

The Role of DeSIRE in the Investment Case and Theory of Change

GFF Implementation Workshop
Tanzania, September 16-21, 2018



Session outline

- Presentations by Uganda and GFF Secretariat (20 mins)
- Q&A (10 mins)
- Group work with guiding questions (45 mins)
- Discussion on issues arising from group work (15 mins)

200
1810 – 2010 *Years*



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The role of Implementation Research in program design: a case study for maternal and newborn illness recognition and care seeking in seven countries

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Presentation outline

- Background
- The USAID project “Translating Research into Action” on Maternal and Newborn Illness and Care Seeking
- Methods
- Theory of change
- Benefits of study setup and use of results

Project background - why the study?

- Late care seeking contributes to preventable MMR and NMR across countries
- Lack of systematic evidence on how women and families identify maternal and newborn illness and make decisions and subsequent care-seeking.
- **Aim:** multi-country study to identify and describe illness recognition, decision-making, and care-seeking patterns across various contexts among women and newborns who survived and died to ultimately inform programmatic priorities moving forward.

Project background – study methods

- This study was conducted in seven countries — Ethiopia, India, Indonesia, Kenya, Nepal, Nigeria, Tanzania, and Uganda, covering a population of around 4.4 million
- A common protocol and tools were developed in collaboration with study teams and adapted for each site, as needed.
- Sample size: minimum of five cases for each problem (post partum haemorrhage, maternal death, newborn illness and death)
- Mixed-methods were utilized including event narratives (group interviews), in-depth interviews (IDIs), focus group discussions (FDGs), rapid facility assessments, and secondary analyses of existing program data
- Total of 84 (16) perceived PPHs, 45 (8) maternal deaths, 83 (16) newborn illnesses, 55 (8) newborn deaths, 64 (48) IDIs/FDGs, and 99 (0) health facility assessments across all sites (Uganda)

Research questions

1. What was the **process around recognition of and decision-making for seeking treatment/care** among the **families of women** who experienced post-partum hemorrhage or maternal death?
2. What was the **sequence of actions** for seeking treatment/care among these **families of women**?
3. What was the process around **recognition of and decision-making for seeking treatment/care** among families of **sick newborns**?
4. What was the **sequence of actions** for seeking treatment/care among these **families of newborns**?

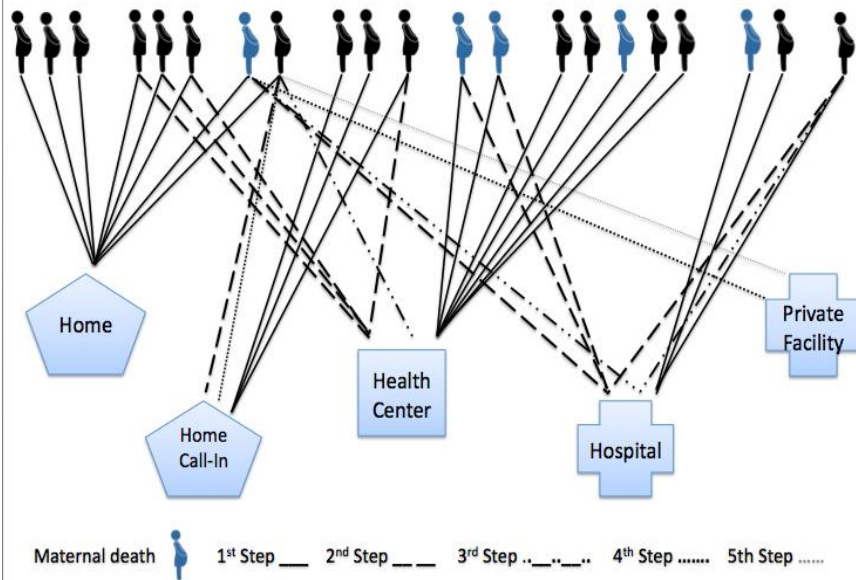
Summary findings

- Maternal symptom recognition and decision-making to seek care is faster than for newborns.
- Perceived cause of the illness (supernatural vs. biological) influences the type of care sought (spiritual/traditional vs. formal sector, skilled).
- Mothers, fathers, and other relatives tend to be the decision-makers for newborns while husbands and elder females make decisions for maternal cases.
- Cultural norms such as confinement periods and perceptions of newborn vulnerability result in care being brought in to the home.
- Perceived and actual poor quality of care was repeatedly experienced by families seeking care.
- Care-seeking was complicated by accessing several stations from primary to secondary care, and often, the hospital was reached too late

Patterns of care-seeking - Ethiopia

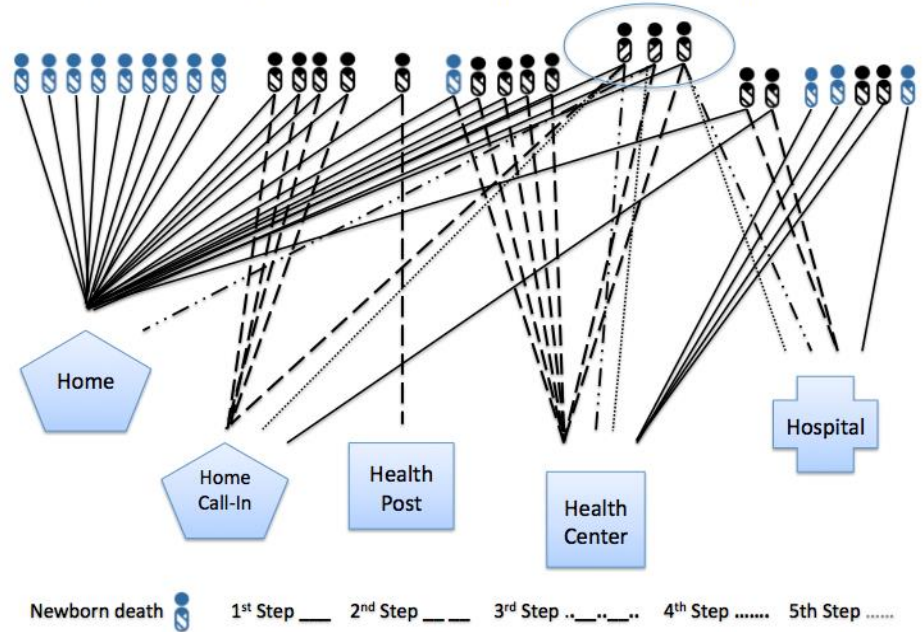
Maternal cases

Figure 4.1. Pattern of care-seeking for maternal complications.



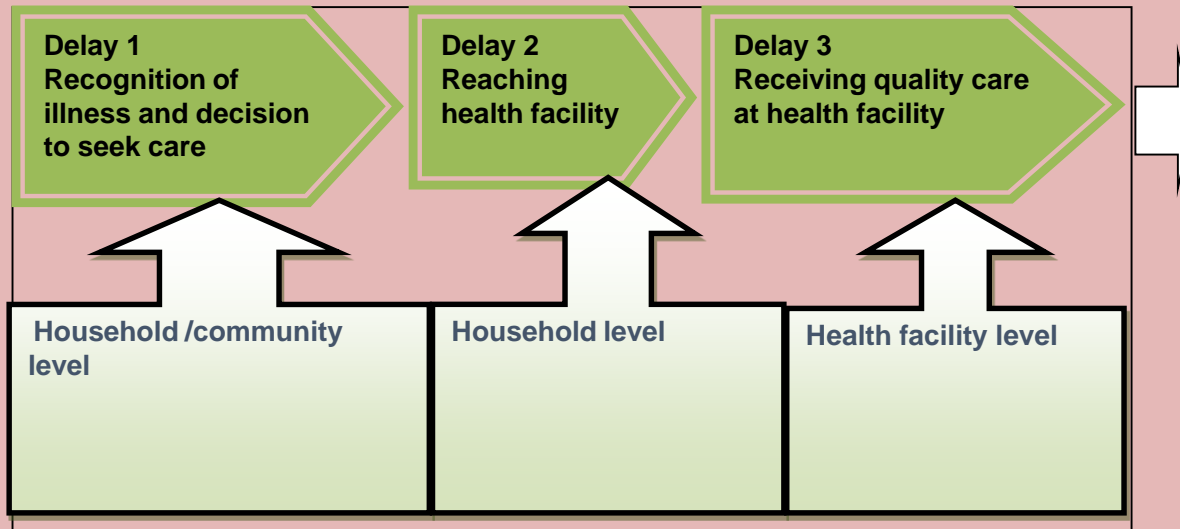
Newborn cases

Figure 4.2. Pattern of care-seeking for newborn complications.



How the research forced us to reconsider our ToC, i.e. THE TRADITIONAL 3 DELAYS MODEL

Maternal and newborn survival



Thaddeus and Maine's Three Delays model 1994

A new conceptual model?

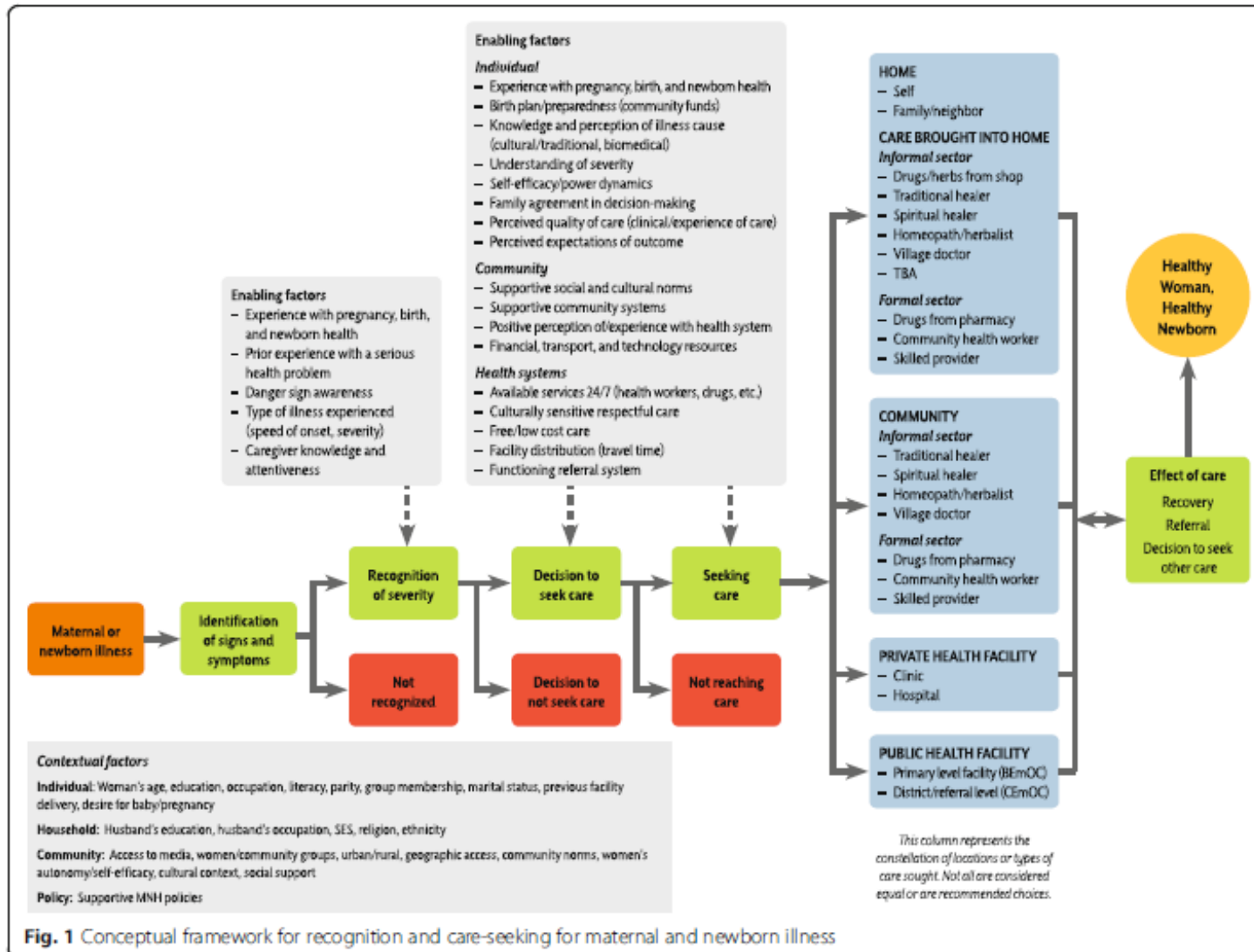


Fig. 1 Conceptual framework for recognition and care-seeking for maternal and newborn illness

Benefits of multi-country study set up and use of findings for Uganda

- Joint protocol development and implementation led to enhanced quality control, and comparability
- Joint writing meetings resulted into a supplement
- Capacity for more grants was developed
- Partners and government were sustainably engaged, thus taking learning into implementation
- Results have a broader implication about addressing recognition and care seeking behaviors: empower families to recognize illness and facilitate early care seeking to functional health facilities
- Similar studies are being developed to understand care seeking in urban context

ACKNOWLEDGENT:

USAID, URCS, partners, districts and affected families



Implementation Research in Health Financing: Burkina Faso

GFF supports countries to get on a trajectory to reach the SDGs and UHC through three related approaches

Country ownership and leadership

- ▶ Identifying priority investments to achieve RMNCAH outcomes
- ▶ Identifying priority health financing reforms

- ▶ Strengthening systems to track progress, learn, and course-correct

- ▶ Getting more results from existing resources and increasing financing from:
 - Domestic government resources
 - IDA/IBRD financing
 - Aligned external financing
 - Private sector resources

Implementation fidelity of the PBF

- **Context:** A new PBF programme was implemented in 2014 with an impact evaluation planned
- **Objective:** To document implementation fidelity of the RBF to inform the understanding of impact results in the future
- **Methods:** Key informant interviews, document review, focus groups conducted after 12 months of implementation
- **Results:** The basic structure was put in place but payment delays and performance audit deficiencies were already in evidence
- **Utility:** Used to give context to and understand better the findings of the impact evaluation

Qualitative study on RBF components

- **Context:** The end line of an impact evaluation for a PBF programme was completed in 2018 with unexpected and unexplainable results
- **Objective:** To understand the reasons for why some indicators perform better than others in the PBF, and to understand why pro-poor targeting in the PBF did not yield positive results
- **Methods:** Key informant interviews; focus group discussions
- **Results:** Pending
- **Utility:** Will inform design changes in the scale up of the RBF program

Assessment of frontline workers' knowledge of fee exemption policies

- **Context:** Two different fee exemptions for indigent persons were set by the GoBF – one for deliveries (2007) and one for PHC (2009)
- **Objective:** To understand the level and determinants of understanding by frontline workers of two fee exemption policies implemented by the GoBF
- **Methods:** Cross-sectional survey of health facility staff
- **Results:** Very poor (<10%) knowledge of exemption for indigents; better knowledge around exemption for deliveries; variation by level of staff and by level of poverty in districts
- **Utility:** Stressed the need to train health workers on fee exemption policies and to monitor performance of equity measures at facility level

Allocative efficiency study

- **Context:** BF joined the GFF in 2017 and wanted an allocative efficiency study to inform the Investment Case, and future health financing work
- **Objective:** To describe institutional determinants of (mis)allocations of the health budget and to determine what a rational allocation of resources would be using disease burden and cost effective interventions
- **Methods:** Grey literature review; key informant interviews; WHO Choice model
- **Results:** Pending
- **Utility:** Supports the Domestic Resource Mobilization agenda by recommending reallocations that will strengthen service delivery to the underserved and reduce redundant and/or irrational allocations

Costing study of removal of user fees

- **Context:** The GoBF implemented the gratuite scheme, or removal of user fees, for all pregnant and lactating women and children under 5 in 2016. The costs had not been calculated.
- **Objective:** To measure the impacts and costs of removing user fees for RMNCAH services
- **Methods:** Program costs; health services costs; utilization data analysis
- **Results:** Pending
- **Utility:** To inform the Investment Case by providing real costs by which the government's gratuite policy should be budgeted

Conclusion

DSIR in Health Financing has:

- Involved a variety of stakeholders
- Used a variety of methods and tools
- Assessed implementation fidelity, provided guidance for policy and programme design, and helped explain impact evaluation findings
- Informed solutions to a variety of health system constraints

GFF Partners



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