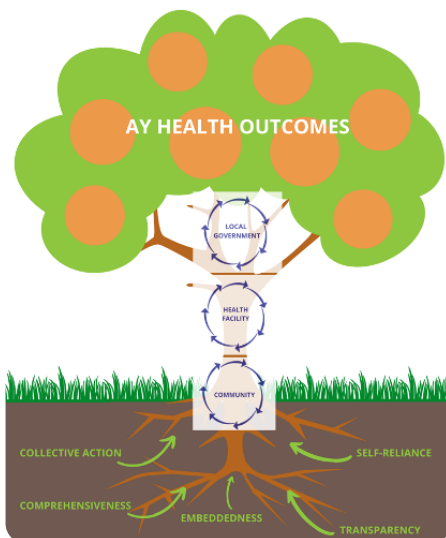




APPROACH

Overview

HAY! uses a purposeful, change-oriented, district-wide, population-based approach to promote health system and community readiness to improve AY health outcomes. An implementation science model guides HAY! intervention design and activities. The Maximizing Engagement for Readiness and Impact (MERI) Approach incorporates two decades of community health programming experience by Healthy Child Uganda partners Mbarara University of Science and Technology (Uganda), University of Calgary (Canada), and the Canadian Paediatric Society. MERI consists of a Theory of Change, a Process Model, and a Motivational Framework. The 'HAY! Tree', developed with stakeholder input, illustrates how implementation components work together, producing desired AY health-related outcomes (fruits).



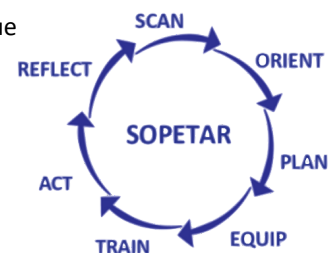
Kyomuhangi, Teddy, et al. "Health System Strengthening Using a Maximizing Engagement for Readiness and Impact (MERI) Approach: A Community Case Study." *Frontiers in Public Health*, vol. 10, 2022. Access the academic paper on the MERI model



Theory of Change

(Scaccia et al. 2015)

$R = MC^2$ proposes that READINESS for action and innovation towards changing health outcomes requires MOTIVATION (M) and two types of capacity (C). GENERAL CAPACITY is the ability to perform well in usual roles, while SPECIFIC CAPACITY involves unique skills and knowledge of a content area (i.e. AY health).



Process Model

SOPETAR Cycle (The Trunk)

SOPETAR involves seven purposeful steps that drive each implementation level (community, facility, and district/local government), maximizing engagement while reducing common implementation pitfalls. SCAN takes inventory of existing resources, personnel, structures, gaps, barriers, and context. ORIENT uses a cascade approach and stakeholder meetings to familiarize, improve transparency, and create buy-in for an intervention. PLAN includes focused, dedicated time for a range of interested and relevant stakeholders. EQUIP ensures key materials, supplies, and infrastructure for action are available. TRAIN enhances skills and knowledge through district-led workshops. During ACT, participant groups act and create innovations using existing resources according to planning. REFLECT involves formal, interactive dialogue by participant groups to explore barriers, facilitators, successes, and challenges.

MERI Motivational Framework

(The Roots)

Key factors promote self-determination, and enhance sustainability. Collective action generates motivation through a shared goal. Comprehensiveness recognizes complexity of addressing health issues and discourages siloed programming. Embeddedness integrates the intervention within existing structures, and processes for sustainability. Transparency ensures everyone understands expectations and roles. Self-reliance recognizes communities and districts as change agents.



Success Factors

'Implementation Science' Approach

Steps, strategies, and activities grounded in evidence-based frameworks and models enable identification, evaluation, and documentation of gaps and strengths allowing adaptations, avoiding common pitfalls and increasing opportunities for successful scale-up.

Population-Based Engagement

Deep, and early engagement at all levels including broad actors (i.e. non-traditional groups like security, cleaners) is highly motivating and recognizes that complex AY health issues require wide community support and multi-sectoral collaboration.

Embeddedness

Work within existing structures leverages people, resources, and processes already in place. Aligns with national and district programs and policies while engaging district leaders as core implementers and trainers, rather than employing outsiders.

Beneficiary-Driven Action

Emphasizing self-sufficiency and self-determination, beneficiaries understand the challenges and solutions in their communities. Providing useful tools, equipment, training, and mentorship, while encouraging use of existing resources and fostering new ideas, beneficiaries can effectively facilitate processes for change.

Community Actors as Change Agents

Identify existing community change agents with high motivation, skills, and potential for quick uptake. Village Health Teams (VHTs) are instrumental in HAY! and are trusted by parents and AYs alike. They navigate complex community context and circumstances, and bridge gaps between health facilities and communities.

WHAT do we want to do differently?

WHO needs to do things differently?

HOW do we want to create change?