

# **Results Based Financing for Health Impact Evaluation Workshop**

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## **Tools for Impact Analysis: Qualitative Research**

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# Aims & Objectives

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- ▶ How can qualitative research complement quantitative research?
- ▶ An overview of standard qualitative research methods
- ▶ When can qualitative research be used during the impact evaluation cycle and for what purpose?
- ▶ What are recommended timelines for conducting qualitative research and its core activities?



# What is Qualitative Research?

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- ▶ Qualitative research is a situated activity that locates the observer in the world.
- ▶ Consists of a set of interpretive and material practices designed to give us an impression, i.e., ‘what is going on here?’
- ▶ Contemporary qualitative research is characterized by its diversity – think of it as an umbrella term for a number of methods that you can use



# Key Elements of Qualitative Research

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- ▶ Intense and/or prolonged contact in a 'field' or life situation
- ▶ 'Holistic' view – logic, arrangements, explicit and implicit rules of a society, culture, and/or group of people
- ▶ Collecting data 'from the inside'
- ▶ Meaning people ascribe to their daily lives
- ▶ Multiple interpretations
- ▶ Very few standardized instruments used. Researcher is the 'measurement device'
- ▶ Analyses through words



# Complementing Quantitative Studies

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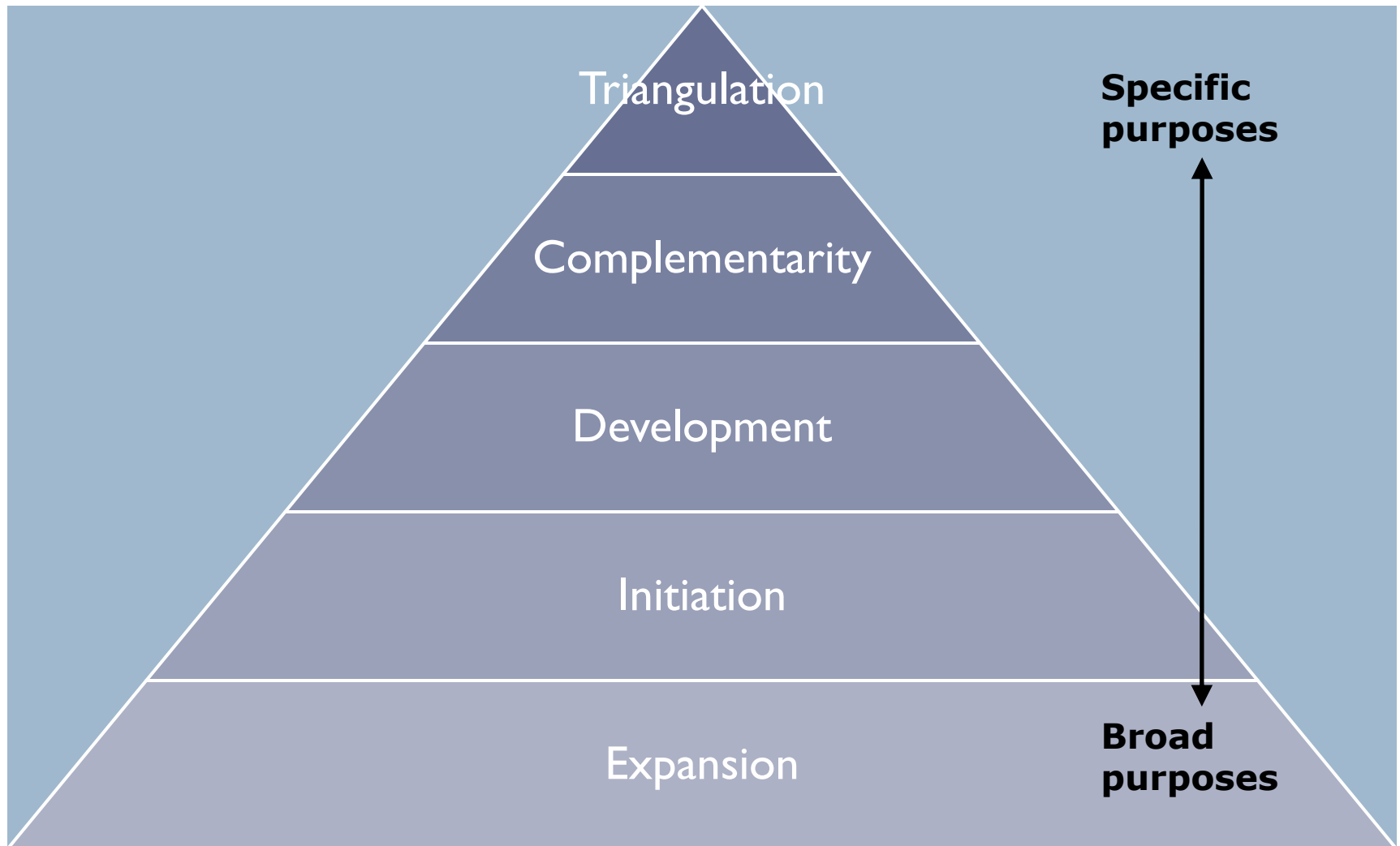
- ▶ Quantitative data yields generalisable results about specific research questions using statistical measures to test hypotheses, arrive at more objective conclusions, and give answers about the frequency and prevalence of the phenomena being studied.

**BUT  
WHAT  
ABOUT  
WHY  
AND  
HOW?**

- ▶ Qualitative data can provide context, insider perspectives, meanings attached to everyday life, insight into processes, and because of its exploratory nature, offer new avenues for analysis.



# Mixed Methods offer rich, rigorous, reliable and complex insights into the area being studied



# How can qualitative research enhance understandings of health?



1. **India accounts for 20% of maternal deaths worldwide, 21% of all child deaths, and 25% of all neonatal deaths**
  - Women's demands to receive oxytocins to induce labour were linked to ideas of women's strength and their capacity to courageously suffer the pains of childbirth, as well as shorter labour and therefore truncated hospital stay (Van Hollen, 2003).
  
2. **WHO estimates 25% of maternal deaths in the Africa region can be attributed to a lack of blood for transfusion. However blood donation rates in the Africa region are amongst the lowest in the world.**
  - In the African context, blood is not simply a biological and cultural substance but is treated as an economic and political product used to build relations, trade for medication and medical treatment, as well as to broker wider kinship relations (Fairhead et al., 2006, Comaroff & Comaroff, 1999) .
  
3. **70.9% of women in Mexico aged 15-49 use or have sexual partners who use some form of contraception**
  - Physicians through their clinical practice reinforce existing gender inequities by placing the responsibility for contraception solely on women and actively discouraging male contraception, especially vasectomy (Erviti et al., 2010).



# The Power of Words

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- ▶ **Managing the nutritional intake for people with dementia at home, findings from India:**
  - ▶ *She is in the kitchen cooking and he is in the bedroom. From there he is shouting, and the best part is he calls her “Darling.” Anyway, so from the bedroom he’s calling her, “Darling” and asking, “Is the food ready? Is the food ready?”*
  
- ▶ **Lay explanatory models for aetiology of Alzheimer’s disease in India:**
  - ▶ *Alone he feels. Half of the disease he feels is because he is alone. Half of the disease, this is the reason. Such an active man, everything he used to do. If he hadn’t left work this wouldn’t have happened*



# Qualitative Methods



## Method

## Advantages

## Disadvantages

### In-depth interviews

- Explore sensitive, personal experiences
- More suitable than group discussion for busy people (e.g. clinicians, health workers)

- The 'fishbowl' effect and reluctance of participant to talk
- Time and resource intensive

### Focus group discussion (FGD)

- Group interaction and dynamism
- Suitable for community consensus on an issue
- Gather many viewpoints at once

- One or two people dominate the discussion
- Moderator can lose control of the discussion
- May not produce very reliable data on very sensitive topics

### Observation

- 'See' processes, behaviours, ways of communication
- 'See' discrepancies between reported behaviour (talk) and actual practice (action)
- Experiential understanding of environment, context and ways of being

- Very time intensive
- Difficult to record
- Totally subjective

### Discourse and Content analysis

- Cultural and historical insight into particular concepts
- Understanding existing attitudes, values and beliefs
- Unobtrusive
- Allows for quantitative and qualitative applications

- Time consuming
- No insight into how it is interpreted and applied

# Ensuring Rigour in Qualitative Research



- ▶ The same criteria used to establish rigor in quantitative studies cannot be applied to qualitative methods
  - ▶ Identification strategy and estimating the counterfactual
  - ▶ Power calculations and sample size
  
- ▶ Instead the focus is on:
  - ▶ Validation – are the findings credible, plausible, have they been related to secondary sources?
  - ▶ Explicit and detailed description of methods
  - ▶ Triangulation
  - ▶ Sensitivity to culture and context in the approach
  - ▶ Clear presentation of data and demonstration of how conclusions were reached
  - ▶ Researcher reflexivity



# HRBF IE in the 'Field'

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- ▶ Low-income countries
  - ▶ Resource scarcities may be very acute inside and outside the health sector
- ▶ High prevalence of HIV/AIDS and other ID
- ▶ In some cases very high levels of political and economic tensions which can disproportionately impact on women
  - ▶ 'Survival sex'
  - ▶ Rape and violence
  - ▶ Unwanted pregnancies
- ▶ How will these issues be factored into the IE and fieldwork?



# Qualitative Methods & IE

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- ▶ Qualitative research can be used throughout the entire cycle of the project to track responses and show how change is interpretative and gradual.
  - ▶ Ethnographic approach
- ▶ Qualitative research can also be used at different points in the project to inform design and impact results:
  - ▶ Baseline – what is the current scenario?
  - ▶ Midline – how is the intervention affecting change? What are the positive and negative effects of the intervention? What could be adjusted to enhance the benefits of the project and minimise unwanted effects? **FEEDBACK LOOP!**
  - ▶ End-point – What are the effects of the project? How have attitudes changed? What worked? Why? Why not?



# Qualitative Methods & IE

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**Baseline**

**Mid-term**

**End-point**



# Qualitative Methods & IE

## Baseline

- ▶ What are the main economic, social, cultural supply-side barriers?
- ▶ What are the main economic, social, cultural demand-side barriers?
- ▶ Can financial or non-financial incentives be used to address these barriers?
- ▶ Who should receive the incentives?
- ▶ What are the cultural values attached to particular indicators?
- ▶ What is the right incentive value or gift?
- ▶ How often should incentives be given?

## Mid-term

- ▶ How have the indicators been applied? Are they appropriate? If not, why? What alternatives are there?
- ▶ Are the incentive values appropriate? Why? Why not?
- ▶ How have utilization patterns changed?
- ▶ How are staff dealing with these changes? (e.g. increased workload)
- ▶ How has quality of care changed?
- ▶ Are there any negative consequences on other services?

## End-point

- ▶ How have the indicators been applied? Are they appropriate? If not, why? What alternatives are there?
- ▶ Are the incentive values appropriate? Why? Why not?
- ▶ How have utilization patterns changed?
- ▶ How are staff dealing with these changes? (e.g. increased workload)
- ▶ How has quality of care changed?
- ▶ Are there any negative consequences on other services?



A high-angle, wide shot of a massive, diverse crowd of people, primarily of African descent, gathered together. Many individuals have their hands raised in the air, suggesting a celebratory or participatory event. The crowd is densely packed, filling the entire frame. The people are wearing a variety of colorful, everyday clothing. In the lower right quadrant, a few individuals are holding up bowls, one red and one blue. The overall atmosphere is one of collective joy and engagement.

## Identifying the Sample

# Sampling: Practical Considerations

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- ▶ Is the sampling relevant to your topic and research question?
- ▶ Will the topic you are interested in appear actually appear in this group?
- ▶ Will your findings apply to the general population or only to a specific cohort?
- ▶ Will your sample give you realistic and believable descriptions of your topic?
- ▶ Is the sampling feasible in terms of time, money, access to people and your own work style?
- ▶ Is the sampling plan ethical?



# HRBF IE & Qualitative Methods: Sampling



## Demand

- ▶ Women who are pregnant
- ▶ Women who have recently given birth
- ▶ Community elders and community members in general
- ▶ Men who have young children or about to become first-time fathers
- ▶ What about young mothers, i.e. women between 12-17 years?

## Supply

- ▶ Doctors
- ▶ Nurses/Midwives
- ▶ Community health workers
- ▶ Administrative workers
- ▶ Other health professionals and volunteers
- ▶ Traditional health practitioners (e.g. Traditional birth attendants)
- ▶ District health officers



# HRBF IE & Qualitative Methods: Demand Side



## Case: Rwanda

Sampling Group	Qualitative Methods	Practical Considerations
<b>T1.</b> (In kind demand side incentives) N=50 sectors	<b>FGDs + Observation</b> <ul style="list-style-type: none"><li>• 5 FGDs x per sampling group, ea. FGD with 8-10 participants</li><li>• Minimum 6 hours observation per week; 3 hours in-clinic, 3 hour out-patient care. Over two month = 48 hours per site</li></ul>	<b>Time:</b> 2 months of data collection
<b>T3.</b> (In kind demand side incentives + CHW incentives) N=50 sectors		<b>Manpower:</b> 3 researchers plus backup support
<b>C.</b> (Control) N=50 sectors	Approx. 150 participants + 144 hours of field notes	<b>Data Recording:</b> Tape recorders, field diaries, photographs
	↓	
	Approx. 300 pages of interview data + observation data (field notes, photographs, diaries etc.)	<b>Data Collection Tools:</b> Semi-structured interview guide, semi-structured observation protocol, demographic data



# HRBF IE & Qualitative Methods: Demand Side



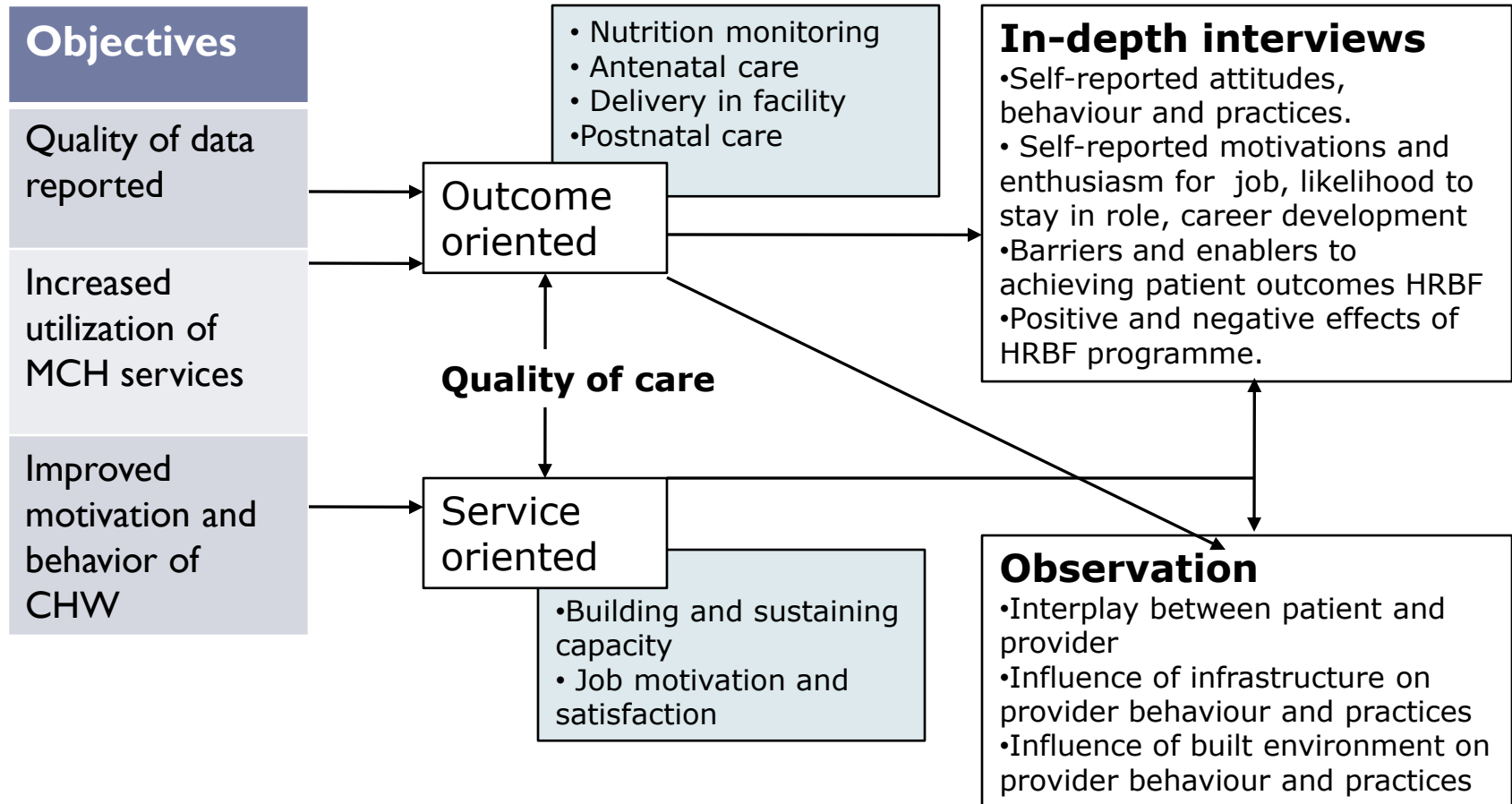
## Case: Rwanda

Incentivized Indicators	Baseline T1, T3 & C	Midterm T1 & T3	Endpoint T1 & T3
Antenatal Care	<ul style="list-style-type: none"> <li>• Understandings of motherhood and family</li> <li>• Cultural meanings associated with pregnancy, birth and death</li> </ul>	<ul style="list-style-type: none"> <li>• Self-reported changes in attitudes and practices towards antenatal, postnatal and birthing</li> <li>• How in-kind objects are interpreted and used</li> </ul>	<ul style="list-style-type: none"> <li>• Patient/community perceptions of effectiveness and responsiveness of HRBF</li> </ul>
Experiences of Labour and Delivery	<ul style="list-style-type: none"> <li>• Cultural practices associated with antenatal and postnatal care and birth</li> </ul>	<ul style="list-style-type: none"> <li>• Receptiveness to health messages</li> </ul>	<ul style="list-style-type: none"> <li>• Receptiveness to role out</li> </ul>
Postnatal and infant care	<ul style="list-style-type: none"> <li>• Barriers to accessing health services</li> <li>• Past experiences with health services</li> </ul>	<ul style="list-style-type: none"> <li>• Barriers/enablers to uptake of health information</li> </ul>	<ul style="list-style-type: none"> <li>• Self-reported change in attitudes and behaviours</li> <li>• Things to be improved/modified in the intervention</li> </ul>



# HRBF IE & Qualitative Method: Supply Side

## Case: Rwanda



# Analysing Qualitative Data

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- ▶ Use a variety of analytic approaches:
  - ▶ Thematic
  - ▶ Grounded theory
  - ▶ Narrative
  - ▶ Discourse
  - ▶ Semiotics
  - ▶ Content
- ▶ Depending on the analytic technique selected, data analysis and data collection may occur simultaneously
- ▶ Coding



**Tree Nodes**

Name	Sources	References	Created On	Created B	Modified On	Modified
Activities	0	0	4/15/2006 7:38 P	GRG	4/15/2006 7:38 P	GRG
New Tree Node...			4/15/2006 7:41 P	GRG	4/15/2006 7:43 P	GRG
Open Tree Node...			4/15/2006 7:42 P	GRG	4/15/2006 7:42 P	GRG
Export			4/15/2006 7:38 P	GRG	4/15/2006 7:44 P	GRG
Print			4/15/2006 7:38 P	GRG	4/15/2006 7:45 P	GRG
Cut			4/15/2006 7:38 P	GRG	4/15/2006 7:45 P	GRG
Copy			4/15/2006 7:39 P	GRG	4/15/2006 7:39 P	GRG
Paste						
Merge Into Selected Node						
Merge Into New Child Node...						
Delete						
Expand/Collapse						
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Chart Tree Node Coding						
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## Coding Software

- Nvivo ver.8
- Atlas-Ti
- Ethnographer
- Manual coding

# The Hierarchy of Qualitative Evidence



Study type	Features	Evidence for Practice
<b>Generalizable studies</b>	Sampling focused by theory and the literature, extended as a result of analysis to capture diversity of experience. Analytic procedures comprehensive and clear. Located in the literature to assess relevance to other settings.	Clear indications for practice or policy
<b>Conceptual studies</b>	Theoretical concepts guide sample selection. May be limited to one group about which little is known or a number of pre-determined groups. Conceptual analysis recognises diversity in participants' views.	Provides good evidence provided limitations are clearly described. May identify need for further research.
<b>Descriptive studies</b>	Sample selected to illustrate practical rather than theoretical issues. Record illustrative quotes from 'many', 'most' or 'some' study participants.	Describes a phenomenon in a defined group only. Can be hypothesis generating
<b>Single case study</b>	Limited design focused on one setting	Can provide insight

# Recommended Timelines

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- ▶ This will depend on scope and scale of the project, resources and labour available.
- ▶ Generally if the project is at *baseline*:
  - ▶ Allow 3-6 months for preparation, 2 months for first round of data collection, 2 months for writing (at least)
- ▶ *At midterm*:
  - ▶ Allow one month for preparation, 2 months for first round of data collection, 2 months for writing
- ▶ *At the endpoint*:
  - ▶ Allow one month for preparation, 2 months for first round of data collection, 2 months for writing



Task	Timeline	Reason
Qualitative Research Protocol	5 days	Qual IE researcher works with IE Principal Investigator to develop protocol
<b>Timelines for Midterm and Endpoint in IE</b>		
Piloting	7 days	The entire teams should pilot the tools and report back
Data collection	60 days	Dependent on methods and number of researchers available
Transcription, coding and data analysis	60 days	Should occur concurrently with data collection
Final analysis	7 days	Entire team works together to verify results
Final report	10 days	Entire team works together to verify results

# Common Reasons for Delay

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- ▶ **Lack of clarity in the protocol**
  - ▶ Delays in clearance from government and other ethics committees
- ▶ **Lack of support from government**
  - ▶ Limited assistance with facilitating process
- ▶ **Lack of in-country capacity**
  - ▶ Difficulty in recruiting and training researchers
- ▶ **Lack of health centre buy-in**
  - ▶ Difficulty gaining access to community and brokering trust with the community
- ▶ **Lack of community buy-in**
  - ▶ Difficulty recruiting people and lack of good data



# In the 'Field'

## Effects of doing Qualitative Research

- ▶ Pay attention to the role of power, gender, class, and age. Acknowledge how these shape modes of interaction.
- ▶ Qualitative research is about give and take between researchers and participants. Researchers need to be prepared to give of themselves.
- ▶ Respect people's privacy and boundaries – even though in many instances this will not be applied to the researcher
- ▶ Build trust and credibility – this can take time
- ▶ Accept that not everything will go to plan and there is need to be flexible
- ▶ Allow for 'breaks' in fieldwork. Doing interviews and observation is physically and mentally tiring
- ▶ Enjoy the process



# To Conclude

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- ▶ Qualitative research
  - ▶ Complementing quantitative methods
  - ▶ Mixed methods
  - ▶ Reliability and rigor
- ▶ An overview of qualitative research
  - ▶ Methods
  - ▶ Sampling
  - ▶ Analysis
- ▶ Illustrated how qualitative research methods can be used during the impact evaluation cycle
  - ▶ Rwanda
- ▶ Outlined a timeline for conducting qualitative research
  - ▶ And reasons for delay!



***Thank You  
&  
Questions???***



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