



# Measurement, Learning and Evaluation

What works, why and how in  
maternal and newborn health



LONDON  
SCHOOL of  
HYGIENE  
& TROPICAL  
MEDICINE



# IDEAS Team

IDEAS Phase 2 is led by Dr Tanya Marchant and includes a team of more than 20 multi-disciplinary academic and professional support staff based in London, Addis Ababa, Lagos, Abuja and New Delhi.



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## Partners

IDEAS is funded by a grant from the Bill & Melinda Gates Foundation to the London School of Hygiene & Tropical Medicine.

IDEAS works with multiple partners including government and non-government stakeholders, the private sector, academia and development partners.

# IDEAS at a glance

The IDEAS project has entered a second phase of work from 2016–2020. Our research is focused in three countries fighting to address high death rates for mothers and newborns that affect large numbers of people.

## Ethiopia, India and Nigeria



Ethiopia, located in Eastern Africa, has a population of more than 102 million people making it the second most populous country on the continent. The country has made considerable progress in maternal, newborn, and child health, reaching its Millennium Development Goal 4, the reduction of under-five mortality, two years ahead of the 2015

deadline. Maternal and newborn mortality rates however remain high with 353 women dying for every 100,000 live births and 28 newborns dying in the first 28 days of life for every 1,000 live births<sup>1</sup>.



The State of Uttar Pradesh, located in Northern India, is home to about 16% of the entire country's population. With 204 million inhabitants it is as populous as the fifth largest country in the world. Across the state maternal and newborn mortality rates are high. Government statistics show that in the period from 2014 to 2016 the maternal mortality ratio

was 201 deaths per 100,000 live births<sup>2</sup>. Similarly, figures from 2013 show newborn mortality rates to be high with 35 deaths in the first 28 days of life for every 1,000 live births<sup>3</sup>.



Nigeria, with more than 186 million inhabitants, is the most populous country in Africa. It is also a country with a very high burden of maternal, newborn and child mortality. Across the country the maternal mortality ratio is 814 per 100,000 live births<sup>4</sup>. The northeast of Nigeria, including Gombe State, has particularly high maternal death rates with 1,549 deaths per

100,000 live births<sup>5</sup>. With almost 10% of all newborn deaths worldwide occurring in Nigeria, efforts to increase child survival remain a priority for the country. Again the northeast of the country faces an especially high rate of newborn deaths at 35 per 1,000 live births in Gombe State compared to 29/1,000 in Lagos State, respectively<sup>6</sup>.

- 1 2015 WHO Global Health Observatory country views (<http://apps.who.int/gho/data/node.country.country-ETH>)
- 2 2014–2016 National Institution for Transforming India, Government of India (<http://niti.gov.in/content/maternal-mortality-ratio-mm-100000-live-births>)
- 3 2013 National Institution for Transforming India, Government of India (<http://niti.gov.in/content/neo-natal-mortality-rate-nmr-1000-live-births>)
- 4 2015 WHO ([http://www.who.int/gho/maternal\\_health/countries/nga.pdf?ua=1](http://www.who.int/gho/maternal_health/countries/nga.pdf?ua=1))
- 5 [https://www.unicef.org/nigeria/ng\\_publications\\_advocacybrochure.pdf](https://www.unicef.org/nigeria/ng_publications_advocacybrochure.pdf)
- 6 UNICEF MICS Nigeria 2016–2017 (<http://mics.unicef.org/surveys>)

# Research Agenda

Building on lessons learned from IDEAS Phase 1, our research focuses on four key issues to better understand what works, why and how to improve the health and survival of mothers, newborns and children.



## Improving coverage measurement



Nigeria

**What:** Improve the measurement of priority indicators for maternal and newborn health.

**Why:** Some of the actions that can save lives are surprisingly difficult to measure. So proxy measures are often used instead, making it hard to track progress.

**Where:** In Gombe State, Nigeria we use birth observations as gold standard measures of health worker behaviour to assess the validity of routine data recorded in healthcare registers, and of women's reports during exit interview and at subsequent household follow-up. We also undertake qualitative research to better understand how women perceive respectful maternity care in Nigeria.

**Who:** District-level health actors, including the Gombe State Primary Health Care Development Agency and our data collection partners.



## Fostering innovation sustainability



Nigeria · Ethiopia · India

**What:** Understand what happens to donor-funded innovations that are scaled-up.

**Why:** The sustainability of health programmes is critical. Effective interventions often last only as long as donor funding is available; or only fragile, short-term funding can be secured to sustain them at scale.

**Where:** In Nigeria, India and Ethiopia we have followed over 57 innovations and are studying those taken to scale to assess their sustainability. This includes a Village Health Worker scheme and an Emergency Transport Scheme in Nigeria, a smart phone app for community health workers in India and an innovation to enable community health workers to administer antibiotics to sick newborns in Ethiopia. We are exploring the transition from donor-funded innovations to government or community led health programmes.

**Who:** In all three countries we work closely with governments and Bill & Melinda Gates Foundation implementation grantees.



## Supporting local decision-making



Nigeria · Ethiopia

**What:** Support local evidence-based decision-making in maternal and newborn health.

**Why:** Better data is essential to improve health outcomes, yet even where rich data sources are available, there can be limited capacity to synthesise and use the data for decision-making.

**Where:** In Gombe State, Nigeria, we support the State Primary Health Care Development Agency and other partners to coordinate evidence-based decision-making. We use a shared results framework that brings together routine, monitoring and survey data. Using a six-monthly cycle, we convene Data-Driven Learning Workshops where partners review the latest data and develop targeted actions to improve health.

In Ethiopia and India we are working on an approach to support the use of local data in decision-making called the Data Informed Platform for Health. This involves a structured five-step cycle running every 3–4 months at district level. Standardized job-aids facilitate linking of input and process data from health and other sectors onto a common data-sharing platform. Government and non-government stakeholders analyse the data, identify challenges and gaps and agree on measures to be taken to resolve issues.

**Who:** In Nigeria we work with the Gombe State Primary Health Care Development Agency and its non-governmental partners. In Ethiopia we work with federal and regional health authorities, the Ethiopian Public Health Institute and other partners.



## Understanding quality improvement



Nigeria · Ethiopia

**What:** Understand the mechanisms through which quality improvement in the health sector operates.

**Why:** Despite increasing popularity, there is little evidence to explain why results of quality improvement interventions vary across settings, nor are there good theoretical models to explain the role of leadership, teamwork, supervision or health system context.

**Where:** In Lagos, Nigeria our research aims to understand the processes put in place for quality improvement in the public and private sector and in primary and secondary level facilities.

In Ethiopia we interview health care providers participating in a quality improvement intervention and use quantitative and qualitative methods to try to understand how quality improvement happens and what motivates health personnel to provide high quality care to their patients.

**Who:** In Lagos, Nigeria we work with the Health Sector Development Foundation and their partner the Private Sector Alliance of Nigeria. In Ethiopia we work with Addis Ababa University, the University of North Carolina at Chapel Hill and Ethiopia Public Health Institute and non-governmental partners.

# Contact us

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