I am writing in about the extensive use and work done using Appreciative Inquiry by us at SNEHA , The Society for Nutrition, Education and Health Action, Mumbai. (www.snehamumbai.org)

SNEHA was established in 1999 with a vision to work towards the health of women and children in Urban India and one of the principles we follow is to work in synergy with existing government systems to enhance the quality of care offered to the communities they serve. Alongside this, SNEHA works with the communities themselves, to improve health and health seeking behavior, and increase uptake of the public services.

This holistic approach and our success in working with communities and health systems can be largely credited to the philosophy of Appreciative Inquiry that underlies all the interactions by all our staff at every level, and the larger interventions being designed using AI.

Our tryst with AI began with the MCFHI project (Mother and Child Friendly Hospitals) in 1999 and supported by UNICEF. While exploring methods to make hospitals 'friendly , we were introduced to AI, by both the external consultant R Sankarasubramanyan, as well as through UNICEF's own use of AI mentioned in this call and we knew were on to something powerful.

We considered many change models, most of which took a "problem solving" approach. This is a paradigm that is very well understood by the health care sector. In the initial few workshops, we met with limited success. While problems were identified, they were all "out there", with the system or the client system, or someone else. The exercises always ended by holding someone else responsible for the problems as well as the desired change. This amplified the feeling of helplessness and hopelessness for change for the better. It was an energy draining exercise for the participants as well as the facilitators.

We believed (from our own experience) that despite all the stories, the system did function rather well, but the positive experiences are not the stories that did not become part of the folklore of the system. When we sought to hear these stories, we heard them; innumerable stories of commitment, courage and caring. We found the participants and ourselves energized and hopeful. We had found the energy for change, the life giving forces of the system. In this context, Appreciative Inquiry seemed immensely suited as the model for bringing about change.

We are also witness to the power of a co-created and desired dream. The AI based summit in January 2000 stated the dream which became the City Initiative for Newborn Health (CINH). Even though it has been led by SNEHA, it is a truly city level initiative, in partnership with the MCGM, (Municipal Corporation of Greater Mumbai) , the Indian academy of Pediatrics, the Mumbai OB &Gyn Society, the Mumbai chapter of the National Neonatology Forum, the Nurses and Administrators of the hospitals and the community being served. This has been possible because all these were represented in the first summit and have contributed to the vision.

This was followed by a second Summit which brought together different stakeholders and elements of the public health system from the Health Posts to the Tertiary Hospitals, including all cadre of staff, from the Community Health Volunteers (equivalent of Link workers), the nurses, MPW's to the doctors and administrators.

The dream for better MNH services to the community led to interventions throughout the health system. These include standardization of clinical protocols at each level of care, a referral system across the MCGM health care network, Antenatal and neonatal care clinics with better outreach in 30 health posts, and better communication within and across health care facilities. In totality about 1000 staff members were directly trained using AI. (Details of these reports are available on the website and can be emailed on request). This work has been spanned over 7 years and supported by ICCHN, Wellcome Trust, PATH, DFID and the NarottamSekhsaria Foundation.

As a part of community mobilization on the CINH project , a Randomised controlled trial using women's groups has been conducted. 244 groups were formed covering almost 3000 women. Many processes, especially community mobilistaion and buy in as well as training of the field staff and their approach to field work were embedded in AI.

 AI was used to form the groups, sustain them and help women dream for better MNH for their community. It helped them take action. Of these we documented 235 women who took action, and each reached out to an average of 6 other women. However, they did not feel empowered to take action at a community level. That may have been also because it was not a community dream, only that of the women participated in the activity. AI was also used as a method of valuation (evaluation as it is known in Appreciative terms)

SNEHA is also part of a larger network supported by the Wellcome Trust and led by UCL. Through this SNEHA has worked with the department of International Child Health, University College of London, and trained the staff of Perinatal Care project, Bangladesh. The training of Trainer workshop conducted by Dr Wasundhara Joshi of SNEHA andMr R Sankarasubramanyan(rsankara@yahoo.com) has taken the use of AI into Nepal where it has been used extensively.

The major challenge has always been measuring the impact of AI, in a quantitative manner. At the very simplest level, achieving the dream that was co-created defines it's success. It provides the energy on which other 'standard' processes like quality protocols can be taken up by the system willingly and in a lasting manner. Since this process is often led by transformations in attitudes of individuals, those who play key roles or are influential and remain within the system become important agents for continued change.

Very early on, SNEHA has tried to measure impact. A randomized trial was set up with Maternity Homes. The results have been presented at the World Appreciative Inquiry conference, held at Florida, USA in 2007. A summary of this is attached.

SNEHA also trains its entire staff using AI. The impact was presented as a poster in the AI conference held at Nepal in 2009, which is also attached.

We have recently completed a qualitative study on the diffusion of an innovation like AI. This paper will be published soon.

What we have learned about the use and success of AI is the following:

1. For AI to be really transformative and generative, it is important to involve as many stakeholders as possible. It should bring the 'whole system' into the room. There are many ways to do this.
2. The dream needs to be owned by everyone, and the design that flows must be allowed some degree of independence.
3. AI often leads to unexpected outcomes, which may not be captured and so are missed as the 'impact'. It is not easy to predict and therefore plan in advance the indicators that will be used to measure success- which makes this even more challenging.
4. If the systemic and structural issues are overwhelming, then AI will have limited impact, unless addressing those are also part of the inquiry and change process. It is unrealistic to expect major change in a facility that is seriously understaffed or under-resourced.

July 2011

From: Dr Wasundhara Joshi and Jaya Nuty

Society for Nutrition, Education and Health Action (SNEHA), Mumbai

www.snehamumbai.org

wasundhara@snehamumbai.org

jaya@snehamumbai.org