



MMS Bulletin #135

Examen à la loupe de la coopération pour la santé: l'implementation research comme pratique des ONG et défi politique

Collaboration between implementing NGOs and local research institutions in developing countries

Research can improve maternal and newborn health

De Cecilia Capello

Since 2008, the non-governmental organization (NGO) Enfants du Monde (EdM) has supported Ministries of Health (MoH) and NGOs to operationalize the World Health Organization's (WHO) framework for Working with Individuals, Families and Communities (IFC) to improve maternal and newborn health (MNH) in several countries, including Bangladesh, Burkina Faso and Haiti. The IFC framework is designed to be integrated as a health promotion component of countries' MNH strategies, aiming to improve MNH by empowering women, men, families and communities and by increasing access to quality health services.



Workshop on health care and Yellow Fever prevention / © flickr

This is done at the community level through implementing interventions within the following four priority areas of intervention:

- 1) Developing capacities to stay healthy, make healthy decisions, and respond to obstetric and neonatal emergencies;
- 2) Increasing awareness of the rights, needs and potential problems related to maternal and newborn health;
- 3) Strengthening the linkages for social support between women, men, families and communities with the health service delivery system, and
- 4) Improving quality of care, health services and interactions with women and communities.

Another core element of the framework is health systems strengthening, by reinforcing intersectoral and interagency collaboration and community participation at all phases of program implementation.

Critical questions in order to measure our work

In 2013, following several years of implementation, EdM decided to increase its investment in conducting research to measure the impact of IFC implementation, in order to generate evidence for advocacy, support programme monitoring and contribute to the broader body of knowledge regarding health promotion for MNH. In 2014, EdM and its partners collaborated with local research institutions (RIs) and research consultants in Bangladesh, Burkina Faso and Haiti to conduct baseline studies as a first step of conducting operational research within the context of its programmes. Research questions included the effect of the IFC on the knowledge and attitudes of communities and health providers, as well as the empowerment of women and the increasing of the access to MNH services.

Study design

The research institutions identified included: the International centre for diarrheal diseases research Bangladesh (ICDDR,B), an international research institute based in Dhaka, Bangladesh; the Institut de Recherche en Sciences de la Santé (IRSS) in Burkina Faso; and the network GroupIntellconsult in Haiti.

Our baseline studies employed a quasi-experimental design and a rigorous mixed-methods approach. With technical support from WHO (departments of Maternal, Newborn, Child and Adolescent Health and Reproductive Health Research) and the University of Geneva (UNIGE), EdM drafted terms of reference (ToR), following which RIs submitted research protocols. Protocols, including methodology and research instruments, were finalized jointly with EdM and MoH and technical inputs from WHO. Ethical approval was obtained from the appropriate bodies (national ethical committee for Burkina Faso and ethical review committees of the research institutions for Haiti and Bangladesh) prior to data collection. Researchers collected and analysed data and reports were finalized jointly at the end of 2014. At least a year passed between the identification of the RI and the final report.

How to overcome the challenges

Common challenges emerged in the processes throughout all three experiences. EdM tried to implement solutions for overcoming them and succeeded sometimes partially sometimes completely. Challenges and solutions included:

Challenge

Solution

Measuring empowerment and behavioural change at community level is complex and competencies for measuring them were limited within our partner RIs. In our experience, developing shared expectations between NGOs and RIs regarding research was challenging. Exchanges on ToR are insufficient for communicating completely the programme contexts and theories of change necessary for effectively carrying out the research.

Statistical expertise is difficult to find and calculation of sample size and data analysis are difficult, at times even for researchers who do not always have strong capacity in sample size calculations.

Agreeing on a budget proved challenging. The costs of carrying out research are high, when adhering to certain standards, and reducing the costs significantly is often not possible, if quality is to be maintained.

On the other hand, small/medium-size NGOs, like EdM, are limited in their ability to justify research in their budgets, and must weigh the benefits of conducting research over conducting critical activities which will benefit the populations they serve in the near-term.

While necessary for a high degree of engagement by all partners, involvement of MoH, local NGOs and other partners in research proved time consuming and resource intensive.

Our solution was to invest in capacity building of researchers through exchanges and workshops. Though time consuming for both sides, this proved effective in creating a shared understanding of the work to be undertaken and shared objectives and laying the groundwork for a smooth research process. Moreover, the involvement of experts/researchers from WHO helped us in the identification of indicators for measuring empowerment/behavioural changes.

For each sample-size calculation, we exchanged with researchers within WHO, UNICEF and other universities and international institutions. In addition, we strengthened the research expertise within EdM through capacity building of staff. Through this we were able to work with researchers to correctly calculate statistically significant samples and to verify calculations.

Agreeing on a for both sides acceptable budget. This included an understanding of research institutions that mid-sized NGOs have limited resources for research. With this understanding, and with the interest of participating in a challenging experience, RIs were able to make certain concessions and reduce costs to the extent possible. On the other hand, the recognition on the part of the NGO of the importance of research and a willingness to increase investment in this regard was and will be essential.

After a first experience, steps for research were initiated well in advance and elaborated timelines allowed for more flexibility and simply more time to work with partners.

Different organizations and institutions have different requirements and expectations in ethical considerations, and it was not always easy to reach an agreement on the process to be followed.

Our solution was to insist on holding to the highest standards suggested by WHO and in all cases to submit the protocol to MoH for ethical approval, as well as to the ethical review committees of research institutions where possible.

In every case research skills within the NGO, support of WHO and UNICEF, and input from other research institutions were critical to success. This facilitated supporting local researchers, ensuring quality and accountability. The final result was three high-quality baseline reports.

Conclusion:

Effective collaboration between EdM, local ROs and international institutions (WHO, UNICEF) with a high degree of investment on all sides was necessary. Lessons learnt from this experience are going to be applied in EdM's future research/evaluations, including the end-point evaluations in 2017.



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