



imcha

Innovating for Maternal & Child Health In Africa

Final Report:

Evaluation of East Africa Health Policy Research Organisation (EA-HPRO) Consortium

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Executive summary

Introduction

The Innovating for Maternal and Child Health in Africa (IMCHA) (2014–2020) is an initiative that aims to improve maternal, new born, and child health (MNCH) outcomes by strengthening health systems, using primary health care as an entry point. Their strategy is to improve the translation of research evidence into policy recommendations and contribute to policy influence for improved MNCH outcomes. The initiative is supported through a partnership of Global Affairs Canada, the Canadian Institute of Health Research, and Canada’s International Development Research Centre. IMCHA is implemented through the East Africa Health Policy Research Organization (EA-HPRO), a consortium of three organizations: African Population and Health Research Centre (APHRC); the East, Central and Southern Africa Health Community (ECSA-HC); and Partners in Population and Development Africa Regional Office (PPD–ARO). This consortium coordinates a network of 13 research teams working on 20 research projects in six countries: Ethiopia, Malawi, Mozambique, South Sudan, Tanzania (where the majority of research projects are located) and Uganda. The role of the EA-HPRO is to strengthen individual and institutional capacities of researchers, enable national level ownership of research, and build coherence and facilitate mutual learning.

Evaluation objectives and method

Southern Hemisphere was commissioned in April 2020 to conduct an evaluation of the work of the EA-HPRO. The overall purpose of this evaluation was to document the EA-HPRO model, and assess the value of this model of engagement and knowledge translation and policy engagement in evidence-informed decision-making and scale up. The evaluation assessed:

- The HPRO model of engagement with 13 research teams.
- The HPRO model of knowledge translation and policy engagement at different levels.
- The different levels of impact and scale up and the contribution of EA-HPRO.
- The impact of capacity strengthening courses.

A qualitative methodology, particularly drawing on the Outcomes Harvesting approach, was used for this evaluation. Data was collected through document review, online workshops and 53 semi-structured interviews. The sample included consortium members, the IDRC, principal investigators of each of the research teams, co- principal investigators, researchers, decision makers embedded in research teams, trainers and decision makers who could substantiate outcomes reported. The assessment of policy outcomes was somewhat premature given that most research teams were in the process of report writing at the time of the evaluation.

Key Findings

The EA-HPRO model of engagement and knowledge translation

The EA-HPRO model has three core pillars:

1. Model of engagement: decision maker embedded in the research team to ensure that research is aligned to the context, and to encourage knowledge translation and policy engagement throughout the research process.
2. The EA-HPRO provided capacity building support in research and knowledge translation.





3. The EA-HPRO facilitated access to national and regional policy spaces so that research could be shared.

The **engagement between the EA-HPRO, researchers and decision makers** had some challenges in the initial stage of the initiative, particularly in terms of role clarity of the EA-HPRO, IDRC, and role players with the research teams. The mid-term review meeting facilitated by the EA-HPRO proved to be a pivotal step towards improving the engagement between these stakeholders and better understanding the capacity strengthening needs of research teams. This led to the expansion of the capacity building support provided by the EA-HPRO to strengthen research skills of research teams.

The **capacity strengthening support** facilitated through the EA-HPRO (**a total of 14 capacity building workshops**) was commended for its relevance, interactive and practical methods used and professional and knowledgeable trainers. Having no system in place to facilitate the sharing of skills meant that skills gained were not consistently cascaded to other research team members who did not attend the training. Research teams would furthermore have benefited from more tailored follow up mentoring support; however, this was not possible as the capacity strengthening role of EA-HPRO already went beyond the original scope. The call for more bespoke technical support is evidence of the need and value placed on such support, and future HPROs should consider providing such support.

EA-HPRO identified and helped **prepare researchers to present their work and engage in policy spaces** at national and regional fora. This support included context mapping research to improve research teams' contextual understanding and alignment to national policy priorities; developing knowledge translation plans and products; convening national meetings between research teams within a country to share findings and strategies to inform national efforts for improving MNCH; and supporting individual research teams around their specific needs.

The EA-HPRO played an important **convening role, bringing researchers and decision makers together** in various forums and platforms. At a national level, forums for learning and knowledge translation between researchers and decision makers were convened with the assistance of the EA-HPRO. Whilst some teams were already participating in national forums with **decision makers**, the majority confirmed that this connection would not have occurred without EA-HPRO support. At a regional and global level, forums included 1) regional decision making forums such as the HMC and NEAPACOH and best practice forums¹; and 2) professional conferences including the Africa Health Agenda International Conference, and the East Africa Reproductive Health Network, Canadian Conference on Global Health, are among the platforms where researchers have shared their findings.

“The HPRO is an excellent mechanism that helps us to know and engage decision makers closely and intensely. They supported us without hesitation – you think you are just a small person but they have the forums at their fingertips so could easily connect us”, (SSI, Principal Investigator)

¹The Best Practices Forum (BPF) is an advocacy platform of ECSA brings together senior officials from the Ministries of Health, technocrats, researchers, heads of health training institutions from member states and other partners. The forum aims to identify and share best practices and critical policy issues and approaches to addressing key health challenges in the region.





A challenge however is that research teams were not always clear about the purpose and strategy for engaging in each forum. A further challenge was the delay in research which meant that there were missed windows of opportunity to engage in policy spaces around emerging findings.

Contribution of the EA-HPRO to outcomes/impact at different levels

The following provides a summary of the key outcomes intended through the initiative²:

- Increased in MNCH sector knowledge and understanding amongst research team members
- Improved research capacity of research team members
- Improved knowledge translation capacity and behaviour of research team members
- Influencing policy or decision-making processes

A summary of the outcomes achieved are provided in the table below.

Table 1: Summary of outcomes achieved across research teams

Outcome reported	Number of researchers indicating change (n=24)	Number of decision makers (embedded in research teams) (n=4)
Changes in MNCH sector knowledge and understanding amongst research team members	10 out of 24 researchers interviewed	2 out of 4 embedded decision makers
Changes in research capacity of research team members	14 researchers	4 embedded decisions makers
Changes in knowledge translation capacity and behaviour of research team members	19 researchers	4 embedded decisions makers
Influencing policy or decision making processes along the policy influence continuum ⁴ .	18 researchers	4 embedded decisions makers
Personal or organisational level changes	14 researchers	2 embedded decisions makers

² As presented in the Theory of Change

³ The policy continuum includes: influencing agenda setting, shaping policy content, changing policy, introducing changes to policy delivery (implementation), policy monitoring and evaluation, and establishing a more research-friendly policy environment.





Almost half of the researchers and decision makers interviewed mention a positive shift in **knowledge and understanding of MNCH** as a result of their participation in the IMCHA Initiative.

More than half of researchers and all decision makers interviewed report improvements in their **research capacity**. For researchers, improvements included increased skills, interest in, and use of qualitative research methods. As a result, researchers feel more confident to undertake research projects. The close involvement of decision makers from the inception phase provided valuable opportunities to increase their knowledge of research project design and implementation. Insights into the research process have also led to an increased level of appreciation of evidence amongst the decision makers. Participants also report higher levels of awareness of the importance of adopting a **gender** lens during research, and more gender balanced research teams as a result of the gender training conducted.

The majority of researchers (19 out of 24) and all embedded decision makers interviewed mention a positive shift in their **knowledge translation capacity and behaviour**. Researchers indicate that their participation in the IMCHA initiative had increased their awareness of the importance of knowledge translation for improved evidence use. They had also developed skills related to knowledge translation, including developing a knowledge translation plan, a range of products, and engaging/communicating/collaborating with a range of stakeholders. While many knowledge translation products have been produced, other research teams had not yet produced any due to delays in the research process.

Researchers (15 of the 24 researchers) have an increased appreciation for engaging with **decision makers** during the research process, as decision makers have the potential to help researchers understand and align their research to national policy priorities and gain access to policy spaces. Likewise, decision makers echo the value of being involved in the research process as it contributes to more contextually relevant and accessible research and policy inputs.

“This is not the first research project I have been involved in, but this one added value. I see the benefit of researchers and decision makers working together through all project phases. By being there, I understood things and by virtue of my position, I was able to help them see where to focus.”(SSI_ decision maker)

This mutual appreciation is also evident in that most decision makers interviewed played a role in shaping the research to ensure relevance to the context, and linking the research to policy spaces (either themselves or through facilitating access for the research teams).

The majority of researchers (18 out of 22) and all four Decisions makers confirmed that there are some positive shifts towards **translation of research evidence into policy and practice**. These include: introducing changes to policy delivery and resource allocation, a greater appreciation of evidence amongst Decisions makers, changes in policy content, and early shifts in policy change.

Interviewers attribute the abovementioned outcomes to having decision makers embedded in research teams, capacity development support provided to research teams, and having access to policy spaces. These are strong predictors for successfully influencing policy or decision-making processes.

Lessons Learnt and Recommendations

Lesson learnt 1: A complex initiative such as IMCHA requires clear roles and effective communication between EA-HPRO and research teams, as well as within research teams.





The following is recommended to support this:

- The IDRC and HPROs should work collaboratively to plan an inception process for research teams. This should include defining the roles of the HPRO (and consortium members) in relation to the IDRC and research teams, and conducting needs assessment of research teams to determine their capacity.
- Given the communication infrastructure in some African countries, research teams combining members on different continents should factor in periodic (e.g. annual) in-country face to face engagements. This will help facilitate better engagement between research team members and an understanding of the country research context.

Lesson learnt 2: Providing access to regional policy spaces, and training and technical support relevant to the needs and experience of research teams, is an effective capacity building model.

The following is recommended to support capacity development of research teams:

- Systems should be developed to provide clear guidelines and methods for post-training mentoring and support as well as the cascading of new skills and knowledge within the research teams.
- Providing tailored technical support would require more capacity of the EA-HPRO in terms of number of people and skills. Staff providing technical staff should be knowledgeable of country context, research, health systems strengthening, advocacy and knowledge translation.

Lesson learnt 3: Bringing decision makers into the research process in a meaningful way requires time and continuous engagement, but is effective in gaining access to policy engagement spaces.

The following is recommended to support access to policy engagement spaces:

- Decision makers should be involved from the research design process and continuously play the role of aligning the research to the country context. This includes: designing research questions, designing the sample, linking researchers to policy spaces, preparing researchers to engage in policy spaces.
- Ensure that the purpose and strategy for each engagement is clear to researchers – whether it is part of capacity building, or policy engagement, and which aspect of the policy cycle it is targeting (e.g. agenda setting, policy formulation, agenda setting etc).





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List of Acronyms

APHRC	African Population and Health Research Centre
CHW	Community Health Workers
ECSA-HC	East, Central and Southern Africa Health Community
EA-HPRO	East Africa Health Policy Research Organizations
HPRO	Health Policy Research Organizations
IDRC	International Development Research Centre
IMCHA	Innovating for Maternal and Child Health in Africa (IMCHA)
MCH	Maternal and child health
MNCH	Maternal, new-born and child health
NEAPACOH	Network of African Parliamentary Committees of Health
QIM	Quality Improvement Models
PPD–ARO	Partners in Population and Development Africa Regional Office





1 Introduction

1.1 Background

550 women die every day in sub-Saharan Africa from complications due to pregnancy or childbirth (approximately). **Children** in sub-Saharan Africa under the age of five are **16 times more likely to die than in high-income countries** due to **inadequate access to quality health care services**. So many of these deaths are preventable through more durable, more resilient health systems and more educated populations.¹

The **Innovating for Maternal and Child Health in Africa (IMCHA) initiative** in East Africa focuses on six countries: Ethiopia, Malawi, Mozambique, South Sudan, Tanzania and Uganda. There have been great achievements for maternal and child health in the target countries since 1990. For example, Malawi and Tanzania have reduced under-five deaths by 60% since 2000. Also, Ethiopia has reduced lifetime risk of maternal death more than any other country on the continent. At the same time, the number of Ethiopian women in parliament increased nearly nine-fold, holding promise for policy making that reflects the needs of women and girls (Save the Children, 2014). According to a Singh, Bloom and Brodish (2013), analysis, gender equality may have positive outcomes for maternal and child health.

The places that are least safe for mothers and children are fragile states with a history of armed conflict. Having said that, countries such as Tanzania and Mozambique do not fare much better with their maternal and child health indicators than those of fragile states such as South Sudan, Malawi and Ethiopia (World Health Organization and UNICEF, 2013). There is large variation between and within these target countries. For example, Prevention of Mother-to-Child Transmission of HIV/AIDS coverage ranges from a high of 74% in Tanzania to a low of 24% in Ethiopia (Save the Children, 2014). Significant challenges remain in many countries to strengthen health systems that are accessible and responsive to the populations they are intended to serve. Below we briefly describe each country context and their respective IMCHA projects.

Ethiopia

While Ethiopia has successfully reduced under-five childhood mortality, there have been slower gains in reducing neonatal (newborn) and maternal mortality rates. About 220,000 children and mothers die every year in Ethiopia. For most, the causes of death are unknown as fewer than 30% of





Ethiopia's births and deaths are registered. The lack of information makes evidence-based decision-making difficult.⁵

As part of national efforts to strengthen civil registration and vital statistics, the goal of the **Community-Based Cause of Death Study Linked to Maternal and Child Health Program and Vital Statistics in Ethiopia** project is to overcome the maternal, new-born, and child health "Know-Do Gap" in Ethiopia by piloting a low-cost, high-quality cause-of-death (COD) data collection and monitoring system at the national level. This will enable the development of scalable solutions to address critical gaps in maternal and child mortality that can influence local, national, and global efforts.⁶

The Government of Ethiopia is committed to improving maternal health. While some key indicators have improved, maternal mortality has not decreased significantly. The Ethiopian Health Department data suggests many of these maternal and neonatal deaths arise from home births in the absence of a skilled and experienced birth attendant. Strengthening community-based services is therefore important to ensure that mothers have access to services that result in safer deliveries. Also, women's use of maternal and child health services has significant gaps between urban and rural areas of Ethiopia. The **Promoting Safe Motherhood in Jimma Zone, Ethiopia** project aims to support community-based services that will improve maternal health in Ethiopia.⁷

Malawi

Malawi has high rates of maternal mortality despite concerted efforts to increase the rate of births at health facilities. In response, the Ministry of Health implemented a Standards-Based Management and Recognition for Reproductive Health initiative to improve the quality of health services. Similar initiatives have proven successful in other countries. However, to date, only limited improvements have been observed in Malawi, and no improvements were noted in the quality of care during labour and delivery. The **Improving high quality, equitable maternal health services in Malawi** project aims to provide the Ministry of Health with information and recommendations to improve the quality of and access to care. A particular focus of the study is women's experiences of care.⁸

Malawi also has the highest preterm delivery rate in the world and inadequate new-born care at health facilities, which results in high rates of infant mortality. The **Integrating a neonatal health care package for Malawi** project will determine whether a package of neonatal interventions, known as the Malawi Neonatal Package of Care, can be implemented at the health facility level to reduce neonatal mortality.⁹

Mozambique

Too many women in Mozambique continue to die in childbirth, especially in northern Nampula province. Access to quality sexual and reproductive health information, services, prenatal services, and delivery services is limited, particularly in rural areas across the country. The **Strengthening**

⁵ <http://ea-imcha.com/index.php/en/ethiopia>

⁶ <https://www.idrc.ca/en/project/community-based-cause-death-study-linked-maternal-and-child-health-program-and-vital>

⁷ <https://www.idrc.ca/en/project/promoting-safe-motherhood-jimma-zone-ethiopia-imcha>

⁸ <https://www.idrc.ca/en/project/improving-high-quality-equitable-maternal-health-services-malawi-imcha>

⁹ <https://www.idrc.ca/en/project/integrating-neonatal-healthcare-package-malawi-imcha>





community to health facility care continuum in Marrere project aims to provide support to health system stakeholders to develop lasting solutions to the problem. Specifically, it seeks to strengthen the continuum of maternal health care between the community and health facility in Marrere.¹⁰

South Sudan and Northern Uganda

South Sudan is recovering from two decades of civil war that have destroyed education and health infrastructure. Torit State Hospital, one of the major health facilities in the region, is understaffed and lacks basic equipment. The situation is similar in Northern Uganda. In the District of Gulu, the burden of disease has largely been managed through St. Mary's Hospital Lacor. This region has not been able to achieve the progress in maternal and child health that has been reached in the central part of Uganda.

Fifty-five per cent of South Sudanese live beyond walking distance to a health clinic. Poverty, limited infrastructure, lack of health information, severe shortages of health personnel, and lack of up-to-date standards of practice are seriously compromising health care services. Given these dire circumstances, implementation research for Maternal, newborn and child health (MNCH) would offer a basis for policy directions, and ultimately action to improve health services. The **Health workers' incentives in South Sudan** project seeks to address the problem by improving community health-worker motivation and performance. This, in turn, will help improve maternal and child health outcomes.¹¹

Implementing comprehensive, community-focused primary health care is a significant challenge in post-conflict regions such as South Sudan and neighbouring Northern Uganda. The **Mother-child health in Lacor** project assesses the implementation and scale of community-focused reproductive and child health interventions in post-conflict settings. It focuses on establishing evidence to promote sustainability and resilience, to ensure access to essential health services by vulnerable populations.¹²

Tanzania

Tanzania has worked to increase its health appropriations, including for MNCH, which demonstrates a political understanding of the importance of these health services, even with competing national priorities. MNCH services are free through the public health system to maximize access.¹³ In Tanzania, ten large-scale implementation research projects are supported (see Appendix one: Overview of research projects). Each project is aligned with one or more of the three themes identified as part of the IMCHA initiative: high-impact community-based interventions; quality of care at the facility level; or human resources for health.¹⁴

¹⁰ <https://www.idrc.ca/en/project/planning-phase-strengthening-community-health-facility-care-continuum-marrere-mozambiqu>

¹¹ <https://www.idrc.ca/en/project/health-workers-incentives-south-sudan-imcha>

¹² <https://www.idrc.ca/en/project/mother-child-health-lacor-south-sudan-imcha>

¹³ <http://www.biomedcentral.com/1472-6963/14/96>

¹⁴ https://www.idrc.ca/en/search?query=IMCHA&f%5B0%5D=field_emr_countries%3A34&f%5B1%5D=field_emr_countries%3A312





Uganda

Uganda is a signatory to global commitments that aim at accelerating progress towards reduction of child and maternity mortality. In September 2011, the Government of Uganda made a commitment towards reinforcing the obligation of the country to improve maternal, new-born and child health as well as to ensure that Reproductive Maternal, Neonatal and Child Health stay high on the agenda. These commitments cover the whole continuum of care with a special emphasis on the human resources for health component of the health system (Uganda Ministry of Health, 2013).

Research shows that high gender inequity translates into poor health for mothers, pregnant women, and children. The **How can a gender lens enhance maternal and child health social enterprises in Africa** project aims to improve the understanding of how gender and the social enterprise approach can improve access to maternal and child health services and outcomes across Africa and globally.¹⁵ Furthermore the **Health Workers' Incentives** project assesses the effect of financial and non-financial incentives on the performance of Community Health Workers (CHWs) in providing maternal and child health care.

The research projects are described in Appendix one: Overview of research projects.

1.2 An overview of the IMCHA initiative

The Innovating for Maternal and Child Health in Africa Initiative (IMCHA) (2014–2020) is a partnership of Global Affairs Canada (GAC), the Canadian Institutes of Health Research (CIHR), and Canada's International Development Research Centre (IDRC). This initiative seeks to improve maternal, newborn, and child health (MNCH) outcomes by strengthening health systems and using primary health care as an entry point. Their strategy is to improve the translation of research evidence into policy recommendations and contribute to policy influence for improved MNCH outcomes.



The research falls under these key subject areas: Community Health Workers (CHW)—the effect of different training approaches and incentive mechanisms; M-Health—the effect of various mobile-

¹⁵ <https://www.idrc.ca/en/project/how-can-gender-lens-enhance-maternal-and-child-health-social-enterprises-africa-imcha>





based solutions for community education and on, improving health information systems; quality Improvement Models (QIM) at facility level and; costing of various health interventions.¹⁶

IMCHA is being implemented in West Africa and in East Africa. The East Africa Health Policy Research Organization (EA-HPRO) is a consortium of three institutions: African Population and Health Research Center (APHRC), the East, Central and Southern Africa Health Community (ECSA-HC), and Partners in Population and Development Africa Regional Office (PPD-ARO).

- The **African Population and Health Research Center (APHRC)** based in Kenya, has worked closely with government, academic and non-government institutions for 15 years to generate and disseminate evidence for meaningful action to improve the lives of all Africans.
- The **East, Central and Southern Africa Health Community (ECSA-HC)** based in Tanzania, is an inter-governmental organisation that provides a regional platform for consensus building on health priorities, to foster and promote regional cooperation in health.
- **Partners in Population and Development (PPD)** based in Uganda, supports the promotion and mobilization of resources for sexual and reproductive health, population and development in Africa through policy and funding advocacy; accountability for sexual reproductive health and rights commitments; networking and strategic southern partnerships; and South-South best practice transfer.¹⁷

The role of the EA-HPRO is to strengthen individual and institutional capacities of researchers, enable national level ownership of research, and build coherence and facilitate mutual learning. More specifically the role of the EA-HPRO has been to provide capacity strengthening support for knowledge translation and facilitate linkages with MNCH stakeholder networks regionally.

“What is Knowledge Translation? Known by a host of names, knowledge translation (KT) is such a tangle of actors, ideas and approaches as to defy a single definition. There are academic explanations of KT, there is KT in action, to some it means communications, to others linkage and exchange. Reduced to its essence, though, KT is the middle, meeting ground between two fundamentally different processes: those of research and those of action.” “The RM Knowledge Translation Toolkit: A Resource for Researchers”, IDRC/SDC, 2008

The main objectives of the EA-HPRO are to:

1. Identify and maximise opportunities for policy influence for MNCH issues in the target countries.

¹⁶ <http://ea-imcha.com/index.php/en/>

¹⁷ <https://www.idrc.ca/sites/default/files/sp/Documents%20EN/Maternal-Online-ENG.pdf>





2. Influence policy and programmatic decisions and actions on MNCH in the target countries informed by evidence provided by implementation research teams.
3. Build consensus for MNCH issues to drive policy outreach at national regional and global levels.
4. Develop and agree on a regional MNCH agenda together with the legislative and economic bodies.
5. Strengthen the capacity of implementing research teams for long-term and systematic engagement with decision makers in their respective countries for more effective uptake of the evidence they generate.

The EA-HPRO works with 13 research teams in East Africa: Ethiopia, Malawi, Mozambique, South Sudan, Tanzania and Uganda. These projects have been described in the Background Section and in Appendix one: Overview of research projects.

1.3 This evaluation report

Southern Hemisphere was contracted in March 2020 to evaluate the work of the EA-HPRO. The purpose of this report is to present findings on the EA-HPRO model of engagement, knowledge translation and capacity building. The report starts with an overview of the evaluation methodology; it then provides a description of the EA-HPRO model of knowledge translation and the IMCHA Theory of Change which is then explored in more detail through:

- Section 4 which evaluate the **EA-HPRO model of engagement** (i.e. the effectiveness of the roles and engagement of the Consortium, the Researchers (African and Canadian counterparts) and the decision makers embedded in the research team).
- Section 5 which provides insight into the **Spaces created/facilitated by the HPRO for knowledge translation and policy engagement**
- Section 6 which evaluates the **capacity building support** provided by the EA-HPRO
- Section 7 which provides a snapshot of the range of **outcomes** reported by research teams.

Two case studies have been developed to illustrate the outcomes of four research projects in Uganda and Tanzania in more detail. These can be found in Appendix six: Case Study for Tanzania and Appendix seven: Case Study for Uganda.

2 Objectives and method of the evaluation

2.1 Evaluation objectives

The overall objective of this evaluation task was to assess and document the Eastern Africa Health Policy Research Organization (EA-HPRO) model as part of the IMCHA Initiative. The purpose of this was to demonstrate the value of this model of engagement and knowledge translation and policy engagement in evidence-informed decision-making and scale up. This included capturing the learning around the enablers/predictors and barriers to success of the project. More specifically the evaluation assessed:

- The HPRO model of engagement with 13 research teams.
- The HPRO model of knowledge translation and policy engagement at different levels.





- The different levels of impact and scale up and the contribution of EA-HPRO.
- The impact of capacity strengthening courses.

2.2 Approach, method, and sample

This section provides an overview of the key steps followed in the evaluation process and details the sampling methodology. The evaluation was implemented in 3 phases: inception, implementation, and reporting phases.

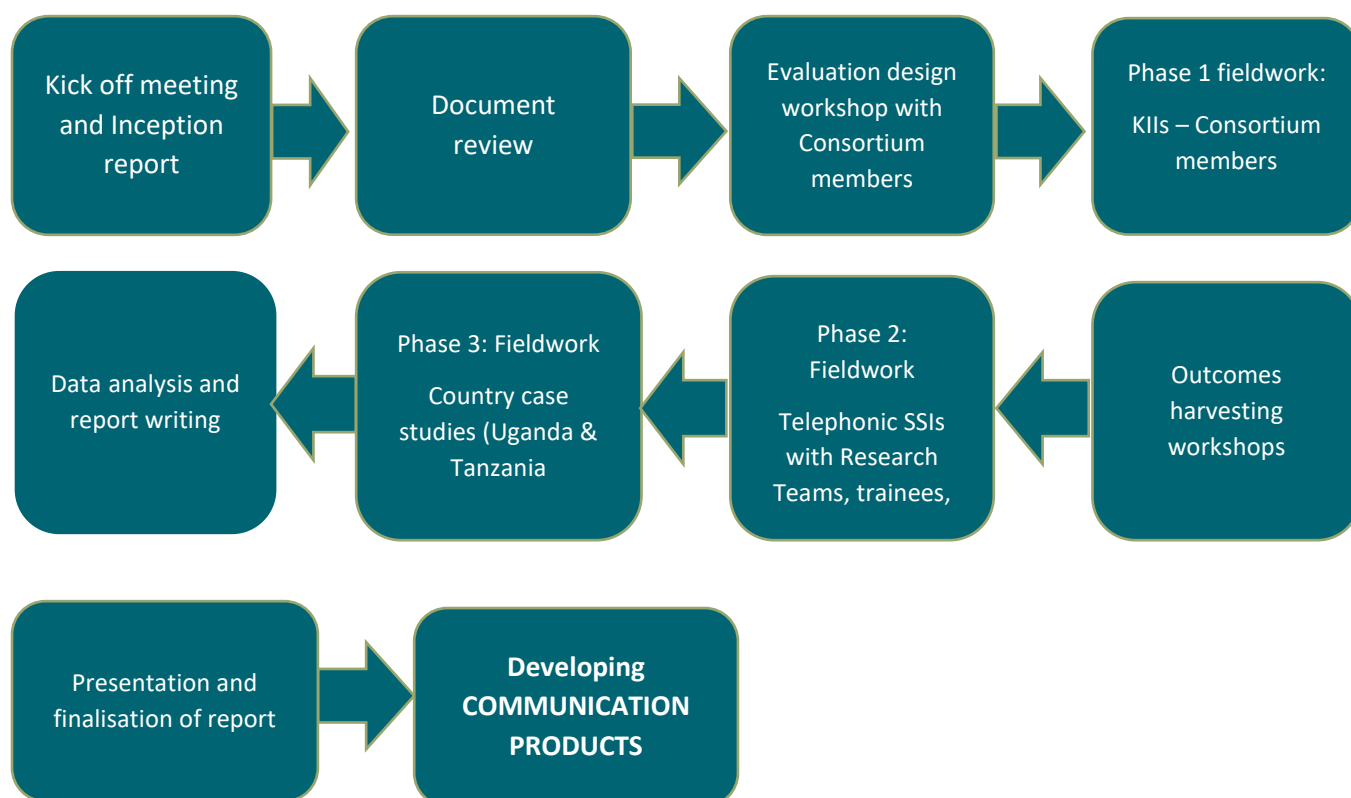


Figure 1: Overview of the evaluation process

A **qualitative methodology** was used for this evaluation, combining document review, online workshops and semi-structured interviews.

2.2.1 Document review

An extensive document review was conducted of the following: program design documents, progress reports, trainer reports, and a sample of communication products. The purpose of the document review was: 1) to enable the evaluation team to gain a deeper understanding of the initiative, 2) to inform evaluation questions, 3) to provide secondary monitoring data on progress and outcomes of the IMCHA initiative.

2.2.2 Inception

A participatory process was followed which provided the EA-HPRO members the opportunity to participate in the design of the evaluation. Two workshops were conducted to share the intentions of the evaluation, and instruments were submitted to APHRC for their input and approval.





2.2.3 Qualitative data collection and sample

The data collection covered all 13 research teams. Uganda and Tanzania were selected for more in-depth case studies as positive outcomes were evident and so these countries could best demonstrate the impact of IMCHA. Most research projects were also located in these two countries (total number of 8¹⁸ of the 13 research teams). Within each country, four good practice projects were selected as a focus for the case study. Good practice projects were projects that showed multiple positive outcomes, specifically MNCH knowledge/understanding, research capacity, knowledge translation and policy influence.

The data collection process was rolled out online, due to Covid 19, in three phases:

- **Phase one:** key informant interviews with IDRC and consortium members.
- **Phase two:** interviews with trainers and key representatives from research teams, including Principal Investigators, Co-Principal Investigators and research team members who have attended training and decision/ decision makers embedded in research teams.
- **Phase three:** outcome harvesting workshops and interviews to validate outcomes for the two case study countries.

Table 2: List of interviews conducted

Stakeholder	Semi-structured interviews conducted
Key informants (IDRC and Consortium members)	7
Principal Investigators (Principal Investigators)	13
Co-Principal Investigators	5
Research team members	5
Decision makers embedded in research teams	5
Trainers	2
Interviews for case studies in Tanzania (including 2 Principal Investigators, 4 research team Members, 2 decision makers embedded in research teams, and 5 decision makers who substantiated outcomes)	13
Interviews for case studies in Uganda (including 2 Principal Investigators, 4 research team Members, 1 decision makers embedded in research teams)	7
Total	53 interviews¹⁹

Outcomes harvesting informed the methodology for evaluating the research uptake and scaling up for the IMCHA project. Outcome Harvesting was particularly used as the outcomes were difficult to pre-determine, given the complexity surrounding IMCHA as a multi-year, multi-country and multi-stakeholder program. The evaluation adopted a three-stage outcome harvesting process:

¹⁸ Although 6 of these are active.

¹⁹ As 4 Principal investigators were interviewed again for case studies, these have not been recounted in the total.





- 1) the first stage was for gathering outcome descriptions from the research teams (including principle investigators, researchers and embedded decision makers) through interviews, workshops and a document review;
- 2) the second stage was to expand outcome descriptions through a document review process;
- 3) The third stage was to analyse the gathered outcomes using a thematic approach, and take these through a validation process. This is currently underway for the more detailed case studies in Uganda and Tanzania.

2.2.4 Data capturing and analysis and reporting

Southern Hemisphere conducted a thematic analysis of the data gathered guided by the key evaluation questions. Nvivo 12 - qualitative data analysis software - was used to code the data in the form of abbreviated transcripts/interview notes. The diagram below summarises the analysis process.

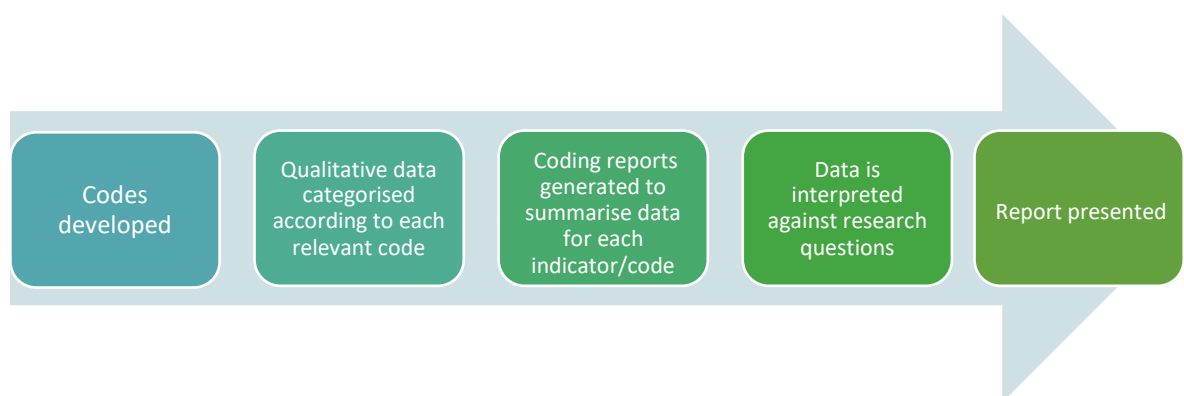


Figure 2: Data analysis process

As part of our online participatory approach, the findings from this evaluation will be presented to the APHRC (and any stakeholders identified by them) for validation of the findings and input into recommendations. In our experience, this workshop is integral to the ultimate utilisation of the evaluation findings and recommendations. Evaluation reports will be finalised based on the comments provided by APHRC.

2.2.5 Limitations

- This evaluation provides a premature assessment of the policy outcomes given that research is only now being written up.
- Due to turnover, staff interviewed at the IDRC and the EA-HPRO were not involved in the early initiation stage of the project (that is, they were not included in the selection of research teams, conceptualising the on boarding process, etc.). This limited the information gathered on the initiation and bidding process.
- The evaluation process had to be conducted digitally due to COVID 19 travel restrictions. Thus, people with good internet access could participate in the virtual sessions.





3 Overview of the Model of Knowledge Translation

In this section we provide an overview of the HPRO model of knowledge translation and Theory of Change.

3.1 Conceptual framework

In line with Langer, Tripney and Gough, (2016), the intention of the model of knowledge translation was to provide capacity, motivation and opportunity to research teams to engage in the policy making process. The high-level outcomes are summarised in the diagram below.



Figure 3: HPRO's Evidence use approach– informed by the logic model (Langer et al., 2016, as cited in APHRC Terms of Reference, 2020)

The diagram below provides an overview of the intervention strategies employed by the EA-HPRO to achieve the above-mentioned outcomes. The intervention strategies are described in more detail in the following section.





Role of HPROs

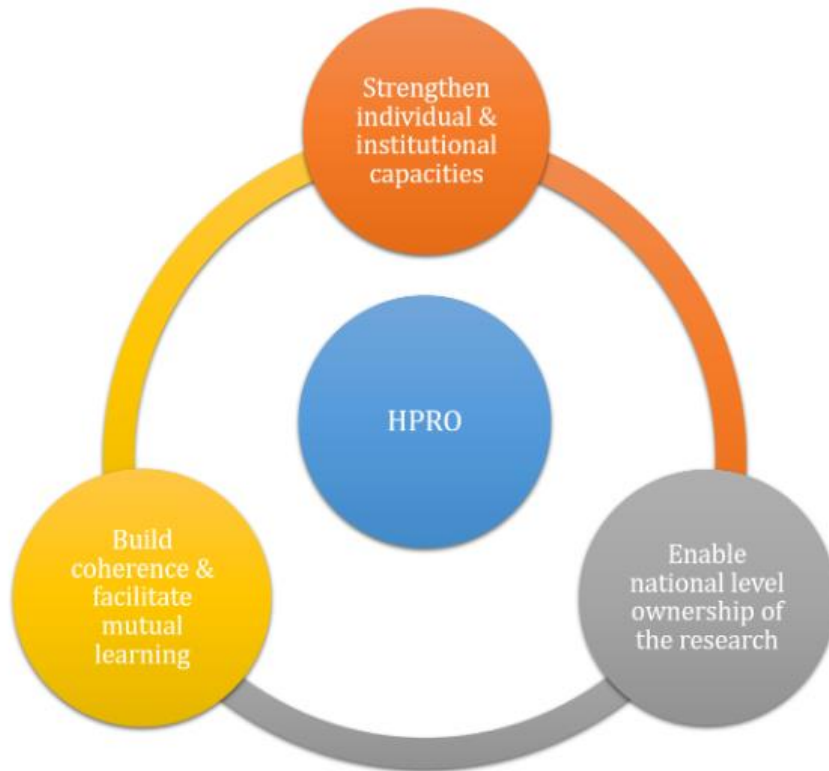


Figure 4: Role of the HPRO (Johnson, E. & Kamau, L., no date)²⁰

²⁰ Source: Johnson, E. & Kamau, L., no date. Presentation of the HPRO model IMCHA initiative.





3.2 Theory of change

A review of key program documents and interviews conducted highlight four key components to the model that seek to improve knowledge translation for effective MNCH policy and practice. This is illustrated below.

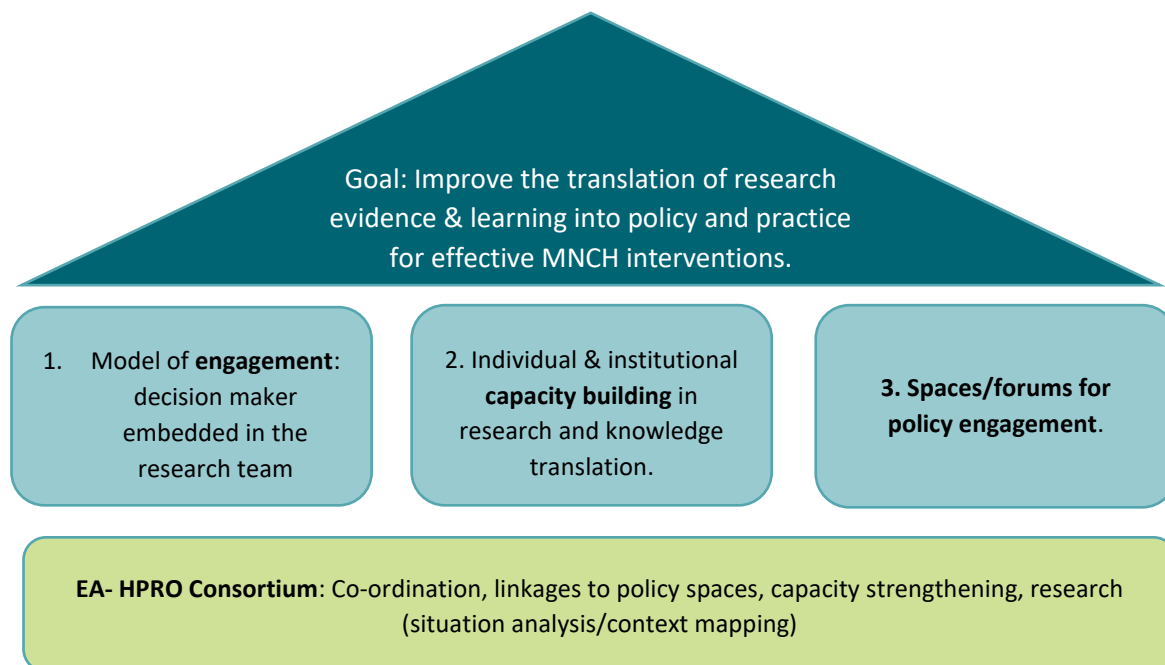


Figure 5: EA-HPRO model of knowledge translation

The role of the EA-HPRO consortium was: to ensure coordination and create linkages between research teams and with decision makers; to facilitate capacity strengthening and help ensure that the research was aligned to the policy context through situation analysis and context mapping.

The model had three core pillars:

1. Model of engagement: decision maker embedded in the research team.

The theory is that embedding policy makers into research teams from the onset of the research design will encourage knowledge translation and policy engagement throughout the research process (rather than just at the end) as the role of the decision maker would be to connect research to policy spaces in their area of influence. It would furthermore ensure that research is aligned to the needs of decision makers (to policies or policy processes, or other regulatory requirements), and thus improve the likelihood of the uptake of research at national and/or regional policy level. Some of the assumptions are that embedded decision makers will have connections and influence in policy spaces, and that decision makers and researchers work collaboratively towards policy priorities.

2. The EA-HPRO provided capacity building support in research and knowledge translation.

3. The EA-HPRO facilitated access to national and regional policy spaces so that research could be shared.

The theory of change in Appendix two: Working Theory of change depicts how change is expected to occur given the model described above. This was developed retrospectively at the beginning of the evaluation process for the purpose of understanding the intended outcomes.





4 Findings: HPRO model of engagement

In this section we assess the HPRO model of engagement in terms of the role of the EA-HPRO Consortium, Researchers and embedded decision makers, and the engagement between these stakeholders. The on boarding process, levels of engagement in the research and the factors that hindered or enabled these are explored.

Evaluation Objective 1: To capture learning on the HPRO model of engagement with the 13 research teams.

4.1 The EA-HPRO consortium

4.1.1 Description of the EA-APHRC consortium members

The EA-HPRO was initiated in 2015, and is made up of The African Population and Health Research Centre (APHRC), Partners in Population Development (PPD) and East Central Southern Africa Health (ECSA-HC). The diagram below provides a summary of their roles.

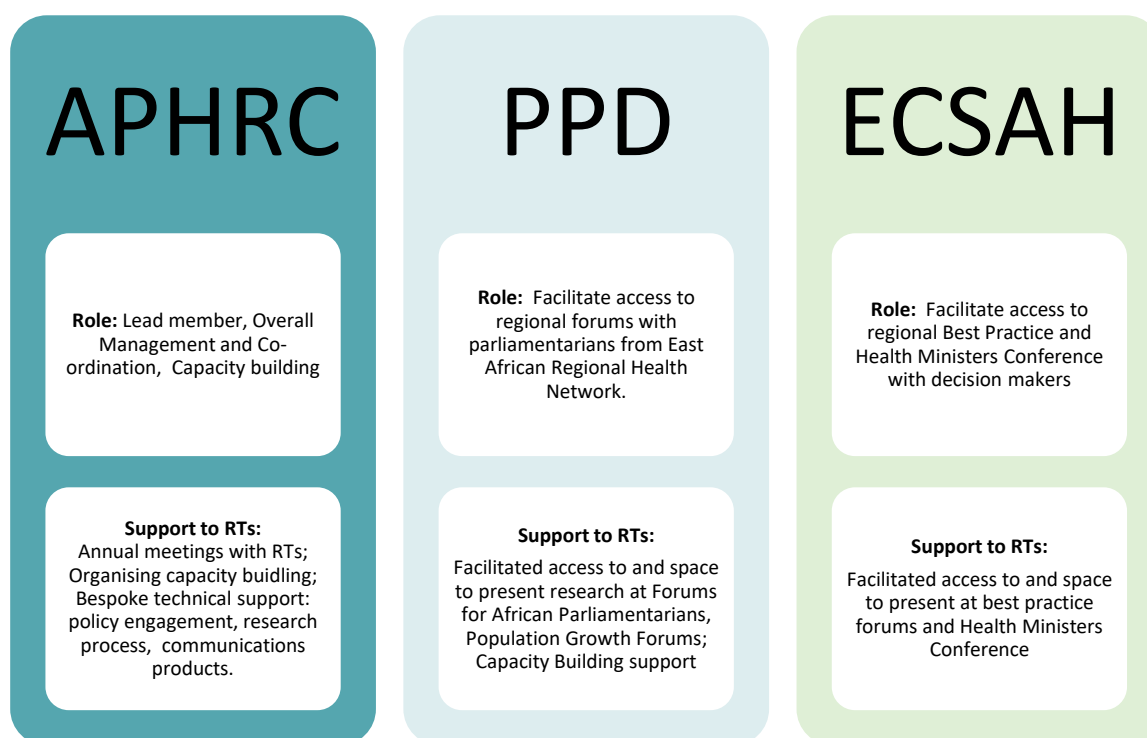


Figure 6: Roles and responsibilities of the consortium members

Research teams were contracted to the IDRC (the funder) who provided financial support, monitored progress of projects and overall coordination of the Initiative.

4.1.2 Strengths and challenges of the role played by the EA-HPRO Consortium

According to consortium members and the IDRC, the value of the EA-HPRO consortium was that it brought a regional co-ordination presence, an understanding of the regional context, and



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connections to regional policy spaces. Research teams consistently express that the consortium added value through its capacity strengthening support and the opportunities provided to research teams for engaging in regional policy spaces. These are explored in Sections 5 and 0. A research team also reflected that the Consortium provided a safe space for research teams to engage more honestly about their implementation challenges and supported them to work through this. This is sometimes challenging when dealing directly with the donor due to money-accountability-power dynamics:

“Our interaction with the donor is mainly about how the money is spent, without looking at how you can strengthen yourselves, your teams and how you can use your reflections to improve yourself and others. And the mind has been fixated on looking at the plan, timelines and expenditure. With this set up I have gradually seen more value in having a team that can focus on the quality of the work, the lessons learned, and guidance on how to ... communicate and amplify results. This is a good model”, (SSI, Principal Investigator)

Establishing a relationship between the EA-HPRO and the research teams was challenging at first. There were a number of reasons for this: The research teams had been contracted by the IDRC, and were not clear about the role of the EA-HPRO. The roles of consortium members within the EA-HPRO in relation to IDRC and the research teams were also not clearly conceptualised and defined. This caused communication challenges between the EA-HPRO and the research teams in the first two years of the initiative. The IDRC could have played a stronger role in structuring the roles and giving direction in this initiation period.

In 2017 a mid-term review meeting was conducted bringing together research teams, EA-HPRO Consortium members and IDRC. This meeting was used as an opportunity to explore and address the challenges mentioned above. The meeting focused on:

- Doing an informal needs assessment, which revealed that research teams needed research capacity strengthening and not just support with knowledge translation, as originally envisaged.
- Clarifying the roles of the Consortium and research team members (particularly the embedded decision makers).
- Understanding the scope of the research projects, and how they could contribute to policy engagement.

This mid-term review meeting was pivotal for two main reasons. Firstly, the relationship and communication between EA-HPRO and research teams improved subsequently. Secondly, the capacity building approach was expanded beyond the initial focus of supporting research teams around knowledge translation for this research study, to include capacity building on research skills. These shifts made the support of EA-HPRO more relevant to the needs of research teams; and this then made research teams more receptive to the role of the EA-HPRO.

The table below summarises the specific strengths and challenges in the roles played by the IDRC and Consortium members.





Table 3 Strengths and challenges in the roles played by the IDRC and Consortium members

Stakeholder	Strengths	Challenges
APHRC	<p>APHRC consistently engaged with research teams from 2017 onward through constant telephonic/virtual and face to face engagement.</p> <p>They provided good partnership management, project management and steered the initiative well to get it on course.</p> <p>The current IMCHA focal point is consistently mentioned across stakeholders as a key strength and enabler of the above-mentioned strengths and progress made on the project.</p> <p>Described as: “receptive”, “responsive” and driven.</p>	<p>Communication with research teams before 2017 was minimal.</p>
PPD	<p>They were available, keen to engage and use the opportunity to learn and show their capability.</p> <p>Engagements with research teams reported around training or policy forums.</p> <p>The role in training and providing access to policy engagement spaces and support to engage appropriately was considered useful.</p>	<p>Less visibility amongst research teams, in comparison to APHRC.</p>
ECSA-HC	<p>Research teams found the forums good as an opportunity to engage in policy spaces and be exposed to other research in the region.</p>	<p>Very little engagement with and visibility amongst research teams.</p> <p>Role limited to providing access to policy influence platforms.</p>
IDRC	<p>A good balance between being reflective, “flexible” and “adaptive” as a funder, while ensuring commitment to project agreements and the quality outputs.</p> <p>IDRC’s approach is perceived as being different to other funders.</p>	<p>There was turnover of Program Officers. Each had different management styles and this meant that the support provided throughout the project varied. This was particularly a challenge in the initiation phase, where the IDRC needed to play a more directive role in clarifying roles and interaction between the different stakeholders.</p>

Members of the Consortium seemed to have different levels of engagement with research teams, with APHRC being consistent in their role of driving, co-ordinating and supporting research teams. The current IMCHA focal point is consistently mentioned across stakeholders as a key strength and enabler of the above-mentioned strengths and progress made on the project. There seems to have been an unequal distribution of roles and varied levels of ownership of the initiative between Consortium members.





Research teams valued the technical support provided by the EA-HPRO and mentioned that they would have benefited from more tailored technical support. The capacity development role of the EA-HPRO was however already expanded beyond the originally agreed scope; so, providing this support within the current contract was not feasible. The call for more bespoke technical support is however evidence of the need and value placed on such support, and future HPROs should consider expanding such support.

There seemed to be better collaboration between APHRC and PPD. This may have been enabled by preceding relationship between the two institutions, as they were both involved in the initial conceptualisation of the project, and that PPD had more flexibility (in terms of time and skills) to adapt their role based on the shifting requirements of IMCHA.

4.2 The Researchers

The IDRC was responsible for the open bidding processes to select research teams. The terms of reference required the research team to include an African Principal Investigator (PI), Canadian Co-Principal Investigator, and a decision maker. Typically, researchers included the African Principal Investigator, the Canadian Co-Principal Investigator, and Researchers (who could be PhD students). Proposals were mainly developed jointly as collaboration between the Canadian and African research teams. The size of teams varied between five to 18 members.

In this section we describe the strengths and challenges of the roles of Researchers within the teams.

4.2.1 Relationship and roles of Co-Principal Investigator, Principal Investigators and researchers

The role of the African Principal Investigator was guiding and managing the overall research process, communication amongst the various stakeholders (e.g. linking the local team to Canadian team, embedded decision makers, APHRC and IDRC), and presenting the research in policy spaces.

The role of the Canadian Co-Principal Investigator was typically guiding the design of research, providing expertise in a particular methodology (e.g. Randomised Control Trials, being used in the research), analysis, report writing and co-project management. Very few Canadian Co-Principal Investigators participated in data collection.

The Canadian and African teams had complementary skill sets:

- Canadian teams brought an international perspective and strong research skills
- The African teams brought an understanding of the local context of maternal and child health, government systems and policy processes.

There was however tension within some of the research teams due to various factors, including the differences in skillsets and roles, challenges with collaborative work, the distance and vast contextual difference between the Canadian and African research environment. Relationships between the teams improved as the projects progressed, and face-to-face visits helped. This should be considered in future initiatives combining researchers from different contexts. For some teams the tensions within relationships were irreconcilable (mentioned by three research teams).

Challenges with role clarity, power dynamics and lack of clarity around budget control and spending between the Canadian and African Principal Investigators were evident in these research teams.





4.3 The decision makers embedded in research teams

4.3.1 The selection and onboarding of the decision makers

A key feature of this model of knowledge translation is that the decision maker is embedded within the research teams. As Ginsburg et al (2007) helpfully observe, knowledge translation is a meeting of complex processes within a social environment. Its foundations are relationships. Evaluations of research utilization have shown that relationships – personal contact – between researchers and decision makers are crucial, and easily the best predictor of research processes influencing policy (IDRC & SDC, 2008).

Most embedded decision makers were involved from the proposal writing phase (only 2 teams mention that decision makers were not involved) which is important for ensuring alignment between the research objectives and the needs of the decision makers. It is also important for enhancing their buy-in to the research process. One research team who did not engage their embedded decision makers in the proposal writing stage indicated that they had to spend time building an understanding and value for the research. These decision makers also did not show the same level of involvement in the research process.

Although most research teams had one decision maker embedded in the team, some teams had more than one. Having one decision maker makes communication and co-ordination easier. However, turnover of staff in government threatens the effectiveness of this approach. Thus having more than one decision maker offers more likelihood of continuity of at least one decision maker.

Decision makers were selected either because they had an existing relationship with the research teams, or due to their position in government. Only two research teams indicated choosing their decision makers more strategically based on their research intention; one of these teams have shown good levels of engagement of the decision maker as outlined on page 20.

4.3.2 Quality of engagement between decision makers and research team members

Role of the embedded decision makers

Although the role was not clearly defined from the onset of the research process, interviewees describe that embedded decision makers were to share the research findings in various policy spaces within their area of influence, and advocate for the adoption of recommendations and scale up. To prepare for this, decision makers had to ensure that the research was relevant for the policy context.

It was initially envisaged that the research would influence national policy. However, the mid-year review workshop revealed that the scope of many of the research projects and the embedded decision makers were located at the sub-national level. Thus, policy influence should be broadly understood as being at *national, provincial or district level*. The table below shows that most decision makers were located at provincial or national level.

Furthermore, because most research teams are only drafting their research reports at the time of the evaluation, the policy engagement process was still underway.

Table 4: Levels at which decision makers are located





Level of decision maker	Number	Positions of decision makers
National	5	Maternal and Child Health Program Lead, Director of Reproductive Health, National Statistics office, Presidents office: Assistant Director of Health Services
Provincial	7	Regional Health Office Head, Regional Medical Officer, Reproductive Child Health Care Officer
District	2	Clinician Researcher, District Medical Officer

The diagram below shows the number of embedded decision makers (DMs) that played a particular role in the research teams as reported during interviews. As illustrated most decision makers played a role in ensuring that the research was relevant to the context, and linking the research to policy spaces (either themselves or through facilitating access for the research teams) showing that **decision makers have played the role as envisaged through the IMCHA initiative**. This is an achievement given that the role of embedded decision makers was not clearly defined at the onset of the initiative. The flexibility of embedded decision makers is indicative of a positive relationship/dynamic between embedded decision makers and researchers; the mid-term review workshop was instrumental in achieving this. The outcomes achieved are explored in the section on **Error! Reference source not found.**

Two decision makers, both located in Malawi, offered a deeper level of support in preparing research teams to communicate their findings appropriately to decision makers. One decision maker played a role in the implementation of the research.

On the whole research teams felt that the Decisions makers were the right match.



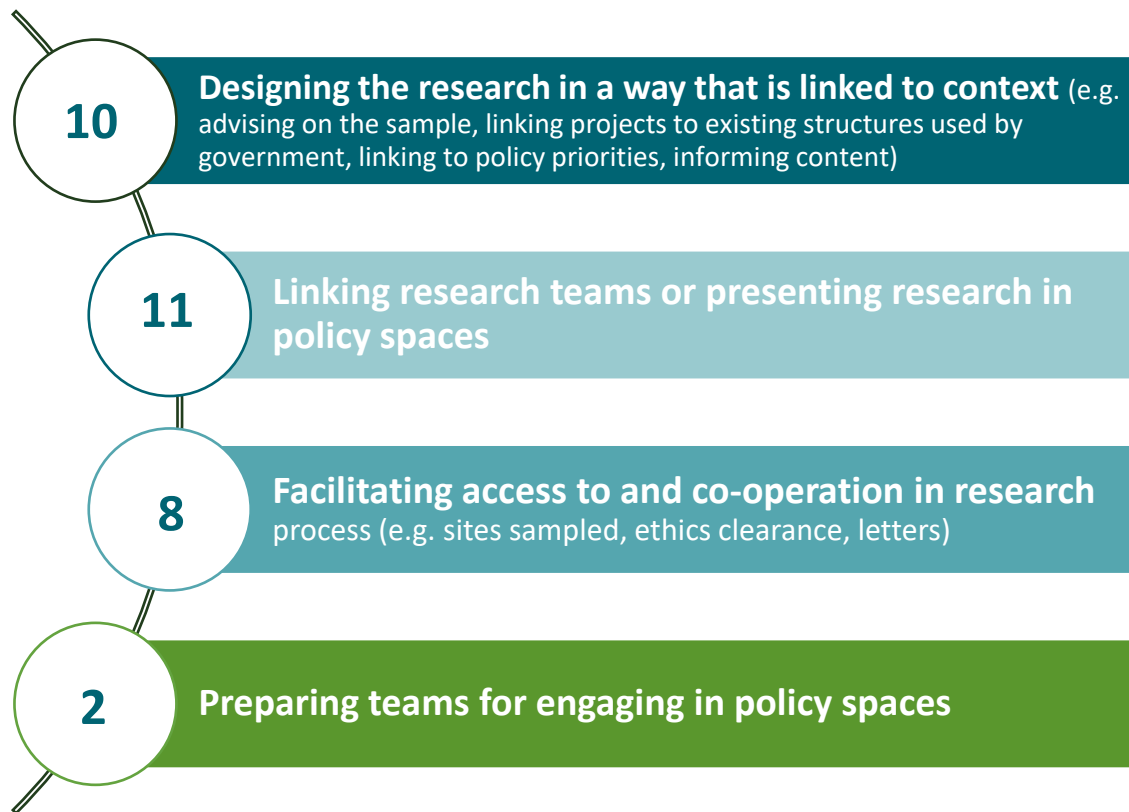


Figure 7: Number of decision makers who play a role in projects, by type of role (n=13)

Where research teams were supported consistently by decision makers, they valued the support provided.

Decision makers of four research teams played a weaker role in supporting the research team so far; that is, they only played one of the above-mentioned roles. These decision makers were located at



regional (2 decision makers) and national level (1), and two were located in Ethiopia. The following provides a good practice example of the partnership between the embedded decision maker and the research team. The embedded decision maker was strategically chosen (rather than allocated by government or due to previous relationship), involved from the proposal writing phase, and was located at national level government.

Box 1: Illustration of a good partnership between a decision maker and a research team

Good practice case of partnership between decisions makers and research teams

“Working together as partners, moving together in a congealed relationship without necessarily leaving me behind, we have successfully worked together.” (embedded decision maker)

The decision maker describes her role as: *to “give guidance throughout the research process. Advising on the content ... and how the project was responding to assessing these standards. I gave them material on the standards. I facilitated meetings between stakeholders’ and research team... I booked appointment between CO-Principal Investigator and the ministry so they would gain access through their alliance with me. At the onset of the project agenda I was able to plot a space for discussion of new born maternal health. I have been involved in development of material for presentation, guiding them on what to share and the language to use in sharing.”*

The research team reflects the following: *“She was helpful– it is usually very difficult to get hold of decision makers. When we need an audience with them, she helps us get connected with them. She knows the players who are involved... She is able to advise us who to work with.” “As we wrote the proposal ... the decision maker helped with the sites to include as she knows the landscape of the health facilities... The decision maker also advised on data collection tools because there are tools that government approved for maternal care. So we have worked together as a team from beginning ...”*

Generally, decision makers were involved in progress meetings (which happened face to face or via virtual platforms). Some decision makers also joined the training provided through the EA-HPRO.

A few challenges were mentioned in terms of building relationships with decision makers:

- Some research teams experienced turnover in their decision makers and so this hindered continuity and delayed implementation.
- Busy schedules meant that decision makers were not as responsive to requests.
- One research team member mentions that the embedded decision maker attempted to negotiate per diem for participating, even though no travel was required. The lack of per diem affected the willingness of the decision maker to provide support.





Key Point Summary:

- The EA-HPRO consortium brought a regional presence, connections to regional policy spaces and capacity strengthening support for research teams.
- The EA-HPRO roles were not clearly defined at the onset of the initiative. This caused communication challenges between the EA-HPRO and the research teams.
- Bespoke technical support was valued by research teams, and future HPROs should consider strengthening such support.
- A mid-term review meeting was conducted to assess the needs research teams, clarify roles of the Consortium and research team members and understand the scope of the research projects. This was pivotal in improving engagement between the EA-HPRO and research teams.
- The availability of embedded decision makers to play an active role in the research team was a challenge. Despite this, most decision makers played a role in ensuring that the research was relevant to the context, and linking the research to policy spaces (either themselves or through facilitating access for the research teams). The results therefore show that having decision makers embedded in research teams from the start of a research process increases the likelihood of researchers linking to policy engagement spaces.

5 Spaces created/facilitated by the HPRO for knowledge translation and policy engagement

The overall goal of the EA-HPRO is to improve the translation of research evidence and learning into policy and practice for the MNCH interventions. Put simply, the HPROs would function as a connection between researchers and their outputs on the one hand, and decision makers and the policy environment on the other (Thorsteinsdóttir et. al, 2018). This section focuses on the extent to which the EA-HPRO has fulfilled objective 1 and 3 (partly) of the EA-HPRO revised strategy (2015) which are:

- Identify and maximise opportunities for policy influence for MNCH issues in the five countries;
- Build consensus for MNCH issues to drive policy outreach at national regional and global levels.

It thus looks at the type of support provided by the consortium: 1) to prepare research teams for engagement at national, regional and global level and 2) to create an enabling space at national/sub-national/regional level for knowledge transfer and the related strengths and challenges.

Evaluation Objective 2: HPRO model of knowledge translation and policy engagement with decision-makers at sub-regional, national, and regional levels.

5.1 Preparing research teams for knowledge translation and policy engagement

Data gathered from the interviews, project document review, and the retrospective Theory of Change developed in consultation with the consortium members reveals a wide range of interventions undertaken by the Consortium to support and prepare the research teams for knowledge translation and policy engagement.





5.1.1 Context mapping

By 2018, the Consortium had conducted context mapping in all six countries which includes stakeholder analysis, policy mapping and analysis, and an assessment on decision-makers' capacity on knowledge translation. The purpose was threefold: to strengthen the research teams contextual understanding of policy processes; to identify whether there had been a culture that facilitates the use of evidence in decision making; and to support the research teams to strategically focus their policy engagement activities including how to frame their evidence and aligning it to national priorities. A participatory process was followed for the mapping via stakeholder forums attended by a mix of Ministry of Health officials, academia and NGOs. This supports relationship building amongst the different actors. From the two context mapping exercises, reports were produced and shared with the research teams, (EA-HPRO, 2019).

5.1.2 Country engagement strategies

After the IMCHA mid-term meeting, the EA-HPRO supported country teams to develop a country strategy document articulating the focus areas to achieve a more significant impact during the lifecycle of the initiative. They served as an implementation guide to policy engagement work in each country (EA- HPRO, 2017).

5.1.3 Meetings with research teams

Regular/bi-annual check-ins are held with the 13 research teams either in-person, by video call or phone to share progress on research and policy engagement activities; plans and areas of possible support by the EA-HPRO. The researchers also contact the HPRO whenever they need support or guidance on a particular issue, (EA-HPRO, 2017). Besides this there is ongoing communication with the teams. All interviewees from the research teams confirmed that the HPRO has had frequent engagement with the team.

National research team meetings were held in each country with more than one research team (Malawi, Uganda, Ethiopia and Tanzania). Research teams discussed progress of research, learnings, issues of interest emerging from findings and ways to inform national efforts towards improving MNCH, (EA-HPRO, 2017 and 2019). Tanzania hosts six research teams and thus has the richest potential for longer term uptake of research into policy if they work together to expand their critical mass. A national meeting was held in June 2017 together with PIs, decision makers and EA-HPRO to identify where collaboration could be optimal. This also allowed the research teams decision makers to share the Tanzanian government MNCH priorities, (EA-HPRO, 2017).

IMCHA Mid-term meeting - the Consortium supported the planning of the IMCHA mid-term meeting jointly with WAHO which took place on 24-27 April 2017 in Dakar, Senegal. The overall goal of the meeting was to strengthen learning within the program and maximize opportunities for the IMCHA efforts nationally and regionally. The meeting also aimed to facilitate collaboration among research teams and health policy and research organizations with a specific emphasis on knowledge translation (EA-HPRO, 2017).

5.1.4 Decision makers' survey

In 2017, the EA-HPRO collaborated with WAHO and initiated a survey targeting the decision makers embedded in the research teams to deepen understanding of the opportunities and challenges of involving decision makers in both the research process and in knowledge translation. The findings were shared during the first day of the IMCHA mid-term meeting. The study has informed how the





Research Teams engage with the decision-makers embedded in the team, their involvement in policy engagement, and participation in capacity strengthening courses (EA-HPRO, 2017).

5.1.5 Technical support and capacity strengthening

In 2017 the EA-HPRO recruited two consultants in collaboration with the IMCHA core team, to work with two research teams – in Tanzania and Malawi – to reassess the projects and review their research design for a realistic implementation before the end of the Initiative. This technical support was provided to research teams that were not as far along in their research process as was anticipated. Lessons were drawn from this process to inform the Consortium’s approach to providing more targeted and comprehensive support to institutions going forward (EA-HPRO, 2017).

The Consortium convened several capacity strengthening courses between 2016 and 2019 to enable researchers to execute different aspects of their research work. This is reported on in detail in section 6 below.

5.1.6 Development of knowledge translation plans and knowledge products

By the 2018-2019, the preliminary findings and recommendations from the various research projects were starting to materialise, creating opportunities for evidence sharing. The EA-HPRO worked collaboratively with the research teams to develop 1) knowledge translation plans that will be implemented between 2019/2020 and 2) knowledge products to facilitate effective uptake of evidence generated including: a blog, fact sheet, article, infographics, videos. An assessment of outcomes regarding knowledge translation is reported on in section 7.3 below.

5.1.7 Knowledge management and translation

In collaboration with the West Africa HPRO and IDRC a virtual repository of resources, publications, tools, creative content and a calendar of opportunities was launched as a website by the EA-HPRO consortium in December 2017²¹. The bilingual, English-French, website serves as a resource for anyone interested in MNCH in sub-Saharan Africa and how research evidence can help save lives. The overall goal was to ensure that the website is a reference point for IMCHA research work. The website is updated with new content monthly. The EA-HPRO Consortium curated the content, mounted the launch campaign, and continues to host the website and to generate interest on the IMCHA initiative. The Consortium also initiated a bi-monthly e-newsletter highlighting publications posted on the IMCHA website, opportunities for funding, and links to articles with interesting information on MNCH in the countries covered by IMCHA (EA-HPRO, 2018).

5.1.8 Tools for monitoring implementation of policy

The EA-HPRO developed an accountability framework to track national implementation of health resolutions. The Consortium commissioned two rapid assessments to assess the progress of the implementation of health resolutions passed through the Health Ministers Conference²² (HMC) and

²¹ <http://ea-imcha.com/index.php/en/>

²² The ECSA Health Community Health Ministers Conference is the highest governing body of ECSA. The Conference meets annually to address health policy matters, review regional health strategies and programs and define priority activities aimed at harmonization of policies, better delivery of health services, and





Network of African Parliamentary Committees of Health²³ (NEAPACOH). Following the assessment, it was noted that though there was progress in national implementation, it had not been reported in previous meetings. The reporting was not being done because countries and the secretariats of the two forums (HMC and NEAPACOH) did not have a mechanism to track the implementation of the regional commitments. These findings were shared in both forums, and from the feedback, the consortium developed an accountability framework. The framework is IMCHA's contribution to enhancing accountability for MNCH at the regional level²⁴.

Interviews with Consortium members confirm that PDD is administering the framework. In every member country of the network, a designated coordinator administers the framework by capturing data on commitments made (monitoring).

5.1.9 Creating enabling spaces at national, sub-national and regional level

There is evidence from the interviews and review of documents that the EA-HPRO has fulfilled its facilitative role by creating numerous opportunities for research teams to engage with decision makers within their administrative regions, at country level, at regional level and with other knowledge translation platforms and forums (EA-HPRO,2015).

National and sub-national level

The EA-HPRO facilitates research uptake by convening meetings and discussions with decision makers at national and sub-national level. Whilst the members of some research teams already sit on Technical Working Groups and give regular updates there, other research teams are focused on local sites and thus decision-maker engagement is undertaken with district leadership. For example, a researcher from a Malawi research teams explained that research is conducted at facility level with regular meetings being held by the research team with the District Health management teams to share findings and recommendations to improve service delivery. Thus, an action-research model is being implemented and evidence of effectiveness will be used to 'create pressure at the top' with targeted decision makers.

The HPRO is clear that its role is to promote collaboration between researchers and decision makers within countries as part of their knowledge translation model. As one respondent explains:

“Collaboration is key to get the research to as far a level as possible; into the hands of people that can really make the changes – that is where the decision making role of the CO-PI is very crucial, to make sure that the level at which they are working, that there is sharing

collaborative and collective health programs at the national, regional, and international level.

<https://ecsahc.org/knowledge-sharing-forums/>

²³ PPD organises high level policy meetings for African parliamentary committees of health organized under the auspices of NEAPACOH. The focus is to promote south – south exchange on best practices and identify areas of follow up action to advance the SRHR and Family Planning agenda in the region and to focus on implementation of national, parliamentary, regional and international commitments. <http://www.partners-popdev.org/wp-content/uploads/2018/12/NEAPACHOH-2018-Report-Final21241.pdf>

²⁴ Eastern Africa-HPRO Consortium Impacts and Contributions (APHRC, PPD, ECSA) – no date





of evidence with the decision maker and that this person become the champion of this evidence”, (KII, HPRO)

The EA-HPRO supports the creation of platforms for research teams to present and share research objectives, progress and results to decision makers at a higher level. These take the form of 1) meetings with decision makers at national level and 2) multi-stakeholder meetings or forums at national level which are typically attended by MoH officials, NGOs/implementation partners in MNH and research teams.

Interviewees confirm that, since 2017, the Consortium has convened national stakeholder forums in all six countries although some have had more frequent forum meetings than others. The document produced by APHRC, PPD and ECSA on the EA-HPRO Consortium impacts and contributions (no date) confirms that the HPRO has convened four national stakeholders’ meetings in Mozambique, South Sudan, Tanzania and Uganda; and small meetings with the National Advisory Committee and a consultation forum in Ethiopia and Malawi respectively.

A review of the EA-HPRO annual Technical Reports (2016-2019) it is clear that not all forums are equal – there are some where MCH is not yet on the agenda, and others where stakeholders are very engaged in MCH issues. The main reason for this appears to be the differing MNCH dynamics in the respective countries. The commitment and support of research teams to collaborate in enhancing evidence is another contributing factor here.

Global and regional level

The EA-HPRO has played a convening role bringing researchers and decision makers together in various forums and platforms.

The EA-HPRO has convened panels and side events in different regional and global platforms. These include 1) regional decision making forums such as the HMC and NEAPACOH and best practice forums²⁵; and 2) professional conferences including the Africa Health Agenda International Conference, and the East Africa Reproductive Health Network, Canadian Conference on Global Health, among other platforms where researchers have shared their findings. It was explained that for best practice forums, a thematic approach is used with several research teams combining their presentation of findings. They have thus made good use of windows of opportunity to share evidence to different audiences.

Furthermore, the inclusion of decision makers at these various forums and conferences is an important aspect of building their capacity to absorb the evidence generated by research teams if they go to these events; and the inclusion of research teams allows them to participate in global conversations which will help them to sharpen the quality of their research.

²⁵The Best Practices Forum (BPF) is an advocacy platform of ECSA brings together senior officials from the Ministries of Health, technocrats, researchers, heads of health training institutions from member states and other partners. The forum aims to identify and share best practices and critical policy issues and approaches to addressing key health challenges in the region.





In Mozambique and Uganda, the Consortium has facilitated the convening of learning forums with decision makers to enable researchers to share their lessons learned and preliminary evidence to ensure sustained engagement with stakeholders and decision-makers.

There has also been collaboration between the two HPROs: Researchers in Eastern Africa have been part of trainings convened by WAHO and vice versa. The two HPROs collaborated to deliver the first knowledge translation trainings at the IMCHA mid-term meeting and also in planning that second meeting for the whole IMCHA Initiative.

5.2 Strengths and challenges

Evaluation respondents across all countries confirmed that these multiple interventions have brought significant value to the research teams. The three main benefits have been **linkages** created with national level decision makers (most frequently mentioned), enhanced **buy-in** from decision makers to evidence from the research and **improved understanding of and relationships** with decision makers. These are elaborated on below.

Whilst some teams have already existing structures in place to facilitate interaction with **national decision makers** (e.g. sitting on Technical Working Groups), the majority confirmed that this connection would not have occurred without HPRO support:

“The value was the number of opportunities that we received through the APHRC (and the other members) was to engage with ministerial and political leaders at national level. Without them would have been very difficult to gain access to political leadership, so for me it is their convening power; facilitating the meetings that we had with political leadership”, (SSI-Principal Investigator)

Strength is the modality of national stakeholder forums as a space for discussing preliminary findings and shaping recommendations, thus **enhancing buy-in and support** from decision makers:

“The HPRO is an excellent mechanism that brings us to know and engage decision makers closely and intensely. They supported us without hesitation – you think you are just a small person but they have the forums at their fingertips so could easily connect us”, (SSI, Principal Investigator)

The regular interactions have also contributed towards **improved understanding of and relationship building** between research team members and decision makers – a critical foundation for any advocacy intervention and sustainable change. The following quote reflects this:

“In this project you have active engagement with decision makers at regional and national level. A highlight for me was getting insights into how decision makers perceive researchers and vice versa – that is when we realised there is a gap in research uptake. In our own team meetings we could see this unfolding – our decision makers were blaming us and we were blaming them – asking: why don’t you use this evidence? It is all there? But this has been a key learning throughout and we have been able to work together well and have – most importantly – managed to bring the research to completion”, (SSI, Principal Investigator)

These findings confirm that the EA-HPRO has contributed towards creating an enabling space at national level for research team and decision maker engagement, thus supporting potential uptake of evidence and implementation in the longer term. However, this was not the case for all countries. In Mozambique it has been difficult to leverage decision maker support at national level, despite



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numerous attempts by the EA-HPRO. It was acknowledged that the political economy in the country makes it a particularly difficult context in which to engage decision makers. This is confirmed by the Mozambique Context Mapping Report (2019) which found that: Mozambique faces significant challenges in its fiscal space for health and in the extent to which research and evidence are used in decision -making; that there is a significant disconnect between research evidence, policy and practice; and that Mozambique’s MNCH space is highly donor dependent.

One respondent raised that the EA-HPRO inability to speak local language (Portuguese) and limited understanding of the country context are two additional barriers to relationship building with decision makers and should be considered for future roll out of the program.

An overall challenge raised is that Ministries lack budget allocated for these types of events. Even though the evidence is appreciated, the Ministries of Health are reluctant to co-host stakeholder forums due to their budgets not including it in their line items, although they could make allocations in-kind such as providing venues for meetings at no cost. Additionally, government officials require transport and sufficient stipend for attendance which could affect attendance if not provided.

Unfortunately, the COVID 19 Pandemic has delayed the final round of sharing findings. Some of the research teams have planned virtual stakeholder workshops to present and gain input into final findings and dissemination of knowledge translation products. However, it is unclear to what extent this is being rolled out across the research teams and the internet connection challenges in some countries may be a major hindrance in this regard.

There is also evidence that ‘**enabling spaces**’ have been created at **regional level** as a result of EA-HPRO contribution. Researchers from Ethiopia, Mozambique and some of the Tanzania teams have participated and presented their findings at regional decision maker forums such as NEAPACOH and in targeted, high impact conferences both regionally and globally. Respondents recognised the contribution of the Consortium here, noting that:

“They share opportunities for presentations at conferences and meetings” and “pushed us to disseminate findings, and produce communications materials”, (SSI, Principal Investigator).

This too has given researchers the space to contribute to regional and global dialogue on MNCH. A challenge though is that it took up to three years before research teams could present some initial findings. For example, PDD organised events with Parliamentarians working in the health sector (NEAPACOH) but there was nothing to present due to research teams delays in research implementation and their reluctance to share research progress. This is seen as a missed opportunity for creating early interest and momentum for IMCHA.

It was also raised that not all **regional platforms** are considered to be a particularly enabling space for research uptake. The Health Ministers Conference has no focus on reproductive health and faces the challenge of inconsistent attendance. One Consortium member confirmed that such conferences often lack the appropriate theme or sub-theme related to maternal and child health and thus there is no space to ‘anchor’ their findings. This is a missed opportunity for agenda setting. Despite this, one decision maker highlighted the opportunity for networking and relationship building at such forums:

“We had a meeting in Mauritius were the implementing research teams in East Africa region were able to meet with parliamentarians during intervals and they were able to





“speak about their researchers and engage the with stakeholders from other regions”, (SSI, decision maker)

The **capacity building around knowledge translation**, including ways in which to package information based on target audience, has strengthened the ability of researchers to communicate evidence at these various platforms. This is discussed further in section 7.3 below on outcomes related to knowledge translation.

Furthermore, the **context mapping and landscaping exercises** were mentioned by some principal investigators and researchers as facilitators for enabling evidence uptake as it gets the right messages to the right people:

“I think the most important thing we learnt was who are the stakeholders, and how we can get our research to them and what are the best ways of packaging the information so that they are able to understand the information”, (SSI, Principal Investigator)

Convening regional learning forums (i.e. bringing the East African research teams together to exchange research ideas) is valued by respondents as an approach to promote **peer learning** and reflection across the research teams. One decision maker acknowledged HPRO’s expertise in this regard and its influence on the morale of the research team members:

“They (EA-HPRO) gave advice on how to sit together and share results of the research which was fantastic.....and sharing of the strengths and challenges – the peer learning that was coordinated by the HPRO is very motivating for the research teams... I recommend this model”, (SSI, decision maker)

A researcher confirms the value of these learning spaces for gaining exposure to experts in the MNCH sector and sharing expertise and innovative practices across research teams from different countries:

“We attended an IMCHA learning event in Stellenbosch which brought together people from different projects and provided a platform for people who are experts in the different fields to share our experience and our view of future of neo-natal care and the science of innovations to care. This was the first experience of a big event and the first time I was able to share the space with ‘big people’ in the area of innovation and neo-natal care”, (SSI, Principal Investigator)

The regional learning platforms create a space for research teams to disseminate their work more widely:

“They (EA-HPRO) have really played a role for us at regional level – so far we have been using the initiatives made by the HPRO platform to disseminate our work”, (SSI, Principal Investigator)

As one co-principal investigators (Co-PI) noted, these regional meetings have contributed towards creating a *‘wider and broader support group based in Africa’*, (SSI, Co-PI), thus contributing the network building.

“I have learned from the project itself which was a benefit. I learned from the other teams and other countries through the meetings conducted by IDRC and APHRC, I benefited from the stakeholder meetings. It was interesting to understand how others do things, and how





the IDRC is working and coordinating countries. Even today we can collaborate. These are many benefits of making connections and building relationships”, (SSI, decision maker)

One researcher noted that the website strengthened this as it provides a further space to share experiences –

“APHRC created a website where we can drop links and share experiences there and we could be continuously updated on the work of each research team”, (SSI, Principal Investigator).

An overall observation emerging from the differing responses from the various research teams’ interviewees above is that it is not clear the extent to which research teams were clear about the purpose and strategy for engaging in each forum.

Internal strengths of the EA-HPRO mentioned include: the diverse strengths each member brought to the Consortium (APHRC, ECSA, PPD); and the expertise of members, particularly the APHRC focal person who is frequently described by respondents as being accessible, supportive and knowledgeable. As one respondent explains:

“(She) helped to organise annual stakeholder meetings and helped with creation of videos, policy briefs, infographics and the strategy. We could always talk to her about how will we effectively engage and get our findings disseminated –how to approach people and how to structure meetings... She was essential in thinking through how to do this effectively.” (SSI, Co- Principal Investigator)

Key point summary:

- The EA-HPRO Consortium has implemented a wide range of interventions to prepare and support the Implementing research teams for knowledge translation and policy engagement;
- The EA-HPRO Consortium has played a facilitative role for research uptake by convening meetings and multi-stakeholder platforms with decision makers at regional, national sub-national level;
- These platforms have created an enabling space at national level for research teams and decision maker engagement;
- Not all forums are equal – there is some where MCH is not yet on the agenda and others where stakeholders are very engaged in MCH issues. Some are mainly for academics and others are for decision makers. It is not clear the extent to which research teams were clear about the purpose and strategy for engaging in each forum.
- Regional learning forums have promoted peer learning and reflection across the research teams and contributed towards building a network of researchers in the region;





6 Findings: Capacity strengthening

The following section provides an overview of the capacity strengthening interventions coordinated by APHRC, as well as strengths and challenges related to training content, methodology, trainers and logistics.

Evaluation Objective 4: Capture the impact of capacity strengthening courses

6.1 Description of capacity strengthening

A review of EA-HPRO annual reports 2016-2019 indicates that 14 capacity strengthening workshops have been conducted to date. The table in Appendix three: Overview of capacity strengthening interventions provides an overview of these workshops, including training topics, logistics and objectives, as well as the number and type of participants.

Although capacity development in research skills was not originally planned as part of the EA-HPRO scope of work, seven workshops were conducted to respond to the need for research skills development. The EA-HPRO therefore achieved more than what was originally planned for this aspect of the model.

In addition to the above-mentioned workshops, the EA-HPRO created a “...*online interactive platform*.” (EA-HPRO, 2016:2) A variety of resources were shared via this platform, including project plans, tools for strategic communications and research uptake, details regarding upcoming conferences, open calls for proposals, and best practice descriptions. The platform also provided an online forum for research team members, to facilitate informal engagement and the sharing of best practices and lessons learned amongst the various teams. Respondents confirmed that this platform had been a highly useful means of gaining access to – and sharing – information.

6.2 Strengths and challenges

The section below provides an overview of reported strengths and challenges of the capacity strengthening interventions.

6.2.1 Logistics and participant selection

The selection of training participants was at the discretion of the PI. Guidelines were provided by the EA-HPRO regarding training participation, as listed below:

- At least one to two members from each research team had to attend each workshop;
- No person should be allowed to attend all of the workshops; that is, attendance had to be rotated amongst the team members;
- It was the responsibility of the selected team member to transfer the new skills to his/her colleagues following the workshop.

The majority of the respondents appear to be satisfied with these arrangements; that is, only one interviewee commented on the limitations that these guidelines presented in terms of team members’ access to capacity strengthening opportunities.

Four respondents reported that the ‘cascading’ of new skills had taken place within their respective teams. However, other respondents reported limited knowledge of the training sessions attended by





their colleagues. Thus it appears as though no system was set in place to guide and facilitate the sharing of new skills and knowledge amongst team members. There is also limited evidence of structured post-training support, other than that offered by individual facilitators.

Primary data indicates that some of the Canadian-based team members did not attend training workshops. Input received from the EA-HPRO indicates that there were a number of reasons for this. Firstly, the training focussed on the capacity strengthening needs of the African-based teams. Therefore, Canadian-based team members were asked to cover their own costs should they wish to participate in any of the training sessions. Secondly, travel budget- and time-constraints meant that Canadian-based team members often prioritised stakeholder forum attendance over travel for training purposes. The EA-HPRO also supported stakeholder forum attendance where possible.

Training timeframes were generally regarded as being sufficient. One decision-maker noted that it would have been challenging for them to attend longer sessions.

6.2.2 Content

The Annual Report 2018 notes that a needs assessment was conducted amongst all research teams in early 2017. Feedback was then utilised by APHRC to plan and implement appropriate capacity strengthening interventions.

The evaluation found that these interventions were useful and relevant to the needs of the research teams. This was confirmed by all of the respondents who provided feedback on the capacity strengthening workshops. It was noted that the knowledge and skills gained could be “*directly translated*” into their research projects (SSI_researcher). This high level of relevance was linked to APHRC’s approach of aligning capacity strengthening with research team-reported capacity gaps and training requirements.

Sessions highlighted as being the *most useful* were the workshops on knowledge translation and gender and equity. Many of the respondents highlighted that these were areas that they had not been exposed to before. However, three respondents noted that research teams included members with a wide range of skills and varying levels of experience – and that some of the workshops, such as scientific writing, were better suited to junior or emerging researchers. This highlights the need for clear communication regarding training content (and level) to guide the selection of suitable training participants. Of interest is that a number of respondents highlighted the training’s invaluable contribution to building the capacity and confidence of young researchers. This indicates the need for capacity strengthening interventions that include this stakeholder group.

6.2.3 Methodology

A high number of respondents, including principal investigators, researchers and decision-makers, highlighted the interactive and participatory nature of most of the workshops as a key strength, noting that this had contributed substantially towards engaging and holding the attention of workshop participants, thus enabling knowledge outcomes. The interactive nature of the training also allowed participants to share experiences and insights. Three evaluation respondents felt that this had further enhanced the learning process.

Most of the training sessions were regarded as being highly practical. For example, research project-related examples were incorporated into the sessions to explain concepts and illustrate their application. The quote below provides an example of the type of feedback received regarding the practical nature of the workshops:





“I liked the gender facilitator. She could get us back to the studies that we were doing as a team. It really shaped our research work. We were struggling to bring out gender findings in our work and she showed us how to look at findings from a gender angle. It helped us on reporting on gender issues in our findings.” (SSI_researcher)

6.2.4 Trainers

The majority of the evaluation respondents felt that the trainers for each of the topics were professional, well-prepared and knowledgeable on their respective topic areas. The quote below refers:

“The quality of the training was good overall. I feel that APHRC identified people with rich experience in their fields and also with a high level of skill as trainers.” (SSI_Principal Investigator)

Three respondents did, however, feel that the trainers for the scientific writing workshop lacked sufficient proficiency and practical knowledge of the topic to address the learning needs of more experienced research team members.

Evaluation respondents also noted that trainers were approachable, responsive, flexible and patient – and that content was generally delivered in a clear and accessible manner. Language barriers were reported but only in relation to the training service provider for the systematic review workshops.

Respondents appreciated the offer of post-training support by some of the facilitators. This was noted with particular reference to the training on knowledge translation. The quote below refers:

“They don’t just train us. They follow up. When you are writing a policy brief, for example, they offer to read and review which is very important. The brief and the blog that we produced is because of this coaching.” (SSI_Principal Investigator)

Overall, facilitators’ time management and management of workshop activities were viewed as good. However, some respondents felt that having only one trainer for a full five day course led to fatigue. In contrast, it was reported that energy levels amongst trainers and participants remained high in workshops where there were two or more facilitators, as was the case for the training on qualitative data analysis and scientific writing.

Key point summary

- The EA-HPRO achieved more than what was originally planned for the capacity development aspect of the model. Topics were extended to include research skills in addition to knowledge translation skills.
- The capacity strengthening workshops provided by the EA-HPRO were found to be highly relevant and useful by the majority of evaluation participants.
- The workshops on knowledge translation and gender and equity were considered to be the most useful.
- Some respondents felt that the scientific writing workshop was more useful for junior researchers - and that guidelines for the selection of participants could have been better communicated.





- Workshop strengths include the use of well-qualified and experienced facilitators, practical application of concepts and methods, and the use of participatory, adult learning methodologies.
- Workshop duration was generally viewed as being sufficient, while the selection process of participants allowed for a number of RT members to access the capacity strengthening initiatives.
- The cascading of training within teams was noted, but only by members of four of the 13 research teams.

7 Findings: Outcomes

This section of the report provides an overview of the outcomes achieved across the research teams. These include changes in MCH sector knowledge and understanding, changes in research capacity as well as capacity for knowledge translation, and personal changes noted by research team members. It ends with an overview of reported outcomes linked to policy influence.

Please note that this section does not provide in-depth detail regarding IMCHA initiative-related outcomes. Rather, it is the purpose of the case studies in Appendix six: Case Study for Tanzania and Appendix seven: Case Study for Uganda to provide a more detailed account of the outcomes achieved in sampled projects in Tanzania and Uganda projects.

Evaluation objective 3: Measure the different levels of impact and scale-up and how the EA-HPRO and research teams have contributed.

Evaluation Objective 4: Capture the impact of capacity strengthening courses





The table below provides an overview of the outcomes achieved through the IMCHA initiative. The first column lists the various types of outcomes. The number of research teams, the number of individual researchers and the number of individual decision makers that reported each of the listed changes is noted alongside each outcome type. Further information on each of the listed outcome types is provided in the sub-sections that follow Table 5.

Table 5: Summary of outcomes achieved across research teams

Outcome reported	Number of research teams that report outcome n=13	Number of researchers indicating change n=24	Number of decision makers (embedded in research teams) n=4
Changes in MNCH sector knowledge and understanding amongst research team members	10 research teams	10 out of 24 researchers interviewed	2 out of 4 embedded decision makers
Changes in research capacity of research teams members	11 research teams	14 researchers	4 embedded decision makers
Changes in knowledge translation capacity and behaviour of research team members	13 research teams	19 researchers	4 embedded decision makers
Influencing policy or decision making processes along the policy influence continuum ²⁶ .	13 research teams	18 researchers	4 embedded decision makers
Personal or organisational level changes	11 research teams	14 researchers	2 embedded decision makers

7.1 Knowledge and understanding of maternal and child health (MCH)

The evaluation assessed whether there had been any changes in research team's knowledge and understanding of MCH. In summary, 10 (out of 24) research teams members and 2 (out of 4) decisions makers across 10 of the research teams mentioned a positive shift in this regard as a result of their participation in the IMCHA Initiative.

²⁶ The policy continuum includes: influencing agenda setting, shaping policy content, changing policy, introducing changes to policy delivery (implementation), policy monitoring and evaluation, and establishing a more research-friendly policy environment.



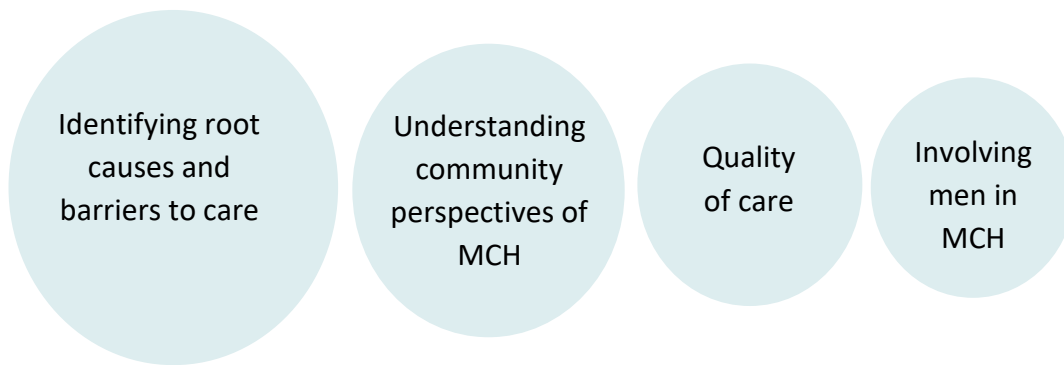


Figure 8: MCH knowledge and understanding outcomes – from most to least common

Gaining knowledge and deeper understanding of MCH in general was a commonly mentioned theme amongst respondents. Gaining a deeper understanding of MCH from the perspective of the community and thus identifying root causes and barriers to care was another common theme emerging:

“We were focussing on MCH, but in focussing on implementation we could develop a much deeper understanding of issues related to MCH. We could go to root causes of why pregnant women are dying and also we could find out best ways of supporting the district to find solutions that are within their reach and are achievable at low cost” (SSI, Principal Investigator)

Other areas where research team knowledge had deepened include: understanding of MCH quality of care (2 mentions); and the involvement of men in MCH interventions (1 mention).

7.2 Research capacity

As previously mentioned, the capacity development in research skills was added to the scope of the EA-HPRO. Thus, outcomes at the level of research capacity were not originally planned.

7.2.1 Capacity of researchers

Primary data indicates that 14 researchers and four decision makers report improvements in their research capacity. These are listed according to frequency of mention in the diagram below, while the section that follows provides additional detail.

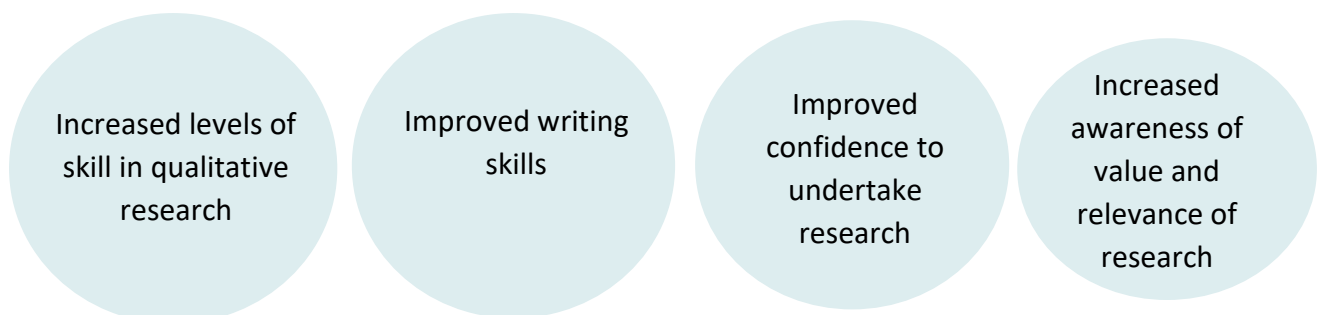


Figure 9: Research capacity outcomes amongst researchers in order of frequency of mention





Six respondents noted that the training had contributed towards higher levels of skill, interest in, and use of, **qualitative research methods**. These newfound skills are also being shared at team members' institutions. The quote below elaborates:

“Our second research project came after our main IMCHA project and is purely qualitative research. We could develop this after the workshops and we did very poorly in this particular area during the baseline study; the qualitative aspect. We have now become a resource on qualitative research. Some team members have been asked to assist with other ... qualitative research here at the university hospital. They are seen as a qualitative research resource! It is not very commonplace here to use such methods.”(SSI_ Principal Investigator)

In addition to the above, respondents reported shifts in attitude regarding the **value and relevance of research to social change and development** – and how this might be facilitated by linking research to policy, as the following quote illustrates.

“In the past, I used to publish for academic recognition locally and internationally. Now I want to do research for the benefit of people; to improve people’s lives. I don’t want to do research for the sake of research. In my previous research, we never got a chance to discuss our findings with decision makers. The meetings we have had make me feel that we are not just doing research for doing research; we are doing it for improvement of care.”(SSI_ Principal Investigator)

Another frequently reported outcome amongst researchers includes **improved writing skills**. This was noted by six respondents, who felt that their improved writing capacity had contributed significantly towards research output quality as well as their ability to meet international standards and thus participate in international projects. Aligned to this, respondents reported **increased levels of confidence to undertake research projects** – and to apply for funding for these projects.

7.2.2 Capacity of embedded decision makers

Similar positive, capacity development outcomes were reported by the decision makers that participated in the study. All four decision makers that responded to the question regarding improvements in research capacity agreed that this had taken place as a direct result of their participation in the IMCHA initiative. Key capacity outcomes reported during primary data collection are noted in the diagram below.

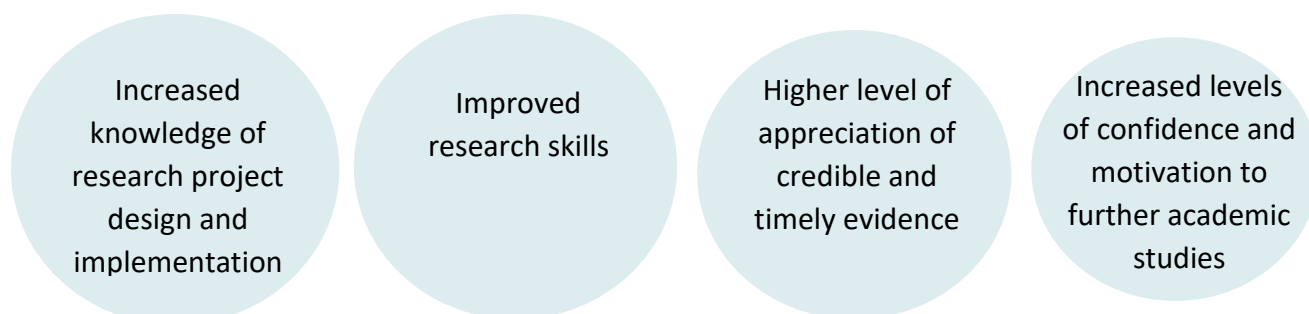


Figure 10: Research capacity outcomes amongst embedded decision makers in order of frequency of mention





The involvement of decision makers in the IMCHA-supported capacity strengthening workshops and research projects, from inception phase through to analysis and write up, was seen as providing a number of valuable opportunities to increase in their **knowledge of research project design and implementation**. This includes the **development and refining of research skills** required at various stages in the project cycle.

Insights into the research process have also led to an increased level of **appreciation of credible and timely evidence** amongst the decision makers. This was confirmed by a number of research team members. The quote below provides an example of the responses obtained in this regard:

“The decision makers were directly involved with data collection, including sampling for quantitative data. They reviewed papers and gave comments; did the literature review and they participated in the training as well. They realised that evidence-based decision making is paramount and that information is very important input for decision making.” (SSI_ Principal Investigator)

It appears that the decision makers’ increased appreciation of research and evidence extends beyond the ambit of the IMCHA initiative. Input obtained during primary data collection indicates that a number of decision makers were encouraged to **further their academic studies**. For example, one decision maker reported that her involvement in the initiative made a valuable contribution to her PhD studies, while another respondent noted that two decision makers on her research team had registered for PhD qualifications following their engagement in IMCHA.

7.3 Knowledge translation capacity and behaviour

The evaluation assessed whether there had been any changes in knowledge translation capacity and behaviour. In summary, 19 (out of 24) research team members and all 4 decision makers mentioned a positive shift in this regard.

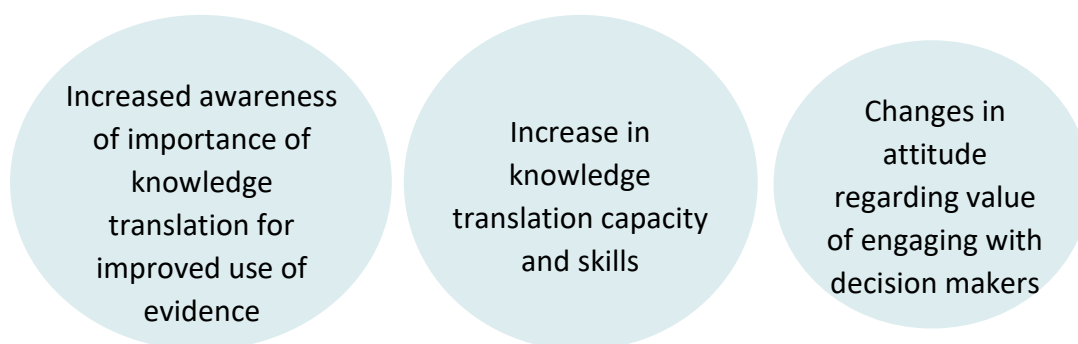


Figure 11: Reported changes in Knowledge Translation capacity and behaviour in order of frequency of mention

As noted in section Findings: Capacity strengthening, the knowledge translation capacity strengthening interventions were considered by respondents to be useful and relevant to their needs. The overwhelming majority of the evaluation respondents also indicated that their participation in the IMCHA initiative had enabled a high level of awareness of the **importance of knowledge translation for improved evidence use**, as well as a sound level of understanding of the





concept. In addition, respondents noted that they had developed a number of **skills related to knowledge translation**. These can be summarised according to four key areas; namely, the ability to:

- Develop and implement a knowledge translation plan;
- Write and present research findings in a clear, succinct and accessible way;
- Compile a variety of knowledge translation products or outputs; including policy briefs, fact sheets, videos, posters and presentations; and
- Engage, communicate and collaborate with a range of stakeholders.

Fifteen of the 24 researchers, PIs and co-PIs reported a shift in **attitude regarding the value of engaging with decision makers** during the research process. Multiple benefits of the EA-HPRO model of enabling collaboration between research teams and decision makers were noted in the course of primary data collection. These are summarised below.

- **Decision makers can increase research teams awareness and understanding of policy priorities by:**
 - Providing researchers with good insights into community contexts, challenges and priorities, which ensures that research projects can better address these challenges and priorities;
 - Providing input regarding government information needs, as well as gaps in current policy and policy implementation, for further investigation;
- **Decision makers can increase research team's access to decision makers and policy making processes by:**
 - Assisting researchers to gain access to important and influential decision makers;
 - Enabling higher levels of buy-in, support and agreement with the research findings within their respective departments and ministries;
 - Enabling higher levels of awareness of the importance of using credible and reliable evidence for decision making amongst other decision makers with whom they work and interact.

In addition, decision makers' participation in research projects provides them with opportunities for direct engagement with community members. This raises awareness amongst government stakeholders regarding the challenges being experienced by their constituents – and the need to find appropriate and effective mechanisms for dealing with them through research.

Decision makers also noted the benefits of the HPRO model of decision maker and researcher collaboration – and the positive outcomes that were achieved amongst members of both stakeholder groups as a result of their participation in the IMCHA initiative. These outcomes mirror those noted by the researchers and include:

- Better **exchange of information on priority issues** to be addressed via research projects; and
- The preparation of **research reports and recommendations that are more accessible** to decision makers – and better aligned to their needs – for improved action. The quotes below elaborate:

"This is not the first research project I have been involved in, but this one added value. I see the benefit of researchers and decision makers working together through all project phases. By being there, I understood things and by virtue of my position, I was able to help them see where to focus."(SSI_ decision maker)

"Previously when a researcher approached us to offer recommendations, they used statistics that were difficult to understand. But having been through this process, we have





moved together and it is easy to find research credible and to work with the findings. Being part of the team, we now understand how to operationalise the findings, unlike before where recommendations would be made, leaving decision makers stuck on how to proceed to action... the suggestions.” (SSI_decision maker)

Evaluation respondents reported a number of knowledge translation activities aligned to their IMCHA-supported research projects, some of which have been implemented while others have been postponed due to project delays and the impact of the Covid-19 pandemic. The table included in Appendix three: Overview of capacity strengthening

Topic	Training objectives	Training providers	Training participants	Logistics
Intervention costing and mixed methods research <i>(Annual Report November 2016)</i>	To improve research project implementation	Not indicated	30 participants from all of the research teams	Nairobi, Kenya 14-18 December 2015
Orientation training on context mapping <i>(Annual Report November 2016)</i>	To enhance knowledge on how to conduct a context mapping exercise	Not indicated	3 focal persons from Ethiopia, South Sudan, Malawi and Tanzania	11-12 February 2016
Strategic communications and policy engagement – workshop 1 <i>(Annual Report November 2016)</i>	To facilitate improved planning for engagement with decision makers	APHRC	11 participants from Malawi, Mozambique, Ethiopia, South Sudan / Uganda	Malawi 28 March-01 April 2016
Strategic communications and policy engagement – workshop 2 <i>(Annual Report November 2016)</i>	To facilitate improved planning for engagement with decision makers	APHRC and PPD	21 participants from Tanzania, Ethiopia, South Sudan / Uganda	Tanzania 11-15 April 2016
Gender and equity <i>(Annual Report November 2017)</i>	To improve knowledge of gender concepts and gender analytic frameworks to guide research and reporting	Professor Olabisi Aina	Participants included research team members from South Sudan / Uganda as well as MOH officials	Kampala, Uganda 0,5 day session on 02 June 2017
Systematic review <i>(Annual Report November 2017)</i>	To provide an opportunity for peer-to-peer learning and to facilitate the development of quality research papers	Members of Jimma University research team	54 participants from across 27 research teams (2 members per team)	Addis Ababa, Ethiopia 17-21 July 2017





Topic	Training objectives	Training providers	Training participants	Logistics
Qualitative data analysis <i>(Annual Report November 2017)</i>	To increase participant's knowledge and skills in qualitative data analysis for application in their research projects	Dr Jennifer Wisdom, Dr Pamela Juma, and Dr Loubna Belaid	26 participants including research team members from Ethiopia, South Sudan, Uganda, Malawi, Tanzania, and Mozambique plus five young researchers from APHRC	Nairobi, Kenya 9-13 October 2017
Knowledge translation café, consisting of three, short training sessions <i>(Annual Report November 2017)</i>	To strengthen the capacity of research teams for long-term and systematic engagement with decision makers in their respective countries for more effective uptake of evidence generated via IMCHA projects	EA-HPRO and WAHO	IMCHA Initiative mid-term meeting attendees	IMCHA mid-term meeting 27 April 2017
Knowledge translation <i>(Annual Report November 2017)</i>	To strengthen the capacity of research teams on how to develop key messages and articulate IMCHA project innovations	APHRC	All six Tanzanian research teams	Meeting with Tanzanian research teams in Dodoma 28-29 June 2017
Research methods <i>(Annual Report November 2018)</i>	To build the capacity of the research teams in South Sudan in research methodologies	Dr Loubna Belaid	24 participants including public health officials and research team members from South Sudan and Uganda	Torit, South Sudan 04-08 December 2017
Scientific writing <i>(Training report and Annual Report November 2018)</i>	To equip participants with knowledge on scientific writing to effectively contribute to the achievement of IMCHA's publishing objectives	Dr Edna Nduku Mutua and Yvonne Wangūi Machira	Research team members from Tanzania (9), Ethiopia (4), Uganda (4), Malawi (3), Kenya (2), Mozambique (2) and South Sudan (1) 25 participants in total of which 18 (72%) were male and 7 (28%) were female	Addis Ababa, Ethiopia 13-17 November 2017





Topic	Training objectives	Training providers	Training participants	Logistics
Qualitative systematic review <i>(Annual Report November 2018)</i>	To build capacity for research teams to conduct and publish systematic reviews of IMCHA-supported projects	Members of the Jimma University research teams, led by Professor Sudhakar Morankar	24 participants from 12 research teams	Nairobi, Kenya 23-27 April 2018
Knowledge translation <i>(Annual Report November 2018)</i>	To enhance understanding of knowledge translation and tools available to translate knowledge for informed decision-making	APHRC	24 participants from 12 research teams	Nairobi, Kenya 24-27 September 2018
Gender and equality <i>(Annual Report November 2019)</i>	To equip participants with skills and knowledge to identify gender and equity challenges and how to address them in their implementation of the IMCHA-supported research projects	Professor Olabisi Aina	28 participants	Nairobi, Kenya 5-8 November 2019





Appendix four: Types of knowledge translation activities and products reported by evaluation participants provides an overview of the types of knowledge translation activities and products reported by evaluation participants.

While many knowledge translations outputs and engagements were noted by evaluation participants, it is not clear to what extent these have been shaped by a coherent, overarching strategy for project-aligned advocacy. Based on the available data, the outputs and engagements appear fragmented and ad hoc. However, this may also be linked to the fact that most of research teams are still finalising their research and are thus still developing their knowledge translation plans. A detailed review of eight knowledge translation products is provided in Appendix five: Review of key communications products for projects in Tanzania and Uganda (Case Study Countries).

7.4 Policy outcomes

The evaluation sought to assess whether the research teams had any success with influencing policy or decision-making processes along the policy influence continuum. This includes: influencing agenda setting, shaping policy content, changing policy, introducing changes to policy delivery (implementation), policy monitoring and evaluation, and establishing a more research-friendly policy environment.

The majority of researchers (18 out of 22) and all four (4) decisions makers confirmed changes in this regard indicating that there are some positive shifts towards translation of research evidence into policy and practice. In summary these include: introducing changes to policy delivery and resource allocation, a greater appreciation of evidence amongst decisions makers, changes in policy content, and early shifts in policy change.

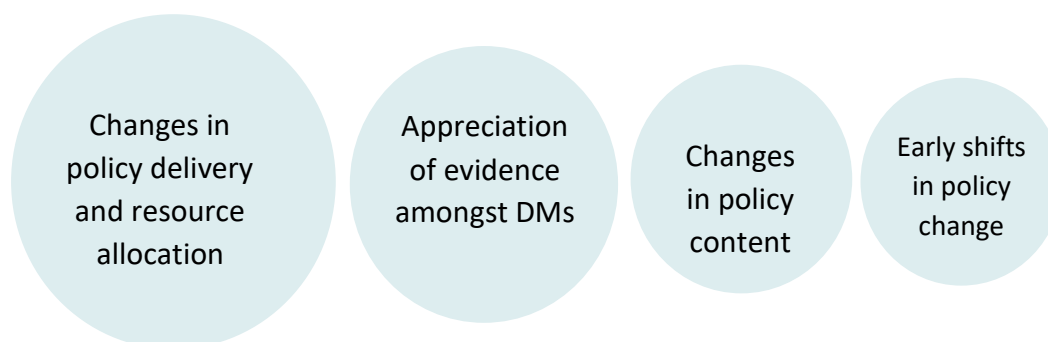


Figure 12: Policy outcomes – from most to least common

Introducing changes to **policy delivery and resource allocation** was the most frequently mentioned change along the policy influence spectrum. These changes occur mostly on the level of the research sites (i.e. health facility, community and district level).

“I think we are starting to see change in health facilities, they have started to distribute birth kits with misoprostol. I noticed that at the final policy meeting they (decision makers) started to talk about how they will continue after the project is over and how they will incorporate this into the budget and also include CHWs (in the budget)”, (Co-Principal Investigator)





This finding is unsurprising given that the focus of the intervention is on implementation research and that the primary thematic areas of the research team show a strong emphasis on research on community and facility-based interventions, (Thorsteinsdóttir et al, 2018). However, these positive changes mean that there may still be space, even with implementation research, to influence the policy agenda.

The document produced on the EA-HPRO confirms that the Consortium, working with the research teams has been able to generate significant interest with decision makers at the national level. One example cited here is that in Tanzania five recommendations informed by preliminary evidence was submitted to the Ministry of Health. The Permanent Secretary in the Ministry of Health approved and consequently committed to implementing the three-months training program on anaesthesia informed by the research implementation work by the Tanzanian Training Centre for International Health. The training will enhance Comprehensive Emergency Obstetric and New born Care coverage in new health facilities in the country.

Respondents in Tanzania confirm shifts in this regard and there is evidence of **scaling up** this intervention as one respondent explains:

“We have seen remarkable uptake in the sense that before the three month program we developed a curriculum of training – comprehensive emergency obstetric and newborn care (CEMONC) – and after that training we have seen crucial results. Now the services are provided at the health centres, and the services provided are safe and good quality. Last year the government, through the Ministry of Health, updated our CEMONC curriculum to be used at a National level. The government has increased the number of health centres providing emergency obstetric services and we have contributed to the idea that it is possible to provide these services at a health services level” (SSI, Principal Investigator)

In another example, the research team in Ethiopia has developed a registering system for pregnant women who have been scaled up at the zonal health ministry level, (SSI, PI, Ethiopia).

The data reveals that there are shifts towards a greater appreciation of evidence **amongst decision makers** which was the second most frequently mentioned change:

“We have started seeing changes or success at the regional and district health facility levels. Quality improvement has become topical and there is a continued discussion about it in meetings and engagements”, (SSI, PI)

“Courtesy calls made between the Ministry and the Principal Investigator was fruitful because the Ministry got to know about the research ... and that is where the issue of developing a policy brief was emphasised. They said: ‘bring us the evidence so that we can be able to implement’ and we were able to bring the policy brief,” (SSI, decision maker)

Research teams members also observed how their evidence, coupled with decision maker engagement and taking advantage of policy windows is likely to influence changes in **policy content**:

“We have also been having quarterly meetings with the other IMCHA team with the Reproductive Health Department of the Ministry. The Director of Reproductive Health Department is always invited....and we have been sharing results and experiences directly to her, and also getting input about what is happening in the ministry space, so that we are aware of the direction that the Ministry is taking. The exciting part is that you see the chance for your work really being reflected in policy frameworks. You may not be able to





influence a whole policy framework, but you see your views finding their way to policy making, and knowing that you may have a chance to influence policy”, (SSI, Principal Investigator)

This quote also reveals how the process motivates researchers to make their research policy relevant to the context.

The document produced by APHRC, PPD and ECSA on the EA-HPRO notes that Uganda is considering a sustainable way to engage community health workers, and senior government officials have stated that they are waiting for findings from the BRAC and Cape Breton team's research to inform the decision they will take. There is productive engagement with the MNCH stakeholders, including the Maternal and Child Health Technical working group. The Uganda PI provides an update on this:

“We haven’t managed to influence anything really at this stage but there is an indication that our study will provide insights into the new community health extension worker policy that is awaiting approval. Also, the gender lens that we provide will be very useful or at least I hope it will give them knowledge on how to proceed”, (SII, PI, Uganda)

Most respondents state that it is too early observe any **policy changes**; however, two decision makers did note changes in this regard:

“Change of policy: formerly it was required that males accompany women to the health facilities and some health workers were denying services to women who did not have their male partners at the facilities. Through desperation some women were hiring men to be their male counterparts so they could get services. Our research helped to realize that this was not in the policy and the government had to write another policy emphasising that this approach be annulled”, (SSI, DM)

“There is inclusion of men into the maternal issues because they influence service use; sometimes men prevent their women from getting maternal services. There are some policy changes at district level they are now including IMCHA issues in the dialogues, at national level policy changes are a bit slow”, (SSI, decision maker)

As these quotes reveal, there are early signs that the research has contributed towards shifts in policy although the extent of these shifts will need to be explored further once the project has been finalised.

7.5 Gender

A number of gender-related outcomes were reported by evaluation participants. Common themes emerged across these outcomes, which are summarised in the diagram below as well as the section that follows.





Figure 13: Reported gender-related outcomes in order of frequency of mention

- **Higher levels of awareness of the importance of adopting a gender lens during research**

Researchers, PIs, co-PIs and decision makers that had attended the gender and equity workshops all reported higher levels of awareness of the importance of adopting a gender lens during research projects. They also reported measures that had been taken following their training to mainstream gender in their research projects. Examples of these measures include the collection and analysis of gender disaggregated data as well as the utilisation of gender frameworks for project planning and implementation.

- **Gender balanced research teams**

Two PIs reported adjusting their research team profiles. The quote below provides additional detail regarding this:

“We were also made aware that we should engage more women in the project; so after the training our physician quotas were raised and eventually included 95% women. Also, we made sure that our data collectors were 50% women. That is the input that we took from the training.” (SSI_ Principal Investigator)

- **Inclusion of gender into study recommendations and ensuing guideline documents**

One decision maker reported the incorporation of gender into the Ministry of Health’s policy implementation guidelines, including program planning and budget allocations, to address issues related to equitable access to health care services.

A co-PI indicated that work had commenced on a policy brief and toolkit, focusing on the challenges and constraints faced by women health workers. The toolkit includes a guideline on how to assess and address these challenges, including mechanisms for improved support of women working in health care.

All of the abovementioned outcomes were linked directly to the training on gender and equity that had been provided to the research teams by the EA-HPRO.

7.6 Personal and organisational outcomes

When asked whether any changes had occurred at the level of the individual or their organisation as a result of their involvement in this initiative 14 (out of 24) researchers and two (out of four) decision makers identified positive shifts in this regard. The changes are summarised in the figure below.





Figure 14: Personal outcomes (no order)

At an **individual level**, researchers report that they have increased access to networking opportunities through participation in the various national and regional learning platforms, conferences and stakeholder forums. This supports their career advancement, particularly for Masters and PhD students, some of whom have now received funding for their studies. One respondent from Uganda explains that there has been an increase in the capacity of these ‘early career researchers’ (Masters and PhD students) who had the opportunity to publish their work:

“I feel that my PhD is different to conventional PhDs – this one is coming from the community... I feel that this is something that has opened other opportunities for me in the future”, (SSI, researcher)

Other personal outcomes include improved project management and communication skills; and appreciation of the value of team work and collaboration:

“For all of us – it was the first time we have worked so collaboratively – with other colleagues in Tanzania and Ethiopia doing similar things. The collaboration has really helped”, (SSI, Principal Investigator)

At an organisational level, they confirm that these skills have had a positive impact on their workplace and those lecturing at universities are transferring their new knowledge and skills to their students. A further theme emerging is that both researchers and decision makers now recognise the importance of engaging with beneficiaries:

“I have learnt that when you want to make change, research teaches that it’s important to engage to those who will benefit from the change, learn their frustration and concerns. If you do not start from there your efforts are fruitless...”, (SSI_Decision maker)

This has led to shifts at an institutional level:

“Strengthening the research centre, we realize that research is not practical if the context of the beneficiaries are not considered. So our institution now prioritized needs assessment as part of the planning process,” (SSI, Principal Investigator)

“We learn through action – how we can engage with community members and how to respond to them to identify their needs and priorities; how to facilitate that they develop the solutions. So we acquired new ways of working with the communities and we would like to replicate this in the future. We can definitely see the value of it” (SSI, Principal Investigator)





As these quotes suggest, this will have a positive impact on the beneficiaries beyond the lifetime of the project.

7.7 HPRO contribution to reported outcomes

The inclusion of decision makers in research teams was the most frequently mentioned driver of policy level changes. This is a significant change particularly since the role of decision makers was not clearly defined from the onset of the research process. The EA-HPRO played a key role in clarifying roles at the mid-term workshop in 2017 (see section 4.3 above) and creating a positive dynamic between embedded decision makers and researchers.

The following respondent explains how the inclusion of decisions makers on the team helped to align the research to government priorities:

“One of the strongest factors in having the decisions makers on board and keeping them on board was addressing the government’s priorities. Also, our changes in skills and understanding of policy influence – that was the different capacity building sessions conducted by the HPRO that was key driver”, (SSI, Principal Investigator)

As this quote further suggests, EA-HPRO support was another key driver of change – this was confirmed by just under half of the respondents (10 out of 22). EA-HPRO capacity building initiatives and support with engaging government decision makers are the two key contributors which emerged most strongly. The following respondents expressed appreciation for the EA-HPRO strategic approach to engaging government decision makers:

“We are excited that the government has taken up what we were able to demonstrate. This is not an easy job because this is not something that was designed by chance through the government but through presentation of hard evidence and right messaging at the right time. We were fortunate to have had successful engagement at the ministerial level which was made possible by the HPRO’s close, good relationship and assistance at facilitating the engagement with decision makers at that level”, (SSI, Decision maker)

“(EA-HPRO was) A voice of clear thinking and ‘how do we get this done’ – voice of strategy in how to engage government decision makers – we really appreciated this...”, (SSI, Co-Principal Investigator)

These findings highlight that the core elements underpinning the EA-HPRO model, i.e. having decision makers embedded in research teams, providing capacity development to research teams, and facilitating access to and engagement in policy spaces are strong predictors for successfully influencing policy or decision-making processes.

Key point summary

- Almost half of the researchers and Decisions Makers reported a positive shift in their knowledge on MNCH including: identifying root causes and barriers to care, understanding community perspectives on MNCH, issues related to quality of care and involving men in MNCH.
- The evaluation found that the capacity strengthening interventions implemented by the EA-HPRO have led to a number of positive outcomes amongst research teams members and decision makers. These include strengthened capacity for research, particularly qualitative





research methods; improved writing skills and increased levels of awareness regarding the value and relevance of research for social change.

- Training on gender and equity has also led to increased levels of awareness of the importance of adopting a gender lens when planning and implementing research projects.
- The evidence suggests that this capacity strengthening has led to more gender-balanced research teams and to gender mainstreaming in MOH program planning and budget allocations in at least one country thus far.
- Evaluation participants also reported increased knowledge of the concept ‘knowledge translation’, as well as improved capacity to develop and implement a knowledge translation plan.
- Both researchers and decision makers reported highly positive attitudes regarding the EA-HPRO model of researcher / decision maker engagement – and noted a number of benefits that they have derived through their participation in the model.
- There is evidence of shifts in policy outcomes with the introduction of changes to policy delivery and resource allocation, mostly at local site level being the most frequently mentioned change.
- The inclusion of embedded decision makers in research teams together with EA-HPRO support for engaging decision makers are both equally important aspects of the model and predictor for successfully achieving policy change.
- Positive outcomes at the individual and organisational level a result of their involvement in this initiative were also highlighted by a significant proportion of researchers and decision makers.

8 Conclusion

An evaluation of the IMCHA initiative was conducted to assess the value and impact of the EA-HPRO model in enhancing knowledge translation and policy engagement activities in six countries. Here, the findings are concluded against the evaluation objectives.

Objective1: To capture learning on HPRO model of engagement with the 13 research teams.

Research teams valued the role played by the EA-HPRO in providing access to regional policy spaces and capacity development support. Bespoke technical support was found to be particularly useful, and research teams would benefit from more support like this in the future.

The IMCHA initiative was complex as it involved multiple countries and continents, multiple projects and stakeholders with varying capacity and diverse backgrounds. In terms of the relationship between the EA-HPRO Consortium and research teams, it is concluded that, despite a rocky start due to poor role clarity at the beginning of the project, the relationship is now positive and collaborative. Providing a space where roles can be clarified and the EA-HPRO can establish rapport with research teams is critical in the initiation phase of such an initiative. This will facilitate earlier positive engagement between various stakeholders.

Most decision makers played a role in contextualising the research, and linking the research to policy spaces. The results therefore show that having decision makers embedded in research teams from the start of a research process increases the likelihood of researchers linking research to policy engagement spaces. This is an achievement given that the role of embedded decision makers was not clearly defined at the onset of the initiative.





Objective 2: To capture learning on HPRO model of knowledge translation and policy engagement with decision-makers at sub-regional, national, and regional levels.

The evaluation findings have highlighted the benefits of including a third party, such as the EA-HPRO Consortium to support policy engagement and capacity building of researchers. A wide range of interventions have been undertaken by the Consortium to support and prepare the research teams for knowledge translation and policy engagement. Furthermore, the Consortium has convened numerous meetings and multi-stakeholder platforms with decision makers at regional, national and sub-national level. The findings reveal that these platforms have created an enabling space at national level for research team and decision maker engagement; and that the Consortium has played a facilitative role for research uptake and policy engagement. Ultimately this has contributed to the overall goal of the EA-HPRO model of knowledge translation: to improve the translation of research evidence and learning into policy and practice for effective MNCH interventions.

Objective 4: To capture learning and impact of capacity strengthening courses.

The EA-HPRO achieved more than what was originally planned for the capacity development aspect of the model. The evaluation found that the capacity strengthening workshops provided by EA-HPRO were highly relevant to the needs of the majority of respondents. The workshops on knowledge translation and gender and equity were considered the most useful, while some respondents felt that the scientific writing workshop was more useful for junior researchers.

Workshop strengths include the use of well-qualified and experienced facilitators, the practical application of key concepts and methods during the training, and the use of participatory, adult learning methodologies. The selection guidelines provided by APHRC for training attendance allowed a number of research team members to access the capacity strengthening initiatives, while the cascading of training within teams was noted, but only by members of four of the 13 research teams.

The evaluation found that the capacity strengthening interventions have led to a number of positive outcomes amongst research teams members. These include strengthened capacity for research, particularly qualitative research methods; improved writing skills and increased levels of awareness regarding the value and relevance of research for social change. Research team respondents also reported increased levels of confidence to undertake research projects – and to apply for funding for these projects. Similar positive outcomes were noted amongst the embedded decision makers. These include increased levels of appreciation of credible and timely evidence, increased knowledge of research project design and implementation, and improved research skills.

The training on gender and equity has enabled higher levels of awareness amongst researchers and decision makers of the importance of adopting a gender lens when planning and implementing research projects. Evaluation participants also reported increased knowledge of the concept 'knowledge translation', as well as improved capacity to develop and implement a knowledge translation plan.





Objective 3: To measure the different levels of impact and scale-up and how the EA-HPRO and research teams have contributed²⁷.

Both researchers and decision makers reported highly positive attitudes regarding the EA-HPRO model of researcher / decision maker engagement – and noted a number of benefits that they have derived through their participation in the model. This includes an increase in research team’s awareness and understanding of policy priorities as well as improved levels of access to policy makers and policy making processes – both of which were facilitated by the embedded decision makers. Furthermore, the evaluation found positive shifts in the researcher and decision maker knowledge on MNCH, and there is also evidence of positive outcomes at both individual and organisational level as a result of their involvement in this initiative.

Finally, in terms of policy outcomes there is evidence that EA-HPRO Consortium has had a positive influence in this regard, with most notable changes in policy delivery and resource allocation (mostly at site level), a greater appreciation of evidence amongst decision makers and early positive shifts in MNCH policy in some countries. This will be elaborated in the Outcome Harvesting case studies.

The evaluation shows that the EA-HPRO model of having decision makers embedded in research teams, providing capacity development to research teams, and facilitating engagement in policy spaces are strong predictors for successfully influencing policy or decision-making processes.

²⁷ This will be further explored in the case studies for Uganda and Tanzania.





9 Lessons learnt and Recommendations

Lesson learnt 1: A complex initiative such as IMCHA requires clear roles and effective communication between EA-HPRO and research teams, as well as within research teams.

The following is recommended to support this:

- The IDRC and HPRO should work collaboratively to plan an inception process for research teams. This should include defining the roles of the HPRO (and consortium members) in relation to the IDRC and research teams, and conducting needs assessment of research teams to determine their capacity.
- Given the communication infrastructure in some African countries, research teams combining members on different continents should factor in periodic (e.g. annual) in-country face to face engagements. This will help facilitate better engagement between research team members and an understanding of the country research context.

Lesson learnt 2: Providing access to regional policy spaces, and training and technical support relevant to the needs and experience of research teams, is an effective capacity building model.

The following is recommended to support capacity development of research teams:

- Training content and the level at which the training sessions will be pitched must be clearly communicated to the research team principal investigators to allow for the selection of suitable participants. This will improve the relevance and usefulness of the training.
- Where applicable, parallel training sessions could be arranged to cater for the needs of junior versus more advanced members of the research teams.
- Alternatively, research teams could be supported in their development of a capacity building plan, linking capacity strengthening requirements to specific team members.
- Systems should be developed to provide clear guidelines and methods for post-training mentoring and support as well as the cascading of new skills and knowledge within the research teams.
- Providing tailored technical support would require more capacity of the EA-HPRO in terms of number of people and skills. Staff providing technical staff should be knowledgeable of country context, research, health systems strengthening, advocacy and knowledge translation.

Lesson learnt 3: Bringing decision makers into the research process in a meaningful way requires time and continuous engagement, but is effective in gaining access to policy engagement spaces.

The following is recommended to support access to policy engagement spaces:

- Decision makers should be involved from the research design process and continuously play the role of aligning the research to the country context. This includes: designing research questions, designing the sample, linking researchers to policy spaces, preparing researchers to engage in policy spaces.
- Ensure that the purpose and strategy for each engagement is clear to researchers – whether it is part of capacity building, or policy engagement, and which aspect of the policy cycle it is targeting (e.g. agenda setting, policy formulation, agenda setting etc).
- Include indicators for monitoring the quality of stakeholder engagement at national and regional level in the MEL framework.





Appendix one: Overview of research projects

Table 6 Overview of countries and research projects

Country	Project name	Institution
Ethiopia	1. Promoting Safe Motherhood in Jimma Zone, Ethiopia	Jimma University; University of Ottawa/Université d'Ottawa
	2. Community-Based Cause of Death Study Linked to Maternal and Child Health Program and Vital Statistics in Ethiopia	Ethiopian Public Health Association
	3. Statistical Alliance for Vital Events: Strengthening Reporting and Program uses of Facility-based Child and Maternal Mortality Data in Ethiopia and Mozambique (108549) (also in Mozambique)	
Malawi	4. Improving high quality, equitable maternal health services in Malawi	AMREF Health Africa, The Governors of the University of Alberta
	5. Integrating a neonatal health package for Malawi	University of Malawi; the University of British Columbia
Mozambique	6. Planning Phase - Strengthening Community to Health Facility Care Continuum in Marrere, Mozambique	Universidade Lúrio
	7. Statistical Alliance for Vital Events: Strengthening Reporting and Program uses of Facility-based Child and Maternal Mortality Data in Ethiopia and Mozambique (108549)	
Uganda/ South Sudan	8. Mother-child health in Lacor, South Sudan and Uganda	St. Mary's Hospital Lacor; Torit Hospital South Sudan, University of University of Montreal in Canada
	9. Health Workers' Incentives in Uganda	BRAC International; Board of Governors of Cape Breton University
	10. How can a gender lens enhance maternal and child health social enterprises in Africa?	
Tanzania	11. Accessing Safe Deliveries in Tanzania: Leadership and managerial capacity strengthening for quality pregnancy and newborn outcomes in Tanzania	Tanzanian Training Centre for International Health; Dalhousie University; Morogoro Regional Hospital
	12. Training providers in life-saving interventions in emergency obstetric care and costing related inputs to provide such services.	



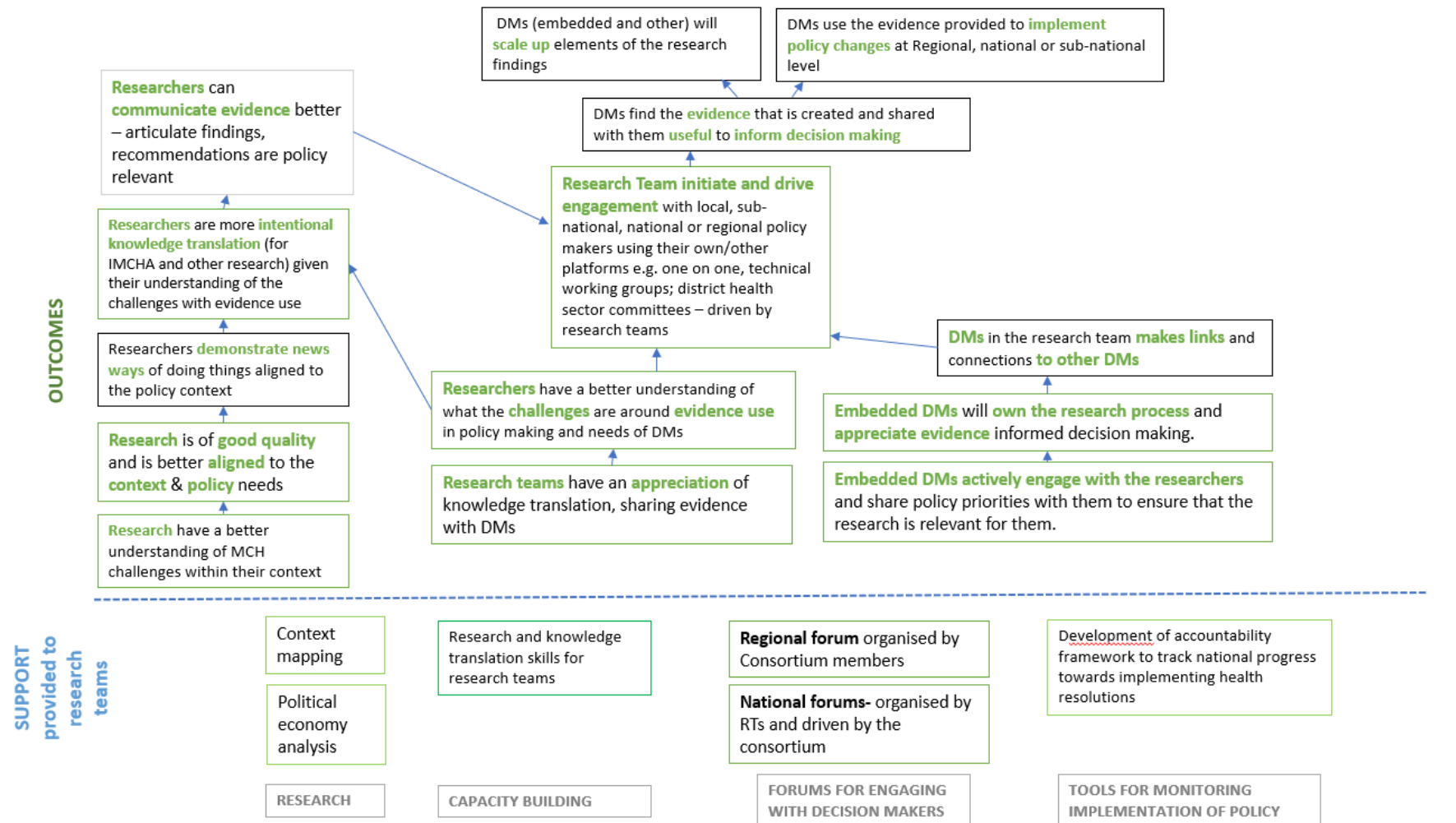


Country	Project name	Institution
	13. Replicating the MamaToto Program in Rural Tanzania; Mama na Mtoto: Barriers and enablers to gender, equity and scale-up in Tanzania	The Catholic University of Health and Allied Sciences; The Governors of The University of Calgary
	14. A MHealth strategy to reduce eclampsia and maternal and infant death in Tanzania through utilizing mobile technology to identify women with these life-threatening problems at the community and health facility levels.	The Registered Trustees of Ifakara Health Institute; Queen's University at Kingston; Pamoja Tunaweza Womens' Centre Company Limited
	15. Improving Access to Health Services and Quality of Care for Mothers and Children in Tanzania through evaluating key interventions that lift barriers preventing access to services at a community level in Iringa region	University of Dar es Salaam. Institute of Development Studies; HealthBridge Foundation of Canada
	16. Quality Improvement for Maternal and Newborn Health in Mtwara Region, Tanzania	Ifakara Health Institute; SickKids Center for Global Health; and Mtwara Region Health Department
	17. Bridging the know-do gap among health care workers and decision-makers through improved routine measurement of the quality of maternal and newborn care (108546)	
	18. Enhancing community health workers support for maternal, adolescent and newborn health project plus contraception in rural Tanzania; Building an Enhanced Cadre of Community Health Workers to Improve Maternal and Newborn Health in Rural Tanzania	Shirati KMT Council Designated Hospital; Bruyere Research Institute/Institute de Recherche Bruyere
	19. Scaling up low-cost interventions in birth kits given to mothers in late pregnancy	
	20. Strengthen community services, including triage for mothers and subsidized transportation for pregnant women to facilitate access to emergency services.	





Appendix two: Working Theory of change





Appendix three: Overview of capacity strengthening interventions

Topic	Training objectives	Training providers	Training participants	Logistics
Intervention costing and mixed methods research <i>(Annual Report November 2016)</i>	To improve research project implementation	Not indicated	30 participants from all of the research teams	Nairobi, Kenya 14-18 December 2015
Orientation training on context mapping <i>(Annual Report November 2016)</i>	To enhance knowledge on how to conduct a context mapping exercise	Not indicated	3 focal persons from Ethiopia, South Sudan, Malawi and Tanzania	11-12 February 2016
Strategic communications and policy engagement – workshop 1 <i>(Annual Report November 2016)</i>	To facilitate improved planning for engagement with decision makers	APHRC	11 participants from Malawi, Mozambique, Ethiopia, South Sudan / Uganda	Malawi 28 March-01 April 2016
Strategic communications and policy engagement – workshop 2 <i>(Annual Report November 2016)</i>	To facilitate improved planning for engagement with decision makers	APHRC and PPD	21 participants from Tanzania, Ethiopia, South Sudan / Uganda	Tanzania 11-15 April 2016
Gender and equity <i>(Annual Report November 2017)</i>	To improve knowledge of gender concepts and gender analytic frameworks to guide research and reporting	Professor Olabisi Aina	Participants included research team members from South Sudan / Uganda as well as MOH officials	Kampala, Uganda 0,5 day session on 02 June 2017
Systematic review <i>(Annual Report November 2017)</i>	To provide an opportunity for peer-to-peer learning and to facilitate the development of quality research papers	Members of Jimma University research team	54 participants from across 27 research teams (2 members per team)	Addis Ababa, Ethiopia 17-21 July 2017
Qualitative data analysis <i>(Annual Report November 2017)</i>	To increase participant's knowledge and skills in qualitative data analysis for application in their research projects	Dr Jennifer Wisdom, Dr Pamela Juma, and Dr Loubna Belaid	26 participants including research team members from Ethiopia, South Sudan, Uganda, Malawi, Tanzania, and Mozambique plus five young researchers from APHRC	Nairobi, Kenya 9-13 October 2017





Topic	Training objectives	Training providers	Training participants	Logistics
Knowledge translation café, consisting of three, short training sessions <i>(Annual Report November 2017)</i>	To strengthen the capacity of research teams for long-term and systematic engagement with decision makers in their respective countries for more effective uptake of evidence generated via IMCHA projects	EA-HPRO and WAHO	IMCHA Initiative mid-term meeting attendees	IMCHA mid-term meeting 27 April 2017
Knowledge translation <i>(Annual Report November 2017)</i>	To strengthen the capacity of research teams on how to develop key messages and articulate IMCHA project innovations	APHRC	All six Tanzanian research teams	Meeting with Tanzanian research teams in Dodoma 28-29 June 2017
Research methods <i>(Annual Report November 2018)</i>	To build the capacity of the research teams in South Sudan in research methodologies	Dr Loubna Belaid	24 participants including public health officials and research teams members from South Sudan and Uganda	Torit, South Sudan 04-08 December 2017
Scientific writing <i>(Training report and Annual Report November 2018)</i>	To equip participants with knowledge on scientific writing to effectively contribute to the achievement of IMCHA's publishing objectives	Dr Edna Nduku Mutua and Yvonne Wangūi Machira	Research teams members from Tanzania (9), Ethiopia (4), Uganda (4), Malawi (3), Kenya (2), Mozambique (2) and South Sudan (1) 25 participants in total of which 18 (72%) were male and 7 (28%) were female	Addis Ababa, Ethiopia 13-17 November 2017
Qualitative systematic review <i>(Annual Report November 2018)</i>	To build capacity for research teams to conduct and publish systematic reviews of IMCHA-supported projects	Members of the Jimma University research teams, led by Professor Sudhakar Morankar	24 participants from 12 research teams	Nairobi, Kenya 23-27 April 2018
Knowledge translation <i>(Annual Report November 2018)</i>	To enhance understanding of knowledge translation and tools available to translate knowledge	APHRC	24 participants from 12 research teams	Nairobi, Kenya 24-27 September 2018





Topic	Training objectives	Training providers	Training participants	Logistics
	for informed decision-making			
Gender and equality <i>(Annual Report November 2019)</i>	To equip participants with skills and knowledge to identify gender and equity challenges and how to address them in their implementation of the IMCHA-supported research projects	Professor Olabisi Aina	28 participants	Nairobi, Kenya 5-8 November 2019



Appendix four: Types of knowledge translation activities and products reported by evaluation participants

Country	Project name	Overview of Knowledge Translation outputs and activities
Ethiopia	<p>Promoting Safe Motherhood in Jimma Zone, Ethiopia</p> <p>PI: Abebe Gebretsadik</p>	<p>12 peer-reviewed papers have been planned (input indicates that 9 papers have been published to date).</p> <p>Other planned outputs include policy briefs, the preparation of manuscripts for publication online, the production of a 20 minute documentary / video, and presentations of the research findings at district review meetings. Respondents also noted that they are planning to share research findings with community and religious leaders, women and health extension workers (HEW), 48 primary health care unit leaders, and midwives. Other planned activities include a “...stakeholder meeting with about 200 stakeholders in Addis Ababa and a policy meeting with stakeholders involved in this project.” (SSI_Researcher)</p> <p>Presentations to the National Advisory Committee (NAC), which is chaired by the director of the MCH directorate, are also being conducted (with the exception of the meeting scheduled for May 2020, as a result of Covid-19 pandemic lockdown). The NAC meets every 6 months and includes stakeholders from Jimma University, the MOH, USAID, UNICEF and the WHO as well as the Chairman of the National Ethical Clearance Research Council.</p>
	<p>Community-Based Cause of Death Study Linked to Maternal and Child Health Program and Vital Statistics in Ethiopia</p> <p>PI: Wubegziar Mekonnen Ayele</p>	<p>Sharing of policy briefs and articles regarding the research has taken place at annual conferences organised by professional associations aligned to the research. These associations include those working in public health and statistics.</p> <p>Plans for future knowledge translation activities include presentations to the TWG for civil registration and vital statistics systems and to the Research Advisory Council on Maternal and Child Health in the MOH.</p>
Malawi	<p>Improving high quality, equitable maternal health services in Malawi</p> <p>PI: Dr Ellen Chirwa</p>	<p>3 policy briefs (a third is currently under review) have been prepared. One policy brief focused on barriers to quality of care and was shared with the MOH, followed by a dialogue session with relevant policy makers. In addition, 2 publications (third is under review), 2 blogs and a fact sheet have been prepared. The fact sheet focussed on factors contributing to maternal mortality and means of addressing these factors.</p> <p>Respondents noted that dialogues with decision makers have taken place. The research team was also invited to conduct a presentation on the research project at the quarterly government structure meetings. Elements of the</p>



Country	Project name	Overview of Knowledge Translation outputs and activities
		research (step motherhood) have also been shared with the TWG for MCH. Respondents noted that the research findings have been shared at local and international conferences.
	Integrating a neonatal health package for Malawi PI: Dr Kondwana Kawaza	<p>Data is being analysed and the knowledge translation plan is still being compiled. However, research teams members indicate that engagements will be conducted at local, district and national level. For example: workshops and face-to-face meetings will be conducted at local level targeting stakeholders such as health workers; while knowledge exchange sessions will be conducted at national level with representatives from the MOH.</p> <p>The research team has attended quarterly meetings with members of the Department of Reproductive Health (as well as members of the other Malawi-based IMCHA research team). Updates on the research project have been presented at these meetings, which are attended regularly by the department's Director.</p>
Mozambique	Planning Phase - Strengthening Community to Health Facility Care Continuum in Marrere, Mozambique PI: Dr Celso Belo	<p>The research team PI indicated that the team has spent the last 6 months analysing target groups and compiling a knowledge translation plan. However, plans have been put on hold as a result of the Covid-19 pandemic.</p> <p>The research team is planning the production of pamphlets, short videos and radio presentations, utilising the local languages of project-targeted areas.</p>
Uganda/ South Sudan	Mother-child health in Lacor, South Sudan and Uganda PI: Dr Emmanuel Ochola	<p>The research team has been providing research project updates at meetings with key decision makers and regional forums since 2018. Community dialogues have also taken place to share information on research project progress.</p> <p>A systematic review has been published, focusing on the relevance of immediate care in post-natal care.</p> <p>Planned activities include the preparation of policy briefs for evidence dissemination at national level, radio presentations, publications, and PowerPoint presentations. The PowerPoint presentations will be used to present research findings at district level meetings. The research team PI also noted that "...we will have a stakeholder-policy engagement conference and will meet a day before to target the ministry and NGOs working in the sector." (SSI_PI)</p>
	Health Workers' Incentives in Uganda; How can a gender lens enhance	<p>Input indicates that 2 policy briefs (targeting national level stakeholders), 2 research papers (targeting an academic audience), a technical response (with a gender focus), and a gender toolkit plus videos (for use by stakeholders located at management level) have been prepared thus far.</p>



Country	Project name	Overview of Knowledge Translation outputs and activities
	<p>maternal and child health social enterprises in Africa?</p> <p>PI: Dr Jenipher Twebaze</p>	<p>Planned activities include research dissemination events at district level with community health workers and mothers; and at national level with the MOH, Ministry of Finance and other relevant, national-level stakeholders. However, plans are currently on hold as a result of the Covid-19 pandemic.</p> <p>Project documents report that team members held a half-day forum with the Maternal and Child Health Technical Working Group in Uganda. The forum brought together the MOH and its implementing partners, research institutions and members of academia. The project's baseline findings were shared, highlighting the work of BRAC CHWs and how to sustainably engage CHWs to contribute to human resource gaps in the health sector. The aim of the engagement is to contribute towards the development of the Community Health Extension Workers (CHEWs) policy.</p>
Tanzania	<p>Accessing Safe Deliveries in Tanzania; Leadership and managerial capacity strengthening for quality pregnancy and new-born outcomes in Tanzania</p> <p>PI: Dr Angelo Nyamtema</p>	<p>Fact sheets have been prepared and disseminated via various conferences, workshops, social media, and regional and council health management teams. The fact sheets have also been shared with stakeholders from the MOH and the President's Office for regional administration and local government. Research project information has also been shared informally via presentations at research meetings.</p> <p>The co-PI noted attendance at international conferences.</p> <p>The preparation of a documentary and policy brief were also reported by the research teams' decision maker. The documentary was shared with stakeholders at district and regional level.</p>
	<p>Replicating the MamaToto Program in Rural Tanzania; Mama na Mtoto: Barriers and enablers to gender, equity and scale-up in Tanzania</p> <p>PI: Dr Dismas Matovelo</p>	<p>Information regarding the research project has been shared at annual research discussion fora at the hospital affiliated to the Catholic University of Health and Allied Sciences. Fora participants include researchers and government officials from Tanzania and other East African countries.</p> <p>Research team members have also attended conferences in Kenya and Uganda, where presentations on the research project were conducted.</p>
	<p>A MHealth strategy to reduce eclampsia and maternal and infant death in Tanzania</p>	<p>The RT reported plans for policy briefs, journal articles, reports, seminar presentations, posters, leaflets, and the production of a video / documentary on the research project.</p> <p>Reports will be submitted to the MOH and shared with community members in those areas targeted by the project. Stakeholders at district and regional level will also be targeted as key recipients.</p>



Country	Project name	Overview of Knowledge Translation outputs and activities
	<p>PI: Dr Robert Tillya</p>	
	<p>Improving Access to Health Services and Quality of Care for Mothers and Children in Tanzania</p> <p>PI: Dr Stephen Maluka</p>	<p>1 policy brief has been prepared and shared at the university research forum / national research exhibition. Members of the research team have participated in this forum, which is hosted every 6 months, since the project commenced – and have won three awards thus far (in 2017, 2018 and 2019). The research team is also preparing articles on the research project – one has been published thus far.</p> <p>Meetings have been held with district and regional decisions makers in project areas and with selected community leaders. Here progress updates were provided and challenges associated with the project were discussed. Project documents also note dissemination of IMCHA project findings in Mufindi and Kilolo districts (2-7 March 2020).</p> <p>Short videos / documentaries have been prepared and were launched in March 2020. These are currently being screened on YouTube. In addition, documents have been prepared for distribution to members of participating communities and the decisions makers participated in 2 radio programs, where they provided details about the research.</p> <p>Conference attendance (3) was also reported:</p> <ul style="list-style-type: none"> • Three presentations were made at the 1st International Conference of Development Studies (in Dodoma, Tanzania from 11th – 12th March 2020) • The research team co-PI attended the 25th Canadian Conference for Global Health (17-19th October 2019). Two presentations were conducted on behalf of the team titled: (i) Leaving no one behind: engaging community to improve health of mothers and children in Tanzania; and (ii) Improving access to health services and quality of care for mothers and children in Tanzania.
	<p>Quality Improvement for Maternal and Newborn Health in Mtwara Region, Tanzania</p> <p>PI: Dr Fatuma Manzi</p>	<p>Data analysis is in progress. In the interim, knowledge translation planning is underway – Research team members are currently developing concept notes, policy briefs and publications. The PI also indicated that a journal article has been compiled and submitted.</p> <p>Research team members also reported that stakeholder meetings and conference presentations are being planned.</p>



Country	Project name	Overview of Knowledge Translation outputs and activities
	<p>Enhancing community health workers support for maternal, adolescent and newborn health project plus contraception in rural Tanzania;</p> <p>Building an Enhanced Cadre of Community Health Workers to Improve Maternal and Newborn Health in Rural Tanzania</p> <p>PI: Dr Bwire M Chirangi</p>	<p>Two articles have been published based on qualitative research elements.</p> <p>Meetings with relevant decision makers were held every 6 months and the IP reported ongoing engagement (throughout the research project) with government stakeholders at local, district and regional level. District level stakeholders include the health officer, district nursing officer and health worker focal points. Primary data also indicates research team member attendance at various stakeholder meetings and conferences.</p> <p>The finalised research findings will be shared at local level with community health workers and women champions involved in the project, while the use of virtual platforms for dissemination is under consideration.</p>





Appendix five: Review of key communications products for projects in Tanzania and Uganda (Case Study Countries)

Tanzania programmes

1. Mechanisms, Outcomes, Mobilization of Maternally-led Interventions for Newborn Care (MOM-LINK Lab)

KNOWLEDGE ACQUISITION AFTER HELPING BABIES SURVIVE TRAINING IN TANZANIA
Dool, P., Campbell-Yeo, M^{1,2}, McMillan, D¹, LeBlanc, J³, Tomblin Murphy, G⁴, Nyamtrima, A⁵, & Bukemele, P. ASDIT Team^{1,2,4}

BACKGROUND
Helping Babies Survive (HBS) is a suite of programs that aims to eliminate preventable newborn deaths through skill-based learning for healthcare providers in low-resource areas. Reduction in neonatal mortality and fresh stillbirths with HBS has been reported in Tanzania but there has been limited assessment of ECEB and ECSB.

METHODS
Training in HBS was provided in Morogoro region, Tanzania in April 2016 during a 3-day workshop. Knowledge assessments, using standardized multiple choice questions on the content of the training, were collected on pre and post knowledge acquisition for HBB, ECEB, and ECSB. Knowledge assessments required >80% score to pass. Facilitators (n=16) were doctors and nurses who had responsibility for overseeing deliveries or leadership positions and who had previous knowledge and training. Learners (n=24) were nurses and midwives at St. Francis Hospital who attended deliveries for newborns and who may not have had previous knowledge or training in HBS.

RESULTS
Knowledge significantly improved from pre to post assessment on all modules. After training, all HBB and ECEB items were correctly identified by 80% or more by participants. However, facilitators struggled to identify correct responses on five ECSB items even after training including frequency of nasogastric tube feeding (38% incorrect), average daily weight gain (31% incorrect), daily increase of feeding volume (25% incorrect), cues for readiness for breastfeeding (31% incorrect), and timing of ongoing assessments (44% incorrect).

	Pre		Post		SD	Z-sided p value
	mean score	% passed	mean score	% passed		
HBB - Facilitators	15.3	93.8%	16.6	100%	1.1	.001
HBB - Learners	14.5	75.0%	16.3	91.7%	1.8	.001
ECEB - Facilitators	20.9	81.3%	24.3	100%	2.3	.001
ECEB - Learners	20.3	66.7%	23.5	95.8%	2.0	.001
ECSB - Facilitators	23.8	56.2%	27.9	100%	2.3	.001

TARGET AREAS
 Improve resuscitation (stimulation, suction & bag and mask ventilation within 60 seconds of birth)
 Prevent infections (Promote immediate skin to skin contact (SSC) & exclusive breastfeeding)
 Improve temperature regulation (breastfeed only)
 Use of alternate feeding methods (oral, nasogastric, tube)

AIM
As part of 'Accessing Safe Deliveries in Tanzania' (ASDIT) aimed at strengthening human resources for neonatal care, this study sought to compare knowledge prior to, and immediately after, HBB, ECEB, and ECSB training in Tanzania.

CONCLUSIONS Knowledge significantly improved for both facilitators and learners on neonatal resuscitation and early newborn care for full-term infants after HBB and ECEB training. Facilitators also benefited from training about low-birth weight infants. Although knowledge improves with ECSB, there are areas where additional training on care for small babies may be required.

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MOM-LINK LAB
Mechanisms, Outcomes, Mobilization of maternally-led Interventions in Newborn Care

Centre for Pediatric Pain Research
SCIENCE HELPING CHILDREN

Dalhousie University
DALHOUSIE UNIVERSITY

ASDIT
ACCESSING SAFE DELIVERIES IN TANZANIA

ASDIT
ACCESSING SAFE DELIVERIES IN TANZANIA

ASDIT
ACCESSING SAFE DELIVERIES IN TANZANIA

We reviewed the 'Knowledge Acquisition After Helping Babies Survive Training in Tanzania' poster. This poster aims to demonstrate how capacity building programmes improved neonatal care in Tanzania. It does this by detailing the outcome of a research study that measured knowledge before, and immediately after skills-based training. It is a large product - A0 paper size (approx. 841 x 1189mm) – suitable as a hardcopy communications product only.

Strengths:

The product uses a relatively modern-looking font and there is good palette restraint, which matches MOM-LINK Lab's logo well). In other words, the colours used are not overwhelming and they complement each other well.

We found some areas for improvement:

Posters are visual aids that tend to present limited amounts of background information, a few key messages and some contact information. In this case, the poster has been used more as a factsheet. It would be difficult to imagine the intended users – be they practitioners or decision makers – reading all the content in this format because there is simply too much to try absorb.

The amount of 'white space' in this product is lacking. White space helps the eye and also helps draw readers' eyes to key aspects. It is achieved with spacing between sections and by breaking up text using graphics and photos. In this case, the poster has been divided into three columns, but the spacing between them is very small creating a 'wall of text' effect that is overwhelming. This risks key information or messages getting lost or users simply abandoning the product all together. Cutting the amount of text (for example, but removing the methods section altogether and merging the background and aim section) would strengthen the product, as would using bulleted lists instead of paragraphs.

Tables, boxes and graphics serve useful illustration purposes and this works well in the background section where the key areas targeted are illustrated with infographics. The table, however, is far too complicated to be included in a poster and would benefit from being simplified. There is no need to





include p-values, for example. The padding around text boxes is also too small, which gives a cramped feel. The writing is clear in parts, but could be improved with less use of the passive voice and by removing acronyms altogether (these have no place in fact sheets and posters). Footnotes should also be removed.

In summary: The poster format is not quite right for the type (and amount) of content being presented. It would work better as a factsheet, taking on the other recommendations on design (e.g. white space, breaking up text), use of tables/graphics and writing style. If refined it would work as a national product.

2. Tanzanian Training Centre for International Health Ifakara

ACCESSING SAFE DELIVERIES IN TANZANIA
FACT SHEET

Background information

With maternal mortality ratio at 554 per 100,000 live births, and the neonatal mortality rate at 19 per 1,000 live births (IHIS, 2015), the government targets to expand the number of health centers (HCs) providing comprehensive emergency obstetric and neonatal care (CEmONC) services from 12% to 50% by 2020. As part of the Innovating for Maternal and Child Health in Africa (IMCHA) initiative, the Tanzanian Training Centre for International Health and Dalhousie University in Canada are implementing a research project called Accessing Safe Deliveries in Tanzania (ASDIT). The goal of this project is to reduce maternal and neonatal morbidity and mortality in Tanzania by means of enhancing safe deliveries through supporting comprehensive emergency obstetric and neonatal care services at the health center level. From 2016 to 2019 the project introduced and strengthened CEmONC services in five health centers located in underserved rural areas in Morogoro region using associate clinicians.

Project sites

Gairo HC in Gairo, Kibati and Metela HCs in Mvomero, Ngerengere HC in rural Morogoro and St. Joseph HC in Kilosa district. Mimba and Mkiamba HCs in Kilombero district did not receive any intervention and were considered as controls.

Interventions

1 Face-to-face training in CEmONC and anaesthesia

Twenty-two associate clinicians from five health centers were trained in teams for three months in CEmONC and anaesthesia. Assistant medical officers were trained in CEmONC and clinical officers and nurse/midwives (diploma) were trained in anaesthesia and care of the sick and premature newborn.

2 eLearning program

Six eLearning modules were developed and uploaded on stand-alone computers in all supported health centers to reinforce CEmONC and anaesthetic skills and knowledge. These computers did not require continuous internet access since this was not available in most of the health centers. In early 2019 the modules were also uploaded on the care providers' mobile phones through a mobile app called Moodle.

3 Supportive supervision and mentorship

Supportive supervision and mentorship were done every quarter and included clinical audits for C-sections, maternal and deaths and morbidities, fresh stillbirths, early neonatal deaths and anaesthesia.

We reviewed the 'Accessing Safe Deliveries in Tanzania' factsheet. This factsheet aims to demonstrate how a three-year training and mentoring programme improved neonatal care in underserved clinics in rural areas. It does this by detailing the outcome of a research study that measured health outcomes in an intervention versus a control group. It is a four-page A4 product suitable for hardcopy and digital formats.

Strengths:

The product uses an excellent font and is well laid out, with good use of white space, shaded boxes to highlight key messages and complementarily photos. It would be appropriate for both decision makers and practitioners.

We found some areas for improvement:

- While the factsheet uses titles and subtitles quite well to clearly break up the document, the key achievements section could be strengthened by spelling out each key achievement in bold (i.e. changing '2. Health facility deliveries' to '2. Significant increase in health facility deliveries').
- To help quickly present key information, bulleted lists could be considered and some of the tables could be simplified by turning them into infographics. A key messages box with 3-4 bullets at the beginning of the document would work well.
- The writing is clear in parts, but could be improved by removing most acronyms (there is no need to make the terms 'referral rate' or 'health centre' into an acronym); and reducing the use of 'researcher speak' (i.e. instead of the word 'mean', use the word 'average'). Some sentences are also very long, which makes them difficult to read and should be split into two or rephrased.
- While the factsheet includes a background section, which outlines the intervention itself (mentoring, online/face-to-face training), it does not provide information about how the intervention was evaluated (e.g. through an intervention/control study). This is introduced





half way through the brief, which could confuse readers. With this in mind, the first part of the brief needs to be re-written to include some information about the methodology.

In summary: The fact sheet format works well and simply needs some refinements to the structure and writing. It would work well as both a national and regional product.

3. The Mother and Child Health Services in Lacor South Sudan (MoChELaSS) – APHRC?



We reviewed animated story focused on the MoChELaSS programme. This video aims to provide information on the state of maternal and child health (and related services) in South Sudan. It also aims to give details of the IMCHA programme to implement a ‘community-focused approach to health’. It does by following the story of Sabina, a young mother-to-be who is told by her local clinic that she is underweight and requires targeted prenatal treatment. It is a 3m25s video.

Strengths:

The scripting is very good and succeeds in providing a clear picture of the challenges faced by the majority of women in South Sudan. The visuals, including sketch drawing and infographics, are also well thought out and the production is not too long, which makes it more likely that the decision makers will watch to the end.

We found some areas for improvement:

1. While animated videos using ‘do it yourself’ platforms have become popular and give non-specialists the opportunity to produce their own content, they can nonetheless end up looking less polished than professionally produced videos, largely because they use dated techniques at times. The handwriting across the screen (pictured) is not a commonly used approach by seasoned animators, for example.
2. The divide between problem statement (i.e. Sabina’s story and other contextual information) and the programmatic response is somewhat uneven, with more than two thirds of the video dedicated to Sabina’s story and broader issues in South Sudan, without mention of how the research programme responded/is responding. The script would benefit from some restructuring to make the IMCHA programme more prominent and from an explanation of what a ‘community-focused approach to health’ means in practice.
3. There is no pointer to further information at the end of the video, which is a missed opportunity.

In summary: The video does a good job at presenting the problem, but is weaker in its articulation of the solution, which is arguably the main point of the piece. Some additional information on IMCHA





programme needs to be included along with examples to bring the research to life. It would work well as a national product.

4. The Mother and Child Health Services in Lacor South Sudan (MoChELaSS)



We reviewed video on the MoChELaSS programme. This video aims to provide information on the state of maternal and child health in South Sudan – with a particular focus on the barrier and facilitators to health delivery – and what the IMCHA programme is doing in this context. It does by first setting the scene of the situation in

South Sudan and then presenting the process of a stakeholders meeting and training on the subject.

Strengths:

The filming is of very high quality (both the interviews and the b-roll), which gives the video a professional feel overall. The script is good and the inclusion of high-level interviews (e.g. Minister of Health, Governor) gives gravitas to the piece. The graphics with accompanying key facts work well and help break up the video into respective sections. There is a nice mix of different perspectives (health care users, providers and decision makers).

We found some areas for improvement:

The video would benefit from more specific information about the research project as well as why evidence-based decision making is important (with examples). Although a stakeholder meeting and training course is mentioned (and participants talk about its benefits) there is no additional information given on what impact it had or is having.

There is no pointer to further information at the end of the video, which is a missed opportunity.

In summary: The video provides rich background information, but would benefit from more specific information about the research project and what it achieved in practice. It would work well as a national product.



5. The Mother and Child Health Services in Lacor South Sudan (MoChELaSS) – APHRC?



We reviewed “Midwives do not appreciate pregnant women who come to the maternity with torn and dirty clothing”: institutional delivery and postnatal care in Torit County, South Sudan: a mixed method study. By the presenting the results of a mixed methods study, the article explores the issues that prevent women in South Sudan from using skilled birth attendants. It mentions that research is part of the wider MoChELASS programme.

Strengths:

The journal article title is excellent – long but compelling, immediately giving the reader a sense of why many women do not choose to use skilled birth attendants. The methods, analysis, discussion and conclusions sections are solid with strong attention to detail. The quotes used in the results section highlight the key barriers to institutional deliveries very well –

namely stigma, insecurity, cost and perceived low quality of services.

We found minimal areas for improvement:

1. The only issue is that research for the piece was done in 2016 and then journal article was only published in 2020, a long delay which may affect the validity of the piece especially given the rapidly changing context in the country.

In summary: This is a very well planned and presented piece, with excellent presentation of results and their implications. However, while journal articles are critical to capturing rigorous research, they can be inaccessible either because of paywalls or because certain audiences are unfamiliar with the format and presentation of academic papers. To overcome this issue, the piece could be summarised as a blog or policy brief. In its current format, it would well as a national or regional product.

6. The Mother and Child Health Services in Lacor South Sudan (MoChELaSS) – APHRC





Lacor Hospital studies S Sudan maternal mortality

Author : Ijoo Bosco | Published: Tuesday, January 24, 2017

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Matang State Ministry of Health has initiated a scientific research project that will look into issues of Mother-Child Health in partnership with Lacor Hospital in Gulu, northern Uganda.

The Mother Child Health Lacor South Sudan or MOCHELASS research project is estimated to cost one million Canadian dollars and will investigate and recommend problems making maternal mortality rate high in South Sudan.

The research is aimed at attaining accurate and locally generated information on how to improve health care.

Elijo Omoro, project principal investigator, says the research project will investigate and recommend to donors areas of improvement on the high maternal mortality rate in the area.

"The project is divided into two phases; there is a first phase which is formative and then the second phase which will be the implementation of the recommended interventions," Mr Omoro told Eye Radio.

"Now we are trying to collect some basic information as a baseline so that we are able to design interventions."

The project will run for five years in the two areas of Uganda and South Sudan.

The Maternal Mortality Rate (MMR) in South Sudan is 2,054 maternal deaths per 100,000 live births, according to the UN.

Each mother in South Sudan has a one in seven chance of dying during her lifetime.

This high MMR is related to South Sudan's high child mortality rate — 25 percent of South Sudanese children die before their fifth birthday.

However, the high MMR has been attributed to rampant poverty and lack of trained midwives.

Total Page Visits: 108 - Today Page Visits: 1

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We reviewed *Lacor Hospital studies S Sudan maternal mortality*, a digital news article featured on South Sudan's Eye Radio website. Through some general background and quotes from the project team, it highlights the work of the MoCHELASS programme. We assume that because it was submitted for review this media piece was proactively sought through contact with the media outlet.

Strengths:

This article provides some general information on the MoCHELASS programme along with some broader context on the maternal health situation in South Sudan.

We found several areas for improvement:

Media reporting capacity in South Sudan remains weak, partly due to low levels of education among journalist but also because content is regularly censored by the government. With this in mind, achieving high-quality news coverage on programmes can be difficult. It is often necessary to provide journalists with a 'ready-made' article that they can simply tweak, rather than expecting them to capture nuances or include important background information.

The quotes in this piece could be stronger. Instead of providing broad details of the logistics of the programme (i.e. "it has different phrases" "we are collecting baseline data"), it would have been better to provide a few sentences on why the programme is important, with tangible examples of what it aims to achieve.

A quick summary of Sabina's story (used in other communications products for this project) may have been a good way to add a human angle to the story.

In summary: This piece is in keeping with other articles produced by journalists in South Sudan. Working with the news outlet to develop the article and providing better quotes would bring the standard up dramatically. It would work as a national product.





Ugandan programmes

7. BRAC Uganda



We reviewed the ‘Strategies to overcome gender-based constraints impacting community health work performance’ policy brief. It aims to highlight the gender-based constraints that affect community health workers. It does this by detailing the outcomes of a four-year research study on the issue. It is a four-page A4 product suitable for hardcopy and digital formats.

Strengths:

This policy brief uses an excellent font and is well laid out, with good use of white space, infographics and numbered lists to highlight key messages, as well as a powerful illustrative photo on the front page. The policy recommendations section is particularly well written. It would be appropriate for both decision makers and practitioners.

We found some areas for improvement:

The structure of the brief works well on a broad level in that there is an introduction; a set of key findings; and a corresponding set of policy recommendations. However, the introduction is a bit longwinded and provides too much background information before getting to the key point: that community health workers face gender-based constraints to operating effectively.

The writing has a lot of ‘researcher speak’ in it and includes jargon that could do with being removed given this is for a policy audience. For example, what does ‘community sensitization’ mean in practice? Explaining this rather than using this term would be more effective. Certain terms are spelt out multiple times (e.g. WHO, WHTs). Some acronyms that are only used once or twice could also be removed completely, and many sentences are long and could do with being broken up a bit to help aid comprehension.

The graphic on p3 is well drawn and clear, but the title, ‘Integration Continuum for Health Social Enterprises’, is quite jargon-heavy and could be reworded to make it more understandable to a non-technical audience. It is essentially illustrating an approach to thinking about gender so should be labelled as such.

While the key findings are well laid out from a design perspective, they could be written in a bolder, more action-oriented way. That said, findings 2 is very strong and the use of infographics works well.

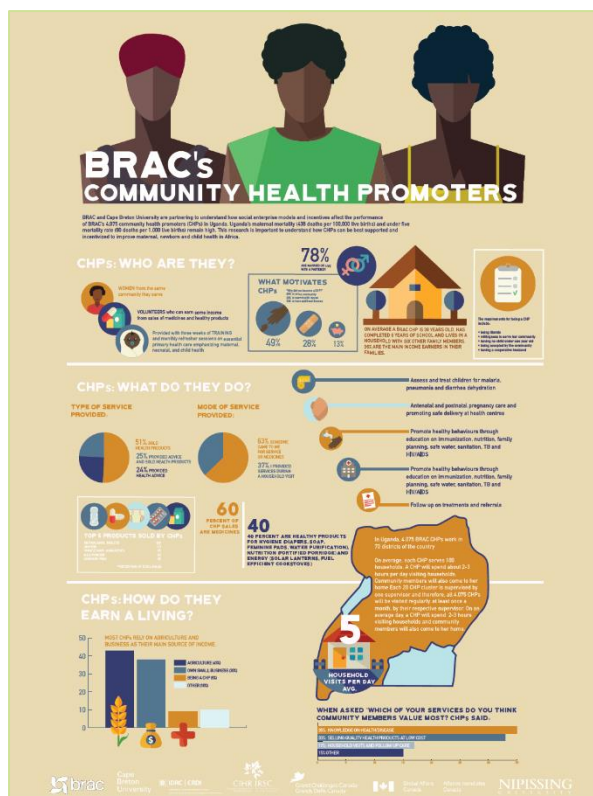
There is no pointer to further information at the end of the policy brief, which is a missed opportunity.





In summary: The policy sheet format works well and simply needs some refinements to the written content and a small amount of restructuring. It would work well as both a national and regional product.

8. BRAC Uganda



We reviewed the 'BRAC's Community Health Promoters' poster. This poster aims highlight the role of community health promoters in Uganda and how their roles can be better supported to help them to improve maternal and child health. It does this by detailing the outcome of a research study looked at health promoter motivations, roles and responsibilities and source of income. It is a large product - A0 paper size (approx. 841 x 1189mm) – suitable as a hardcopy communications product only.

Strengths:

The product uses a good modern-looking font and presents research findings clearly using infographics. It has three well-structured sections that help the reader gain a deep understanding of community health promoters without too much text.

We found some areas for improvement:

1. There is some repeated text in the paragraph the bottom (placed inside the map Uganda) so a slight edit is needed.
2. Acronyms should be removed (these have no place in fact sheets and posters).
3. There is no pointer to further information at the end of the poster, which is a missed opportunity.

In summary: The poster format works well for the amount of content being presented and it is well laid out, making excellent use of infographics to highlight key information. Some small edits are needed but, on the whole, this is a strong piece, which would work well as a national product.





Appendix six: Case Study for Tanzania





Appendix seven: Case Study for Uganda





Appendix eight: Bibliography

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