Gombe State MNH Partnership
Overview of the IDEAS project research

The IDEAS project at the London School of Hygiene & Tropical Medicine worked with the Gombe State Maternal and Newborn Health Partnership between 2016-2019 to support the implementation of a complex primary health care system strengthening intervention led by the Gombe State Primary Health Care Development Agency. Applying expertise in measurement, learning and evaluation, the IDEAS team supported the use of data for decision making through six-monthly data driven learning workshops and routine facility-based data quality workshops, optimised methods for measuring maternal and newborn health care, tracked changes in the provision of maternal and newborn health care against a shared results framework, and studied the factors that helped to foster sustainability of innovations, including the Village Health Worker Scheme. Throughout, an adaptive management approach was taken, with all actors working together to continuously reflect on and improve implementation processes.

Here we summarise our research activities and findings. Each activity is accompanied by a pre-recorded power point presentation and linked articles. And we look forward to discussing key findings with partners on 14-15 July, 2020.

Which question did we ask?	Compared to non-intervention areas, what was the effect of the MNH partnership on the **coverage and quality** of essential MNH care (identified on the shared results framework) after four years of implementation?
What did we find?	The coverage and quality of ANC and facility birth increased, although not all processes of care improved. The coverage of some healthy newborn behaviours also increased. However, the number of newborns having postnatal care visits remained low and the poorest families continued to have lowest coverage overall.
What does this mean?	This complex intervention, with actors working across the primary health care health system, resulted in important improvements in the provision and uptake of maternal and newborn health care. But the system for early postnatal care visits does not yet work, and more work is needed to reach the poor.

Which question did we ask?	Could the Gombe routine health information system (RHIS) be used to monitor priority facility-based indicators of maternal and newborn care? What effect did an LGA level intervention have on the **quality of routine data**?
What did we find?	The Gombe RHIS captured 12 of 14 priority facility-based indicators. Contact indicators had higher data quality than those reflecting content of care. However, health workers were able to record valid information at the time of childbirth. And the LGA level intervention was associated with multiple improvements in data quality.
What does this mean?	Facility-based routine data in Gombe State can be used to monitor service provision for mothers and newborns. Opportunities for improvement include: making more use of existing data; routinely conducting data quality assessments; fine-tuning supervision to facilitate feedback on data quality; and ensuring effective digitization.

Which question did we ask?	What helped to facilitate the **use of data for decision making** within the Gombe MNH Partnership? What was the experience of using six-monthly Data Driven Learning Workshops to collectively track progress?
What did we find?	Two important dimensions were identified. First, governance, with strong and visible leadership from a committed government. And second, establishing an enabling environment, with transparent data sources, opportunity for continuous learning and adaptation, and a joint sense of accountability for a common purpose.
What does this mean?	Efforts to enhance the use of data for decision making highlighted the importance of strong governance and creating an enabling environment that involved actors at multiple levels of implementation to enhance a sense of responsibility and empowerment.

Which question did we ask?	Do women experience **respectful maternity care** (RMC) in health facilities in Gombe State? And which dimensions of RMC do women report to influence their choice of location for childbirth?
What did we find?	Two-thirds of women reported at least one type of mistreatment during childbirth. Reports of physical or verbal abuse were low, but health system constraints (e.g. lack of qualified attendants, drugs or supplies) and negative health worker behaviours (e.g. poor communication) were prevalent and strongly influenced women's choices.
What does this mean?	RMC is an essential dimension of high quality care. Women in Gombe report that their decision on where to give birth is positively influenced by good facility conditions and a positive facility culture. Enhancing the delivery environment in Gombe would have a positive impact on women's preferences for facility-based care.

Which question did we ask?	What do we know about the **quality of clinical childbirth care** provided to women in primary health facilities in Gombe State? How can we best measure that care to accurately estimate potential health impacts?
What did we find?	Many recommended clinical interventions around the time of birth were routinely implemented by birth attendants, although individual women often did not receive all items of recommended care. Risk-assessment measures, such as checking vital signs, were rarely completed resulting in missed opportunities for women.
What does this mean?	Incorporating measures of quality in coverage indicators, known as *effective coverage,* is critical to understand the potential health gain that women get from attending health facilities. During continuous supervision and monitoring, quality assessments should be inclusive to avoid the risk of missed opportunities for improvement.

Which question did we ask?	Which key factors influence the **sustainability of maternal and newborn health innovations**? How did these factors operate to support and refine implementation of Gombe's Village Health worker (VHW) Scheme?
What did we find?	Three key factors were observed to promote sustainability when planned from the outset. Attributes: designing the innovation for sustainability. Actors: engendering buy-in, trust, ownership & commitment of multiple actors. Actions: creating needed evidence, securing sustainable resources, and institutionalisation.
What does this mean?	It is essential to plan for sustainability from the inception stage, but flexibility is also important, including: reflection points, joint decision making and adapting innovations to a given context. For the VHW Scheme, a phased and adaptive transition plan was critical to sustainability, as was government and community ownership