Taking the Pulse of Policy: A Participatory Approach to Assessing Policy Implementation

Suneeta Sharma, Anita Bhuyan, and Anne Jorgensen
Health Policy Initiative, Task Order 1

October 9, 2009
Global Health Mini-University
Washington, DC
Session Agenda

- Introduction
- About the Policy Implementation Assessment Tool
- Country Applications of the Tool
- Advantages of Using the Tool
- Q&A
What Is Policy Implementation?

Policy to Action Framework

Policy Process

- Data Analysis and Use
- Policy & Strategy Development
- Leadership Mobilization
- Resource Mobilization
- Monitoring and Evaluation
- Policy Dialogue and Advocacy
- Operational Barrier Removal
- Action Plan
- Implementation of Strategies
- Scale Up

Action
Why Assess Policy Implementation?

- **Accountability** – hold policymakers/implementers accountable for achieving stated goals; reinvigorate commitment

- **Effectiveness** – understanding barriers to policy implementation improves program delivery

- **Equity and quality** – policy implementation is essential for ensuring equitable services, reducing inconsistencies among service providers

*We need to be “clearer about what works and what does not work to produce intended program outcomes in the actual practice setting”* (Love, 2003)
About the Policy Implementation Assessment Tool

**Objectives:**
- Assess the extent and nature of policy implementation
- Identify facilitators for and barriers to policy implementation
- Inspire dialogue and renewed commitment on the way forward

**Format:**
- Two questionnaires (one for policymakers and one for implementers/other stakeholders)
- Open-ended questions gather qualitative information, as well as close-ended questions and Likert-like scales
- Same or similar questions in the two instruments to facilitate comparing perspectives of policymakers and implementers
- Flexible: designed to be adapted to the policy/context
About the Policy Implementation Assessment Tool (cont.)

7 Dimensions of Policy Implementation

- **Policy Content, Its Formulation, and Dissemination**
- **Social, Political, Economic, and Cultural Factors**
- **Leadership Roles and Commitment**
- **Multi-stakeholder Involvement in Implementation**
- **Implementation Planning and Resources**
- **Guidelines, Training, Capacity to Enact Policies**
- **Feedback on Progress and Results**
Applying the Tool: Step-by-Step Process

1. Select a policy
2. Form a core country team
3. Make decisions
4. Adapt the questionnaires
5. Identify key informants
6. Conduct Interviews/FGDs
7. Analyze data
8. Share findings/next steps
Country Examples: Guatemala and Uttarakhand, India

A woman and her daughters waiting at the Health Center in Chichicastenango, Quiche, Guatemala. Photo by Liz Mallas.

An ASHA – Accredited Social Health Activist – in Uttarakhand, India. Photo by Suneeta Sharma.
Guatemala: Background

- **Social Development and Population Policy (SDPP)** (2001)
  - Broad policy covering five sectors: health, education, employment, etc.
  - Focused on the reproductive health component of the health section
  - Assessment in 2006/07
Guatemala: Methodology

- In-depth Interviews (n=36)
  - 7 policymakers
  - 29 implementers

- Interviewees selected based on their knowledge of and role in policymaking and implementation of the SDPP

- Sectors represented: public sector, civil society, and international donor community
Guatemala: Key Findings

• Consensus on the importance of the policy

• Lack of clarity among respondents about leadership and responsibilities for implementation

• Lack of a cohesive implementation plan and M&E framework

• Insufficient dissemination and capacity building to support the policy implementation

• Inability to access funds for implementation
Guatemala: Outcomes

- Guatemala’s Congress formed a national Reproductive Health Observatory (March 2008)
  - Multisectoral body including government, NGOs, universities
  - Monitor the SDPP, Law on Social Development, Law on Universal Access to Family Planning, Law on Combating HIV and AIDS
  - Advocate for funding, including the 15% tax on alcoholic beverages that is intended to fund RH activities

- Ministry of Public Health allotted an additional US$1.3 million to the RH program's 2008 budget
- M&E indicators being developed to monitor the SDPP
- RH monitoring boards established in three regions
Uttarakhand, India: Background

• First state to adopt an integrated *Health and Population Policy* (2002)

• Seeks to improve health, address inequities, and stabilize population growth

• Outlines 28 strategic policy intervention areas

• Assessment in 2008
Uttarakhand: Methodology

- **Location**
  - Selected districts and blocks to represent the plains, mid-hills, and hilly region

- **Interviews (n=36)**
  - 5 policymakers
  - 10 state implementers
  - 21 district implementers

- **Focus Group Discussions (n=32)**
  - ANMs, ASHAs, AWWs, Panchayati raj representatives (179 participants)
  - Clients: Women and men from rural areas, urban slums, scheduled castes and tribes (208 participants)
Uttarakhand: Key Findings

- High-level government commitment
- Integrated health and population policy
- Decentralization
- Demand and knowledge increasing among the population
- Sufficiency of financial resources
- Innovative approaches

- Lack of leadership continuity
- Human resource shortages
- Inability to access and use funds
- Under-utilization of the private sector and NGOs
- Cumbersome monitoring and limited data use
- Limited systems for client feedback
- Inadequate systems for intra-department information sharing and dissemination forums
Uttarakhand: Outcomes

• High-level policy dialogue with senior policymakers and officials (November 2008)

• Formation of the Policy Revision Coordination Committee within the Uttarakhand Health and Family Welfare Society

• Policy revision underway, with emphasis on:
  – Removing barriers to implementation
  – Equity (e.g., rural poor, urban slums, underserved hilly areas)
  – Data-driven strategies (e.g., interventions tailored to the plains and hills; addressing emerging health issues)

• Program implementation plan to be developed
Other Uses of the Tool

• **Guatemala**: Public Policy 638-2005 “On the prevention of STIs and response to the AIDS Epidemic”

• **El Salvador**: National Strategic Plan on STIs, HIV, and AIDS, 2005–2010

• **Costa Rica and Panama**: Planned applications for national HIV policies and plans
Advantages of Using the Tool

- Helps move from policy formulation to policy implementation
- Is flexible, should be adapted to the country context
- Is a systematic, yet user-friendly way to look at complex, dynamic processes
- Can complement quantitative indicators/data to explore the “why?” behind the numbers
- Renews commitment to a policy that may have been adopted a few years ago and is no longer at the top of the agenda
- Promotes participatory approaches and dialogue to devise potential solutions to challenges (ownership, country-driven)
Key Take-a-way Messages

- Policies are living documents

- Policies need certain inputs to stay alive and healthy: Leadership, resources, participation, monitoring, etc.

- The Policy Implementation Assessment Tool can help you “take the pulse” of the policy and diagnosis barriers and challenges

- Regular check-ups and renewed commitment can keep policies on track toward achieving policy goals
Coming Soon: Tools You Can Use

✓ Policy Implementation Assessment Tool Guide
✓ Master questionnaires
✓ Master Excel datasheets for data entry
✓ Guiding questions for conducting the policy text analysis
✓ Examples from the country applications (e.g., reports, advocacy briefs, and PPTs)
To learn more:

www.healthpolicyinitiative.com

policyinfo@futuresgroup.com

Thank you!

Any questions?