Methodological approaches to evaluation of complex interventions in maternal and newborn health: IDEAS project

**About IDEAS**

IDEAS aims to improve the health and survival of mothers and babies through generating evidence to inform policy and practice.

IDEAS uses measurement, learning and evaluation to find out what works, why and how in maternal and newborn health.

IDEAS is funded between 2010 and 2015 by a grant from the Bill & Melinda Gates Foundation to the London School of Hygiene & Tropical Medicine.

**Why is IDEAS important?**

IDEAS contributes to the field of the measurement, learning and evaluation in maternal and newborn health through:

- Using standardised approaches to evaluate maternal and newborn health programmes across multiple projects and countries;
- Studying the scale-up of innovations across large geographies;
- Testing the Bill & Melinda Gates foundation maternal and newborn health strategy theory for improving health.

**Focus geographies**

IDEAS is working with partners in Ethiopia, North-Eastern Nigeria and the state of Uttar Pradesh in India.

Our project partners are working to enhance the existing health system by implementing health approaches called innovations.

**Theory of change**

The Bill & Melinda Gates Foundation’s maternal and newborn health strategy theory of change outlines a process that will lead to improved health. IDEAS’ research is mapped onto this theory of change, and we will work with in-country project partners implementing maternal and newborn health innovations to test the theory in practice.

**IDEAS project objectives**

Research questions to improve the evidence base

IDEAS aims to improve the evidence base for future maternal and newborn health programmes by answering three research questions that look at different stages of the Bill & Melinda Gates Foundation’s maternal and newborn health theory of change:

1. Have the innovations introduced by our project partners been successful in enhancing interactions between families and frontline health workers, and have these meant that life-saving, critical interventions have reached more mothers and babies? If so, why did this happen?
2. Have the innovations introduced by our project partners been scaled up to reach other areas of Ethiopia, North-Eastern Nigeria and Uttar Pradesh? What helps and what hinders scale-up?
3. Where the innovations have been taken up more widely, have critical intervention coverage and newborn survival improved as a result?

Capacity building

IDEAS is working in with in-country partners to strengthen capacity in measurement, learning and evaluation.

Knowledge into action

Throughout the IDEAS project, we will disseminate best practice and findings as robust evidence on which to base future policy decisions and actions.

**Research methods**

We are using a range of methodologies to address IDEAS’ research questions. These include:

- Surveys of frontline workers, households and facilities to explore whether interactions between families and frontline workers are enhanced by maternal and newborn health innovations and whether coverage of interventions increases as a result;
- Qualitative interviews with a range of stakeholder groups to understand the facilitators of and barriers to scale-up;
- Qualitative research to examine the relationship between enhanced interactions and coverage of critical interventions for maternal and newborn health;
- Economic modelling to look at the cost effectiveness of maternal and newborn health innovations;
- Measuring scale-up through tracking implementation strength. Based on inputs and processes, scale-up of innovations in maternal and newborn health will be measured through a construct based on implementation strength. The effect of scale-up on coverage of critical interventions will be estimated through before-and-after household surveys.

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