

## IMCHA Outcome Harvest Uganda/South Sudan Case Study

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## 1 Introduction

The Innovating for Maternal and Child Health in Africa (IMCHA) initiative in East Africa is a project that is implemented by 13 research teams spread across Uganda, Tanzania, South Sudan, Ethiopia, Mozambique, and Malawi. It is part of a bigger IMCHA in Africa initiative implemented in partnership of Global Affairs Canada (GAC), the Canadian Institutes of Health Research (CIHR), and Canada's International Development Research Centre (IDRC). The main goal of the IMCHA initiative is to *"improve the translation of research evidence and learning into practice for effective policy and programmatic Maternal, Newborn and Child Health."*<sup>1</sup>In this regard, the initiative seeks to implement different research projects with the hope of informing evidence-based, goal-oriented health and social policies as well as interventions based on best practice. Each of the research projects aligned with one or more of the three IMCHA themes: **high-impact community-based interventions; quality of care at the facility level; and human resources for health.**

The IMCHA initiative engaged the services of the Eastern Africa Health Policy Research Organization (EAHPRO) to support the research teams and to ensure that they achieve their research and policy objectives. The EAHPRO is a consortium of three institutions including the African Population and Health Research Centre (APHRC), the East, Central and Southern Africa Health Community (ECSA-HC), and the Partners in Population and Development Africa Regional Office (PPD-ARO). Given that the EAHPRO Consortium consist of leaders in using evidence for policy influence their key role in the IMCHA initiative is to support research teams by embedding best practices in translating knowledge into policy. Some of the specific roles of the EAHPRO Consortium included; a) capacity building in strategic communications and knowledge translation, b) linking research teams with national MNCH stakeholder networks, c) helping synthesise emerging evidence on maternal and child health, and d) facilitating sustained engagement among research teams and policy makers.

This case study seeks to demonstrate how the EAHPRO Consortium supported two research teams in Uganda to strengthen their policy engagement on Maternal and Child Health and to encourage the uptake of evidence into policy at sub-national, national, and regional levels.

### 1.1 Maternal and child health in Uganda

#### Maternal and child health

Over the past years, the Ugandan government has launched several programmes aimed at improving equity and efficiency in access to health services. As a result of these efforts the country has recorded enormous progress in the improvement of health outcomes for its people. Amongst its achievements is the reduction in its maternal mortality rate from 438 per 100,000 live births in 2011 to 336 per 100,000 live births in 2016.<sup>2</sup> In addition to this, under 5 mortality rates (per 1000) reduced from 147 in fiscal year 1986/87 to 64 in fiscal year 2016/17. Despite this significant progress, Uganda is still faced with a lot of challenges when it comes to maternal and child health. For instance, it is concerning that infant mortality and under-five mortality are still as high as 64 and

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<sup>1</sup> IMCHA Project Profiles

<sup>2</sup> Uganda Bureau of Statistics (UBOS) and ICF. Uganda Demographic and Health Survey 2016: Key indicators report. Kampala, Uganda: UBOS, and Rockville, Maryland, USA: UBOS and ICF; 2017.

90 deaths per 1,000 live births, respectively.<sup>3</sup> An estimated 300 neonates and infants and 20 mothers die on a daily basis from preventable causes.<sup>4</sup> In fact, maternal and child health conditions carry the highest total burden of disease with perinatal and maternal conditions accounting for 20.4% of the total disease burden in Uganda.<sup>5</sup>

There are several causes for this but in general maternal mortality in Uganda is linked to three delays and these include; delay in making the decision to seek care; delay in reaching a health facility in time; and delay in receiving adequate treatment. According to Uganda's 2016 Health Demographic Survey, 40% of pregnant women do not complete the standard four antenatal visits and this often puts them at risk when complications arise. Some women arrive at the primary health facilities already in a critical state while some die before accessing care. Inadequate human and financial resources for health, lack of medicines, equipment and diagnostics, and weak governance are also some of the contributing factors to poor maternal and child health outcomes<sup>6</sup>.

### Political economy

Uganda is a low-income country in Sub-Saharan Africa and its politics is categorized as a hybrid regime exhibiting some characteristics of democratic governance such as having a multi-party system and regular elections but it is essentially authoritarian in nature.<sup>7</sup> For instance, although the legal and institutional framework in Uganda provides space for CSOs to engage in policy formulation processes through parliamentary proceedings, this participation should be 'politically correct' and acceptable to the government<sup>8</sup>. With political power centred in the hands of President Museveni, high levels of corruption and authoritarian tendencies are a common occurrence in Uganda<sup>9</sup>. Museveni's political power remains unchallenged (for the most part) and those who have attempted to oppose him have been subjected to arbitrary arrests, alleged torture by security forces amongst many other human rights violations.<sup>10</sup> The Human Rights Watch further reports that violations of rights to freedoms of association, expression, and assembly have persisted in Uganda. This is indicative of a relatively closed space for active citizen participation in governance.

In terms of its economy, the Ugandan government has implemented several structural and public sector reforms which have contributed to improved government effectiveness and sustained economic growth<sup>11</sup>. The country's GDP doubled in size from UGX64.23Bn in the fiscal year 2010/11 to 128.49Bn in the fiscal year 2018/19.<sup>12</sup> In addition, Uganda has also seen significant expansion of economic and social Infrastructure in Energy, Information and Communication Technology (ICT),

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<sup>3</sup> Odokonyero, T., Mwesigye, F., Adong, A. & Mbowa, S. (2017). Universal Health Coverage in Uganda: The Critical Health Infrastructure, Healthcare Coverage and Equity. Economic Policy Research Centre.

<sup>4</sup> Awor, P., Nabiryo, M., & Manderson, L. (2020). Innovations in maternal and child health: case studies from Uganda. *Infectious Diseases of Poverty*, 9, 1-8.

<sup>5</sup> EAHPRO Uganda Situational Analysis (2017)

<sup>6</sup> Ibid.

<sup>7</sup> UNICEF Uganda (2018). Uganda: Political Economy Analysis Available at [https://www.unicef.org/esaro/UNICEF\\_Uganda\\_--\\_2018\\_--\\_Political\\_Economy\\_Analysis.pdf](https://www.unicef.org/esaro/UNICEF_Uganda_--_2018_--_Political_Economy_Analysis.pdf)

<sup>8</sup> <https://www.icnl.org/resources/civic-freedom-monitor/uganda>

<sup>9</sup> UNICEF Uganda (2018)

<sup>10</sup> Human Rights Watch. <https://www.hrw.org/world-report/2019/country-chapters/uganda#>

<sup>11</sup> UNICEF Uganda (2018)

<sup>12</sup> Preliminary findings of the Midterm review of National Development Plan II and final evaluation of National Development Plan I. Available at <https://www.finance.go.ug/sites/default/files/press/As%20you%20may%20be%20aware%20the%20Second%20National%20Development%20Plan.pdf>

Transport, Health, and Education. Despite the impressive growth in the economy, Uganda remains an agricultural economy with an estimated three quarters of the population still dependent on low-income paying jobs in the sector. Furthermore, this growth is not spread equally across the country and disparities in economic growth between Northern and Southern halves of the country have meant that the former has experienced extreme stagnation and deprivation while the latter enjoys great economic progress.<sup>13</sup> This has had significant impact on quality of life including access to good health services.

## IMCHA in Uganda

In line with its objectives, the IMCHA Initiative in Uganda seeks to improve maternal, new-born, and child health outcomes by strengthening health systems to become more equitable, using primary health care as an entry point. Two research teams are being supported by the project and are interrogating research questions aligned with one or more of the three themes of the IMCHA program. The body of evidence resulting from these studies has the potential to be a key driver and informant of national strategies to further reduce maternal and infant mortality in Uganda. Table 1 below provides an overview of the research teams in Uganda.

**Table 1 Overview of research teams in Uganda**

Name of research project/topic	Overview of institutions	Implementation site	Themes	Research objectives	Implementation progress
The BRAC Uganda research project	BRAC International Uganda  Cape Breton University in Canada	Uganda	Human resources for health	<p><b>Main study:</b> To assess the value and cost effectiveness of models that can be used to motivate community health workers while also improving maternal and child health performance.</p> <p><b>Second study (synergy grant):</b> Assesses how a gender lens can enhance maternal and child health social enterprises in Africa.</p>	Currently doing data analysis, writing, and planning for dissemination. An end line survey was conducted between October and December 2019.

<sup>13</sup> Vasher, N. 2011. Museveni's of Power: The Political Economy of Development in Uganda. Published Thesis. University of Denver

The Mother and Child Health Lacor South Sudan (MoChLaSS) project	St Mary's Hospital Lacor, Uganda	Northern Uganda (Gulu)	High-impact community-based interventions	The project sought to test strategies to implement a community-focused approach to health that includes improved maternal care and child nutrition services.	Completing research activities and preparing for data analysis, publication and dissemination
	Torit State Hospital South Sudan	South Sudan	Quality of care at the facility level		
	Ministry of Health (South Sudan)		Human resources for health		

## 2 Objectives and method of the case study

### 2.1 Objectives of the case study

This case study is part of the broader evaluation of the contribution of the East Africa Health Policy Research Organisation (EAHPRO) Consortium in the IMCHA Initiative. The main purpose of the evaluation was to demonstrate the value of the EAHPRO model of engagement and knowledge translation and policy engagement in evidence-informed decision-making and scale up. To fulfil this, the evaluation had four key objectives and this case study was undertaken as part of objective 3 of the evaluation. The four evaluation objectives are listed below:

- Objective 1: The HPRO model of engagement with 13 Research Teams.
- Objective 2: The HPRO model of knowledge translation and policy engagement at sub-regional, national, and regional levels.
- **Objective 3: Measure the different levels of impact and scale-up and how the EA-HPRO and research teams have contributed.**
- Objective 4: Impact of capacity strengthening courses.

### 2.2 Method and sample

Out of the 6 countries where the research projects were implemented, two good practice countries were selected to demonstrate impact and scale-up. These countries were Uganda and Tanzania and the case study focuses on Uganda. However, given that the MoChLaSS project is a multi-country study, the case study also draws from its policy engagement experiences in South Sudan.

A six-step outcome harvesting<sup>14</sup> approach was employed to gather (harvest) data on achieved outcomes. Two outcome harvesting workshops and eight interviews were conducted with the research teams to identify and validate outcomes for the case study countries. Below is a table

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<sup>14</sup> Outcome harvesting is an evaluation methodology that is designed to collect evidence of change (outcomes) and then work backwards to assess whether or how an organisation, programme or project contributed to that change.



detailing the interviews that were conducted for both the MoChELASS and BRAC Uganda research teams.

**Table 2 List of interviews conducted for both research teams**

Name of Project	Stakeholder	Semi-structured interviews conducted
BRAC Research Team (Incentivising community health workers)	Principal Investigators (PI)	1
	Research team members	1
MoChELASS Project (Community-focused approach)	Principal Investigator (Uganda)	2
	Research team members	3
	Decisionmaker	1
<b>Total number of interviews</b>		<b>8</b>

### 2.3 Limitations for each case

- Both research projects in Uganda have not yet been completed (either completing research activities or data analysis stage) and as a result the policy outcomes reported at this stage are at the lower levels of policy influence without much uptake at the different levels of government.
- In addition, for the MoChELASS project, the research team are still in the process of completing some of their project activities and therefore assessment of policy uptake is premature.
- The Covid 19 pandemic posed a lot of challenges in terms of accessing data and securing interviews with research team members from both projects. First, limited access to internet due to working remotely (mostly from home) meant that researchers could not easily access their emails and respond on time. Researchers also noted that access to reliable laptops was a challenge.
- Second, given that most of the respondents are health professionals and therefore first responders during this pandemic, reaching them was difficult as they were in emergency mode. This made it difficult to secure interviews with both researchers and substantiators.

## 3 Case study 1: Cost-effective performance incentives for community health workers to reduce child mortality

### 3.1 Context and background to this research team and research project in particular

This research project seeks to investigate cost-effective performance incentives for community health workers as a way of reducing child mortality in Uganda<sup>15</sup>. The research is a collaboration between researchers at BRAC International Uganda and Cape Breton University in Canada.

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<sup>15</sup> Project Implementation Plan (2016)

The study is premised on the belief that if CHWs are properly organized, trained and incentivized, they can effectively reduce maternal and child mortality significantly. The project was originally designed to be implemented in South Sudan but had to be moved to Uganda due to conflict. Given that a randomised control trial (RCT) design had to be used for the study, the conflict in South Sudan heightened the risk of not being able to track study participants and gather quality data in South Sudan. Despite this change in implementation sites, the fundamentals of the research remained the same.

In this regard, this study seeks to close the gap in knowledge on how MCH stakeholders can innovatively and effectively reduce maternal and child mortality through cost-effective use of CHWs. The study is premised on the realisation that, as with most community health worker programs, one of the major policy challenges and debates is how to effectively compensate and incentivize health workers. Interviews with the research team indicated that findings from this study will be used to;

- improve public and policy awareness of the impact of improved performance by community health workers through the social business model targeting improved health care service delivery in the community.
- provide the Ministry of Health in Uganda, institutions such as BRAC International and other NGOs and other interested stakeholders with evidence on how to reduce maternal and child mortality innovatively and effectively through cost-effective use of CHWs.
- contribute to ongoing discussions with Ministry of Health on motivating CHWs in Uganda. Given that the study was initiated at a time when the Ministry of Health in Uganda was in the process of working on a Community Health Extension Workers Policy. The study was timely in that regard and although it was eventually not approved by the President of Uganda, the findings will contribute to the ongoing discussion on the development of a national community health strategy.

Despite having these high-level policy objectives and goals, the research team had very limited knowledge on how to adequately engage policymakers and use evidence for policy influence. As mentioned earlier, the EA-HPRO was a key partner in this regard and played a key role in capacitating the research team on knowledge translation, developing key policy messages, and linking them to key stakeholder forums at the national, regional, and global level. A detailed account of these engagements is discussed in the sections that follow.

## **3.2 Description of the research project and outcomes**

### **3.2.1 Research design and objectives**

The focus of this research is to examine the most cost-effective social enterprise business models, financial incentives and non-financial incentives that can be used to improve the effectiveness of CHWs to reduce maternal and child mortality in low-resource settings in Africa. The research team employed a randomised control trial (RCT) design to answer its key questions.

#### **Primary Research Questions**

- i. How do the activities of CHPs (in Uganda, CHWs are referred to as Community Health Promoters or CHPs) differ by alternative modes of income support?
- ii. Are these changes in activities influenced by the form of income support (i.e. fixed wage versus margin from commodity sales)?

- iii. What are the effects of the income support models on health outcomes of target populations and on CHPs?

BRAC Uganda was used as a platform to implement the RCT. With approximately 4000 trained CHWs, the institution provided the right platform to conduct the RCT. The RCT had 1 (control group- business as usual) and 2 treatment arms whose incentives were as follows;

- **Control group** (business as usual): CHWs receiving a basket of commodities that include both health products (such as ORS, antimalaria drugs, contraceptives, etc.) and 'non-health products' (such as soaps, cooking oil and fortified porridge etc.)
- **Treatment 1:** CHWs receiving a basket of health products only (such as ORS, antimalaria drugs, contraceptives, etc.)
- **Treatment 2:** CHWs receiving a basket of health products (such as ORS, antimalaria drugs, contraceptives, etc.) and earn a wage of \$10 a month

Two main levels of analysis are being used to answer the research questions and these are; a) the impacts of different incentive schemes on CHPs' wellbeing and performance, and b) the impact on the health outcomes of the target households.

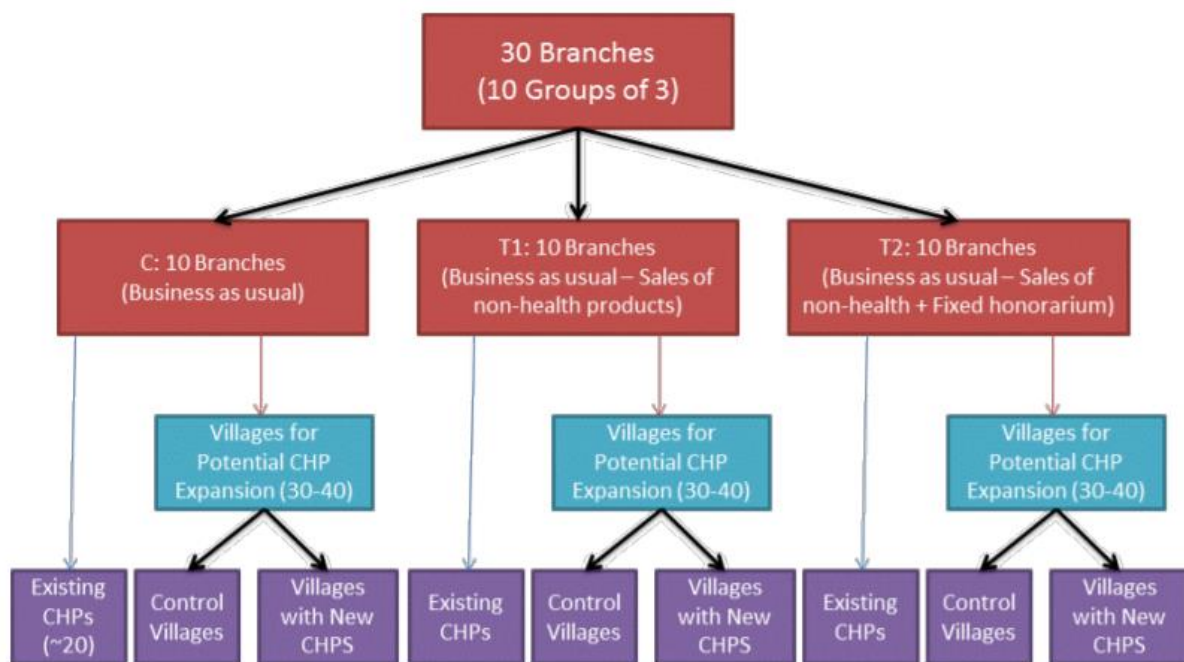


Figure 1 RCT Design: Incentivising CHWs project<sup>16</sup>

### 3.2.2 Role players

The project had four main role players and these included; a) the Funder (International Development Research Centre), b) the EA-HPRO, and c) the Research team (BRAC International Uganda and Cape Breton University). The embedded decision maker for this research team was from South Sudan

<sup>16</sup> Implementation Plan

because the initial intention was to implement in the country. Although not built into the research processes, the research team made use of policy actors from MOH Uganda to facilitate access into MCH policy spaces or forums. The different responsibilities of the role players are shown in Figure 2 below.

Funder	EAHPRO	Research team	Policy actors
<ul style="list-style-type: none"> <li>•The programme is funded by Foreign Affairs, Trade and Development Canada (DFATD), Canada's International Development Research Centre (IDRC), and the Canadian Institutes of Health Research (CIHR).</li> </ul>	<ul style="list-style-type: none"> <li>•Capacity building on knowledge translation and policy influence</li> <li>•Situational analysis and context mapping studies</li> <li>•Creating linkages between researchers and policy makers</li> <li>•Ongoing engagement with the research team</li> </ul>	<ul style="list-style-type: none"> <li>•Implementing all research activities including production of policy briefs, toolkits, research papers etc</li> <li>•Responsible for knowledge translation and policy engagement throughout the research process</li> </ul>	<ul style="list-style-type: none"> <li>•Embedded decision maker from South Sudan provided guidance on policy</li> <li>•Policy makers in Uganda (MOH) enabled access to policy forums such as technical working groups, MCH committees, conferences etc</li> </ul>

**Figure 2 Responsibilities of different role players**

### 3.2.3 What outcomes have been achieved

The following are some of the main outcomes that have been identified in relation to policy influence;

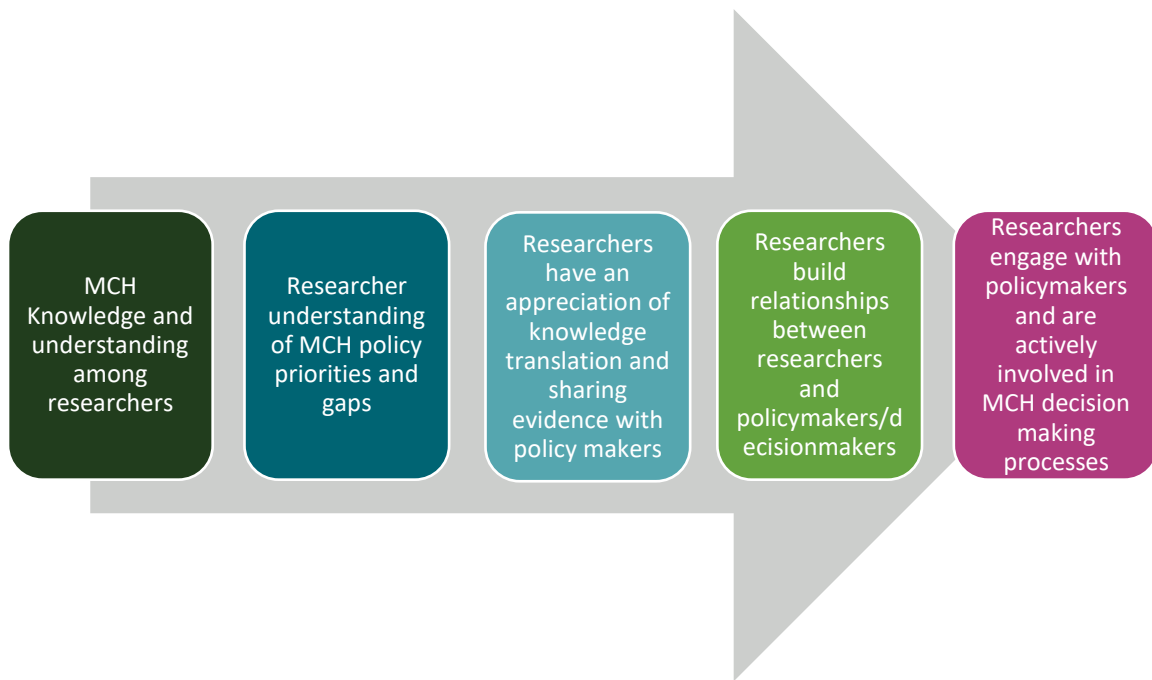


Figure 3 List of project outcomes

### 3.3 Outcome analysis

This case study will focus on the policy engagement outcome and this is currently the higher-level outcome in terms of policy influence so far. To date the researchers have been able to engage with a MoH officials from Uganda including the MCH Technical Working Group. The following section provides a detailed discussion of the outcome of interest.

#### 3.3.1 Description and significance of the outcome

**Outcome: Researchers engage with policy makers and are actively involved in MNCH decision-making processes or forums**

##### a. Outcome statement – describe the change (who, what, when, where)

Through this project, researchers have been able to engage with policymakers on MCH issues and have been actively participating in the Maternal Child Health Technical Working Group (MCHTWG) in Uganda since 2017. Researchers at BRAC International Uganda had never engaged with policymakers at the level at which they did through the IMCHA initiative. That is despite the fact that one of the key goals of the Research and Evaluation Unit at BRAC International Uganda is to produce evidence that makes significant contributions in the national development agenda of Uganda.<sup>17</sup> A key shift for the BRAC research team has been engaging in two-way communication between researchers and

<sup>17</sup> <http://interactions.eldis.org/organisation/brac-research-and-evaluation-unit>

policymakers in the policy making process. The institution was formerly accustomed to producing research outputs and then communicating the evidence without much impact on policy.

**b. Why was this change significant / important?**

This outcome is significant at two levels of the theory of change. Firstly, it speaks to the Theory of change where researchers have successfully engaged policy makers in evidence use in meaningful ways. Researchers have been able to build trusting relationships with policymakers and this can be considered as a precondition for research uptake. Consistent engagement and a good working relationship with policy makers also ensures that the research team is up to date with what is happening in the MCH policy and implementation context.

Secondly, this engagement between researchers and policymakers is an important and positive step towards the achievement of the policy influence objectives of this project. Given that one of the main aims of this research is to influence policy on innovative and cost-effective ways of incentivising community health workers to reduce child mortality. Continued engagement with policymakers ensures that the researchers participate in ongoing discussions about incentivising CHWs and MCH in general.

*“The significance of engaging policy makers is producing evidence-based research that is relevant and timely. This gives us more impetus to continue engaging the government in future. It has also opened new opportunities to influence policy within Uganda.”*  
(Researcher, BRAC Uganda)

Lastly, the achievement of the policy engagement outcome is also indicative of the success of the EA-HPRO in achieving its objectives in terms of capacity building in knowledge translation and policy engagement as well as linking the research team to various national, regional, and global MCH policy platforms. These will be discussed in detail in the sections that follow.

**c. Contribution of the EA-HPRO to the change**

The research team has been able to engage MCH policy actors in the MoH Uganda. Engagement with policymakers has been beneficial to the researchers as it has generated a lot of interest in the study.

*“I would say that comparing with previous researches, this is one project where we have engaged with government at a deeper level. It was a timely study and they had a great interest. Most of the researches that we’ve been doing would only be taken up by BRAC.”*  
(Researcher, BRAC Uganda)

*“We are seeing that this model of research informs policy making processes. BRAC as an institution does quite a lot of research and a lot of the time, we would end up just having research that MOH never gets to read. The difference with this study is the relationship and engagement which has enabled us to participate in a lot of MCH stakeholder forums.”*  
(Principal Investigator, BRAC Uganda)

Several factors and actors have contributed to the researchers’ increased ability to engage with policymakers in Uganda. The EAHPRO has played a key role in this regard through its model of engagement ensuring that the research team is adequately prepared for knowledge translation and policy engagement through; a) capacity building on knowledge translation and policy engagement, b) creating and linking researchers to platforms of engagement with MCH policymakers, and c) conducting situational analyses and context mapping to ensure that the evidence that is produced is

aligned to the policy context in Uganda, and d) on-going engagement with the research team to help them plan for knowledge translation and develop key policy messages.

In addition to this, the research team also played key role in initiating engagement with policymakers in Uganda. Given that the decisionmaker in the team was from South Sudan and could not effectively link them to policy spaces in Uganda. But the research team was able to penetrate policy spaces and engage with various MOH officials from Uganda throughout the research process. Some of the policy officials that were engaged throughout the research process include; Director General of Health Services; Commissioner of Reproductive Health; Commissioner of Community Health (CHWs, VHTs); Commissioner of Child Health; Assistant Commissioner of Gender.

Consequently, these policy makers were also instrumental in linking the research team to different MCH policy groups and at varying levels. Through various stakeholder engagements since 2016 to date, policy makers in Uganda have shown great interest in the outcomes of the research. In 2018, the Ministry of Health stated that they would like to see how the findings from the BRAC Uganda research could be useful to make decisions about incentivising health workers considering the proposed Community Health Extension Workers Policy. This policy was eventually put on hold as the President refused to approve the Bill when presented to him. However, the researchers have continued to engage with the Ministry of Health on how this study can influence its strategies going forward.

Figure 7 below shows some of the key events that led to the achievement of the identified outcomes, and is further expanded upon in the section below.



Ongoing engagement between the EA-HPRO, Researchers, and policymakers in the Ministry of Health Uganda. Policy makers have included Commissioners, members of the MCH Technical Working Group, the Senior Management Committee, and the Health Policy Advisory Committee

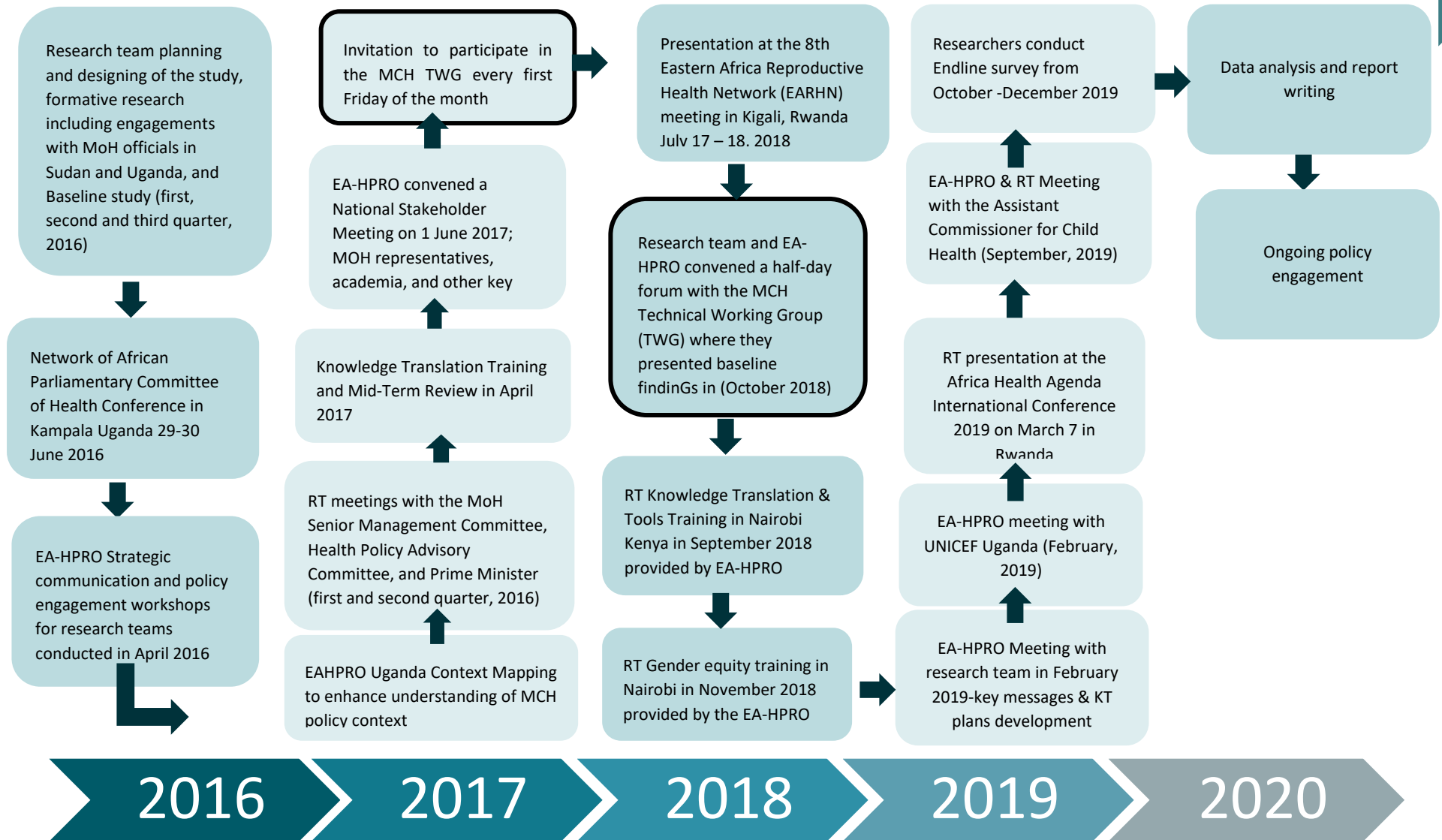


Figure 4 Outcome map



### 3.4 Contributing factors and actors to the outcome

#### 3.4.1 Specific project interventions/actions that IMCHA have contributed to the outcomes

##### Contribution of the EAHPRO to the reported outcome

The EA-HPRO played a key role towards the achievement of the policy engagement outcome of this project. The contribution was closely aligned to at least three overall project objectives of the EA-HPRO as indicated in the different annual reports that were reviewed.

##### EAHPRO Project Objectives that are related to support provided to the RT

- Influence policy and programmatic decisions and actions on MNCH in the target countries informed by evidence provided by Research Teams.
- Strengthen the capacity of Research Teams for long-term and systematic engagement with decision-makers in their respective countries for more effective uptake of the evidence they generate.
- Build consensus for MNCH issues to drive policy outreach at national, regional, and global levels.

##### **Objective 1: Influence policy and programmatic decisions and actions on MNCH in the target countries informed by evidence provided by research teams**

Under this objective, the EAHPRO conducted a **context mapping study** that helped to generate evidence for the research team which was instrumental for policy engagement in Uganda. The context mapping study contributed to an increase in the research team's knowledge on MNCH policies and priorities, policy-making processes, key MNCH stakeholders, and alignment of the study objectives to Uganda's national priorities. In this regard, the context mapping study served as a useful tool for the research team to frame its evidence for policy influence.

Furthermore, the EAHPRO also played a key role in **engaging decision-makers in the MoH** at the different stages of the study. The EAHPRO worked together with the research team to convene a series of meetings with MoH officials in Uganda in the period 2017-2019. These included the National Stakeholder Meeting with MoH in 2017, meeting with UNICEF Uganda in 2019, and a meeting with Dr. Jesca Nsungwa Sabiiti (Assistant Commissioner for Child Health-MoH) on September 13 2019. All these engagements provided an opportunity for the research team to present their studies and get buy-in from the Ministry of Health.

##### **Objective 2: Strengthen the capacity of Research Teams for long-term and systematic engagement with decision-makers in their respective countries for more effective uptake of the evidence they generate.**

The capacity strengthening in knowledge translation and policy engagement provided by EAHPRO to the research team is probably the greatest contribution to the outcome of interest. Through various trainings and regular check-in meetings with the research team, the EAHPRO was able to adequately prepare the team for policy engagement. Biannual check-ins were held with the research team to

share progress on their research and policy engagement activities. Figure 5 depicts some of the capacity building activities provided by the EAHPRO

Bi-Annual check-in meetings between EAHPRO & Research Team (ongoing)
Strategic engagement and policy engagement workshop in April 2016
Knowledge translation training in April 2017/2018
Gender equity training on 2 June 2017 in Kampala-including MOH officials
Gender equity training in Nairobi in November 2018
EAHPRO and Research team develop knowledge translation plans in Kampala in February 2019

**Figure 5 Examples of capacity building support provided by EAHPRO**

Capacity building efforts enabled the team to clearly articulate its strategy for policy engagement and develop knowledge translation plans. More importantly, it equipped research teams with the knowledge and skills needed to engage with MNCH policy actors in Uganda. In addition to this, the capacity building provided to the team has contributed to research outputs such as policy briefs (2), research papers (2), a technical response with a gender focus, and a gender toolkit and an infographic.

*“The EAHPRO brought a lot of value to the team through enhancing both our research and knowledge translation capacity. As a result of this support the research team has been able to produce two policy briefs which are being finalised for publication.” (PI, BRAC Uganda)*

*“I think the most important thing we learnt from the EAHPRO was who are the stakeholders and how can we get our research and evidence to them. They provided guidance on how best to engage and work with policy makers and to think about the best ways of packaging the information so that they are able to understand the it.” (Researcher, BRAC Uganda)*

### **Objective 3: Build consensus for MNCH issues to drive policy outreach at national, regional, and global levels.**

As part of this objective, the EAHPRO managed to link the research team to different national and evidence uptake and agenda-setting forums such as the Network of African Parliamentary Committees of Health (NEAPACOH) meeting in Kampala and the Eastern Africa Reproductive Health Network (EARHN) Conference in Kigali, Rwanda.

*“The EAHPRO provided an opportunity for our research team to participate in the NEAPACOH annual meetings and they would also have us included in the programme to present our study.” (PI, BRAC Uganda)*

### **Contribution of the research team to the outcome**

The research team initiated a series of stakeholder engagements with MoH officials in Uganda throughout the research process. These engagements have played a key role in building relationships with policy makers and generating interest in the study within the MNCH policy spectrum in Uganda. While some of the engagements were done together with the EAHPRO, the

team also conducted several engagements with the MoH on its own. Some of the engagements included making presentations to the MCH Technical Working Group, Senior Management Committee, and the Health Policy Advisory Committee. Other engagements were either formal or informal and via face to face meetings, telephone conversations, and email. Below are some of the key engagements with MoH Uganda.

- **National Stakeholder Meeting (1 June, 2017)**

The EA-HPRO and BRAC co-hosted a stakeholders' meeting on the 1<sup>st</sup> of June 2017 in Kampala, Uganda. The meeting was attended by high profile MoH officials including Uganda's Minister of State for Health (Primary Health Care) who was the guest of honour. Approximately 50 participants representing the MoH, members of parliament, academia and non-state actors attended the meeting. At the meeting high-level government demonstrated high levels of commitment to the research project and the Director of Health Services pledged to invite the researchers to the MCH Technical Working Group.

*"Since the stakeholders 'meeting we have strengthened our relationship with the Ministry of Health and gained more contacts. We now get invited to participate in technical working groups for maternal and child health. We hope to deliver a presentation about our IMCHA supported research project this September at the Maternal and Child Health Cluster meeting." (PI, BRAC Uganda)*

- **Engagement with relevant MoH committees and decision-making structures (2017-2018)**

Following this meeting, the research team was invited to present its study to the MCH Technical Working Group and now sits in the monthly meetings which Dr Jenipher Twebaze (PI) has been attending every first Friday of the month. It is important to note that the research team has been able to engage key MCH policymaking structures within the MoH. Evidence indicates that the process of policy making in the Ugandan Ministry of Health is evidence based and goes through different committees including; the MCH TWG, the Senior Management Committee, the Health Policy Advisory Committee (HPAC) and the final decision for Policy Development or Policy Review is done at the Top Management Committee<sup>18</sup>. The research team has been able to engage with at least three of these key decision platforms.

- **Forum with the MCH Technical Working Group (October 2018)**

In October 2018, the research team together with the EAHPRO convened a half-day forum which brought together the MCH Technical Working Group (TWG), members of the Ministry Health and its Implementing Partners, Research Institutions, Academia among others. The purpose of the meeting with the MCH technical working group was to provide a platform for the researchers to share their

**Examples of some of the MoH officials that were engaged throughout the research process;**

- *Minister of State for Health (Primary Health Care)*
- *Director General of Health Services*
- *Commissioner of Reproductive Health*
- *Commissioner of Community Health (CHWs, VHTs)*
- *Commissioner of Child Health*
- *Assistant Commissioner of Gender*

<sup>18</sup> IMCHA Situational Analysis (2017)

baseline findings and facilitate dialogue with stakeholders about the ongoing discussion on how to sustainably engage CHWs to contribute to the human resource gap in the health system. Dr Henry Mwebesa (MoH Director General) noted that the findings from this research would be useful in informing the Community Health Extension Workers Policy (draft at the time) and the broader discussion on how to sustainably enrol, train, incentivize and motivate CHWs.

*“Policymakers were in the know of what was happening in the broader policy environment so involving them from the beginning was a winner as opposed to bringing towards the end. We kept them informed at every stage of the research and were involved in at least two National Stakeholder meetings where we made presentations about our study”. (PI, BRAC Uganda)*

### Contribution of decision makers

The research team had an embedded decisionmaker from Ministry of Health Republic of South Sudan. The main reason for this was that the research was supposed to be implemented in South Sudan before being moved to Uganda. The decisionmaker gave guidance to the research team in terms of policy direction and participated in a few training activities provided by the EAHPRO. Despite the challenge of not having an imbedded decisionmaker from Uganda, the research team was able to access policymakers who linked them to different policy groups within the MoH Uganda.

*“The role was to participate in all research processes. The policymaker was largely involved and his contributions were valuable although in some instances he may have lacked Ugandan contextual knowledge.” (Researcher, BRAC Uganda)*

*“Once the study had shifted from South Sudan to Uganda, we started engaging MOH in Uganda. We kept our South Sudanese decision maker in the team but also worked with a number of people in MOH.” (Co-PI, Canada)*

*“Although the team did not have budget for Ugandan policy makers the team was intentional about consulting them at the different stages of the research. The policy makers also helped to link us to policy groups at different levels in the MOH. They facilitated our access to Technical Working Group and provided platforms for us to present our study.” (Researcher, BRAC Uganda)*

### 3.4.2 Other factors and actors that have influenced the outcome

There are a few other factors that contributed to the achievement of the policy engagement outcome for this project. First, some of the researchers at BRAC International had prior working relationships with MoH officials and this made the process of engagement much simpler. Due to these existing relationships, researchers were able to gain early visibility and access to different policy groups within the MoH. Second, the study was relevant and timely and therefore generated high levels of interest amongst MoH officials due to its possible contribution Community Health Extension Workers strategy. It is hoped that the study will contribute to an ongoing discussion of how to sustainably engage CHWs to contribute to the human resource gap in the health system in Uganda. Lastly, it is important to note that the formative aspect of the study was largely done in South Sudan and policy actors (different Commissioners) in the country played a key role in helping the team to shape this study.

Figure 6 provides a summary of the contributing factors.

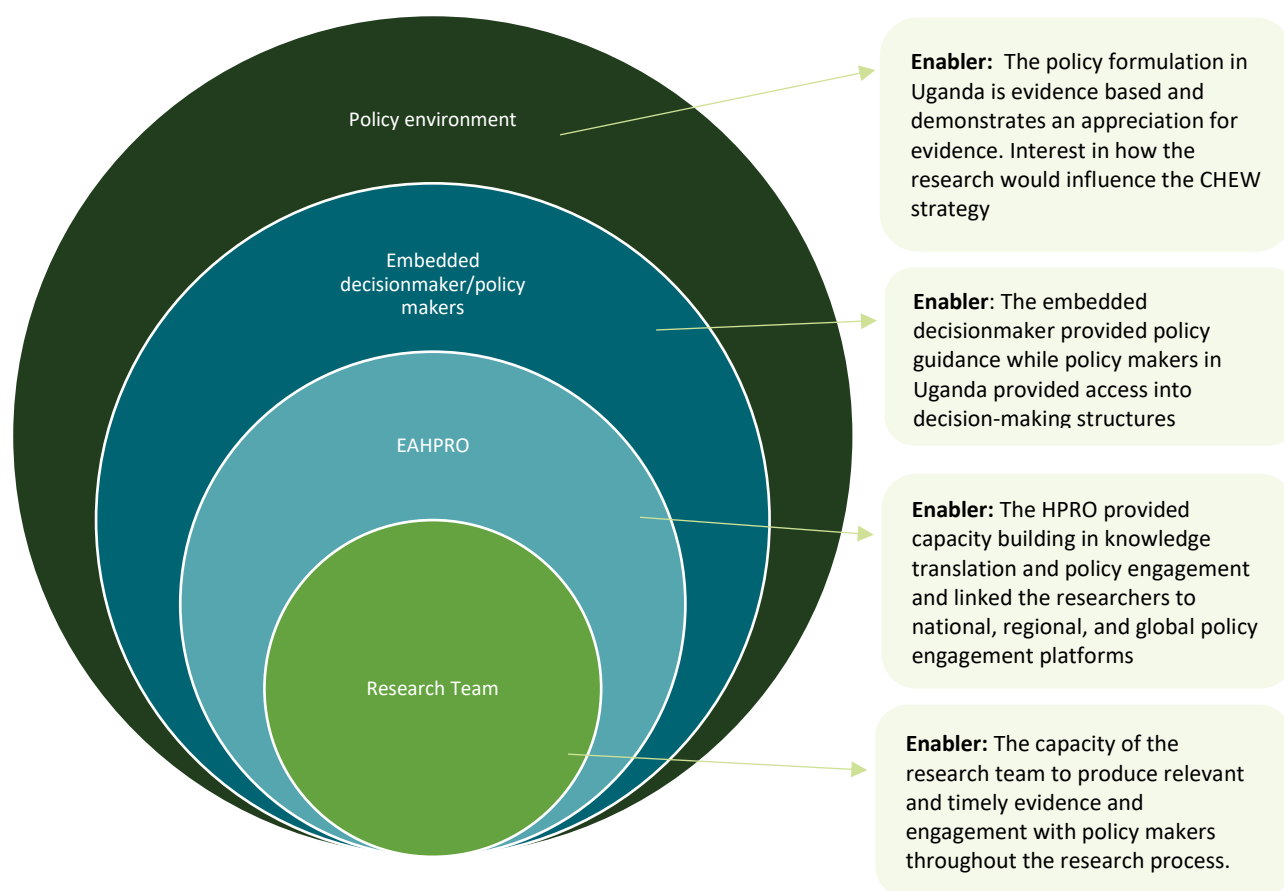


Figure 6 Factors that enabled the achievement of the outcome

### Barriers (factors hindering the achievement of policy engagement outcome)

- Lack of an embedded decisionmaker from Uganda was considered a challenge because sometimes reaching policymakers was difficult given their busy schedules and having someone from MoH in the team would have made access to policymakers a lot simpler.
- One of the major challenges faced by the research team was getting a National Ethical Clearance as this took approximately 2 years. The ethics committee in Uganda only sits once a month and only 12 proposals across Uganda are reviewed per sitting.

### 3.5 Conclusion

This case study has demonstrated the key role played by the EA-HPRO in preparing and enabling the research team for knowledge translation and policy engagement which could lead to improved provision of quality maternal and child health services. This was done through various capacity strengthening processes including training in knowledge translation and policy engagement, helping the teams to develop knowledge translation plans, and linking them to different national and regional MCH platforms. As a result of the support provided to the research team, the researchers

were able to engage policy makers in the Ministry of Health in Uganda and participate in key decision-making structures such as the MCH Technical Working Group. Therefore, this case has shown that with adequate capacity for policy engagement and political will on the part of policymakers (which is encouraged by the model of embedding policy makers in the RTs), researchers can use their evidence to influence policy and practice in the MCH field.

## 4 Case study 2: The Mother Child Health Lacor South Sudan Project

### 4.1 Context and background to this research team and research project in particular

The Mother Child Health Lacor South Sudan (MoChELASS) project is a multi-country research project implemented in two post-conflict regions in Northern Uganda and South Sudan. The project is being implemented by researchers from St Mary's Lacor Hospital in Northern Uganda, Torit Hospital in South Sudan, and Université de Montréal in Canada. This project seeks to assess how implementing a community rather than hospital-focused, comprehensive, integrated and evidence-informed primary health care approach can influence MCH outcomes in the targeted implementation areas.

#### The State of Maternal and Child Health in South Sudan

- *South Sudan has one of the highest maternal mortality rates in Sub-Saharan Africa at 789 in every 100,000 live births*
- *Majority of women and children die from preventable causes, with only 14.7% of the deliveries attended by skilled health personnel*
- *Infant mortality rate is at 102 per 100,000 live births*

The project is informed by the realisation that implementing comprehensive, community-focused primary health care is a significant challenge in post-conflict regions such as South Sudan and neighbouring Northern Uganda. With South Sudan recovering from more than two decades of civil war, the country is currently facing a humanitarian crisis as a result destruction of social infrastructure and health facilities are poorly staffed and lack the necessary equipment and medical supplies to enable access to quality healthcare services. The situation is also similar in the District of Gulu in Northern Uganda. Both Torit Hospital and St Mary's Hospital have the responsibility to manage the burden of disease in surrounding communities and seek to actively support women's leadership and empowerment in MCH issues with the hope that it will lead more community-focused health interventions. The project also seeks to improve quality of care in the health facilities to meet needs identified by the communities.

### 4.2 Description of the research project and outcomes

#### 4.2.1 Research design and objectives

Implementation of the MoChELASS project started in 2015 and the project is expected to come to an end in September 2020. The team is currently preparing for the final evaluation report of the research project. The specific objectives of the MoChELASS project are as follows<sup>19</sup>;

- The project assesses the implementation and scale of community-focused reproductive and child health interventions in post-conflict settings.
- To establish evidence to promote sustainability and resilience, to ensure access to essential health services by vulnerable populations.

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<sup>19</sup> MoChELASS Implementation Plan



- To explore strategies for improved maternal care and child nutrition services, and support for women's empowerment through outreach efforts from the two hospitals.

This implementation research objectives were set to be achieved through a set of interconnected work packages addressing specific activities at the community and health facility level in Northern Uganda and South Sudan<sup>20</sup>:

1. **Improve programme design and service delivery** by implementing and understanding the barriers and facilitators to systematic MOH compliant antenatal care and postnatal care programmes (4 ANC + 4 PNC visits), particularly the contributions of community level interventions.
2. **Increase agency, access and utilization** by increasing the proportion of women actively participating in MCH Programs through Mobilization and Mutual Learning techniques in the field of health education addressing comprehensive MNCH.
3. **Support women's leadership capacity** by implementing a **village-based women's health leadership network** aimed at improving capacities of potential candidate woman leaders through training, communication, and peer education, with existing structures (Village Health Teams).
4. Explore harnessing cellphones to build a stable mobile based SMS system **connecting people, services and populations** for health follow up and for communication and education.

#### MoCheLASS key national policy engagement areas

- *The team seeks to engage with MCH policy actors on how to address delays in accessing care from the community and facility level. Emphasising that addressing the link between the community and health facilities can be enhanced positively to restore trust between both parties.*
- *To engage policymakers on the model of community engagement by the health facilities as it is highly scalable and likely to facilitate an increase in maternal and child health services*
- *How to address perceptions around facility care, the role of TBAs and health care workers*

#### 4.2.2 Role players

The key role players in the MoCheLASS project include a) the Funder (International Development Research Centre), b) the EAHPRO, and c) the Research team (Torit Hospital, St Mary's Hospital, and Université de Montréal in Canada). The different responsibilities of the role players are shown in Figure 7 below.

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<sup>20</sup> MoCheLASS Project Implementation Plan (2015)



Funder	EAHPRO	Research team	Policy actors
<ul style="list-style-type: none"> <li>The programme is funded by Foreign Affairs, Trade and Development Canada (DFATD), Canada's International Development Research Centre (IDRC), and the Canadian Institutes of Health Research (CIHR).</li> </ul>	<ul style="list-style-type: none"> <li>Capacity building on knowledge translation and policy influence</li> <li>Situational analysis and context mapping studies</li> <li>Creating linkages between researchers and policy makers</li> <li>Ongoing engagement with the research team</li> </ul>	<ul style="list-style-type: none"> <li>Implementing all research activities including production of policy briefs, toolkits, research papers etc</li> <li>Responsible for knowledge translation and policy engagement throughout the research process</li> </ul>	<ul style="list-style-type: none"> <li>Assisting the team to get ethics approval for all publications in South Sudan</li> <li>Providing guidance on policy issues in Uganda and South Sudan</li> <li>Facilitating access to policy actors in Uganda and South Sudan</li> </ul>

Figure 7 Roleplayers in the MoCheLASS project

#### 4.2.3 What outcomes have been achieved

The following are the main policy engagement outcomes that have been identified in relation to the MoCheLASS project. These outcomes are present in both Northern Uganda and South Sudan, however, some may be more dominant in one implementation area than the other.

- Researchers have better understanding of MCH challenges within their contexts
- Researchers have an appreciation of knowledge translation and sharing evidence with policy makers
- Embedded decisionmakers engage with the researchers and share policy priorities with them to ensure that the research is relevant for them
- Researchers initiate and drive engagement with local, regional, and national policymakers using their own and other policy forums/platforms

#### 4.3 Outcome analysis

This case study will focus on two out of the four main outcomes listed above. The first outcome will demonstrate increased capacity and appreciation of knowledge translation amongst researchers while the second one will speak to policy engagement at the different levels of government in Northern Uganda and South Sudan.

##### 4.3.1 Description and significance of the outcomes

#### Outcome 1: Researchers have an appreciation of knowledge translation and sharing evidence with decision makers

##### a. Description of the outcome

Researchers in the MoCheLASS project demonstrate increased understanding and appreciation of knowledge translation and sharing evidence with policymakers in Uganda and South Sudan.

Interview respondents indicated that there is a shift in their understanding of communicating evidence and now realise the importance of engaging with research users (such as policymakers) at every stage of the research process. There was consensus amongst interviewees that they have learned that getting policymakers interested in evidence is an active and ongoing process. Some of the interview respondents also noted that their previous research experience had been on a much smaller scale and that they would almost always wait until they had published to share their results and this was quite ineffective.

*“I think a key learning for me in this project has been that getting the attention of users is an ongoing process and this has changed the extent to which I engage with policymakers. I have learned that getting evidence into policy is not just an issue of waiting for research results and publications. IMCHA has shown that with implementation research, you may start to see results in terms of getting policymakers onboard before even getting into the longer process of publication”. (Principal Investigator, MoChELASS Uganda)*

*As a researcher I was almost always concerned about publishing my work without thinking too much about the impact of the study on policy and on the other hand, policymakers are barely interested in reading journal articles. So for me, the capacity building provided by EAHPRO in knowledge translation and policy engagement has helped to close that gap and I now value face to face meetings with policymakers as a useful way of translating research into policy.” (Researcher, MoChELASS South Sudan)*

#### **b. Significance of the outcome**

Increased understanding and appreciation of knowledge translation and policy engagement is a crucial step towards the achievement of the policy objectives of the MoChELASS project.

#### **c. How the outcome occurred (story of change)**

Increased appreciation of knowledge translation and policy engagement have been largely a direct result of the capacity strengthening efforts provided to the team by the EAHPRO. Amongst some of the key contributing factors in this regard were; a) the context mapping and situational analyses which enhanced understanding of MCH policy landscapes in both Uganda and South Sudan, b) training in strategic communication and policy engagement, knowledge translation, gender equity, and research methodologies, c) creating linkages to MCH policy forums at national and international forums, and d) providing technical support for the research team.

According to the interviewees this capacity strengthening in, and facilitation of, policy engagement has been instrumental in ensuring that they communicate meaningfully every time they engage with policymakers. This is done through developing clear policy messages for policymakers at district, regional and national level. These policy messages have been captured in the different communication products that have been produced by the research team. For instance, two YouTube videos were created in partnership with the EAHPRO which focus on the work that is being done by the project to influence MCH outcomes in Northern Uganda and South Sudan. Messaging has been centred on; a) addressing the delays in accessing care from both the community and facility level, b) community engagement by the health facilities to facilitate access and quality of care in MCH services, and c) addressing perceptions around facility care, the role of traditional birth attendants and health care workers.<sup>1</sup>

*“I honestly believe that we have learned how to engage with policy makers in a meaningful way and personally I am now a better communicator as a result of the skills I acquired*

*through the capacity building on knowledge translation and policy engagement.” (Principal Investigator, MoCheLASS Uganda)*

As a result of the support provided by the EAHPRO, the research team has been able to produce various publications (journal articles), [animated videos](#), and information sheets amongst other communication products. For products targeted at policymakers, the team has been able to develop key policy messages that are aligned to their policy objectives. Figure 7 below depicts the story of change by outlining key events in the life of the project.

## **Outcome 2: Researchers initiate and drive engagement with local, regional, and national policymakers using their own and other policy forums/platforms**

### **a. Description of the outcome**

Researchers in the MoCheLASS team have been actively engaging policymakers on MCH issues in Northern Uganda and South Sudan through various engagement platforms. Ongoing engagement with policymakers has been a key change for both seasoned and emerging researchers who acknowledge that they had never used this model of engagement in their prior research projects. The different platforms through which researchers have engaged and continue to engage with policymakers include; national stakeholder meetings convened by the EAHPRO in collaboration with the research team (both in Northern Uganda and South Sudan), MCH Technical Working Group in Uganda, district health stakeholder meetings in Gulu District (Northern Uganda) and MoH health cluster meetings in South Sudan. At the local level, most of these policy makers are informed monthly of how the research is progressing, and key project successes and challenges are highlighted. These are mostly face to face meetings and this engagement has paved way for prioritisation of MCH issues at the different levels of government in the targeted countries.

*“We have played a key role in ongoing engagement with policymakers in MCH issues in Northern Gulu through District Health Stakeholder Meetings. We usually give brief updates in the monthly district health meetings and try to have at least two presentations a year dedicated to MoCheLASS in the same forum. The monthly meetings tackle different health issues and are not always focused on MCH.” (Principal Investigator, MoCheLASS Uganda)*

### **b. Significance of the outcome**

As a result of the ongoing engagement with MCH policymakers in Uganda and South Sudan, the researchers have been able to get buy-in from them to buy into the study as well as generate interest amongst key MCH stakeholders. This is largely evident in South Sudan where MoCheLASS is regarded as a key partner in MCH and is actively involved and represented in various forums.

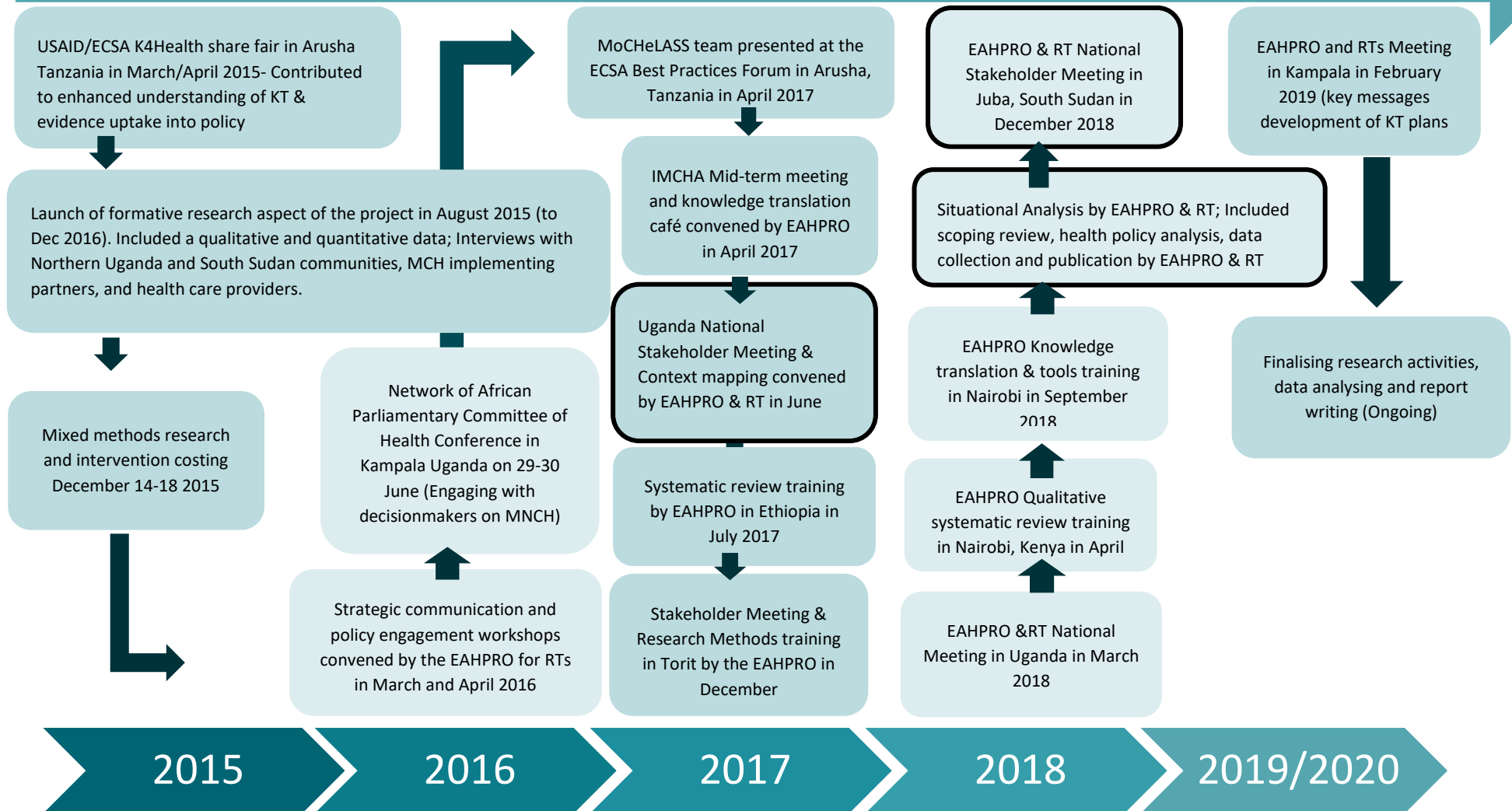
*“Through the MoCheLASS project we’ve been able to engage with policymakers in Torit (State-level) through cluster meetings. In fact, MoCheLASS is quite big in South Sudan and is largely regarded as a key partner in MCH. The project itself was officially launched by parliamentarians amongst other key stakeholders.” (PI, MoCheLASS Uganda)*

*“I think that we can’t at this point claim that our research outcomes have been taken into policy because we are still finalising the research. However, we have shared several aspects of our research with several policy actors in MCH in South Sudan.” (Researcher, MoChELASS South Sudan)*

**c. How the change occurred (story of change)**

Several factors have contributed to the realisation of this policy engagement outcome. These include the EAHPRO model of engagement, capacity building in both research and knowledge translation, and linkages to different national and international MCH policy forums. Research team efforts to engage with policymakers at the local, regional, and national level throughout the research process were also instrumental in influencing the achievement of this outcome. Lastly, the embedded policy makers in the research team also played a key role in facilitating access to the different policy forums especially in South Sudan. Strategic positioning of both the Principal Investigator (South Sudan) and the embedded decisionmaker in the Ministry of Health in South Sudan also made it easier to access policy forums. Figure 7 below shows some of the key events that led to the achievement of the identified outcomes, and is further expanded upon in the section below.

Ongoing engagement between the MoChELASS team & EAHPRO and monthly engagements with policymakers through Ministry of Health Cluster Meetings, Multisectoral Collaboration Meetings (including UN Agencies), Reproductive Health TWG, Health Facility Improvement Committees & District Health Committee meetings in South Sudan



#### 4.4 Contributing factors and actors to the outcome

The following section provides a discussion on the different contributing factors and actors to the identified outcomes with a focus on the role of the EAHPRO, the MoCheLASS research team, and policy makers (including the embedded decisionmaker)

##### 4.4.1 Specific project interventions/actions that IMCHA that have contributed to the outcomes

###### Contribution of the EAHPRO to the reported outcomes

The EAHPRO played a key role towards the achievement of the policy engagement outcome of this project. The contribution was closely aligned to at least three overall project objectives of the EAHPRO as indicated below.

###### EAHPRO Project Objectives that are related to support provided to the RT

- Influence policy and programmatic decisions and actions on MNCH in the target countries informed by evidence provided by Research Teams.
- Strengthen the capacity of Research Teams for long-term and systematic engagement with decision-makers in their respective countries for more effective uptake of the evidence they generate.
- Build consensus for MNCH issues to drive policy outreach at national, regional, and global levels.

###### Objective 1: Influence policy and programmatic decisions and actions on MNCH in the target countries informed by evidence provided by research teams

The EAHPRO and the MoCheLASS team convened at least three **national stakeholder meetings** in Uganda (1) and in Torit and Juba, South Sudan (2) between 2017-2019. The first national stakeholder meeting took place in Kampala in Uganda and served as a context mapping exercise. Through this stakeholder engagement, the two teams in Uganda were able to a) present preliminary findings from their studies, b) discuss national health systems gaps as identified by their preliminary findings, and c) identify stakeholders to be engaged further in influencing MNCH decisions and policies in Uganda. For the stakeholder meetings that were held in South Sudan, the research team was instrumental in facilitating the invitation of stakeholders and the embedded decisionmakers also participated in the meetings.

Two separate **context mapping exercises** were conducted by the EAHPRO in Uganda (2017) and South Sudan (2019). Both studies helped to enhance the research team's understanding of the MNCH context in both countries. Findings from the context mapping report in Sudan also

contributed to a publication produced by the MoChELASS research and the EAHPRO.<sup>21</sup> Researchers also indicated that the context mapping exercise enlightened them on how best to align their research and policy engagement agenda to key national priorities. Lastly, context mapping also provided useful information on key MCH stakeholders in the different countries and hence equipping the research teams on how to strategically focus their policy engagement efforts.

**Objective 2: Strengthen the capacity of Research Teams for long-term and systematic engagement with decision-makers in their respective countries for more effective uptake of the evidence they generate.**

The EAHPRO ran a series of trainings which were meant to enhance the research capacity of the MoChELASS team together with other research teams. Some of the benefits of the training on researchers included; increased knowledge in mixed research and data analysis methodologies, and increased ability to synthesise research findings in a way that makes it easily accessible to policymakers for policy action and practice. In addition to this, capacity strengthening in knowledge translation and policy engagement also led to an increased appreciation of the importance of meaningful engagement with policymakers from inception of the research process. Other support included bi-annual country visits and regular check-ins from the EAHPRO to track project progress in terms of both research and policy engagement activities. Figure 7 shows examples of the training programmes attended by members of the MoChELASS team.

Mixed methods research & intervention costing in December 2015
Strategic engagement and policy engagement workshop in April 2016
Knowledge translation cafe in April 2017; September 2018 in Nairobi
Gender equity training on 2 June 2017 in Kampala; Nairobi in November 2018
Research methods training in December 2017 in Torit, South Sudan
Qualitative systematic review training in Ethiopia in April 2018
Knowledge translation training in Nairobi in September 2018

**Figure 8 Examples of capacity building provided by EAHPRO to the MoChELASS team**

**Objective 3: Build consensus for MNCH issues to drive policy outreach at national, regional, and global levels.**

The EAHPRO provided opportunities for representatives of the MoChELASS team to network with decisionmakers and other practitioners in the health sector through regional engagements. Below are a few examples of regional engagements.

- **NEAPACOH Conference in June 2016 in Kampala, Uganda**

This conference provided an opportunity for the researchers to network and engage with decisionmakers on issues affecting MNCH with a major focus on reproductive health

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<sup>21</sup> Belaid L, Bayo P, Kamau L, et al. Health policy mapping and system gaps impeding the implementation of reproductive, maternal, neonatal, child, and adolescent health programs in South Sudan: a scoping review. *Confl Health*. 2020;14:20. Published 2020 Apr 14. doi:10.1186/s13031-020-00258-0



- **ECSA Best Practices Forum (BPF) in April 2017 in Arusha, Tanzania**

The MoCheLASS team was one of three research teams that were invited to participate at the ECSA Best Practices Forum. This engagement provided an opportunity to network and learn from like minded peers conducting similar research and to learn how to deliver presentations geared towards policy engagement.

- **Canadian Conference on Global Health in November 2018 in Toronto, Canada.**

A representative from the MoCheLASS participated in a symposium titled: 'Preventing and managing fragility for better health outcomes: a case of Nigeria and South Sudan' at the Canadian Conference on Global Health. In preparation for this conference the EAHPRO and they developed KT products to highlight challenges of fragile contexts through an animation based on a story from South Sudan and this was presented at the conference.

### **Contribution of the research team to the outcome**

The MoCheLASS team contributed immensely to the achievement of the identified outcomes. To begin with, the team has produced several knowledge translation products including; journal articles, YouTube videos, information sheets, and a protocol on kangaroo care. These KT products have been used to engage stakeholders at the national and global level. The team would also produce one to two pager report with key messaging to engage policymakers in different policy platforms.

The research team also played a key role in engaging different MCH actors in Northern Uganda and South Sudan. As mentioned earlier, the research team with the help of the embedded decisionmaker and the Principal Investigator (both hold influential positions in the MoH) in South Sudan were responsible for facilitating invitation of stakeholders for the national meetings. These stakeholders included representatives from the MOH, Members of Parliament, UNICEF, UNFPA, WHO and other interested parties. Similarly, research team members have also been instrumental in engaging with policymakers at the local level (e.g. district) and regional level in the implementation countries. Some of the platforms that they have taken advantage of include;

- District Health Stakeholder Meetings in Gulu, Northern Uganda (monthly)
- Health Cluster meetings in Torit, South Sudan
- Multisectoral Collaboration meetings in South Sudan (includes UN agencies, national and international NGOs)
- Reproductive Health TWG Meetings in South Sudan
- Health Facility Improvement Committees

### **Contribution of decision makers/policymakers**

To begin with, the team had two members who occupied strategic positions within the MoH South Sudan. The Principal Investigator is the current Director General of Health, Torit and the embedded decisionmaker is the Director General, Directorate of Reproductive Health in the Ministry of Health, South Sudan. The strategic position of these two key members of the MoCheLASS team meant that the team had representation at both the regional (State-level in South Sudan) and national levels of policymaking. This has been a critical success factor for national and regional-level policy



engagement in South Sudan from the inception of the project. They played a key role in sharing the MoCheLASS project concept with the Senior Board of the MOH and the Ethics Committee.

*“When the project concept note came, I organised a board meeting within the Ministry of Health to share about the project and they expressed interest in the project as it was closely aligned with the BOMA Health Initiative and would benefit several women in resource poor rural areas.” (Embedded decisionmaker, MoCheLASS South Sudan)*

The decisionmakers attended project meetings including annual review meetings, capacity building workshops and global conferences such as the Canadian Conference on Global Health. Another key contribution of the policymakers has been assisting the MoCheLASS project to penetrate strategic policy forums within South Sudan. Some of the key forums in South Sudan include; the Senior Board of the Ministry of Health and the Key Stakeholder forum which includes the H6 agencies (UNICEF, UNAIDS, WHO, UNFPA, UN Women, UNDP, and World Bank). Policymakers also helped to provide access to the MoH health cluster forums in South Sudan and the MoH District Health forum in Northern Uganda. Access to all these different policy groups is essential to the achievement of evidence uptake outcomes of the project.

*“The MOH Boma Health Initiative in South Sudan seeks to increase access to health services to rural populations and we are hoping that learnings from the MoCheLASS project will help us to continue sensitising women about the benefits of antenatal care and delivery in health facilities by professional mid-wives. We hope that we can scale this up to other regions in South Sudan.” (Embedded decisionmaker, MoCheLASS South Sudan)*

In addition to this, the embedded decisionmaker in the MoCheLASS team indicated that they had already started to advocate for domestic allocation to support the scale up of the use of women’s groups as implemented by project in South Sudan. This would be crucial in ensuring uptake of the research findings once the study has been finalised. To get adequate support in this, they have been working with three key allies within the parliament and these include; the newly formed South Sudan Parliamentary Network on Population and Development (SSPNPD), the Women’s Caucus in National Parliament and the Health and HIV/AIDS Committee.

#### **4.4.2 Other factors and actors that have influenced the outcome(s)**

There are a few other contextual factors as well as stakeholders that have also contributed to the achievement of policy engagement outcomes in the MoCheLASS project.

- In South Sudan, there is the Health Pooled Fund (HPF) which came through the European Community and has been supporting the MOH and several other implementing partners (e.g. Health Link) to strengthen health systems and deliver essential health services across 23 of the 32 new states in South Sudan including Torit. Some of the funded NGOs have been partnering with MoCheLASS project to coordinate activities for women in the communities.
- Increased support from local authorities such as the State Ministry of Health in South Sudan who have also bought into the MoCheLASS Project. For example, the project received a lot of backing and support from Dr. Margaret Itto, who served as the State Minister of Health in Torit in South Sudan. She was influential in helping to mobilise policymakers for the National Stakeholder Meeting that was held in Juba in 2018
- The H6 agencies (UNICEF, UNAIDS, WHO, UNFPA, UN Women, and UNDP) who are key policy actors in South Sudan have also been supportive of the MoCheLASS project.



In sum, the key factors that served as enablers or barriers to the achievement of the policy engagement outcomes of the MoChELASS project are highlighted in Figure 9 below which provides a summary of the enabling factors with a key focus on the main role players.

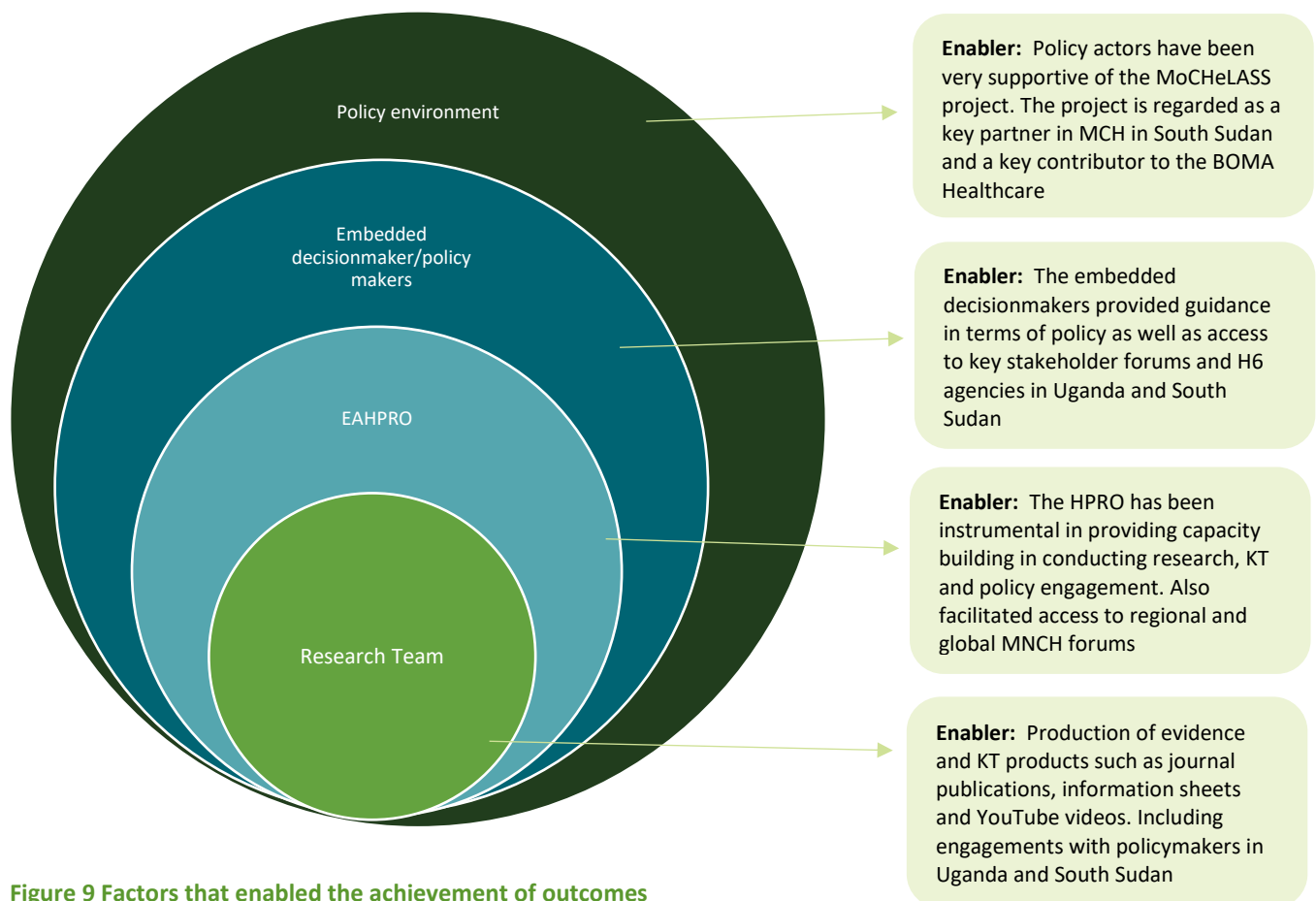


Figure 9 Factors that enabled the achievement of outcomes

## Barriers/Challenges

### In terms of research implementation

- South Sudan experienced conflict during the life of the project and this led to delays in training women’s groups and made communication between the team situated in Northern Uganda and South Sudan difficult. As a result, implementation is slightly behind in South Sudan.
- Covid-19 has also affected implementation of the project because of restrictions in terms of gatherings. Women groups cannot gather and hence causing delays in completing cycles for their meetings

### In terms of capacity building

- In terms of capacity building, the EAHPRO was not able to ensure the participation of all team members in the capacity building workshops due to financial limitations.
- In addition to this, the sustainability of some of the training is questionable. For example, while capacity building was provided using data analysis software such as NVIVO, the trainings were often based on trial versions which would often expire before the team could really explore and make use of the software. These software’s were also very expensive and the teams did not have

an available budget to purchase them and neither could the HPRO budget accommodate buying licences for all the institutions represented in the Initiative.

#### **In terms of policy engagement**

- The embedded decision maker in Northern Uganda retired from MOH and this affected the level at which the team could engage policy actors at the national level. Given that the project was being implemented in Northern Uganda, far from the headquarters (Central Uganda), the embedded decision maker would have been instrumental in taking the research to MOH at the national level. As a result, the team did not engage with the national ministry as much as they would have wanted.

#### **4.5 Conclusion**

In conclusion, this case study has demonstrated the key role that was played by the EAHPRO in preparing the research team for knowledge translation and engagement for policy influence. Through its various knowledge translation trainings and support to the MoChELASS team, the EAHPRO contributed to an increased appreciation of knowledge translation and sharing evidence for policymaking. In addition to this, the EAHPRO and the team has been consistently engaging with MoH policymakers at the local and national levels in forums such as Health Cluster Meetings, District Health Forums, and Multi-sectoral collaboration meetings in Uganda and South Sudan. This case study has also demonstrated the importance of involving policy makers in research teams, as this facilitates access to important policy actors and generates interest in the evidence that is being created.

## 5 Final conclusion, lessons learned and recommendations

The case study has shown that the EAHPRO model of engagement is an effective way of taking evidence into policy spaces. The two research projects that are covered in this case study are yet to be completed and the evidence will be shared with policymakers to ensure uptake. Although both teams have not finalised the research, the case study demonstrates that irrespective of the results, the relationships that have been forged with policymakers will help in terms of evidence uptake. Continued engagement with policymakers throughout the research process has built trusting relationships amongst the researchers and policymakers and this will ensure that evidence that is produced reaches the correct users and hopefully translates into policy.

**Lesson learnt 1: These case studies have demonstrated that enhancing the capacity of research teams for policy processes through training and technical support is crucial for the success of interventions that seek to use evidence for policy influence.**

The following is recommended to support this:

- It is important to ensure that the individual policy engagement needs of the research team are identified and that any training or support that is provided is tailored to existing needs or gaps. The EAHPRO was able to achieve this through dedicated check-in meetings with the team where they did stakeholder mapping and drew a knowledge translation plan specific to Uganda.
- It is important to have a capacity building partner with relevant expertise in policy engagement to support the researchers. The model used by the IMCHA initiative whereby the EAHPRO served as a capacity building and accountability partner was effective in enhancing strategic and meaningful policy engagement.

**Lesson learnt 2: Engaging policymakers and involving them from the inception of the research process is a catalyst for policy level buy-in and ownership of the project.**

The following is recommended to support this:

- Researchers should engage with policymakers from the onset of the research process to ensure that the evidence they create is relevant and aligned to policy needs and priorities.

**Lesson learnt 3: Embedding in-country decisionmakers within research teams is an effective way of facilitating access into policymaking spaces.**

- Embedded decision makers should be from the country where the researchers seek to influence policy. For the BRAC Uganda team, they had to put in a lot of effort to be able to access the policymakers and rely on previous relationships with some MOH officials. Similarly, the MoChELASS team (Northern Uganda) struggled to engage effectively at the national level following the retirement of the embedded decision maker from the MOH Uganda.

## Appendix 1: List of reviewed documents

### Case 1

- EAHPRO Annual Report (November 2016)
- EAHPRO Annual Report (October 2017)
- EAHPRO Annual Report (October 2018)
- EAHPRO Annual Report (November 2018-November 2019)
- EAHPRO Revised Strategy Document (2015)
- Uganda Situational Analysis Report (2017)
- Social Enterprise Models for Community Health Workers Project Implementation Plan
- IMCHA Project Profiles

### Case 2

- EAHPRO Annual Report (November 2016)
- EAHPRO Annual Report (October 2017)
- EAHPRO Annual Report (October 2018)
- EAHPRO Annual Report (November 2018-November 2019)
- EAHPRO Revised Strategy Document (2015)
- Uganda Situational Analysis Report (2017)
- South Sudan Situational Analysis Report (2019)
- MoChELASS Project Implementation Plan (2014)
- IMCHA Project Profiles