

Evidence to improve maternal and newborn health in Ethiopia, North East Nigeria and Uttar Pradesh, India



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About IDEAS

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

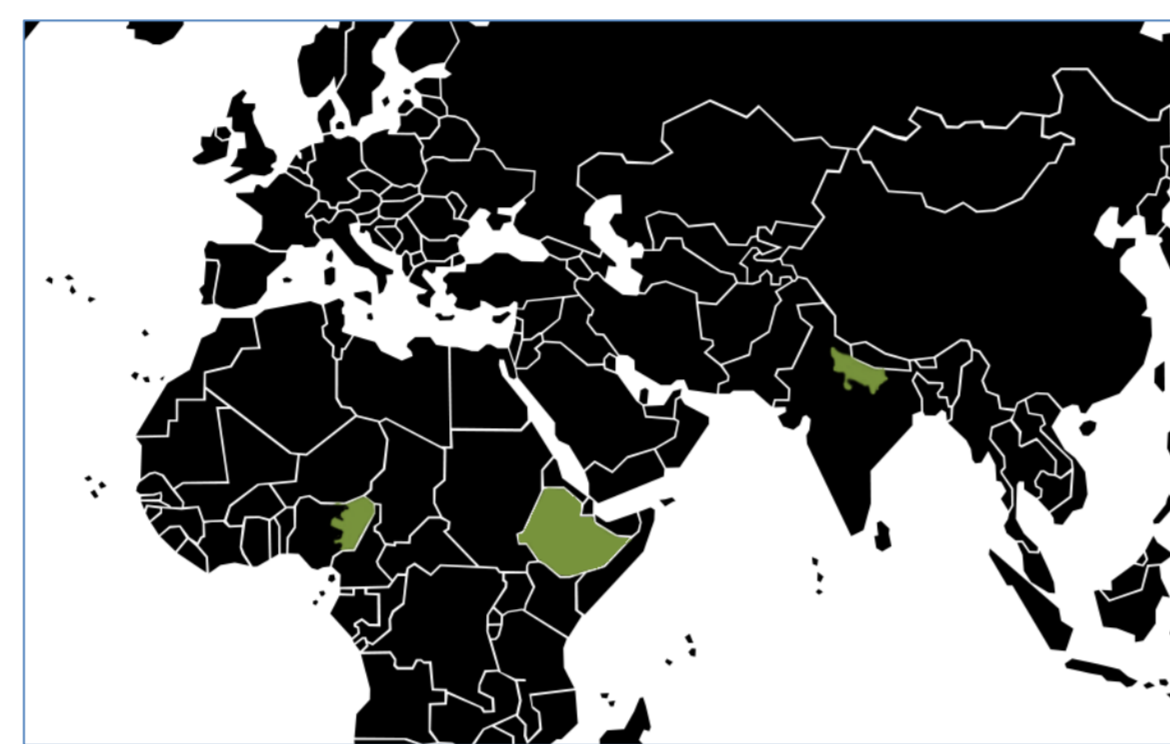
IDEAS uses measurement, learning and evaluation to find out what works, why and how in maternal and newborn health.

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

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.

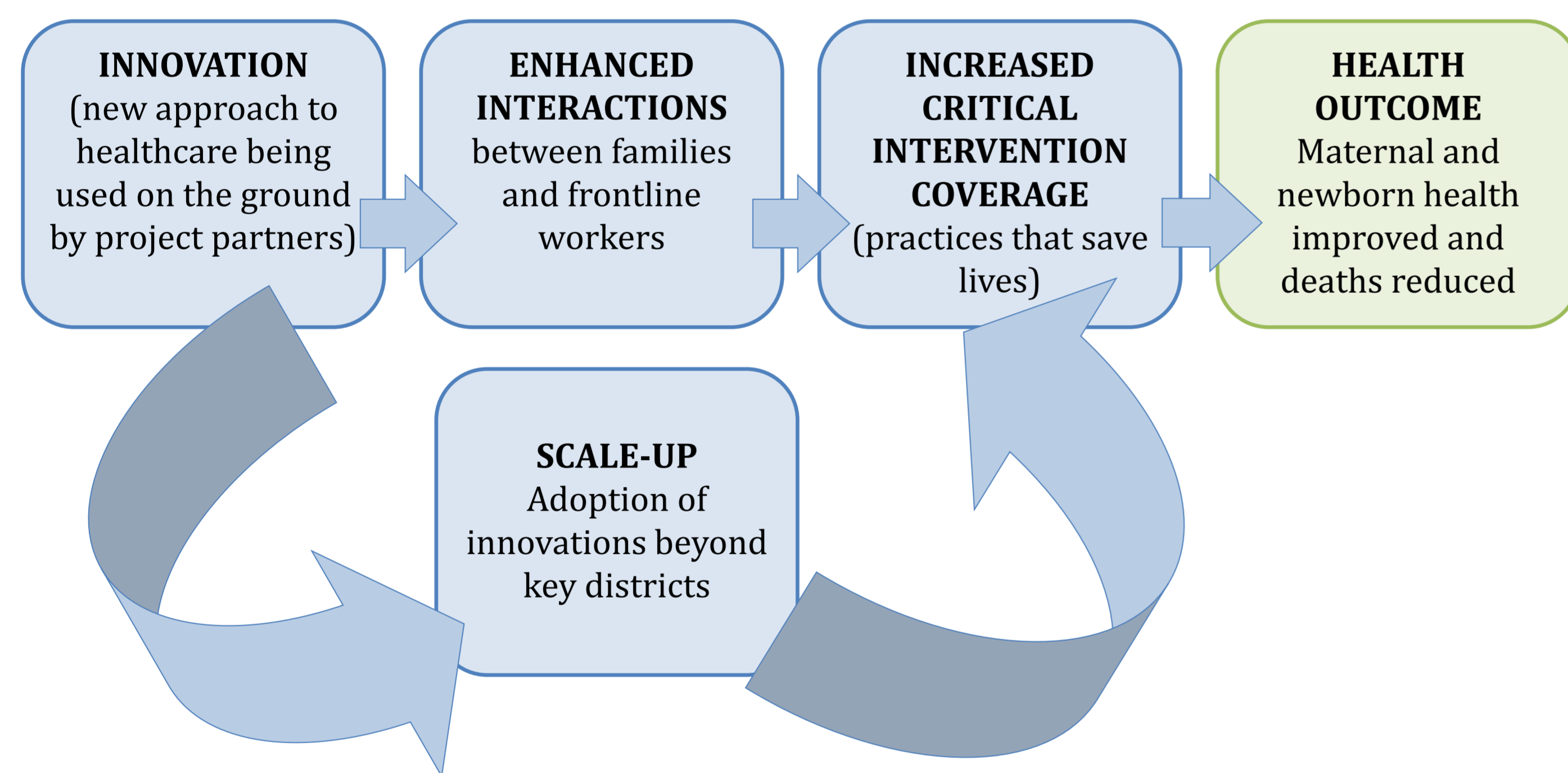


Figure: The Bill & Melinda Gates Foundation's maternal and newborn health strategy theory of change: Innovations will enhance the interactions between families and frontline workers. This in turn will enable more mothers and babies to access life-saving interventions and lead to improved maternal and newborn health. It is hoped that innovations will be scaled-up from the key districts in which they were introduced to the whole country and beyond, thereby benefiting the health of many more mothers and newborns.



Frontline workers

Trained frontline workers, including qualified or unqualified medical professionals, private drug sellers, community health workers, traditional birth attendants, trained midwives and other skilled birth attendants, provide a link between families and health services.

Enhanced interactions

Interactions between families and frontline workers are enhanced so that they are:

- MORE** • Occur more frequently for individual women;
- Reach more individual women;
- BETTER** • Technical quality is improved and interactions are more timely
- Users perceive the quality of interactions to have improved
- COST-EFFECTIVE** • Changes in the costs incurred by families and providers to have more and better interactions are cost-effective
- EQUITABLE** • Changes in more and better interactions happen in an equitable or pro-poor way

Critical interventions

Critical interventions are defined as actions that have a direct biological mechanism to improve health outcomes. The following critical interventions can be delivered through interactions between families and frontline workers:

- Pregnancy care:**
 - iron and folic acid supplementation;
 - tetanus vaccination;
 - prevention and management of infectious diseases;
- Intra-partum care:**
 - prophylactic uterotonics;
 - active management of third stage of labour;
 - management of postpartum haemorrhage;
 - caesarean section;
 - hand washing with soap + use of gloves;
- Post-partum care:**
 - family planning advice and contraceptives;
 - detection and management of post-partum sepsis;
 - treatment of maternal anaemia;
 - screen for and initiate or continue antiretroviral therapy for HIV
- Post-natal care:**
 - immediate thermal care;
 - initiation of early and exclusive breastfeeding;
 - hygienic cord and skin care;
 - neonatal resuscitation with bag and mask;
 - kangaroo mother care for preterm or low birthweight babies;
 - management of newborns with jaundice;
 - presumptive antibiotic therapy for babies at risk of bacterial infection;
 - case management of neonatal sepsis, meningitis and pneumonia;
 - prophylactic antiretroviral therapy for babies exposed to HIV

Do enhanced interactions lead to increased coverage of interventions?

In areas where partners are implementing maternal and newborn health innovations, IDEAS aims to test the theory that enhanced interactions lead to increased critical intervention coverage using a range of research methodologies. These include:

- **Surveys** of frontline workers, households and facilities before and after implementation of innovations, using a plausibility design. Surveys will 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 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;

Image credits

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