



THE UNIVERSITY
of EDINBURGH



PROMISE Theory of Change workshop guidance

Developed by Demoubly Kokota, Erica Breuer and Lucinda Manda-Taylor on behalf of the PROMISE Project

Based on

Breuer E, Comas-Herrera A, Docrat S, Freeman E, Schneider M, and the STRiDE team¹ (2019) STRiDE Theory of Change workshops: guidance and resources. STRiDE research tool No.1 (version 2), PSSRU, London School of Economics and Political Science, London.

July 2023

Table of Contents

Introduction	4
Overview of Psychosis.....	4
Psychosis Recovery Orientation in Malawi by Improving Services and Engagement (PROMISE)	4
Theory of Change	6
Purpose of the ToC workshops.....	6
Part 1: Workshop Preparation:.....	8
Dates of the workshop.....	8
Facilitators.....	8
Room setup	8
Participants	8
Ethical considerations	9
Invitations.....	9
Venue and equipment	9
PROMISE Note Taking	10
Part 2: Conducting the ToC workshops	11
Workshop overview	11
Session 1: Introduction to the workshop	11
Session 2: Introduction to Theory of Change	11
Session 3: Developing the Theory of Change	11
Session 4: Developing strategies and interventions.....	11
Session 1: Introduction to the workshop	12
Topic 1A: Introductions.....	13
Topic 1B: Ground Rules.....	14
Topic 1C: Overview of the PROMISE study.....	15
Session 2: Introduction to the Theory of Change.....	17
Topic 3A: What is a Theory of change?	18
Session 3: Developing the Theory of Change	21
Topic 3A: Surfacing challenges	22
Topic 3B – Deciding on impact	24
Topic 3C – Developing an outcomes map	26
Topic 3D – Reviewing the Theory of Change.....	28

Session 4: Developing strategies and interventions 29

Topic 4A – Further Reviewing the Theory of Change 30

Topic 4B – Identifying the ceiling of accountability 31

Topic 4C – Reflecting on activities 32

Topic 4D – Prioritising activities and next steps 33

Part 3: Iterative ToC development 35

Step 1: Consolidation of ToC between workshop days 36

Step 2: Revision of ToC after the second day of workshops 38

Checklist for reporting ToC 39

References 40

Introduction

Overview of Psychosis

Psychotic disorders – principally schizophrenia and related conditions – are amongst humankind's most distressing and disabling conditions. Their combined lifetime risk is around 3%, with a prevalence of 1% in High-Income Countries (HICs) (Perrala et al., 2007). Up to half of those who develop psychosis will have what could be considered a good outcome, with few acute episodes, mild ongoing psychotic symptoms, and perhaps even regular employment in about 20% of cases. However, around 50% will have persistent symptoms and functioning difficulties that limit their social and occupational opportunities (APA, 2013).

There are no community prevalence studies of psychosis in Malawi. A few studies have been conducted in inpatient settings. Barnett and colleagues (2018) found that 30% of people admitted to the Bwaila psychiatric unit in the central region of Malawi (1st January 2011 to 31st December 2011) were diagnosed with schizophrenia. Meanwhile, at Zomba Mental Hospital (ZMH), Liwimbi (2014) found that 74.5% of all inpatients admitted in 2014 had psychosis of any cause (including organic and substance-induced psychoses).

People with psychosis in Malawi have limited access to timely assessment and evidence-based care, leading to a long duration of untreated psychosis and persistent disability. Most people with psychosis consult traditional or religious healers. Stigmatising attitudes are common, and services have limited capacity, particularly in rural areas.

Psychosis Recovery Orientation in Malawi by Improving Services and Engagement (PROMISE)

PROMISE is a five year study that will use mixed methods to build on existing services to develop sustainable psychosis detection systems and management pathways to promote recovery. We will use the MRC framework psychosis detection systems and management pathways for developing and evaluating complex interventions, augmented by the Theory of Change (ToC) and Participatory Action Research approaches.

We aim to develop a validated psychosis screening tool, to facilitate detection by Health Surveillance



Figure 1 PROMISE Work packages

Assistants (HSAs) at the village level and a simple management blueprint encompassing education and community support, with an integrated care pathway including Primary Health Centre Clinics (PCHCs) and District Mental Health Teams (DMHTs). Following the MRC framework, our research project has four phases: intervention development (WP1), feasibility testing (WP2), piloting (WP3) and implementation (WP4). As part of the develop the psychosis detection systems and management pathways, we will use a Theory of Change approach during WP1-2. We will conduct six workshops over the course of the project. We show how these workshops relate to the other key PROMISE activities in WPs 1-2 in Figure 2.

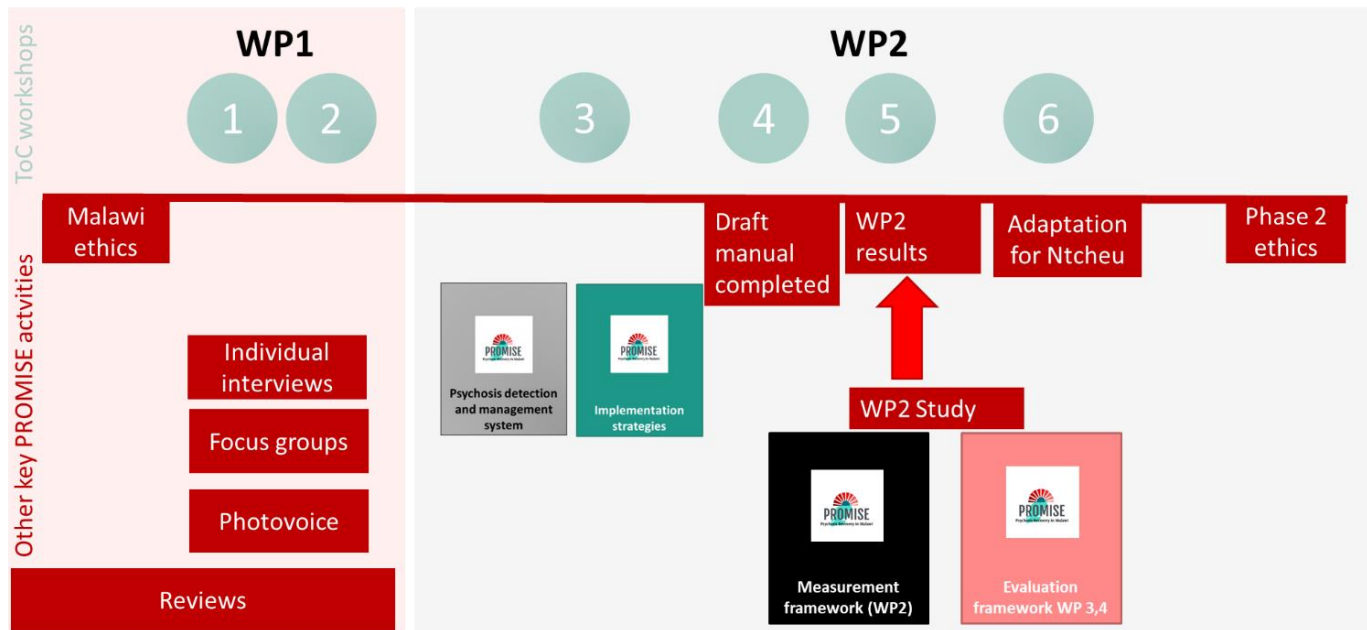


Figure 2 ToC workshops about other activities in the WPs

Theory of Change

Theory of Change (ToC) is an outcomes-based approach which describes how a programme brings about specific outcomes through a logical sequence of intermediate outcomes. The Theory of Change process is a way to systematically set out the steps that will lead to achieving the aims of the PROMISE project (De Silva et al., 2014).

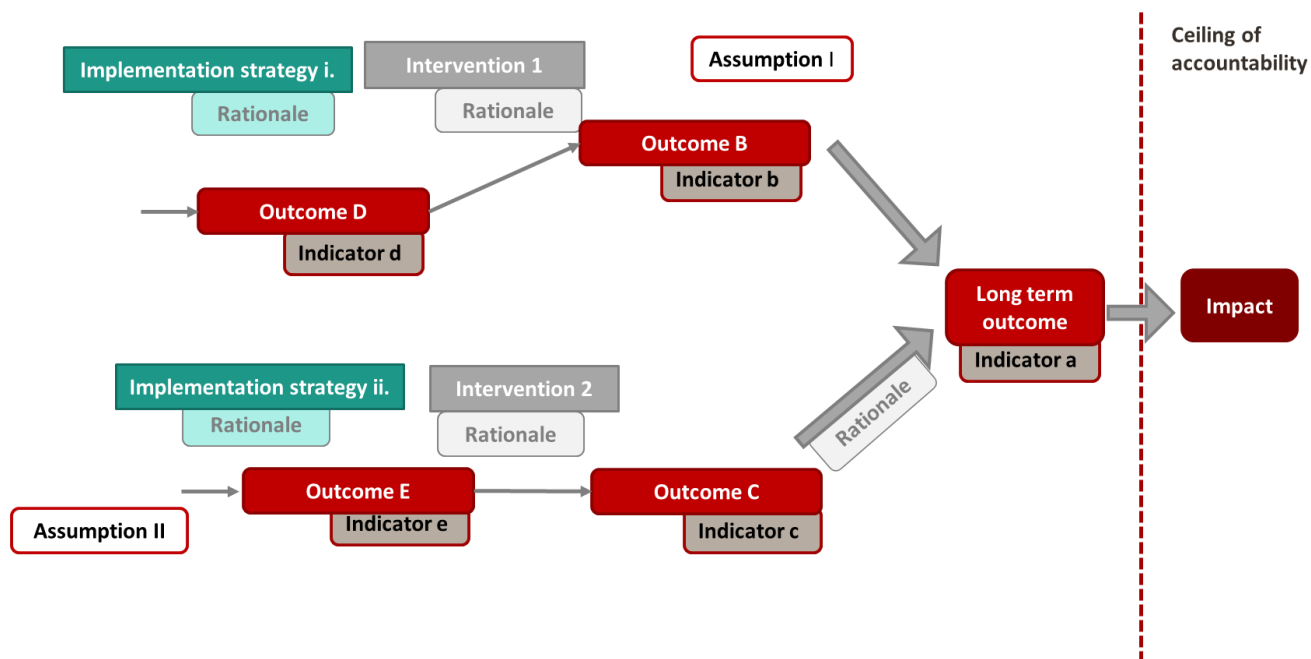


Figure 3 The structure of a Theory of Change

Purpose of the ToC workshops

In PROMISE, the overall purpose of the ToC workshops is to work with stakeholders to develop the PROMISE intervention and implementation strategies, develop a framework for the evaluation, and get stakeholder buy-in. The aims of the individual workshops are described in Table 1 below. This manual focuses on the second workshop outlined in the table.

Table 1 The three Phases of ToC workshops in PROMISE

Workshop #	Stakeholders	Location	Aims	Days	Dates
PHASE 1 ToC development					
1.	PROMISE Research Team	Edinburgh	a. to develop a draft ToC map for PROMISE b. to build capacity among PROMISE team in ToC	½ day	Jan 2023
2.	All (see table 1 for details)	Salima Chiradzulu	In each district: a. work with stakeholders to develop a draft ToC map for PROMISE psychosis detection system and management pathways in Chiradzulu and Salima which includes challenges/facilitators, impact, outcomes map, assumptions, activities	2 days	September 2023

			(interventions and implementation strategies b. develop a contextually appropriate PROMISE psychosis detection system and management pathway c. gain stakeholder buy in		
PHASE 2: Refining interventions/manual and measurement					
3.	Smaller group	Salima Chiradzulu	Work with stakeholders in each district to refine: <ul style="list-style-type: none"> i. the draft ToC ii. the PROMISE psychosis detection system and management pathway; and iii. implementation strategies iv. Suggest indicators for measurement of process, and implementation, service level and client outcomes 	TBC (1/2?)	After ToC and manual drafted
4.	Healthcare staff only	Salima Chiradzulu	In each district: <ul style="list-style-type: none"> a. Present stakeholders with implementable psychosis detection system and management pathway and ToC b. Work with stakeholders to develop and/or review Indicators based on ToC (including feasibility/fidelity) 	TBC (1/2?)	After ToC and manual refined
5.	All	Salima Chiradzulu	In each district: <ul style="list-style-type: none"> a. Work with stakeholders to review feasibility and fidelity findings based on (based on survey findings, training feedback, feasibility and fidelity testing)) b. Refine psychosis detection system and management pathway and manual 	TBC (1-2 days?)	After feasibility testing completed
PHASE 3: adapting to new district					
6.	All	Ntcheu	In Ntcheu <ul style="list-style-type: none"> a. Work with stakeholders to adapt ToC and psychosis detection system and management pathway for Ntcheu b. Gain stakeholder buy in 	TBC (1-2 days?)	After feasibility results incorporated into manual

Part 1: Workshop Preparation:

Dates of the workshop

The workshops will be held in the two PROMISE districts where the PROMISE intervention will be piloted. Each workshop will be held over two days on the following dates:

- **Salmina Workshop:** 6th-7th September 2023
- **Chiradzulu Workshop:** 11-12 September, 2023

Facilitators

Main Facilitator: A/Prof Eric Umar

Co-facilitators (plenary): Mr Anthony Sefasi, Dr Saulosi Gondwe, Mr Demoubly Kokota, A/Prof Lucinda Manda Taylor, Action Amos.

Small group facilitators: Mr Dennis Chasweka, Miss Kate Chidzalo, Mr Wakumanya Sibande, Miss Thandiwe Mkandawire, Mr Action Amos.

Coaching/support for facilitators: Dr Erica Breuer.

Room setup

The room will be set up cabaret style, with 5 participants per table, and there will be at least one large clear wall where things can be stuck. We will have 4-5 groups of participants.

Participants

The workshop participants are outlined in the table below.

Table 2 Workshop participants

Type of participant	Number of participants		Recruitment strategy
	Salima	Chiradzulu	
PWLE	2	2	MEHUCA /District Mental Health team
Family/caregivers	2	2	MEHUCA /District Mental Health team
Traditional healers	2	2	Malawi Traditional healers' umbrella organisation
Religious leaders	2	2	1 Pentecostal and 1 regular church
Health surveillance assistants	2	2	District Enviromental Health Officer
Primary care health care workers	2	2	District Medical officer
District Mental health Team staff	2	2	DHO
District Health Officer	1	1	DHO
District Medical Officer	1	1	DHO
District Environmental Health Officer	1	1	DHO
District Nursing Officer	1	1	DHO
Pharmacist	1	1	DHO
Government representative	1	1	DC
Traditional leaders	2	2	
Central Medical stores Rep	1	1	
TOTAL	23	23	

Ethical considerations

Permission to conduct the study was obtained from the Edinburgh Medical School Research Ethics Committee (EMREC) and the College of Medicine Research and Ethics Committee (COMREC). Informed Consent will be gained from each participant by a research team member and recorded on a paper-based consent form. The participants will also obtain permission for photographs, video, and audio recordings through a paper-based release form. All participants will be free to withdraw from the study (Including the TOC) at any point without any consequences. All participants will receive travel expenses and assessment time reimbursement at the standard KUHeS rate per diem.

Invitations

DK will send out invitations to all identified stakeholders a month before the initial workshop and follow-up weeks and three days before the workshops. The participants will be invited through both formal letters and phone calls. All official channels will be followed when sending invitations.

The research team will ask the District Health Officer (DHO) and District Medical Office (DMO) to invite and encourage the stakeholders under them e.g., HSAs, Pharmacists, District environmental officers and district nursing officers. The research team will ask the president of traditional healers to invite and encourage traditional healers. MEHUCA and the district mental health team will take the lead in the invitation of users and carers

Venue and equipment

The following are the necessary items and consumables for the TOC to take place:

Venue

- Venue (At least two rooms in case of breakup sessions)-cabaret seating, needs a large wall to hang sticky notes.
- Caterer (Morning, afternoon snacks and lunch)

Stationery

- Name tags
- Nameplates (for tables) (names printed on the bottom half of a piece of paper in landscape orientation and folded)
- Large (double size) sticky notes – 2 different colours
- Sharpies or other thin markers
- Flip chart – marker pens OR Whiteboard and marker pens
- Flip chart papers.
- White A4 paper – 5 reams
- Blue tack
- Arrows

Other

- Camera for photographs and videos
- Consent forms

PROMISE Note Taking

The note-taker should record:

1. Outline of the process and the key discussion points.
2. The opinion of stakeholders around the different elements of the ToC, i.e.
 - Impact
 - Outcomes
 - Rationale
 - Assumptions
 - Interventions
3. This is particularly important when members of the group disagree.
4. The amount of participation in the ToC Process – whether all participants participated equally.

Part 2: Conducting the ToC workshops

Workshop overview

The following sessions will be conducted during the workshop. For the exact timing of the session, refer to the detailed agenda.

Session 1: Introduction to the workshop

Topic 1A: Introductions

Topic 1B: Ground Rules

Topic 1C: Overview of the PROMISE study

Session 2: Introduction to Theory of Change

Topic 3A: What is a Theory of change?

Session 3: Developing the Theory of Change

Topic 3A: Surfacing challenges

Topic 3B – Deciding on impact

Topic 3C – Developing an outcomes map

Topic 3D – Reviewing the Theory of Change

Session 4: Developing strategies and interventions

Topic 4A – Further Reviewing the Theory of Change

Topic 4B – Identifying the ceiling of accountability

Topic 4C – Reflecting on activities

Topic 4D – Prioritising activities and next steps

Session 1: Introduction to the workshop

This session will provide participants with an overview of the ToC workshop. By the end of the session, participants will become familiar with the workshop's ground rules and overall goals.

Outline

- Topic 1A – Introductions
- Topic 1B – Ground rules
- Topic 1C – Overview of the workshop

Topic 1A: Introductions

Who: A/Prof Eric Umar

Objective

- Introduce workshop participants and facilitators to one another.

Time

20 minutes

Materials

Name tags and Nameplates (for tables)

Procedures

Icebreaker

1. Each participant is to introduce themselves to their neighbour. Allow 4 min discussion.
2. Neighbour has to introduce them with their name, affiliation and secret talent
3. If Participant Y is *wrong*, participant X can demand a reward from the group (e.g., clapping, standing with one leg, dancing, etc.).
4. Continue the game until all participants and facilitators have introduced themselves.

Topic 1B: Ground Rules

Who: A/Prof Eric Umar

Objective

- Establish commonly agreed and mutually respectful rules for subsequent sessions.
- Understand that all expertise is valued during this process and that we are looking for contributions from all stakeholders

Time

10 minutes

Materials

Flipcharts, markers

Procedures

Brainstorm ground rules.

1. Explain to participants the need for having a set of rules for the workshop.
2. Participants should nominate someone as a scribe.
3. On the flipchart, the participant should write the heading, "Ground Rules", and the sub-headings "We Will" and "We Will Not".
4. The group will then decide what to put in each column. For example:
 - We *will* always be on time.
 - During the workshop, we will turn off our phones (or switch to "silent").
 - We *will* participate to the best of our abilities.
 - We will listen when others are speaking without interrupting.
 - We will not speak badly of one another.
 - We will not be disruptive during activities.

Topic 1C: Overview of the PROMISE study

Who: A/Prof Lucinda Manda-Taylor

Objective

- Understand what PROMISE study is.
- Understand the objectives and outcomes of the PROMISE study.
- Understand the various approaches being used in the study.

Time

15 minutes

Format: plenary (no PowerPoint)

Materials

Flipcharts, markers, workshop agenda

Procedures

1. Describe the institutions and partners behind the PROMISE study and their various roles and responsibilities in the study.
2. Explain the study design, objectives, duration, and study sites. In your explanation, the following information must be included:

- PROMISE is a five-year study that aims to build on existing services to develop sustainable psychosis detection systems and management pathways to promote recovery.
- The study will run for five years in Chiradzulu, Salima and Ntcheu in the fourth and fifth year.
- The objectives of the study are to understand perspectives of psychosis in Malawi, to develop a psychosis detection system that is acceptable, to establish simple psychosis management system that is acceptable, and to evaluate the effectiveness and cost-effectiveness of the established psychosis detection and management systems.

3. Introduce and briefly explain the main approaches, outcomes, and some activities to be carried out in the study. In your explanation, include the following information:

- Systematic reviews.
- Photovoice research
- HSA surveys.
- In-Depth Interviews with Key Informants such as health care workers, religious leaders, traditional healers.
- Theory of Change Workshops.
- HSA manual development and piloting

4. Show participants posters from Photovoice for them to appreciate the other data-collection methods.

Session 2: Introduction to the Theory of Change

This session will introduce participants to the theory of change as one of the approaches and data collection methods for PROMISE and how participants will be involved.

Outline

- Topic 2A – What is a theory of change?

Topic 3A: What is a Theory of change?

Who: Mr Demoubly Kokota

Objective

- Define the theory of change as a data collection method.
- Explain some advantages of using the theory of change.
- Outlining ToC process and workshop activities.

Time

30 minutes

Materials

Flip chart papers, markers

Procedures

1. Start a discussion with participants and ask: **Who has ever been involved in a theory of change before, what was the aim of the TOC and what was happening?**
2. Write their responses down.
3. Give a brief presentation of a theory of change. In your explanation, include the following information:
4.
 - A TOC is a detailed description and demonstration of how a desired change should occur in a specific situation.
 - It involves a workshop, interviews or FGDs where different stakeholders discuss a change they would like to happen and come up with comprehensive steps for achieving that change.
 - In a TOC, the participants first come to a consensus on an impact or change they want to happen.
 - They then work backwards to develop a causal pathway for achieving that change starting with long-term impact, intermediate impact and eventually short-term impact.
 - At every level, interventions and barriers are discussed.
5. Illustrate the Key elements of a TOC using a fictional example. In your explanation, include the following information:

Element	Description	Fiction Example (Dinner)
Impact	Ultimate goal or change that your intervention seeks to achieve	Friends are happy and connected
Outcome	A set of logical steps that need to happen if the impact is to be achieved. These are usually mapped out backwards from the impact.	Friends eat good quality food Friends all have a selection of food which is acceptable Friends find things in common to talk about The venue is accessible and appropriate
Activities	The things that needs to be done to move from one outcome to the next	Cook a special dinner Buy good quality ingredients Learn how to cook Check dietary preferences
Indicators	Things you can measure to inform you whether you are making progress in achieving the outcomes.	Survey of tastiness Quality of conversation (rated on a Likert scale)
Rationale	An explanation of why and how the various activities will contribute to reaching different outcomes in the causal pathway.	Recipe shows how to turn raw beef into a delicious stew Previous (tacit) knowledge about success of family gatherings
Assumptions	What needs to be in place for outcomes to occur that need to be considered in the planning?	A suitable time will be found between everyone's commitments Groceries are available People with children have access to childcare (or children will be welcome)
The ceiling of accountability	A point where the intervention stops taking credit for any change or outcome that is happening.	

- Remind the participants about the main aim of the PROMISE study, which they should keep in mind when developing their own TOC map.

PROMISE study's main aim

To build on existing services to develop sustainable psychosis detection systems and management pathways to promote recovery.

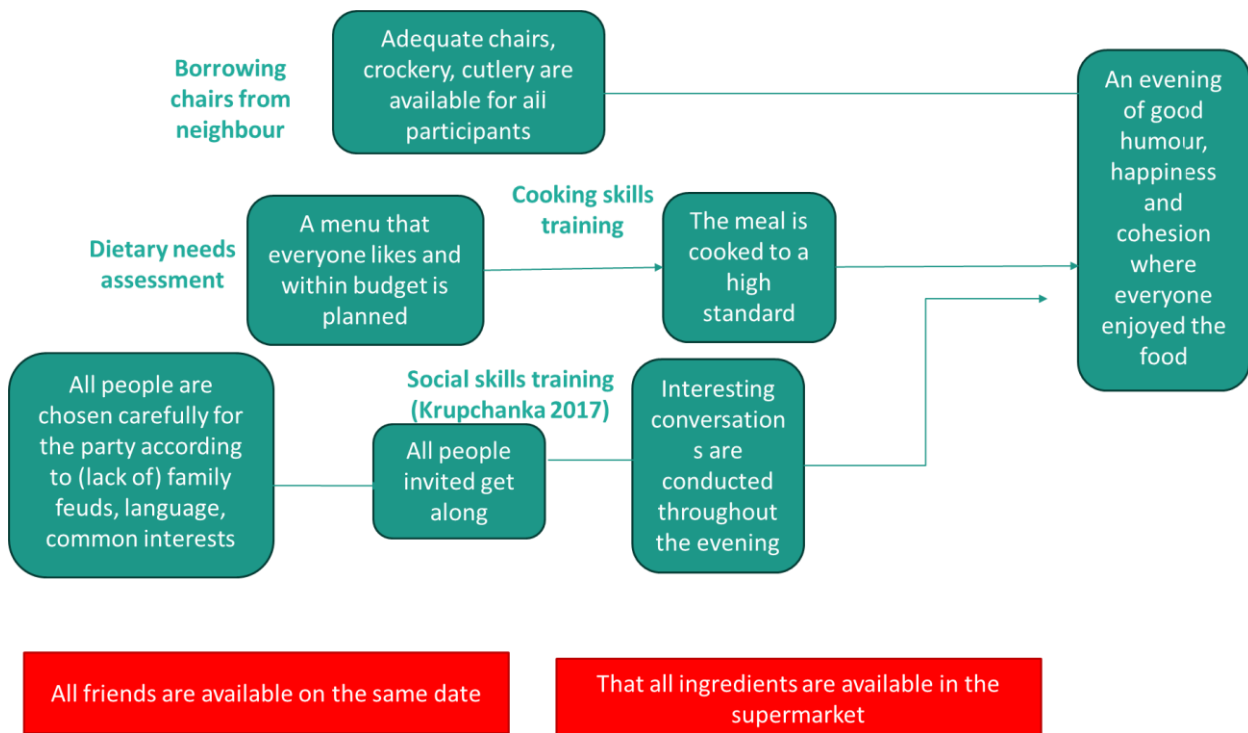


Figure 4: An Example of Dinner party Theory of Change

Session 3: Developing the Theory of Change

This session will involve all the stakeholders in actively developing a theory of change for the promise study. At the end of the session, the following should be achieved:

Outline

- Topic 3A – Surfacing challenges
- Topic 3B – Deciding on impact
- Topic 3C – Developing an outcomes map
- Topic 3D – Reviewing the Theory of Change

Topic 3A: Surfacing challenges

Who: A/Prof Eric Umar

Plenary Notetaker: Demoubly Kokota

Objective

- Participants to identify problems or challenges related to detecting and managing people living with psychosis in the district.

Time

45 minutes

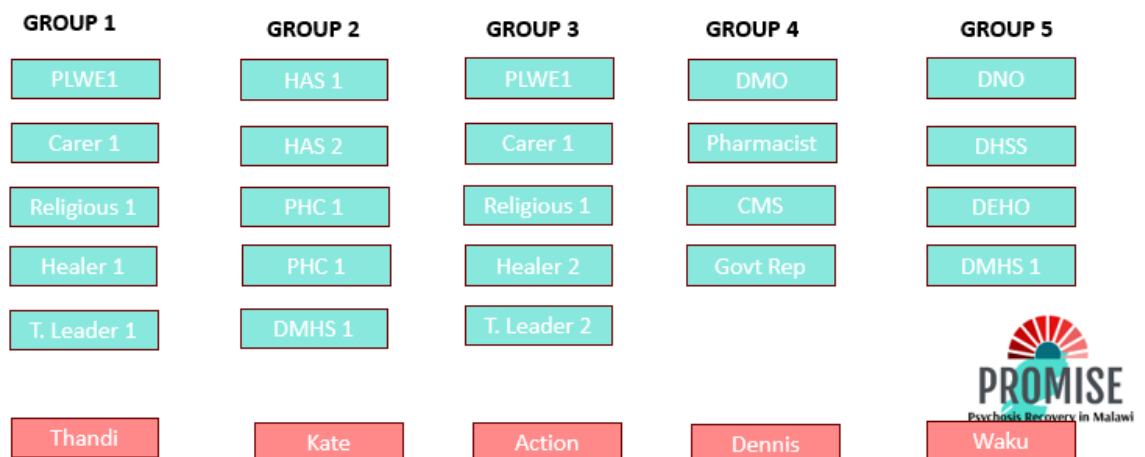
Materials

Large (double-size) yellow sticky notes, Sharpies or other thin markers, and Flipchart paper.

Format: start in plenary, break into groups (Task 1) and feedback to plenary (Task 2).

Procedures

1. Give initial instructions for participants to divide into the following small groups each with a facilitator.



2. Ask the following prompt question: **What are the challenges and barriers to the work of the PROMISE Program?** They can be related to the structure of the system, the implementation, staff, environment, and resources.
3. Tell the groups to discuss and write down challenges and barriers on yellow sticky notes (one per sticky note).
4. Each group is to take notes of main themes and discussions (no need to take what is on sticky notes).
5. The facilitators in each group lead in feeding the challenges back to the bigger group and thematically grouping them on the wall.

6. The final Output should be a List of challenges on yellow sticky notes on the wall (ideally grouped into themes).

Topic 3B – Deciding on impact

Who: Mr Anthony Sefasi

Plenary Notetaker: Ms Kate Chidzalo

Objective

- Agree on the ToC impact.

Time

30 minutes

Materials

Flip chart – marker pens OR Whiteboard and marker pens

Format: Plenary

Procedures

1. Introduce to the group the following PROMISE pre-defined impact:

People with lived experience of psychosis and their caregivers can live like other people in their community.

2. Discuss with stakeholders whether this is worth aiming for and what changes must be made.
3. The final output should be an Impact statement for PROMISE Program agreed upon by all the stakeholders.

The following are examples of impacts developed in other studies:

Examples:

People with mental illness are actively supported to lead inclusive and active lives within their community

People with dementia and their carers live well and they and their families do not shoulder excessive costs, risk impoverishment or health problems

Mothers/Caregivers in 1st 1000 Days are cared for, nurtured and empowered to raise children who are happy, curious and resilient and maximise their full potential for development of the wider community

All young people in NSW in contact with the justice system who have mental health and/or drug and alcohol problems and their families/carers and support people have better health, well-being and social functioning

Topic 3C – Developing an outcomes map

Who: Task 1: Dr Saulosi Gondwe

Task 2: Mr Action Amos

Plenary Notetaker: Mr Demoubly Kokota

Objective

- Guide participants to develop the short-, medium-, and long-term outcomes necessary to lead to the impact.

Time

45 minutes

Materials

White A4 paper, Blue tack (also bring 1 role of masking tape in case).

Format: start in plenary, break into groups (**Task 1**) and feedback to plenary (**Task 2**)

Procedures

1. Saulos will give initial instructions for participants to return to the small groups.
2. **Task 1:** Each group is to take 1-3 thematic areas from the challenges
3. Small group to discuss the short-, medium- and long-term outcomes that need to be in place for PROMISE Program to achieve its impact and deal with the challenges. The outcomes should be written on A4 sheets (1 per outcome).

Prompt question: What long-term, intermediate, and early OUTCOMES are necessary to produce this impact? Start at the end and work backwards.

Remember: these are not activities! (There should be no complicated verbs here)

Outcomes should be phrased as:

[Subject] are [description]

(but don't worry too much if they are not perfectly worded)

Examples:

Health and social care workers qualified and able to provide dementia care

Community members are aware of the need for the mental well-being of parents and have a sense of agency to promote mental health

Community members are aware of the need for the mental well-being of parents and have a sense of agency to promote mental health

Formal carers are satisfied with the implementation of the pilot project

All eligible young people receive timely and appropriate referral to the programme

Clinicians are enabled to build trusting relationships with young people

Lunch

4. **Task 2:** Action Amos will lead the group in feeding the outcomes back to the group and thematically grouping them on the wall.
5. Final output should be list of short, medium- and long-term outcomes on the wall.

Topic 3D – Reviewing the Theory of Change

Who: A/Prof Eric Umar

Plenary Notetaker: Mr Wakumanya Sibande

Objective

- Logic and evidence check of TOC map.

Time

60 minutes

Materials

Flipchart paper, markers.

Format: plenary

Procedures

1. Eric to lead a discussion of whether the ToC being developed is logical and is likely to lead to the stated outcome.

Prompt questions:

Does this ToC lead logically to the impact?

Are any additional outcomes needed for PROMISE Program to achieve its outcomes?

Do any assumptions need to be added?

[An assumption is something that is something that needs to be in place for the ToC to work, often thought of as risks]

2. **Output:** first draft of ToC map.

Session 4: Developing strategies and interventions

In this session, the participants will be led in determining the strategies, interventions or programmes necessary to lead from one outcome to the next. What, who, how and when will these be implemented? By the end of the session, the following should be achieved:

Outline

- Topic 4A – Further Reviewing the Theory of Change
- Topic 4B – Identifying the ceiling of accountability
- Topic 4C – Reflecting on activities
- Topic 4D – Prioritising activities and next steps

Topic 4A – Further Reviewing the Theory of Change

Who: Mr Demoubly Kokota

Plenary Notetaker: Ms Kate Chidzalo

Objective

- Refine the draft of ToC map.

Time

60 minutes

Materials

Flipchart paper, markers.

Format: plenary

Procedures

1. This activity will be done on day 2.
2. Group discussion on whether the ToC reflects our discussion in the previous session.

Prompt questions:

Does this ToC lead logically from one outcome to the next and the impact?

Are there any knowledge gaps?

Does the PROMISE project need to refine its activities in order to achieve these outcomes?

Are there any assumptions which need to be clarified?

3. **Output:** revised draft of ToC map

Topic 4B – Identifying the ceiling of accountability

Who: A/Prof Lucinda Manda Taylor

Plenary Notetaker: Mr Demoubly Kokota.

Objective

- To decide where the ceiling of accountability should be

Time

15 minutes

Materials

Flipchart paper, markers.

Format: plenary

Procedures

1. Group discussion on what the PROMISE Project will be responsible for and take credit for any change happening.

Prompt questions: What part of the ToC is the PROMISE project accountable for?

2. **Output:** revised draft of ToC map showing the ceiling of accountability.

Topic 4C – Reflecting on activities

Who: Task 1: Mr Anthony Sefasi

Task 2: Mr Demoubly Kokota

Objective

- To develop activities for achieving each outcome on the TOC Map.

Time

60 minutes

Materials

Sticky notes (different colour to those for challenges)

Format: start in plenary, break into groups (Task 1) and feedback to plenary (Task 2)

Procedures

1. **Task 1:** Each group is to take 1-3 outcomes and develop activities to lead to the outcomes.
2. Small group discussion on what activities should be included in the PROMISE project.

Ideally, these should be phrased:

[Verb] [Participant] and/or [Activity]

Examples:

Training healthcare workers, conducting awareness campaigns, developing a referral pathway and inclusion criteria, and providing Cognitive Behavioural Therapy.

3. **Task 2:** Demoubly lead the group in mapping activities onto the map onto the wall.
4. The final output should be activities mapped onto the ToC.

Topic 4D – Prioritising activities and next steps

Who: A/Prof Lucinda Manda Taylor

Plenary Notetaker: Dennis Chasweka

Objective

- To discuss the scope and limitations of PROMISE.
- To identify what other stakeholders could help PROMISE with.
- Reflections on the Theory of Change and next steps.

Time

45 minutes

Materials

Flipchart paper, markers.

Format: plenary

Procedures

1. A discussion on what might be done as part of the project and what other stakeholders could help with:
 - What is essential for psychosis management and detection in the district? (including outcomes leading to this) [Gold Stickers]
 - What are the things that would be good to have? [Silver stickers]
 - What are things other people can take on to help support the project? [Blue stickers]
 - Anything else [no stickers]
2. Voting on activities with small stickers (3 different colours)
3. Lucinda to mention plans around design and evaluation. Can include the following information:

Will develop from workshops and use other WP1 activities to modify where needed.

Will have 3 sessions where we present back to a version of this group as we develop the work

1. One smaller group – soon, will get feedback on the revised ToC

2. One healthcare only – will help to develop indicators and measures
3. One everyone- to reflect on the results of the feasibility study.

Once the intervention has been developed we will test it with HSAs. Then we will work with the HSAs to see what happens to people who are detected and referred to primary care or the DHMT. We will follow these people up for 12 months to see if they get better.

Part 3: Iterative ToC development

Here we describe the process we will use to:

1. Consolidate ToC between workshop days
2. Revise the ToC based on feedback on Day 2

Following the workshop we will expand on the ToCs using the PROMISE systematic literature reviews and WP1 interviews and focus groups to develop the TOC and PROMISE intervention. We will also draw on relevant frameworks and theories, including the implementation science frameworks, for example, The Theoretical Domains Framework and Proctor's Implementation and Outcomes, and review Theories of Change for closely aligned research projects (SCOPE, SUCCEED). We will further develop the ToCs in workshops with stakeholders (see Table 1). The details of this iterative ToC development and further workshops will be available in another document.

Step 1: Consolidation of ToC between workshop days

1. After day 1 take photos of the stickies on the walls with a mobile phone. Use these photos to complete the steps below

1. On a Word document, list challenges and assumptions and group them into themes

For example

Stigma

1. Structural stigma
2. Health professional stigma
3. Self-stigma of people with psychosis
4. Population attitudes (stigma)

Lack of knowledge

1. Lack of knowledge on psychosis by health workers
2. Lack of mental health awareness in the community.

Attitudes

1. Lack of buy-in from primary health workers
2. Motivating HSAs without additional financial incentives (Allowance syndrome among participants)
3. Health workers not motivated
4. Cultural differences-willingness between people to engage

Government commitment

1. Winning government support
2. Government lack of political will in the translation of evidence
3. Getting mental health incorporation into HAS training

Assumptions

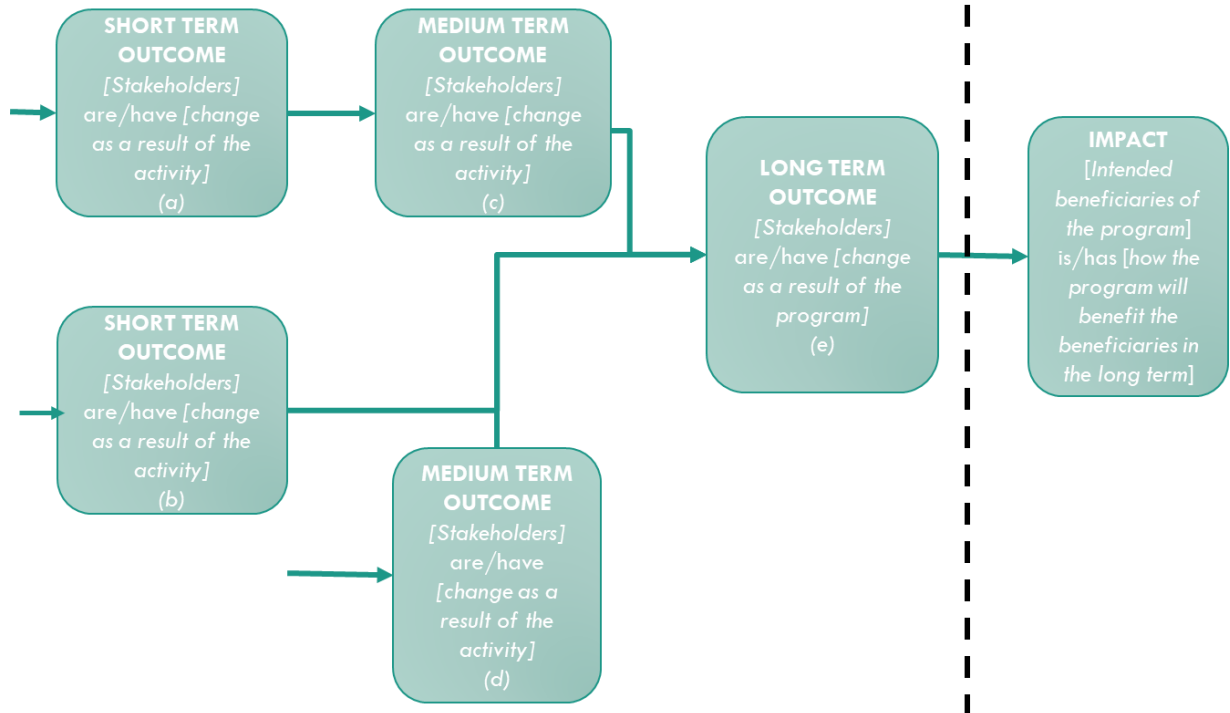
1. Healthcare managers and providers at the health facility and district level are in place to coordinate integration into existing systems
2. Health facility staff can implement the PROMISE interventions despite weak general health systems infrastructure

2. Use PowerPoint to write up the outcomes and impact
 - a. You may need to consolidate a few outcomes into one
 - b. Remember to phrase them **[Subject] are [description]**

PROMISE

Theory of Change

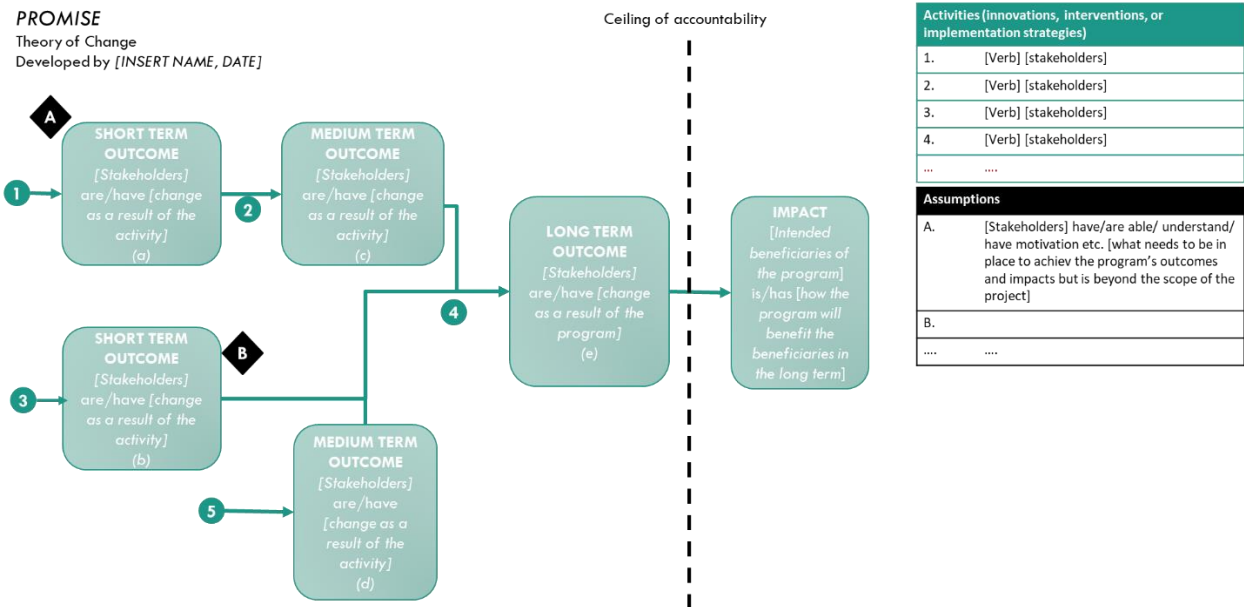
Developed by [INSERT NAME, DATE]



2. Review ToC with EB, DK and others
3. Print copies for participants during the workshop – ideally on A3 paper (if not, we can bring sticky tape and print on 2 A4 pieces and stick them together)
4. Take to the workshop for [INSERT NAME OF TOPIC]

Step 2: Revision of ToC after the second day of workshops

1. Revise the ToC, challenges, assumptions and outcomes based on feedback
2. Insert the ceiling of accountability.
3. List the activities, ideally phrased as [Verb] [Participant] and/or [Activity]



Checklist for reporting ToC

The final TOC will be reported using the following checklist:

Table 3 Checklist for reporting ToC in Public Health Interventions. Reproduced from Breuer et al. (4). which was published under the Creative Commons Attribution 4.0 International License (<http://creativecommons.org/licenses/by/4.0/>)

1. Define the ToC approach
a. Describe your definition of ToC
b. Describe the rationale for using a ToC
2. Describe the ToC development process
a. Describe the methods used to develop the ToC, such as stakeholder meetings and interviews, document reviews, programme observation, existing conceptual frameworks or published research.
b. Describe where and how stakeholders are involved. Outline how many stakeholders participated, what their role was in relation to the intervention or programme, how they were consulted (e.g. number of interviews, focus groups, ToC workshops) and the extent to which the consultations were participatory
c. Describe the method used to compile the data into a ToC described (including how disagreements between stakeholders were resolved)
d. Describe to what extent the stakeholders were able to validate the resultant ToC and were owners of the final product.
3. Show the resultant ToC (or a summary thereof) in a diagrammatic form and include:
a. The long-term outcome or impact of the intervention
b. The anticipated short and medium-term outcomes and the process of change
c. The intervention components which happen at different stages of the pathway
d. The context of the intervention
e. Assumptions about what is needed for change to occur
f. Include other relevant ToC elements such as indicators, supporting research evidence, beneficiaries, actors in the context, sphere of influence and timelines where relevant.
4. Describe the process of intervention development from the ToC
a. Describe the methods of how interventions were refined from the ToC to something which can be implemented (For example, further stakeholder workshops, interviews, and systematic literature reviews).
5. Describe the way the ToC was used to develop and implement the evaluation
a. Describe whether evaluation research questions were generated from the ToC.
b. Describe the role of ToC in the design, plan or conduct of the evaluation clearly.
c. Describe the extent to which the key elements described in the ToC were measured in the evaluation (i.e. impact, short- and medium-term outcomes and the process of change, context, assumptions and the intervention)
d. Describe whether and how process indicators were used to improve the quality of the intervention
e. Explain the role of the ToC in the analysis of the results of the evaluation

f. Describe the role of ToC in the interpretation of the results of the evaluation (including the breakdown of programme theory, unanticipated outcomes and causation including the strength and direction of causal relationships)

References

Barnett BS, Kusunzi V, Magola L, Borba CPC, Udedi M, Kulisewa K, et al. Description of the inpatient population and care received at a psychiatric unit in Lilongwe, Malawi. *Int J Cult Ment Health*. 2018 Mar 22;1–9.

Breuer E, Lee L, De Silva M, Lund C. Using theory of change to design and evaluate public health interventions: a systematic review. *Implementation Science*. 2016;11(1):63.

De Silva MJ, Breuer E, Lee L, Asher L, Chowdhary N, Lund C, et al. Theory of Change: a theory-driven approach to enhance the Medical Research Council's framework for complex interventions. *Trials*. 2014;15:267.

Liwimbi O. Cognitive Impairment and HIV status amongst inpatients with psychotic disorders at Zomba Mental Hospital, Malawi. Master of Medicine in Psychiatry thesis. 2014;
