



DEVELOPMENT PHILOSOPHY

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***Revisions to this version are identified on the last page**

1. Purpose of this Document

This document outlines Interplast Australia and New Zealand's (Interplast) development philosophy and theory of change which:

- explains Interplast's hypothesis about the way that change happens and the way that Interplast seeks to contribute to this change through its programming and partnership development activities;
- guides the behaviours, practices and decisions of Interplast's Board of Directors, Board Committees, Working Groups, employees, volunteers and in-country partners;
- encompasses Interplast's commitment to sustainable development, which includes supporting people with disabilities¹, achieving gender equality, and advancing the United Nations Development Programme (UNDP) 2030 Agenda for Sustainable Development². It enables Interplast to actively contribute to Sustainable Development Goal (SDG) 3: *Ensure healthy lives and promote wellbeing for all at all ages*, in particular to:

3c: Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and small island developing States and;

3d: Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks; and

- encompasses Interplast's commitment, as a signatory to the Australian Council for International Development's (ACFID) Code of Conduct, to abide by the principles that enable ethical, sustainable and quality development outcomes, and increased stakeholder trust. This includes Interplast's commitment to include and represent those who are vulnerable and those who are affected by the intersecting drivers of marginalisation and exclusion³. These commitments reinforce Interplast's human rights-based approach to development activities – promoting accountability and transparency, empowerment and capacity development, working in partnership and ensuring meaningful participation⁴.

The full list of SDGs is at Appendix 1.

2. Context

There has been long-term recognition that there is a significant disparity in access to surgical services between developed and developing countries⁵. Recent data from the Lancet Commission on Global

¹ Interplast is guided by Article 32: *International Cooperation of the UN Convention of the Rights of People with Disabilities*

² <https://sustainabledevelopment.un.org/sdgs>

³ These intersecting drivers include, but are not restricted to, race, religion, ethnicity, indigeneity, disability, age, displacement, caste, gender, gender identity, sexuality, sexual orientation, poverty, class and socio-economic status.

⁴ Interplast notes that human rights are for everyone, regardless of race, religion, ethnicity, indigeneity, disability, age, displacement, caste, gender, gender identity, sexuality, sexual orientation, poverty, class or socio-economic status.

⁵ Samuels, S; Wyner, J; Brodsky, J. 1984. *Interplast: A successful model for Anaesthesia and Plastic Surgery in Developing Countries*. In: *JAMA*. 1984;252(22):3152–3155

Surgery found while 30% of the global burden of disease can be treated with surgery, over 5 billion people worldwide cannot access surgical services⁶.

Among those who don't have access, there is a significant unmet need of treatable disability and disease, which results in a substantial burden on economies, health systems, communities, families and individuals. The United Nations' (UN) SDGs echo the importance of surgery across many of the individual goals – in particular, goal 3: Good Health and Wellbeing; goal 10: Reduced Inequalities; goal 8: Decent Work and Economic Growth⁷.

To increase reach to the most marginalised and vulnerable individuals, Interplast collaborates with local non-government organisations and community groups that have a strong development focus on health, disability and poverty reduction. Collaboration with local community partners provides a long-term focus, as these organisations can provide resources to monitor individuals after an Interplast activity as well as supporting the evaluation process.

3. Overview of Interplast's *Theory of Change*

Interplast's *theory of change* is articulated in the diagram in section 4 of this document.

The articulation of this *theory of change* is based on the experience of Interplast and its partners over 35 years. This experience couples with current understandings of the way in which different program and partner activities work together, in a mutually reinforcing way, to contribute to the achievement of development outcomes and longer-term impacts across the partners and countries that Interplast supports.

Interplast's *theory of change* and its underpinning causal links will continue to be tested and revised over time, as more is learned through joint reflection and evaluation of programs with partners, about what supports (and conversely impedes) sustainable and enduring change and impact.

Key concepts used in Interplast's *Theory of Change*:

IMPACT: The longer-term effect and broader change that occurs within communities and society as a result of program outcomes.

OUTCOMES: The medium-term and longer-term changes that occur as a result of specific programs and activities. Outcomes are often described in different time-bound ways such as short-term, medium-term and long-term.

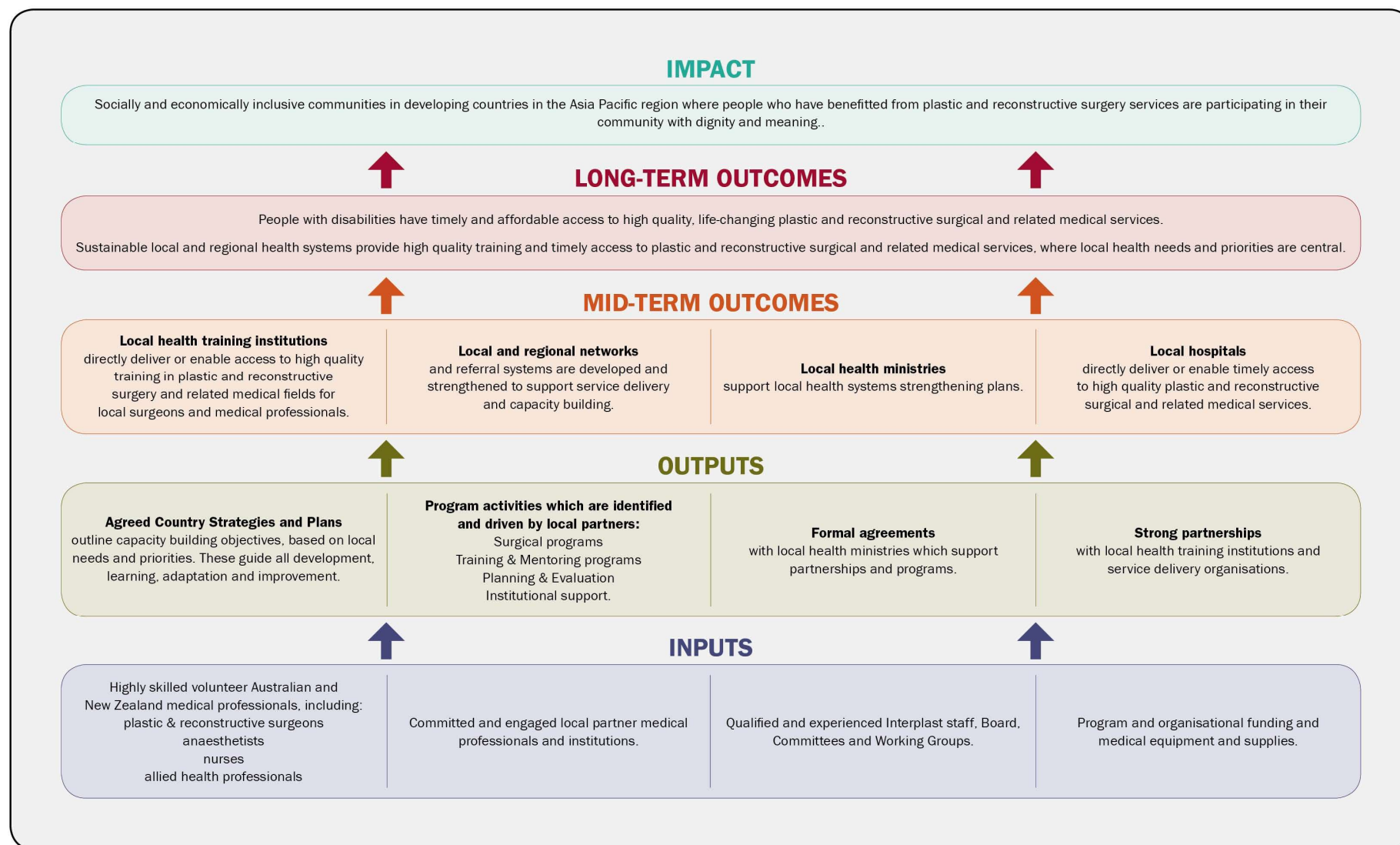
OUTPUTS: The results which are achieved immediately after implementing an activity or project.

INPUTS: The key contributions that enable the development of the outputs.

⁶ Meara, J; Leather, A; Hagander, L. 2016. *Global Surgery 2030: Evidence and Solutions for Achieving Health, Welfare, and Economic Development*.
Online: http://docs.wixstatic.com/ugd/346076_713dd3f8bb594739810d84c1928ef61a.pdf.

⁷ United Nations. 2015. Sustainable Development Goals: 17 Goals to Transform our World.
Online: <https://www.un.org/sustainabledevelopment/sustainable-development-goals/>.

INTERPLAST'S THEORY OF CHANGE



5. Guiding Principles

Interplast's theory of change is underpinned by the following guiding principles:

- a. Driven by local needs and priorities
- b. Working in partnership
- c. Contributing to sustainable development
- d. Increasing local capacity
- e. Strengthening access to quality health services and enhancing health and wellbeing

Each of these guiding principles is explained in more detail below.

(a) **Driven by local needs and priorities**

Interplast programs are developed in close collaboration with local partners, based on local needs and priorities, and are grounded in a joint analysis of the local context and conditions.

Interplast only works where it is invited to do so and strives to empower and strengthen local ownership, leadership and expertise. All programs in developing countries are guided by a jointly developed country strategy and annual plan, and framed around working towards agreed realistic development objectives, based on evolving local needs and priorities.

(b) **Working in partnership**

Interplast actively promotes and nurtures partnerships with stakeholders in the countries where it works, as well as in Australia. These are based on mutual respect, communication and accountability, shared values, purposes and goals, and a recognition of the autonomy of all partners.

Interplast also develops strategic alliances with the private and corporate sector in Australia and overseas to support its work in the Asia Pacific region. These partnerships have provided valuable program funds, as well as supporting the establishment of scholarships for local medical practitioners so that they can develop their capabilities. In some countries Interplast works with multinational corporations to support local partners with training, supplies and funding for programs.

Interplast's partnerships with in-country health training organisations and hospitals develop over time, as relationships and local capacities are strengthened and local needs change. Interplast's role typically transitions from 'hands on' service delivery and capacity building, to a primarily capacity building role working with local institutions to increasingly train and deliver more sophisticated services themselves. This ultimately leads to a more 'hands-off' approach to mentoring support for individual and institutional strengthening, until such point that Interplast's support is no longer required.

This is an adaptive and people-centred approach to partnership development, which responds to changing local needs and priorities, a shared analysis and mutual learning about what is working and what needs improvement. The evolution of these partnerships is based on regular discussions, reflection, analysis, evaluation and learning, and the formulation of these into agreed strategies and plans that focus joint work and respond to changing local needs.

Interplast partnerships are generally outlined in a documented agreement which articulates the purpose and obligations of the relationship. Interplast's Program Manual details Interplast's partnership cycle, from initial appraisal through to establishment, capacity assessment and development; monitoring, evaluation and learning; which then inform future partnership and program development.

(c) **Contributing to sustainable development**

Interplast programs are focussed on contributing to strengthening the sustainability of local health systems in the communities and countries that it supports, through local capacity building of partner organisations and nominated medical practitioners, with the agreement and support of local Ministries of Health. It also seeks to foster professional regional networking and referral systems as part of this

process. Interplast works to build the capacity and self-reliance of local partners and health systems and to ultimately do itself out of a job.

(d) Increasing local capacity

To achieve sustainability, Interplast works with stakeholders that may include local Ministries of Health; training institutions, such as universities and medical schools; peak medical bodies and hospitals. Interplast may also work closely with other like-minded organisations from partner countries and with other Australian and New Zealand professional societies. A holistic approach is taken with partners where Interplast encourages the building, and/or strengthening, of existing local and regional networks to promote self sustainability.

To achieve long-term sustainability, Interplast approaches its capacity building by:

- building the capacity of partners so they are capable and confident to provide quality treatment and care to patients, including improving access for rural communities;
- ensuring that Interplast program activities include a range of approaches that encompass one-on-one mentoring, formal and informal training sessions, short-term training attachments in Australia and New Zealand and participation at regional and global forums;
- increasing quality by providing surgical skills training, supported by broader medical and allied health skills training, to build a 'whole team' approach to clinical service delivery;
- developing leaders through the nurturing of experienced medical personnel who can influence both nationally and regionally; and
- encouraging partner organisations in coordinating their efforts to support the development of local high quality, sustainable health systems.

(e) Strengthening access to quality health services, and enhancing health and wellbeing

Interplast works with local partners to enhance timely access to high quality local plastic and reconstructive surgery and related medical services, and this in turn enables patients (and their families) to improve their health and wellbeing, by more fully integrating into, and participating in, their communities and living a more dignified and meaningful life.

6. The Evolution of Interplast's Approach and *Theory of Change*

Since Interplast commenced delivering programs across the Asia Pacific in 1983, the focus and scope of programs have evolved considerably, in line with the changing needs of local partners, and as Interplast's own approach has evolved.

Key shifts have included:

- strengthening the way that Interplast engages and collaborates to ensure that programs are actively driven by local partners in the design, delivery, monitoring, evaluation and improvement of country programs, and ensuring that local partners are central to all aspects of Interplast programs;
- a shift from a primary focus on clinical service delivery (with some consequential capacity building taking place), to a primary focus on local medical capacity building (with clinical service delivery being more of a consequence to the training delivered);
- broadening Interplast programs beyond a primary focus on plastic and reconstructive clinical service capacity building, to a primary focus on building local multi-disciplinary capacity required to strengthen peri operative care of patients. This shift has led to Interplast expanding its volunteer base to include plastic surgeons, anaesthetists, nurses and allied health workers, and then working, and in turn building, local capacity in these different areas;
- broadening Interplast programs beyond capacity building on surgical program activities/visits to include more targeted, dedicated educational program activities, such as in-country or regional training programs which include: mentoring programs, specific workshops and lecture programs, and scholarships to enable people to participate in training in Australian and New Zealand institutions;

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- expanding Interplast programs beyond capital cities in partner countries to include more remote areas, in order to strengthen local people's access to those services by making them more timely and affordable; and
 - a move from a primary focus on national capacity building to a focus on fostering professional networks and referral systems within the Asia Pacific region. This includes fostering of regional hubs of expertise that can service smaller, more resource poor countries in that region.



InterplastTM
Repairing bodies & rebuilding lives
in the Asia Pacific region

Appendix 1: List of Sustainable Development Goals⁸

- Goal 1.** End poverty in all its forms everywhere.
- Goal 2.** End hunger, achieve food security and improved nutrition and promote sustainable agriculture.
- Goal 3.** Ensure healthy lives and promote well-being for all at all ages.
- Goal 4.** Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all.
- Goal 5.** Achieve gender equality and empower all women and girls.
- Goal 6.** Ensure availability and sustainable management of water and sanitation for all.
- Goal 7.** Ensure access to affordable, reliable, sustainable and modern energy for all.
- Goal 8.** Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all.
- Goal 9.** Build resilient infrastructure, promote inclusive and sustainable industrialization and foster innovation.
- Goal 10.** Reduce inequality within and among countries.
- Goal 11.** Make cities and human settlements inclusive, safe, resilient and sustainable.
- Goal 12.** Ensure sustainable consumption and production patterns.
- Goal 13.** Take urgent action to combat climate change and its impacts⁹.
- Goal 14.** Conserve and sustainably use the oceans, seas and marine resources for sustainable development.
- Goal 15.** Protect, restore and promote sustainable use of terrestrial ecosystems, sustainably manage forests, combat desertification, halt and reverse land degradation and halt biodiversity loss.
- Goal 16.** Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels.
- Goal 17.** Strengthen the means of implementation and revitalize the global partnership for sustainable development.

⁸ <https://sustainabledevelopment.un.org/sdgs>

⁹ Acknowledging that the United Nations Framework Convention on Climate Change is the primary international, intergovernmental forum for negotiating the global response to climate change.