

MATERNAL AND CHILD HEALTH PROGRAM

TECHNICAL PROGRESS REPORT 2

Project number	Project title
108937-003	Catalysing leadership to improve health outcomes for women, adolescents and children in West Africa (WNCAW)

CATALYSING LEADERSHIP TO IMPROVE WNCAW TECHNICAL PROGRESS REPORT 2 (1/9/19-29/2/20)

OVERALL GOAL AND OBJECTIVES OF THE PROGRAM

OVERALL GOAL

Contribute to Improved Women, New-born, Child and Adolescent Wellbeing (WNCAW) in West Africa

GENERAL OBJECTIVE

Contribute to Improved and Equitable Women, New-born, Child and Adolescent Wellbeing (WNCAW) policies and interventions in West Africa by catalysing and supporting multi-stakeholder, multi-level leadership, evidence informed advocacy, and networking for agenda setting, decision making and implementation within countries keeping a gender equity perspective at all levels

SPECIFIC OBJECTIVES

1. Strengthen capacities of stakeholders (civil society, media, researchers /academia, decision makers at all levels) and implementers at multi-levels within countries in West Africa to work together to identify priority issues for improved Women, New-born, Child and Adolescent Wellbeing (WNCAW)
2. Improve availability and use of appropriately packaged evidence by decision makers at all levels to inform policy and interventions development, implementation, monitoring and evaluation related to priority issues for improved WNCAW
3. Strengthen capacities of stakeholder to conduct evidence based advocacy for improved WNCAW
4. Establish a collaborative regional framework to validate and disseminate the effect of these strategies and interventions in the West African sub-region and document and share lessons for improvements in evidence informed policy making
5. Conduct formative assessment research to generate evidence to inform and improve program design and summative evaluation of processes, intermediate outcomes (outputs) and lessons for interventions to improve WNCAW in West Africa

REVIEW OF PROJECT IMPLEMENTATION (MAXIMUM 5 PAGES)

- a. In a short summary highlight what was achieved or not achieved and why.

The review of project implementation below is provided by objective and agreed implementation strategies and timelines in the project proposal

OBJECTIVE 1 – INDIVIDUAL CAPACITY: MULTI-STAKEHOLDER COUNTRY TEAMS CAPACITY BUILDING (LEAD COMCAHPSS)

PROPOSALS FOR OBJECTIVE 1

The interventions and approaches to be used for individuals within multi-stakeholder country team capacity building to support the catalyzing of country level transformation and change were:

- Two Face to face residential team training interventions of 1 week each in the form of a new year and a summer school, each focused on leadership capacity, team work, public social policy development, working in complex health systems; with 6 – 12 months between workshops
- Participation of team members in 360 degree individual and team feedback as part of developing distributed individual and team leadership
- Follow up within country /workplace based coaching and mentoring support for teams in the space between the residential workshops
- Peer to peer and peer to facilitator interactions and learning for teams during and between residential workshops

Capacity was to be strengthened in a multi-professional cohort tied to their institutions within countries (including members from CSO and Media) who would work together as a team of change leaders in their country. The membership of the multi-disciplinary team would also provide a link between the work led by ARHR and the work led by GHS-COMCAHPSS. The approach of multi-professional, multi-stakeholder teams embedded in institutions in countries with at least one team member from the health system was based on the assumption that change towards better institutional and government use of health

research to systematically demand and use evidence in decision making is better driven by teams and by contextual and institutional rather than just individual transformation and capacity to support change.

ACHIEVEMENTS IN RELATION TO PROPOSALS FOR OBJECTIVE 1

Following the first one week face to face residential capacity building West African mid-year school held as a workshop in Accra Ghana from 4th to 9th August 2019 at the Mensvic Grand Hotel with five country teams supported by the WNCAW project budget a team from Senegal supported by the COMCAHPSS project budget; the same teams were invited to a follow on New Year School that was held in Abidjan Cote d'Ivoire from Monday 17th to Friday 21st February 2020. A report of the 2020 New Year School is attached.

The draft MOU sent to the country team leads /institutions as part of the follow up to support activities by the teams at country level over the next two and a half years of the project was signed and returned by all country teams.

COMMENTS

The original plan was for 6 team members per country. To manage within the budget available this was cut down to 5. However, it was not always possible to stick to this decision because country teams made very strong arguments about the need to maintain the integrity and diversity of their team. Also making the team leads the within country coaches and mentors meant that 6 was a more reasonable team number than five. We tried to cut back to five members per team for the New Year school – we succeeded with most teams but had a challenge with Niger. We realized that for the Niger team it was going to be very disruptive given their focus on adolescent health and the need to keep the coordinator for adolescent health in the Ministry of Health Niger as part of the team, and also keep the researchers from LASDEL and the CSO and Media partners. In the end we decided to draw on the budget for the 2020 mid-year school planned for Burkina Faso and try to find co-funding elsewhere to still make the 2020 mid-year school possible. We did not know Covid 19 would bring any possibility of further face to face meetings in 2020 to a halt at the time we took this decision. In the light of subsequent developments with Covid 19, it was perhaps in our favor that we took the decision to run the February 2020 New Year school against the odds and strategize with other options for the 2020 Mid Year School in August.

Ms. Vicky Okine from ARHR and Dr. Charity Binka from WOMEC were invited to be part of the facilitator team for the new years school. This provided an opportunity to strengthen the links between the CSO score card assessment process at country level and the WOMEC led media interventions.

OBJECTIVE 2 – INSTITUTIONAL CAPACITY

OBJECTIVE 2A. INSTITUTIONAL CAPACITY BUILDING FOR POLICY DIALOGUES, SCORE CARD ASSESSMENT (LEAD CSO & MEDIA CONSORTIUM)

PROPOSALS FOR OBJECTIVE 2A

The CSO and Media consortium set out to build capacities of local CSOs and Media in five West African Countries (Ghana, Niger, Sierra Leone, Burkina Faso and Cote d'Ivoire).

Media Capacity Strengthening and Engagement: The media has a critical role to play in evidence communication, research to policy and social accountability. WOMEC and ARHR will bring journalists together in each country (15 journalists per country for 5 countries) for capacity building and establishment of a network of journalists in the West African sub-region for research evidence packaging and dissemination to support women, newborn, child and adolescent health wellbeing. This will include gender sensitive media reporting. ARHR and WOMEC will strengthen the capacity of journalists to disseminate information and to engage policy makers and hold them to account over time in discussing and using information for policy development and implementation. A journalist award for excellence in reporting on women, newborn, child and adolescent health wellbeing with gender sensitivity will be instituted in collaboration with WAHO. This award will be presented at the annual WAHO best practices forum.

The activities proposed for institutional capacity building included:

- Train the media to effectively report on WNCAW and track governments' commitments
- Build capacity of journalists to effectively disseminate findings from score cards assessments to the public and to influence RMNCAH policies by governments

ACHIEVEMENTS IN RELATION TO OBJECTIVE 2A

MEDIA TRAINING

During the year under review, WOMEC together with the ARHR facilitated media support to the WNCAW project to ensure that the media played a critical role in evidence communication, research to policy and social accountability. The media programme was aimed at training a group of journalists to effectively report on WNCAW and also disseminate findings from the scorecards assessments to be carried out in the participating countries, with Ghanaian journalists being the first to benefit from the media training.

As part of the preparation for the media training, WOMEC finalised a training manual on Sexual and Reproductive Health it had developed last year. The manual focuses on WNCAW issues, health reporting and with some additions from the 2019 Scorecard Report (South Dayi and Akyemansa Districts).

The first in a series of media training programmes under the WNCAW project was held at Kpeve in the South District of the Volta Region on March 2nd, 2020. WOMEC invited 15 Journalists in Ghana from the print, electronic and online media organisations for the workshop. However, twelve (12) journalists from the Greater Accra, Eastern and Volta regions of Ghana reported for the training. They were from the electronic, print media and online news outlet, from both the private and public media houses. Some media houses represented included Daily Guide, Ghana News Agency, GTV, Joy FM, Global FM, Kingdom

FM, Akyemansa FM, Ofie FM and Okwawu FM. For most of the journalists, it was the first time they were attending a training workshop on new-born, children and adolescent wellbeing.

A participatory approach was adopted for the Media training. To prepare for the media training, the journalists were given copies of the training manual to study and get exposed to the issues of sexual and reproductive health (SRH) and WNCAW specifically.

The media training was in two parts. The first part involved the participation of the journalists in the community multi-stakeholder meeting which served as a platform to validate and disseminate findings from the community scorecard assessment carried out in 2019 in the South Dayi and Akyemansa districts of the Volta and Eastern regions of Ghana.

This joint event enabled the journalists to gather information about the community score card assessment findings and also join in the discussions between the health workers and community representatives during the dialogue. The journalists also had the opportunity to interview duty bearers and right owners within the community.

The second part was the media training was equally engaging and took the form of presentations and group work. The journalists were exposed to topics such as:

- Human/Reproductive Rights Concerns
- Tools for Respecting, Promoting and Protecting Human Rights (HR) through Reproductive Health (RH)
- Reporting on sexual and reproductive health issues
- Areas the media can explore in their report under SRH services

The journalists were then put into three (3) groups to develop media messages on WNCAW/SRH.

A number of stories were written and aired from the workshop: Below are some of these articles: (Radio and TV recording are also available):

- <https://ghananewsagency.org/health/men-should-be-included-in-reproductive-health-education-womec-165040>
- <https://dailyguidenetwork.com/womecchampions-reproductive-health-rights/>
- <https://www.ghanabusinessnews.com/2020/03/05/service-providers-urged-to-use-multiple-channels-for-sexual-and-reproductive-health-education>

COMMENTS

LESSONS LEARNT

Journalists reporting from the regions are usually general reporters who cover all areas and do not specialize in special or particular areas such as SRH issues. Because of the several issues competing for

their attention, journalists in the rural areas are not likely to pay much attention to SRHR issues. The Kpeve workshop provided a platform to expose some of these journalists to SRH issues. This was confirmed by one participant when he described the workshop as “**an insightful experience on reproductive the health issues**”.

The importance of bringing on board men to support the SRH issues affecting women and the WNCWA project in general was a point that came up and worth exploring, as one journalist touched on the absent of men in the research and WNCWA issues and stated in the evaluation form that men should be covered in these areas because “they play a role in the reproductive health of women, children, adolescents.”

OBJECTIVE 2B – INSTITUTIONAL CAPACITY BUILDING DATA SYNTHESIS TO INFORM DECISION MAKING (LEAD GHS/UG-SPH/ ISSP-BURKINA FASO)

PROPOSALS FOR OBJECTIVE 2B

The focus of this capacity building is to be on routine data and research evidence analysis, rapid synthesis and dissemination capacity. The research and academic institutions participating in the multi-disciplinary country team will be supported to work with staff from the routine health information management systems (HMIS) of the Ministry of Health (MOH) in the countries of focus to develop in-country routine data analysis and research evidence rapid synthesis and dissemination capacity. One face to face workshop of country team researchers will be used to initiate the capacity building. It will be followed by within country support to the teams. The countries of focus will be the same five countries (Ghana, Niger, Sierra Leone, Burkina Faso, Cote d’Ivoire). At least one member of each country team participating in the multi-stakeholder country team’s capacity building will be from the research teams who participate in the data synthesis training. The CSO will work with the country teams trained under objective 1 in supporting the score card assessment. The information from the score card assessment will feed into the data synthesis for each country.

ACHIEVEMENTS UNDER OBJECTIVE 2B

This capacity building was scheduled for mid year 2 of the project (2020). The COMCAHPSS/WNCWA secretariat entered in a discussion with Prof. Emmanuala Gakidou of IHME through Dr. Irene Agyepong’s links with the Global Burden of Disease Independent Advisory committee to explore possible collaboration on capacity building at country level for a GBD in West Africa as part of the effort to build capacity in routine data and research evidence analysis, rapid synthesis and dissemination to inform policies and program decision making. Prof. Emmanuala Gakidou offered free access to the GBD online course and one place for one person each from the countries in the WNCWA program at the follow on summer school in Greece. The condition was they had to be able to manage a course in English and they had to pass the online course to qualify for the face to face course in Greece that was scheduled for May 2020. We managed to get one person from Senegal, Cote d’Ivoire, Sierra Leone and Ghana who completed the online course. Prof. Gakidou offered them a place on the course in Greece. The course

has however been postponed indefinitely because of Covid 19. The plan was for those who participated in this process to have become part of the facilitators for the Burkina Faso mid-year school later in 2020.

Apart from having to cancel the planned WNCWA course in Burkina Faso because of Covid 19, our experience with the Mid Year School in August 2019 and the New Year School in February 2020 had shown that we seriously under budgeted the research capacity building. Post Covid 19 we will have to seek alternative funding sources. The thinking about possibilities has started.

OBJECTIVE 3 – SYNERGIZE AND REINFORCE INDIVIDUAL AND INSTITUTIONAL CAPACITY (LEAD CSO & MEDIA CONSORTIUM)

PROPOSALS IN RELATION TO OBJECTIVE 3

Unlike most traditional forms of research, however, the scorecard goes beyond mere data collection, analysis and reporting to actively facilitate citizen-provider engagement as a purposive strategy for strengthening citizen voice and fostering downward accountability. After facilitating citizens' assessments of their priority concerns in respect of health service delivery, the consortium will convene platforms where citizen representatives dialogue with their respective local and national policy makers on their experiences and concerns, using the scorecard findings as evidence. As part of their responses, service providers are encouraged to make firm commitments to address citizens' concerns.

The consortium will:

- provide support to multi-stakeholder country teams to adapt and use the score card assessment tools.
- Support country teams to develop media engagement strategies to demand government responsiveness and accountability for quality RMNCAH.
- Facilitate multi-stakeholder interface dialogues to address gaps identified during scorecards assessments.

ACHEIVEMENTS IN RELATION TO OBJECTIVE 3

INTRODUCTION

As global health goals relating to improved quality of care migrate into country level health policies and strategies, states must find ways to prioritise patient satisfaction and service quality as the evidentiary basis for improved patient outcomes. Furthermore, with 2030 Sustainable development goals (SDG) in focus – specifically, SDG 3.7: ensuring universal access to sexual and reproductive health-care services and SDG 3.8: achieving universal health coverage – there is need to pursue patient-oriented research to unpack the unique root causes of poor reproductive health outcomes .

The Community scorecard (CSC) approach has been employed in this research study as a community-based monitoring and evaluation tool that enables citizens to assess the quality of reproductive health services. The approach provides an opportunity for decision makers at national and subnational levels to

leverage the views of the women and adolescent girls within the health system, in order to ensure the system is responsive to their needs. Using qualitative methods such as interviews and focus group discussions, the CSC gives a voice to this vulnerable community group that is often overlooked.

COMMUNITY SCORECARD

ARHR has completed the completed the scorecard data collection in Ghana and produced a draft scorecard report. The draft report is attached. The data collection was conducted in four communities in South Dayi and three communities in Akyemansa Districts in the Eastern Region of Ghana.

Two district multi stakeholder meetings in (Akyemansa and South Dayi) have been undertaken to validate as well as disseminate the findings. The key stakeholders involved included the district directors of health services, heads of health facilities, representative from District Assembly, Chiefs and Queen Mothers, religious leaders and the media.

A national level multi-stakeholder meeting is yet to be organized. This activity was scheduled to take place in March 2020. However, due to the current situation of COVID19 and the president of Ghana's directive on social distancing, this has been postponed until the situation improves.

In Sierra Leone, ARHR's application for Service Level Agreement has been approved by the Ministry of Health and Sanitation. A copy of the approval level is attached. The scorecard data collection tools have been developed and training and data collection is scheduled to begin on the 27th of April 2020. CSO partner has been identified In Niger, Burkina Faso and Cote d'Ivoire to lead the scorecard process.

LESSONS LEARNT

We under-estimated the time needed for ethical approval from Ghana Health Service in Ghana and the Ministry of Health and Sanitation in Sierra Leone. Delays in securing ethical approval from these institutions unduly affected the activity schedule of the first year of project implementation.

OBJECTIVE 4 – CONTEXTUAL CAPACITY (LEAD WAHO)

PROPOSALS IN RELATION TO OBJECTIVE 4

WAHO will lead the organization of a stakeholder's forum to share and discuss lessons and best practices after the first year of implementation. Ideally WAHO should also organize such a forum at the end of the project. However, the constrained budgets do not make this possible. The regional meeting whose organization will be led and coordinated by WAHO will involve 27 persons (10 for the 5 countries included in the project, 12 from the other countries of ECOWAS, 4 from partner institutions outside Ghana (LASDEL, ISSP, WAHO, University of Côte d'Ivoire) and 5 from partner institutions within Ghana (ARHR /WOMEAC and COMCAHPSS). West African Civil Society Institute (WACSI) (<http://www.wacsi.org>) as a sub-regional CSO, will work with WAHO to organize the sub-regional stakeholder forum and ensure sub-regional Civil Society participation in the forum.

ACHIEVEMENTS IN RELATION TO OBJECTIVE 4

This activity is not yet due so there is no report at this time.

OBJECTIVE 5 – FORMATIVE ASSESSMENT AND SUMMATIVE EVALUATION

OBJECTIVE 5A. – FORMATIVE ASSESSMENT

PROPOSALS FOR OBJECTIVE 5A

The formative assessment research will inform the fine tuning of the interventions along with the score card assessment. It will be carried out in the first six months of the project. It will be designed as a qualitative multi-country case study in Ghana, Burkina Faso, Niger, Cote d'Ivoire and Sierra Leone. An assessment will be made of country level capacity to use research and other evidence in health sector decision making at contextual, institutional and individual levels. Data collection methods will involve desk review, focus group discussions and key informant in-depth interviews. The assessment will be led in the five countries by the institutional and individual partners based there. In Niger the lead will be LASDEL, in Burkina Faso the lead will be ISSP, in Cote d'Ivoire the lead will be the University Houphet Boigny, in Ghana the lead will be GHS RDD. In Sierra Leone, WAHO will assist the project identify institutions and individuals to participate in the intervention through their networks in this country. A joint multi-country research protocol for the formative assessment will be developed and submitted for ethical clearance by the Ghana Health Service ethical review committee.

The scorecard assessment will provide baseline information to the summative evaluation. The processes will feed into each other with the information from the score card assessment informing the formative assessment. Ideally the score card assessment should be repeated towards the end of year 2 to feed into the summative evaluation research. However, this will require additional budget that is not available at this time. Only one initial score card assessment round will therefore be done in the context of this project.

ACHIEVEMENTS IN RELATION TO OBJECTIVE 5A

The multi-country formative evaluation proposal received ethical clearance from the Ghana Health

Service Ethical review committee. All the country teams have also received ethical clearance in their countries.

A draft MOU to enable transfer of funds to the country team to lead the formative research in their own countries has also been signed by all the country team lead institutions. Funds have been transferred to all countries apart from Niger and work is ongoing. Niger submitted their MOU late. There are also no funds available to make the transfer. The transfer will be made when the next funding becomes available.

COMMENTS

This activity is behind scheduled because in planning to complete it in the first six months of the project we did not take into account the need to form the country teams, review the protocol with the country team, enter into an MOU and obtain ethical clearance from the GHS ethical review committee before implementation. A more reasonable time frame in view of all this preparatory work needed is to have the research completed and reports available in the second year of the project rather than in the first six months

OBJECTIVE 5B. – SUMMATIVE EVALUATION RESEARCH

PROPOSALS FOR OBJECTIVE 5B

Summative evaluation research of what the project has achieved over two years will be conducted at the end of the second year of the project. WAHO will lead the organization of the summative evaluation research and will recruit an external consultant to assist them with this evaluation. Data collection will involve a desk review of project documents and reports, key informant interviews, and stakeholder discussions in the sub-regional best practices forum to be organized and led by WAHO. WAHO will recruit an external independent consultant towards the end of year three to conduct the summative external evaluation of what has been achieved by the project in relation to its objectives after three years.

ACHIEVEMENTS IN RELATION TO OBJECTIVE 5B

This activity is pending because it is not due yet.

PROJECT MANAGEMENT

1. MOU were drawn, discussed and reviewed, agreed upon and signed between the implementing partners. The implementing partners are:
 - 1.1. Alliance for Reproductive Health Rights [ARHR];
 - 1.2. Women in Media and Change [WOMEC];
 - 1.3. West Africa Health Organization [WAHO] and
 - 1.4. Ghana Health Service Research and Development Division /COMCAHPSS
 2. Ghana Health Service Research and Development Division /COMCAHPSS played the role of technical coordination for the implementing partners
 3. Country teams were formed in Sierra Leone, Burkina Faso, Cote d'Ivoire, Niger and Ghana and all countries have identified team leads as below. Changes from the original proposal are explained under (b)
 - 3.1. Sierra Leone – Fredline McCormark Hale
 - 3.2. Burkina Faso – Maurice Yaogo
 - 3.3. Cote d'Ivoire – Auguste Blibolo
 - 3.4. Niger – Abdoua Dagobe
 - 3.5. Ghana – Linda Lucy Yevo
 - 3.6. Senegal – Abdoulaye Diaw
 4. A country team was also formed in Senegal with funds under COMCAHPSS
- b. Highlight and explain significant changes that need to be made in the project design and implementation. This may include changes in methodology, schedule of activities, or project team members. Indicate any concerns about fully completing the project by the end date of your project.

The main changes are the adjustment of some of the timelines that were over ambitious – especially for the formative research. Also was the effort to cover the extra team members from some of the countries given the strong justification given by the country leads. We have done some buffering with funds from the related COMCAHPSS project to enable the Accra and Abidjan workshops to take place with the participation of Senegal.

- c. Propose any required amendments to the budget allocations – please give particular attention to the impact of the changing rate of the Canadian dollar. As noted in your grant agreement, IDRC limits its liability to the Canadian currency value. You may need to adjust your activities to available funds. This should be done in close consultation with your IDRC program officer.

LESSONS LEARNED FROM IMPLEMENTATION

Refer to the questions in the table below. We will use the feedback to improve our approach to supporting research teams. Please respond to each question with a maximum of 250 words.

Reflection Questions	Explanation
1. How has this phase of implementation differed from your expectations	We were also over ambitious in what could be done with the budgets available.
2. In thinking about this project and your initial expectations, what do you think has gone well?	We have been able to form country teams and the first and second capacity building workshop have taken place as planned. The country teams have formed a within country as well as between country network. They are communicating with each other by whatsapp and even going beyond the initial mandate and sharing experiences on Covid 19
3. In thinking about this project, what challenges were confronted?	We were over ambitious in what could be done with the budgets available and seriously under budgeted the program It will not be possible to run the third workshop in Burkan Faso until we succeed in our efforts t find co-funding
4. What would you do differently if you had to repeat the experience?	Be more realistic about what can be achieved in the time available with the budget available Have more funds for at least 2 rounds of the scorecard assessment and more days for training of journalists in a residential facility for impact
5. Has the project added value to your institution? How?	Value has been added in that the partners are able to implement ideas and plans and look forward to making a difference in the sub-region. Multi-professional multi-stakeholder networks involving public sector and CSO and Media have also been initiated and are developing and engaging very well within country and between countries
6. How would you evaluate the role and engagement by IDRC in the project until the present?	IDRC has been incredibly supportive and engaged which his really appreciated. IDRC has also been very ready to be flexible and understanding of unexpected challenges
7. Highlight any specific issues around the administration and management of the project not covered under the section 1. Review of project implementation, above.	In the absence of release of funds to cover administration the consortium is relying on its resources for implementation of the project
8. To conclude, do you have any other comments to make?	No

1. Completion of Technical Report Annex

The technical report annex is intended to serve as a monitoring tool not only for project results and outcomes, but also to inform follow-up discussion about research dissemination and uptake at various levels.

This is a 'living' document that is intended to accompany the project throughout its duration and serve as a cumulative reference for both your project team members and IDRC.

MATERNAL AND CHILD HEALTH PROGRAM

TECHNICAL REPORT ANNEX

Monitoring questions are organised against the IDRC-MCH program's immediate or intermediate outcomes, for internal purposes. Your individual project activities contribute significantly to achievement of these MCH and IDRC outcomes.

A summary of the outcomes is included in the box below. An explanation is provided for each question detailing the data needed. Please follow the directions and contact your IDRC programme officer if there are queries.

IDRC-MCH Outcomes

Immediate outcomes

1. Community members, health workers and decision makers use evidence
2. Generated evidence and innovations are well-positioned to influence policies, agendas and practices
3. Thought leadership supported on maternal, child and adolescent health and health information systems
4. MCH projects contribute to greater gender equality and health equity

Intermediate outcomes

1. Evidence is applied into regional, national and local plans to improve responsiveness and sexual and reproductive health and rights (SRHR)
2. Stronger national systems collect and use health information systems and vital statistics to respond to health needs
3. MCH projects inform discourses, policies and practices for greater gender equality and health equity

Project team members are invited to review each indicator's instructions and encouraged to provide both quantitative and qualitative data where applicable. We recognize that not every question will be relevant for your project, and especially for every report – please use your judgement to add relevant details. **Please do not delete any part of the form – please leave the section blank if you have nothing to report. This will help to build the cumulative report during the full period of implementation.** Finally, project team members are requested to indicate whether a particular result or update relates to any of the UN Sustainable Development Goals (SDGs)¹. Again, we request that you use your discretion in identifying the SDG outcomes.

¹ [Sustainable Development Goals \(SDGs\)](#)

IMMEDIATE OUTCOMES

1. COMMUNITY MEMBERS, HEALTH WORKERS AND DECISION MAKERS USE EVIDENCE

Number and nature of instances when project team members actively involve community (e.g. leaders, members, associations, civil society organisations) as part of this project

Guidance/Instructions

'Active involvement' can include, but is not limited to, introductory meetings to explain the project; establishment of regular briefing meetings; involvement in advisory committees; co-designing research and co-producing interventions; participating in the research itself; providing feedback on interim and final results; participating in developing and implementing an action plan; institutionalising the results through relevant means.

For each instance of engagement, please include a description of the purpose of engagement, the forum it is discussed in, the groups/individuals involved, and the outcome from that engagement. Where possible, please provide evidence of engagement such as photos, news links etc.

Please provide: Number and nature of connections established between project teams and community (e.g. leaders, community members, associations, civil society organisations). Complete one line in the table below for each instance of engagement.

Number of people involved	Description (purpose, forum, participants, outcome, evidence and any general comments) – maximum 250 words per row

Sustainable Development Goals

SDG 3: Good Health and Wellbeing

SDG 5: Gender Equality

SDG _____

Number and nature of instances when project team members are actively involved in policy making processes in the context of the project.

Guidance/Instructions

'Active' in this case includes but is not limited to having a speaking role, having an advisory role, authoring a portion of strategic documents, etc.

'Policy process' in this case includes but is not limited to annual reviews, parliamentary committees, policy dialogues, strategic planning meetings, etc., Policy processes can take place from local to national levels.

For each policy process engaged in, please include a description of the issue being discussed, the forum it is discussed in, the policy makers involved, who participated from the project team and the immediate outcome from those discussions. Where possible, please provide evidence of engagement such as photos, news links etc.

Please provide: Numbers of policy processes and outcomes in which project teams were actively involved. Each process and outcome should be counted as a discrete event. Complete one line in the table below for each event.

Date	Description (issue, forum, policy makers involved, project members, immediate outcomes, evidence and any general comments) - maximum 250 words per row

Sustainable Development Goals

- SDG 3: Good Health and Wellbeing
- SDG 5: Gender Equality
- SDG _____

Case examples of actors (e.g. service providers such as community health workers, policy makers, community leaders/members) referring to/applying evidence generated by the project to inform practices (e.g. service delivery, info provision, policy)-

Guidance/Instructions

For each case example, **please provide:** Description of how actors (e.g. service providers, policy makers, community leaders/members) are able to access, make sense and integrate evidence to inform their work. Please include what evidence was used, how it was made available, what changes it led to, and which group used this evidence. Where possible, please provide evidence of engagement such as photos, news links etc. Complete one line in the table below for each case.

Date	Description (which group of actors, how evidence was accessed, made sense of, integrated, used, made available; resulting changes; which groups used evidence and any general comments including links to evidence) - maximum 250 words per row

Sustainable Development Goals

- SDG 3: Good Health and Wellbeing
- SDG 5: Gender Equality
- SDG _____

2. GENERATED EVIDENCE AND INNOVATIONS ARE WELL-POSITIONED TO INFLUENCE POLICIES, AGENDAS AND PRACTICES

Number of project team members appointed or elected to national, regional or global committees/boards

Guidance/Instructions

'Appointments' or 'elections' in this case is intended to demonstrate recognition resulting from work emerging from this grant. While team members may already serve of boards prior to the start of the project, the intent is to identify more avenues opened as a result of the calibre and value of work emerging.

Please provide: Numbers, names and contributions of project team members on specific committees and boards. A short description of the title, purpose of the committee or board, and level (national, regional or global) is also required. Where possible, please provide evidence of engagement such as photos, news links etc. Complete one line in the table below for each team member's engagement with a specific body.

Team member	Description (Name of body, purpose of body, level, team member contribution and any general comments) - maximum 250 words per row

Sustainable Development Goals

- SDG 3: Good Health and Wellbeing
- SDG 5: Gender Equality
- SDG _____

Number of national, regional or global dialogues and discourses informed by evidence and processes produced by the project.

Guidance/Instructions 'Dialogues and discourses' refer to conferences, high-level meetings, working groups, steering committees, etc.

'Concretely informed' requires that results from the project have *directly* influenced the shaping of the meeting agenda or outcome.

Examples of informing dialogues or discourse could include membership in event steering and planning committees, invited guest speaker appearances; evidence reflection in conference statements, recommendations and commitments, policy changes, guideline updates, endorsement of contributions to research methodologies (eg encouraging participatory approaches, improved ethical practices) etc.

Please provide: Number and nature of instances when dialogues (specify national, regional or global) and discourses were concretely informed by evidence and processes produced by the project. Where possible, please provide evidence of engagement such as photos, news links etc. Complete one line in the table below for each team instance of influence.

Date	Description (Name of event/conference etc., evidence/process contributed, description of influence, example of evidence and any general comment) - maximum 250 words per row

Sustainable Development Goals

- SDG 3: Good Health and Wellbeing
- SDG 5: Gender Equality
- SDG _____

Number and nature of instances of project team members’ research, relating to the current grant, featured in the media

Guidance/Instructions

Please provide: number and evidence (links or copies) of media engagements. Examples include newspaper articles, op-eds, interviews, quotations, radio/television appearances, social media (such as blogs, Twitter tweets and shares, Facebook posts and likes, etc.). In the case of traditional media (radio, newspaper, television), please indicate how the opportunity arose (e.g., longstanding media linkages, lobbying, cold-contact media request etc.) Complete one line in the table below for each team instance of influence.

Date	Type and description of media engagement (with links or screenshots) - maximum 250 words per row

Sustainable Development Goals

- SDG 3: Good Health and Wellbeing
- SDG 5: Gender Equality
- SDG _____

Case examples of specific innovative interventions introduced by project stakeholders during implementation that target vulnerable populations

Guidance/Instructions

Here, innovation refers to any new idea, research method, product or social process introduced by project stakeholders in a specific context in efforts to make changes in already-established processes. It could have been planned or could emerge during implementation.

Please provide: a description of the interventions from your project targeting vulnerable populations. Include descriptions of what the intervention is, how it was identified / developed, how it was deployed, what the outcomes to date are etc. Where possible, please provide evidence of engagement such as photos, news links etc. Complete one line in the table below for each innovative intervention.

Date	Description (nature of the innovative intervention, how it was identified, was it planned or did it emerge during implementation, deployment, outcomes, evidence) - maximum 250 words per row

Sustainable Development Goals

- SDG 3: Good Health and Wellbeing
- SDG 5: Gender Equality
- SDG _____

Number and nature of project’s progress or outcomes that directly inform and support scaling up for expanded coverage and quality of adolescent and sexual reproductive health services, and health information systems.

Guidance/Instructions

Expanded service coverage refers to increased scope (either geographically, numerically, or with new/different populations) of delivery of ASRH services.

Improved quality of services refers to increased quality (client safety, service effectiveness, client experience, demand-driven service) of ASRH services.

Expanded HIS coverage refers to increased scope (either geographically, numerically, or with new/different populations) of data feeding into health information systems

Improved HIS quality refers to data production that is timely, accurate, valid, consistent and complete, to feed into health information systems.

Please provide description of how the undertaking or outcomes of the project to date have *directly* supported one or more of the above being scaled up. Scale up will necessarily include the engagement of other actors. Where possible, please provide evidence of engagement such as photos, news links etc. Complete one line in the table below for each innovative intervention.

Title of scale up outcome (5-7 words)	Description of progress/outcomes directly informing/supporting scaling up (what was scaled? How? What actors are involved? - maximum 250 words per row)

Sustainable Development Goals

- SDG 3: Good Health and Wellbeing
- SDG 5: Gender Equality
- SDG _____

3. THOUGHT LEADERSHIP SUPPORTED ON MATERNAL, CHILD AND ADOLESCENT HEALTH, AND HEALTH INFORMATION SYSTEMS

Number of people whose leadership skills have been enhanced as a result of the project during the current reporting cycle.

Guidance/Instructions

Research leadership skills here encompass: Leading skills (vision, influence, problem-solving, negotiation, mentoring/coaching), Interpersonal skills (communicating, listening, attitude, acknowledging views of others, self-awareness, networking), and research management skills (designing a research study, grant writing, budgeting, chairing meetings)

Please provide description of number of people whose leadership skills have been enhanced, which skills, and how. Include any examples of how leadership skills have been applied. Where possible, please provide evidence of engagement such as photos, news links etc. Complete one line in the table below for each leadership enhancement activity. The number involved could be one or more depending on the specific leadership enhancement activity. Do **not** include those supported to undertake post-graduate studies (masters, doctorates)

Number of people whose leadership was enhanced	Description (Type and description of skills, method of leadership enhancement; number of people supported; how skills have been applied if known and any general comments) - maximum 250 words per row

Sustainable Development Goals

- SDG 3: Good Health and Wellbeing
- SDG 5: Gender Equality
- SDG _____

Number of researchers (including students and young researchers) receiving prestigious awards as a result of recognition from this research.

Guidance/Instructions

‘Prestigious awards’ in this case is intended to demonstrate recognition resulting from work emerging from this grant. While team members may hold positions or awards of esteem, the intent is to identify more avenues opened as a result of the calibre and value of work emerging.

Please provide: numbers and names of project team members receiving prestigious awards. These may include from the university, government, private sector, or international awards. Please include the name and description of the award, and evidence (announcement, photo, etc.). Complete one line in the table below for each award received

Name of Person honoured	Description (indicate if person is student, junior researcher, senior researcher etc. Include name and description of award; source of award; evidence and any general comments - maximum 250 words per row

Sustainable Development Goals

- SDG 3: Good Health and Wellbeing
- SDG 5: Gender Equality
- SDG _____

Number of publications (e.g. peer-reviewed, book chapters, grey literature etc.) produced by project team members

Guidance/Instructions

Please provide full citation and abstract of articles published or in press. Complete one line in the table below for each citation.

Date and type of Publication	Type and description of publication (with full citation and abstract link, where applicable) - maximum 250 words per row

Sustainable Development Goals

- SDG 3: Good Health and Wellbeing
- SDG 5: Gender Equality
- SDG _____

Number of graduate students supported (target of 40% women) during the current timeframe of the project

Guidance/Instructions

Please provide the numbers, names and sex of masters and doctoral students funded through this project. Please provide the name and abstract of their thesis work. Include the status (ongoing or completed) – students’ details will be highlighted for each reporting cycle that they are being supported. Complete one line in the table below for each student.

Student name	Sex	Support received (e.g. Masters, PhD, short course)	Research Title/abstract	Status (ongoing; completed)

Sustainable Development Goals

- SDG 3: Good Health and Wellbeing
- SDG 5: Gender Equality
- SDG _____

Number of emerging leaders supported during the project’s timeframe.

Guidance/Instructions

Emerging leaders is defined as “a person who has completed training and some research, usually as part of a PhD or post-doctoral program, or in an early to mid-career position in a university, think tank, research lab, public or private agency. They lead smaller research teams or play an important but secondary role in larger research teams. They display potential to play a stronger role in the development of innovation from proof of concept to adoption at scale and/or are beginning to engage with policy makers and practitioners, providing evidence to inform discussions about economic change processes.”

Please provide the number and names of emerging leaders supported as a result of the project, indicating the nature of support, and how this led to a change in their capacity to lead [research]. Where possible, please provide evidence of engagement such as photos, news links etc. Complete one line in the table below for each emerging leader.

Name of emerging leader	Relationship to the project	Description (nature of support rendered, changes in capacity, evidence, and any general comment) - maximum 250 words per row

Sustainable Development Goals

- SDG 3: Good Health and Wellbeing
- SDG 5: Gender Equality
- SDG _____

Number of established project thought leaders supported to advance policy, practice, field building etc. as a result of the project.

Guidance/Instructions

Here, ‘thought leaders’ is defined as: “an established research leader who is recognized as an authority in a research field and whose expertise is sought and often rewarded. They use their expertise and influence to help advance solutions to support positive change”.

Please provide number and names of thought leaders supported as a result of the project. Indicate how thought leaders have advanced field building, policy and practice etc. as a result of this support. Where possible, please provide evidence of engagement such as photos, news links etc. Complete one line in the table below for each established thought leader.

Name of established thought leader	Relationship to the Project	(Description of support rendered through the project; of subsequent advances and changes made by the thought leader) - maximum 250 words per row

Sustainable Development Goals

- SDG 3: Good Health and Wellbeing
- SDG 5: Gender Equality
- SDG _____

4. MCH PROJECTS CONTRIBUTE TO GREATER GENDER EQUALITY AND HEALTH EQUITY

Stories of change in gender norms and practices at the community level (including community members, community institutions, community service providers etc.) or broader decision-making and implementation levels (including district and national levels)

Guidance/Instructions

Please provide a narrative and/or profile featuring a particular person or episode benefiting from changes in gender norms and practices at the community level. Please include quotes from the person/people, and a clear, high-resolution photo of the person/setting (please also include proof of consent for photos and narrative). Please count each story as a discrete example. Where possible, please provide evidence of engagement such as photos, news links etc. Complete one line in the table below for each story.

Title of change story (5-7 words)	Description of change, copy of high-resolution photo, link to stories etc. - maximum 250 words per row

Sustainable Development Goals

SDG 3: Good Health and Wellbeing

SDG 5: Gender Equality

SDG _____

Number of research outcomes that are gender responsive

Guidance/Instructions

‘Gender-responsive’ means that gender is considered in the research project’s rationale, design, and methodology, and is rigorously analysed to inform implementation, communication, and influence strategies. Gender responsive research does not (yet) address structural power relations that lead to gender inequalities.

Please provide details on gender-responsive outcomes to date. Please include which strategies and questions were used by the team to consider integration and analysis of sex and gender. Include reflections on the application of strategies and achievement or not of the outcomes (what worked? What challenges? What lessons?) Where possible, please provide evidence of outcome such as photos, news links etc. Complete one line in the table below for each gender-responsive outcome

Title of gender-responsive outcome (5-7 words)	Description (research outcomes; strategies and questions used; analytical framework; reflections and lessons; evidence and any general comments) - maximum 250 words per row

Sustainable Development Goals

- SDG 3: Good Health and Wellbeing
- SDG 5: Gender Equality
- SDG _____

Number of research outcomes that inform or contribute to gender transformation

Guidance/Instructions

‘Gender transformation’ means that research examines, analyses and builds an evidence-base to inform long-term practical changes in structural norms, roles and inequalities that define the differentiated experiences of men and women. Gender transformative research should lead to sustained change through action (e.g., partnership, outreach, and interventions)

Please provide details on gender-transformative outcomes to date. Please include which strategies and questions were used by the team to consider integration and analysis of sex and gender (you may refer to IDRC annex). Include reflections on the application of strategies and achievement or not of the outcomes (what worked? What challenges? What lessons?) Where possible, please provide evidence of outcome such as photos, news links etc. Complete one line in the table below for each gender-transformative outcome

Title of gender-transformative outcome (5-7 words)	Description (research outcomes; strategies and questions used; analytical framework; reflections and lessons; evidence and any general comments) - maximum 250 words per row

Sustainable Development Goals

- SDG 3: Good Health and Wellbeing
- SDG 5: Gender Equality
- SDG _____

INTERMEDIATE OUTCOMES

1. EVIDENCE IS APPLIED INTO REGIONAL, NATIONAL AND LOCAL PLANS TO IMPROVE RESPONSIVENESS AND RIGHTS TO SRHR

Number of project team members influencing policy agendas

Guidance/Instructions

'Influencing policy agendas' in this case refers to shaping the set of topics, problems, issues or solutions getting attention from those in decision-making positions at local, national, regional or global levels.

Please provide numbers and names of team members who have influenced agendas in the past 6 months. Please include details of the agenda issue, the nature of the influence, and how/where on the policy agenda it is. This result is likely to build on the many steps achieved under the previous 'immediate outcomes' section.

Where possible, please provide evidence of outcome such as photos, news links etc. Complete one line in the table below for each influence outcome

Title of influence outcome (5-7 words)	Description (number of project team members involved, details of agenda issue, nature of influence, aspect of agenda influenced, evidence, reflections and lessons about influence process and any general comment) - maximum 250 words per row

Sustainable Development Goals

SDG 3: Good Health and Wellbeing

SDG 5: Gender Equality

SDG _____

Stories of policy changes to improve health outcomes

Guidance/Instructions

Please provide a narrative and/or profile featuring a particular person or episode benefiting from policy change to improve health outcomes. Where possible, When possible, please include quotes from the person/people, and a clear, high-resolution photo of the person/setting (please also include proof of consent for photos and narrative). Alternatively indicate if you require support to develop a significant story. Please count each story as a discrete example. Complete one line in the table below for each story.

Title of policy change outcome	Description (story of policy change) - maximum 250 words per row

(5-7 words)	

Sustainable Development Goals

- SDG 3: Good Health and Wellbeing
- SDG 5: Gender Equality
- SDG _____

Number of policy, strategy and/or practice changes at local levels

Guidance/Instructions

Please provide details of policy or practice change specific to the level at which your project is acting. For example, if at health facility level, which specific guideline or procedural changes have taken effect as a direct result of the project? If at community level, which specific processes have changed as a result of the project? Please provide number of changes, details on the change itself, and factors enabling or disabling change.

Where possible, please provide evidence of outcome such as photos, news links etc. Complete one line in the table below for each change outcome

Title of change outcome (5-7 words)	Description (specific policy, strategy and/or practice change at local levels, extent of changes; enabling or disabling changes; reflections and lessons on the process, evidence, and any general comments - maximum 250 words per row)

Sustainable Development Goals

- SDG 3: Good Health and Wellbeing
- SDG 5: Gender Equality
- SDG _____

Number of policy, strategy and/or practice changes at national or regional levels

Guidance/Instructions

Please provide number of changes, details on the change itself, and factors enabling or disabling change. Please also include whether national and regional level changes are connected to local level change in any way. Where possible, please provide evidence of outcome such as photos, news links etc. Complete one line in the table below for each change outcome

Title of change outcome	Description (policy, strategy and/or practice change at national/regional levels; enabling/disabling factors; link to local levels; reflections and lessons; evidence and any general comments) - maximum 250 words per row

(5-7 words)	

Sustainable Development Goals

- SDG 3: Good Health and Wellbeing
- SDG 5: Gender Equality
- SDG _____

Number of transformative organisations supported as a result of IDRC investment

Guidance/Instructions

A ‘transformative organization’ is defined as one which produces high quality evidence and informs policy, practice and innovation debates and development. It commissions studies to inform public and/or private services, programming or policy. It supports network discussions, events and reports that lead to significant changes in government policy or community or corporate practice. It initiates new strategic partnerships or coalitions for change.

For grantee institution: please provide description of how your own organisation has been supported to become a transformative organisation; what has been done; what were the results? What worked? What challenges were faced?

For other institutions: provide description of how your own organisation has supported other organisations to become transformative organisations; what has been done; what were the results? What worked? What challenges were faced?

Where possible, please provide evidence of outcome such as photos, news links etc. Complete one line in the table below for each institution

Name of Transformative institution	Description (support received / provided to becoming a transformative organization; what results? reflections and lessons, evidence, and any general comments) - maximum 250 words per row

Sustainable Development Goals

- SDG 3: Good Health and Wellbeing
- SDG 5: Gender Equality
- SDG _____

Stories of thought leader influence

Guidance/Instructions

Briefly describe how this project has contributed to the furtherance of each thought leaders’ (listed above) authority, expertise and influence in their field. Please give details of the change: how this has happened, and why you think it has happened. Please count each story as a discrete example, and each example should relate to stories arising as a

result of the project. Where possible, please provide evidence of outcome such as photos, news links etc. Complete one line in the table below for each story

Name of thought leader	Description (story of thought leader influence) - maximum 250 words per row

Sustainable Development Goals

SDG 3: Good Health and Wellbeing

SDG 5: Gender Equality

SDG _____

2. STRONGER NATIONAL SYSTEMS COLLECT AND USE HEALTH INFORMATION SYSTEMS AND VITAL STATISTICS TO RESPOND TO HEALTH NEEDS

Number of research project innovations being widely used and adopted to strengthen national health systems to collect and use data, health information, vital statistics and evidence.

Guidance/Instructions

'Innovations' can encompass practices, standards, approaches or mechanisms that were not previously used in the research context but now offer a sustainable, effective and community-supported solution to an issue/barrier/situation.

Please provide details on the innovation, who it is being used by, and how it is being adopted. Where possible, please provide evidence of outcome such as photos, news links etc. Complete one line in the table below for each story

Title of Innovation (5-7 words)	Description (project innovation details; context of use / adoption; who used by; evidence; reflections and lessons; evidence; any general comments) - maximum 250 words per row

Sustainable Development Goals

SDG 3: Good Health and Wellbeing

SDG 5: Gender Equality

SDG _____

3. MCH PROJECTS INFORM DISCOURSES, POLICIES AND PRACTICES FOR GREATER GENDER EQUALITY AND HEALTH EQUITY

Stories of change in discourses, policies and practices at national, regional or global levels

Guidance/Instructions

Please provide a narrative and/or profile featuring a particular person or episode benefiting from discourse, policy and practice change at local, national, regional or global levels. Please include quotes from the person/people, and a clear, high-resolution photo of the person/setting (please also include proof of consent for photos and narrative) Where possible, please include quotes from the person/people, and a clear, high-resolution photo of the person/setting (please also include proof of consent for photos and narrative). Alternatively indicate if you require support to develop a significant story. Please count each story as a discrete example. Complete one line in the table below for each story.

Title of change story (5-7 words)	Description (details about the type of change, details about the change, the level where the change occurred, and evidence supporting the change story) - maximum 250 words per row

Sustainable Development Goals

- SDG 3: Good Health and Wellbeing
- SDG 5: Gender Equality
- SDG _____