The Tumkur experience

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1. **What was the intervention/project/policy/situation/problem about?**

Tumkur is a district of Karnataka, a province in the South of India. Tumkur is predominantly rural, has an estimated population of 2.9 million people, and has a pluralistic health system. The Institute for Public Health (IPH) has been supported for several years by the Institute of Tropical Medicine of Antwerpen (ITM) which resulted in a strong partnership. IPH chose to focus on the health system of Tumkur and to improve it in collaboration with ITM. The predefined goal was to strengthen the local health system, which is a very broad goal. This was on purpose since we wanted as much as possible input from the people who are part of the system. We intended to approach the system as a whole and not just to concentrate on one single health issue. We targeted primary health centers managed by medical officers, but we also involved other stakeholders from fieldworkers to the authorities.

2. **Give some elements that illustrate the complexity of the situation**

- Health care was provided through a mix of a highly regulated public care system and a private system where everything is possible. E.g. starting a private clinic did not require any formal permissions or qualifications (eventually an informal fee to the local politicians). As a consequence, virtually everyone could start as a private practitioner.
- Power was highly centralized in the public system. E.g. a request for an extra nurse had to be sent to the state level. In terms of population this would mean that you would have to ask the national government of a country with a population 6 times the one of Belgium. No need to mention that this system is highly authoritarian and bureaucratic (top down bureaucracy). Also, certain health programs are being developed top-down by these high-level authorities without taking into account their feasibility or the integration with other work of the medical officer.

- The difference in education, status, culture and wealth was striking. E.g. village people strongly believed in the curing effect of an injection, while medical officers knew that this was totally useless and even dangerous. This induced clashes with involvement of local politicians (e.g. intimidation or harassment of the medical officer by politicians and locals).

3. **What did you try to solve the problem?**

Several elements in our project took complexity into account:

a. We approached the system as a whole. We did a situation analysis to learn about the key-stakeholders and their relations, the supply and demand of care, the system characteristics… and this from several perspectives (politics, geography, culture…). This system approach anticipates certain effects that may be difficult to predict by focusing on a single intervention.
b. As described earlier, the project is based on participation of the people functioning in the system. Interventions were selected based on their insights and views and they were the ones supposed to take initiative, supported by the rest of the research team. By doing this we believed to obtain more sustainable outcomes since these people are expected to feel more responsible and attached to what should be changed. Moreover, effects that may seem unpredictable for people outside of the system will often be clear for the ones functioning in the system. The job of the external researchers (the part of the team that does not belong to the system) was rather to facilitate change instead of implementing it.
c. System-wide effects of an intervention were taken into account. E.g. a negative feedback loop may exist if you implement a certain guideline, the authorities may feel short-cut and invest less in good management of the PHCs. Our focus was the net effect of an intervention on the system and not the effect of a single intervention on its own.
d. Action research has a circular nature and follows the sequence of testing, learning, and retesting. This process allows us to deal with elements that may not have been clear from the first evaluation.
e. We tried to establish change through knowledge and action. Action by the people functioning in the system. Evaluation and reflection on their actions should reveal how the system actually functions. This knowledge will help the same people in organising their actions, but it will also generate knowledge and insights for individuals at other levels of the system or for advocacy purposes. Communication with health officers, who are supposed to manage and supervise the system, should bring our findings to higher levels of the system.

4. **What were the results (positive but also the negative effects and any unintended effects)?**

    - We did not arrive at a stage where we could draw final conclusions, but we learned important things about the system which are discussed under question 2.

5. **How were opportunities in the context created and/or seized to foster positive change?**
    - To respond to the huge centralization of power we tried to change things through a bottom-up approach. We focused on fields where medical officers were offered more freedom and we built up a relationship of trust. We encouraged them through follow-up, support, and facilitation where necessary.
    - Medical officers have a typical pragmatic way of thinking and are often busy. A good selection of the medical officers in terms of motivation and ability to see the broader picture is important since we want to approach the health system from such a perspective.

6. **What are key mindsets and competences do individuals or teams need to deal with complexity?**

    - External researchers should allow participation and offer sufficient freedom to the people working in the system. Insights from people working in the system are key in our approach and should be valued.
    - Individuals should be able to put things into perspective. They should be open for such an approach and motivated to bring change.
    - Establishing relationships of trust with the people working in the field, but also with the authorities is essential in this project.