

SMART AFRICA CENTER

THEORY OF CHANGE (TOC) WORKSHOP

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BACKGROUND

- The ToC is an outcome-based approach focusing on how an intervention brings about specific outcomes through a logical sequence. It is not a new intervention and is increasingly becoming a requirement for all newly funded studies.
- The ToC workshop was intended to help participants learn the development and applicability of ToC in developing interventions for child and adolescent mental health.
- Participants were introduced to various stages or elements of the ToC including; Impact, Outcomes, Assumptions, Rationale, Indicators of success, and Intervention or Key activities. Unlike other models, the ToC works retrospectively by developing impact before identifying activities/interventions.
 - The ToC employs *participatory approach principles of participation and empowerment to engage various stakeholders* working together to bridge the gaps in the system.
- In the event of designing and implementing the ToC, there is an element of the *ceiling of accountability* which one can use to determine which elements on the ToC one can implement or strongly focus on.

WHY THE TOC

The ToC serves several purposes which include; Strategic planning, Monitoring and Evaluation, Description, and Learning.

The ToC model used by the Program for Improving Mental Health (PRIME) Hub follows the pathways to and through care that includes the following elements: Mental health promotion/prevention, Mental Health Awareness and Literacy, Screening, Assessment, Treatment, and Follow-Up.

The PRIME Research Programme Consortium has previously implemented studies to (pre-and post) measure the changes brought about by the ToC and the strengthening the pathways to and through care.

Ideally, implementers of the ToC can focus on a few elements working collaboratively and collectively with other players to reach the desired goals or impact. *The impact or desired goal may be too big for a small intervention to influence or complete.* Thus, working with other stakeholders may collectively bring about the desired goal.

USING THE THEORY OF CHANGE TO DISCUSS THE SURFACING CHALLENGES OF CHILD MENTAL HEALTH IN MASAKA DISTRICT

Using the ToC, the *facilitators engaged the participants in different participatory activities to discuss the challenges, the impact, and outcomes of child mental health problems in Masaka District.* The facilitators had participants sit in groups which had to include a participant(s) from Masaka District. The ToC workshop was specifically designed to help civil servants from Masaka District and other workshop participants to design interventions that can help to impact Child Mental health(CAMH) in Masaka and other parts of the world. The challenges identified by the attendees are outlined in Figure 1.

WHAT IS THE IMPACT THAT SHOULD BE EXPECTED? WHAT DO WE WANT TO BE ACHIEVED REGARDING CHILD MENTAL HEALTH CHALLENGES IN MASAKA DISTRICT?

The impacts initially identified were large in scope and long-term. Following the break, more proximal causal pathways clustered significantly around mental health literacy and awareness.:

- Improved awareness and knowledge of child mental health to enhance acceptability of available services and reduce stigma
- A community that is well informed and a government department that prioritizes CAMH
- Greater knowledge and understanding of mental issues at the community level (caregivers, teachers, health workers) - indigenous and formal knowledge in identification and treatment.

Figure 1 Challenges identified related to Child and Adolescent Mental Health in Masaka

Challenges related to Child and Adolescent Mental Health in Musaka, Uganda



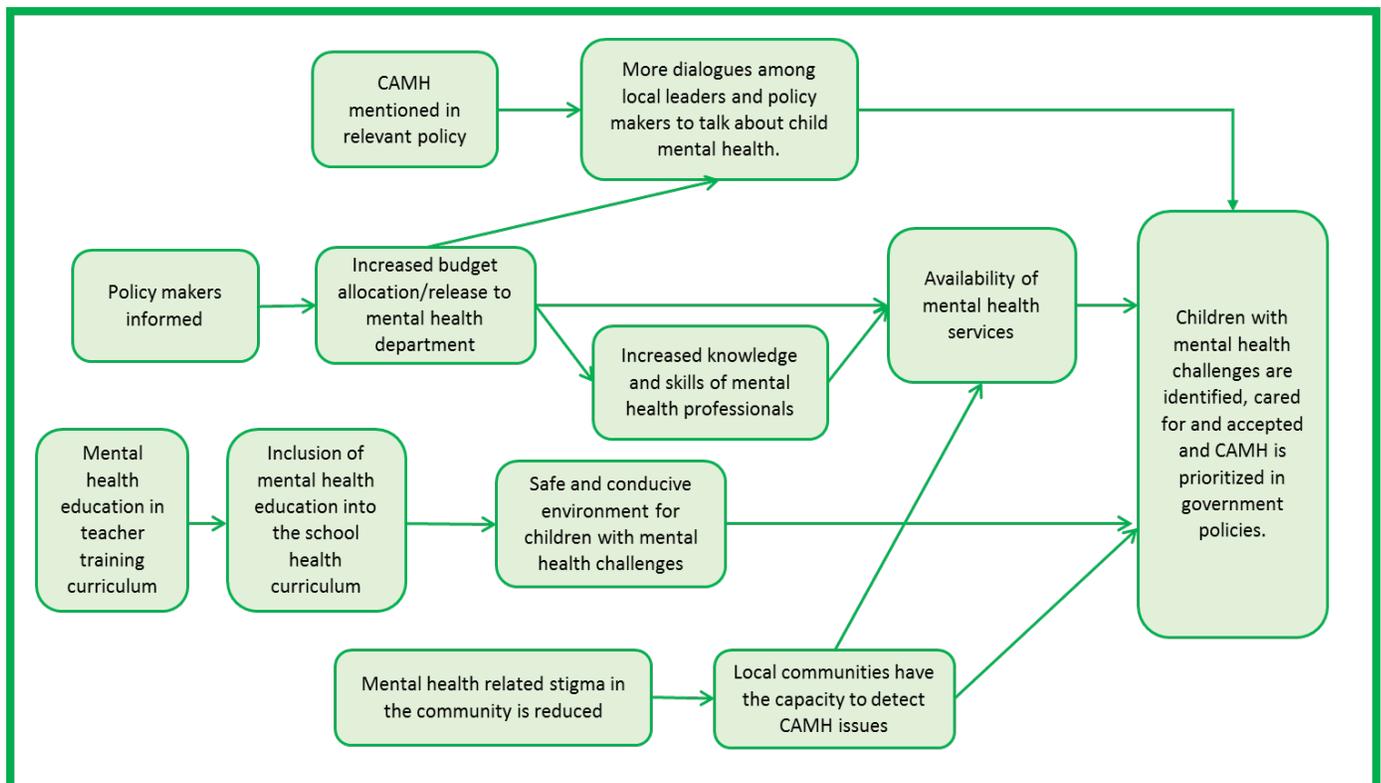
- Some of the health providers may not clearly define terms related to child mental health for example depression and stress.
- There is need to include Mental Health on the Uganda Health Sector or Government Agenda so that it is made a priority for the government programs.
- While a community may identify Mental Health issues, there should be Mental Health workers who understand how to deliver services.
- Nothing for us without us. There is need to respect the community’s ideas given that they should be part of the intervention.

Note: The ToC needs to be owned by the community and that is why the Masaka Team was invited to participate and contribute to the ToC and how it can be used to address mental health challenges among children and adolescents in Masaka District.

DEVELOPING OUTCOMES RELATED TO CHILD MENTAL HEALTH IN MASAKA DISTRICT.

A set of outcomes were suggested by the group and mapped onto a draft ToC for the Masaka Region (Figure 1). During this session the impact was once again made more distal by including identification and treatment of mental illness (in addition to mental health awareness).

Figure 2 Theory of change map developed at the workshop



Reactions from participants on points raised by the groups

- There is a need to clearly define the outcomes, indicators, and impact
- Do the ToC elements need to follow a logical order when using them to implement programs and interventions?

The Facilitators emphasized that different pathways can will depend on how policy works in different contexts and setting of the intervention.

USING TOC TO IDENTIFY KNOWLEDGE GAPS AND IDENTIFYING EVIDENCE BASED INTERVENTIONS

The facilitators outlined how ToC could be used to identify knowledge gaps. Once the outcomes and impact of the ToC have been finalised, the ToC should be checked for knowledge gaps. Each *causal* arrow on the ToC should be interrogated and the question should be asked, “does this outcome lead logically to the next with or without an intervention?” If so, evidence for this should be found from systematic reviews, other studies, case studies of implementation in other countries have done, or using psychological, sociological or organisational theory.

INDICATORS FOR EVALUATING PROGRESS

The facilitators outlined how ToC could be used to identify indicators of success. They suggested that an indicator be selected for each outcome (or key outcome). Once the indicators are chosen, they can be collated and study designs for the data collection can be developed. For example, a before and after community survey looking at community attitudes towards mental illness.

CLOSING AND NEXT STEPS

The facilitators advised the participants to take back the ToC to develop it further, present it to their respective teams, and see how that represents everyone’s ideas on the team.