The Eastern Africa Health Policy and Research Organization (EA-HPRO)
IMCHA Program

2017

Tanzania Situational Analysis Report

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1. Executive Summary

The MNCH context mapping exercise conducted in 2016 provided a better understanding of the policymaking process in Tanzania, existing policies on Maternal Newborn and Child Health (MNCH) as well as opportunities available for the Implementing Research Teams (IRTs) and the Eastern Africa - Health Policy and Research organization (EA-HPRO) in creating awareness on IMCHA research as well as informing policy action.

Below are key messages on MNCH in Tanzania

1. MNCH research is available and has been used to inform policy and strategy development as well as reviews. MNCH research players are many but they have been working in isolation.
2. There is coordination of research by the National Institute for Medical Research (NIMR). A collective voice from researchers in the same area increases chances of uptake and reduces contradictions especially when communicating policy recommendations.
3. Technical working groups are important structures in influencing policy and development of strategies; there is a need for standard operating procedures for their formation and terms of reference for their operations.

SWOT analysis summary

To summarize the country report, a SWOT analysis structure has been used to highlight the status of MNCH issues in Tanzania. This analysis tool has also been used to outline areas the HPRO and IRTs can intervene in research, advocacy and policy influence.

I. Strengths

MNCH is considered a priority agenda in Tanzania. It is evidenced by the provision of MNCH issues in various policies in the country. The policies are; Health Policy (2007), the Development Vision 2025, the National Strategy for Growth and Reduction of Poverty, the Primary Health Services Development Plan, the Health Sector Strategic Plan IV and the Big Results Now.

The processes of development of these policies, strategies and guidelines have continuously been informed by research and evaluations of implemented programs and activities.

There are many research stakeholders with the key ones being the monitoring and evaluation section of the Ministry of Health, Community Development, Gender, Elderly and Children (MOHCDGEC), research institutions across the country led by the NIMR, the National Bureau of Statistics and teaching hospitals.

There are several platforms where researchers and policy makers meet. The following are considered to be some of the key meetings: Tanzania Public Health Annual Forum, NIMR Joint Annual Scientific Conference, Joint Health Sector Review and planned stakeholders meetings.

II. Weaknesses

Many policies and MNCH strategies tend to rely on evaluations rather than systematic reviews for generation of evidence to influence policy.

MNCH research players are many but in most cases they work in isolation.
Technical working groups in Tanzania linked to health issues lack formation structures and terms of reference to guide their work.

III. Opportunities/Action areas

In this section, I highlight the opportunities available for intervention. They have been linked to some of the five areas of work outlined under the first approach in the revised 2015 EA-HPRO strategy.

1. Evidence synthesis

The IRTs can work with NIMR to engage stakeholders as well as research consumers in identifying which areas of IMCHA program research can inform national research priorities.

The HPRO can support IRTs through systematic review trainings so that they do not have to rely solely on evaluations to generate evidence to inform policy.

2. Networking and alliance building

The IRTs can indicate which forums dealing with health and MNCH issues they are involved in to ensure they do not work in isolation but instead participate in the existing platforms. It is expected that eventually, IRTs will be able to disseminate their findings and recommendations in these platforms.

The IRTs and the HPRO can participate in key national research and policy engagement forums to understand the direction of strategies being implemented to address MNCH issues in Tanzania.

3. Support for national research uptake

The HPRO will work with the IRTs to strengthen their capacity in knowledge translation, working with various policy engagement tools such as policy briefs and understanding their impact. This will enable IRTs have a strategy of engagement whenever they are involved in various policy platforms.

Since there are many MNCH stakeholders the six IRTs should work closely with the stakeholders through the various technical working groups. The policymakers within each team can distribute their participation based on proximity of some of the meetings and relevance to their research area. Tanzania is quite receptive to research and the IRTs being supported by the HPRO can engage effectively in these forums and also disseminate their findings with the hope of informing some of the Ministry of Health strategies.

IV. Threats

The stakeholder forums and technical working groups lack terms of reference and therefore have no understanding of their specific role and how to unite all stakeholders in MNCH for policy influence.

Follow-up points

Are IRTs are aware of the technical working groups in their area of work and how often they are convened? If so, can they share a list?

2. MNCH and Research Stakeholders

Tanzania has kept MNCH a priority agenda in its development plans. Evidence from the Health Policy (2007), the Development Vision 2025, the National Strategy for Growth and Reduction of Poverty, the Primary Health Services Development Plan, the Health Sector Strategic Plan IV and the Big Results Now are enough to show the emphasis Tanzania has given to MNCH. Specific strategic visions are further demonstrated through The National Road Map Strategic Plan to Accelerate Reduction of Maternal, Newborn and Child Deaths in Tanzania (Sharpened One Plan) and other program specific strategies on Family planning, safe motherhood initiatives, PMTCT, newborn care packages and many others. The processes of development of these visions, policies, strategies and guidelines have continuously been informed by research and evaluations of implemented programs and activities. While only in very few occasions (such as when the president in the fourth Government ordered construction of a dispensary in every village), applied research has been part and parcel of processes for policy formulation and strategies development. Research stakeholders include the M&E section of the MOHCDGEC, research institutions across the country lead by the National Institute for Medical Research, the National Bureau of Statistics, teaching hospitals and in several occasions commissioned program evaluations and operational research by implementing partners, donor agencies, civil societies, NGOs/FBOs, professional associations and Tanzania based UN organizations.

Key message 1: MNCH research is not lacking. MNCH research has been used to inform policy development, policy reviews and strategy development. MNCH research players are many but in most cases have been working in isolation.

3. General climate for research production, research use and research-to-policy efforts

Coordination of Research in the country is done by the Commission of Science and Technology (COSTEC). Of recent, the contribution of the Government has slightly increased and the role of research in development has received recognition. COSTECH has promoted research use and innovations across all sectors and has started providing both technical and financial support to research institutions in the country. The National Institute of Medical Research (NIMR) has lead and coordinated health research in the country and engaged health research producing stakeholders as well as research consumers in setting national research priorities. There are several platforms where research producers and users meet such as Tanzania Public Health Annual Forum, NIMR Joint Annual Scientific Conference, Joint

Health Sector Review, planned stakeholders meetings and many others. These have provided an interface between researchers and policy makers.

Key message 2: How are the research agenda/priorities for MNCH developed? Are there guidelines? Who are involved? In which periodic intervals are the agenda reviewed?

4. Research-to-policy efforts for MNCH

Like other sub sectors within the health sector, research on MNCH is not lacking. MNCH has been a subject of research both from within the MOHCDGEC and from research institutions and implementing partners. While the gist and quality of research tend to differ, strategies and plans for MNCH are well informed by research. The interaction between researchers and policy/decision makers occur in different ways including: (i) **Push efforts**: this is the most common way in Tanzania where researchers try to sell their research outputs in terms of recommendations to influencing policy. This commonly happens through stakeholders meetings, face to face discussions, and developing policy briefs and other different types of publications; (ii) **Efforts to facilitate user-pull** where the user is influenced to see the need of use of research to inform a decision to be made. In Tanzania, this is very common with donor agencies and some implementing partners where they can commission technical and financial support to the decision makers to conduct research and inform policy or strategy/guideline development; (iii) **User-pull efforts** happen when policy/decision makers approach researchers with specific research questions and ask for answers; in Tanzania, this is also common though not very frequent except through program evaluations; (iv) **Exchange efforts** mostly happen as an interaction between researchers and policy/decision makers in conferences and forums. In a few occasions one to one interactions can happen especially between leaders of research institutions and the decision makers, in their formal and informal interactions where information sharing about research can be passed over. Also, some research institutions are members of specific Technical Working Groups (TWG) and in normal meetings of the TWGs, research members can utilize the platform to exchange evidence and call for review of existing policies, strategies and or guidelines.

Key message 3: A combination of all approaches is useful. Collective voice of researchers in the same area increases chances of uptake and reduces contradictions among researchers. Coordination (by NIMR) at the point of communicating policy recommendations is very important

5. Evaluations

In most cases, evaluations take place as commissioned assignments to consultants or research institutions. Usually terms of references are developed by the client and the consultant would be expected to comply. Evaluations are commonly used in Tanzania when the Government wants to establish achievements of their implemented programs. Both local and international evaluators are usually used. Similarly, recommendations from evaluations are most often used to review and develop new strategies and guidelines. TWGs are

commonly used to assess merit of the work by the consultants and approve recommendations from such evaluations.

Key message 4: TOR should emphasize to consultants the use of systematic reviews and strong evidenced research. TWG are important structures in influencing policy and development of strategies; there is a need for SOP for their formation and operations.

6. National stakeholders meeting report

A total of 17 participants were able to attend the meeting. Most of the national level policy makers were unable to attend with apologies. This was attributed to their participation in the International Midwifery Day commemoration which coincided with the MNCH context mapping meeting. The official opening was conducted by Prof Senga Pemba from Tanzania Training Centre for International Health (TTCIH) on behalf of the MOHCDGEC. In his remarks, Prof Pemba commended IDRC and its partners for the very strategic and innovative grant giving for IMCHA program. He appreciated the design and set up of the program linking the international HPRO and the IRTs. He also commended this approach of engaging policy and decision makers at the onset of the IRT implementation plans. He said that he was optimistic these IRTs will make a very big difference from the traditional ways of conducting research in Tanzania. He then declared the meeting to be officially opened. **The first agenda** of overview of the IMCHA program was conducted by Dr Pamela Juma. She used the opportunity to explain to the participants, especially those who were coming to learning about the IMCHA program for the first time the concept of IMCHA, the participating Canadian institutions funding the program, how the grant application was designed, formation of IRTs, the role of HPRO, the participating countries, the various themes of IMCHA being implemented by the IRTS across the continent and winded up with the expected outcomes and impact of the IMCHA program. She also explained the objective of the MNCH context mapping; the main expected outcomes from the context mapping exercise, the objective of this meeting and what was expected from the participants of this meeting.

The second agenda was conducted by representatives of the IRTs, who presented about the various themes of their MNCH implementation projects. *The first presentation* was conducted by Prof Pemba who presented an initiative to improve access of safe delivery in Tanzania through the use of Upgraded Health Centers to provide Comprehensive emergency Obstetric Care using Associate clinicians. *The second presentation* was conducted by Dr Fatuma Manzi from Ifakara Health Institute who presented an initiative to improve quality of MNCH services both at facility and community level through engagement of district level quality improvement teams – known as QUADS. The QUADS project aims to assess whether the resource intensive mentoring and coaching of quality improvement teams can be integrated into the district and regional support functions and how can quality improvement be integrated into pre-existing district health systems. The goal is to produce a model that can be streamlined and integrated into existing structures within the Tanzania health system, eliminating the resource-intensive external facilitation, which characterizes most quality improvement initiatives, and which limit their scale-up. *The third presentation* was conducted by Dr Zacaria Mtema, also from Ifakara Health Institute. Their IRT aims at applying an m-Health strategy to improve management practices of eclampsia and improve

MNCH data capturing systems. The m-Health strategy targets to introduce use of mobile phones and Bluetooth technology for surveillance and early detection of possible cases of pre-eclampsia among women attending ANC as well as those at home by the use of community health workers. All presentations were followed with questions and answers sessions where participants were able to seek clarifications and comment on the innovations.

7. Summary of the desk review

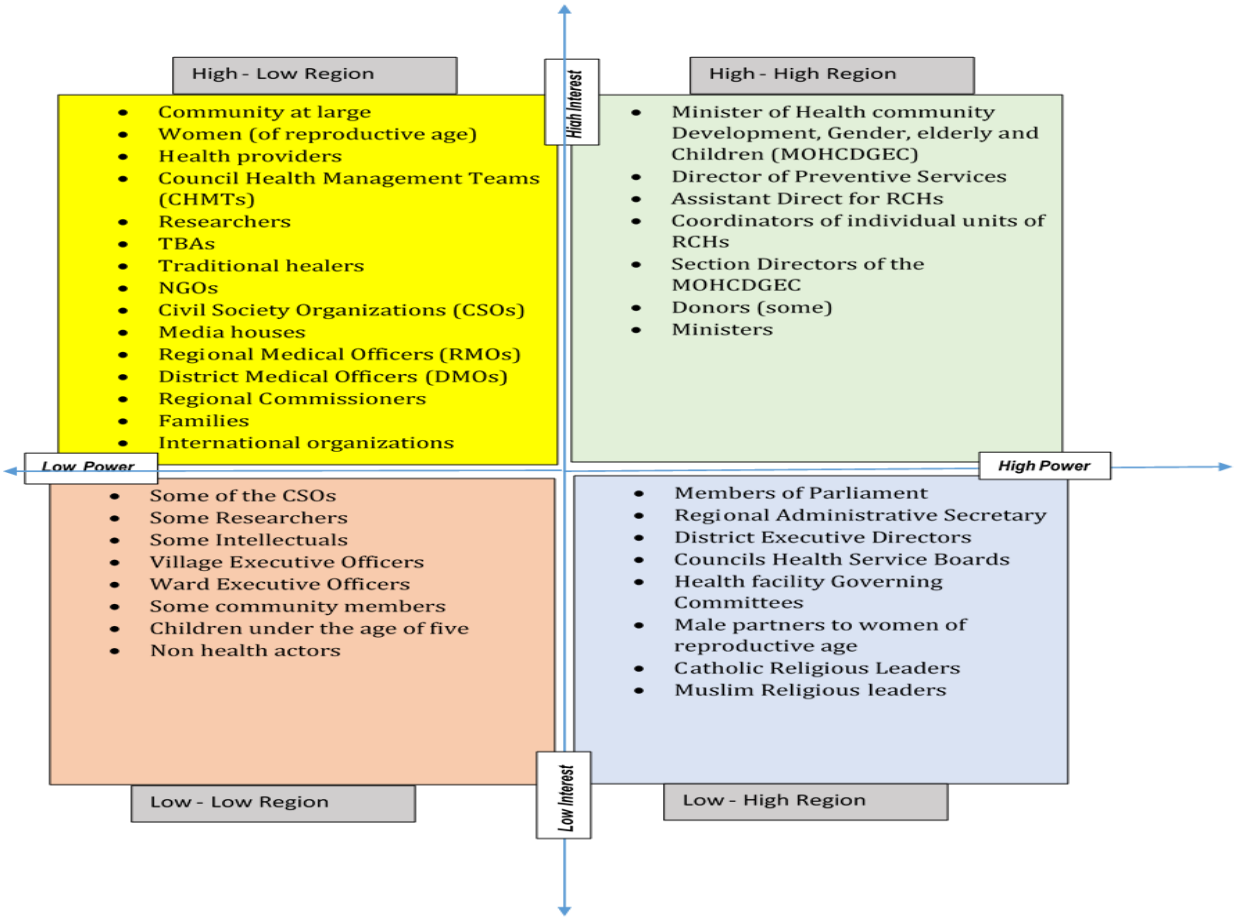
Participants were briefed on the situational analysis of the MNCH policy issues in Tanzania. After an overview of the global picture of the MNCH policy-making processes especially the WHO theoretical models and frameworks for MNCH policy-making, the essential components of a good policy were reviewed and importantly how such policy should be developed. The critical value of the use of evidence to inform policy and especially evidence from strong research was reemphasized. On the opposite, Tanzania is remarkable but has one main weakness of its policy-making processes (from the context mapping exercise): many policies and MNCH strategies tend to rely on evaluations rather than systematic reviews for generation of evidence to influence policy. Relying on reviews and opinion of consultants, as main ways of generating evidence for MNCH policy change or reviews, potentially impedes health development. Key messages from the MNCH context mapping findings in Tanzania are the following: (i) key policy documents are currently existing and which guide implementation of MNCH activities in the country for both public and private partners; (ii) key stakeholders usually engaged in development of policies/strategies/guidelines include hired consultants either by the Ministry of Health or by INGOs/NGOs playing a big roles in producing the existing strategies/guidelines for MNCH; (iii) hired consultants work with Technical Working groups (TWG) for various components of MNCH as the main platform for review and approval of drafts of policies/strategies and guidelines.

6.1. Deliberations

Using the summary of the desk review as the working document, participants were engaged to deliberate on the MNCH context mapping results. This was on open for discussion session where participants gave their views, comments and recommendations on the climate of MNCH policy issues in the country. The session equally allowed a direct interaction between implementers and decision/policy makers to create a dialogue on important issues related to conducting health research, use of evidence for policy making and proposing way forward for improved climate of use of research to inform policy. The closing remarks were given by Ms. Chipale Mpelembe, a Senior Health Administrator from the President's Office, Regional Administration and Local Government (PO-RALG). In her remarks, she hailed the whole IMCHA programme for its innovative thinking and the embedded goals and objectives of the overall program. She also commended the Tanzanian IRTs for taking lead to support the Government through the innovative implementation research projects. She further appreciated the early linkages between the IRTs and the decision/policy makers and promised a continued cooperation and support.

8. MNCH Stakeholders Mapping Exercise

The last event was marked by an exercise to develop a picture of key stakeholders who are involved in the MNCH related issues and identify their levels of interest and influences to policy and decision making process. This exercise was facilitated by Dr. Pamela Juma. Participants were asked to sit in groups of two people and color coded stickers were used to list MNCH stakeholders with regard to perceived interest and perceived influence in decision making/policy development process. The figure below presents a summary of the outcome of this exercise.



9. Key lessons from the surveys

9.1. Survey of MNCH stakeholders

9.1.1 A total of 36 stakeholders (21M/15F) were surveyed with 42% being into office for more than five years and 44% having a direct influence on policy-making in the three countries. In terms of Knowledge & Application of ICTs, 50% of stakeholders ranked their level of familiarity with internet as source of information « adequate » to « very adequate » and while 55% ranked their capacity to identify and obtain relevant research evidence from electronic databases « adequate » to « very adequate ». In terms of individual knowledge of policy-making process, the proportion of stakeholders ranking their familiarity « adequate » to « very adequate » was 61% for the understanding of the policy-making process, 67% for

the understanding of the meaning of priority, 61% for the understanding of the meaning of a policy brief, 47% for the understanding of what a policy dialogue is and 47% for the knowledge on the role of researchers in policy making. In summary, building additional capacities to enhance familiarity and levels of knowledge of research-to-policy tools such as policy briefs and policy dialogues is imperative.

9.1.2. **Organizational capacity**. All countries are confronted with polymorphic scarcities and shortages of resources. Fifty-three percent of stakeholders ranked the manpower of their organization « adequate » to « very adequate » while 29.4% and 32.3% ranked respectively logistics and funding « adequate » to « very adequate ». Forty-four percent of stakeholders ranked facilities as « adequate » to « very adequate » while 37.5% ranked external support « adequate » to « very adequate ». The accessibility of the services provided by organization within it geographical area of operation was ranked inadequate to fairly adequate by 58.8% of surveyed stakeholders. An ethics unit was available in 63.6% of stakeholders' organization while documents on health research ethics and benchmarking or best practices were available respectively in 72.7% and 69.7% of organizations. Finally, the degree of adherence to guidelines on ethics, benchmarking and best practices was ranked « adequate » to « very adequate » for 57.1% of stakeholders.

913. **Policy & policymaking process related to MNCH.** The following table indicates the stakeholders' views on the general climate for use of evidence in MNCH policy-making. There exist favorable conditions such as an inclusive policy on research related to MNCH and mechanisms to incorporate stakeholders' perspectives into research priorities and the proof of use of evidence from routine health information systems and surveys during health policy-making.

	Malawi		Tanzania		Ethiopia		All		p
	n	%	n	%	n	%	n	%	
Existence of a policy on health research related MNCH in your organization involving all key stakeholders									
Yes	8	66.7	5	71,4	9	69,2	22	68,8	0,976
No	4	33.3	2	28,6	4	30,8	10	31,3	
Are stakeholders' views defined and integrated within a policy on health research related to MNCH in your organization?									
Yes	8	66,7	4	66,7	9	64,3	21	65,6	0,99
No	4	33,3	2	33,3	5	35,7	11	34,4	
Existence of a forum or process to coordinate the setting of health research priorities related to MNCH in your organization									
Yes	10	90,9	5	71,4	10	66,7	25	75,8	0,346
No	1	9,1	2	28,6	5	33,3	8	24,2	
Extent your organization uses the research done by others related to MNCH									
Grossly inadequate	0	0,0	0	0,0	1	7,1	1	3,0	0,496
Inadequate	1	8,3	1	14,3	4	28,6	6	18,2	
Fairly adequate	2	16,7	2	28,6	3	21,4	7	21,2	
Adequate	6	50,0	2	28,6	6	42,9	14	42,4	
Very adequate	3	25,0	2	28,6	0	0,0	5	15,2	
Extent of use of research related to MNCH initiated/done by your organization for policymaking									
Grossly inadequate	1	8,3	0	0,0	2	14,3	3	9,4	0,64
Inadequate	1	8,3	1	16,7	5	35,7	7	21,9	
Fairly adequate	4	33,3	1	16,7	3	21,4	8	25,0	
Adequate	4	33,3	2	33,3	3	21,4	9	28,1	
Very adequate	2	16,7	2	33,3	1	7,1	5	15,6	
Extent of use of data collected routinely or by survey related to MNCH by your organization for policymaking									
Grossly inadequate	0	0,0	0	0,0	1	7,1	1	3,1	0,661
Inadequate	1	8,3	2	33,3	5	35,7	8	25,0	
Fairly adequate	3	25,0	1	16,7	2	14,3	6	18,8	
Adequate	5	41,7	2	33,3	2	14,3	9	28,1	
Very adequate	3	25,0	1	16,7	4	28,6	8	25,0	
Relevance of evidence related to MNCH used by your organization for policymaking									
Grossly inadequate	0	0,0	0	0,0	1	7,1	1	3,1	0,421
Inadequate	0	0,0	0	0,0	1	7,1	1	3,1	
Fairly adequate	1	8,3	1	16,7	3	21,4	5	15,6	
Adequate	9	75,0	2	33,3	4	28,6	15	46,9	
Very adequate	2	16,7	3	50,0	5	35,7	10	31,3	

Number of policy documents related to MNCH made by policymakers from your organization in the last 5 years									
1-3	0	0,0	0	0,0	3	21,4	3	10,0	0,522
4-6	2	20,0	1	16,7	1	7,1	4	13,3	
7-10	1	10,0	0	0,0	2	14,3	3	10,0	
>=11	1	10,0	1	16,7	0	0,0	2	6,7	
Don't know	6	60,0	4	66,7	8	57,1	18	60,0	

914. **Acquisition of research evidence relevant to MNCH.** The table below illustrates the low level of incentives for research use in the organization. On the other hand, individual knowledge to conduct research, to access and use existing evidence and the organizational capacities to initiate and to source evidence needed for MNCH policy-making are ranked from fairly adequate to very adequate by a large majority of stakeholders.

	Malawi		Tanzania		Ethiopia		All		p
	n	%	n	%	n	%	n	%	
Present knowledge about initiating/conducting research in general and in MNCH specifically									
Grossly inadequate	0	0,0	0	0,0	0	0,0	0	0,0	0,777
Inadequate	2	16,7	0	0,0	1	7,1	3	8,8	
Fairly adequate	3	25,0	2	25,0	5	35,7	10	29,4	
Adequate	4	33,3	3	37,5	6	42,9	13	38,2	
Very adequate	3	25,0	3	37,5	2	14,3	8	23,5	
Ability to access and use existing research evidence in general and in MNCH specifically									
Grossly inadequate	1	8,3	0	0,0	0	0,0	1	2,9	0,768
Inadequate	0	0,0	0	0,0	1	7,1	1	2,9	
Fairly adequate	3	25,0	2	25,0	5	35,7	10	29,4	
Adequate	6	50,0	4	50,0	4	28,6	14	41,2	
Very adequate	2	16,7	2	25,0	4	28,6	8	23,5	
Capacity of your organization to initiate research in general and in MNCH specifically									
Grossly inadequate	0	0,0	1	12,5	1	6,7	2	5,7	0,617
Inadequate	0	0,0	1	12,5	2	13,3	3	8,6	
Fairly adequate	6	50,0	1	12,5	6	40,0	13	37,1	
Adequate	4	33,3	2	25,0	3	20,0	9	25,7	
Very adequate	2	16,7	3	37,5	3	20,0	8	22,9	
Capacity of your organization to source for research evidence in general and MNCH specifically									
Grossly inadequate	0	0,0	1	12,5	1	6,7	2	5,7	0,255
Inadequate	1	8,3	0	0,0	2	13,3	3	8,6	
Fairly adequate	2	16,7	1	12,5	6	40,0	9	25,7	
Adequate	7	58,3	2	25,0	4	26,7	13	37,1	
Very adequate	2	16,7	4	50,0	2	13,3	8	22,9	
Level of research incentives available in your organization in general and in MNCH specifically									
Grossly inadequate	1	8,3	0	0,0	2	13,3	3	8,6	0,502
Inadequate	2	16,7	3	37,5	4	26,7	9	25,7	

Fairly adequate	6	50,0	2	25,0	4	26,7	12	34,3
Adequate	3	25,0	1	12,5	4	26,7	8	22,9
Very adequate	0	0,0	2	25,0	1	6,7	3	8,6

915. **Assessing the validity, quality, applicability of research evidence.** The levels of incentives to assess the validity, quality and applicability or to encourage the use of research evidence ranked grossly inadequate/inadequate by 28.6 to 31.4% while the skills to do so ranked inadequate by 8 to 27.3% of stakeholders. These findings point at pressing needs for capacity building amongst policy-makers, managers and implementers in matters related to EIHP and EBHP.

	Malawi		Tanzania		Ethiopia		All		p
	n	%	n	%	n	%	n	%	
The skill to evaluate & appropriate the quality of research methodology									
Grossly inadequate	0	0,0	0	0,0	0	0,0	0	0,0	0,486
Inadequate	4	36,4	1	12,5	4	28,6	9	27,3	
Fairly adequate	1	9,1	2	25,0	5	35,7	8	24,2	
Adequate	4	36,4	4	50,0	5	35,7	13	39,4	
Very adequate	2	18,2	1	12,5	0	0,0	3	9,1	
The skill to evaluate the reliability of specific research evidence and to compare research methods and results									
Grossly inadequate	0	0,0	0	0,0	0	0,0	0	0,0	0,659
Inadequate	4	33,3	1	12,5	4	30,8	9	27,3	
Fairly adequate	2	16,7	3	37,5	5	38,5	10	30,3	
Adequate	4	33,3	3	37,5	4	30,8	11	33,3	
Very adequate	2	16,7	1	12,5	0	0,0	3	9,1	
The skill to identify relevant similarities and differences between research evidence									
Grossly inadequate	0	0,0	0	0,0	0	0,0	0	0,0	0,597
Inadequate	1	8,3	1	12,5	1	7,1	3	8,8	
Fairly adequate	4	33,3	1	12,5	5	35,7	10	29,4	
Adequate	5	41,7	4	50,0	8	57,1	17	50,0	
Very adequate	2	16,7	2	25,0	0	0,0	4	11,8	
The skill to evaluate the differences in the research evidence in the context of your organization									
Grossly inadequate	0	0,0	0	0,0	0	0,0	0	0,0	0,201
Inadequate	3	27,3	1	12,5	0	0,0	4	12,5	
Fairly adequate	2	18,2	1	12,5	4	30,8	7	21,9	
Adequate	4	36,4	4	50,0	9	69,2	17	53,1	
Very adequate	2	18,2	2	25,0	0	0,0	4	12,5	
Incentives for assessment of the validity, quality and applicability of research evidence and in MNCH specifically									
Grossly inadequate	0	0,0	1	12,5	1	6,7	2	5,7	0,530
Inadequate	2	16,7	1	12,5	6	40,0	9	25,7	
Fairly adequate	4	33,3	2	25,0	4	26,7	10	28,6	
Adequate	4	33,3	2	25,0	4	26,7	10	28,6	
Very adequate	2	16,7	2	25,0	0	0,0	4	11,4	

Incentives to encourage the application of research evidence in general and in MNCH specifically									
Grossly inadequate	0	0,0	0	0,0	2	13,3	2	5,7	0,302
Inadequate	2	16,7	2	25,0	4	26,7	8	22,9	
Fairly adequate	3	25,0	3	37,5	7	46,7	13	37,1	
Adequate	5	41,7	1	12,5	1	6,7	7	20,0	
Very adequate	2	16,7	2	25,0	1	6,7	5	14,3	

916. **Adapting the format of research results to provide information useful to decision makers.** The table below indicates discrepancy between the high level of skills and the weak incentives to adapt research evidence to the needs of decision-makers.

	Malawi		**Tanzania**		**Ethiopia**		**All**		**p**
	n	**%**	**n**	**%**	**n**	**%**	**n**	**%**	
Present research results concisely in audience targeted language									
Grossly inadequate	1	8,3	0	0,0	0	0,0	1	2,9	0,169
Inadequate	2	16,7	0	0,0	3	20,0	5	14,3	
Fairly adequate	1	8,3	3	37,5	6	40,0	10	28,6	
Adequate	7	58,3	2	25,0	5	33,3	14	40,0	
Very adequate	1	8,3	3	37,5	1	6,7	5	14,3	
Synthesize in one document relevant research as well as information and analysis from other sources									
Grossly inadequate	0	0,0	0	0,0	1	6,7	1	2,9	0,694
Inadequate	3	25,0	0	0,0	3	20,0	6	17,6	
Fairly adequate	2	16,7	2	28,6	4	26,7	8	23,5	
Adequate	6	50,0	3	42,9	6	40,0	15	44,1	
Very adequate	1	8,3	2	28,6	1	6,7	4	11,8	
Link the research results to key issues and provide recommendations									
Grossly inadequate	0	0,0	0	0,0	0	0,0	0	0,0	0,316
Inadequate	3	25,0	0	0,0	2	14,3	5	14,7	
Fairly adequate	0	0,0	2	25,0	5	35,7	7	20,6	
Adequate	8	66,7	5	62,5	6	42,9	19	55,9	
Very adequate	1	8,3	1	12,5	1	7,1	3	8,8	
Ability to present results of research to decision makers in general and in MNCH specifically									
Grossly inadequate	0	0,0	0	0,0	0	0,0	0	0,0	0,802
Inadequate	2	16,7	0	0,0	1	6,7	3	8,6	
Fairly adequate	4	33,3	3	37,5	7	46,7	14	40,0	
Adequate	5	41,7	3	37,5	5	33,3	13	37,1	
Very adequate	1	8,3	2	25,0	2	13,3	5	14,3	
Incentives to encourage the provision of research evidence to decision									
Grossly inadequate	0	0,0	0	0,0	1	7,1	1	2,9	0,755
Inadequate	2	16,7	2	25,0	4	28,6	8	23,5	
Fairly adequate	3	25,0	2	25,0	6	42,9	11	32,4	
Adequate	5	41,7	3	37,5	2	14,3	10	29,4	
Very adequate	2	16,7	1	12,5	1	7,1	4	11,8	

917. **Application of evidence in decision making.** The table below shows the findings on the existence of an enabling environment to foster the application of evidence in decision making. Less than 25% of stakeholders ranked all items as grossly inadequate to inadequate except for "usual participation in the discussion before a decision is made"; "effective communication channels" and; "presentation and discussion on research evidence related to the organization main's goals".

	Malawi		Tanzania		Ethiopia		All		p
	n	%	n	%	n	%	n	%	
Using research is a priority									
Grossly inadequate	0	0,0	1	14,3	1	7,1	2	6,1	0,424
Inadequate	1	8,3	1	14,3	2	14,3	4	12,1	
Fairly adequate	4	33,3	3	42,9	6	42,9	13	39,4	
Adequate	4	33,3	0	0,0	5	35,7	9	27,3	
Very adequate	3	25,0	2	28,6	0	0,0	5	15,2	
Enough focus on activities which encourage using research									
Grossly inadequate	0	0,0	0	0,0	1	7,1	1	2,9	0,278
Inadequate	2	16,7	1	12,5	2	14,3	5	14,7	
Fairly adequate	3	25,0	4	50,0	7	50,0	14	41,2	
Adequate	4	33,3	0	0,0	4	28,6	8	23,5	
Very adequate	3	25,0	3	37,5	0	0,0	6	17,6	
Presentation and discussion on research evidence related to the organization main's goals									
Grossly inadequate	0	0,0	0	0,0	1	7,7	1	3,0	0,618
Inadequate	3	25,0	4	50,0	2	15,4	9	27,3	
Fairly adequate	2	16,7	1	12,5	4	30,8	7	21,2	
Adequate	4	33,3	2	25,0	5	38,5	11	33,3	
Very adequate	3	25,0	1	12,5	1	7,7	5	15,2	
Management has clearly communicated corporate strategy and priority areas for improvement									
Grossly inadequate	0	0,0	0	0,0	2	14,3	2	6,1	0,172
Inadequate	3	25,0	2	28,6	1	7,1	6	18,2	
Fairly adequate	2	16,7	4	57,1	5	35,7	11	33,3	
Adequate	3	25,0	0	0,0	5	35,7	8	24,2	
Very adequate	4	33,3	1	14,3	1	7,1	6	18,2	
Effective communication channels									
Grossly inadequate	0	0,0	0	0,0	3	20,0	3	8,6	0,4
Inadequate	2	16,7	2	25,0	2	13,3	6	17,1	
Fairly adequate	2	16,7	1	12,5	1	6,7	4	11,4	
Adequate	3	25,0	2	25,0	7	46,7	12	34,3	
Very adequate	5	41,7	3	37,5	2	13,3	10	28,6	
Our corporate culture is to value and reward flexibility									
Grossly inadequate	0	0,0	1	14,3	2	14,3	3	9,1	0,905
Inadequate	1	8,3	1	14,3	3	21,4	5	15,2	
Fairly adequate	3	25,0	2	28,6	3	21,4	8	24,2	
Adequate	5	41,7	2	28,6	4	28,6	11	33,3	

	Malawi		Tanzania		Ethiopia		All		p
	n	%	n	%	n	%	n	%	
Very adequate	3	25,0	1	14,3	2	14,3	6	18,2	
Allowing enough time to identify researchable questions									
Grossly inadequate	0	0,0	0	0,0	2	14,3	2	6,3	0,356
Inadequate	1	8,3	2	33,3	2	14,3	5	15,6	
Fairly adequate	5	41,7	3	50,0	5	35,7	13	40,6	
Adequate	4	33,3	0	0,0	5	35,7	9	28,1	
Very adequate	2	16,7	1	16,7	0	0,0	3	9,4	
Enough expertise to evaluate to evaluate the feasibility of each options									
Grossly inadequate	0	0,0	0	0,0	1	7,1	1	2,9	0,606
Inadequate	1	8,3	2	25,0	2	14,3	5	14,7	
Fairly adequate	3	25,0	1	12,5	2	14,3	6	17,6	
Adequate	5	41,7	5	62,5	8	57,1	18	52,9	
Very adequate	3	25,0	0	0,0	1	7,1	4	11,8	
Decision makers usually give formal consideration to any resulting recommendations									
Grossly inadequate	0	0,0	0	0,0	2	14,3	2	6,1	0,202
Inadequate	1	8,3	0	0,0	2	14,3	3	9,1	
Fairly adequate	4	33,3	6	85,7	3	21,4	13	39,4	
Adequate	5	41,7	1	14,3	5	35,7	11	33,3	
Very adequate	2	16,7	0	0,0	2	14,3	4	12,1	
Knowing when and how major decisions will be made									
Grossly inadequate	0	0,0	0	0,0	1	7,1	1	3,0	0,705
Inadequate	0	0,0	1	14,3	2	14,3	3	9,1	
Fairly adequate	4	33,3	3	42,9	6	42,9	13	39,4	
Adequate	6	50,0	3	42,9	4	28,6	13	39,4	
Very adequate	2	16,7	0	0,0	1	7,1	3	9,1	
Usual participation in the discussion before a decision is made									
Grossly inadequate	0	0,0	0	0,0	1	7,1	1	2,9	0,788
Inadequate	2	16,7	2	25,0	5	35,7	9	26,5	
Fairly adequate	3	25,0	2	25,0	2	14,3	7	20,6	
Adequate	5	41,7	4	50,0	4	28,6	13	38,2	
Very adequate	2	16,7	0	0,0	2	14,3	4	11,8	
Rational inclusion for the decision, and review of how the available evidence influenced the choice made									
Grossly inadequate	0	0,0	0	0,0	1	7,1	1	3,0	0,61
Inadequate	1	8,3	1	14,3	4	28,6	6	18,2	
Fairly adequate	4	33,3	4	57,1	3	21,4	11	33,3	
Adequate	5	41,7	2	28,6	5	35,7	12	36,4	
Very adequate	2	16,7	0	0,0	1	7,1	3	9,1	

9.2. Survey of researchers from IRTs

921. A total of 31 researchers (27M/4F) were surveyed with 80% having direct influence in health policy-making. In terms of knowledge & application of ICT, computer literacy was almost 99%. The level of knowledge of electronic databases where health research evidence is available ranked adequate to very adequate by 53.3% of respondents while the capacity to identify and obtain relevant research evidence from electronic databases ranked adequate to very adequate by 56.7% of respondents In terms of individual knowledge of the policy-making process, a minority (22.6%) of researchers were "frequently to very frequently" involved into policy-making within their organization with significant differences across countries while 51.6% ranked their level of knowledge of the meaning of policy adequate to very adequate.

922. **Individual knowledge of policy-making process.** The table below indicates a remarkable level of knowledge of policy-making with disparities across countries.

	Malawi		Tanzania		Ethiopia		All		p
	n	%	n	%	n	%	n	%	
Involvement in the policy making process in your organization									
Nil	3	14,3	0	0,0	1	14,3	4	12,9	0,029*
Less frequently	10	47,6	0	0,0	1	14,3	11	35,5	
Fairly frequently	5	23,8	1	33,3	3	42,9	9	29,0	
Frequently	2	9,5	0	0,0	2	28,6	4	12,9	
Very frequently	1	4,8	2	66,7	0	0,0	3	9,7	
Level of knowledge of the meaning of policy									
Inadequate	1	4,8	0	0,0	1	14,3	2	6,5	0.186
Fairly adequate	12	57,1	1	33,3	0	0,0	13	41,9	
Adequate	6	28,6	2	66,7	4	57,1	12	38,7	
Very adequate	2	9,5	0	0,0	2	28,6	4	12,9	
Understanding of policy context									
Inadequate	3	14,3	0	0,0	0	0,0	3	9,7	0.224
Fairly adequate	12	57,1	2	66,7	1	14,3	15	48,4	
Adequate	4	19,0	1	33,3	4	57,1	9	29,0	
Very adequate	2	9,5	0	0,0	2	28,6	4	12,9	
Level of your knowledge about stakeholder's and various actor's involvement in policy making									
Inadequate	2	9,5	0	0,0	0	0,0	2	6,5	0.417
Fairly adequate	11	52,4	1	33,3	1	14,3	13	41,9	
Adequate	6	28,6	2	66,7	5	71,4	13	41,9	
Very adequate	2	9,5	0	0,0	1	14,3	3	9,7	
Level of understanding of policy making process									
Inadequate	3	14,3	0	0,0	0	0,0	3	9,7	0.107
Fairly adequate	14	66,7	1	33,3	2	28,6	17	54,8	
Adequate	2	9,5	2	66,7	3	42,9	7	22,6	

Very adequate	2	9,5	0	0,0	2	28,6	4	12,9	
Level of understanding of the meaning of priority setting/policy agenda in policy making									
Inadequate	8	38,1	0	0,0	0	0,0	8	25,8	0.182
Fairly adequate	8	38,1	2	66,7	2	28,6	12	38,7	
Adequate	3	14,3	1	33,3	4	57,1	8	25,8	
Very adequate	2	9,5	0	0,0	1	14,3	3	9,7	
Level of understanding of the meaning of a policy brief									
Grossly inadequate	1	4,8	0	0,0	0	0,0	1	3,2	**0,016***
Inadequate	5	23,8	1	33,3	0	0,0	6	19,4	
Fairly adequate	13	61,9	1	33,3	1	14,3	15	48,4	
Adequate	1	4,8	1	33,3	6	85,7	8	25,8	
Very adequate	1	4,8	0	0,0	0	0,0	1	3,2	
Level of understanding of what a policy dialogue is									
Grossly inadequate	1	4,8	0	0,0	0	0,0	1	3,2	0,384
Inadequate	7	33,3	1	33,3	0	0,0	8	25,8	
Fairly adequate	9	42,9	0	0,0	4	57,1	13	41,9	
Adequate	3	14,3	2	66,7	2	28,6	7	22,6	
Very adequate	1	4,8	0	0,0	1	14,3	2	6,5	
Knowledge on the role of researchers in policy making									
Inadequate	1	4,8	0	0,0	0	0,0	1	3,2	0.478
Fairly adequate	8	38,1	1	33,3	0	0,0	9	29,0	
Adequate	9	42,9	1	33,3	4	57,1	14	45,2	
Very adequate	3	14,3	1	33,3	3	42,9	7	22,6	

924. **Individual knowledge for use of evidence.** The table below indicates disparities in individual levels of the types and sources of evidence needed to inform policy-making suggesting there are needs for capacity building among researchers in matters related to EIHP, EBHP and evidence synthesis.

	Malawi		Tanzania		Ethiopia		All		p
	n	%	n	%	n	%	n	%	
Level of understanding on what evidence is in policy-making context									
Grossly inadequate	1	4,8	0	0,0	0	0,0	1	3,2	
Inadequate	3	14,3	0	0,0	0	0,0	3	9,7	
Fairly adequate	9	42,9	0	0,0	0	0,0	9	29,0	0,148
Adequate	5	23,8	2	66,7	6	85,7	13	41,9	
Very adequate	3	14,3	1	33,3	1	14,3	5	16,1	
Knowledge on the types of evidence that can be used for policy making									
Grossly inadequate	1	4,8	1	33,3	0	0,0	2	6,5	**0,06**
Inadequate	3	14,3	0	0,0	0	0,0	3	9,7	

Fairly adequate	12	57,1	0	0,0	1	14,3	13	41,9	
Adequate	4	19,0	2	66,7	5	71,4	11	35,5	
Very adequate	1	4,8	0	0,0	1	14,3	2	6,5	
Level of knowledge on the sources of evidence used for policy making									
Grossly inadequate	1	4,8	1	33,3	0	0,0	2	6,5	
Inadequate	3	14,3	0	0,0	0	0,0	3	9,7	
Fairly adequate	12	57,1	0	0,0	1	14,3	13	41,9	**0,042***
Adequate	4	19,0	2	66,7	4	57,1	10	32,3	
Very adequate	1	4,8	0	0,0	2	28,6	3	9,7	
Capacity to identify/select relevant evidence for policy making									
Grossly inadequate	1	4,8	1	33,3	0	0,0	2	6,5	
Inadequate	5	23,8	0	0,0	0	0,0	5	16,1	
Fairly adequate	11	52,4	0	0,0	3	42,9	14	45,2	**0,067**
Adequate	3	14,3	2	66,7	2	28,6	7	22,6	
Very adequate	1	4,8	0	0,0	2	28,6	3	9,7	
Ability to adapt evidence used for policy making									
Grossly inadequate	1	4,8	1	33,3	0	0,0	2	6,5	
Inadequate	4	19,0	0	0,0	0	0,0	4	12,9	
Fairly adequate	12	57,1	1	33,3	1	14,3	14	45,2	**0,012***
Adequate	2	9,5	1	33,3	6	85,7	9	29,0	
Very adequate	2	9,5	0	0,0	0	0,0	2	6,5	

925. **IRT organizational capacities.** The following table indicates that a majority of researchers are not satisfied with the level of availability of repositories, the level of research production, and the quality of existing peer-reviews mechanisms.

	Malawi		Tanzania		Ethiopia		All		p
	n	%	n	%	n	%	n	%	
Availability of information repository or data base for members of your team									
Very few	2	10,0	1	33,3	1	14,3	4	13,3	0.904
Few	11	55,0	1	33,3	3	42,9	15	50,0	
Many	6	30,0	1	33,3	3	42,9	10	33,3	
Very many	1	5,0	0	0,0	0	0,0	1	3,3	
Number of health research products published per year by members of your team									
None	1	4,8	0	0,0	0	0,0	1	3,2	0.756
Very few	4	19,0	0	0,0	0	0,0	4	12,9	
Few	11	52,4	3	100,0	6	85,7	20	64,5	
Many	4	19,0	0	0,0	1	14,3	5	16,1	
Very many	1	4,8	0	0,0	0	0,0	1	3,2	
Availability of peer review mechanisms for members of your team									
Not available	1	5,0	0	0,0	1	14,3	2	6,7	0.352
Non functional	3	15,0	0	0,0	0	0,0	3	10,0	
Slightly functional	13	65,0	1	33,3	3	42,9	17	56,7	
Functional	3	15,0	2	66,7	3	42,9	8	26,7	
Quality of peer review mechanisms that members of your team have access to									0.888
Non functional	4	21,1	0	0,0	1	14,3	5	17,2	
Slightly functional	7	36,8	1	33,3	3	42,9	11	37,9	
Functional	8	42,1	2	66,7	3	42,9	13	44,8	
Number of research projects initiated/executed in the last 3 years by members of your team									
None	2	10,5	0	0,0	1	14,3	3	10,3	0.904
Very few	4	21,1	0	0,0	1	14,3	5	17,2	
Few	9	47,4	3	100,0	4	57,1	16	55,2	
Many	3	15,8	0	0,0	1	14,3	4	13,8	
Very many	1	5,3	0	0,0	0	0,0	1	3,4	
Number of active MNCH researchers in your team									
None	1	4,8	0	0,0	0	0,0	1	3,2	0.042
Very few	4	19,0	0	0,0	1	14,3	5	16,1	
Few	6	28,6	2	66,7	5	71,4	13	41,9	
Many	10	47,6	0	0,0	1	14,3	11	35,5	
Very many	0	0,0	1	33,3	0	0,0	1	3,2	
How many journals does your team subscribe to?									
None	2	10,0	0	0,0	1	14,3	3	10,0	0,322
Very few	5	25,0	1	33,3	0	0,0	6	20,0	

	Malawi		Tanzania		Ethiopia		All		p
	n	%	n	%	n	%	n	%	
Few	8	40,0	2	66,7	6	85,7	16	53,3	
Many	5	25,0	0	0,0	0	0,0	5	16,7	
Number of primary research outputs produced by members of your team in the last 3 years									
None	1	4,8	0	0,0	0	0,0	1	3,3	0,631
Very few	6	28,6	0	0,0	0	0,0	6	20,0	
Few	11	52,4	2	66,7	5	83,3	18	60,0	
Many	3	14,3	1	33,3	1	16,7	5	16,7	
Number of research briefs targeting policy makers produced by your team in the last 3 years									
None	4	19,0	1	33,3	1	14,3	6	19,4	0,521
Very few	6	28,6	1	33,3	4	57,1	11	35,5	
Few	9	42,9	0	0,0	1	14,3	10	32,3	
Many	2	9,5	1	33,3	1	14,3	4	12,9	
Number of systematic reviews produced by members of your team in the last 3 years									
None	9	42,9	1	33,3	0	0,0	10	32,3	0,113
Very few	5	23,8	1	33,3	2	28,6	8	25,8	
Few	5	23,8	0	0,0	5	71,4	10	32,3	
Many	2	9,5	1	33,3	0	0,0	3	9,7	
Dissemination of research products from members of your team on MNCH									
Grossly inadequate	2	9,5	1	33,3	0	0,0	3	9,7	0,335
Inadequate	6	28,6	0	0,0	4	57,1	10	32,3	
Fairly adequate	10	47,6	1	33,3	3	42,9	14	45,2	
Adequate	3	14,3	1	33,3	0	0,0	4	12,9	
Access to a communication specialist by your team on MNCH									
Grossly inadequate	4	20,0	0	0,0	1	14,3	5	16,7	0,976
Inadequate	7	35,0	1	33,3	3	42,9	11	36,7	
Fairly adequate	5	25,0	1	33,3	2	28,6	8	26,7	
Adequate	4	20,0	1	33,3	1	14,3	6	20,0	
Level of priority of research									
Grossly inadequate	2	9,5	0	0,0	0	0,0	2	6,5	0,287
Inadequate	1	4,8	0	0,0	3	42,9	4	12,9	
Fairly adequate	8	38,1	2	66,7	2	28,6	12	38,7	
Adequate	4	19,0	1	33,3	1	14,3	6	19,4	
Very adequate	6	28,6	0	0,0	1	14,3	7	22,6	

926. Policy & policymaking process related to maternal, newborn & child health

	Malawi		Tanzania		Ethiopia		All		p
	n	%	n	%	n	%	n	%	
Existence of a policy on health research related MNCH in your organization involving all key stakeholders									
Yes	13	100,0	3	100,0	3	75,0	19	95,0	0,122
No	0	0,0	0	0,0	1	25,0	1	5,0	
Stakeholders' views defined and integrated within a policy on health research related to MNCH									
Yes	14	82,4	3	100,0	2	100,0	19	86,4	0,6
No	3	17,6	0	0,0	0	0,0	3	13,6	
Existence of a forum or process to coordinate the setting of health research priorities related to MNCH									
Yes	12	92,3	3	100,0	5	100,0	20	95,2	0,724
No	1	7,7	0	0,0	0	0,0	1	4,8	
Extent to which your research institution uses the research done by others related to MNCH									
Grossly inadequate	1	4,8	0	0,0	0	0,0	1	3,2	0,857
Inadequate	2	9,5	1	33,3	2	28,6	5	16,1	
Fairly adequate	9	42,9	1	33,3	4	57,1	14	45,2	
Adequate	8	38,1	1	33,3	1	14,3	10	32,3	
Very adequate	1	4,8	0	0,0	0	0,0	1	3,2	
Extent to which your research related to MNCH was used for policy-making									
Grossly inadequate	2	9,5	0	0,0	2	28,6	4	12,9	0,845
Inadequate	5	23,8	1	33,3	2	28,6	8	25,8	
Fairly adequate	9	42,9	1	33,3	2	28,6	12	38,7	
Adequate	5	23,8	1	33,3	1	14,3	7	22,6	
Extent to which your research institution uses data collected routinely or survey related to MNCH									
Grossly inadequate	1	4,8	0	0,0	0	0,0	1	3,2	0,776
Inadequate	6	28,6	1	33,3	3	42,9	10	32,3	
Fairly adequate	7	33,3	1	33,3	4	57,1	12	38,7	
Adequate	4	19,0	1	33,3	0	0,0	5	16,1	
Very adequate	3	14,3	0	0,0	0	0,0	3	9,7	
Number of research papers/reports related to MNCH									
None	2	10,5	0	0,0	2	28,6	4	13,8	0,456
1-3	4	21,1	2	66,7	3	42,9	9	31,0	
4-6	3	15,8	1	33,3	0	0,0	4	13,8	
7-10	5	26,3	0	0,0	1	14,3	6	20,7	
>=11	5	26,3	0	0,0	1	14,3	6	20,7	

927. Acquisition of research evidence relevant to MNCH

	Malawi		Tanzania		Ethiopia		All		p
	n	%	n	%	n	%	n	%	
Present knowledge about initiating/conducting research in general and in MNCH									
Inadequate	4	19,0	0	0,0	0	0,0	4	12,9	0.825
Fairly adequate	5	23,8	1	33,3	2	28,6	8	25,8	
Adequate	11	52,4	2	66,7	5	71,4	18	58,1	
Very adequate	1	4,8	0	0,0	0	0,0	1	3,2	
Ability to access and use existing research evidence in general and in MNCH									
Inadequate	3	14,3	0	0,0	0	0,0	3	9,7	0.815
Fairly adequate	6	28,6	1	33,3	3	42,9	10	32,3	
Adequate	10	47,6	2	66,7	4	57,1	16	51,6	
Very adequate	2	9,5	0	0,0	0	0,0	2	6,5	
Capacity of your organization to initiate research in general and in MNCH									
Inadequate	2	9,5	0	0,0	1	14,3	3	9,7	0.862
Fairly adequate	8	38,1	1	33,3	1	14,3	10	32,3	
Adequate	8	38,1	2	66,7	4	57,1	14	45,2	
Very adequate	3	14,3	0	0,0	1	14,3	4	12,9	
Capacity of your organization to source for research evidence in general and MNCH									
Inadequate	2	9,5	0	0,0	1	14,3	3	9,7	0.32
Fairly adequate	11	52,4	0	0,0	2	28,6	13	41,9	
Adequate	5	23,8	2	66,7	4	57,1	11	35,5	
Very adequate	3	14,3	1	33,3	0	0,0	4	12,9	
Level of research incentives available in your organization in general and in MNCH									
Grossly inadequate	1	4,8	0	0,0	2	28,6	3	9,7	0,147
Inadequate	3	14,3	0	0,0	2	28,6	5	16,1	
Fairly adequate	9	42,9	0	0,0	2	28,6	11	35,5	
Adequate	6	28,6	3	100,0	1	14,3	10	32,3	
Very adequate	2	9,5	0	0,0	0	0,0	2	6,5	

928. **Assessing the validity, quality, applicability of research evidence to MNCH**

	Malawi		Tanzania		Ethiopia		All		p
	n	%	n	%	n	%	n	%	
The skill to evaluate & appropriate the quality of research methodology									
Inadequate	6	28,6	1	33,3	0	0,0	7	22,6	0.365
Fairly adequate	8	38,1	0	0,0	2	28,6	10	32,3	
Adequate	6	28,6	2	66,7	5	71,4	13	41,9	
Very adequate	1	4,8	0	0,0	0	0,0	1	3,2	
The skill to evaluate the reliability of specific research evidence and to compare research methods and results									
Inadequate	5	26,3	1	33,3	0	0,0	6	21,4	0.296
Fairly adequate	9	47,4	0	0,0	2	33,3	11	39,3	
Adequate	4	21,1	2	66,7	4	66,7	10	35,7	
Very adequate	1	5,3	0	0,0	0	0,0	1	3,6	
The skill to identify relevant similarities and differences between research evidence									
Grossly inadequate	1	4,8	0	0,0	0	0,0	1	3,2	0,192
Inadequate	5	23,8	0	0,0	1	14,3	6	19,4	
Fairly adequate	10	47,6	0	0,0	1	14,3	11	35,5	
Adequate	4	19,0	3	100,0	4	57,1	11	35,5	
Very adequate	1	4,8	0	0,0	1	14,3	2	6,5	
The skill to evaluate the differences in the research evidences in the context of your organization									
Grossly inadequate	1	5,0	0	0,0	0	0,0	1	3,6	0,583
Inadequate	3	15,0	1	33,3	1	20,0	5	17,9	
Fairly adequate	10	50,0	0	0,0	1	20,0	11	39,3	
Adequate	6	30,0	2	66,7	3	60,0	11	39,3	
Incentives for assessment of the validity, quality and applicability of research evidence in general and in MNCH									
Grossly inadequate	0	0,0	0	0,0	1	14,3	1	3,3	0,571
Inadequate	6	30,0	1	33,3	1	14,3	8	26,7	
Fairly adequate	9	45,0	1	33,3	4	57,1	14	46,7	
Adequate	2	10,0	1	33,3	1	14,3	4	13,3	
Very adequate	3	15,0	0	0,0	0	0,0	3	10,0	
Incentives to encourage the application of research evidence in general and in MNCH									

Grossly inadequate	1	5,0	0	0,0	1	14,3	2	6,7	0,975
Inadequate	5	25,0	1	33,3	2	28,6	8	26,7	
Fairly adequate	9	45,0	1	33,3	2	28,6	12	40,0	
Adequate	4	20,0	1	33,3	2	28,6	7	23,3	
Very adequate	1	5,0	0	0,0	0	0,0	1	3,3	

929. **Adapting the format of research results to provide information useful to decision makers**

	Malawi		Tanzania		Ethiopia		All		p
	n	%	n	%	n	%	n	%	
Present research results concisely in audience targeted language									
Grossly inadequate	0	0,0	0	0,0	1	14,3	1	3,2	**0.017**
Inadequate	4	19,0	0	0,0	0	0,0	4	12,9	
Fairly adequate	11	52,4	1	33,3	2	28,6	14	45,2	
Adequate	6	28,6	0	0,0	1	14,3	7	22,6	
Very adequate	0	0,0	2	66,7	3	42,9	5	16,1	
Synthesize in one document relevant research as well as information and analysis from other sources									
Grossly inadequate	0	0,0	0	0,0	1	14,3	1	3,2	**0.059**
Inadequate	4	19,0	0	0,0	0	0,0	4	12,9	
Fairly adequate	11	52,4	0	0,0	2	28,6	13	41,9	
Adequate	6	28,6	2	66,7	2	28,6	10	32,3	
Very adequate	0	0,0	1	33,3	2	28,6	3	9,7	
Link the research results to key issues and provide recommendations									
Inadequate	4	20,0	0	0,0	1	20,0	5	17,9	0.507
Fairly adequate	8	40,0	0	0,0	1	20,0	9	32,1	
Adequate	7	35,0	2	66,7	2	40,0	11	39,3	
Very adequate	1	5,0	1	33,3	1	20,0	3	10,7	
Ability to present results of research to decision makers in general and in MNCH									
Inadequate	3	14,3	0	0,0	0	0,0	3	9,7	0.708
Fairly adequate	7	33,3	0	0,0	3	42,9	10	32,3	
Adequate	8	38,1	2	66,7	3	42,9	13	41,9	
Very adequate	3	14,3	1	33,3	1	14,3	5	16,1	
Incentives to encourage the provision of research evidence to decision makers in general and in MNCH									
Grossly inadequate	1	5,0	0	0,0	1	16,7	2	6,9	0,239
Inadequate	7	35,0	0	0,0	2	33,3	9	31,0	
Fairly adequate	8	40,0	0	0,0	2	33,3	10	34,5	
Adequate	3	15,0	2	66,7	1	16,7	6	20,7	
Very adequate	1	5,0	1	33,3	0	0,0	2	6,9	

930a. Application of evidence in decision making

	Malawi		Tanzania		Ethiopia		All		p
	n	%	n	%	n	%	n	%	
Using research is a priority									
Grossly inadequate	1	4,8	0	0,0	1	14,3	2	6,5	0.699
Inadequate	5	23,8	1	33,3	0	0,0	6	19,4	
Fairly adequate	8	38,1	1	33,3	3	42,9	12	38,7	
Adequate	4	19,0	1	33,3	3	42,9	8	25,8	
Very adequate	3	14,3	0	0,0	0	0,0	3	9,7	
Enough focus on activities which encourage using research									
Inadequate	6	28,6	1	33,3	2	28,6	9	29,0	0.8
Fairly adequate	8	38,1	1	33,3	3	42,9	12	38,7	
Adequate	3	14,3	0	0,0	2	28,6	5	16,1	
Very adequate	4	19,0	1	33,3	0	0,0	5	16,1	
Presentation and discussion on research evidence related to the organization main's goals									
Grossly inadequate	1	4,8	0	0,0	0	0,0	1	3,2	0.942
Inadequate	6	28,6	1	33,3	1	14,3	8	25,8	
Fairly adequate	9	42,9	1	33,3	5	71,4	15	48,4	
Adequate	4	19,0	1	33,3	1	14,3	6	19,4	
Very adequate	1	4,8	0	0,0	0	0,0	1	3,2	
Management has clearly communicated corporate strategy and priority areas for improvement									
Grossly inadequate	1	4,8	0	0,0	0	0,0	1	3,2	0,802
Inadequate	9	42,9	1	33,3	1	14,3	11	35,5	
Fairly adequate	4	19,0	1	33,3	3	42,9	8	25,8	
Adequate	7	33,3	1	33,3	3	42,9	11	35,5	
Effective communication channels									
Grossly inadequate	1	5,0	0	0,0	1	14,3	2	6,7	0,82
Inadequate	7	35,0	1	33,3	1	14,3	9	30,0	
Fairly adequate	8	40,0	1	33,3	2	28,6	11	36,7	
Adequate	4	20,0	1	33,3	3	42,9	8	26,7	
Our corporate culture is to value and reward flexibility									
Grossly inadequate	1	5,0	0	0,0	1	14,3	2	6,7	0,88
Inadequate	4	20,0	1	33,3	1	14,3	6	20,0	
Fairly adequate	9	45,0	1	33,3	2	28,6	12	40,0	
Adequate	4	20,0	1	33,3	3	42,9	8	26,7	
Very adequate	2	10,0	0	0,0	0	0,0	2	6,7	
Allowing enough time to identify researchable questions									
Grossly inadequate	1	4,8	0	0,0	0	0,0	1	3,2	0,996
Inadequate	5	23,8	1	33,3	2	28,6	8	25,8	
Fairly adequate	7	33,3	1	33,3	3	42,9	11	35,5	
Adequate	7	33,3	1	33,3	2	28,6	10	32,3	
Very adequate	1	4,8	0	0,0	0	0,0	1	3,2	
Enough expertise to evaluate to evaluate the feasibility of each options									
Grossly inadequate	0	0,0	0	0,0	1	14,3	1	3,2	0,614
Inadequate	7	33,3	1	33,3	1	14,3	9	29,0	
Fairly adequate	8	38,1	1	33,3	2	28,6	11	35,5	
Adequate	4	19,0	0	0,0	2	28,6	6	19,4	
Very adequate	2	9,5	1	33,3	1	14,3	4	12,9	
Decision makers usually give formal consideration to any resulting recommendations									
Grossly inadequate	3	14,3	0	0,0	0	0,0	3	9,7	0,864
Inadequate	5	23,8	1	33,3	3	42,9	9	29,0	
Fairly adequate	8	38,1	1	33,3	3	42,9	12	38,7	
Adequate	5	23,8	1	33,3	1	14,3	7	22,6	
Knowing when and how major decisions will be made									
Grossly inadequate	2	10,0	0	0,0	0	0,0	2	6,7	

	Malawi		Tanzania		Ethiopia		All		p
	n	%	n	%	n	%	n	%	
Inadequate	7	35.0	1	33.3	1	14.3	9	30.0	0,893
Fairly adequate	6	30.0	1	33.3	3	42.9	10	33.3	
Adequate	4	20.0	1	33.3	3	42.9	8	26.7	
Very adequate	1	5.0	0	0.0	0	0.0	1	3.3	
Usual participation in the discussion before a decision is made									
Grossly inadequate	2	9.5	0	0.0	0	0.0	2	6.9	0,448
Inadequate	8	38.1	1	33.3	1	20.0	10	34.5	
Fairly adequate	4	19.0	1	33.3	4	80.0	9	31.0	
Adequate	6	28.6	1	33.3	0	0.0	7	24.1	
Very adequate	1	4.8	0	0.0	0	0.0	1	3.4	
Rational inclusion for the decision and review of how the available evidence influenced the choice made									
Grossly inadequate	2	9.5	0	0.0	0	0.0	2	6.5	0,846
Inadequate	8	38.1	1	33.3	2	28.6	11	35.5	
Fairly adequate	4	19.0	1	33.3	2	28.6	7	22.6	
Adequate	4	19.0	1	33.3	3	42.9	8	25.8	
Very adequate	3	14.3	0	0.0	0	0.0	3	9.7	