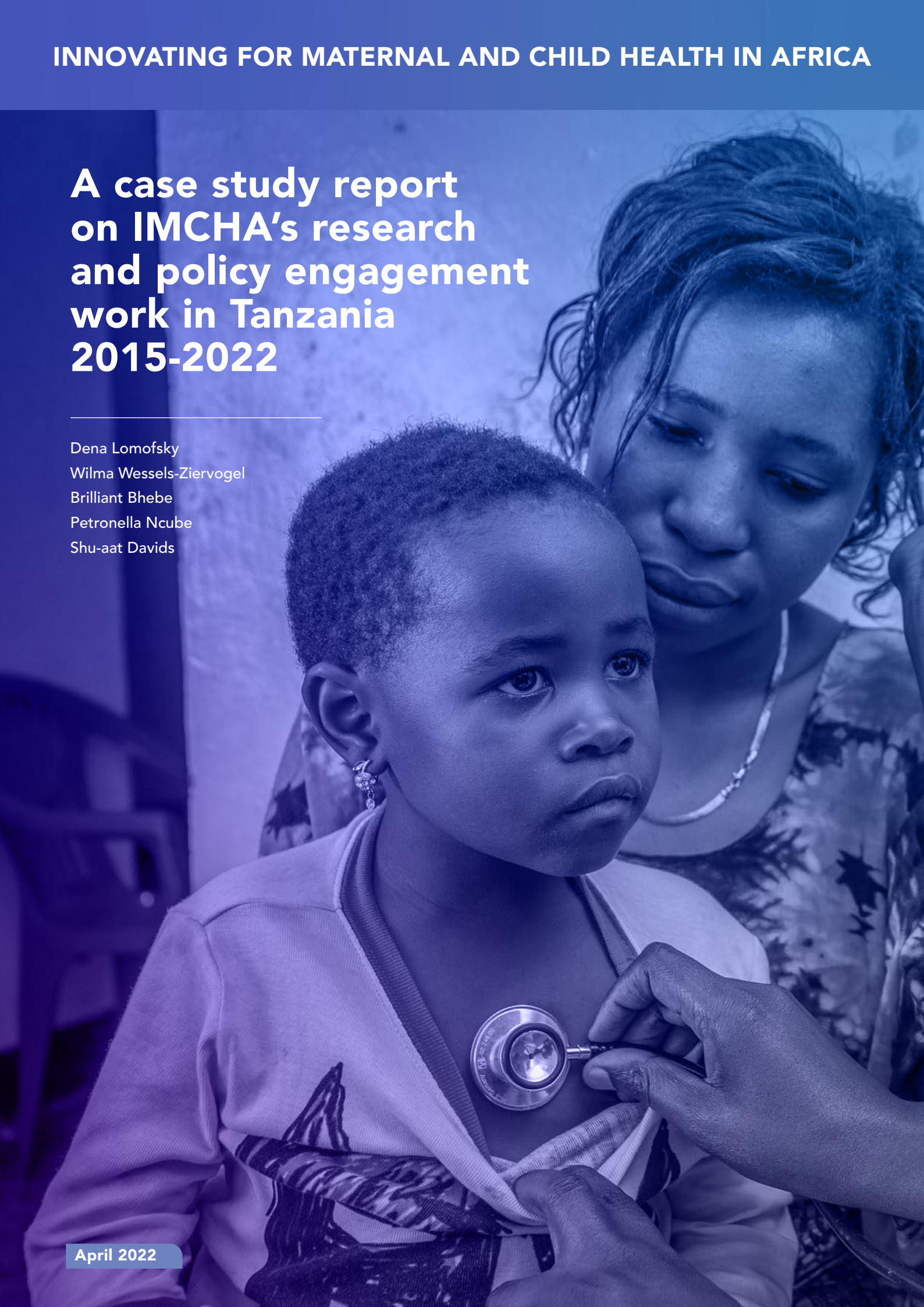


A case study report on IMCHA's research and policy engagement work in Tanzania 2015-2022

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List of acronyms

APHRC	African Population and Health Research Center
PI	Principal investigator
EA-HPRO	East Africa Health Policy Research Organization
IDRC	International Development Research Centre
IMCHA	Innovating for Maternal and Child Health in Africa

Executive summary

The Innovating for Maternal and Child Health in Africa initiative was established to support efforts to improve maternal, newborn and child health outcomes. Funded by Global Affairs Canada, the Canadian Institute of Health Research, and Canada's International Development Research Centre, it tackles health systems issues by focusing on ensuring that research is designed, presented, and packaged in a way that makes it likely to influence policy. Between 2014-2022, the initiative was implemented in 11 countries across Sub-Saharan Africa, with Tanzania hosting the largest number of projects by a large margin.

Given the significant research investment made in Tanzania, where 10 projects were implemented across seven regions, the Innovating for Maternal and Child Health in Africa initiative was keen to determine what, if any, value was achieved from having multiple research projects in one country. Southern Hemisphere was chosen to develop a detailed case study in this regard drawing on document reviews and interviews with relevant stakeholders, as well as lessons learned from its relatively recent evaluation of the initiative's work across eastern and southern Africa.

The case study found that having multiple research teams and projects working on maternal, newborn and child health issues in one country over the same period was valuable particularly in terms of encouraging policy uptake and scaling. All projects achieved positive results by designing and testing a range of innovations. What is more, 23 innovations were found to have potential for scale up beyond their initial target area with most research projects having at least two innovations leading to positive outcomes. This demonstrates that work supported under the initiative resulted in many potential pathways for future impact.

The design of the Innovating for Maternal and Child Health in Africa initiative was a critical part of this success, which prioritized knowledge translation and research uptake as key objectives in all projects. Specifically, it insisted on the use of 'implementation research' – an approach that puts heavy emphasis on testing innovations in real life settings. It also encouraged uptake by embedding decisionmakers in research teams. As a complement to this, the initiative supported the East Africa Health Policy and Research Organization – a consortium of three organizations that played a coordinating role throughout – to facilitate mutual learning, build national-level ownership of research, integrate a gender and health equity lens into projects, and provide training

and support to improve knowledge translation and encourage its uptake in policy and practice. The fact that improving maternal, newborn and child health outcomes was a major political priority in Tanzania created an important window of opportunity as well.

The case study identified three benefits of having multiple teams working in one country, which stemmed from the initiative's conscious efforts to coordinate researchers and create the conditions for cooperation. Specifically, work in Tanzania:

1. Built a network of committed actors focused on maternal, newborn and child health

Six research teams implemented the ten projects in the country. This provided scope for cooperation, learning and sharing between teams, which in turn created a network of actors with a common vision. Research teams interacted throughout the lifespan of their projects in several ways, including during training or coordination meetings and exchange visits, as well as at national and international dissemination events. This allowed researchers to share key aspects of their work and discuss implementation challenges they were facing. It also provided the opportunity to think collectively about how to get research results into policy and to plan for engagement with decisionmakers.

2. Built strong evidence of effective interventions

The volume of research supported in Tanzania tangibly built the maternal, newborn and child health field. The different projects cut across all of the Innovating for Maternal and Child Health in Africa initiative's priority themes – namely, community-based interventions; quality of care; enabling the policy environment to improve healthcare services and outcomes; and human resources for health. In addition, there was a nice geographical spread to the projects, which would not have been possible had there only been one or two teams implementing in the country. This helped develop a strong evidence base for effective interventions, and also ensured that decisionmakers took note of research findings.

3. Created demand for research by convening a bigger group of decisionmakers

Several national stakeholder engagement events brought researchers together with decisionmakers from the Ministry of Health and Social Welfare and the President's Office for Regional Administration and Local Government, among others. Having multiple teams presenting at these national platforms generated interest in specific studies and helped researchers establish contacts and relationships to amplify their evidence, contributing to increased buy-in and uptake of research results.

Ultimately, the Innovating for Maternal and Child Health in Africa initiative's investment in multiple implementation research studies in Tanzania, coupled with its support of the East Africa Health Policy and Research Organization as a coordinating body, created clear opportunities for connection and sharing. To encourage greater cross-fertilization on research approach and methods, as well as specific partnerships between teams, selected 'insights' are highlighted below. These aim to help program designers further optimize this type of investment in future:

- ▶ Encourage greater collaboration by helping research teams to identify points of intersection and take them forward through dedicated funding to build joint projects that integrate and scale results. This does not only have to involve research activities, it could also incorporate the producing of knowledge products based on a synthesis of research outputs.
- ▶ Connect research teams with a wider set of relevant stakeholders, such as development partners, who could support with funding, uptake, and scaling.
- ▶ Create opportunities for research teams to visit other research sites more regularly to foster mutual learning and strengthen the overall research network.

01

Introduction and background to the case study

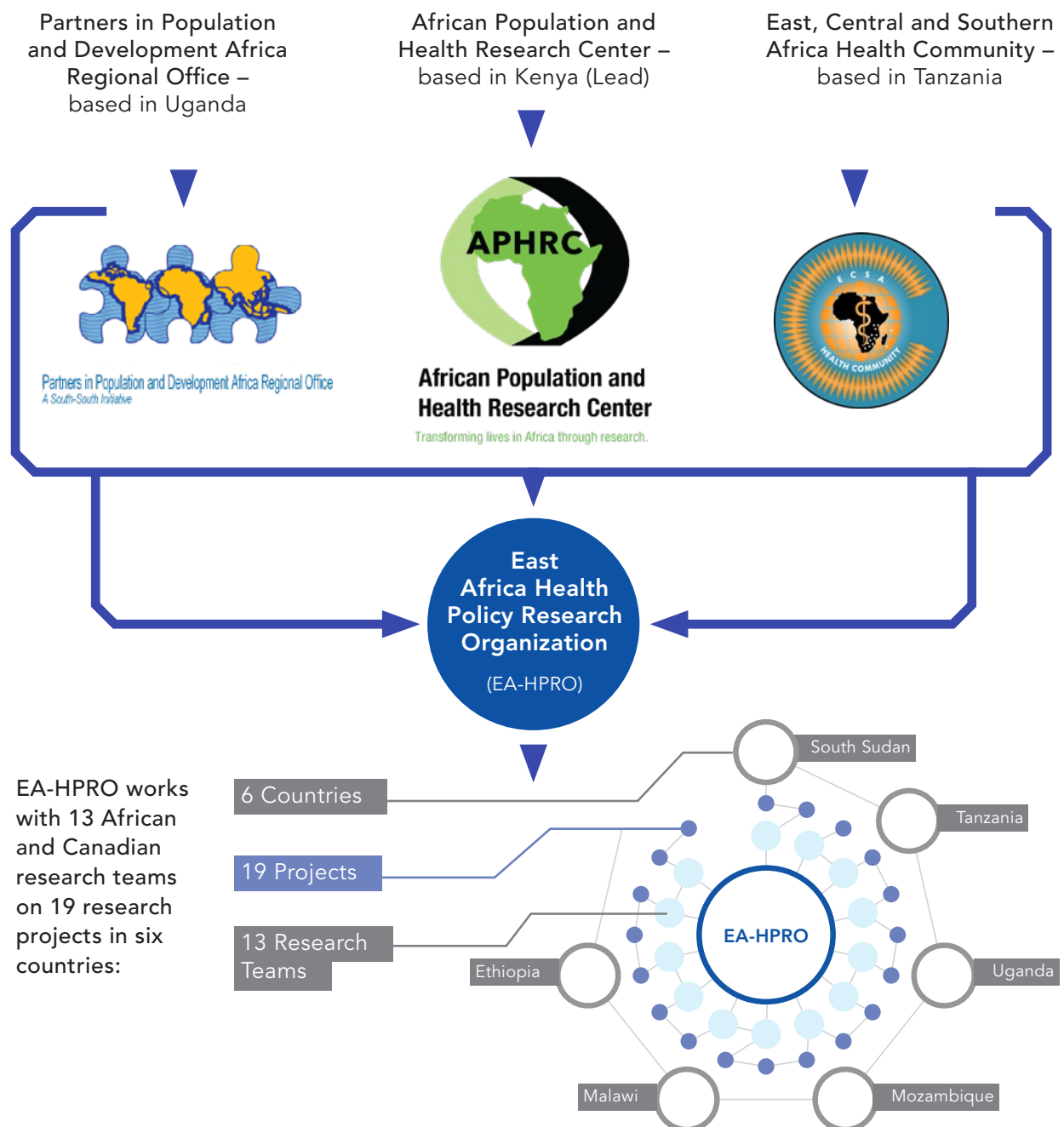
Improving maternal, newborn, and child health (MNCH) outcomes is a major priority for both country- and global-level actors, particularly in sub-Saharan Africa where sustaining and consolidating gains remains critical. A focus on improving health systems – by ensuring they are accessible, responsive, and resilient to shocks – is seen as the best way to achieve this with the agenda for sustainable development and the Universal Health Coverage 2030 initiative putting energy and resources behind these efforts.

The Innovating for Maternal and Child Health in Africa (IMCHA) initiative was born against this backdrop. Funded by Global Affairs Canada, the Canadian Institute of Health Research, and Canada's International Development Research Centre, it takes on health system issues by focusing on ensuring that research is designed, presented, and packaged in a way that makes it likely to influence MNCH policy. Between 2014-2022, the IMCHA initiative was implemented in 11 countries across Sub-Saharan Africa. In East Africa, a total of 13 research teams worked on 19 projects in six countries:

Ethiopia, Malawi, Mozambique, South Sudan, Tanzania, and Uganda (see Figure 1). The East Africa Health Policy and Research Organization (EA-HPRO) was established as a consortium of three organizations to coordinate work in the region with a focus on strengthening individual and institutional research capacity, enabling national-level ownership of research, building coherence, and facilitating mutual learning.

Figure 1: EA-HPRO snapshot

The East Africa Health Policy and Research Organization (EA-HPRO) is a consortium of three institutions:



This case study focuses on IMCHA-funded work in Tanzania, where the largest number of research projects were conducted. A total of 10 projects were carried out, involving six research teams. The study focuses on understanding what effect having multiple teams in one country had on policy uptake and scaling. It also identifies lessons to inform future funding decisions in the region. Each of the projects reviewed aligns to one or more of the following IMCHA priority themes:

1. high impact, community-based interventions;
2. quality facility-based interventions;
3. enabling the policy environment to improve healthcare services and outcomes; and
4. human resources for health

MNCH in Tanzania

Countries across the continent have shown significant political commitment toward ensuring that populations have access to healthcare services without experiencing financial hardships. In Tanzania, considerable domestic resources have been channelled towards MNCH with a focus on making these services free at the point of use to maximize access.

02 | Methodology

In 2020, Southern Hemisphere conducted an evaluation of EA-HPRO's role in the IMCHA initiative, which highlighted positive results related to research uptake. At that time, several projects were not yet complete, but the building blocks for policy engagement and influence and the potential for scaling were evident. Building on this work and given the significant investment made in Tanzania in particular, the IMCHA initiative commissioned Southern Hemisphere to develop a case study exploring the value of having multiple research projects in one country – keen to understand whether the increased opportunity for cross-pollination among research teams led to greater impact and potential for scale up.

A total of 10 projects, conducted by six research teams through six core grants and four supplementary grants, called 'synergy grants', were reviewed. Research teams were led by a principal investigator (PI) from a Tanzanian research institution, with researchers from Canadian research institutions and Tanzanian decisionmakers acting as co-PIs.

The methodology included a review of key project documents, including final project reports and technical reports; previous evaluations of the IMCHA initiative (and EA-HPRO's role in it); and other research outputs. In addition, data was collected through qualitative interviews email questionnaires with stakeholders conducted from 14-25 February 2022 using video conferencing and other digital platforms.

Table 1: Sample

Phase	Key stakeholders	Planned	Actual
Inception phase interviews	EA-HPRO	2 Key informant interviews (KIs)	2 KIs
Fieldwork / data collection from IMCHA initiative research team members	Principal Investigators (PIs)	6 Semi-Structured Interviews (SSIs)	4 SSIs
	Co-PIs	6 Email/SSIs	3 (1 SSI; 2 Email)
	Decisionmakers	3 Email/SSIs	1 (Email)
Total number of interviews		Data collected from 17 stakeholders	Data collected from 10 stakeholders

The main challenge experienced during the sampling and data collection phase was that not all intended respondents could be reached. As noted above, data collection was done remotely and relied on people agreeing to participate in interviews via video conference. Some respondents did not answer interview requests, despite follow-up communication. This is likely to be because most of the IMCHA initiative's projects ended in 2020 and researchers had already moved on to new activities. Interview fatigue may be another factor since this case study represents the third study on this portfolio of projects within two years. As such, only 10 out of 17 potential data points are included (see Table 1) with policy partners proving to be the most difficult to secure interviews with.

In response to this challenge, data collected during Southern Hemisphere's 2020 evaluation was used. Specifically, three interviews with researchers and two with decisionmakers are included in the data set.

The data analysis phase included thematic data analysis using project documents and interviews as a primary source. Primary data analysis was conducted using NVivo and focused on interview transcripts. Secondary data analysis was conducted using technical reports.

03 Uptake and scaling of research results

Knowledge translation and research uptake was a key objective of research projects coordinated by EA-HPRO. As the project snapshot and associated project summaries show (see Figures 2 and 3), positive results were achieved in all ten research projects supported in Tanzania.

Critically, research projects also resulted in innovations that could be scaled up. Several factors influenced this, which are also described in the 2020 evaluation of EA-HPRO's work. The IMCHA initiative's strong focus on supporting 'implementation research', which puts heavy emphasis on testing innovations in real life settings was a key enabling factor as was the fact that decisionmakers were embedded in research teams. Complementing this with training and support to improve knowledge translation and encourage its uptake in policy and practice was also important. For many researchers who were part of the work and more familiar with clinical research implementation research was a new concept and proved to be powerful and long lasting. One respondent described how this combination of implementation research and engagement with decisionmakers in research has been maintained as a strategy to encourage scaling:

// *We are able to adapt to local situations to see what is available. We are costing up the intervention at health facility level and we will take this costing to the government during the creation of more health care facilities. Scaling up of the project to other facilities and regions has been done through continuously inviting politicians and other stakeholders involved so that the uptake is continued further.* – (PI)

Scaling innovations

The research projects in Tanzania tested innovations across all four IMCHA priority themes with most of them addressing at least two areas each. This created good conditions for learning across projects and allowed multi-component interventions to be built based on results. That said, it took some research teams time before they were able to identify opportunities for collaboration, especially if their methodologies were different. As respondent commented:

// *We did not cooperate because we have different methodologies. There was another PI at this same institution who was looking at mHealth, which was quite different from what we were doing. So there was not much cross-learning in terms of the research aspects. However, now post –IMCHA, we are trying to see how we can deliver a package of interventions in two to three regions including quality improvement, mHealth, capacity building for health care workers and so on. This is our dream, and we believe there is an opportunity to take this work further.* – (PI)

Two useful concepts were used to analyze scaling that come from IDRC’s work on ‘scaling science’. The first concept, outlined in *Scaling Impact: Innovation for the Public Good*, posits five ‘pathways to scale’ – namely, policy; program; change in behaviour or skill; product or technology; and methodology [8]. In Tanzania, a total of 23 innovations were found to be having positive impacts under four pathways (see Figure 2). What is more, most projects had at least two innovations leading to positive outcomes across the different categories, which shows that the projects had multiple pathways for impacts to scale.

The second concept comes from an evaluation of IDRC’s scaling strategy, which identifies the stages of innovation [4]. Innovations were either being tested and adapted with participation of end-users, beneficiaries or clients, or they were at the early stages of being adopted or adapted to a new context. In other words, projects demonstrated impact within initial implementation sites, and some have started to be extended to other places.

Figure 2: Positive impacts achieved in Tanzania under four ‘pathways to scale’

<p>Policy (codified and entrenched statement that defines a course of action)</p> <p>3 positive impacts</p>	<p>Behaviour, practice, skill (a new method, skill, or behaviour that leads to positive change)</p> <p>5 positive impacts</p>
<p>Product or technology (a market and/or publicly distributed good)</p> <p>7 positive impacts</p>	<p>Methodology (a method of knowledge creation, translation and/or use is strategically adopted and applied for development)</p> <p>8 positive impacts</p>

Examples of stages of scaling innovation:

1. Innovation being tested and adapted with the participation of end-users

The provision of a family planning training module to community health workers via mobile phones has been tested with success in the Mara Region. It shows potential for scale up nationally and regionally (see Project synopsis at <http://www.ea-imcha.com/index.php/en/resources/publicationss/project-synopsis>, project name: Building an Enhanced Cadre of Community Health Workers to Improve Maternal and Newborn Health in Rural Tanzania).

2. Initial adoption or adaptation of the innovation by primary intended end-users, beneficiaries or client to new context

As part of a quality improvement strategy focused on making MNCH service delivery more sustainable – known as Quality improvement at district scale (QUADS) – a costing protocol was developed that has now been fully integrated into the quality improvement cycle at community and district levels. In addition, some non-intervention wards have adopted QUADS and implemented associated learning tools (e.g., health information leaflets) to promote patient engagement. Researchers also noted that manuals for quality improvement, developed as part of the project, were being used by the education sector (after the project had ended) to improve quality management in schools (see Project synopsis at <http://www.ea-imcha.com/index.php/en/resources/publicationss/project-synopsis>, project name: Quality Improvement for Maternal and Newborn Health at District-level Scale in Mtwara Region).

3. Innovation adopted and used beyond primary intended users

Standardized emergency obstetric and newborn care curricula – and post-training support package – has been adopted by Tanzania's Federal Ministry of Health and several training institutions in the country. It is already being implemented in other health facilities and hospitals and is due to be rolled out to non-physician clinicians nationally with possible funding from the United Nations Children's Fund. This is a clear indication that the innovation is scaling beyond the research site with potential to scale impact (see Project synopsis at <http://www.ea-imcha.com/index.php/en/resources/publicationss/project-synopsis>, project name: Accessing Safe Deliveries in Tanzania).

Scaling equity

IDCR's 'scaling science' work also argues scale up can happen in different ways and that, in some cases, scale up is not always the best way forward. For example, scaling can mean achieving greater equity or depth. The 'synergy grants', which were added to core

grants under the IMCHA initiative, were used in this sort of way to address gender and equity issues in projects. Gender and equity dynamics are examined in more depth later in the case study.

In one case, the case study found evidence of how an intervention was actually scaled down after it was adopted by the government, due to funding constraints that affected the equity of impact. Under a project to build an enhanced cadre of community health workers [5], the provision of home birth kits was tested with success. This was subsequently adopted by local decisionmakers and put into practice. However, the limited budget allocated meant that it was done at a far smaller scale than needed or tested in the research, which as one respondent suggested could have a negative impact on equity as it would fail to reach the most vulnerable mothers.

Sustainability

Interviews conducted for this case study suggest that research projects in Tanzania are likely to have long-lasting effects. This can be attributed to the fact that projects prioritized the use of implementation research, leveraged new capacity and embedded innovations in existing systems. For example, the Mama na Mtoto project trained community health workers in over 100 healthcare facilities, who have subsequently been mobilized for other research projects, including one to enhance nutrition outcomes.

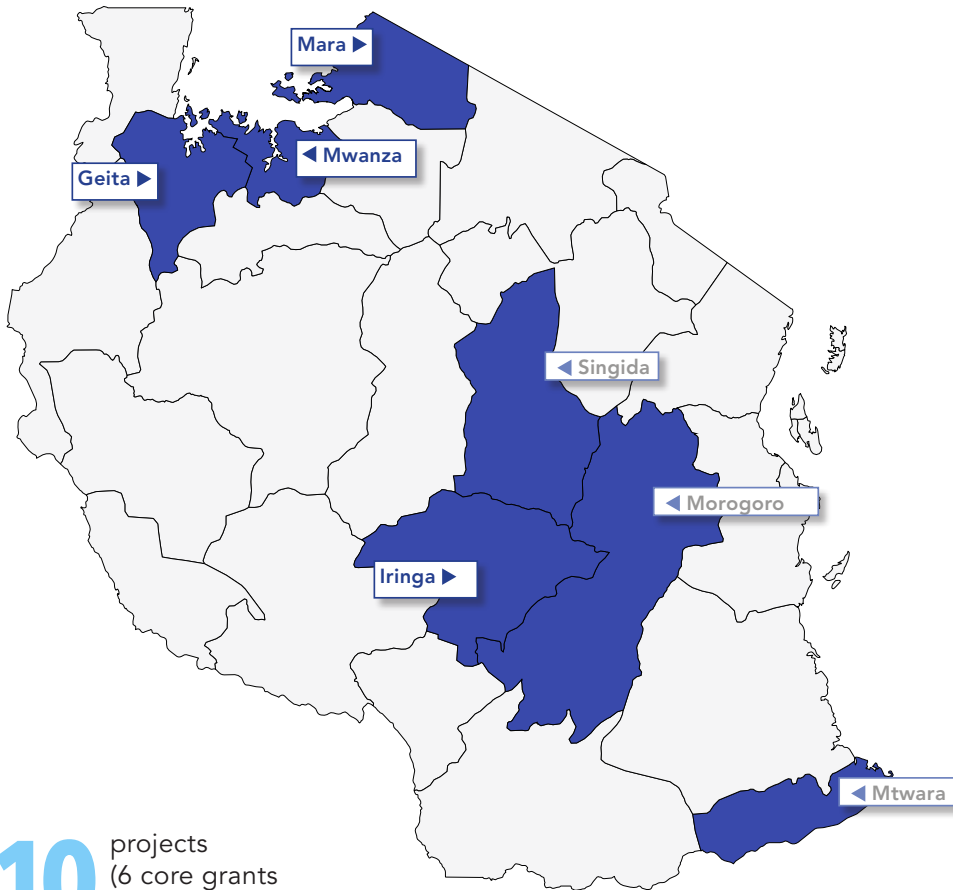
In terms of system enhancements that occurred as a result of research projects, particularly good examples come from initiatives that aimed to improve the quality of care. In one case, following information brought to light by a new quality monitoring tool, decisionmakers committed additional resources to prevent stockouts in target facilities.

The connections between researchers established as a result of the coordination between the 10 research projects (described in more detail below) provides a final example of the way in which sustainability of results was achieved and demonstrates the value of substantial research investment in one country.

Findings from this case study demonstrate that there is value in having multiple research teams and projects focused on advancing the uptake and scale up of research results. However, particular impact stemmed from the conscious effort to coordinate these teams and to create the conditions for cooperation.

Figure 3

Snapshot of the IMCHA initiative's work in Tanzania

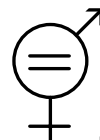


 **10** projects
(6 core grants plus 4 synergy grants)

 **6**
research teams

 **9**
innovations to improve quality of care

 **5**
projects promoted digital health tools

 **9**
projects focused on gender equity

 **7**
dissemination events

 **23**
innovations for scaling impact

 **78**
knowledge products (including: journal articles, blogs, briefs and manuals)

 **33**
opportunities for emerging researchers and future leaders

 **7**
innovations to engage communities in problem solving to improve health outcomes

04 Value of having multiple teams and projects for scaling research results

4.1 Three key results from having multiple teams working in one country

The case study identified three specific results from having multiple teams working together:

1. Built a network of actors committed to MNCH that included researchers and decisionmakers;
2. Built strong evidence of effective MNCH interventions; and
3. Convened a bigger group of decisionmakers creating demand for research results.

Network of committed MNCH actors

Six research teams implemented the 10 projects reviewed. This provided scope for cooperation, learning and sharing between teams, which in turn created a network of actors with a common vision. This tangibly built the MNCH field and enabled scaling as well. Research teams interacted throughout the lifespan of their projects in several ways. During regularly scheduled meetings, research teams were able to share key aspects of their work and discuss implementation challenges. These meetings also provided the opportunity to think collectively about how to get research results into policy and to plan for engagement with decisionmakers. In some cases, research teams developed national engagement strategies and key policy messages based on emerging research findings.

// *We used to have meetings where all research teams discussed how we can influence the government together. Before inviting the MoH [ministry of health] we would sit together and develop key messages to government. This was very helpful as it helped us to organize ourselves and our engagement approach.” – (PI)*

In addition, research teams participated in national stakeholder engagement meetings where they actively engaged with decisionmakers (mostly from the health ministry). Having multiple teams in Tanzania made it possible to have these national stakeholder meetings and bring different decisionmakers together to learn about the evidence that was being generated across the projects. It also allowed research teams to reach a wider audience. Taken together, this generated a lot of interest in the research and contributed towards making it more relevant and useful, which in turn made uptake more likely.

Research teams also interacted during capacity building sessions, exchange visits and ad hoc email and phone communication. These engagements were either facilitated by EA-HPRO or happened because of personal relationships developed over the course of research projects. Respondents who participated in exchange visits explained that these exercises were beneficial because they provided an opportunity to learn how similar approaches were being applied and to observe how a range of MNCH projects were being implemented on the ground.

// *We had about two exchanges, so that we could learn and discuss the challenges that we are experiencing in the intervention areas and learn more about their entry point into the communities. So, we engaged with one project which was in Iringa Region because they also had a complementary community engagement in their methodology. It was interesting for us to exchange with them.” – (PI)*

Table 2 (next page) provides a summary of how research teams interacted with one another, and the value achieved from these engagements. These points of contact provided an opportunity for learning and reflection on different programming experiences.

// *We met the other IRTs [international research teams] about once or twice a year during our planning meetings with EA-HPRO, stakeholder meetings and capacity building workshops. Through these meetings we were able to know what others are doing and this was also an opportunity for us to exchange ideas.” – (PI)*

Table 2: Summary of interactions between research teams and their value-add

Type of interaction	Value of working together	Participants
National research team meetings (including pre-planning meetings for policy engagement)	<p>Ability to collectively;</p> <ul style="list-style-type: none"> ▶ Develop a cohesive approach towards national engagement with decisionmakers. ▶ Understand national MNCH priorities and how they align with research projects. ▶ Develop key messages that highlight the innovations and value of the research work. 	Representatives from EA-HPRO consortia and the six research teams
National stakeholder engagement meetings	<p>Ability to collectively;</p> <ul style="list-style-type: none"> ▶ Share research findings around improving MNCH in Tanzania. ▶ Demonstrate the link between research findings in relation to relevant health policies, including the One Plan II Roadmap launched in 2016 and the Health Sector Strategic Plan IV 2015-2020. ▶ Share their experiences on what was working and what was not in terms of maternal health programming in the Tanzanian context. ▶ Facilitate stakeholder buy-in and interest into the research studies. 	Representatives from the six research teams, EA-HPRO and decisionmakers including the MNCH Technical Working Group, implementing partners, the Deputy Permanent Secretary of the President's Office Regional Administration and Local Government, and others.
Capacity building workshops (approximately 14 sessions conducted for 2016-2020) [1]	<ul style="list-style-type: none"> ▶ Facilitated capacity strengthening on knowledge translation and policy engagement and research methods, in addition to other skills. ▶ Capacity building sessions were also used to share and learn from each other's experiences. 	Representatives from EA-HPRO and the six research teams, including researchers and decisionmakers.
Communication between/among research teams	<ul style="list-style-type: none"> ▶ Helped build strong working relationships between/among different members of the research teams. As a result, they could share contacts and communicate with each other without EA-HPRO involvement. 	Research teams
Communication between/among research teams	<ul style="list-style-type: none"> ▶ At least two interview respondents mentioned having gone on an exchange visit to a research site, funded by the IMCHA initiative, within Tanzania. ▶ Provided an opportunity to learn and discuss the different implementation challenges that research teams were facing. 	Research teams

Strong evidence of effective MNCH interventions

Having multiple research teams and projects in Tanzania meant that researchers were able to build a stronger evidence base for effective MNCH interventions. As explained in the previous section, the different projects that were implemented cut across all IMCHA priority themes. In addition, there was a nice geographical spread to the projects, which encouraged learning across the country and would not have been possible if there was only one or two teams implementing in the country.

“ *I think there was value in having multiple projects because [together] we were able to address neonatal and maternal health challenges through looking at issues such as human resource, issues of financing, quality of care and technology as well as the different ways in which these interact and influence MNCH outcomes.”* – (PI)

Another respondent emphasized that, by building a substantial evidence base, research teams were able to get decisionmakers to take note of research findings.

“ *We had projects dealing with CHWs [community health workers] and others focused on quality of care. We managed to provide cross-cutting evidence and decisionmakers could not dismiss us. I think if it was one project it would have been easy to dismiss the findings. Given that it was multiple projects, we were taken more seriously and we would have government officials visiting our intervention sites. For me, it is an indicator that they are taking us seriously.”* – (PI)

Creating demand for research by decisionmakers

EA-HPRO supported the six research teams working in Tanzania to convene national stakeholder engagements where they interacted with decisionmakers from the Ministry of Health and Social Welfare and the President’s Office for Regional Administration and Local Government, among others. Having multiple teams presenting generated interest in specific IMCHA initiative-supported studies and helped researchers establish contacts and relationships to amplify their evidence. In addition, the teams were able to collectively demonstrate the value of evidence-informed policymaking [6]. The careful preparation for these meetings by the research teams contributed to increased buy-in and uptake by decisionmakers as they were able to speak with one voice. Respondents believed this contributed to increased buy-in and uptake of research results.

4.2 Value for achieving gender and health equity

Projects under the IMCHA initiative adopted a gender and health equity lens to ensure that equitable access to MNCH services – particularly by vulnerable and marginalized groups – was being considered during the design and implementation of research. Gender equity was formally integrated through training on gender-sensitive research. Health equity issues were initially seen as implicit by virtue of the initiative's broad focus on health systems strengthening but were more intentionally integrated into the project in 2017 through synergy grants, and the first training in gender took place in 2018 (see timeline of the IMCHA initiative's research and policy engagement work at <http://www.ea-imcha.com/index.php/en/resources/publicationss/timeline>).

Specific mechanisms through which the IMCHA initiative encouraged gender and health equity include:

- 1) Gender equity was a key criterion for selecting research projects;
- 2) EA-HPRO conducted and shared a country-level gender situation analysis to help shape the work of researchers [2].
- 3) EA-HPRO commissioned a systematic country-level equity analysis of policies and strategic plans on MNCH and highlighted key recommendations for improving health equity [3]. The number of projects in Tanzania warranted this investment.
- 4) Four synergy grants provided by IDRC enabled gender and health equity to be integrated/expanded in research projects.
- 5) EA-HPRO commissioned a four-day training course on gender and health equity, which brought multiple research teams together. This created space for sharing experiences and lessons. In addition, mentoring support was provided to research projects.

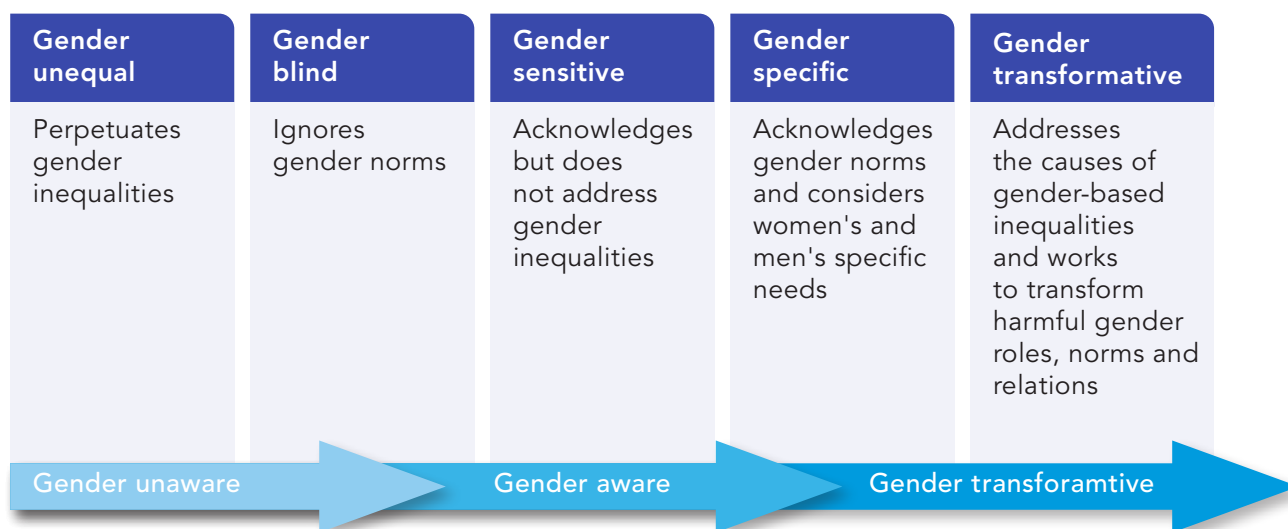
Two frameworks were used to guide research projects in terms of gender and health equity: the Gender Equity Scale and EquiFrame – a tool to assess the content and implementation of policies and plans against health equity standards [7].

The Gender Equity Scale classifies interventions along a continuum - from 'gender unaware' to 'gender transformative' (see Figure 4). Eight of the 10 IMCHA projects in Tanzania can be classified as either 'gender transformative' (7 projects) or 'gender specific' (1 project) on this continuum.

Seven projects were 'gender transformative' in that they explored the impact of gender/social norms on the uptake of services. Training, education, or services (e.g., contraceptive options) were often tailored for men/families (in addition to women) with the aim of influencing gender norms. At the institutional level, some projects focused on showcasing female healthcare workers skills and leadership, thereby challenging perceptions, and norms around women in the sector.

Research projects that were 'gender transformative' also showed characteristics of being 'gender specific' as they explored women's experience of healthcare and responded to this by improving the quality and appropriateness of services for women and/or men. Examples of 'gender specific' practices that were included in projects include: providing breastfeeding spaces for women during healthcare visits (along with a meal, including for their young children); integrating respectful engagement with women as an essential part of providing good quality service; initiating women's groups to raise funds for transporting pregnant women to hospital; engaging male champions or community health workers to improve levels of comfort for males accessing services. Box 1 (see next page) provides two examples of gender specific and gender transformative initiatives.

Figure 4: Gender Equity Scale (Adapted from Greaves et al. 2014) as cited in IMCHA Issue Brief on Gender Integration.



Most research projects demonstrated how using a gendered approach can have a positive impact on MNCH service uptake. One particularly significant achievement is that government revised its Spousal Escort Policy to make it possible for women to access antenatal visits without their partners. The research had identified this as a barrier to access.

An adapted version of EquiFrame was used by EA-HPRO to guide their health equity policy assessment. As mentioned, health equity was initially regarded as integrated because research projects focused on health systems strengthening, but a more explicit focus on equity was subsequently incorporated that encouraged research teams to consider the principle in their research. This was done through capacity strengthening and other support provided by EA-HPRO.

Box 1: Examples of equity in Tanzanian projects under the IMCHA initiative

Mama na Mtoto: Barriers and Enablers to Gender, Equity and Scale Up

The research team worked with communities to understand the factors that were increasing the vulnerability of women in the area.

This engagement showed that traditional criteria for vulnerability were insufficient because young and illiterate women, as well as women with alcoholism (or with partners with alcoholism) were not included in the category. Redefining vulnerability resulted in changes to services, including offering dedicated antenatal care service provision days in all healthcare facilities in targeted districts; creating a dedicated sexual and reproductive health space for adolescents at district hospitals; and using pictographs and illustrations to improve accessibility of health education for illiterate women.

The Federal Ministry of Health intends to revise its existing guideline to ensure better reach of vulnerable populations.

Quality Improvement for Maternal and Newborn Health at District-level Scale Up in Mtwara Region

The research targeted female staff working in healthcare facilities and, through a participatory quality improvement process, encouraged collaboration between both men and women. It also provided the opportunity for women to showcase their successes.

In addition, information was provided to pregnant women, their family members and community members about MNCH, to help address gender norms acting as barriers to health equity. One male and one female volunteer were trained and allocated to each community, which improved access to households as well as men. This raised the level of awareness by men enabling them to better support women's health-seeking behaviors and birth preparedness. Finally, the research enabled support and services provided to women to be more tailored to their needs. Women's savings groups were initiated, for example, which provided scope for them to access care.

Figure 5 identifies the health equity standards that were addressed through research projects, as well as those that were not (or addressed to a lesser degree). This analysis is purely descriptive, rather than evaluative, to show that having multiple projects in one country means that multiple aspects of equity can be addressed. If these lessons could be transferred or integrated into other projects, the potential to scale equity is significant.

Figure 5: Health equity considerations in research projects

Health equity standards addressed

- **Human resources for health** development through targeting managers, leaders and community health workers.
- **Accessibility, quality, safety, efficiency and effectiveness of services** was a key focus of research projects.
- **Cultural responsiveness** of projects was considered through addressing gender norms.
- **Participation/inclusivity** of stakeholders (particularly researchers and sector experts) in policy planning was a key characteristic of the model of knowledge translation.
- **Accountability of decisionmakers** was built into the research model by embedding decisionmaker into research teams.
- **Non-discrimination** was a key theme in helping women to access services.

- Equity considerations in **budgets and resource allocation** were not evident.
- **Intersectionality** was only partially met. Only one example considered poverty and gender.
- **Individualised service** partially met as the needs of women were mostly considered as a collective. Only one example was found of tailoring services to subgroups of women (e.g., adolescents, illiterate).
- **Infrastructure** partially met through the provision of mHealth tools, equipment (e.g., blood pressure tests, urine tests).

Health equity standards partially or not addressed

While various mechanisms were used to encourage gender equity and health equity to be considered in individual research projects, the case study did not find any evidence of collaboration between research teams to advance either of these issues during this initiative. The 2020 evaluation of EA-HPRO's work highlighted that gender equity was seen as a relatively new concept by researchers. EA-HPRO responded to this by offering training on gender equity, but this happened in June 2018 - somewhat late for learning to be meaningfully included in the research projects (see timeline of the IMCHA initiative's research and policy engagement work at <http://www.ea-imcha.com/index.php/en/resources/publicationss/timeline>). That said, a number of teams did include a gender lens in the research work done as part of synergy grants. Having multiple teams working in one country could have been better harnessed if there had been specific goals set around collaborative work on topics such as gender equity and health equity. For example, through synthesis papers on key themes drawing together learning across projects (e.g., influencing social norms to improve the uptake of MNCH services), similar to the paper on gender equity that was produced for the IMCHA initiative as a whole [2].

4.3 Factors that enhanced the value of having multiple teams in one country

Two features in the design of the IMCHA initiative enabled research teams to leverage opportunities for research uptake and policy engagement: EA-HPRO's role as a coordinating body and embedding decisionmakers in research teams. Another factor that enhanced the value of having multiple teams in one country was the policy priority of improving MNCH in Tanzania.

EA-HPRO as a coordinating body

The mandate of EA-HPRO was to strengthen the individual and institutional capacities of researchers, promote national-level ownership of research, build coherence, and facilitate mutual learning.

Results from of the 2020 evaluation of EA-HPRO's [1] work confirmed that the capacity of research teams was enhanced in several key areas. Specifically, training and skills were provided through workshops that focused on qualitative research, knowledge translation, policy brief writing and policy presentation and engagement. In addition, EA-HPRO coordinated engagement between actors by facilitating access to national and regional policy spaces so that the research teams could share their work with decisionmakers. As a result, research teams were guided on how to strategically think about using these platforms and forums to benefit not only their research participants, but MNCH in Tanzania as a whole. As one respondent explained regarding the importance of the right messaging and evidence for research uptake and policy engagement:

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

EA-HPRO also played a key role in facilitating joint learning by organizing research engagement platforms at national, regional, and global levels where researchers could share their findings. These forums enabled networking and provided further opportunities for researchers to share and exchange ideas on scaling and future projects. Respondents highlighted that cross-learning focused on research methods, coordination and understanding of the IMCHA initiative.

Capacity building from HPRO helped us link up with people who further capacitated us... There was cross-learning between research teams. For example, the team in South Sudan/ Uganda used our study to fine tune their own objectives.” – (PI)

The diversity and the number of research teams present during these platforms provided opportunities for learning from varied experiences and perspectives.

In terms of building on this model, some respondents suggested that EA-HPRO could consider visiting research sites more frequently in future to give research teams tailored technical support that meet their needs; addressing specific skill gaps such as research costing/budgeting; and connecting the multiple teams to avoid siloed working. EA-HPRO's coordination efforts were valued, but a more deliberate attempt to encourage cross-research team collaboration or cross-fertilization would have been beneficial for teams to identify concrete ways to work together.

Embedding decisionmakers in research teams

Having decisionmaker embedded in research team (as co-PIs) was a second important design feature ensuring policy engagement throughout the research process. This was done to increase demand for research and enhance the uptake of evidence into policy. Working in this way also increased the likelihood of researchers linking to policy engagement spaces.

Most of the respondents acknowledged the value that decisionmaker played in shaping their understanding of the context, policy priorities, research focus and uptake, as well as access to policy engagement forums. The 2020 evaluation of EA-HPRO's work highlighted its ability to cultivate commitment from decisionmakers from the beginning and at different levels providing a critical foundation for sustainable change [1].

The decisionmaker was very instrumental in connecting the project with the regional district and national authorities. Because of his position in government, he was able to facilitate access and made it easy for us to meet with Ministry of Health stakeholders and the process.” – (PI)

Although several projects reported success in terms of policy outcomes, some identified challenges when working with government officials including high government interest coupled with capacity shortfall (especially in terms of leadership and financing), and divergent interests and priority areas between the researchers and decisionmakers. Some respondents also reported that more frequent engagement with

decisionmakers would have been beneficial to share innovations and best practices, and suggested that determined planning and effective coordination was needed to achieve impact at the national level.

Alignment to Tanzanian policy priorities

Improving MNCH outcomes was a policy priority in Tanzania. The 2018 stakeholder meeting focused on these government priorities and how to address them. As such, the IMCHA initiative had traction with decisionmakers because its work aligned with this priority. The IMCHA initiative's design had multiple research teams focused on improving these outcomes and helped push learning, sharing, policy engagement, leadership, skills development and health-seeking behavioural changes within the health system.

// *...Incidentally all the countries funded by IMCHA have an investment case or the policy mechanism in place. The only difference is that the Government of Tanzania had MNCH as a priority at the time because maternal and child mortality was very high for both women and for children. So when you would engage with the MoH they would listen because it was a priority area for them" – (SSI, EA-HPRO).*

That said, respondents reported that the scope of MNCH issues was massive for six research teams to fully address with limited funding. Other actors with large health investments (such as the Johns Hopkins Program for International Education in Gynaecology and Obstetrics, and the United States Agency for International Development) could have been convened by EA-HPRO in policy spaces. Respondents recommended bringing a wider set of MNCH actors involved in research, such as other funders and development partners who could scale research results.

While there were clearly opportunities for collaboration and sharing, few examples of practical collaboration emerged in Tanzania. The role of EA-HPRO in bringing the research teams together is evident, especially around capacity strengthening, shared learning and encouraging research uptake. However, greater cross-fertilization would have been possible if there were specific mechanisms incorporated into the design of the IMCHA initiative to support emerging opportunities for collaboration between research teams.

While the case study found clear evidence of interaction between research teams, a number of challenges prevented them from achieving broader impact (see Box 2).

This section contains conclusions and insights for program designers wishing to invest in multiple projects in one sector in a single country as a means of encouraging uptake and scaling.

Box 2: Challenges inhibiting research teams from achieving broader impact

- ▶ There was insufficient provision made for exchange visits. It would have been beneficial to have more exchange visits to the different project sites, but since they were far apart, there was no adequate budget for this.
- ▶ Engagement among teams was mostly on issues related to policy engagement with some cross-fertilization on research approaches and methods. Research teams found it difficult to collaborate on this because they had different research questions and implementation approaches. There was also no specific mechanism in the project to facilitate cooperation – such as a cooperation grant.
- ▶ It was more difficult for Canadian co-PIs to participate in events as they were not in the country and may not have been as open to identifying opportunities for collaboration as a result. They also had less interaction with research team members outside their own teams.

05 | Conclusion and insights

Conclusion

Projects in Tanzania supported under the IMCHA initiative achieved positive results in terms of developing innovations, policy implications and other lessons for improving MNCH in the country. There is clear value in having multiple research projects in one country, including building a network of researchers; strengthening the MNCH evidence base; and increasing the convening power of research teams to encourage policy uptake.

EA-HPRO was deliberately brought in as a coordination mechanism to encourage cross-project learning. This resulted in cross-fertilization between projects in terms of learning about methods that could be used, and other ideas to enhance policy uptake. However, projects would have to raise additional funds to cooperate on scaling the innovations that have resulted from the IMCHA research.

Insights

The following set of 'insights' provide lessons on how to encourage research uptake and maximise the investment of multiple projects in one country.

- ▶ **Funding multiple research teams in one country helps build a research network.** In Tanzania, this network encouraged mutual learning and sharing, and increased the convening power of research teams enabling them to attract decisionmakers to events. This amplified the voice of individual researchers, which was particularly important for research uptake.
- ▶ **Helping research teams to identify policy issues that they can align to collectively is an important part of encouraging uptake.** Embedding decisionmakers in research teams helps with this alignment as it encourages policy engagement throughout the research process.
- ▶ **Having multiple decisionmakers embedded in multiple research teams ultimately brings more people to the table creating further opportunities for policy impact.** Convening six research teams means convening six decisionmakers, who may then hear about opportunities from other projects that they may want to try in their own facilities or regions. This demonstrates the importance of bringing the research teams together regularly and at strategic moments.
- ▶ **Working with other development partners who have the potential to assist with funding, policy influence, research uptake and scaling is an important element to include in research project from the beginning.** The convening power of the network can be used to attract these stakeholders and expand the network.
- ▶ **Creating specific opportunities for collective learning and sharing is important to ensuring that the value of investing in multiple research projects is optimized.** Having a coordinating body like EA-HPRO to facilitate these engagements between/among research teams is very useful and could also help connect research teams with other stakeholders to support uptake and scaling.
- ▶ **Research teams value the opportunity to visit other research sites through exchanges.** These exchange visits promote interaction amongst researchers and foster mutual learning and sharing. However, prioritizing this can be difficult, especially in large countries like Tanzania where reaching remote regions can be complicated and expensive. If exchanges are to be supported, sufficient time and budget need to be allocated to facilitate them.

- ▶ **Having specific themes – such as the IMCHA priority themes – helps focus the scope of projects and creates opportunities for learning and synergies within thematic areas, while being broad enough to encourage variety.** However, having a good mix of topics and methods can create the building blocks for further integration between projects – especially if one project can aid the scaling of another. For example, a project that has focused on quality improvement at a healthcare facility, could integrate a community engagement method and use the quality improvement system to address community priorities.
- ▶ **The synergy grant model is a good way to encourage scaling related to equity or sustainability** as it allows research teams to do further work on these topics within their existing projects.
- ▶ **Encouraging synthesis research across the research portfolio is a good way to identify potential for scaling innovations.** It is also a good way to document mutual learning and build the evidence base around MNCH in a particular country.

This case study highlights that there is plenty of potential for research teams to work together and integrate some of the innovations into packages of services. However, it is unlikely that cooperation and collaboration will happen organically. Where research teams are based at the same institution or in similar institutions (such as Catholic universities), partnerships might be easier to facilitate. However, careful planning is needed if this collaboration across research teams is sought going forward. EA-HPRO, or project officers, could be leveraged to create systems to help research teams identify points of intersection. The program should also make provision for funding to encourage collaboration between research teams to build joint projects to integrate and scale their results, akin to a synergy grant, but specifically for collaborative projects. This collaboration may not only involve actual research, it could also incorporate the producing of knowledge products based on a synthesis of research outputs such as a compendium of research methods for implementation research in MNCH.

06 | References

1. Final Report: Evaluation of East Africa Health Policy Research Organisation (EA-HPRO) Consortium. Southern Hemisphere. 2020.
2. EA-HPRO. Issue Brief on Gender Integration Based on the Summative Evaluation of IMCHA initiative. 2020.
3. A Systematic Analysis of Policies and Strategic Plans on Maternal, Newborn and Child Health in Tanzania. 2021.
4. Hearn S, Lomofsky D, Chames C, Datta A, Davies N, OTT Consulting and Southern Hemisphere. Evaluation of the International Development Research Centre's Strategy to Scale Research Results. 2021.
5. Bwire C, Gail W. Report to IDRC of IMCHA Grant: Project 108026 Building an Enhanced Cadre of Community Health Workers to Improve Maternal and Newborn Health in Rural Tanzania. 2018.
6. EA-HPRO. Annual Report. 2017.
7. Mannan H, Mac Lachlan M. The EquiFrame Manual: A tool for Evaluating and Promoting the Inclusion of Vulnerable Groups and Core Concepts of Human Rights in Health Policy Documents. 2011.
8. McLean R, Gargani J. Scaling Impact: Innovation for the Public Good. 2019.

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