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Methodologies Used to Study the Implementation of Family Planning/Reproductive Health Policies within Complex Systems and Environments

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Abstract

The presence of supportive FP/RH policies is considered an integral component to successful programs. However, much remains to be known about how policies are implemented, especially in a complex political, sociocultural and economic environment. Based on a review of academic and programmatic/applied literature, this paper outlines the various methodologies that can be used to study policy implementation, which include descriptive methodologies such as literature reviews and case studies; analytic methodologies such as stakeholder mapping and analysis, cross-sectional surveys and system dynamics; quasi-experimental and experimental studies; studies describing policy implementation within complex adaptive systems, such as, path dependence; and mixed methods as well including focus groups, document analysis and interviews. This study further highlights the challenges of using rigorous research methods to determine the link between policy implementation and health systems and outcomes. Finally, the paper recommends that further research using rigorous methodologies is needed to study policy implementation.

Extended abstract

Introduction

The 2012 London FP Summit has brought a renewed focus on family planning and reproductive health (FP/RH), with an effort to expand FP services across several countries. Supportive policy has been identified as one of 10 elements of successful FP programming (Richey and Salem, 2008). Policy is also one of the four components of the FP Effort Score which is used to measure the strength of a FP program (Ross and Smith, 2008). Even though the existence of supportive policy is acknowledged as an important component of FP program success, yet there is little evidence on how policies are implemented. Hardee et al. (2012) have developed a conceptual framework that links the stages of policy, articulated by Laswell (1951) namely problem identification, policy development, policy implementation, and policy monitoring and evaluation, with program implementation and evaluation (Figure 1). Based on an extensive literature review, they further outline the components/steps that are required for a policy to be implemented effectively.

There is growing consensus that FP/RH policies are implemented within complex political, sociocultural and economic environments. Hence, studies conducted to identify how these policies are implemented and measure the effect of their implementation on health systems and health outcomes need to acknowledge these complex systems. The purpose of this paper is to describe the several research methodologies that have been used to study the implementation of FP/RH policies and identify some of the unique environmental characteristics that have impacted the implementation of these policies. We believe that a greater understanding of research methodologies used to study policy implementation is critical to refining methodological design, measurement, monitoring and evaluation of FP/RH programs and thus ultimately lead to better FP/RH outcomes.

Methodology

An extensive literature review, of the published and gray literature, and an examination of several research methodologies are conducted. This paper is a result of a larger literature review examining the existing evidence on the links between health policies and health systems and outcomes.

Multiple search engines, such as SCOPUS, Medline and Popline were researched to determine the link between sexual and reproductive health policy and health outcomes. Furthermore, unpublished reports from selected websites/organizations were included to supplement the peer-reviewed journals as the gray literature provides a wealth of information on policy development and implementation, a topic not sufficiently covered in published articles. Snowball sampling was further used to expand the search on literature that describes the sexual and reproductive health policy process. This activity is ongoing and will be completed by PAA 2014.

We faced a few challenges while conducting this literature review to identify methodologies used in policy research. While there is extensive literature on the theories of policy development and implementation, a few examples of which relate to sexual and reproductive health policies, there are very few studies describing the successes and challenges faced while implementing policy in real-life situations. Also, it can be difficult to understand the language of policy and summarize it as it is described across various fields, including political science, anthropology and public health, making it.

Results

In this paper, we describe several research methodologies used to study the implementation of FP/RH policies within a complex environment. Using existing examples of studies from the literature, we explain descriptive methodologies such as literature reviews and case studies; analytic methodologies such as stakeholder mapping and analysis, cross-sectional surveys and system dynamics; quasi-experimental and experimental studies; and several studies that have described complex adaptive systems within which policies are implemented, such as, path dependence. In addition, mixed methods including focus groups, document analysis and interviews, and policy and program evaluation are also explored.

Studies using various research methodologies are used to describe the various components of the policy implementation space, which include the roles of institutions, relationships and power dynamics; the capacity of organizations to implement policy; financing mechanisms; strategic planning and policy barriers analysis as well as monitoring and accountability. In this abstract, only a couple of studies are described as anecdotes to explain each of the components of the policy implementation process. The final paper will include several more examples and touch upon many methodologies used in policy research.

Power structures and inter-institutional dynamics play an important role in implementing policy. The implementation of complex policies often involves multiple institutions, including at national and decentralized levels. For example, through 13 semi-structured interviews and three unstructured discussions with government agencies, international and national non-governmental organizations (NGOs), donors and academicians, Crichton noted that Kenya's FP policy had stalled in the 1990s due to poor governance, reduced political will, and reduced financial support (Crichton, 2008). Due to renewed interest, FP was made a priority and several new policies were created, such as the 2007 Kenya RH Policy and a FP Costed Implementation Plan, to increase commitment from various institutions (Ministry of Medical Services (MOMS) and Ministry of Public Health and Sanitation (MOPHS), 2010). In another

study in Uganda, two community based interventions were planned to increase women and children's access to health facilities (Namazzi et al., 2013). Prior to the implementation, a stakeholder mapping determined that various stakeholders were concerned about the sustainability of the project and gave concrete suggestions of how to use local financial and human resources to ensure the continuity of these interventions. This example highlights the importance of continued communication and engagement of the researchers, implementers, policymakers and community members to increase mutual trust, sustainability and scalability of activities.

The assessment and building of capacity is essential to ensure the uptake and integration of policies into existing activities. Capacity development entails building not only the capacity of individuals but also the capacity of institutions and systems simultaneously (Organisation for Economic Co-Operation and Development (OECD/DAC), 2011; Richter, 2010; Potter and Brough, 2004; Lafond et al., 2002). For example, a qualitative study was conducted among frontline health workers working in facilities in Kenya where HIV and RH services had been integrated. The study showed that the capacity of providers was a major determinant of the success of the program. In turn, the performance of the providers was linked to wide range of organizational factors thus emphasizing the capacity of facilities to provide services (Mutemwa, et al., 2013).

Financing the implementation of policy is essential to its success. In developing countries, financing for FP/RH can come from national, donor and individual funds. The impact of a policy that used multiple sources of funds for its implementation is documented through a qualitative exploratory study using focus group discussions among the users of a RH voucher program in Cambodia in January 2011 (Brody et al., 2013). This study brought to light some of the financial constraints of implementing the policy, such as the strain patients faced in consistently giving healthcare providers unofficial payments for the services they received. Hence, addressing such challenges will ensure the success of the implementation of a policy.

Operational policies guide the translation of “national laws and policies into programs and services” (Cross et al., 2001:6). A study was conducted in Ethiopia in 2002 to determine operational barriers to FP services using semi-structured interviews with key informants (Getahun, 2003). The study noted several barriers such as heavy taxes, delay in procuring and clearing products, and poor collaboration between institutions. The Ethiopian government has worked to resolve many of these challenges.

Ensuring accountability is increasingly being recognized as an integral process of observing, documenting and monitoring the implementation of policies. A randomized field experiment was conducted in Uganda to monitor the implementation of an operational policy that made public health providers accountable to the community they were serving (Bjorkman, 2009). The study noted that a year after the accountability exercise began, the quality of services had drastically improved and utilization of services had increased thus emphasizing the importance of regular monitoring and holding policy implementers accountable. In another study, a community-based cross-sectional survey of local female field workers was conducted as part of an evaluation of sexual and reproductive health and rights (SRHR) in Ecuador. The study portrayed a dismal picture of access and use of reproductive health services among indigenous women (Goicolea, 2008). It further recommended that accurate information about use of services be provided on all regions of the country to ensure accountability of women's sexual and reproductive rights.

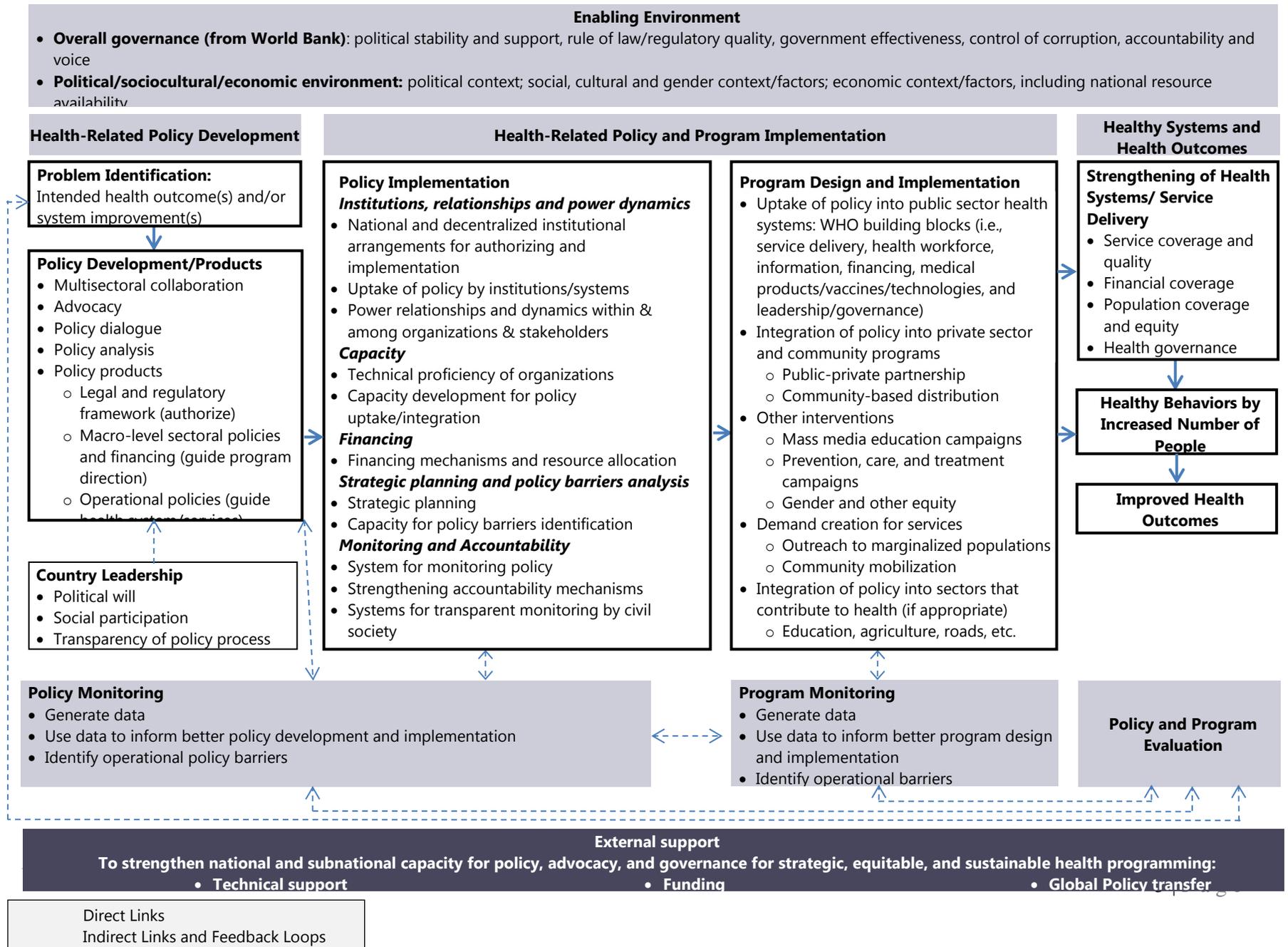
Discussion

This paper highlights several methodologies used to describe a specific component of the policy implementation process using examples from the field. It is worth mentioning that conducting rigorous FP/RH policy research has several unique characteristics and challenges that should be addressed and acknowledged. Some of special elements include the impact of the position/status of the researcher on study outcomes, and the inability to conduct controlled experiments in policy studies and hence not being able to measure attribution (Hill and Hupe, 2009). There can also be a lack of transparency, collaboration and communication between the government and development partners and within many agencies (Victora et al, 2011). Other challenges of conducting rigorous policy research include an encounter with complex interaction variables since several components of policy research interact with each other and this interaction varies by the policy being studied and the specific context. In addition, using facility and administrative statistics in an environment with poor monitoring is difficult. Further, we cannot determine the steps the policymakers and other players in the field will make. Hence, policy implementation can be a moving target with adjustments made over time. It can also be a long process which has to be shortened for research purposes (Walt, 2008). As a result of these challenges, when studying, documenting and evaluating policy implementation, it is difficult to establish the link between policy implementation and improved health outcomes, since it is a complex process.

When conducting policy research, we need to use the best methodology possible for each scenario. Since the study of policy is a complex process involving several stakeholders at various levels of implementation many studies to date have relied on qualitative research rather than large quantitative surveys to document the details of the policy implementation process. Hence, our literature review noted very few studies using more rigorous methodologies.

Policy implementation research is important as it can help explain the link between policy development and program implementation. Clear research recommendations can come from this research that would indicate the programmatic and policy relevance of the findings. These findings should be communicated to other stakeholders in an appropriate manner. Finally, this paper highlights the gap in evaluations of policy implementation and notes that in order to better understand the policy implementation process, more clearly designed studies need to be implemented.

Figure 1: Conceptual Framework: Linking Health-Related Policy to Health Systems and Health Outcomes



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