COMCAHPSS MID-TERM REVIEW

FINAL REPORT

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EXECUTIVE SUMMARY

Introduction

The Consortium for Mothers, Children, Adolescents, and Health Policy and Systems Strengthening (COMCAHPSS) is a South-South capacity building and networking partnership for leadership, research and practice to support health policy, systems strengthening for improved maternal, newborn, child and adolescent health (MNCAH) outcomes improvement in the ECOWAS sub-region and Cameroon. The Consortium comprises of 19 partners from 9 countries and is funded for a five-year period from 1st April 2016 to 31st March 2021 by an IDRC commitment.

The consortium aims to conduct multi-level capacity building and networking at individual, institutional and country level in West Africa and Cameroon for leadership in Health Policy and Systems (HPS) and Maternal Newborn Child and Adolescent health (MNCAH) research and practice to support context-relevant and effective policy and program decision making and implementation for MNCAH improvements in West Africa; and to monitor and evaluate the processes and impact of the program and lessons. The specific objectives of the COMCAHPSS project are:

1. Strengthen **health leadership capacity** for research, innovation and change for decision making and implementation of high quality, effective, efficient and equitable MNCAH programs and services that improve outcomes in West Africa and Cameroon
2. Strengthen **Health Policy and Systems and MNCAH research capacity** in West Africa and Cameroon to generate evidence to support context-relevant and effective policy and program decision making and implementation of quality, effective and efficient Maternal, Newborn, Child and Adolescent Health (MNCAH) services and outcomes in West Africa
3. Strengthen researcher ability to work with decision makers and implementers to identify relevant research agendas, generate, package and disseminate research information to support **policy development and implementation** in West Africa and Cameroon
4. Support and develop multi-disciplinary **multi-level leadership and research networks** for HPS and MNCAH in West Africa and Cameroon

5. Collaborate with WAHO at the contextual level to promote the use of evidence for MNCAH programs and HPS strengthening for improved MNCAH outcomes in West Africa
6. Monitor and evaluate the processes and impact of the program and lessons

Mid-term Review Terms of Reference

This mid-term review set out to answer the following questions:

- Are the governance mechanisms and structures of the program appropriate and working as they should?
- Is the COMCAHPSS theory of change and programme concept appropriate?
- What has the program been able to achieve or not achieve in the light of its conceptual framework and program theory and starting objectives and why?
- To improve the program outputs and outcomes; are there any needed revisions to the programme goals, aims and objectives, program theory, interventions, approach to partnership, program implementation

Methods

We employed a qualitative case study approach. We collected primary data from 7 out of the 9 COMCAHPSS partner countries. We conducted country visits and conducted face to face interviews from two purposely selected countries where the programme is being implemented namely Ghana and Niger and did phone and skype interviews in the remaining 5 countries. We collected data through a combination of key informant interviews (no 26), document reviews, and a deliberative workshop. We sought and obtained ethics approval from the Ghana health service ethical review committee.

Results

Governance of COMCAHPSS

Some partners felt that the governance arrangements of the programme were appropriate, transparent, and adequate. However, others felt that the programme's governance mechanism and communication is not sufficiently inclusive.

Progress against COMCAHPSS Planned Activities

The programme made good progress on the implementation of its planned activities. However, several activities were not implemented in the planned period. This was attributed to resource limitations occasioned by a reduction of the original grant budget request. It is notable that additional funds have been mobilized through the new WNCAW grant that will facilitate the implementation of activities that previously did not have funding. Table 6 of the main report outlines progress against specific COMCAHPSS objectives and capacity development interventions.

Appropriateness of the COMCAHPSS Objectives, Theory of Change, Approach to Partnership

The COMCAPHSS theory of change and programme concept, were thought to be appropriate and relevant to their context because they address capacity gaps in HPS and MNCAH leadership, research and practice that had been found to exist in West Africa. However, there was a sense that the theory of change was more conceptual, did not show a clear link between programme activities and goals, and did not lend itself to measurement.

There is a sense that COMCAHPSS's range of planned interventions and activities is overambitious and unlikely to be fully implemented with available human and financial resources. Consortium partners also felt that while the programme is likely to enhance individual capacity, there was concern about the programmes ability to impact on organizational capacity.

Shared values included working together/solidarity, excellence, and Transparency. The opportunity to network with other organizations and individuals, and across countries and disciplines as well as the opportunity to learn, to develop leadership skills, and mentorship were considered valuable benefits of the COMCAHPSS partnership. The time allocated to COMCAPHSS activities was considered the greatest cost of the partnership.

Recommendations

This review makes the following recommendations.

1) We recommend that the programme establishes a programme coordination team whose membership is drawn from each of the consortium partners and that this coordination team meets virtually every quarter.
2) We also recommend that the programme develops and shares a consortium newsletter that provides updates on the programme's activities and related activities of its members and shares this newsletter on email to all its individual members quarterly.
3) COMCAPHSS should consider the development of a directional theory of change that clearly links programme activities with its goals and has measurable indices. Figure 4 of the main report outlines a draft of the proposed theory of change.
4) We recommend that COMCAHPSS undertakes a process of prioritization of interventions and activities, in collaboration with its stakeholders and funders, to agree on a feasible set of interventions and activities. This process should be done in a way that does not compromise the ability of the programme to achieve its goals
5) In this prioritization process, the COMCAHPSS should give greater priority to those interventions and activities that are aimed at organizational capacity development.
6) Further the implementation of these activities should be accompanied by intensified engagement of target organizations leadership rather than just individuals within these organizations. This will enhance the buy in and impact of these interventions at the organizational level

INTRODUCTION

There is increasing recognition that the effective delivery of priority healthcare interventions, such as maternal neonatal, child and adolescent health interventions (MNCAH) requires strong health systems (WHO, 2007; Bennett *et al.*, 2010). Among others, strong health systems require capacities in leadership and practice (implementation). There is also appreciation of the critical role that health systems and policy research plays in strengthening health systems (WHO, 2012). There is therefore a need for capacity development interventions aimed at strengthening health policy and systems in LMICs.

The Consortium for Mothers, Children, Adolescents, and Health Policy and Systems Strengthening (COMCAHPSS) is a South-South capacity building and networking partnership for leadership, research and practice to support health policy, systems strengthening for improved maternal, newborn, child and adolescent health (MNCAH) outcomes improvement in the ECOWAS sub-region and Cameroon. The Consortium comprises of 19 partners from 9 countries as outlined in table 1:

Table 1: COMCAHPSS consortium partners and countries

Country	Consortium partner
Benin (Francophone)	1. Center for Research in Human Reproduction and Demography (CERRHUD)
Burkina Faso (Francophone)	2. WAHO 3. West Africa Health Research Network (WAHRNET) 4. Institut Supérieur des Sciences de la Population (ISSP)
Cameroun (Bilingual Anglophone/Francophone)	5. Biotechnology Centre 6. The Centre for the Development of Best Practices in Health (CDBPH) 7. Higher Institute for Growth in HEalth Research for Women (HIGHER Women)

Cote d'Ivoire (Francophone)	8. Université Houphouet Boigny /Ivorian Public Health Association
Ghana (Anglophone)	9. University of Ghana (UG) 10. Ghana Health Service Research and Development Division (GHS RDD) 11. Ghana institute of Management and Public Administration (GIMPA) 12. ABANTU for Development 13. African Media and Malaria Research Network (AMMREM)
Mali (Francophone)	14. L'Institut National de Recherche en Santé Publique (INRSP)
Niger (Francophone)	15. Laboratoire d'Etudes et de Recherche sur les Dynamiques Sociales et le Développement Local (LASDEL)
Nigeria (Anglophone)	16. College of Medicine University of Nigeria Enugu Campus (COMUNEC) 17. National Primary Health Care Development Agency (NPHCDA) 18. Health Reform Foundation of Nigeria (HERFON)
Senegal (Francophone)	19. Institut de Santé et Développement (ISED)
South Africa	20. University of Cape Town 21. University of Western Cape

COMCAHPSS is funded for a five-year period from 1st April 2016 to 31st March 2021 by an IDRC commitment of up to approximately CAD 1,000,000 (USD 800,000). The original budget to enable full implementation of the program as originally conceived as CAD 2,400,000 (USD 2,000,000). The program therefore retained the original vision but scaled back the interventions to an essential core and has been involved in a continuous process

of trying to find additional funding to bring implementation back as close as possible to the original concept.

The consortium aims to conduct multi-level capacity building and networking at individual, institutional and country level in West Africa and Cameroon for leadership in Health Policy and Systems (HPS) and Maternal Newborn Child and Adolescent health (MNCAH) research and practice to support context-relevant and effective policy and program decision making and implementation for MNCAH improvements in West Africa; and to monitor and evaluate the processes and impact of the program and lessons. The specific objectives of the COMCAHPSS project are:

7. Strengthen **health leadership capacity** for research, innovation and change for decision making and implementation of high quality, effective, efficient and equitable MNCAH programs and services that improve outcomes in West Africa and Cameroon
8. Strengthen **Health Policy and Systems and MNCAH research capacity** in West Africa and Cameroon to generate evidence to support context-relevant and effective policy and program decision making and implementation of quality, effective and efficient Maternal, Newborn, Child and Adolescent Health (MNCAH) services and outcomes in West Africa
9. Strengthen researcher ability to work with decision makers and implementers to identify relevant research agendas, generate, package and disseminate research information to support **policy development and implementation** in West Africa and Cameroon
10. Support and develop multi-disciplinary **multi-level leadership and research networks** for HPS and MNCAH in West Africa and Cameroon
11. Collaborate with WAHO at the contextual level to promote the use of evidence for MNCAH programs and HPS strengthening for improved MNCAH outcomes in West Africa
12. Monitor and evaluate the processes and impact of the program and lessons

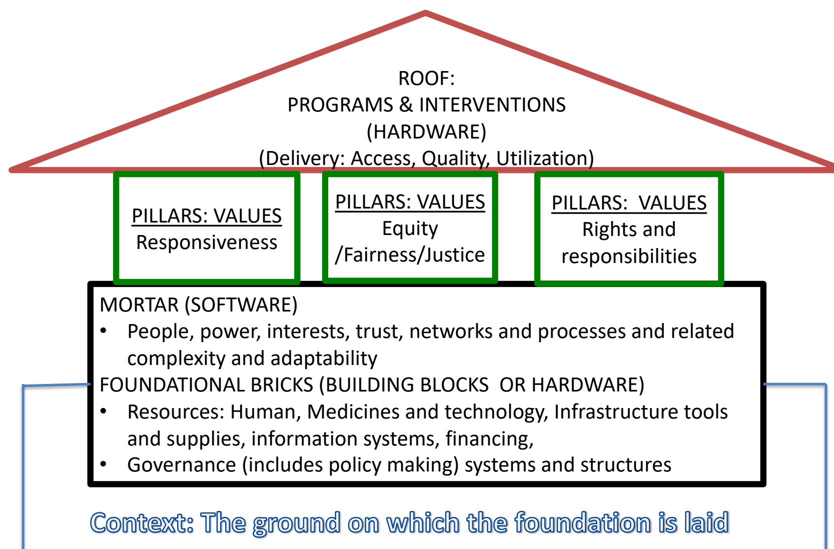
COMCAHPSS Conceptual framework /Theory of change

COMCAHPSS underlying theory is that strong health systems are the foundation for the delivery of interventions that protects the health of mothers, new-born, children and adolescents and the health system is conceptualized as a shelter. The conceptual framework guiding the design and implementation of the interventions in the program theorizes that health systems are the foundation and the infrastructure on which interventions to improve MNCAH rest. MNCAH programs designed and implemented without attention to a strong health systems foundation may produce results in the short term but sustainability will be a problem and the programs will lack resilience. The resilience of MNCAH programs is bound to the resilience of the health system in which they operate. A full description of this conceptualization of the health systems as diagrammed in figure 1, and which informs the COMCAHPSS interventions can be found in Agyepong et al 2017 [[1]]. The project therefore tries to put in place interventions that will inform the development of strong and resilient health systems within West and Central Africa that support and enable strong and resilient interventions that improve MNCAH outcomes. Specifically, the interventions are intended to:

- build and support research and practice conduct and leadership, especially research of the kind that spans Health Policy and Systems and Maternal, New-born, Child and Adolescent health boundaries
- support networking and advocacy within and between country health systems in West Central Africa
- Catalyse innovation for health systems development that supports use of research evidence to inform scale-up and implementation of proven, effective MNCAH interventions.

[1] Agyepong I.A., Kwamie A., Frimpong E., Defor S., Ibrahim A., Aryeetey G.C., Lokossou V., Sombie I. Spanning Maternal Newborn and Child Health (MNCH) and Health Policy and Systems (HPS) Boundaries: Conducive and Limiting health system factors to improving MNCH outcomes in West Africa. Health Research Policy and Systems 2017 15 (Suppl 1):54

Figure 1: Conceptual Framework – The Health System as a shelter

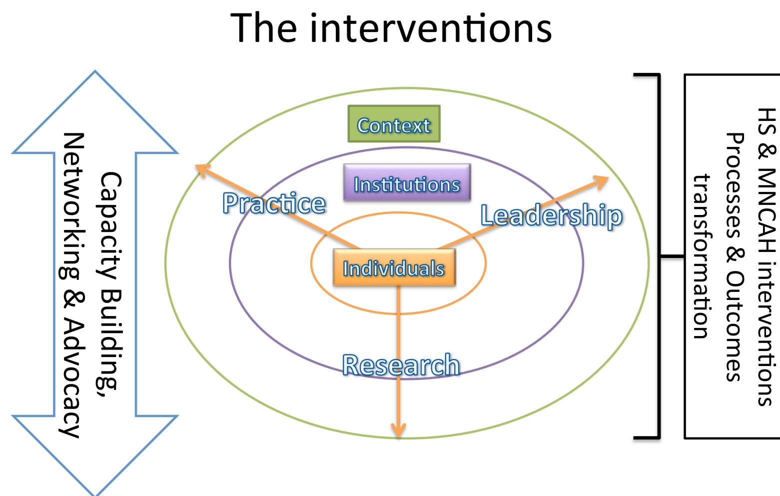


Capacity is the ability to perform and produce desired outcomes. Capacity is multi-level depending on individuals and their networks, but also depending on the institutions and the context within which they work. Catalysing and strengthening capacity building ha to consider individuals, the institutions within which individuals are embedded and the context within which the institutions are embedded.

Individual level capacity refers to what competencies are needed to enable leadership performance, and whether individuals in strategic leadership positions or aiming to occupy strategic leadership positions are sufficiently knowledgeable, skilled and experienced in terms of these competencies and whether they are also confident and motivated to perform the functions of strategic leadership adequately. Institutional capacity refers to the capacity of the organizations and institutions within which individuals work to support the required performance. Indicators of organizational capacity include the design of the organization, infrastructure, tools and other resource availability and appropriateness, including staffing numbers, skills mix and distribution in relation to the tasks to be performed. Organizational culture which refers to "how things are done around here – both written and unwritten"; and organizational climate which refers to "how it feels to work around here" are closely related concepts that are also part of organizational capacity. Contextual or environmental capacity refers to the wider international, national

or sub-national context within which institutions function. Figure 2 is a diagrammatic representation of the conceptual framework of the interventions.

Figure 2 – Conceptual framework of the interventions



Because of the intersecting themes of research, practice and leadership at multiple levels against capacity building, networking and advocacy to strengthen these themes, the interventions in this program are best described in detail with a grid. Table 2 does this to categorize the planned interventions of this program, and relate them to the program objectives.

Table 2 – Program interventions and objectives[2]

<table>
<tr><th></th><th colspan="2">Individual & institutional level</th><th>Contextual level</th></tr>
<tr><td>Themes</td><td>Capacity building
(Objectives 1 – 3)</td><td>Networking
(Objective 4)</td><td>Collaboration with WAHO as an HPRO
(Objective 5)</td></tr>
<tr><td>Leadership (Objective 1)</td><td>• West African bi-annual seminars: Leadership modules
• leadership mentorship program
• Support to Pan African DrPH program development and implementation</td><td rowspan="2">• West African emerging HPS research and practice network (WANEL)
• Communities of practice
• Global conference e.g. HSG participation support grants for emerging leaders with accepted abstracts
• Annual partnership meetings</td><td rowspan="2">Promotion of the use of evidence for decision making
Strengthened collaboration between researchers and decision makers</td></tr>
<tr><td>Research (Objective 2)</td><td>• West African bi-annual seminars: HPS and MNCAH research modules
• HPS and MNCAH research projects
• Research supervisor/mentor program
• Specialist Master's program
• Peer-reviewed journal publication support</td></tr>
</table>

[2] interventions that have been completely dropped because the proposals only obtained about a third of the budget needed for full implementation are highlighted in yellow. Those that have been scaled back are highlighted in green

Practice (Objective 3)	• West African bi-annual seminars: Researchers "how to" work with decision makers and implementers modules • Research communication interventions • Researcher, media and civil society engagement program		

Monitoring and Evaluation (Objective 6)	• Qualitative process documentation
	• Quantitative output and impact documentation
	• Evaluation of the program ('how' and 'why' the program works to produce the documented impacts)
	  ○ Internal (In PHD sub-projects)
	  ○ External (Mid-term)		

March 31st 2018 marked 2 years of program implementation. It is important to have a mid-term external review of the program to inform the second half of its existence. This will enable learning and improvement from the first half of its existence.

Mid-term Review Terms of Reference

The terms of reference articulate the focus of the external mid-term review to be to assess the reasonableness of the COMCAHPSS theory of change, assess the processes that the COMCAHPSS Program has employed in implementation; why and how they are working or not working; their relevance to the program theory of change and whether any changes in program direction are needed to improve the chances of attaining the goals of the COMCAHPSS program.

Specific questions to be answered include:

- Are the governance mechanisms and structures of the program appropriate and working as they should?
- What has the program been able to achieve or not achieve in the light of its conceptual framework and program theory and starting objectives and why?
- Is the COMCAHPSS theory of change and programme concept appropriate?
- To improve the program outputs and outcomes; are there any needed revisions to the programme goals, aims and objectives, program theory, interventions, approach to partnership, program implementation

METHODS

Study Design

We employed a qualitative case study approach. A case study has been defined by as an empirical inquiry that investigates a contemporary phenomenon within its real-life context (Yin, 2003). Several features of the case study approach have informed its adoption for this inquiry. First, the case study approach is considered suitable to inquiries into phenomena that are highly contextual. Second, the case study approach is considered appropriate for the study of complex social phenomena(Yin, 2003; de Lange and Flyvbjerg, 2011). Capacity development is considered a complex social process that involves the interactions between capacity development initiatives and their attributes, individual level, institutional and organizational level, and contextual factors. Social processes are complex and unlikely to yield universal truths or accurate predictions(Flyvbjerg, 2001). An appropriate analysis should therefore aim to develop concrete, context dependent knowledge (Flyvbjerg 2001). Finally, case studies are also suited to obtaining multiple perspectives and experiences of a wide range of different stakeholders(Yin, 1999).

We collected primary data from 7 out of the 9 COMCAHPSS partner countries. We conducted country visits and conducted face to face interviews from two purposely selected countries where the programme is being implemented namely Ghana and Niger, and did phone and skype interviews in the remaining 5 countries. We collected data through a combination of key informant interviews, document reviews, and a deliberative workshop.

Data Collection

Key Informant Interviews

We used key informant interviews to obtain information about the COMCAHPSS programme from the perspective and experiences of a relevant range of programme stakeholders(Kvale, 1996). The selection of participants for key informant interviews was purposive with the aim of selecting individuals who are stakeholders of the COMCAHPSS programme and have in-depth knowledge of the programme. This included CAMCAHPSS implementers, beneficiaries, and other identified stakeholders. We planned to select approximately 10 interviewees per country in Ghana and Niger, to make a total of approximately 20 interviews. Additionally, we planned to use phone and skype interviews to obtain opinions and perspectives from an additional 10 – 15 COMCAHPSS partners in other countries in West Africa and Cameroon that we were unable to actually visit within the time frames and resource constraints of this study. Table 3 outlines the number and distribution of key informants that have been interviewed to date:

Table 3: Interviewed key informants

Partner country	Number interviewed	Category	Number interviewed
Ghana	9	Academic/Researcher	7
		Policy Maker/Implementor	2
Niger	7	Academic/Researcher	7
		Policy Maker/Implementor	-
Nigeria	3	Academic/Researcher	1
		Policy Maker/Implementor	2
Cote d'Ivoire	1	Academic/Researcher	1
		Policy Maker/Implementor	-
Benin	2	Academic/Researcher	-
		Policy Maker/Implementor	2
Senegal	2	Academic/Researcher	1
		Policy Maker/Implementor	2
Burkina Faso	2	Academic/Researcher	1
		Policy Maker/Implementor	1
Total	**26**		**26**

Document Reviews

We obtained and reviewed documents that contain information on the COMCAPHSS programme. This included COMCAHPSS project proposal, project overview documents, project reports, and any other relevant documents that will were available for review.

Deliberative Workshop

We carried out a deliberative workshop during the COMCAPHSS annual advisory board meeting. A total of 5 advisory board members, and 20 COMCAPHSS partner members from 5 countries attended and participated in the deliberative workshop. In this workshop, we fed back preliminary findings of the mid-term review, and held discussions on the COMCAPHSS theory of change, and the nature of partnerships. Table 4 outlines the methods used to answer the review questions.

Table 4: Review questions and methods used to answer the questions

<table>
<tr><th>Mid-term review questions</th><th>Methods used to answer the questions</th></tr>
<tr><td>1. Are the governance mechanisms and structures of the program appropriate and working as they should?</td><td rowspan="3">• Review of programme documents
• in-depth interviews</td></tr>
<tr><td>2. Is the COMCAHPSS theory of change and programme concept appropriate?</td></tr>
<tr><td>3. What has the program been able to achieve or not achieve in the light of its conceptual framework and program theory and starting objectives and why?</td></tr>
<tr><td>4. To improve the program outputs and outcomes; are there any needed revisions to the programme goals, aims and objectives, program theory, interventions, approach to partnership, program implementation</td><td>• Review of programme documents
• In-depth interviews
• Stakeholder deliberative workshop</td></tr>
</table>

Data Management and Analysis

We transcribed all recorded interviews into MS Word. We cleaned interview transcripts and, together with field notes, documents, import into NVIVO software for coding. We analysed data using a framework (thematic) approach. Framework analysis is a process that involves identifying connections between the data collected and a pre-determined framework by sifting, sorting, coding and charting collected data (Richie and Spencer, 1994). This approach was adopted so as to provide findings and interpretations that are relevant to providing pragmatic recommendations.

Ethics

We sought and obtained ethics approval from the Ghana health service ethical review committee. Participants signed informed consent forms and were informed that their participation was be voluntary. Collected data was anonymized and kept confidential. At the time of the first contact with the study participants, we clearly explained the study purpose and procedures before conducting interviews and obtaining documents for review. For protection of individual participants' confidentiality, data collected was anonymized by ensuring that names of individual participants are not recorded, rather codes were used.

RESULTS

COMCAPHSS partner country context

West African countries have poor MNCAH outcomes

Here, we sought to analyse the context of the COMCAHPSS partner countries, with a specific focus on MNCAH outcomes, and capacity for health policy and systems leadership, research, and practice. MNCAH outcomes were reported to be very poor in West Africa. This is corroborated by official statistics on MNCAH outcomes (Table 5) which reveal that while MNCAH outcomes are worse in SSA compared to the rest of Africa, West Africa has the poorest MNCAH outcomes in SSA.

Table 5: MNCAH outcomes in SSA

Region	Maternal Mortality ratio (maternal deaths per 100 000 live births) (WHO *et al.*, 2015)	Under five mortality rate (per 1000)
Nigeria	814	128 (2013 DHS)
Ghana	319	60 (2014 DHS)
Cameroon	596	122 (2011 DHS)
Niger	553	127 (2012 DHS)
Benin	405	96 (2017-2018 DHS)
Burkina Faso	371	129 (2010 DHS)
Mali	587	95 (2012-13 DHS)
Senegal	315	56 (2017 DHS)
Cote d'Ivoire	645	108 (2011-2012 DHS)

"Right here in Niger we have a very high maternal mortality rate. And we have so many personnel that are coming on board to be able to reduce the maternal mortality rate and that of the new born." IDI 2, Niger

Overall it was felt that the poor MNCAH outcomes are driven by weak health systems in West Africa. Weak health systems were also affected by varying levels of fragility across West Africa countries, with countries such as Ghana reported to have relatively stronger health systems while countries like Niger reported to have weaker health systems. The strength of health systems was further revealed by its ability to handle disease outbreaks such as Ebola.

"There is quite a bit of fragility and again it varies in fact one of the things we did in the planning stage was this scoping of the literature coming out of West Africa and you can see that basically the systems are weak…. there is a lot of variability between countries. I would say as a whole is a relatively fragile sub-region compared to the rest of the world but it is not uniform fragility…Niger is fragile within Francophone West Africa but they are actually strong in health systems and anthropology research because of LASDEL. So it's a funny mix." IDI 11

"The strength of the health system itself… so I won't say Ghana is doing fantastically well but of cause comparatively so what we saw in 2014 when we had an Ebola crisis that reveals the vulnerability of health systems across the sub region. We realised that comparatively Ghana has a bit of a system that is performing. That is what we would see because Ghana didn't get hit by the Ebola, that revealed the vulnerabilities. So Ghana is not doing fantastically well but comparatively we are saying it has a few examples that people could look up to" IDI 15

Consortium countries had varying capacities for health policy and systems, and MNCAH research

The landscape for capacity for research was characterized by three things. First, the capacity for HPS and MNCAH research varied across partner countries. For instance, research capacity was thought to be stronger in Nigeria, Ghana, and Burkina Faso compared to other West African countries. In Niger for instance, it was reported that there was a dearth of a critical mass of researchers in general, and HPS and MNCAH researchers specifically.

"The lack of human resources… if they were much more they could do better but because most of the researchers as well are also professors at the university which is a good thing on its own. But because of the time constrain, they are not able to fully devote themselves, and then even when they have something done, they are not able to publicize or disseminate the information that they have had so everything is like I come and I want you to do this, you get it done and then that is it, people don't get to know what they have done" IDI 1

However despite this variation, the capacity and practice of policy makers to use research evidence in policy making was thought to be inadequate across all partner countries.

"It was a whole sub regional situational analysis we did through review I mean scoping of literature. We realised that a lot was not being done so… and capacity was lacking across the board and one other thing that we found was the fact that these lack of capacity varied across the sub region and so while some were doing so, so poorly some were doing quite well and the countries that were doing quite well Ghana happened to be part of them so we had

Nigeria we had Burkina Faso and then we had Ghana… So, comparatively Ghana is doing quite well." IDI 15

"In terms of research capacity for even mid-level leaders like me using an example, if I hadn't had this experience, I mean there are things I would complain about at work and say, why is this happening like this, why is it that… but where is the research and where is the evidence, and then we are like kind of sitting with a hand without the tools to do the research so we don't have much capacity in terms of research that's trickling down for implementers to feel they have the power or the capacity to do research. I mean we have the data, how many of us are using the data to inform decisions?" IDI 3

Second, an identified challenge across the countries was the low funding prioritization of research by government. Research funding was dominated by foreign funders which meant that priorities were also often externally driven.

"*We have a lot of international organisations and departments that are coming together to fund issues related to maternal and children healthcare. But it has not been a priority for the government and the Ministry of Health so far. And again, this is not centralised, it comes from every now and then. Everybody comes to bring something on board but the state or the ministry has not taken a key decision or made itself a key player in doing this particular work. So, that being said there is no co-ordination and there is no service per say handling it. So, everything comes in a fragmented area. The other thing is that they have a lot of researches available but they are not used effectively to be able to bring the evidence first in the formulation of the policy."* IDI 2

"There is a service under the Ministry of Health, and that's where we have a research department but then they don't have enough resources to be able to do research because most of them are not researchers in the first place and some of them don't even have the capacity as health is concerned to be able to take up those things and do it appropriately. So yes, they have a service and they have a department for personal research but the capacity is very limited. So, for him he doesn't think the government or Niger per say has the capacity." IDI 3

"They can't also finance themselves…they assume if they are able to have their own financing, they could be able to say, ok, let me do a study on vaccination and get the research done from A-Z and publicize the results, but everything is done from donor basis or from this or that so they are not able to do what they are supposed to do because they are a bit limited as far as the financial resource are concerned." IDI 1

"The reality is that researchers say a piece of work that has been set up to delve into a particular problem and come out with answers is often driven by funding agencies or by the source of funding rather than to answer an immediate concern of an implementer or even a policy maker and we have fantastic research institutions in Ghana, some have done world class research but when they don't have government funding then the right proposals that meet the need of the country and the need of the funding that it may now be initiated by the government office, it tends to be used more by the funding agency…if you look at the research dissemination reports and you ask people in the field how much of this is really happening you will see a gap." IDI 13

Language barrier was a special research constraint for Francophone countries like Niger. As a result, the inability to publish in English limited the publication output and reach of researchers from these countries. It also limited their ability to access research published in English. One of the perceived potential benefit and area of impact for COMCAHPSS was the opportunity for Francophone countries to leverage on their collaboration with Anglophone countries to access research published in English, and to publish their own works in English, and provide an opportunity for Francophone researchers to enhance their English language.

"So the first point of contact for them is COMCAHPSS, that is how they would be able to open up to the Anglophone…They have realized that in the Anglophone countries they do a lot more of publication than they are doing even though they are doing the research but they are not able to publicize or bring to the open public…So the other aim is for them to be able to send some of the researchers from Niger or the Francophone countries through COMCAHPSS to be able to learn not just English but also to be kept abreast of the researches

they have done in the past and how they could improve on them…Their other aim is to be able to publicize the research they have done in English or at least to collaboration with the English or the Anglophone researchers through COMCAHPSS to be able to write journal articles and anything that dwell on health and health issues. So when they have that kind of partnership they will be able to improve their English and be able to disseminate the information they have at their level." IDI 6

In terms of culture and capacity for evidence informed policy making. Ghana was perceived to be well advanced than most West African Countries in the use of evidence to inform formulation of government interventions as a result of good relationships between the researchers and the Ministry of Health. However, there were reports of gaps in actual implementation of the policies and the need to enhance greater utilization of routine data and data collected at national level data to inform policy.

"*So specifically within the Ghanaian health system, I think that those capacities when you are speaking about research, leadership and knowledge translation research policy, they are actually quite enshrined in Ghana. Ghana has a long history of solid relationships between the ministry of health and the small public health from where the research comes out. So a lot of the health system interventions that we've seen in our country, whether it's the national health insurance, whether it's the community based CHPS programmes, a lot of that evolution and at work programme implementations has been coming out of these research policy relationship institutional but also individually. So I will say that in Ghana we have sort of a sound substrate for that. And I think that that has assisted Ghana being able to lead on regional thinking around how to increase those institutional and individual capacities for health policy and systems research.*" IDI 6

"*There is a certain gap between policy and implementation, I see that as a weakness. I think Ghana has a fair amount of well thought through policies generally but when it comes to implementation you see that translation of the policy is probably not done with the same rigor that some of the defining of the policy has been. It is so easy when it comes to implementation for people to see the weaknesses, the lack of resources excetera. And more challenging to say that what do you do in the phase of shortages…*" IDI 13

"I think in the context of this, the biggest challenge is the use of that data to take decisions… that is the routine data but again there are many examples of, there are fairly routine but if you take the Ghana demographic health survey which is a well-designed survey. It meets international criteria because they do it physically… I would call that a kind of evidence research because those decisions involved are and probably is used more for people doing their PHDs than for routine management decisions you know...about the use of research, more could be done, far more." IDI 13

With regards to the culture and capacity for use of research evidence to inform policy making. In Niger use of evidence to inform policy was minimal initially due to strained relationships between the government and researchers whereby the government felt the researchers were attacking the government for its shortcomings. However, consistent engagement and knowledge sharing enhanced trust and collaboration between the two parties and created opportunities for use of research to inform decision making.

"So, research is one thing on its own and putting it into practice is another thing altogether. So what we have here is very difficult to take into consideration the result that comes out from the research and this is mainly because the government thinks we are coming to attack them or to come and say they are not doing what they are supposed to do but then they are trying in so many ways to bridge the gap between what is in the papers or what is in the policy or what they are actually doing on site but they are looking at ways and means to bring the results that they have had at their level here at LASDEL to be put together once they are formulating the health policies" IDI 10

"It's a problem...you cannot come sit in LASDEL, go and work for field work, come and write and come in front of people and say, this is not good, this is not good. Who will listen to you, nobody will listen to you. The problem is if you are not making dialogue, the problem, there is no dialogue between researchers and policy makers. Even when it is, it is not effective and efficient. This is the main problem" IDI 12

Governance of COMCAHPSS

Some respondents reported that COMCAHPSS has a strong and transparent governance arrangement.

"On the day to day work the secretariat was quite conscientious about reporting to the steering committee which was made up of WAHO and IDRS the funder and a few others. So I think that there was a very strong and transparent relationship, accountability relationship between the secretariat and the steering committee." IDI 5

However, some respondents were not sufficiently aware of the governance arrangements, and those who were, were not clear of their roles. Some respondents also felt that there was scope in improving the involvement of consortium partners in the governance of the COMCAHPSS project.

"So what we basically set us was, we have a steering committee, and then we have an advisory committee which is independent. And then we have the secretariat which has overlap in the membership and then initially this was the plan we had. That you would have a team for capacity, a team for leadership, a team for practice. And I would put WANEL on its own. With the funding cut we realized that effectively we couldn't quite run it this way. It was just difficult. So what happened is that this bit remained. So the steering committee we have WAHO is represented by A. We have IDRC is represented by B and then you have the secretariat represented by the PI. Originally all the leads for all this we are supposed to be steering committee. And I think it is a bit of weakness and you find this new grant if we get it we are proposing to expand the steering committee." IDI 11

"First of all even to ensure that decision making involves all partners, I think my first question would be, are all partners involved even in the implementation of the project itself? They should know what is happening they should be involved to make decisions. But it's not the case, well for various reasons I cannot know… the partners we have on this list is not the same that is implemented in reality. Some based on inactivity from their own part, okay. That's one reason…WAHRNET for example is not involved, Benin is represented, WAHO is an implementing partner, ISSP, yes! because we planned the research package with them they

were leading, they and GIMPA were leading the research component, Higher woman [Cameroon] is very much involved now, Côte d'Ivoire, yes!. The organisations in Ghana, GIMPA is very much involved, Ghana health service is actually hosting the project , ABANTU is not, this Mali organisation [INSRP] is not, Niger, LASDEL yes!, COMUNEC yes!, so we are in talks with them but as I said earlier on, the theory of change is tested at implementation, we have it on paper but we are not doing anything in reality with them now. Senegal, No!" IDI 13

"I noticed there was a bit of miscommunication at some point so when we were planning, implementation of the summer schools which were going to be the next activity after the curriculum development, two partners were the lead institutions but I think communication wasn't clear, you know. So it wasn't clear how much power had been given to the lead institutions if you ask me that was the picture I got. To the extent that we had… one package leads meeting because we were running late with translations… I would say they didn't feel they had the powers to lead the process as it should be so they were still looking up to the secretariat… to tell them what they have to do and we will do it. And the secretariat thought no! you are the lead go ahead and we will support you...I think the problem here is understanding, you are leading the process so I think things need to be clarified some more and that can be best done if they are part of the decision making bodies you know particularly the steering committee so if we can have a representative each for every work package on the steering committee I think it would make a difference." IDI 15

Progress against COMCAHPSS Planned Activities

Respondents generally felt that COMCAHPSS had made good progress in the implementation of its objectives. Table 6 outlines progress against specific COMCAHPSS objectives and capacity development interventions. Some respondents felt that real progress on the objectives would only become apparent in the long term.

"the kind of work that you are doing is really a long-term proposition so you are just at the point where you are just starting to train cohorts, whether they are the implementers, whether they are researchers. And so they are in the process of that training… with the entry of the first batch in terms of the WANEL work, WANEL work has moved ahead quite

well…but the other objectives, I mean around leadership capacity and…its along term proposition, so many of the impacts would be felt at the end of the five years but in terms of being on course I believe that the programme is on course." IDI 5

Table 6: Progress against COMCAHPSS planned activities

Objective	**Activity**	**Status**	**Comments**
Objective 1. Strengthen **health leadership capacity**	Development of leadership modules for West African seminar series	• Draft leadership capacity building modules have been developed in English and translated to French. These are both available on the website	
	Offering of leadership modules in West African seminar series	• The summer school has not yet been conducted	The summer school has not been conducted because of limited financial resources
	Development of leadership mentors program	• The leadership mentorship programme module has been developed by the Cameroon partner (HIGHER-Women) and have been translated into French	
	Implementation of leadership mentors program	• The mentorship programme has not yet been conducted	The mentorship programme has not yet been implemented because of limited financial resources
	Collaboration in Implementation of Pan African DrPH	• The training materials had been developed, translated and made open access • The DrPH training materials have been integrated to the Ghana college of physicians fellowship programme • The DrPH programme has not been rolled out yet	The DrPH programme has not yet been rolled out because of bureaucratic and political challenges in getting the programme approved and accredited by the universities

Objective	Activity	Status	Comments
Objective. 2. Strengthen HPS & MNCAH research capacity	Development of Implementation research modules for West African seminar series	• Implementation research modules have not yet been developed	Implementation research modules not yet develop due to limited financial resources
	Offering of implementation research modules in West African seminar series	• The seminar series has not been run • However, a bootcamp for pre-doctoral candidates was organized	The seminar series has not been run due to limited resources
	Development of post graduate research supervisor/mentor program	• Training manual has been developed and translated into French	
	Implementation of post graduate research supervisor /mentor program	• First round was combined with the pre-doctoral training program in 2017 • 3 candidates went on to register for PhDs • These candidates have been linked with supervisors and mentors • COMCAPHSS offered some partial financial support for activities such as data collection to the candidates who went on to enrol for their PhD work • COMCAHPSS has not yet provided small research grants to researchers	
	Support for publication in peer reviewed journals	Not yet due	Not yet due
	First Special journal supplement on HPS and	Not yet due	Not yet due

Objective	Activity	Status	Comments
	MNCAH in West Africa		
	Second Special journal supplement on HPS and MNCAH in West Africa	Not yet due	Not yet due
Objective. 3. Strengthen researcher ability to work with decision makers	Development of modules on HPS and MNCAH policies and programs advocacy design & management	• Modules draft completed. Being edited and then to be translated into French for use in Summer school	
	Offering of modules in West African summer series	• Seminar series not yet run	The seminar series has not yet been run due to resource scarcity
	Development of practice mentorship program	• The practice mentorship programme has not yet been developed	The practice mentorship programme has not yet been developed because of resource limitations - staff time, numbers and resources
	Implementation of practice mentorship program	• The mentorship programme has not yet been implemented 698590	the mentorship programme has not yet been implemented because of resource limitations
Objective. 4 Networking	Face to face WANEL meetings in West Africa as part annual consortium meetings	• COMCAHPSS has supported the establishment and implementation of the West Africa Emerging Leaders (WANEL)	

Objective	Activity	Status	Comments
		• WANEL organized their meeting back to back with AfHEA 2019 in Accra in March	
	Support to WANEL members to attend 4th & 5th Global symposia	• COMCAHPSS has supported students and early career researchers to attend the 4th and 5th Global symposia, as well as the 2019 Africa Health Economics Association	
	Establishment of West Africa research to policy network	• This activity has not been implemented yet	
	Annual meeting of consortium partners	• This activity has been achieved and completed	
	Inception meeting of consortium partners	• This activity has been achieved and completed	
	Development of website	• WANEL and COMCAHPSS websites established in first year.	
	Collaboration with WAHO	• Collaboration with WAHO is ongoing	This activity is on track
Objective. 6. Monitor and evaluate the program	Advertise for, screen and select the four PHD candidates	• Candidates have been selected and have undergone a pre-doctoral training. They are developing their research proposals. See update in earlier table	
	Develop the full protocol for answering who and why the program works to achieve what outcomes using realist and other	• Integrated into the doctoral capacity building	ongoing

Objective	Activity	Status	Comments
	qualitative research and evaluation approaches and obtain ethical clearance		
	All partners collect and analyze routine monitoring data	• Adjusted to be done as part of the • PHD projects	Pending
	Realist and other evaluation approaches commence baseline data collection	• Adjusted to be done as part of the • PHD projects	Pending
	Realist and other evaluation continuing data collection and analysis	• Adjusted to be done as part of the • PHD projects	Pending
Project administration	Project secretariat	• Fully functional.	
	Project steering committee and advisory committee	• This activity is on track	
	Mid-term review	• Mid-term review field work was conducted between December 208 and May 2019	

Respondents felt that the good progress made on implementation was because COMCAHPSS had a visionary leader, the project leveraged on pre-existing individual and institutional relationships, and a growing interest in health systems research in West and Central Africa.

"*In a positive sense, having a very strong vision of what the COMCAHPSS initiative is and it can do has really helped the activities stick true to the vision and that vision is born out of the person who birthed COMCAHPSS. Number two, I think that relationships have been building even before the initiative began have also helped it. So the relationship between the various individuals who are based across regions and institutions and then a real desire for those institutions to work together. And so you see relationships being built, not just between the senior people of those institutions but also the middle or junior layer of people and that has also assisted*" IDI 4

"*I believe there is a real appetite, there is a real desire to see something home-grown and sustainable and the window is open for health policy systems research because we accept that the previous approaches haven't been able to answer these questions when it comes to health systems performance research. So there is a window and an appetite for systems approaches and systems thinking and I think that COMCAHPSS is able to fit into that window there. So these things have really assisted the programme to be able to proceed as it has in initiative*" IDI 5

The next section will provide further details on the implementation of specific interventions.

Bi-annual seminars/summer school

One of the success reported in building the capacity across leadership, research and practice, was hosting a boot camp on HPSR for pre-doctoral researchers in 2017. The training was essential in laying a foundation for HPSR, equipping them with research and leadership skills and offering support to enhance their research proposals which they would use to apply for doctoral training programmes.

"You have people who are about to apply for doctoral programmes so its strengthening their research because it is sort of technical. By the time they come out in seven weeks, they have the makings of a protocol which is in much better shape than it would have been without the introduction training, and so these are people who probably have not had much HPSR training and you've exposed them to the basic foundational concepts so they are entering their doctoral phase with a bit more exposure about the HPSR concepts. So you are strengthening their HPSR skills. Then in terms of leadership, of course you are teaching them leadership theories that they are going to take what they learn in the seven weeks and then now start implementing it and applying it. Maybe the immediate outputs of the leadership skills development aren't as obvious as the research ones but then they are going to now go and learn by doing what they've picked up." IDI 5

Capacity building for leadership: Pan-African DrPH programme

While COMCAPHSS has developed the training materials for the DrPH programme, translated them to French, and made them open access, the Pan-African DrPH programme has not been implemented yet. However, the training materials have been adopted and incorporated into the curricular of Ghana college of physician's fellowship programme.

"Currently what is happening I think its Ghana which has benefited most…Am afraid, we haven't been able to move it. But in the Ghana college of physician there are fellowships programs. Am actually using the materials for capacity building and this are all people who are coming from the health sector and going back into the health sector. So something is happening there. Am not hundred percent happy with it that the original intent was not to benefit only Ghana…It was to benefit wider than Ghana. But I am happy that it is not lying on the shelf. It is being used in the Ghana college and then even for the COMCAHPSS capacity building there are two residents from the Ghana college who are part of that cohort." IDI 11

Several factors have slowed down the roll out of the DrPH programme. First, Universities have lengthy degree programme approval and accreditation processes that have delayed the approval of the DrPH programme. Some respondents also felt that it has been challenging to obtain buy-in from university decision makers, and to navigate the political interests associated with degree programme approval and accreditation.

"Everything has been prepared, the challenge is that so for us the institutions that have been included, the university system is very slow so actually getting accreditation from the university the process has basically been stalled at that stage where the university, whether it's the senate or whoever have to reviewing give the approval. So that's just a statement on sort of you know, the bureaucracy of Africa academies with everything from the development of the course or the programme has been done and is basically awaiting." IDI 5

"The university still hasn't accredited the program because people have to buy into a program. And some of these things I think won't really go into it but politics is a real rival yes" IDI 11

"I don't know whether it's the institutional power play or whatever.... I think has been a challenge at the negotiations and discussions at the institutional levels... I think maybe they need to do a lot of advocacy on its advantages over some other programmes that they are doing" IDI 7

Some respondents felt that the resistance to the introduction of the DrPH course was partly because the university faculty were not familiar with the course content and were apprehensive about their capacity to deliver the curriculum. Respondents felt that there was need for more advocacy for the DrPH and training of university faculty on the course content to enhance buy in. It was also felt that university staff and decision makers did not quite understand where a DrPH programme fits into the curriculum for public health teaching, given that they offered masters degrees and PhD degrees.

"A lot of the facilitators have not used to the COMCAHPSS teaching methods. So sometimes I feel there is normal feelings of the inability to facilitate using these new models. So we may need to kind of invite a lot of them who are not necessarily COMCAHPSS experts who are teaching and expose them to some of issues so that it allays the fears and anxieties of people about introduction of new courses" IDI 8

"And then when you take the public health hierarchy in terms of in Ghana, the masters in public health membership and all that. The way it's created, placing DrPH which is a course which is both theory and the practice unlike the pure PhD model. We may need to explain why that one can fit and that the PhD can still go on because sometimes am sure on people's mind, feel we are coming to replace" IDI 5

Capacity building for research

Due to financial constraints, COMCAPHSS was not able to provide research grants to aspiring HPSR'ers. The project opted to organize and implement a pre-doctoral training program where they obtained training on research methods. Seven early to mid career West African researchers from Nigeria, Cameroon, Niger and Ghana; and one Canadian researcher with doctoral dissertation topics related to the COMCAHPSS objectives or aspects of internal evaluation of the program went through the program. Five of them subsequently spent a week in Cape Town as the last week of the pre-doctoral program under a collaboration with UCT and UWC who are partners in the doctoral level capacity building work package. The project further offered partial financial support for data collection to the candidates that went on to do their PhDs.

"So the budget that was to support emerging researchers doing their own things small small grants was put together to organise that bootcamp for the doctorate students who needed that skill at that moment to be able to move to the next level." IDI 15

"We could have done more, we had more students, they were six of them and we only took three because we didn't have enough money. So if there was more money or more grants, we could have done the summer school, we would have had more a cohort of PhD students who probably would be doing their research in their home country and they would have come for us to discuss a way forward. So it's a good start but then it would be better if there were enough grants to support them way through or to have more students." IDI 4

"I think it's done well because my colleagues like some of them were at the pre-doctorial training, a lot of them have had support through the assistance of COMCAHPSS and then with

me they still offered to give something for data collection for research and we've done a couple of researches where we didn't get the funding but the support was there." IDI 7

COMCAPHS has supported 7 early career researchers in West Africa to secure PhD admissions, funded some of these PhDs, supported some to secure funding elsewhere, linked the students to supervisors and mentors. Table 7 outlines the status of these PhD students.

Table 7: The status of the COMCAHPSS doctoral fellows

Doctoral fellow	Nationality	Scholarship status	University of Enrollment
Fatima Moulioum	Cameroon	COMCAHPSS funding	Institute of Tropical Medicine (ITM) Antwerp
Ibrahim Nassirou	Niger	University of Montreal tuition funding. COMCAHPSS fieldwork fundng?	University of Montreal
Ben Verboom	Canada	Trudeau Scholarship	Oxford, UK
Selina Defor	Ghana	CoMCAHPSS funding	UWC
Joe Dodoo	Ghana	WAHO funding	UCT
Abigail Derkyi -Kwarteng	Ghana	AHPSR HPA fellows funding	GCPS
Andy Ayim	Ghana	COMCAHPSS funding	GCPS

Respondents, and specifically PhD candidates appreciated COMCAHPSS role in linking them with supervisors and mentors for their PhDs and observed that this had made a key contribution to their capacity building in research. Through COMCAHPSS the project networked and linked the prospective students with world class HPSR leaders to supervise and mentor them through their PhDs.

"It did bring pre-doctorial candidates for a six weeks' residency, it's done at least I remember about two of that and then also continuously I communicate with my supervisor and various supervisors who would support us in the work and the pre doctorial training invited different

supervisors to listen to our proposals and then show interest in the areas that we are working in differently." IDI 4

"The facilitators who are part of the summer school module development, those are people who would offer supervision and mentoring to the students, the doctoral students. And I think that there are some small funds set aside to support that but not much." IDI 5

Networking Interventions

Networking interventions were perhaps the best implemented interventions by COMCAHPSS. First, the project supported young researchers to attend and present at local and international conferences. Beneficiaries of this support appreciated it as a means to develop capacity through learning how to develop and present at scientific conference, and because it offered a platform for them to meet and develop networks with other young and senior researchers. COMCAHPSS had funded several young researchers to attend the health system global symposiums in 2016 and 2018.

"the case in point is 2016 about seven people were supported to attend the Vancouver, the fourth health systems global conference. These little wins, people getting access to such conferences and forums and then they meet other people, they connect with them." IDI 15

"The support is not just to attend, the support is for people who have their abstracts accepted but did not get the grants so then it gives the young or middle career person researcher the exposure, you know when you go for these conferences not only to present, you are also to learn. So, I think it's an excellent idea they can keep doing it, support people to present their findings." IDI 4

"Increasingly we are also looking at regional conferences, of course HSR is the big conference that everybody wants to attend but there are also some important meetings that take place in the region that I think increasingly needs to look at. So for example AfHEA is taking place in Accra in March and I know that the project is also setting aside some funds to support the Francophone members of the network to have abstracts submitted to attend acknowledging the facts that we still have weaknesses in our Francophone submissions. I think the future will

be also looking at what is important in the regional meetings that people can be supported to attend because that's also a way of looking within the region and strengthening the region." IDI 5

COMCAHPSS had also supported the establishment and implementation of the West African Emerging leaders network (WANEL) which is a networking initiative aimed at building the capacity of emerging leaders with in terms research and leadership skills. As envisioned, the network had successfully managed to enrol members from various disciplines.

"WANEL is one of the interventions that COMCAHPSS has been able to roll out actually. It features with package four which focuses on building interdisciplinary or cross disciplinary leadership and research networks. HPSR is multidisciplinary and until you make people consciously understand that, people have the tendency of remaining in their own silos, their canals so we want to break their silos, you know appreciate the fact that it is not a methodology driven research so, we can do things in common… we create a space that would facilitate this exchange amongst emerging leaders doing HPSR related work so that we have an integrated community that recognizes the multidisciplinary nature of HPSR…WANEL seeks to creating space, bring this emerging researchers together capacitate them so the idea of capacitating is making training opportunities known, accessible to them so that they increase their capacity and as they grow, I mean you don't just think about yourself, how do you help the next early career researcher but WANEL has been such an interesting venture." IDI 15

"WANEL has such a heterogeneous membership we don't know what to call it. I am the researcher; I am in a big fix. I don't know am I thinking of analyzing this network as a research network or as a knowledge network as a community of practice. It is just one practice that we are trying to improve our skills in but here we have the researcher, we have the policy maker, we have the policy implementer, we have the media. I see a great vision for this network if we *are able to harness the resources right and the social capital right"* IDI 14

Some of the achievements of WANEL were supporting members to attend international conferences and local HPSR meetings with COMCAHPSS funding. These avenues created linkages and opportunities for junior and middle level HPSR researchers to network. Additionally, having a PhD student to study the WANEL network was viewed as a key strategy for enhancing the short-term sustainability of WANEL.

"*Within COMCAHPSS we had funding for them to have presence in Vancouver because one of the thing we were worried about was that people from part of the world were not having much of the presence in an international forum. And they needed that exposure to grow. And then they have had one meeting in Niger. And they have had another meeting in Accra. And WAHO is very interested in them which is great. Because the other possibility for them is to get support from WAHO. So WAHO is really supportive of WANEL which I am happy about. And then the other piece which will help WANEL is PHD work which is really focused on why and how is WANEL working as a network so that is what I would say.*" IDI 11

"*In addition to supporting WANEL's activities because you know usually these networks are sort of informal and if nothing brings us together we will not come together, so COMCAHPSS has a way of bringing us together. So sometimes even in COMCAHPSS meetings, WANEL members are invited so as a platform for them to interact as well. I remember very well we had one meeting here that was bringing the older generation within the health sector, the new generation to have an interaction with them, things like that and also with the Liverpool, COMCAHPSS supported those who had their abstracts accepted but they did not have funding, yes to participate. WANEL had a meeting there, we were also sponsored on the meeting. Otherwise WANEL would fall apart.*" IDI 4

Some of the challenges that WANEL faced included uncertainty about future sustainability after COMCAHPSS came to an end. In the absence of formal governance structure, WANEL was not in a position to raise funds on its own and it solely depended on COMCAHPSS. Other challenges included limited resources which hindered WANEL from implementing some activities such as yearly meetings and lack of an administrative structure or secretariat to support the day to day running of the network which placed the management burden to WANEL leaders.

"WANEL has a number of challenges first because this is a loosely structured network. WANEL aspires to have a very structured network… we don't have a functioning administrative unit even though we have proposed that need a site in Ghana that we coordinate our activities. So, because we don't have one, we are not able to disseminate information so much of the burden of information dissemination is thrown back to the leaders of WANEL who have to pick pieces and disseminate but if we have a central working administrative system, it makes things easy. …and then we are really look at it COMCAHPSS will not be there forever, COMCAHPSS will end 2021 and if it ends where is the funding. Even now WANEL wishes there could be yearly meetings as fully funded bringing core members as well as new members into the meeting, introduce new members to the core members and then we promote sustainability but as we speak today I don't think WANEL is in a position to have this kind of yearly meetings unless there is COMCAHPSS support" IDI 14

"COMCAHPSS is the backbone for now and we are trusting we would structure ourselves into a more credible community that can get support so that beyond the life of COMCAHPSS, WANEL can still survive. That speaks to sustainability. For now COMCAHPSS effort towards ensuring that WANEL functions well and becomes sustainable is making WANEL a PhD project. So, investigating how it is working through a matching research. So we feed real time findings into how it is structured based on the context, based on the realities... Internally WANEL hasn't put in place any measures to fundraise because it is not a legal person as at now on its own so it can't go soliciting for funds" IDI 15

"The challenges are generic networking challenges, not necessarily a WANEL challenge but how to sustain the network, how to get funding for the various meetings and attend various international conferences and above all people who can attend at the time and who can meet and network. So those are the fundamental challenges that I think have been there. Generally, is going on well but these are network challenges I would say not like they are peculiar to WANEL." IDI 7

With regards to the identified challenges, respondents reported the need for WANEL to develop its own governance structures including a secretariat to run the network and commence fund raising activities to ensure sustainability of the network.

"I think WANEL doesn't have grants, I'd say. Apart from COMCAHPSS supporting WANEL, we don't… am not sure there is funds from anywhere else. So because if we had funds then we can employ a functional secretariat. They is a lot of work. If you are expecting people to just volunteer and they will volunteer for a period" IDI 4

"*WANEL has to start thinking about its independent viability and that will come with the need for resources, financial resources. So there have been discussions about how does WANEL set itself after the life of COMCAHPSS to be able to be that kind of entity. So then what kind of financial resources do you need to match the governance structure if you are saying that you have country level activities you want to be holding any meetings and stuff. So WANEL has to think about completely moving into fundraising phase which hasn't happened yet but the conversation, it's been raised but it's not concretely started."* IDI 5

Cross-cutting Implementation Challenges

Several challenges were identified in the implementation of COMCAHPSS interventions. The most recurrent issue was inadequate funding. This was because the grant award amount was a significant reduction to the to the original amount of funds that were requested in the budget application. Limited funding led to the partial implementation of planned activities. For instance, while the original plan was to run summer schools, the available funds could only support the development of curricular for the summers school.

"*We didn't get the full budget for the project so we had to chop off, try to stream line to fit to the budget and in the process we ended up chopping off an activity which later on came to affect the implementation of the project. So a good example is research capacity building… materials that need to be used are still to be comparable in the two languages. And it's very expensive running such programmes. Unfortunately, the chopping or the reduction in the budget affected some of these activities so where we thought we could develop a curriculum and run summer school programs we ended up… okay yes we have the programs but we didn't have the money to run the programs because if the programs has to be run, to make it accessible, it should be subsidized in a way but we didn't have the resources. So resource constraints have you know slowed the implementation I won't say has you know*

disgraced it but it has slowed it in ways that has affected other aspects of the intervention." IDI 15

"We were not able to do the summer school because we went through the whole process, we designed the curriculum, we met several times to look at it, discuss it, fix dates and all and the adverts was in there, people applied but they really have no funding. So then it had to be postponed" IDI 4

Limited funding also made it challenging to carry out translation of materials to French, to facilitate access and use by francophone partners. This is because translation is expensive.

"Of course if there were more funds available, you could train more people, you could run more programmes, you could do more across the region because the other thing is that working across the languages, translation is expensive. So you do use up a lot of resources just to communicate to people and you have to consider that everything has to be translated reports, websites, blogs, communications, meetings need translation and so if you really want to be true to the spirit of regional integration then it does come at a cost. So I would say financial resources have probably constrained what the initiative can do." IDI 5

"The context itself you know maybe we wouldn't have been so hard pressed with funds if it was a homogeneous context we didn't have to you know, translate materials, you know running meetings from my experience the budget that goes into you know ensuring translation and interpretation is so huge" IDI 15

The Project was also unable to hire a sufficient number of staff to support its administration due to limited funding.

"I think the human resource one links to the financial challenge because the volume of work in COMCAHPSS is quite significant you know. But because of the financial challenges there is a limit to how much human resource you can bring on board. So that also then further limits what you can do." IDI 11

Appropriateness of COMCAHPSS Objectives, Theory of Change, Programme Concept, and Approach to partnerships

COMCAPHSS objectives and theory of change were relevant and appropriate to their context

Respondents felt that COMCAPHSS objectives and theory of change were appropriate and relevant to their context. This alignment between objectives and context was attributed to the fact that the objectives were informed by a capacity assessment on HPS and MNCAH leadership, research and practice.

"*Definitely I wouldn't say there is a match. We studied the context and we put in place interventions to rectify a problem. The challenges we have are leadership challenges, research capacity challenges, translation of evidence into policy challenges so the work packages of COMCAHPSS were curved in a way to respond to these issues"* IDI 15

"It's very relevant for our country, we have a lot of young researchers that are available but they don't have the capacity that they need to be able to carry out such a project. And there is also the lack of connection between the research and the policies." IDI 2

"*Individuals are the core organizational functions and individuals grow within systems and thus the organization. Individuals grow to become leaders within institutions as well as whether in practice or research. So, it is relevant [theory of change] because if you want to develop two leaders you need to identify talent, develop their talent. They grow within the organization to influence others. They can influence others to practice by the way they do things, they can influence others through research by their contributing to the academic, the knowledge environment.*" IDI 14

COMCAPHSS was perceived to be more effective at individual, and less effective at organizational capacity development

Respondents appreciated the importance of a layered capacity development framework that targets the individual, organizational, and environmental levels. However, most respondents felt that in practice it was challenging to implement interventions that develop organizational capacity. the theory of change was more observable at the

individual rather than the organizational level.

"In my opinion, individuals have in a way built their competencies whether in research or in policy or in practice. However, it is difficult to link what has been done [COMCAHPSS capacity development interventions] to change within an organization… it will be difficult for me to say COMCAHPSS has influenced discussions around the ministry or the university or those who came outside and Ghana. It is difficult to say whether the individuals are able to influence organizational change or discussions, it's difficult to say." IDI 4

In the COMCAHPSS project, several factors were thought to hamper organizational capacity development. First, the reasons given for this challenge was the observation that individuals regularly change employment which limits their effectiveness in diffusing capacity within targeted organizations.

"*How do we intend to build organisational capacity? In our theory of change, the primary target is the individual who is embedded in the organisation whose capacity needs to influence whatever that is done in his organisation. Given the fact that the individuals keep changing, coming in and going out…so maybe we should spend a bit of time rethinking that bit…we see how best to articulate that individual-organisational relationship which will make the capacity that will be built at the individual level reflected at the organisational level."* IDI 15

Second, it was felt that for organizational capacity development to occur, a critical mass of individuals will need to be targeted. However, COMCAPHSS, due to financial constraints had targeted few that required individuals for capacity development.

"*In practice it doesn't feel like we are building the capacity of organizations. For instance, I am alone in this organization, I am the only one leading the COMCAHPSS project here. I'm not able to bring on board other people in to do this and that's because what is needed for me to do requires a specific knowledge which I'm the one who has that knowledge. So so it then clearly narrows it down and that is because if there are other people who share similar knowledge then it becomes something that brings people on board and they equally have to*

have an interest so we have to share that meaning or value for what you want them to be on board for." IDI 9

"I would say I was lucky or privileged to be on this, but I can think of a whole lot of people that am thinking if they had this opportunity would make a lot of difference. If there were a lot more people on the programme it would make our work easy because if there is something in Ghana Health Service you want to move a long, we know there are some people in the service or there is a network you can call upon or harness that speaks the same language or that understands you. We need to have this network so that at some point, we the network of people who have built a capacity in terms of policy or health can now decide to change the face of the health service because there are issues we are battling with and sometimes it discourages you because you are like, its looks like you are in this fight alone…I don't know if the programme can spread out to target more people in the health service." IDI 3

Third, there was a need to get buy in from the top administration and alignment of COMCAHPSS initiatives with the overall institutional objectives.

"It is also about the interest from the top management, and your ability to lobby the right them. I use this institution for example I guess it's much more being able to lobby various levels of leadership first and foremost. All this politics and power issues and all these issues come into play" IDI 9

"Then there is also, what does your agenda or whatever we are doing align to the organizations agenda and if there is any remote way that it aligns then you can capitalize on it but if it doesn't it becomes also another problem." IDI 7

The COMCAHPSS could be refined to demonstrate clear link between Programme activities and anticipated outcomes

There was consensus during deliberative workshops that the current COMCAHPSS theory of change was aspirational for broader system change and captured the conceptual basis of the programme of work. However, it was felt that the theory of change did not show a

clear link between programme activities and anticipated outcomes and did not lend itself easily to measurement. It was suggested that refined theory of change should be developed for COMCAHPSS that is directional, has measurable indices, and clearly articulates the link between programme objectives, activities under objectives, and programme goals.

Approach to Partnerships

Figure 3 presents a word cloud that represents the perceptions of COMCAPHSS partners and advisory board members on the nature of the COMCAPHSS partnership. Shared values included working together/solidarity, excellence, and Transparency. The opportunity to network with other organizations and individuals, and across countries and disciplines as well as the opportunity to learn, to develop leadership skills, and mentorship were considered valuable benefits of the COMCAHPSS partnership. The time allocated to COMCAPHSS activities was considered the greatest cost of the partnership.

Figure 3: Word Could representation of perceptions of workshop participation on the COMCAHPSS partnership

DISCUSSION AND RECOMMENDATIONS

This mid-term review set out to answer several questions. Here, we summarize our findings along the questions that guided the review.

Are the governance mechanisms and structures of the program appropriate and working as they should?

Some partners felt that the governance arrangements of the programme were appropriate, transparent, and adequate. However, others felt that the programme's governance mechanism and communication is not sufficiently inclusive.

Recommendations:

1) We recommend that the programme establishes a programme coordination team whose membership is drawn from each of the consortium partners and that this coordination team meets virtually every quarter.
2) We also recommend that the programme develops and shares a consortium newsletter that provides updates on the programme's activities and related activities of its members and shares this newsletter on email to all its individual members quarterly.

What has the program been able to achieve or not achieve in the light of its conceptual framework and program theory and starting objectives and why?

The programme made good progress on the implementation of its planned activities. However, several activities were not implemented in the planned period. This was attributed to resource limitations occasioned by a reduction of the original grant budget request. It is notable that additional funds have been mobilized through the new WNCAW grant that will facilitate the implementation of activities that previously did not have funding.

Is the COMCAHPSS theory of change, programme concept, and approach to partnership appropriate?

The COMCAPHSS theory of change and programme concept, were thought to be appropriate and relevant to their context because they address capacity gaps in HPS and

MNCAH leadership, research and practice that had been found to exist in West Africa. However, there was a sense that the theory of change was more conceptual, did not show a clear link between programme activities and goals, and did not lend itself to measurement.

Recommendations:

3) COMCAPHSS should consider the development of a directional theory of change that clearly links programme activities with its goals and has measurable indices. Figure 4 outlines a draft of the proposed theory of change.

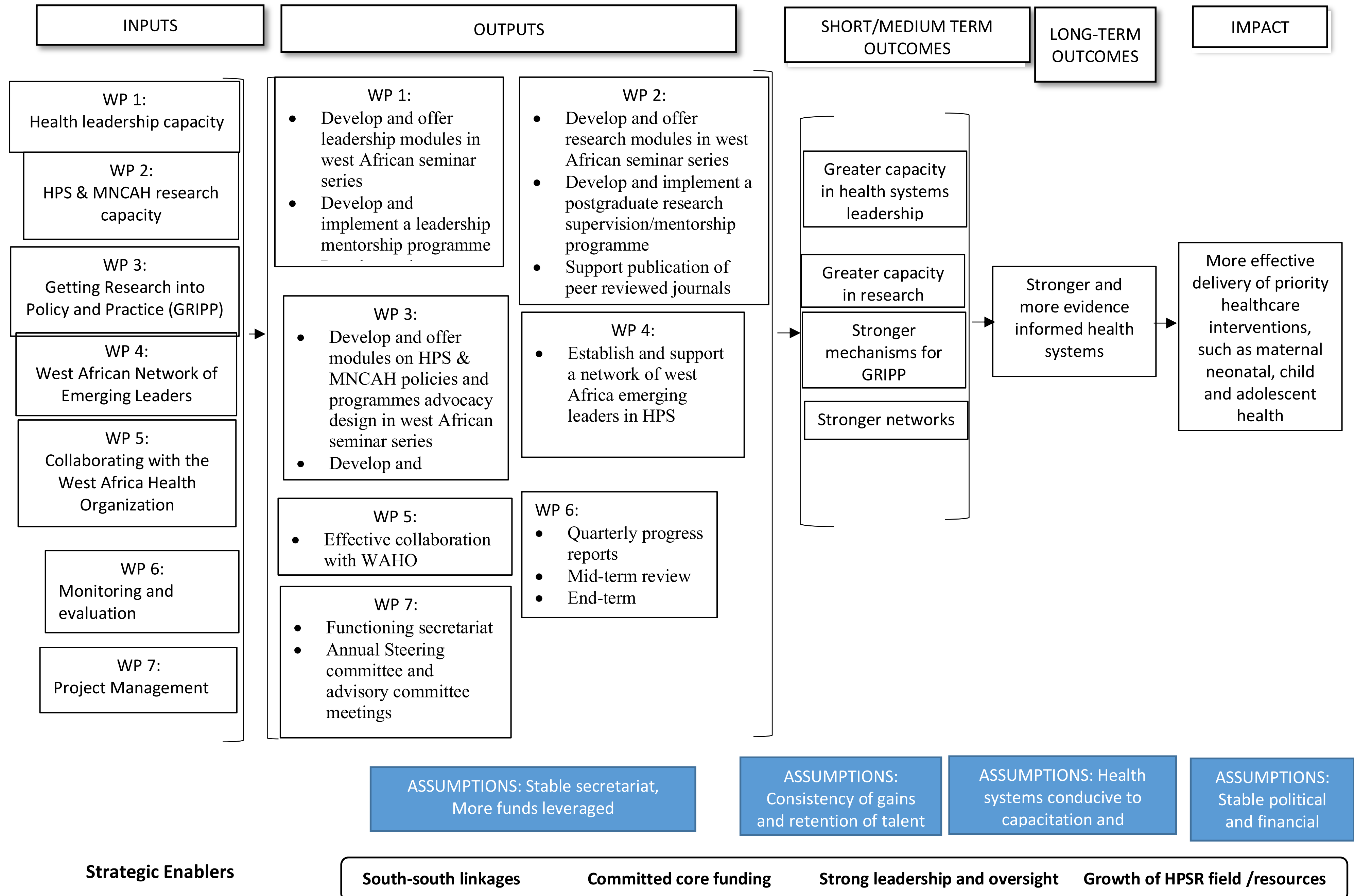
To improve the program outputs and outcomes; are there any needed revisions to the programme goals, aims and objectives, program theory, Interventions, Approach to partnership, Program implementation?

There is a sense that COMCAHPSS's range of planned interventions and activities is overambitious and unlikely to be fully implemented with available human and financial resources. Consortium partners also felt that while the programme is likely to enhance individual capacity, there was concern about the programmes ability to impact on organizational capacity.

Recommendations:

4) We recommend that COMCAHPSS undertakes a process of prioritization of interventions and activities, in collaboration with its stakeholders and funders, to agree on a feasible set of interventions and activities. This process should be done in a way that does not compromise the ability of the programme to achieve its goals
5) In this prioritization process, the COMCAHPSS should give greater priority to those interventions and activities that are aimed at organizational capacity development.
6) Further the implementation of these activities should be accompanied by intensified engagement of target organizations leadership rather than just individuals within these organizations. This will enhance the buy in and impact of these interventions at the organizational level

Figure 4: Draft proposed revision of COMCAHPSS Theory of Change



Limitations

This assessment has several limitations. First, it was not possible to conduct in country face to face data collection in all the countries where data collection was conducted. Face to face interviews were only carried out in 2 countries, Ghana and Niger, and data was collected from the other countries using phone and skype interviews. Phone and skype interviews could miss body language cues that would otherwise enable further probing during interviews. Second, and related to the first, the selection of study respondents across the consortium countries was not balanced. The majority of interviews were conducted in the two countries were face to face interviews were carried out, while fewer interviews were conducted in the countries where data collection relied on phone and skype interviews because of the logistical challenges of mobilizing study respondents from a distance. Third, given that this review was qualitative, the findings reflect the perceptions of study respondents and are not intended to be statistically generalizable.

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APPENDICES

Appendix I: In-depth Interview guide – English Version

Topic guide for key Informant interviews for the Mid-term review of The consortium for mothers, children, adolescents, and health policy and systems strengthening (COMCAHPSS) project

INTRODUCTORY QUESTIONS

- Could you briefly **introduce yourself**, the **organization you work for**, and the role you play in your organization?
- **For how long** have you **been involved with the COMCAHPSS program**, are you still involved with the programme?
- Can you briefly explain **how you are (or were) involved** with the COMCAHPSS programme? Have you been a **beneficiary of any specific COMCAHPSS** initiative?

GENERAL QUESTIONS ABOUT CONTEXT

- o How would you describe the **country's progress on maternal**, **neonatal, child, and adolescent health** outcomes?
- o How would you describe the **strength and resilience of the country's** health system?
- o How would you describe the country's **capacity for HPSR and MNCAH research**? *(think trained individuals, individuals skillsets, skill mix, number and capacity of training institutions, output of training institution, demand for skills etc)* – ***how about in your own institution?***
- o How would you describe the state of linkages/collaboration between HPRS and MNCAH researchers?
- o How would you describe the country's **capacity for leadership in HPSR/MNCAH practice and research? *how about in your own institution?***
- o How would you describe the **country's culture and capacity for evidence informed** policy making? ***how about in your own institution?***

QUESTIONS ON COMCAHPSS GOVERNANCE

- Are you **familiar** with the COMCAHPSS **governance structures and mechanisms** *(e.g. programme oversight, organogram, reporting mechanisms, decision making processes, approach to partnerships)*?
- If yes, can you briefly explain to me **your understanding of the governance structures** and mechanisms of the COMCAHPSS programme?
- What would you say are the **strengths of the governance structures** and mechanisms of the COMCAHPSS programme? How has this **impacted the ability of the programme** to deliver on its objectives?
- What would you say are the **weaknesses of the COMCAHPSS governance structures and mechanisms?** How has this **impacted the ability of the programme to deliver on its** objectives?
- How can the **governance structures and mechanisms** of the COMCAHPSS programme be **improved?** Why?

GENERAL QUESTIONS ABOUT COMCAHPSS OBJECTIVES, THEORY OF CHANGE

- Can you please briefly explain to me your understanding of the kind of **change and outcomes** the COMCAHPSS program seeks to achieve?
    - *[interviewer to take the respondent through the COMCAHPSS objectives in the provided document]*
- In your view, are the COMCAHPSS **objectives relevant** to the context that the programme operates in, and the programmes overall aim? **How can they be improved?**
- How would you **assess COMCAHPSS progress on achieving its set objectives** *[refer respondent back to the 6 objectives]*? **What factors have influenced this**?

- Could you briefly **describe how this change** can and will be brought about?[3]
    - *[interviewer to describe the theory of change to respondent, while referring to the document provided to respondent]*
- In your view, is the COMCAHPSS **theory of change relevant** given the program aims, and objectives? Why? How can it be improved?

<u>INTERVENTION SPECIFIC QUESTIONS</u>

CAPACITY BUILDING INTERVENTIONS

<u>Cross-cutting – leadership/research capacity/practice</u>

Bi-annual seminars/Summer school

- Are you aware of the plan to run **West African bi-annual seminars** organized/supported by COMCAHPSS?
- If yes, could you describe to me how these seminars were planned to work?
- Could you describe to me the progress made on the plan to run these seminars?
- What challenges have been faced? What opportunities exist?

<u>Leadership</u>

Pan-African DrPH programme

- Are you aware of COMCAHPSS initiative to support Pan African DrPH program development and implementation? Could you describe this to me?
- In your opinion, to what extent has this initiative **contributed to building the leadership capacity** for HPSR and MNCAH **researchers and practitioners** in West and Central Africa? How?
- What has this initiative done particularly well? What could be improved? What challenges have been faced?

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[3] By theory of change we refer to the description and illustration of how and why the changes the COMCAHPSS program desires to occur in West Africa and Cameroon are expected to happen. What does COMCAHPSS theorize what is going to happen between its inception on 1st April 2016 and its close on 31st March 2021 and if applicable beyond; to lead to its desired goals being achieved.
https://www.theoryofchange.org/what-is-theory-of-change/

Research

- Are you aware of the following COMCAHSPP initiatives? Could you describe this to me?
  - *Support HPSR and MNCAH research projects*
  - *Support research supervisor/mentor program*
- For each of the ones you are aware of:
    - *In your opinion, to what extent has this initiative contributed to building the capacity for HPSR and MNCAH research in West and Central Africa? How?*
    - *What has this initiative done particularly well? What could be improved? What challenges have been faced?*

Practice

- Are you aware of the following COMCAHPSS initiatives? Could you describe this to me?
    - *Research communication interventions*
    - *Researcher, media and civil society engagement program*
- For each of the ones you are aware of:
  - *What is the progress on this initiative?*
  - *What has this initiative done particularly well? What could be improved? What challenges have been faced?*

NETWORKING INTERVENTIONS

- Are you aware of the following COMCAHPSS initiatives? Could you describe this to me?
    - *The West African Network of Emerging Leaders (**WANEL**)*
    - *Support to develop and maintain practice **community of practice** for HPSR and MNCAH research*
    - *Support to attend local **and international conferences***
- For each of the ones you are aware of:

  - *In your opinion, to what extent has this initiative contributed to developing **linkages and networks among junior and middle level HPSR researchers** and practitioners in West Africa?*
  - *What has this initiative done particularly well? What could be improved? What challenges have been faced?*

INTERVENTIONS AIMED AT COLLABORATION WITH WAHO

- Are you aware of **COMCAHPSS collaboration with the West Africa Health Organization (WAHO)**? Could you describe it to me?
- To what extent has this collaboration contributed **to the promotion of the use of research evidence** for health systems decision making? How?
  - *Probe (what worked? What didn't work? What more can be done?)*
- To what extent has this collaboration **contributed to strengthening collaboration between HPSR and MNCAH researchers** and policy makers?
  - *Probe (what worked? What didn't work? What more can be done?)*

- What has this initiative done particularly well? What could be improved? What challenges have been faced?

Thank you for your time

Appendix II: In-depth Interview guide – French Version

Guide thématique pour les entrevues avec des informateurs clés pour l'évaluation à mi-parcours du projet du Consortium du renforcement des politiques et des systèmes de sante des mères, des neo-nées, des enfants et des adolescents (CoMCAHPSS)

QUESTIONS INTRODUCTIFS

- Pourriez-vous vous présenter brièvement, l'Organisation pour laquelle vous travaillez et le rôle que vous jouez dans votre organisation?
- Depuis combien de temps participez-vous au programme COMCAHPSS, êtes-vous toujours impliqué dans le programme?
- Pouvez-vous expliquer brièvement comment vous êtes (ou avez été) impliqué (e) dans le programme COMCAHPSS? Avez-vous bénéficié d'une initiative spécifique du COMCAHPSS?

QUESTIONS GENERALES CONTEXTUELS

- Comment décririez-vous les progrès accomplis par le pays sur les résultats en matière de santé maternelle, néonatale, infantile et adolescente?
- Comment décririez-vous la force et la résilience du système de santé du pays?
- *Comment décririez-vous la capacité du pays pour la recherche sur la Recherche de Système et Politique de santé- RSPS(l'HPSR) et la santé de la maternale, néo-nées,infantile et adolescente -SMNNIA-le MNCAH? (pensez aux personnes formées, aux compétences des individus, à la combinaison de compétences, au nombre et à la capacité des établissements de formation, à la production de l'établissement de formation, à la demande de qualifications, etc.) – que diriez-vous dans votre propre institution?*
- Comment décririez-vous l'état des liens et de la collaboration entre les chercheurs du HPRS et du MNCAH?
- ***Comment décririez-vous la capacité du pays à diriger la pratique et la recherche de*** *Recherche de Système et Politique de santé **–HPSR-l'HPSR**/ et la santé maternale, néo-nées,infantile et adolescente -SMNNIA-le **MNCAH?** que diriez-vous dans votre propre institution?*
- Comment décririez-vous la **culture et la capacité du pays à faire des preuves éclairées**? **que diriez-vous dans votre propre institution?**

QUESTIONS GENERALES SUR LES OBJECTIFS ET LA THEORIE DE CHANGEMENT DE CoMCAHPSS

- Pouvez-vous m'expliquer brièvement votre compréhension du **genre de changements et de résultats** que le programme COMCAHPSS cherche à atteindre?
    - *[L'interviewer ou le questionneur prendra le temps d'entremettre et guider l'interviewe sur les objectifs de CoMCAHPSS comme fourni]*
- À votre avis, **les objectifs** du COMCAHPSS **sont-ils adaptés** au contexte dans lequel le programme fonctionne, et aux objectifs généraux des programmes? Comment peut-on les améliorer?

- Pourriez-vous décrire brièvement comment ce changement peut et sera apporté?[4]
    - *[l'interviewer devra la théorie du changement à l'interviewe, tout en se référant au document fourni à cette dernière]*
- Selon vous, la théorie du changement du COMCAHPSS est-elle appropriée compte tenu des buts et des objectifs du programme? Pourquoi? Comment peut-il être **amélioré?**
- Comment évaluerais-tu les progrès accomplis par le COMCAHPSS pour atteindre ses objectifs fixés [renvoyer l'intimé aux six objectifs]? Quels facteurs ont influencé cela?

<u>QUESTIONS SUR LA GOUVERNANCE DU COMCAHPSS</u>

- Connaissez-vous les **structures et mécanismes de gouvernance** de la COMCAHPSS (p. ex., supervision des programmes, organogramme, mécanismes de déclaration, processus décisionnels, approche des partenariats)?
- Si oui, pouvez-vous m'expliquer brièvement votre **compréhension des structures et des mécanismes de gouvernance** du programme COMCAHPSS?
- Quels sont **les points forts** des **structures** et des mécanismes **de gouvernance** du programme COMCAHPSS? En quoi cela a-t-il eu une incidence sur la capacité du programme à atteindre ses objectifs?
- Que diriez-vous **des faiblesses des structures et des mécanismes de gouvernance de la COMCAHPSS**? En quoi cela a-t-il eu une incidence sur la capacité du programme à atteindre ses objectifs?
- Comment améliorer **les structures et mécanismes de gouvernance** du programme COMCAHPSS? Pourquoi?

<u>QUESTIONS SPÉCIFIQUES À L'INTERVENTION</u>

INTERVENTIONS DE RENFORCEMENT DES CAPACITÉS

<u>Cross-cutting – leadership/capacité de recherche/pratique</u>

Bi-annual seminars

- Êtes-vous au courant du plan d'exécution **des séminaires semestriels de l'Afrique de l'Ouest** organisés/soutenus par le COMCAHPSS?
- Si oui, pourriez-vous me décrire comment ces séminaires ont été planifiés pour fonctionner?
- Pourriez-vous me décrire les progrès accomplis dans le plan d'exécution de ces séminaires?
- Quels défis ont été rencontrés? Quelles opportunités existent-elles?

<u>Leadership</u>

Pan-African DrPH programme/ Programme panafricain de DrPH

[4] Par théorie du changement, nous nous référons à la description et à l'illustration de comment et pourquoi les changements que le programme COMCAHPSS désire avoir en Afrique de l'Ouest et au Cameroun devraient se produire. Qu'est-ce que COMCAHPSS théorise ce qui va se passer entre sa création le 1er avril 2016 et sa fermeture le 31 mars 2021 et le cas échéant au-delà; atteindre les objectifs souhaités.
https://www.theoryofchange.org/what-is-theory-of-change/

- Êtes-vous au courant de l'initiative du COMCAHPSS pour appuyer l'élaboration et la mise en œuvre du Programme panafricain de DrPH? Pourriez-vous me décrire cela?
- À votre avis, dans quelle mesure cette initiative a-t-elle **contribué à renforcer la capacité de leadership des chercheurs et praticiens** de l'HPSR et du MNCAH en Afrique de l'Ouest et du centre? Comment?
- Qu'est-ce que cette initiative a particulièrement bien fait? Qu'est-ce qui pourrait être amélioré? Quels défis ont été rencontrés?

Recheche

- Connaissez-vous les initiatives suivantes du COMCAHSPP? Pourriez-vous me les décrire?
  - *Support HPSR and MNCAH research projects/ soutenir les projets de recherche HPSR et MNCAH*
  - *Soutien/support au superviseur de recherche/Programme de mentorat*
- Pour chacun de ceux que vous connaissez:
  - *à votre avis, dans quelle mesure cette initiative a-t-elle contribué à renforcer la capacité de recherche de l'HPSR et du MNCAH en Afrique de l'Ouest et du centre? Comment?*
  - qu'est-ce que cette initiative a particulièrement bien fait? Qu'est-ce qui pourrait être amélioré? Quels défis ont été rencontrés?

Pratique

- Connaissez-vous les initiatives suivantes du COMCAHPSS? Pourriez-vous me les décrire?
  - *Interventions de communication de recherche*
- *programme d'engagement des chercheurs, des médias et de la société civile*
- Pour chacun de ceux que vous connaissez:
  - *quels sont les progrès accomplis dans cette initiative?*
  - *qu'est-ce que cette initiative a particulièrement bien fait? Qu'est-ce qui pourrait être amélioré? Quels défis ont été rencontrés?*

NETWORKING INTERVENTIONS/INTERVENTIONS DE RESEAUTAGE

- Connaissez-vous les initiatives suivantes du COMCAHPSS? Pourriez-vous me décrire cela?
  - *Le réseau ouest africain des leaders émergents (WANEL)*
  - *Soutien au développement et au maintien de la pratique de la **communauté de pratique** pour la recherche HPSR et MNCAH*
  - *soutien pour assister aux conférences locales et internationales*
- Pour chacun de ceux que vous connaissez:
  - *A votre avis, dans quelle mesure **cette initiative a-t-elle contribué à l'établissement de liens et de réseaux entre les chercheurs et les praticiens de l'HPSR** de l'Afrique de l'ouest?*
  - *Qu'est-ce que cette initiative a particulièrement bien fait? Qu'est-ce qui pourrait être amélioré? Quels défis ont été rencontrés?*

INTERVENTIONS VISANT À COLLABORER AVEC l'OOAS

- Connaissez-vous la **collaboration de la COMCAHPSS avec l'organisation l'Ouest Africaine de la santé**? Pourriez-vous me le décrire?
- Dans quelle mesure cette collaboration a-t-elle contribué à **la promotion de l'utilisation des preuves de recherche** pour la prise de décision des systèmes de santé? Comment?
  - *Explorer (ce qui a fonctionné? Ce qui n'a pas fonctionné? Que peut-on faire de plus?)*
- Dans quelle mesure **cette collaboration a-t-elle contribué à renforcer la collaboration entre les chercheurs et les décideurs** de l'HPSR et du MNCAH?
  - *Explorer (ce qui a fonctionné? Ce qui n'a pas fonctionné? Que peut-on faire de plus?)*
- Qu'est-ce que cette initiative a particulièrement bien fait? Qu'est-ce qui pourrait être amélioré? Quels sont les défis rencontrés?

Merci pour votre temps

Appendix III: Informed Consent Form – English Version

Study title: Mid-term review of The Consortium for Mothers, Children, Adolescents and Health Policy and Systems Strengthening (COMCAHPSS) project

A. HEADING: Consent form for stakeholders of the COMCAHPSS Programme

B. PARTICIPANT STATEMENT AND SIGNATURE

I certify that I voluntarily agree to answer the interview questions, that the study has been explained to me. All my questions have been answered satisfactorily. I understand I am free to discontinue participation at any time if I so choose. I understand that I will be given copies of the participants information and signed or thumb printed consent form for my personal records before administration of the research questioners.

____
Signature
Date

C. INVESTIGATOR STATEMENT AND SIGNATURE

I certify that the participant has been given ample time to read and learn about the study. All questions and clarifications raised by the participant have been addressed.

____
Signature
Date

Appendix IV: Informed Consent Form – French Version
FORMULAIRE DE CONSENTEMENT

Titre de l'étude: Évaluation à mi-parcours du projet du COMCAHPSS (Consortium pour les mères, les enfants, les adolescents, et le renforcement des politiques et systèmes de santé.

A.TITRE: Formulaire de consentement pour les parties prenantes du programme COMCAHPSS

B. DECLARATION ET SIGNATURE DU PARTICIPANT

Je certifie que j'accepte volontairement de répondre aux questions de l'entretien, que l'étude m'a été expliquée. Toutes mes questions ont reçu une réponse satisfaisante. Je comprends que je suis libre d'interrompre ma participation à tout moment si je le souhaite. Je comprends que des copies des informations sur les participants et un formulaire de consentement signé ou gravé avec une empreinte digitale me seront remis pour avant l'administration des questionnaires de recherche.

____
Signature
Date

C. DECLARATION ET DU SIGNATURE DU CHERCHEUR/INVESTIGATEUR

Je certifie que le participant a eu amplement le temps de lire et d'apprendre à propos de l'étude. Toutes les questions et clarifications soulevées par le participant ont été proprement adressées.

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Signature
Date

Appendix V: List of Individuals Interviewed

No	Name	Designation	Organization	Country
1	Dr. Abdour Elhadji Dagobi	scientific director	LASDEL	Niger
2	Dr. Abdulaye Ohsseini	Researcher	LASDEL	Niger
3	Dr. Abigail Derkyi-Kwarteng	Public health specialist and District Director of Health Service	the Ghana Health service	Ghana
4	Dr. Agoustina Kodua	Lecturer	University of Ghana school of pharmacy	Ghana
5	Dr. Aku Kwame	health policy and systems researcher	Independent researcher	Ghana
6	Dr. Ali Bako	Researcher	LASDEL	Niger
7	Dr. Andrews Ayim	Senior resident and training coordinator	Ghana college of physicians and surgeons	Ghana
8	Dr. Farouk Gaoh	Researcher	LASDEL	Niger
9	Dr. Gina Teddy	director for the center for health systems and policy research	GIMPA	Ghana
10	Dr. Hamani Oumaron	Researcher	LASDEL	Niger
11	Prof. Irene Agyepong	COMCAHPSS PI	Ghana Health Service	Ghana
12	Dr. Moha Mahaman	Researcher	LASDEL	Niger
13	Dr. Nana Enyimayew	public practitioner and chairman of the support	Ghana college of physicians and surgeons	Ghana
14	Dr. Rogers Atinga	Lecturer	University of Ghana business school in the department of public administration and health service management	Ghana
15	Ms. Selina Defor	PhD student	COMCAPHSS/WANEL	Ghana
16	Dr. Ejemai Eboreime	CO-CHAIR	WANEL	Nigeria
17	Dr. Georges Tiahou	Biochemist, Professor at the University, Nutritionist, Chairperson (University of Bouake)	University of Bouake, M.O.H	Cote d’Ivoire
18	Dr. Jean Paul Dossou	Director in Public Health	M.O.H	Benin

19	Dr. Ramatoulaye Diallo	Expert in Communication and Advocacy	CEFOREP	Senegal
20	Dr. Meda Ziemblé Clement	Public Health Specialist	Institut Superieur de la Santé	Burkina Faso
21	Dr. Jean Paul Dossou	Director in Public Health	M.O.H	Benin
22	Mr. Felix Obi	Public health and research uptake expert	WANEL	Nigeria
23	Ms. Rita Anaba	Service Improvement Coordinator	African Institute of Health Policy and Health Systems, Ebonyi State University	Nigeria
24	Dr. Samba Kor	Medical Doctor, public health specialist	MOH	Senegal
25	Dr. Medaz Ziemble Clement	University Professor	University of Nazi Boni of BOBODIOULASSO	Bukina Faso
26	Dr. Ibrahim Nassirou	PHD Student at the University of Montreal	ISSP	Niger

Appendix V: List of Reviewed Documents

1. COMCAHPSS Third Technical Report 1 APRIL 2017 – 3O SEPTEMBER 2017
2. COMCAHPSS Fourth Technical Report 1 OCT 2017 – 31 MAR 2018
3. COMCAHPSS Fifth Technical Report 1 APR 2018 – 30 SEP 2018
4. COMCAHPSS Sixth Technical Report 1 OCT 2018 – 31 MAR 2019
5. Update of status of COMCAHPSS PhD students (26th November 2018)
6. "A cord of three strands is not quickly broken" report on the Accra Pan African DrPH consortium meeting – Wednesday 14th to Thursday 15th of November 2016
7. Health policy and systems (HPS) and MNCAH research coaching and mentoring programme. The report of the 6 week ACCRA programme for the ECOWAS sub-region and Cameroon – June 12th to July 21st 2017
8. Health Policy and Systems (HPS) and MNCAH Research coaching and mentoring program: Summary of trainee draft proposals developed over the 6 weeks (12th June to 21st July 2017)

Appendix VI: Ethics Approval