

## FEBRUARY 2013

The Integrated Family Health Program (IFHP) is a five-year (2008–2013), USAID-funded program that supports the government of Ethiopia's efforts to strengthen family planning; reproductive health; and maternal, newborn, and child health services. Operating primarily in four regions and 301 *woredas*, the program reaches over 40 percent of Ethiopia's population.

IFHP is led by Pathfinder International and John Snow, Inc. (JSI), in partnership with the Consortium of Reproductive Health Associations (CORHA) and other local nongovernmental organizations.

# Introducing Operations Research to Large-Scale Program Implementation in Ethiopia

Insufficient familiarity with the inquiry methods required to develop evidence-informed interventions is a challenge to health delivery improvement in low- and middle-income countries.<sup>1</sup> In 2011, as part of its larger systems strengthening mandate, the Integrated Family Health Program (IFHP) partnered with Addis Ababa University's School of Public Health (AAU-SPH) to begin efforts to build the capacity of health program managers and implementers to conduct operations research, with the ultimate goal of fostering local capacity to innovate based on systematic learning.

Through a skills training initiative convening Regional Health Bureau (RHB) and IFHP staff from across four regions, IFHP has initiated staff-led research studies whose findings will inform future implementation. This technical update discusses efforts to date.

## Context

IFHP is a large-scale program providing technical support to the Ethiopian Federal Ministry

of Health (FMOH) in its efforts to strengthen health services and improve family health in 301 *woredas* of the country's four major regions of Amhara, Oromia, Tigray, and Southern Nations, Nationalities, and People's Region (SNNPR). Because of its scale, IFHP's implementation strategies benefit from adaptation to the differing sociodemographic and health systems contexts. Through close partnership with the RHBs who oversee these regions, IFHP draws upon the ability of its local implementers to

identify and respond to implementation challenges with solutions relevant to their local contexts.

Recognizing the integral role that inquiry plays in IFHP’s ongoing implementation, and in the health system’s capacity to improve the quality, effectiveness, and coverage of services overall,<sup>2</sup> in 2011 IFHP partnered with AAU-SPH and the FMOH to strengthen key IFHP and FMOH implementers’ operations

research (OR) capacity. Using OR as a platform to supply Ethiopian program managers and administrators with tools to analyze issues relevant to their implementation,<sup>3,4</sup> this joint learning initiative sought to generate relevant innovations derived from systematic operations research.

The World Health Organization (WHO) has recommended operations research as a means of informing programmatic improvements in coverage, quality, scale-up, cost-effectiveness, and optimization of inputs and processes.<sup>5</sup> Complementing monitoring and evaluation (M&E) data, OR supports programs to make informed decisions about the effectiveness of interventions and service delivery models.<sup>6,7</sup>

## Initiative Design

IFHP’s joint learning initiative had three phases, which included two workshops to support participants’ field research. The initiative was developed by AAU-SPH and IFHP. To ensure the initiative complemented ongoing implementation experiences and demands, the workshops used participatory approaches that allowed participants to draw from and share their own knowledge within the classroom-based active

learning period. Later, participants applied their classroom learning in field-based experiential learning, which ensured that they learned how to conduct inquiries in the midst of their routine implementation responsibilities. Finally, a mentorship component ensured participants had ongoing access to expert guidance throughout the initiative, whether in the classroom or the field. Figure 1 illustrates the initiative’s phases.

## Implementation

IFHP’s learning initiative began in May 2011. Participants were selected based on their experience in research and M&E, and included program managers, researchers, M&E officers, and technical advisors. A total of 24 participants made up of RHB and IFHP staff attended from Amhara, Oromia, SNNPR, Tigray, and the IFHP Country Office.

### PHASE 1 — PARTICIPATORY CLASSROOM-BASED LEARNING

The first phase of the initiative focused on reinforcing participants’ knowledge of health research methods and operations research. Fifteen expert trainers composed of IFHP senior staff and AAU-SPH instructors led participants through methods orientation sessions. Following their reintroduction to methods, participants were guided, using participatory approaches, by three AAU-SPH facilitators in group discussions. RHB and IFHP participants worked together in five teams

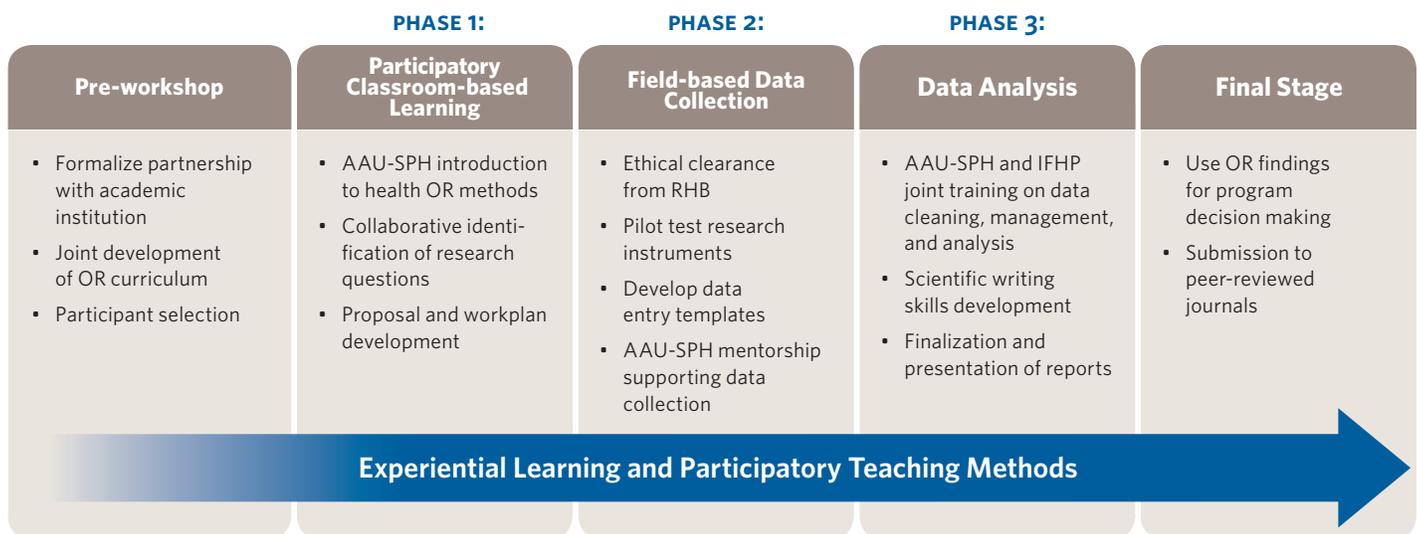


FIGURE 1. IFHP’S OPERATIONS RESEARCH TRAINING DESIGN

(four from the regions and one from the country office). Each team identified potential program challenges to be addressed according to their regional affiliations and areas of interest, later developing study designs for their agreed-upon focus area.

By the close of the first phase, participants had collaboratively identified an obstacle to program implementation in their respective programs, drafted research questions, and developed a proposal with accompanying qualitative and quantitative data collection instruments and workplans. Operations challenges identified in the course of Phase 1 are highlighted in Table 1.

### PHASE 2 — FIELD-BASED IMPLEMENTATION

After the first phase of the OR process, participants returned to their respective regions and submitted final proposals for ethical clearance. Following approval, they began mentored field work, which lasted 8–10 months. Before beginning to collect the data, investigators pilot-tested their research instruments, and recruited and trained data collectors and supervisors. Throughout the field-based implementation phase, supervision for each team was provided by two mentors from AAU-SPH who supported researchers via email, telephone, and in-person meetings. The data collection process was rigorous, with routine monitoring of the collection and entry of data by trained data collection supervisors, research investigators, and mentors.

### PHASE 3 — DATA ANALYSIS AND SCIENTIFIC WRITING

The participants reconvened in June 2012 for the final phase of the initiative. The goal of this phase was to build their data management, analysis, and interpretation capacity, and enhance their writing skills for technical reports and scientific manuscripts. The research investigators also refreshed their statistical analysis skills. The sessions were led by 11 trainers and three facilitators from AAU-SPH.

During these sessions, research groups conducted analysis of their own data using statistical software such as Epi-Info and SPSS. At the time of this technical update, the reports and manuscripts were being drafted under the guidance of assigned mentors.

REGION	LOCAL PROGRAMMATIC INQUIRY TOPIC
Oromia (Country team)	Determinants of male involvement in supporting partners to access institutional delivery
Oromia (Regional team)	Facilitators of uptake and use of prevention of mother-to-child transmission of HIV services
Tigray (Regional team)	Factors that influence use of delivery services with a skilled birth attendant
Amhara (Regional team)	Assessment of factors associated with method shift from short-acting to long-acting and permanent contraceptive methods
SNNPR (Regional team)	Caregivers' health care-seeking behavior for common childhood illnesses

TABLE 1. IFHP JOINT LEARNING INITIATIVE INQUIRY TOPICS

Once finalized, participants will bring their findings to their larger local implementation teams to develop plans to make any relevant mid-course corrections and/or develop meaningful innovations in their implementation practice. Finally, participants' manuscripts and study results will be submitted to the national, peer-reviewed *Ethiopian Journal of Health Development*.

## Reasons for the Learning Initiative's Success

Using locally available resources for the joint learning initiative, IFHP fostered ownership of program outcomes among government and nongovernmental organization staff. IFHP also expanded implementers' research capacity through its focus on transferable skills buttressed by mentorship across four regions. The learning initiative design adopted by IFHP has broad-reaching applicability to future efforts to apply operations research in large-scale implementation.

### LEVERAGING PARTNERSHIPS TO ENCOURAGE COUNTRY OWNERSHIP

The OR training intervention was a learning partnership among AAU-SPH, IFHP, and RHB. By bringing together these partners, IFHP developed a collaborative relationship that was country-owned. Ministry of

Health RHB staff were invited to the training because IFHP supports RHB in implementing reproductive, maternal, and child health programs, and program managers from RHB and IFHP work together on programs to meet health objectives. Additionally, by engaging RHB staff, who are the eventual end users of the information, IFHP increased commitment to the research studies and findings. Similarly, AAU-SPH was selected to conduct the training because it is a regional center of public health excellence and a renowned research and training institute with the necessary expertise to train IFHP and RHB officers. Moreover, AAU-SPH trainers also learned about practical health research. Thus, by developing an intervention that took advantage of each partner's expertise, IFHP leveraged in-country expertise and resources to build skills.

IFHP to reap the benefits of systematic inquiry throughout its staff. Because of the broad mix of staff involved, operations research findings can now be applied to find solutions for new challenges, as they arise.

### SUSTAINING RESEARCH SKILLS THROUGH PARTICIPATORY AND EXPERIENTIAL LEARNING

The ultimate objective of the joint learning initiative was to develop capacity in OR so that implementing staff can generate evidence beyond the lifecycle of the initiative itself, using their skills to inform health programming now and in the future. As part of its efforts to ensure sustained application of these skills, the training was developed using participatory and experimental learning techniques to maximize the likelihood of participants' completion of all phases through active learning. By making the process complementary to their ongoing responsibilities, participants were supported to complete their learning and solidify their skills through real-time application. In this way, the initiative also complemented IFHP's larger goal of systems strengthening. Staff will carry these skills with them in their implementation efforts beyond the life of IFHP.



PHOTO: Abduusemed Mussa

Initiative participants working on the country office operations research

### CAPACITY BUILDING FOR PROGRAM OPERATIONS RESEARCH

By not outsourcing this research effort to external agencies, the learning initiative allowed IFHP and RHB staff to apply operations research methods in practice. The initiative brought together government and program managers, implementers, researchers, M&E officers, and technical advisors, thus enabling

## Next Steps

One of IFHP's next steps will be using skills from the manuscript development and report writing workshops to produce publications and share the research findings. In addition, the final dissemination strategy for the OR studies will also include internal dissemination to inform current implementation, as well as information-sharing to support external scale-up efforts and programming. This will take place through regional and national workshops, professional association meetings, and the planned submission to peer reviewed journals.

COVER PHOTO: Data collection for operations research

PHOTO: Sala Lewis

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<sup>4</sup> WHO and Global Fund, *Guide to Operational Research in Programs Supported by the Global Fund* (WHO/Global Fund, 2008).  
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