



When the trivial becomes meaningful: Reflections on a process evaluation of a home visitation programme in South Africa

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ABSTRACT

This paper reflects on a process evaluation of a home visitation programme in South Africa. The programme, implemented in two low-income communities, focused on the reduction of risks to unintentional childhood injuries. The evaluation comprised a combination of qualitative and quantitative methods, including observations in conjunction with an evaluator's journal, diaries kept by the home visitors, interviews and focus group discussions. Short questionnaires were administered to programme staff and home visitors. Caregivers were visited to attain their assessment of visitors and the programme. These methods resulted in a detailed description of implementation processes, but more importantly gave insight into the experiences and perceptions of the social actors, i.e. programme staff, visitors and caregivers. It also offered possible explanations for the difference in the intervention effect between the two sites. Two major challenges to the evaluation were: (i) the power-imbalance between the evaluator and community participants (visitors and caregivers) and (ii) the language- and cultural barriers between evaluator and community participants. The evaluation demonstrated that process information can contribute towards explaining outcome results, but also that active participation from all social actors is a necessary condition if process evaluations are to result in programme improvement.

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1. The utility of process evaluation

Programme continuation is often determined by the outcome of a programme, therefore outcome assessments are more frequently conducted than process evaluations (Bouffard, Taxman, & Silverman, 2003). Yet, this 'hard' evidence of programme effect is grounded in how an intervention was implemented, underpinned by the less tangible interactions and relationships between the social actors (Hebler & Gelach-Downie, 2002; Patton, 2002; Peterson, 2002), and impacted by what initially may appear to be trivial incidents and events. Process evaluation seeks to study these, and to guide and improve programme development and implementation (Clarke & Dawson, 1999).

Process evaluation has the potential to contribute to a better understanding of outcome results (Babbie & Mouton, 2001; Dowswell, Towner, Simpson, & Jarvis, 1996; Pawson & Tilley, 2004), however, these evaluations can also be flawed with vague questions phrased in unanswerable ways (McClure, Turner, & Yorkstons, 2005). Patton's claim that the integrity of the

profession of evaluation "rests firmly on the quality of critical thinking exhibited by its practitioners" (Patton, 1987, p. 35), challenges evaluators to be critical of their work.

Therefore, this article reviews the methods in a process evaluation of a home visitation programme. The protocols and instruments developed were based on two key elements of formative evaluation; firstly, that it should be as inclusive as possible about the 'what', 'how', 'by whom', and 'to what effect' of a programme (Patton, 2002), and secondly, that a combination of qualitative and quantitative data collection methods may align better with programme complexities than an 'either/or' approach (McClure et al., 2005). The objectives of the evaluation were to:

- facilitate a 'behind-the-scenes-look' of implementation processes, shaped by the expectations, experiences and interactions of the social actors, as well as by unanticipated events;
- provide information that could contribute to explanations of the outcome results; and
- make recommendations for improving the intervention.

The aims of this paper are: (i) to describe the methods utilised and reflect on its effectiveness, (ii) to elucidate the issues that impacted on the intervention, (iii) to hypothesise how the process

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information contextualises the outcome results, and (iv) to highlight the successes and challenges to the evaluation of a community-based programme.

2. The evaluation setting

2.1. Context and social actors

The programme was implemented in two low-income communities in South Africa; Site A, situated on the outskirts of Cape Town, and Site B, located close to Johannesburg. Research protocols were reviewed and approved by the South African National Research Foundation. The research agency had well-established relationships with both communities resulting from earlier safety promotion work. Unintentional injuries sustained by young children in and around the home had been identified as a major health concern in these neighbourhoods (Butchart, Kruger, & Lekoba, 2000; Van Niekerk, Bulbulia, & Seedat, 2002), resulting in the development of an intervention programme to reduce household hazards. Both the research agency's earlier work (Butchart et al., 2000; Van Niekerk et al., 2002), and international research has recognised that burn, poisoning and fall injuries are the injury types most often suffered by young children in the home (Babul, Olsen, Janssen, McIntee, & Riana, 2007). The intervention focused on reducing the household hazards related to these three injury types. Both communities comprised mainly of self-made shacks, are characterised by poverty and unemployment, and widely use paraffin and paraffin appliances, all of which contribute to high injury incidence.

A cluster randomised controlled trial was conducted with 28 and 26 clusters in Site A and Site B, respectively. The clusters were identified using available community maps. An independent team of data collectors in the respective sites were employed to recruit randomly selected homes in each cluster, and administered the baseline risk assessment to each participating home. The realised number of participating households is presented below (Table 1).

Following baseline assessment of injury risks, four home visits were conducted by home visitors to each intervention household over 4 months. Based on identified best-practices for home visitation programmes focusing on child injury prevention (Bender, Van Niekerk, Seedat, & Atkins, 2002; Nilsen, Hudson, Gabriellsson, & Lindqvist, 2005), each visit comprised educational inputs, implicit enforcement by means of a safety checklist, and provision of safety devices. The same risk assessment instrument used at baseline was re-administered at completion of the intervention to both Control and Intervention households in the respective sites. Post-assessment questionnaires were administered by the same teams of data collectors employed for baseline assessments. Data collectors were blinded to the Control or Intervention status of households. Intervention effect was measured as the post-intervention mean scores for Intervention homes minus those obtained for Control homes. The baseline results showed no difference between Control and Intervention households, indicating successful randomisation.

Table 1
Number of participating households

	Site A	Site B	Total
Control	85	98	183
Intervention	90	104	194
Total	175	202	377

The social actors in the programme included the following discernable groups; firstly, the programme staff comprised four researchers in Site A and five in Site B, responsible for developing instruments, protocols and intervention curriculum and managing the home visitors during fieldwork. Secondly, two groups of community participants, comprising a team of home visitors in each site, and the recipients of the programme, that is, the main caregivers at intervention households. The teams of home visitors were recruited from the communities and trained as paraprofessional home visitors. A total of 43 visitors, 20 in Site A and 23 in Site B participated in the trial and received a stipend for each visit conducted. The role of the respective data collector teams was considered as external to the intervention mechanism and will therefore not be reflected upon in this process evaluation.

2.2. Outcome results

A significant reduction was observed for selected burn and poisoning hazards in intervention households (Swart, Van Niekerk, Seedat, & Jordaan, *in press*). However, for the aggregated risk-scores on burns and poisoning notable differences between the two sites were observed, with greater risk reduction in Site B (Table 2).

In Site B, a significant reduction in burn-related risks was observed, as well as a marginally significant reduction for poison-related risks. No significant reductions were observed in Site A. Risks to burn injuries in Site A appeared lower than in Site B, as the score measured in the Control households is comparable with that of the Intervention group in Site B.

3. The evaluation

The intervention project proposal included an evaluation component, with the purpose of documenting the implementation processes, exploring the enablers and confounders to successful implementation, and making recommendations to strengthen the intervention. A full-time evaluator was appointed from the programme staff in Site A. Since the two sites were not in close proximity, the evaluator requested a staff member to assist with the evaluation in Site B. Neither programme staff nor home visitors received training on the methods to be used in the evaluation. The data collection methods and focus areas of the evaluation are presented below (Table 3).

Table 2
Comparison of post-intervention results in the sites

	Mean	SE	Intervention effect	95% CI
<i>Site A</i>				
Burns safety practices				
Control	2.7	0.16		
Intervention	2.4	0.16	-0.30	-0.76 to 0.16
Poison				
Control	2.1	0.32		
Intervention	1.9	0.32	-0.23	-1.16 to 0.71
<i>Site B</i>				
Burns safety practices				
Control	3.6	0.22		
Intervention	2.9	0.22	-0.71	-1.37 to -0.06
Poison				
Control	2.7	0.26		
Intervention	1.9	0.26	-0.74	-1.5 to 0.03

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