Dissemination activity and impact

of maternal and newborn health projects

Study report Ethiopia, India and Nigeria, **April 2015**

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Front cover image: Community advocacy meeting in Gombe State, Nigeria with Society for Famiy Health.
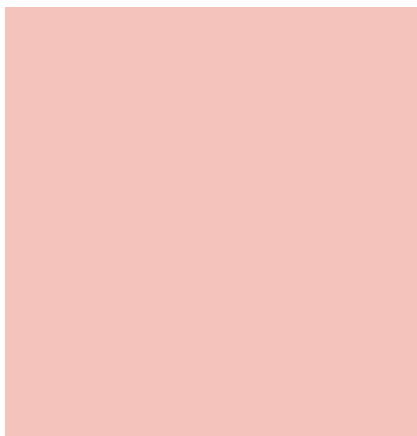© Safiya Isa

Table of Contents

Key findings

This study aimed to document the key messages, dissemination activities and impacts of selected projects within the Bill & Melinda Gates Foundation Maternal, Neonatal and Child Health strategy portfolio, and consider how these might contribute toward the learning agenda for the strategy.

Purpose of dissemination: All projects used dissemination to achieve a range of purposes, from awareness-raising through to policy change, often in conjunction with advocacy work.

Audiences: Projects segmented their audience geographically and by type, and differentiated dissemination activities throughout the project lifecycle.

Key stakeholders: Projects had a sophisticated understanding of the key players and partnerships in their operational context. They invested heavily in relationship-building and addressing stakeholder interests.

Messages: The key messages that projects aimed to communicate fell broadly into three categories:
1. Improvements in health outcomes
2. Improvements in care-giving or care-seeking behaviours for maternal and newborn health
3. Improved processes needed to enable better health outcomes

Types of impact: Project impact was primarily research-related or in the areas of health service and policy. We define impact as an effect that can be attributed in full or part to the activities of a project.

Documenting impact: Few projects documented the impact of their dissemination work.

Ways in which impacts are realised: Project data was used to inform policy and practice; innovations were adopted and adapted by others; additional funding was secured for scale-up; project tools were adopted by others; project staff were asked to give advice or to conduct further research.

Working with the foundation: Projects' primary contact with the foundation was the Program Officer, but field visits by foundation staff and visits by projects to the foundation were seen be very valuable.

Recommendations to the foundation

1 **Offer a tool for projects to document impacts** as part of project reporting and to encourage reflection on the effectiveness of dissemination activities.

2 **Commission an independent organisation to provide a post-completion review of project impacts** for all projects across the MNCH portfolio. This should be done with full awareness and consultation of key project staff.

3 **Offer a communications planning template** to help projects structure their dissemination planning and resourcing.

4 **Broaden the relationships that projects have with the foundation**, so that the focal point for project management remains the Program Officer, but information about learning and results is easily accessible to a wider group of stakeholders.

5 **Encourage greater emphasis on writing up results**, both for external academic and policy audiences, e.g. through journal publication and policy briefs, and also in a format to enable data to be compared with other foundation-funded projects. This should include ensuring sufficient time and resources are built in to the project lifecycle to enable writing up of final results, and perhaps providing a data template for projects to populate.

6 **Seek opportunities for the foundation to act as a convener**, e.g. of groups with an interest in MNH topics, and disseminating evidence from across multiple projects in a geographical area, and internationally.

Photos left: Bill & Melinda Gates Foundation implementation projects sharing findings and learning at IDEAS learning workshops in London, UK (top two photos), Lucknow, India, (third from top) and Abuja, Nigeria (left).
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Executive Summary
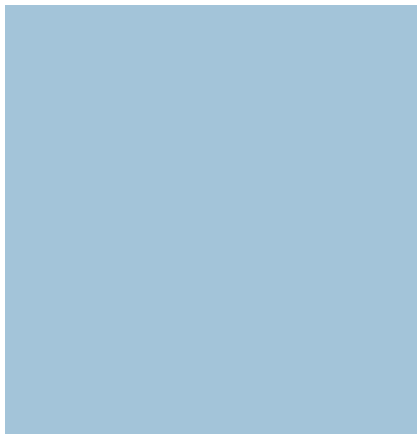
Study purpose

The study aimed to document the key messages, dissemination activities and impacts of selected projects within the foundation Maternal, Neonatal and Child Health strategy portfolio, and consider how these might contribute toward the learning agenda for this strategy.

Background

The IDEAS project aims to improve the health and survival of mothers and babies through generating evidence to inform policy and practice. Funded by the Bill & Melinda Gates Foundation and working in Ethiopia, North-Eastern Nigeria and the state of Uttar Pradesh in India, IDEAS uses measurement, learning and evaluation to find out what works, why and how in maternal and newborn health programmes. IDEAS' focus is on projects that aim to improve health practices and enhance front line workers' skills – addressing the supply- and demand-side of maternal and newborn health care. IDEAS' remit does not include the foundation's 'discovery' grants or advocacy work.

Methods

Semi-structured interviews were conducted with up to two key informants from foundation-funded maternal and newborn health projects that had ended, or were nearing completion. Interviews were supported by review of project documents and web-based information. The first round of data collection was conducted in 2013. A second round of data collection was carried out 12 months later, comprising interviews and an online survey.

Findings

Maternal and Newborn Health projects funded by the Bill & Melinda Gates Foundation used dissemination to achieve a range of purposes, from awareness-raising and engendering a supportive environment for implementation through to national policy change and contribution to the international maternal and newborn health (MNH) agenda, often in conjunction with advocacy work. Projects operated at multiple levels geographically – local, regional, national and international - and differentiated their activities by audience type – community,

government, NGO, donor and academic - throughout the project lifecycle, using channels ranging from highly localised and targeted, e.g. one on one meetings with key stakeholders, to broad and non-directional, e.g. websites.

Projects appeared to be well embedded within their national policy and advocacy networks, both through connections with government and involvement with MNH-interested groups, and had a sophisticated understanding of the key players, partnerships and relationships in their country and/or regional context. Consequently, great importance was placed on relationship-building, including regular meetings, visits to field sites, and making efforts to understand and address the interests of key stakeholders.

Few projects documented the impacts of dissemination activities – perhaps because impacts often come after a project has finished, and there are limited mechanisms and motivations to document post-project impacts – and there may be an opportunity for greater reflection on which dissemination activities are most useful to achieve impact. We define impact as an effect that can be attributed in full or part to the activities of a project. In this study, the Research Impact Framework was used

to categorise the impacts of dissemination, and impacts recorded were predominantly research-related (publications and other project outputs), health service-related or policy-related. Impacts were further categorised by the way in which an impact was realised, e.g. through use of project data to inform policy and practice, through adoption and adaptation of innovations by others, through additional funding for scale up, through adoption of tools, and through being asked to give advice or conduct further research.

The primary mechanism for the foundation to leverage the learning from the projects it funds was through a project's Program Officer. Project visits to the foundation to discuss results, or visits by foundation staff to project field sites were seen to be valuable opportunities to raise the visibility of a project within the foundation.

Conclusion

Projects appeared to be well embedded within their national policy and advocacy networks and used their relationships to good effect throughout a project's lifecycle. There seems, however, to be an opportunity for

greater reflection on which dissemination activities are most useful and to capture project impacts in a systematic way. From the funder perspective, in order to maximise the contribution that projects can make to the foundation's strategy learning agenda, it would be helpful to identify mechanisms whereby projects can feed back their learning and results to the Maternal, Neonatal and Child Health strategy team in a structured way.

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Photo opposite: Implementation roject staff share learning at the 2013 IDEAS Learning Workshop © Agnes Becker/IDEAS

Purpose, background and methods

Purpose

The study aimed to document the key messages, dissemination activities and impacts of projects within the Bill & Melinda Gates Foundation maternal, neonatal and child health (MNCH) strategy portfolio, and consider how these might contribute toward the learning agenda for this strategy. This purpose falls within the fifth objective of the IDEAS project, that is: To develop and disseminate best practices for learning and actionable measurement in maternal and newborn health.

Background

The IDEAS (Informed Decisions for Actions in maternal and newborn health) project aims to improve the health and survival of mothers and babies through generating evidence to inform policy and practice. Funded by the Bill & Melinda Gates Foundation and working in Ethiopia, North-Eastern Nigeria and the state of Uttar Pradesh in India, IDEAS uses measurement, learning and evaluation to find out what works, why and how in maternal and newborn health programmes. IDEAS' focus is on projects that aim to improve health practices and enhance front line workers' skills – addressing the supply- and demand-side of maternal and newborn health care. IDEAS' remit does not include the foundation's 'discovery' grants or advocacy work, though these are important components of its maternal, neonatal and child health strategy.

IDEAS was funded to evaluate aspects of the foundation's MNCH strategy and is working with the foundation to leverage learning and results from projects within this strategy portfolio. In 2013 the foundation launched a new evaluation strategy, which also demonstrates a commitment to learn from the work it funds. The work described here addresses IDEAS' objective to develop and disseminate best practices for learning and actionable measurement in maternal and newborn health. The

study aims to contribute to the body of knowledge and experience that the foundation can use to inform its MNCH strategy learning agenda.

Health research projects expect to make their results available to inform others: Policy makers, donors, implementers and other researchers. Project teams approach dissemination differently, reasons including their varying background, experience and intention, coupled with the fact that funders are not always consistent with respect to what constitutes dissemination, and expectations and guidance are varied.[1]

There is also an increasing expectation on researchers and implementers to describe the impact of their work[2,3,4] and various frameworks have been developed to facilitate this.[5] The Research Impact Framework[6] was selected as an appropriate tool for this study.

Methods

Semi-structured face to face interviews were conducted with up to two key informants from foundation-funded maternal and newborn health projects that had ended, or were nearing completion. Interviews were supported by review of project documents and web-based information. The interviews and document review took place in November and December 2013 with the following projects: From Ethiopia, Last 10 Kilometers (L10K), the Maternal and Newborn Health in Ethiopia Partnership (MaNHEP) and Saving Newborn Lives (SNL); From India, Manthan and Sure Start and from Nigeria, Society for Family Health. A follow up study was conducted between October 2014 and January 2015. Representatives of Better Birth, the Uttar Pradesh Community Mobilization Project, and the Strengthening MNCH Frontline Worker Organizations project, Nigeria, were interviewed. An online survey was sent to projects that had been included in the first round of data collection.

The survey sought to update the information previously collected about grantee dissemination activities and impact.

The Research Impact Framework was used to frame the way in which impacts from projects were categorised. This framework was developed to help researchers describe the impact of their work systematically, to facilitate comparison between projects across topics, methods and time, and to guide implementation and evaluation strategies[6]. By impact, we mean an effect that can be attributed in full or part to the activities of a project. There are four main categories of the Research Impact Framework: Research-related, policy, service – health or intersectoral, and societal impacts, and within each of these, a number of examples, shown in table 1.

The study was conducted in accordance with ethical principles and within the remit of the ethical clearances secured in each country and from the London School of Hygiene & Tropical Medicine.

Table 1. Research Impact Framework

Research-related impacts	Policy impacts	Service impacts	Societal impacts
Type of problem/knowledge	Level of policy-making	Type of services: health/ intersectoral	Knowledge, attitudes and behaviour
Research methods	Type of policy	Evidence-based practice	Health literacy
Publications and papers	Nature of policy impact	Quality of care	Health status
Products, patents and translatability potential	Policy networks	information systems	Equity and human rights
Research networks	Political capital	Services management	Macroeconomic/related to the economy
leadership and awards		Cost-containment and cost-effectiveness	Social capital and empowerment
Research management			Culture and art
Communication			Sustainable development outcomes

Findings

Dissemination channels and outputs

Projects used a blend of digital and online media, meetings and events, and printed materials to disseminate information about progress, maintain engagement with key stakeholders and share results at salient points in the project, e.g. baseline, midline and endline. All projects worked toward a major final dissemination event, and this was seen as an integral part of project closure. Some projects held interim dissemination events regionally and nationally.

The most widely used online communications channels were webpages and e-newsletters. As well as providing latest news and information about a project, webpages were used as document repositories for key project outputs. Five projects used social media: blogs, Twitter, and You Tube. L10K, Manthan and Sure Start all produced short films to describe and promote aspects of their projects, and MaNHEP used a 'videodrama' for its behaviour change work.

Projects were well integrated with regional and state government systems and the individuals within these.

Projects invested time in relationship development through informal and formal meetings and attendance on government Technical Working Groups. For example, L10K sat on the National Technical Group on Referral Solutions; SNL-COMBINE and ManHEP are members of the Community Based Newborn Care TWG; Pact's Strengthening MNCH Frontline Worker Organizations project used Google Groups to manage communications of the Gombe State Primary Health Care Community of Practice. SNL-COMBINE produced regular update reports for the Science and Technology Committee and Ethiopian Ministry of Health and scheduled meetings to discuss the reports, using these opportunities to broach implementation challenges and seek joint solutions face to face. Field visits to project sites were seen to be highly valuable for providing a memorable experience of a project, and several projects invited senior regional and national government officials to their sites. Manthan also hosted two Technical Panel visits in Uttar Pradesh by senior foundation staff, and Better Birth aimed to schedule its Scientific Advisory Committee meeting to coincide with the 2015 Technical Panel visit. SFH recognised the value of having influential members of the community acting as champions, and met with them to share information about SFH's work and the challenges the project sought to address. Knowing what works in a given culture was expressed as an important factor in considering what type of event to organise. For example, Pact has found that workshops or receptions are the most effective media for advocacy, especially to get high level government officials in attendance, and social receptions - lunch or dinner - often generate a better reaction than workshops.

There was variation in the extent to which projects used international conferences and meetings to share work-in-progress and results: L10K participated in numerous international conferences throughout the project, whilst SNL-COMBINE has awaited the results of its randomised controlled trial before investing heavily in dissemination internationally. Written project outputs included research reports, policy briefs, and journal articles to disseminate results, and progress reports, hard copy newsletters, project brochures, promotional materials and news articles to raise awareness of a project and describe its work. Better Birth received coverage in the Indian and international press through the Checklist Manifesto by Atul Gawande and other features. Written outputs were often also made available via a project's website.

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Projects were well integrated with regional and state government systems."

Dissemination planning and resourcing

> " Communications plans, where they existed, were used flexibly, with dissemination tending to be opportunistic and dynamic, and plans evolving as the project progressed."

Several projects had a modest budget for dissemination, whilst others, for example MaNHEP and Pact's Strengthening MNCH Frontline Worker Organizations project, integrated dissemination into implementation plans and did not budget for it as a separate activity. Communications plans, where they existed, were used flexibly, with dissemination tending to be opportunistic and dynamic, and plans evolving as the project progressed. Advocacy work was tied in to several projects' objectives and linked closely with their dissemination efforts. For example, Sure Start prepared a detailed "spread and scale-up" communications and advocacy plan, including goals, objectives, dissemination methods, and audiences, and Better Birth has an advocacy plan with resources dedicated to its delivery. Some projects were supported in their dissemination activities by their organisation's central communications function, or a local team. For example, SFH's MNCH project hired a Communications Officer,

who was supported by a central strategic communications team and technical team, whilst Pact has an effective communications team in Nigeria that reviews almost all in-country dissemination materials and provides communications support. Pact also has a communications team at Headquarters, though this is used less as it cross-charges for services. SNL's Senior Technical Advisor was closely engaged with SNL-COMBINE and has supported the project at key points through joining meetings with the Ministry of Health and Technical Working Group. In addition to the dissemination activities undertaken by SNL-COMBINE, the global SNL programme had a well developed international dissemination and advocacy strategy. Manthan has benefited from the support of Intrahealth staff in writing up for publication, particularly during several months at the end of the project that were dedicated to writing academic papers.

Photo above: Advocacy in Gombe State, Nigeria © Society for Family Health

Table 2. Project dissemination outputs by type

Country and projects	Ethiopia			India			Nigeria	
Dissemination output type	L10K	ManHEP	SNL-COMBINE	Manthan	Sure Start	Better Birth	SFH	Pact
Digital & online								
Website	✓	✓	Page on Save the Children website	✓	✓ also a database	✓ Page on Ariadne labs website; Website and e-platform for Safe Childbirth Checklist Collaborative due March 2015	✓	✓ Intranet page for sharing information with Pact Global
E-newsletters	✓	✓					✓ 4th issue published Jan 2015	
Social media, e.g. Twitter	✓		✓ Blogs			✓ 3 blogs for BMGF Impatient Optimists; 2 web articles	✓ Facebook, twitter, YouTube	✓ Google group for the State Primary Health Care community of practice
Films	✓ Film of CBDDM	✓		✓ mSakhi and Prasav Parivahan Seva	✓ 4 films		✓ Video documentary shared at Gombe dissemination event and on website; Radio jingles for critical MNCH behaviours and to promote Emergency Transport Scheme	

Meetings & events							
Technical Advisory Group	✓	✓		✓ Scientific Advisory Committee, meets annually			
National Dissemination events	✓ 2009 and 2011, end of project event in 2014	✓ 2013	✓ End of project event in 2014	✓	✓ Dissemination of phase 2, ANM behaviour change and phase 3, survival	✓ At end of learning grant; End of year 2 dissemination event May 2014	✓ Dissemination meeting with Federal Government in Abuja.
Regional events	✓ In Amhara, Oromia and SNNP	✓ woreda-level learning sessions		✓ in Maharastra;	✓ Dissemination of pilot in Karnataka; ✓ Dissemination of Phases 2 & 3, ANM behaviour change & survival at State level in UP	✓ in Gombe	✓ Dissemination meeting with Gombe and Adamawa State Governments. BMGF POs attended Gombe event.
Meetings convened	✓ L10K sub-grantees; field visit by technical group; Tigray field visit by ARM delegates	✓ With FMOH; regional and national government field visits; Annual review meetings	✓ Partners' consultation meeting; With Science & Technology Committee; RHBs; FMOH	✓ With key stakeholders; tech panel visits by senior Gates staff	✓ Government; Gates India Office; field visits; NGO partners; government champions; UP government, on maternal death reviews & Village Health & Sanitation and Nutrition Committees	✓ With FLWs; Champions; Government	

Table 2. Project dissemination outputs by type, continued

	Dissemination output type	Ethiopia			India			Nigeria	
		L10K	ManHEP	SNL-COMBINE	Manthan	Sure Start	Better Birth	SFH	Pact
Meetings & events	National meetings & workshops attended	✓ Workshop on community MNH; Gates Grantees meeting; Annual Conference of Ethiopian Public Health Association; Technical group on referral solutions; Family Planning Symposium	✓ Ethiopian Pediatric Society annual conferences; CHWs Regional Meeting; Membership of groups, e.g. Child Survival Task Force, CBNC TWG; Regional TWGs	✓ Professional societies and other forums, e.g. CBNC launch, Child Survival TWG	✓ MNH forums & events, e.g. mHealth consultation, partners' meetings organised by Gates India Country Office; Meetings between BMGF, Government of India and state governments			✓ Presentations at 1st National Newborn Conference; Advocacy workshop organised by FMOH on neonatal commodities; T-ship project chlorhexidine distribution meeting	
	International conferences & meetings	✓ 33 presentations; BMGF MNCH Strategy Meeting; IDEAS learning workshops	✓ International Forum on Quality & Safety in Health Care; World Public Health Congress; Global Maternal Health Conf; BMGF MNCH Strategy Meeting; IDEAS learning workshops	✓ e.g. African Union Health Ministers meeting; Global Newborn Conference, Johannesburg; BMGF MNCH Strategy Meeting; IDEAS learning workshops	✓ BMGF MNCH Strategy Meeting; IDEAS learning workshops	✓ Presentation to PO and Co-Chairs; 2 presentations at BMGF Seattle;	✓ BMGF MNCH Strategy Meeting; IDEAS learning workshops	✓ e.g. Health Systems Research; Global Maternal Health Conference; Conference on Midwifery; Neonatal Community of Practice, Rwanda; BMGF MNCH Strategy Meeting; IDEAS learning workshops	✓ BMGF MNCH Strategy Meeting; IDEAS learning workshops
Printed	Research reports and case studies	✓ 18 reports	✓ Formative; Baseline Survey; Baseline Survey Supplement; Endline	✓ Quarterly progress reports to RHBs and STC; progress reports to Minister of Health	✓ Emergency Transport Scheme	✓ Costing study; Sure Start in Maharashtra and in Uttar Pradesh; verbal autopsy (based on endline survey); Economic analysis; case studies		✓ 7 reports and 'lessons learned' documents; training manual for Ward Development Committee members; report of Emergency Transport Scheme; report of experiences of Performance Based Incentive	✓

Printed

Output type	(Ethiopia)	(India)	(Nigeria)
Policy briefs	✓ 4 briefs	✓ 5 briefs	✓
Journal articles, working papers	✓ 1 special issue with 8 articles; 2 articles; ✓ 12 articles in special supplement; ✓ In progress	✓ 1 article, Others in progress; ✓ 6 working papers/ analysis briefs; ✓ Data from pilot in Karnataka published (PLOS One, 2012; International Journal of Gynecology and Obstetrics, 2013); Publication of pilots 1-3 due early 2015; Other journal articles publishing findings will come later in the project	✓ Joint paper with IDEAS
Project brochure; promotional outputs	✓ Brochure; Promotional items; 6 thematic 1-pagers and 5 success stories; ✓ Promotional items; Press releases	✓; ✓	✓ Press release for Gombe state dissemination event; Poster on improving health worker behaviours distributed in Gombe referral facilities; Stickers & posters to promote call centre
Newsletters	✓ First issue 2012; 4 issues in 2013; ✓ Produced quarterly		✓
Other	✓ Exhibition booth at Ethiopian Public Health Association conference and FMOH Annual Review Meeting; Photoboard; internal monthly updates; ✓ Sharing project documents with other projects	✓ 3 process documents; Folders and USB drives; dashboard indicators; Document for foundation Co-Chairs; ✓ News pieces highlighting the Checklist Manifesto by Atul Gawande. Article in Indiaspin.com; features in Indian press in late 2014	✓ Factsheet on Increasing ANC visits and facility delivery in NE Nigeria; ✓ News shared via Daily Trust newspaper located next to Pact's offices. Journalists invited quarterly to discuss a current topic.

Target audiences and purpose of dissemination

All projects targeted a range of audiences with their dissemination activities to achieve different purposes.

Local

At the Community level, communication was integral to implementation of projects' innovations. For example, training front line health workers to deliver accurate health messages, building rapport with health facility staff to facilitate acceptance of study findings later, engaging with community health workers in order to seek jointly owned solutions to implementation challenges, and raising awareness of emergency transport schemes amongst families in order to increase demand. There was not a clear distinction between communication to enable implementation and dissemination for broader purposes, such as building community support, or thanking members of the community after a project has ended for continuing important health messaging. However, several projects specifically organised dissemination activities with local stakeholders at the end of a project to 'give back' to those who had contributed and their communities.

Regional

Projects engaged with regional audiences in order to seek support for implementation, to overcome implementation challenges, and to share and validate results and broader learning. This included demonstrating the value of a project's innovations, its applicability both more widely within the same region and in other regions, and how complementary it was with regional health policy and practice. In Nigeria, SFH wanted to showcase to regional government the potential for integrated community care to be effective – the focus of the health system was on facility-based care. In Uttar Pradesh, Manthan put together a case to the Gates-funded Technical Support Unit (TSU) for how Manthan innovations could be integrated into a package of support for the Uttar Pradesh government. Better Birth has kept the TSU informed of its plans in order to ensure good coordination across the grants.

National

Sharing results, demonstrating impact and influencing policy and practice, e.g by showing how a project's innovations might contribute to national health policy and be replicated and scaled-up elsewhere, were important purposes for national-level dissemination. Several projects had a Technical Advisory Group whose members were considered important for providing technical and practical feedback on implementation, for bringing awareness of a project to a wider audience and for advocacy for maternal and/or newborn health policy. Dissemination was also viewed by some, e.g. Pact, as an opportunity for further research and validate findings, and to secure stakeholder buy-in to research that had been previously agreed to by reminding stakeholders of their commitments. Sharing results with national stakeholders was also viewed as a way of thanking them for their support and participation during a project's implementation.

International

Program Officers were seen as valuable resources for advice and support, in addition to their formal role in project reporting, and as a conduit for sharing the learnings from one project with the foundation to inform future programming and strategy development. Manthan has forged strong relationships with the foundation's India Country Office, particularly in relation to the Uttar Pradesh Technical Support Unit, and Sure Start shared evidence with the India Country Office to demonstrate increased use of maternal and neonatal health services, improved women's care-seeking behaviours and improved maternal and neonatal health practices as a result of its innovations. The Academic Community, NGOs and international donors were important audiences with whom projects shared experience and evidence about implementation and results of what had worked. SFH used international partnerships to collaborate on bringing together evidence to influence the Nigerian government in terms of Maternal and Newborn Health policy, SNL has shared case studies of newborn sepsis management and will share the results of its randomized control trial with international audiences, Manthan is publishing results of its operational research, and L10K has published and presented at numerous international conferences.

Key messages

The key messages that projects aimed to communicate fell broadly into three categories:

1. Improvements in health outcomes,
2. Improvements in care-giving or care-seeking behaviours for maternal and newborn health and
3. Improved processes needed to enable better health outcomes.

Improvements in health outcomes

For example, SNL-COMBINE had evidence that newborn sepsis management as implemented through SNL COMBINE has an impact on newborn mortality; and MaNHEP's community-based model was associated with improved perinatal survival as evidenced by an increase in the number of days between perinatal deaths over the course of the project.

Behavioural changes reflecting improvements in MNH care-giving or care-seeking

For example, SFH recorded a 20% increase in the number of women who attended antenatal care in project areas with increases in use of anti-malarials in pregnancy and iron supplementation and an equivalent % increase in the number of home births that used a clean delivery kit. Sure Start increased the involvement of Village Health and Sanitation Committees in planning, implementation, and monitoring of maternal and newborn health services at the community level, increasing their ability to hold the health providers accountable.

Processes needed to enable improvements in health outcomes to be realised

For example, SNL COMBINE described the processes needed for newborn sepsis management to have an impact, e.g. Health Extension Workers need to be supported by community volunteers or the Health Development Army to reach households within the first 48 hours. MaNHEP and Sure Start both described the importance of partnerships and engaging key stakeholders.

The complete list of projects' key messages is available in Appendix A.

Table 3. Examples of audiences for dissemination at local, regional, national and international level

Country and projects		Ethiopia	India	Nigeria
Audience				
Local	Families /Communities	Families and communities in kebeles across four regions of Ethiopia	Families and communities in districts of Uttar Pradesh	Families and communities in Gombe State
	Front line health workers	Health Extension Workers, Community Health Workers, Health Development Army	Accredited Social Health Activists, Auxilliary Nurse Midwives, local partner NGOs	FOMWAN volunteers, Traditional Birth Attendants
	Local health system	Zonal and Woreda Health Offices and Health Posts	Local health facility staff, Nurse Mentors	Medical Officer in Charge
	Other	Kebele council members, priests, agricultural and women association leaders		Religious and traditional leaders; Local Government Agency (LGA) and Ward Development Committee (WDC) staff
Regional	Regional government / administration	Regional Health Bureaus; District administrators and cabinet members, including Heads of Health Office, Office of Women's Affairs, Head of Organization Affairs and technical staff	Uttar Pradesh National Health Mission: Mission Director, General Managers (Child Health, maternal Health, Training, Planning, MCTS, EMTS, Administration), Chief Medical Officer and other Medical Officers in Charge; Director General of Family Welfare; State government of UP and Bihar	Gombe and Adamawa State Governments; Gombe State Commissioner of Health
	Regional working groups and specialist forums	Regional safe motherhood technical working group; Regional NGO forum	Development Partners Forum; Maternal and Newborn Health Forum, mHealth Forum	MNCH Technical Working Groups in Gombe & Adamawa
	Other		Uttar Pradesh Technical Support Unit	Stakeholders involved in implementation in Gombe & Adamawa

National	Project Advisory Committee	With representation from Ministry of Health, Regional governments, Professional Associations, Implementing partners, NGOs	Scientific Advisory Committee	IDEAS has provided extensive technical advisory support to SFH through the Technical Support Centre (TRC)
	Ministry of Health	State Minister of Health; Agrarian Health Promotion and Disease prevention Directorate		Federal Government Ministry of Health; National Primary Health Care Division; State Minister of Health, State Primary Healthcare Agency; Planning, Research & Statistics Department
	Technical working groups	Maternal and newborn health interest groups, e.g. e.g. those involved in 2009 MNH scoping exercise and workshop; Technical Group on Referral Solutions – including Ministry of Health; Child Survival Task Force, Community Based Newborn Care		Community of Practice for State Primary Healthcare Development Agencies (SPHCDA); Community-Based Organization (CBO) forum ; State Essential Medicine body
	Professional associations	Society for Obstetricians and Gynecologists, Ethiopian Public Health Association; Ethiopian Pediatric Society, Society of midwives,		
	Government bodies	Science and Technology Commission	National Government	
	Implementers and donors	e.g. UNICEF, WHO	Bill & Melinda Gates foundation India Country Office	Saving One Million Lives (SOML); SURE-P program; TSHIP & partners to discuss procurement and distribution of chlorhexidine in Sokoto and Bauchi; Nigeria State Health Investment project (NSHIP) meeting to share ETS experience
International	Bill & Melinda Gates Foundation	Program Officers, Senior officials	Program Officers, Co-chairs, MNH and MLE teams, Joint Technical Committee	Program Officers, including technical guidance
	Academics and NGOs working in Maternal and Newborn Health	e.g. JSI, SNL, Global Health Council. Conference delegates at: Global Maternal Health Conference, Family planning conferences, Public Health Congress; Delegates of Global Maternal Health and Women Deliver Conferences; Partners of Save the Children	e.g. Better Birth is affiliated with the Safe Childbirth Checklist Collaborative, with members in Iran, Malawi, Burkino Faso amongst others	Delegates of Global Maternal Health and Women Deliver Conferences, e.g. DFID, USAID and other bilateral donors
	Professional associations	e.g. American Public Health Association		
	Other foundation implementation project grantees	L10K, MaNHEP, SNL COMBINE, grantees from India and NE Nigeria	Manthan, Sure Start, Better Birth, UP Behaviour Change Communication grant, grantees from Ethiopia and NE Nigeria	Pact, SFH, grantees from Ethiopia and India

Impact of dissemination

Projects were asked to describe the ways in which their work had made an impact. Responses were categorised using the Research Impact Framework. The categories of the framework are: Research-related, policy, service – health or intersectoral, and societal. For active projects, and even for recently completed projects, it is too early for all impacts to have been realised. Additional impacts to those identified would be expected over time, including impacts which may be distal, hard to identify and difficult to relate with any certainty to a project's dissemination activities.

Publications and papers are included within the Research Impact Framework as research-related impacts. In this study we listed research outputs in full, including peer reviewed publications, under dissemination channels and outputs, and simply summarise them here. This is because we did not gather sufficient evidence to assess what impact they achieved or had potential to achieve. Of the remaining impacts, most fell within the categories of policy or health service-related. These categories are closely connected and sometimes difficult to disentangle. For example, policy decisions often related to health and were expected to be followed by changes in health services. For further differentiation of project impacts, we also considered the ways in which projects had made an impact: Through adoption and adaptation of innovations by others, through further funding secured to extend a project, through adoption by others of tools used in project implementation, through use of project data to inform policy and practice, and through being asked to give advice/conduct further research. This information is summarised in the country profiles on the following pages.

There were several examples where elements of a project have been scaled-up through adoption by government into health policy, e.g. an adaptation of L10K's CBDDM has been incorporated into the CBNC program, or replication of a project through another funding source, e.g. Comic Relief funded SFH to extend its work in Adamawa state, and CIDA funded the roll out of MaNHEP's innovations in Afar region. Project data was also influential in achieving policy change. For example, baseline data from L10K was reported to have been used for prioritisation of the Health Extension Program to focus on maternal and neonatal health services, and COMBINE's synthesis of existing data about the impact of focusing on newborn health, accompanied by a description of the COMBINE trial, was influential in the CBNC program adopting the "Four Cs" model proposed by COMBINE. The last example also demonstrates that a project's reputation can lead to requests for advice and to conduct further work, e.g. the COMBINE team was asked to develop an implementation plan for CBNC; Manthan's experience with mHealth technologies led to the team working alongside the government of Uttar Pradesh as it developed its mHealth agenda and Surestart shared its learning with the Gates foundation and with new projects in their start-up phase.

Ethiopia impacts

Research related impacts

SNL3 was funded to focus on research that supports scale up of the CBNC package, so that newborn sepsis management is scaled up in line with implementation of CBNC.

Policy impacts

L10K baseline findings informed the prioritisation of MNH services in the Health Extension Program.

FMOH used L10K data to obtain funding for and launch the roll out of its implementation strategy

Service impacts

L10K data was used to inform a learning group for community-based MNCH programs so that evidence-based practices could be adopted and standardised. L10K established the learning group, which had membership from FMOH, UNICEF, WHO, Save the Children US (SNL) and IFHP.

UNFPA used L10K baseline data to assess family planning commodity security in Ethiopia.

USAID's Deliver project used L10K baseline data to forecast Ethiopia's contraceptive needs for procurement purposes.

The integrated Refresher Training for HEWs rolled out by the HEP includes principles of L10K's CBDDM innovation.

L10Ks CBDDM has been adapted and used as a key strategy to identify pregnancies for the national Community Based Newborn Care program.

CComponents of ManHEP's innovations were adopted by L10K.

MaNHEP innovations were taken up by district health officials in an additional 74-75 kebeles beyond the 52 focus kebeles of the project.

L10K's assessment for referrals has been used by FMOH to identify gaps, define the scope of work for liaison officers and develop their training curriculum.

Training materials and tools developed by L10K were included in the national training manual for Health Extension Workers.

MaNHEP will be scaled-up to Afar between 2012 and 2016 through a collaboration between Afar Regional Health Bureau, Micronutrient Initiative (MI) and Emory University.

MaNHEP influenced the Ministry of Health's adoption of the first two C's for its CBNC program: Contact and Case-identification in the post-natal period.

The Ethiopian government requested data on newborn health. Since results were not yet available, COMBINE offered a compilation of global evidence on the impact of strengthening the HEP in favour of newborns. This synthesis paper was submitted together with a description of the COMBINE trial, and packaged within the framework of the continuum of care.

COMBINE was asked to play a key role in the development of an implementation plan for the CBNC package and, within this, framed sepsis management within the continuum of care. The aim was to ensure that any new high impact intervention could easily be integrated into the continuum of care, e.g. chlorhexidine. This has been adopted and the "four C" framework" is integral in the design of CBNC.

Uttar Pradesh, India, impacts

Research related impact

PATH's knowledge and expertise accrued from Sure Start is influencing the communications activities and outputs of the Parivartan project in the state of Bihar.

Policy impacts

Manthan's ICT innovations are contributing to the development of Uttar Pradesh's mHealth program.

Sure Start is reported to have influenced PATH's India innovation programming and the Uttar Pradesh Technical Support Unit.

Service impacts

The Government of Uttar Pradesh has built on Manthan's mSakhi innovation for the larger scale mSwasthya (this is the focus of a separate study of scale-up), and has studied Manthan's capsular approach to skilled birth attendant training.

Health facilities involved in the Better Birth study have addressed supply-side resource issues, e.g. water supply, when the Better Birth checklist and related discussions have shown that certain practices are not followed and certain resources are not in place.

Jhpiego in Rajasthan, the Uttar Pradesh Technical Support Unit and others have incorporated coaching/mentoring programs into service delivery. These initiatives cannot be directly attributed to Better Birth, but it is felt that Better Birth has contributed to the momentum of the movement, through communications work and/or the Better Birth pilot in Karnataka.

"

The Government of Uttar Pradesh has built on Manthan's mSakhi innovation for the larger scale mSwasthya."

Gombe State, Nigeria, impacts

Research related impacts

Pact consolidated its relationships with the Gombe State government through its Strengthening MNCH Frontline Worker Organizations project. This has helped the next phase of its research programme, the State Accountability for Quality Improvement Project (SAQIP) grant, which is closely aligned with the Gombe state government.

*Maps not to scale

Policy impacts

SFH has anecdotal evidence of changes in policy at community level, for example, a community leader insisting that all women attend ANC, as a result of hearing SFH's findings.

Members of the SFH project team have been nominated as members of the Nutrition Committee of Gombe State. Discussion is ongoing about adopting members of the MNCH Ward Development Committees (WDCs), which have been strengthened by SFH's Maternal & Child Health project, into local government to be the recognised WDCs of their communities.

Service impacts

Zamfara State in North West Nigeria is implementing SFH's Gates Maternal and Neonatal project strategy, with funding from the Gates foundation. This work is championed by the Zamfara State Governor's wife who saw SFH's work in Gombe State during a learning tour in mid 2013.

Findings from SFH's continuous survey have led to refined programme implementation and guided project management as evidenced by the review of Frontline worker pouches, introduction of radio jingles, development of individual maps for Traditional Birth Attendant coverage and increased promotion of the call centre.

Resuscitation kits have been distributed across SFH partner facilities in the 10 LGAs of Gombe state and 117 referral facilities have received step-down training on life saving interventions. There is continued coaching and mentoring on 'Helping babies breathe' and 'Kangaroo mother-care'. Strengthened supervision in collaboration with the State Primary Healthcare Development Agency helps to bring identified gaps in staffing and training needs to the attention of the government.

Societal impacts

SFH provides information about their work in response to enquiries from donor and implementing agencies, e.g. DFID, PSI, and are also asked to support training and implementation,

e.g. The State Commissioner for Borno requested SFH's support in training frontline workers.

SFH's dissemination activities have led to increased awareness amongst community Champions about how to provide MNH support to their communities, e.g. the Emir of Kaltungo is reported to have invited pregnant women to his palace for antenatal care checks.

An increase in calls from states surrounding Gombe to the SFH Call Centre is noted whenever there is a security crisis, indicating that awareness of the project has reached beyond Gombe state, and that there is a demand for the services offered.

Community/ religious leaders have shown support for SFH's Maternal & Child Health Project's activities and given feedback on areas of challenge. Community members have carried out Emergency Transport Scheme (ETS) services in cases where a volunteer ETS driver could not be reached. In some communities where there is no ETS, an arrangement has been organised through community efforts to transport pregnant women to ensure they receives access to skilled care for themselves and their babies.
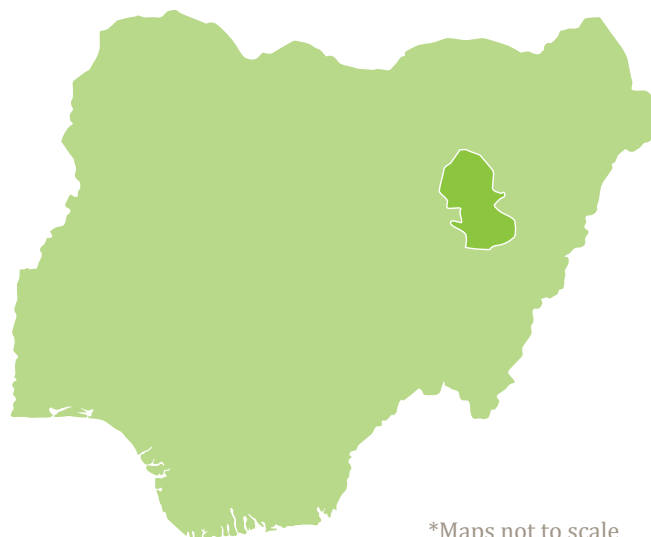
Discussion and limitations

Discussion

Maternal and Newborn Health projects funded by the Bill & Melinda Gates foundation used dissemination to achieve a range of purposes, from awareness-raising and engendering a supportive environment for implementation through to national policy change and contribution to the international MNH agenda, often in conjunction with advocacy work. Projects operated at multiple levels geographically – local, regional, national and international - and differentiated their activities by audience type – community, government, NGO, donor and academic - throughout the project lifecycle, using channels ranging from highly localised and targeted, e.g. one on one meetings with key stakeholders, to broad and non-directional, e.g. websites.

Projects appeared to be well embedded within their national policy and advocacy networks, both through connections with government and involvement with MNH-interested groups, and had a sophisticated understanding of the key players, partnerships and relationships in their country and/or regional context. Great importance was placed on relationship-building, including regular meetings, visits to field sites, and making efforts to understand and address the interests of key stakeholders.

Few projects documented the impacts of dissemination activities – perhaps because impacts often come after a project has completed, and there are limited mechanisms and motivations to document post-project impacts – and there may be an opportunity for greater reflection on which dissemination activities are most useful to achieve impact. In this study, the Research Impact Framework was used to categorise the impacts of dissemination, and impacts recorded were predominantly research-related (publications and other project outputs), health service-related or policy-related. Impacts were further categorised by the way in which an impact was realised, e.g. through use of project data to inform policy and practice, through adoption and adaptation of innovations by others, through additional funding for scale up, through adoption of tools, and through being asked to give advice or conduct further research.

The primary mechanism for the Gates foundation to leverage the learning from the projects it funds was via the Program Officer. Visits by projects to the foundation to discuss results, or visits by foundation staff to project field sites were seen to be valuable opportunities to raise the visibility of a project within the foundation.

Study limitations

Project staff were interviewed toward or after the end of a project, but almost certainly before all impacts resulting from dissemination activities had been realised. In the follow-up study, we received responses from only two projects that had been included in the first round of data collection, which limits the knowledge that can be gained from looking longitudinally at project impact. Furthermore, capturing a comprehensive set of impacts is challenging and beyond the resources available for this study (or indeed for projects themselves). As such, the section on impacts is limited.

The methodology used was to interview project staff and review documents available directly from projects and/or in the public domain. Interviews were conducted with one or two representatives from each project. A more robust approach would be to triangulate the views about project impacts with views of other stakeholders, e.g. government, funder. This might also reveal additional impacts to those identified by projects themselves.

Photo above: IDEAS meet colleagues in Nigeria © Safiya Isa

Conclusion and recommendations

There seems to be an opportunity for greater reflection on which dissemination activities are most useful and to place more emphasis on trying to capture project impacts. From the funder perspective, in order to maximise the contribution that projects can make to the Bill & Melinda Gates Foundation's strategy learning agenda, it would be helpful to identify mechanisms whereby projects can feed back their learning and results to the MNH strategy team in a structured way.

Recommendations to the foundation

We have identified six recommendations for the foundation to consider:

1 **Offer a tool for projects to document impacts** as part of project reporting and to encourage reflection on the effectiveness of dissemination activities.

2 **Commission an independent organization to provide a post-completion review of project impacts** for all projects across the MNCH portfolio. This should be done with full awareness and consultation of key project staff.

3 **Offer a communications planning template** to help projects structure their dissemination planning and resourcing.

4 **Broaden the relationships that projects have with the foundation**, so that the focal point for project management remains the Program Officer, but information about learning and results is easily accessible to a wider group of stakeholders.

5 **Encourage greater emphasis on writing up results**, both for external academic and policy audiences, e.g. through journal publication and policy briefs, and also in a format to enable data to be compared with other foundation-funded projects. This should include ensuring sufficient time and resources are built in to the project lifecycle to enable writing up of final results, and perhaps providing a data template for projects to populate.

6 **Seek opportunities for the foundation to act as a convener**, e.g. of groups with an interest in MNH topics, and disseminating evidence from across multiple projects in a geographical area, and internationally.

Next steps

Next steps

We plan to conduct a final round of data collection in late 2015/early 2016. We will re-visit projects that have ended or are nearing completion, and gather data from projects funded more recently by the Bill & Melinda Gates Foundation and still in full implementation. The final analysis will aim to draw lessons across geographies and across time. It will provide an opportunity for key stakeholders to reflect on impacts achieved over time, including after projects have ended.

Related study: A case-based approach to the study of scale-up, taking one example from each of the three focus geographies, is investigating in depth how and why innovations are scaled-up. The study will cover in detail some of the themes related to dissemination activities, channels and reported impacts identified in this report. Findings from the study of scale up will be available through policy briefs and peer reviewed publications from mid 2015 onward.

Photo above: Bill & Melinda Gates Foundation project staff sharing findings and learning at the IDEAS learning workshop
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Appendices

Appendix A Project dissemination profiles

Ethiopia

Last 10 Kilometers

Project duration 2008 – 2014
Grantee: John Snow Incorporated

The Last Ten Kilometers project worked closely with the Government of Ethiopia to implement innovations that engage local communities in improving maternal, newborn and child health. The project worked to enhance the interactions between Ethiopian families, communities and the Government of Ethiopia's Health Extension Workers, and to achieve sustainable reproductive, maternal, newborn and child health improvements at scale.

Since the project's inception, L10K has engaged closely with national and regional government, a network of maternal and newborn health stakeholders in Ethiopia, and practitioners and academics in the global public health community. A series of reports and manuals have been published, disseminated at various events, and made available through the L10K project website. L10K has had a presence at numerous conferences, symposia and annual meetings both presenting and participating in round table discussions.

Several examples demonstrate the impact of L10K's work on health policy in Ethiopia, including the use of L10K baseline data to inform planning and policy, and the uptake nationally of training materials and training principles developed by L10K.

Key messages from L10K
- 2009: Progress at baseline of household sanitation and reproductive, maternal and child health in indicators since Ethiopian DHS in 2005 and ESHE/USAID surveys in 2008
- 2011: L10K community strategies enhanced interactions between households, communities and HEP frontline health workers which improved maternal and newborn health behaviour and practices (evidence from baseline and midline survey)

Maternal and Newborn Health Partnership, MaNHEP

Project duration 2010 – 2013
Grantee: Emory University's Nell Hodgson Woodruff School of Nursing

MaNHEP implemented an initiative to demonstrate a community-oriented model for improving maternal and newborn health care in rural Ethiopia. The Ethiopian government's Health Extension Program focusses on improving maternal and newborn survival, particularly in rural areas. MaNHEP worked in Oromia and Amhara regions to further strengthen this programme, particularly in the delivery of maternal and newborn health services during the birth-to-48-hour period, when mothers and newborns are most vulnerable.

MaNHEP included its work to fulfill the project's three objectives within its definition of dissemination. The project set out to improve the competence and confidence of front line health workers; to generate demand and improve self-care, and to implement the Lead Woreda Approach, a collaborative quality improvement process. Different communication channels were used to achieve each of these objectives.

Training was the main approach used to improve front line worker performance, whilst MaNHEP used a bottom up, community-based dissemination approach for its behavior change communications work. Front line health workers,

families, health care providers at the Health center level, district level and zonal level health officials and regional level health authorities were the main target audiences. The project used a range of communication channels, including a video drama shown on a mobile video van, television and radio advertisements, a 'live market show' involving actors performing drama, dialogues and jokes in a market place venue, and the educational media system to promote health messages via school children.

For its Lead Woreda Approach, MaNHEP facilitated learning sessions bringing together the community and district health administration and officials from the zonal health departments, regional health bureaus and Federal Ministry of Health to share and document lessons learned among different teams; discuss achievements, challenges and the way forward to implement quality improvement, including spreading good practices to neighbouring woredas.

A Project Advisory Group operated at the national level to provide advice and to help position the project for scale-up. Woreda and zonal level health authorities and regional health bureau officials were also important stakeholders for scale-up beyond the project's focus kebeles to neighboring areas. Components of the project have been adopted in an additional 75 kebeles. MaNHEP has also secured funding to implement its work in Afar, and been instrumental in informing the design of the Community Based Newborn Care package.

Toward the end of the project, emphasis was placed on writing up for peer-reviewed publication. A special issue of the open access Journal of Midwifery and Women's Health containing 12 papers focusing on different aspects of the project was published in February 2014. In addition, project staff have presented on the project's progress and successes at national and international conferences (e.g, Kuala Lumpur 2013 Women Deliver, Paris 2012 International Forum on Quality and Safety in Health Care, among others),

A wide range of stakeholders was invited to the project's final national dissemination event held in Addis Ababa. Key project documents including formative research, survey reports, training manuals and materials, change package and newsletters are available at www.manhep.org.

Key messages from MaNHEP
- MaNHEP's community-based model focused on maternal and newborn survival during the vulnerable birth and early postnatal period.
- The model improved capacity and confidence of health extension workers, community health development agents, and traditional birth attendants to provide maternal and newborn health care during birth and the early postnatal period.
- The model increased demand for skilled maternal and newborn care and improved self-care behaviors of women during labor and the early postnatal period.
- The model's lead woreda (district) approach improved identification of pregnant women, enrollment of pregnant women in antenatal care and in MaNHEP's Community Maternal and Newborn Health Family Meetings, labour and birth notification to health extension workers, and timely postnatal care follow-up by health extension workers.
- Application of the model is associated with improved perinatal survival as evidenced by an increase in number of days between perinatal deaths over the course of the project.

- Active engagement of Ministry of Health partners at all levels is essential to success.
- It is also vital to address both the content and process of care at community and health service levels, "It is not enough to have evidence-based interventions, we need to know how to implement them and how to scale them up."

Saving Newborn Lives COMBINE

Project duration 2007 – 2013 Grantee: led by Save the Children, in partnership with JSI Research & Technology Institute, Inc., the Ethiopian Federal Ministry of Health, UNICEF, the London School of Hygiene and Tropical Medicine, the Johns Hopkins School of Public Health and the Ethiopian Paediatrics Association

The Saving Newborn Lives COMBINE program sought to reduce global neonatal mortality by facilitating the development of effective, evidence-based newborn care innovation packages and implementing them at scale. To accomplish this goal, Saving Newborn Lives COMBINE generated evidence and advocated for increased availability and access to routine and emergency newborn care services and supplies, improved quality of newborn care services, and increased knowledge about and demand for newborn care.

Saving Newborn Lives COMBINE deliberately kept a low profile for its work in the early stages. Some case studies were written up for Save the Children quarterly bulletin, but the focus of dissemination effort has been held back until the final results are available. There were sensitivities about the project from within the Ministry of Health, because of the additional workload being added to the already busy Health Extension Worker

schedule. The publication of the 2011 demographic survey in Ethiopia that showed insufficient progress in maternal and newborn health was a "turning point", after which the government was keen to see evidence from the project, and SNL COMBINE began to communicate its work openly.

Before the project was designed, a consultative meeting was convened with relevant partners to agree on what should be done around newborn health. This informed the project's design. A consultative approach to engaging key stakeholders has continued, with an internal technical advisory group set up to provide technical support to the project, but also to help in lobbying the government when the project faced implementation challenges. The technical advisory group has also served as a mechanism for disseminating information about the project.

The final results from SNL COMBINE will be disseminated in 2014, including a national dissemination event, and peer reviewed journal publications.

Key messages from SNL COMBINE
- Newborn sepsis management as implemented through SNL COMBINE has an impact on newborn mortality – to be defined when final results are disseminated.
- There is a series of things that also need to happen to bring about this impact, including:
- Health Extension Workers need to be supported by community volunteers or the Health Development Army to reach households within the first 48 hours.
- Community volunteers and other community health workers have to be able to identify pregnancy early so they can follow the pregnancy, know when the delivery happens, and visit the mother in the first 48 hours.

Uttar Pradesh, India

Better Birth, Uttar Pradesh

Project duration: 2011 - 2016
Grantee: Harvard School of Public
Health/ Ariadne Labs

The Better Birth project in Uttar Pradesh (UP) is a randomized control trial to assess the impact of the Safe Childbirth checklist and accompanying comprehensive support package in improving maternal and newborn health outcomes from facility deliveries. Better Birth in UP builds on a pilot study in Karnataka, where the checklist and support package have been adopted for use post-pilot, and data from the pilot has been published and well disseminated.

Modifications have been made to implementation of Better Birth in UP following piloting. For example, in the initial UP pilot, nurses were mentored by doctors, which was not found to be effective – nurses are now mentored by trained nurse mentors. There continue to be four learning sites that are used to test out new approaches. There have been three pilot phases in UP (phase 1). Phase 2 is a study of behaviour change among Auxiliary Nurse Midwives (ANMs), and Phase 3 will generate evidence about survival. Pilots 1-3 are being written up for journal submission in 2015, though the

main dissemination efforts are planned for late 2015 and 2016. There will be dissemination of phase 2 and 3 at each facilities, at state level in UP, and nationally.

District level engagement includes efforts to improve communication between ANMs, ASHAs and the Medical Officer in Charge. The district level engagement process is a pre-cursor to facility-engagement and roll out of the intervention and support. A Better Birth team member acts as the go-between and develops rapport with district level stakeholders and facility staff.

The Safe Childbirth Checklist Collaborative arose from the pilot study in Karnataka and is supported by Ariadne Labs through WHO. The Collaborative supports health facilities in Karnataka, and also in Iran, Malawi and Burkina Faso, to use the checklist. The Collaborative plans to launch an open access e-platform in Spring 2015 where the checklist and other useful resources will be available. The checklist, coach training materials and other resources are to be made available online in 2015.

Manthan

Project duration 2009 – 2014
Grantee: IntraHealth International
Inc.

Manthan aimed to improve the health of the mothers and newborns in the state of Uttar Pradesh, Northern India. The project provided technical assistance to the Department of Family Welfare, Government of Uttar Pradesh, to implement evidence-based maternal and newborn health interventions during antenatal, delivery and the immediate postpartum (post-delivery)

period, and the first 28 days of life.

The Manthan Project (November 2009- January 2014), was designed to proactively engage with and provide technical assistance (TA) to the Government of Uttar Pradesh (GoUP) in demonstrating and scaling of operational strategies that expand coverage of critical evidence-based maternal and newbrn health (MNH) interventions. Manthan provided TA to the Department of Health & Family Welfare, GoUP, using a three-pronged approach: (1) engage with/ provide systematic TA in planning processes to prioritize interventions, improve resource allocations and address barriers; (2) support demonstration of innovative operational strategies that increase coverage of MNH interventions in two districts; (3) TA/ advocacy to support diffusion/ scale up of innovations across state.

Dissemination and advocacy were built into the Manthan project from the outset and went "hand in hand with implementation". Government was the key stakeholder and a close partner throughout. The Project Director, Mr. Amod Kumar, came from government and brought a strong network of relationships as well as a keen acuity about what interests and is important to government. Mr. Kumar was supported by a core technical team of Manthan staff who also engaged closely and proactively with government representatives. The project team focused on initiating early and continuous engagement for inputs in designing of key innovations and sharing of project progress, coupled with arranging site visits where stakeholders could see project implementation first hand.

A second key audience was the global academic and development communities, targeted through research briefs and peer reviewed journal articles (written once

findings were available) as well as conference presentations.

The project is aiming toward the adoption at scale of the mSakhi mobile phone-based job aid for frontline health workers and capsular training approach for Skilled Birth Attendance by the government of Uttar Pradesh. The project also demonstrated Prasav Parivahan Seva, an emergency transportation system involving private partners as a precursor to the statewide EMRI 108 and 102 service and strengthened operational mechanisms for Mother Child Tracking System (MCTS) through development of implementation guidelines for rolling out MCTS that was circulated by GoUP across all districts.

Sure Start

**Project duration 2007 - 2012
Grantee: PATH**

Sure Start aimed to improve the lives of women and newborns by introducing essential maternal and newborn health interventions in seven districts Uttar Pradesh covering a population of 23 million. Through its unique interventions, Sure Start's objective was to significantly increase individual, household, and community actions that directly and indirectly improve health. Sure Start also aimed to enhance systems and institutional capabilities for sustained improvement in maternal and newborn care and health status.

Sure Start was a community based project that complemented the work being done by the Government under the National Rural Health Mission (NRHM). As the NRHM strategy developed, Sure Start prepared a detailed "spread and scale-up" communications and advocacy plan. The goal of the strategy was to enable the spread and scale-up of key Sure

Start approaches and successes in an 8th district in UP and Bihar state.

They used large dissemination events, reports, short documents and films, field visits, government champions, presentations, websites and face-to-face meetings to reach this goal. Sure Start felt these efforts have achieved two main outcomes:
1. Demonstrated Sure Start's innovations can increase demand for health services in resource-strapped communities and improve health indicators to government and the foundation.
2. Celebrated the work and thanked the involvement of their local NGO partners and communities.

Sure Start's impact has resulted in their sharing learning with groups starting new projects and a recognition within the national and Uttar Pradesh government that PATH can help advise them on how to implement a large-scale MNH project, particularly regards demand generation.

Key messages from Sure Start
The approaches and successes to be advocated as per Sure Start's "spread and scale-up" communications and advocacy plan were:
3. Enabling Grassroots Accountability: Sure Start increased the involvement of VHSCs in planning, implementation, and monitoring of maternal and newborn health services at the community level, increasing their ability to hold the health providers accountable.
4. Behavior change: ASHAs initiated Mother's Groups which brought together mothers-to-be and mothers-in-law, typically responsible for their daughter-in-law's pregnancy. At these meetings, ASHAs worked together with the local health

caregiver to increase awareness of issues impacting maternal and newborn health. Additionally, male involvement was a critical component of the ASHAs community work.
5. Partnership: Sure Start actively engaged local partners in every aspect of the project. This partnership model, designed to engage with and maximize the potential of partners on the ground, provided a greater sense of ownership to community members and was ultimately a primary reason the efforts were so successful.

Nigeria

Society for Family Health's maternal and neonatal child health project

Project duration:
Learning grant 2010 – 2012
Phase 2 2012 – 2016
Grantee: Society for Family Health

The Society for Family Health is one of Nigeria's largest non-governmental organisations. Its mission is to empower Nigerians, particularly the poor and vulnerable, to lead healthier lives. SFH's maternal and neonatal child health project aimed to provide services to improve emergency birth within rural communities (essential clean delivery, micro nutrient supplements, establishment of a functional Call Centre and an Emergency Transport Scheme), train Traditional Birth Attendants and Community Volunteers to deliver key health messages as well as refer pregnant women and mothers of newborns to health facilities, and train of midwives and health providers in health facilities on Kangaroo Mother Care, Essential Newborn Care, use of Misoprostol, and labour management.

Society for Family Health's maternal and neonatal child health project (SFH) engages in dissemination activities with a wide range of audiences throughout the project. They hold larger dissemination events to publicise project findings.

Society for Family Health aims to show the government that community health work is possible (the government currently mostly engage with improving health facilities). They connect with their Program Officer at the foundation for advice and to report the project's progress.

They use different dissemination methods depending on their audience: champions meetings to generate support from influential local dignitaries and national government officials; frontline worker and community meetings to encourage community support for maternal and newborn health (MNH) innovations; an online newsletter and website to reach international NGOs and donors; face-to-face meetings; emails; telephone conferences; site visits; dissemination events; presentations at national and international conferences and symposia.

Society for Family Health has learned about how to disseminate messages in the context of North Nigeria (e.g. champions work well). They recognize that they could do more to track the impact/reach of their dissemination activities, link their website to other partners, and would appreciate support in developing dissemination materials for international audiences.

Society for Family Health's dissemination impact has resulted in other state commissioners requesting them to work or adopt their project strategy in their state (e.g. Zamfara state in NW Nigeria) and connecting with international NGOs and donors to share their experiences of working in MNH in NE Nigeria.

Key messages from Society for Family Health

From the learning grant which ended in March 2012 (from press release):
- SFH and her partners have identified, and developed new cost effective approaches to reducing deaths among pregnant women, new mothers and their babies.
- 20% increase in the number of women who attended Antenatal care (ANC) in project areas with increases in use of anti-malarials in pregnancy and iron supplementation.
- 20% increase in the number of home births that used a clean delivery kit.
- 3% of pregnant women in the state were transported by volunteer

drivers in the emergency transport scheme
- The call centre received a total of over 80,000 calls, an average of 5,500 calls per month. Approximately, 11% of the population used the call centre for health information.
- Post natal visits decreased in the non intervention areas by 10%, but increased by 6% points in the FOMWAN areas.

Strengthening maternal, newborn & child health (MNCH) frontline worker organizations, Nigeria

Project duration: 2012 – 2014
Grantee: Pact

Strengthening maternal, newborn & child health (MNCH) frontline worker organizations is a three-year project run by Pact to provide intensive capacity development support to MNCH frontline worker organisations in Adamawa and Gombe states. Pact collaborates with 17 local government authorities, six civil society partners, traditional birth attendants and one national NGO to enhance their organisational, influencing and adaptive capacities; all needed to meet the maternal and neonatal healthcare needs of the communities served. The purpose of the grant is to find out what are the barriers, challenges and gaps in community participation needed to improve the quality of MNCH services. Three dissemination events were held for the six-month learning grant that preceded the MNCH grant, in Gombe and Adamawa states and in Abuja. These provided opportunities to share and validate findings, and to engage national and state-level stakeholders and seek additional input to the research.

A dissemination event for the main maternal, newborn and child health grant was planned for 2014, but this was postponed to 2015 after Pact was awarded funds to conduct an impact evaluation of the current project. Dissemination of the MNCH project and impact evaluation is now planned for June/July 2015.

Pact launched a new project, SAQIP (State Accountability for Quality Improvement Project) in January 2015, building on the learning grant, with funding from the Bill & Melinda Gates Foundation. Its focus is on using social accountability to improve quality of health services. Pact SAQIP has its own communications plan – as do all Pact projects – with communications support provided from the central communications team in Nigeria.

Acronyms

Acronym	Full text
ANC	Antenatal care
ASHA	Accredited Social Health Activists (India)
RHB	Regional Health Bureau (Ethiopia)
CBDDM	Community Based Data for Decision Making
CBNC	Community Based Newborn Care (Ethiopia)
CIDA	Canadian International Development Agency
DfID	Department for International Development (UK)
DHS	Demographic and Health Surveys
EMRI	Emergency Management and Research Institute
EMTS	Emergency Medical Transport Service (India)
ESHE	Essential Services for Health in Ethiopia
FOMWAN	Federation of Muslim Women Association of Nigeria
FMOH	Federal Ministry of Health (Ethiopia)
GoUP	Government of Uttar Pradesh (India)
HEW	Health Extension Workers (Ethiopia)
HAD	Health Development Army (Ethiopia)
IFHP	Integrated Family Health Program
L10K	Last 10 Kilometers (Ethiopia)
MaNHEP	Maternal and Newborn Health in Ethiopia Partnership (Ethiopia)
MCTS	Mother and Child Tracking System (India)
MI	Micronutrient Initiative (Ethiopia)
MLE	Measurement, Learning and Evaluation
MNCH	Maternal, Newborn and Child Health
MNH	Maternal and Newborn Health
NGO	Non Governmental Organisation
NRHM	National Rural Health Mission (India)
PAC	Project Advisory Committee
PATH	Program for Appropriate Technology in Health
PSI	Population Services International
SFH	Society for Family Health (Nigeria)
SNL	Saving Newborn Lives (Ethiopia)
SNNP	Southern Nations, Nationalities and Peoples (Ethiopia)
STC	Science and Technology Committee (STC)
TA	Technical Assistance
TAG	Technical Advisory Group
TBA	Traditional Birth Attendant
TSU	Technical Support Unit (India)
TSHIP	Targeted States High Impact Project
TWG	Technical Working Group
UNAID	United Nations Joint Program on HIV/AIDS
UNICEF	United Nations Children's Fund
UNFPA	United Nations Population Fund
UP	Uttar Pradesh (India)
VHSC	Village Health and Sanitation Committee (India)
WHO	World Health Organisation

IDEAS project

IDEAS (Informed Decisions for Actions) aims to improve the health and survival of mothers and babies through generating evidence to inform policy and practice. Working in Ethiopia, Northeast Nigeria and the state of Uttar Pradesh in India, IDEAS uses measurement, learning and evaluation to find out what works, why and how in maternal and newborn health programmes.

IDEAS is funded between 2010 and 2016 by a grant from the Bill & Melinda Gates Foundation to the London School of Hygiene & Tropical Medicine.

ideas.lshtm.ac.uk

London School of Hygiene & Tropical Medicine

The London School of Hygiene & Tropical Medicine is a world-leading centre for research and postgraduate education in public and global health, with 4,000 students and more than 1,300 staff working in over 100 countries. The School is one of the highest-rated research institutions in the UK, and was recently cited as one of the world's top universities for collaborative research.

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