Catalysing scale-up of maternal and newborn child health innovations: a qualitative study in Ethiopia, Uttar Pradesh, India and northeast Nigeria

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Improving health worldwide





Overview

'IDEAS' - Informed Decisions for Actions in maternal & newborn health

- Measurement, Learning and Evaluation grant by the Bill & Melinda Gates Foundation to the London School of Hygiene & Tropical Medicine since 2010
- Aims to improve evidence for maternal and newborn health (MNH) policies and programmes
- Working in three high maternal and newborn mortality areas
 - Northeast Nigeria
 - Uttar Pradesh in India
 - Ethiopia



Our objectives

- To build capacity for measurement, learning and evaluation
- To characterise innovations
- 3. To measure efforts to enhance interactions between families and frontline workers and increase the coverage of critical interventions
- 4. To explore scale-up of maternal and newborn health innovations
- 5. To investigate the impact on coverage and survival of maternal and newborn health innovations implemented at scale
- 6. To promote best practice for policy







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Qualitative study of scale-up

Aims

- To identify key actions to catalyse scale-up of externally funded MNH innovations – Gates Foundation/other MNH donors
- To identify contextual factors enabling or inhibiting their scale-up

Definitions

- 'Scale-up': increasing the geographical reach of externally funded MNH innovations to benefit a greater number of people beyond grantee programme districts
- 'Innovations': new interventions within a context to enhance interactions between frontline workers and households examples -
 - Mobile phone app with health communication messages
 - Community health workers trained to administer antibiotics to newborns
 - Emergency transport scheme to promote facility births



Methods

- In-depth qualitative interviews: 150 (2012/13) and 60 (2014/15)
- Stakeholders in MNH: government; development agencies; implementers; professional associations; academics/experts; frontline workers
- Analysis: comparative thematic analysis using a common analytic framework
- Validity: data triangulation; investigator triangulation; member checks







Evidence informed framework of scale-up

STAGE

Designing for scale-up

Decision making

Delivery at scale

Demand & uptake

ACTIONS

- Planning, assessment & sensitisation
- · Designing scalable innovations
- · Presenting strong evidence
- Harmonisation , alignment & country ownership
- Invoking powerful individuals
- · Responsiveness and flexibility
- · Supporting 'transition' to scale
- · Review & modification
- · Strengthening health systems capacity
- Engaging community 'opinion leaders'
- · Engaging media

CONTEXT

Health governance

Prioritisation of health issues

Development partner coordination

Health systems capacity

Security

Socioeconomic and cultural contexts

Geographical contexts

STAGE ONE: DESIGNING FOR SCALE-UP

Making scale-up an integral part of the project







Designing innovations to be scalable Effective

- Comparative advantage over alternatives
- Observable effects/impacts

Simple

- Easy to use by health workers and communities: '...it's feasible to train them and it doesn't take an entire lifetime to learn...'
- Low financial and human resource inputs

Appropriate

- **Needs and priorities** of health workers and communities met: 'The innovation makes health workers enthusiastic...it decreases their workload by some amount...'
- Culturally acceptable
- Adaptable to different geographic settings

Aligned

Builds on existing policies and programmes

Tension between effective 'boutique projects' and simple, low cost, scalable innovations:

'Most innovations succeed in their pilot phase because of intensive resources and a determined view of recording a success story...'







Planning, assessment and sensitisation

Planning for and resourcing scale-up

- Developing a scale-up plan that is integral to a project: '...if you plan scale-up when your pilot is over then there are many things you can't go back and correct...'
- Dedicating staff and resources for scale-up activities e.g. advocacy and evaluation officers

Assessing the context

- Policies, systems, community and health worker needs/norms to inform innovation design and scale-up plan
- Stakeholder analysis to identify potential supporters, partners and rivals

Sensitisation

 Early (and ongoing) stakeholder involvement to engender ownership and trust: 'It requires spending a lot of time with relevant people, sitting down, exposure and discussion...'

STAGE TWO: DECISION MAKING

Influencing decision makers to adopt and finance an innovation at scale







Strong base of evidence

- Quantitative evidence: demonstrating innovation effectiveness
 - Decisions not always based on effectiveness data
- 'Experiential' evidence: project visits, meeting beneficiaries:
 '...take decision makers to the field...this way we get emotional buy-in'
- Cost data: cost effectiveness/cost estimates of scaling innovation: 'When it's required to take it to scale government first asks "what's the cost?"...'
- Qualitative data: implementation lessons showing how to scale an innovation
- Secondary data and needs assessments: demonstrating innovation addresses important health needs



Alignment and country ownership

Alignment

- Aligning innovation with government programmes and priorities is critical to government uptake
- Ensuring evidence aligns with government targets/indicators: '...the ministry wants to see how the innovation contributes to the ministry and to health...'
- Synchronising advocacy and communication with decision making cycles

Country ownership

Ongoing government engagement in design, planning, evaluation strengthens country ownership: '...involving decision makers in every step, creating ownership, creating trust by filling gaps and supporting their initiatives...'



Harmonisation

Embracing country coordination bodies

- Implementer and development partner voices more unified when presenting evidence – if not: 'Government is bombarded with information; it's difficult to synthesise and make meaningful decisions [about scale-up]'
- Platform for exchanging learning to strengthen innovations: 'Instead of wasting time reinventing the wheel we really need to come together...'

Working in partnership

 Building broad support across government ministries, development partners, professional associations, communities





Power of individuals to catalyse scale-up

- Support of influential individuals more critical than formal government engagement:
 - Key government personalities
 - Well-connected and respected 'champions': 'If you ask me any single thing I think it's [this person's] vision, passion and belief - one [person] can make a difference!'
 - Charismatic project leaders: '...it's less to do with a clearly articulated scale-up strategy...it's the personalities and leadership of that project'
 - Influential traditional and religious leaders e.g. Emirs of Nigeria





Responsiveness and flexibility

Designing project and preparing for scale-up important but...

- Responding to changes in country policies, programmes, priorities, reshuffling and attrition of government staff
- Waiting until time is right responding to policy windows: '[events came together] in a certain pivotal moment where the Ministry decided there's going to be a policy shift...[the implementer was] flexible and nimble...recognising there's an opportunity...'



STAGE THREE: DELIVERY AT SCALE

Supporting the implementation of an innovation at scale







Working with government in 'transition' to scale

Providing technical assistance

- Participating in developing programme at scale
- Feeding in operational lessons, evidence and project resources
- Harnessing experience of project staff: '[government] are doing it for the first time...if we were there, then their absorption power would be far greater...'

Review and modification

 Reviewing and modifying innovation for scale e.g. selecting effective and cost effective elements

Strengthening government capacity

Staff, organisational and systems capacity to scale innovations: 'You have to do some capacity building with those you want to work with – that's the reality...'



STAGE FOUR: DEMAND AND UPTAKE

Fostering community demand and uptake of an innovation at scale







Stimulating community demand and uptake

Invoking community leaders

 Working with traditional and religious leaders, churches and mosques, community groups to propagate acceptance

Media champions, celebrity endorsement

 Media training and sensitisation and celebrity endorsement to foster acceptance of innovations among communities







DONOR AND GOVERNMENT ACTIONS TO CATALYSE SCALE-UP







Donor actions

- Incentivising implementers to integrate scale-up within project plans
- Allowing flexibility in project plans to respond to change
- Programme officers involved in catalysing scale-up: 'Usually donors give money and you deliver the deliverables. But this was different [the Program Officer] engaged in the MOH and in bringing grantees together...'
- Supporting implementers during transition to scale
- Embracing aid effectiveness principles harmonisation, alignment and country ownership

Government actions

- Working closely with implementers to maximise relevance and value of innovations
- Strengthening donor coordination to foster exchange and capture of evidence

CONTEXT: BARRIERS AND ENABLERS TO SCALE-UP







Decision making

Prioritisation of health issues

- MDGs made MNH a high policy priority in LMICs (+)
- Supportive policy frameworks National Health Mission in India and Health Extension Program in Ethiopia (+)
- Limited public resources for rural health services in Nigeria: '...a lot of politicking and jostling for a piece of the cake...you struggle for monies for MNH...' (-)

Harmonisation

- Limited data sharing among development partners and implementers (-)
- Governments starting to strengthen development partner coordination - especially Ethiopia (+)



Delivery at scale

- Scaling innovations through 'weak' health systems challenging (-)
 - Human resources shortages, high turnover, workloads: 'Every new programme you have a new set of forms...that kinda adds a lot of workload...' (-)
- Northeast Nigeria security situation: 'I know of some organisations
 that just closed down their programmes in the north..., (-)

Demand and uptake

- Sociocultural beliefs and norms difficult to shift especially hegemonic gender relations: '...a labouring mother is left alone in a dark place...the culture doesn't allow women to deliver on the delivery couch...' (-)
- Poverty, geographical distances, difficult terrain (-)



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Thank you!



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