case studies conducted (n=6) being conducted



Methodology

- Form of theory driven evaluation that seeks to understand, *'what work, for whom, why and under what conditions'*?
- Multiple Phase Study, that aims to identify Middle Range Theories to answer research question
- Mixed methods, case studies conducted (n=6) being conducted



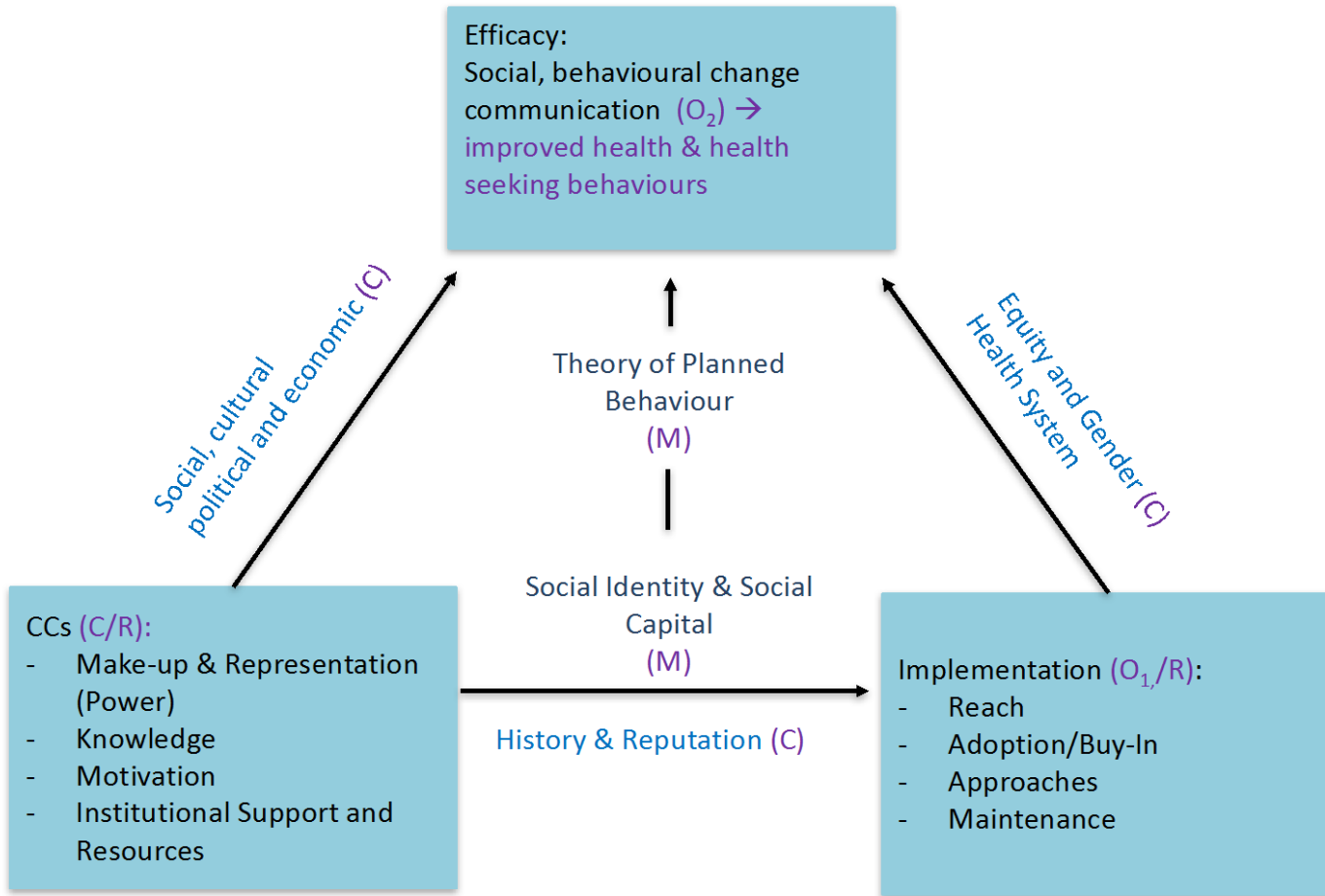
- Key Informant Interviews with designers, implementers and programme architects
- Literature and document review
- Thematic analysis using 'context-mechanism-outcome-configuration' as analytical tool*, incorporating a gender analysis of current programme

- 6-8 case studies of different CC groups across different locations and for varying objectives
- Systems thinking approach involving non-CC linked community members, NGO staff, Ministry of Health Staff as participants
- Mixed- methods developed to best refine/test IPT (phase 1), consisting of FGDs, IDIs, surveys, observations, NGO report analysis, and pre-post surveys of SBCC

- Feedback findings from Phase 2 to CC groups and other stakeholders as a form of data collection
- Additional data collection on areas identified during Phase 2 analysis as needing further exploration
- Refined individual programme theories for various types of CC groups

- Synthesis of findings from Phase 1-3 to produce a Middle Range Theory, through pattern recognition of CMOCs and programme theories
- Produce policy and programme relevant recommendations

Results 1: The IPT



- Refinement of IPT through case studies, with design chosen to best refine
- Mixed methods: Each case study will involve pre-post quantitative evaluation to observe changes in community SBCC, and qualitative methods throughout the process of the intervention to understand any observed changes
- Sites: Molaye, Marsabit, North Horr, Ileret

My Partners:



- Previous experience and familiarity
- Prestigious Centre for Global Health – leading teaching and research on health within Low-income countries in Ireland
- Extensive network of NGO and academic partners
- Mentor reputation and experience and ability to guide such international, multi-disciplinary Fellowship
- One of largest NGOs within Ireland, working across 27 countries targeting World's most vulnerable
- Strong health component
- Previous relationships (teaching, research) personally and within CGH
- Capacity to support research project, and provide additional trainings and opportunities
- Important to gain experience in UN systems for future career
- Ability to learn from global policy makers
- Training on how research can translate into international recommendations (policy and practice)
- Networking

Research Progress to Date

- Completed Phase 1 (IPT development) (literature/document review, KIIs)
- Phase 2: anticipated all surveys done within month, currently conducting interviews, doing observations and reviewing MoH/CK reporting data
- Accepted to upcoming international conference reporting on project
- Contributing to internal and NGO knowledge platforms

- Contributed to 2 additional research projects within WHO with dissemination outputs

Training to Date:

- Trainings completed:
 - Protecting Human Research Participants (NIH)
 - GRADE Training (Grading of recommendations, assessment, development and evaluation) for assessing quality of evidence towards recommendations
 - Guideline Development Training
 - Human Rights and Recovery Training to protect rights during research
 - Gender Transformation training
- Additional:
 - Ongoing supervision of MSc student
 - M&E experience within Concern (official training expected)
 - On-going language training

Career Impact

- Strong (on-going) relationships with partners
 - Improved my network of experts and opportunities
 - Continuing input and collaboration with WHO
- Exposure to other experts for health research within Kenya
 - Linking with other global partners (i.e. UNICEF) operating in Kenya
 - Links with Kenyan Universities and Ministry of Health
- Supporting Concern Community Health projects
 - Contributing to research activities
 - Supporting grant applications

THANK YOU!
ASANTE!

bgilmore@tcd.ie



References

1. Marsabit CGo. County Government of Marsabit: First County Integrated Development Plan: 2013-2017. Marsabit: 2013
2. Kenya U. Counties with the Highest Burden of Maternal Mortality 2014 [Available from: <http://kenya.unfpa.org/news/counties-highest-burden-maternal-mortality>].
3. KNBS. Kenya Demographic and Health Survey 2014. Nairobi: 2015.
4. UNFPA Kenya. *Counties with the Highest Burden of Maternal Mortality*. Dispatch 2014; Available from: <http://kenya.unfpa.org/news/counties-highest-burden-maternal-mortality>.
5. Van Belle, S.B., et al., *How to develop a theory-driven evaluation design? Lessons learned from an adolescent sexual and reproductive health programme in West Africa*. BMC Public Health, 2010. **10**: p. 741.