



 **EQUAL**
EVIDENCE & IMPACT FOR MOTHERS & NEWBORNS
LIVING IN CONFLICT

FRAMEWORK

ACRONYMS AND ABBREVIATIONS

ANC	Antenatal Care
CAC	Conflict-affected Contexts
CBMNC	Community Based Maternal and Newborn Care
CEO	Chief Executive Officer
CHW	Community Health Worker
CoP	Community of Practice
CS	Capacity Sharing
CSO	Civil Society Organisation
DALY	Disability-Adjusted Life Years
DRC	Democratic Republic of Congo
ENAP	Every Newborn Action Plan
EPMM	Ending Preventable Maternal Mortality
EQUAL	Ensuring Quality Access and Learning for Mothers and Newborns in Conflict-Affected Contexts
FCDO	Foreign, Commonwealth & Development Office
FPC	Finance and Partnership Coordinator
FWH	Female Health Worker
FIGO	International Federation of Gynecology and Obstetrics
GBV	Gender Based Violence
gCAG	Global Consortium Advisory Group
GESI	Gender Equity and Social Inclusion
GFF	Global Financing Facility
GHC	Global Health Cluster
IHVN	Institute of Human Virology, Nigeria
IRC	International Rescue Committee
IAWG	Inter-Agency Working Group on Reproductive Health in Crises
iCCM	Integrated Community Case Management
IDP	Internally Displaced Persons
JHU	Johns Hopkins University
KII	Key Informant Interviews
LIC	Low-Income Countries
LI-CAC	Low-Income, Conflict-Affected Countries
LMIC	Low- and Middle-Income Countries

ACRONYMS AND ABBREVIATIONS

M&E	Monitoring and Evaluation
MIHR	MOMENTUM Integrated Health and Resilience
MNCH	Maternal Newborn Child Health
MNH	Maternal and Newborn Health
MoH	Ministry of Health
MPDSR	Maternal and Perinatal Death Surveillance and Response
nCAG	National Consortium Advisory Group
PEA	Political Economy Analysis
PHCC	Primary Health Care Center
PI	Principal Investigator
PSBI	Possible Serious Bacterial Infection
PPH	Post-Partum Hemorrhage
PMNCH	Partnership for Maternal, Newborn & Child Health
PNC	Postnatal Care
QoC	Quality of Care
RCT	Randomised Control Trial
RD	Research Director
RU	Research Uptake
R4R	Rebuild for Resilience
RH	Reproductive Health
RPC	Research Programme Consortia
SDG	Sustainable Development Goals
SORDI	Somali Research and Development Institute
ToC	Theory of Change
TWG	Technical Working Group
VfM	Value for Money
UCB	Catholic University of Bukavu
UHC	Universal Health Coverage
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WG	Working Group
WHO	World Health Organization
VAWG	Violence Against Women and Girls

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SUMMARY

Ensuring Quality Access and Learning (EQUAL) for Mothers and Newborns in Conflict-Affected Contexts Consortium officially began in July 2021. This programme will produce evidence that is accessible to decision-makers thereby helping to encourage strategic investments in maternal and newborn health (MNH) and to inform MNH policies and programming at the global, national, and sub-national levels. EQUAL will conduct its research in four low-income, conflict-affected countries (LI-CAC): Democratic Republic of Congo (DRC), Nigeria, Somalia, and South Sudan.

The following report is an overview of the various strategies and frameworks EQUAL will apply throughout programme implementation. This reflects a culmination of activities conducted by partners during the inception period (July 2021-March 2022) and includes:

- Detailed Research Framework
- Research Uptake and Communication Strategy
- Capacity Sharing Strategy
- Gender Equity and Social Inclusion Strategy
- Monitoring & Evaluation Strategy

Additional strategies including for data management, governance, and financial management have been developed but are not included in this overview.

RATIONALE FOR EQUAL

2.4 million neonatal deaths occurred in 2020 representing half of all under-five deaths.¹ The proportion of under-five deaths occurring during the neonatal period is growing. Additionally, two million stillbirths² and 295,000 maternal deaths occur annually.³ The Global Strategy for Women's, Children's and Adolescents' Health was first introduced in 2010 (updated in 2016) to ensure the health and wellbeing of every woman, child, and adolescents. The strategy sets ambitious targets to reduce neonatal mortality rates (NMR) to under 12 per 1,000 live births and maternal mortality ratio (MMR) to under 70 per 100,000 live births by the year 2030 in every country.

Unfortunately, achieving these targets is unlikely, particularly in areas affected by conflict where mortality rates remain significantly higher than in non-conflict-affected areas. Of the countries most at risk of missing the Sustainable Development Goal (SDG) targets for neonatal mortality, 39% are fragile and conflict-affected.⁴ These rates—and those for stillbirth and maternal mortality – are likely to rise with some estimates anticipating two-thirds of the world's poor population to live in fragile states by 2030.⁵

Recognizing this reality, there is an urgent need to invest in research and innovation to expand access to life-saving services with a focus on the most marginalised, hard-to-reach populations, most especially those living in humanitarian and fragile contexts. Reaching the global targets to end preventable deaths, to achieve universal health coverage (UHC), and to end extreme poverty are contingent upon this concerted action. This directly aligns with the Global Strategy and with FCDO's commitment to invest in fragile states, and in women and girls living in such contexts per FCDO's Gender Strategy.

Aligning this with commitment, EQUAL aims to reduce maternal and perinatal mortality and morbidities among the most vulnerable, conflict-affected populations by generating evidence to improve the provision of high-quality intrapartum and immediate postpartum care in the most challenging settings. The consortium's ambitions will help to advance FCDO's call to "generate evidence on how to address the toughest challenges in the hardest places" to leave no one behind, as well as FCDO's commitment to end all preventable deaths of mothers, babies, and children.⁶

In designing the programme, EQUAL partners committed to strengthening the evidence-base in LI-CACs located in Sub-Saharan Africa – an intentional decision to narrow the geographic focus rather than broadly targeting "humanitarian contexts" and the wide variables that would bring. Referencing the most recent estimates (2017), three out of the four EQUAL focus countries reported the highest maternal mortality ratios (MMR) worldwide (with South Sudan reporting the highest at 1,150 maternal deaths per 100,000 live births), and a reported annual rate of reduction in maternal mortality of less than five percent – a rate now stagnant or slowing in many places.⁷

With this focus, EQUAL will build a platform to strengthen the quality of and continuity with reproductive, antenatal, postnatal, and child health services, with the ambition of supporting systems that end all preventable maternal, neonatal, and child deaths and unwanted pregnancies. Across EQUAL's research and related activities, the consortium will embrace FCDO's vision of putting women and girls at the centre with a commitment to capture and respond to their experiences surrounding pregnancy and identify opportunities to integrate family planning across the continuum of care.

OVERVIEW OF EQUAL PARTNERS

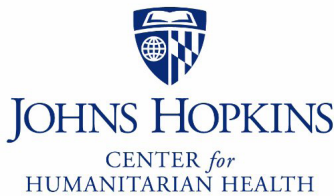
To achieve EQUAL's objectives, the EQUAL consortium consists of five partners: the Institute of Human Virology Nigeria (IHVN), International Rescue Committee (IRC) (consortium prime), Johns Hopkins Center for Humanitarian Health, Somali Research and Development Institute (SORDI), and the Université Catholique de Bukavu (UCB) in the DRC.



Institute of Human Virology Nigeria (IHVN) is a non-governmental organization established in 2004 to address the HIV/AIDS crisis in Nigeria through developing infrastructure for treatment, care, prevention, and support for people living with and those affected with HIV/AIDS. IHVN has now expanded its services to other infectious diseases like tuberculosis and malaria and non-infectious diseases, including cancers. As a local organization, the Institute is structured to develop and maintain linkages within and outside the country in collaborative ways that support the Government of Nigeria's health sector strategic plans. It has trained thousands of health care professionals, developed midwifery and community health practitioner curricula, generated evidence for policy, supported national guidelines and standard operating procedures, and conducted implementation research and quality improvement in health facilities and within government agencies. As part of the EQUAL consortium, IHVN will work in Yobe State to conduct an assessment of midwifery education and services and an evaluation of readiness and quality of MNH care in health facilities.



International Rescue Committee (IRC) responds to the world's worst humanitarian crises, helping to restore health, safety, education, economic wellbeing, and power to people devastated by conflict and disaster. Founded in 1933 at the call of Albert Einstein, the IRC is at work in over 40 countries and over 20 U.S. cities helping people to survive, reclaim control of their future, and strengthen their communities. IRC supports primary health care programs, including MNH services, in more than 20 countries and its research and innovation department (the Airbel Impact Lab) has conducted more than 120 studies, including RCTs and mixed-method research in conflict-affected countries. The IRC is the Prime for this contract helping to lead the EQUAL consortium.



The Johns Hopkins Center for Humanitarian Health is a collaborative academic program that draws upon a variety of disciplines, including epidemiology, demography, health systems management, and political science. The university-wide Center is housed within the Johns Hopkins Bloomberg School of Public Health which is dedicated to the improvement of health for all people through the discovery, dissemination, and translation of knowledge, and the education of a diverse global community of research scientists, public health professionals, and others in positions to advance the public's health. Johns Hopkins Bloomberg School of Public Health is home to the first and largest department focused on international health and has research in over 120 countries. As part of EQUAL, the Center will support the consortium by providing technical expertise and support on both research and MNH.



Somali Research and Development Institute (SORDI) is a think-tank accredited by the Somali Federal Government, engaged in multidisciplinary research, learning, and capacity sharing. SORDI specializes in addressing complex humanitarian problems in Somalia, including integrated approaches to health systems strengthening, accelerated quality education programs learning, and is part of the first private sector partnership for health in Somalia. As part of the EQUAL consortium, SORDI will conduct implementation research on community health worker delivered maternal and newborn health services as well as an assessment of midwifery education and services.



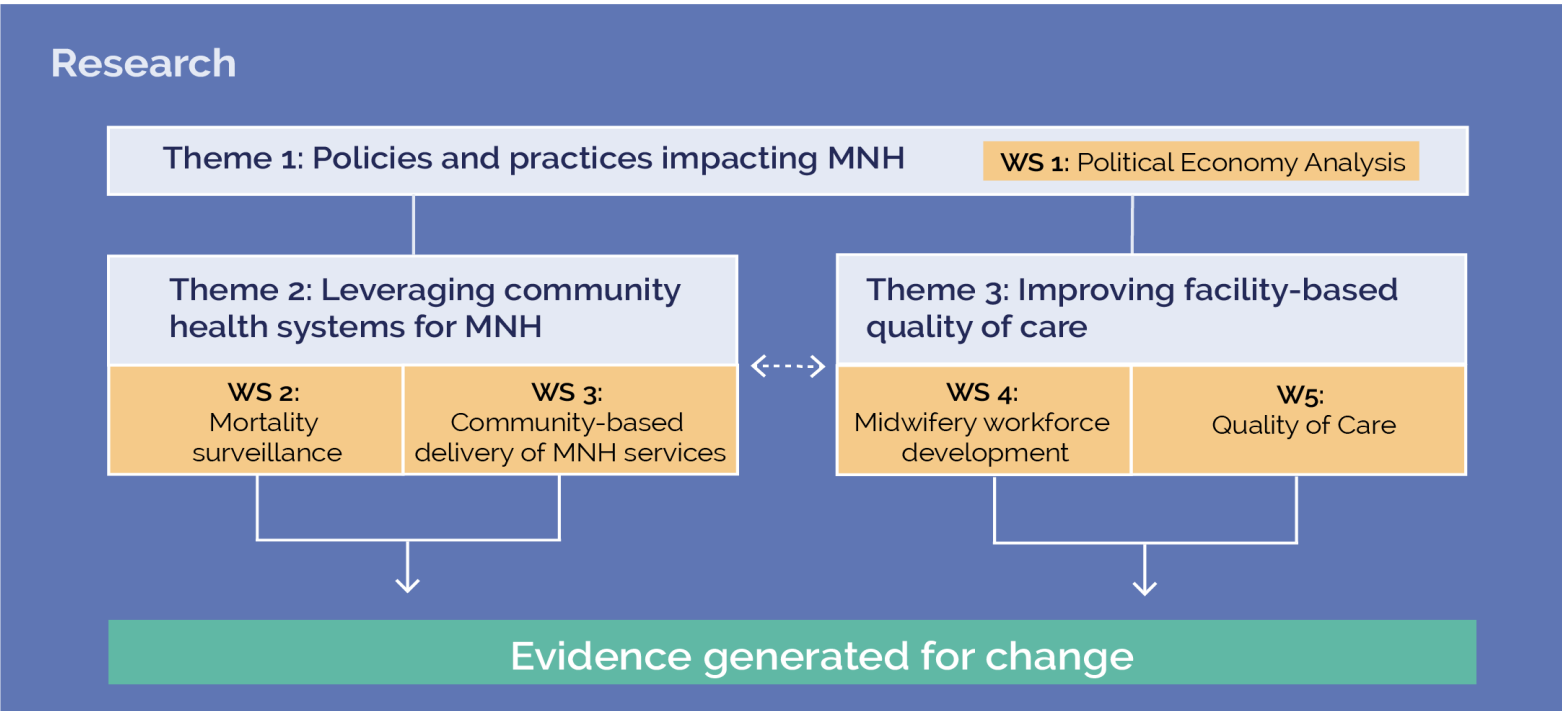
Université Catholique de Bukavu Campus (UCB) is a non-profit private higher education institution, with a Regional School of Public Health created in 2009. UCB envisions to be a center for excellence for public health teaching and research and promotion of evidence-based policies indispensable for health systems resilience in the Great Lakes region. As a clinical training institution, it has supported a strong network of secondary and referral health facilities across the Kivus. The School of Public Health has extensive experience in child malnutrition, maternal and child health, and the management of health institutions. It is deeply immersed in the issue of health in the context of armed conflicts. As part of the EQUAL consortium, UCB will conduct research on doing maternal and perinatal death estimations using community health systems as well as an evaluation of readiness and quality of MNH care in health facilities across North and South Kivu.

A partner for South Sudan is being identified (as of April 2022).



Overview of the research framework

There is a significant lack of evidence on the most effective approaches for delivering high-quality MNH services in LI-CACs. EQUAL is committed to filling these gaps by conducting research on the best approaches for ensuring high-quality health services are accessible and responsive to the unique needs and challenges of delivering healthcare in conflict-affected settings. This means identifying strategies to improve the quality of care at health facilities while also supporting methods for delivering care in communities when the formal system may be disrupted or inaccessible. EQUAL's research agenda seeks to provide evidence on the extent to which investments in community- and facility-level services can address preventable maternal and perinatal mortality, and where targeted investments can improve health outcomes. EQUAL's theory of change acknowledges the need to lay the foundation for the research by identifying realistic opportunities for change in maternal and newborn healthcare prioritisation and provision via the execution of Political Economy Analyses (PEA) in each context (Theme 1). Integrating learnings from the PEA, EQUAL will examine key research gaps for both community-based MNH services (Theme 2) and facility-based MNH services (Theme 3), recognising the need for both systems to function effectively and interact with each other to end preventable deaths, particularly in contexts where access to services remain challenging.



EQUAL RESEARCH THEMES AND WORKSTREAMS



Specifically, EQUAL focuses on three themes, under which there are a total of five research workstreams.

THEME 1	POLICIES AND PRACTICES IMPACTING MNH
<p>The EQUAL consortium selected MNH as its focus because of the high and disproportionate burden of maternal and neonatal mortality in LI-CACs. Where government policies exist, implementation may be weak due to a range of factors including a lack of political will, inadequate funding, health worker capacities, governance and financing status quo, and "soft elements" of the health system including power dynamics, gender and social norms and values attached to women and girls' reproductive health, and broader contextual factors such as gender mainstreaming in the health system and the political economy of health agenda more broadly. There is increasing recognition of the importance of understanding the political economy in the health sector – and in the MNH sector specifically – to improve the effectiveness of policy making and programmatic practice.⁸</p>	
<p>Workstream 1: Political Economy Analysis</p>	<p>Goal: To identify entry points for EQUAL to influence positive change in MNH in LI-CACs by examining the political, social, and economic incentives that drive the functioning and behaviour of key MNH stakeholders and institutions.</p> <p>Objectives:</p> <ul style="list-style-type: none"> • To review and synthesise the evidence base (grey and published literature) for understanding MNH policy processes, content, and context in LI-CACs, particularly examining the central role of actors in policymaking and implementation • To assess stakeholder perspectives of factors influencing MNH policy making and implementation in LI-CACs • To triangulate the evidence base and stakeholder perspectives and provide formative evidence for further research in community health systems and quality of care in EQUAL focus countries • To triangulate the evidence base and stakeholder perspectives and inform a strategy for research uptake, policy engagement, and the prioritisation of MNH in EQUAL focus countries/LI-CACs <p>Methods: For each in-country analysis, partners aim for descriptive approaches that capture all of these elements through literature reviews and key informant interviews, and for comparative analysis, a more explanatory approach that synthesises cross-context data and provides a high-level understanding of the political economy of MNH in LI-CACs and feeds into the project-specific approach for research uptake.</p> <p>Countries: DRC (sub-national), Nigeria (sub-national), Somalia, South Sudan (national)</p>

The reach of health facility services remains limited across many areas of LI-CACs. In South Sudan, for example, it is estimated that only one quarter of the population lives within five kilometres of a health facility⁹ and only 12% of women deliver at a health facility with skilled birth attendants.¹⁰ Many factors may contribute to the decision not to seek care from the formal health system including weak or destroyed health systems, insecurity en route, limited means to access facility-based care, cultural and social traditions and preferences, gender dynamics impacting decision-making around care, and a perception of poor quality and disrespectful care at facilities.

Recognising this, it is clear the ambitions of UHC by 2030 cannot be met without simultaneously investing in both community and facility-based health systems. Despite this, there is limited understanding of how community health systems can be effectively leveraged to deliver lifesaving MNH services and capture vital statistics in LI-CACs. There is also a lack of data on how community health programmes can adapt and respond to crises from the onset and/or address population-level inequities.

Workstream 2:

Maternal and perinatal mortality surveillance

Goal: To assess the feasibility, acceptability, and effectiveness of community-based maternal and perinatal death surveillance

Objectives:

- To assess existing surveillance and data collection systems' functionality and capacity to capture pregnancies and maternal and perinatal mortality
- To understand sociocultural practices surrounding death and how insecurity and displacement impacts such practices including incentives, disincentives, and barriers to reporting vital events and trust in humanitarian and health sector actors
- To design and evaluate the feasibility of reinforcing existing facility-based mortality surveillance with community-based pregnancy and maternal/perinatal mortality surveillance

Methods:

- **Phase 1 – Formative assessment:** Formative research will be conducted to inform the approach the study team will use to implement and/or strengthen community-based maternal and perinatal death and pregnancy surveillance, using methods such as data systems mapping, desk review, qualitative research on experiences around reporting mortality.
- **Phase 2 – Surveillance system strengthening and evaluation:** Based on the formative research findings, EQUAL aims to work with key stakeholders (e.g., MoH and communities) to co-develop and/or strengthen and evaluate a community-based surveillance strategy to report pregnancies, births, and maternal and perinatal mortality. A combination of record and documentation review, structured surveys/assessments, and in-depth interviews will be employed.

Countries:

- DRC
- South Sudan

THEME 2	LEVERAGING COMMUNITY HEALTH SYSTEMS FOR MNH
<p>Workstream 3:</p> <p>Community-based delivery of MNH services</p>	<p>Goal: To design, implement, evaluate, and iterate on an effective and client-demanded CBMNC programme to reduce adverse MNH outcomes and improve uptake of evidence-based interventions</p> <p>Objectives:</p> <ul style="list-style-type: none"> • To determine baseline rates of key essential newborn care behaviours and other key MNH indicators, e.g. facility delivery, skilled birth attendance rate, breastfeeding (early initiation, exclusive), clean cord care, thermal care • To estimate the difference in rates of aforementioned behaviours comparing pre-post rates in the control versus intervention areas of a new CBMNC programme • To identify current demand and supply side facilitators or barriers to the uptake of lifesaving MNH behaviours at the home to inform programme design • To document operational challenges and solutions tested while implementing a CBMNC programme <p>Methods: This study will be a mixed methods study, involving a quasi-experimental study design and an integrated process evaluation. EQUAL research teams will take this approach to be able to articulate not only whether a CBMNC programme increased uptake of life-saving behaviours and commodities, but also how and why or why not. We will explore the possibility of switching to an experimental design based on logistical feasibility.</p> <p>Countries:</p> <ul style="list-style-type: none"> • Somalia • South Sudan

THEME 3

IMPROVING FACILITY-BASED QUALITY OF CARE

To end all preventable maternal and neonatal deaths, implementation of high-quality antenatal, intrapartum, and postnatal care is necessary – this includes emergency obstetric care and inpatient care for small and sick newborns. However, the interventions and delivery modalities that would ensure these practices are accessible and of high quality in LI-CACs remain unclear. Within these contexts, there is limited understanding of health workforce capacity, facility readiness, or the lived experiences of women and their healthcare providers.

Workstream 4:

Midwifery
workforce
development

Goal: To gain deeper understanding and actionable insights into issues influencing midwives' ability to deliver quality MNH services in LI-CACs.

Objectives:

- To assess the quality of midwifery pre-service education
- To compare the experiences and costs to students of community midwifery education and basic midwifery education programmes in Yobe State, Nigeria and of public and private midwifery education programs in Benadir and Galgaduud, Somalia
- To generate evidence on factors affecting early career midwives' workforce participation, performance, and retention by tracking a cohort of graduates over the life of the project
- To document early career midwives' experiences working in conflict-affected areas, including changes in responsibilities, personal and professional stressors, and support networks during periods of increased insecurity, with additional exploration of factors associated with the midwives' gender and social identity

Methods: Guided by the Pre-Service Education (PSE) theoretical framework,¹¹ EQUAL will conduct a mixed methods research study that includes mapping and rapid assessment of the quality of midwifery pre-service education in EQUAL sites. Also, guided by the Barriers to Quality of Care by Midwifery Personnel,¹² EQUAL will conduct an annual longitudinal cohort study (enrolling and following cohorts of midwifery students and graduates) to identify factors affecting early career midwives' workforce participation, performance, and retention and to document their experiences working in conflict-affected areas (including changes in responsibilities, personal and professional stressors, and support networks during periods of increased insecurity).

Countries:

- Nigeria
- Somalia

THEME 3	IMPROVING FACILITY-BASED QUALITY OF CARE
<p>Workstream 5:</p> <p>Facility-based quality of care evaluation</p>	<p>Goal: To assess the quality of maternal and newborn care available at health facilities in EQUAL locations</p> <p>Objectives:</p> <ul style="list-style-type: none"> • To assess readiness to provide routine and emergency obstetric and newborn care services at accessible (based on security and distance) health facilities in EQUAL study areas using facility assessment checklists, record reviews, and interviews with staff • To assess quality of routine intrapartum and immediate postnatal care at select facilities using structured, standardised clinical observation checklists • To understand women’s experience of care during childbirth at health facilities using a combination of qualitative and quantitative methods. This includes adaptations of tools for assessing the provision of person-centred maternity care and the prevalence of disrespect and abuse, and understanding women’s expectations and experiences of care during and after childbirth, including women with disabilities, IDPs, survivors of GBV, people living with HIV, and those of different ethnicities or religions. <p>Methods:</p> <ul style="list-style-type: none"> • Facility inventory and record review at all accessible health facilities offering MNH services to verify the availability and storage conditions of medications, supplies, and equipment, as well as available human resources, infrastructure, and protocols for MNH service delivery • Direct observations of antenatal, intrapartum, and inpatient postnatal care at accessible facilities • Qualitative study to assess women’s experiences of care during pregnancy, childbirth, and immediate postpartum periods <p>Countries:</p> <ul style="list-style-type: none"> • DRC • Nigeria

RESEARCH UPTAKE AND COMMUNICATIONS STRATEGY

EQUAL recognises that the research conducted will have implications on policy, practice, and learning agendas at global, national, and sub-national levels. Simply publishing research is not sufficient for facilitating uptake. EQUAL's research uptake (RU) strategy provides an in-depth look at the strategies and activities partners will undertake to achieve impact. EQUAL will take steps to ensure all RU and communications activities are inclusive. This includes intentionally and meaningfully consulting people displaced by conflict and stakeholders from the disability inclusion and gender equity communities and tailoring messages and outputs accordingly.

While this strategy serves as a roadmap for action, iterative learning will help to ensure it best reflects the systems and structures partners operate in and the results of EQUAL's research. The following is an overview of the RU and Communications Strategy.

Research uptake efforts will occur at multiple levels and with multiple functions:

- 1 Informing policy:** EQUAL believes in the importance of using research to foster evidence-informed discussions and when warranted, contributing to evidence-based advocacy and policy change efforts.
- 2 Contributing to change in programmatic and professional practice:** Using evidence to strengthen programmatic practice is vital to achieving impact. Often, policies exist but lack the guidance needed to be operationalised. RU therefore plays an essential role in proactively soliciting input from professionals – including implementing organisations and health care providers – to ensure research studies are responsive to programmatic needs and can ultimately be adopted into practice.
- 3 Expanding evidence and learning agendas:** RU efforts help ensure research findings contribute to broader evidence and learning agendas and can be used to answer important clinical and/or operational questions. At the same time, RU can help increase demand for similar research in different contexts and at larger scale.

Research uptake vision, goal, and objectives

Research uptake vision

To see MNH in humanitarian settings better prioritised and funded with evidence-based policies and practices that lead to the reduction of maternal and neonatal deaths in LI-CACs.

Long-term research uptake goal

To support and contribute to changes in MNH policy, programmatic practice, and funding leading to more responsive, accessible, and equitable MNH services in conflict-affected settings.

Research uptake objectives

While EQUAL's RU is more focused on impacting change at the national and sub-national levels, the following represent overarching RU objectives which apply to all consortium efforts (global, national, and sub-national).

Primary objective: To see EQUAL's research contribute to global and national research/evidence-base, policy, and programmatic learning agendas on MNH in the humanitarian sector including agendas tied to EQUAL's three thematic workstreams.

Secondary objectives:

- To increase visibility of MNH in humanitarian settings among key actors at global and national levels.
- To advocate for a more enabling environment for changing policy and practice related to EQUAL's workstreams. This includes increased demand for context-specific research and evidence.
- To increase the knowledge, awareness, and political will among local, national, and international stakeholders to prioritise MNH programming and research and to use evidence generated to improve policy and practice in LI-CAC.
- To produce high quality research communications tailored to the needs of different stakeholders to share evidence, lessons learned, and recommendations.
- To strengthen the capacity of key stakeholders – including consortium members, policy makers, civil society, implementers, and donors – to understand, communicate, and use evidence to inform policy and practice.

Research uptake strategies and activities

EQUAL's RU strategies and activities follow FCDO guidelines¹³ featuring four core pillars – stakeholder engagement, capacity sharing (renamed from capacity building by EQUAL), communications, and monitoring and evaluation (M&E). EQUAL added a pillar focused on context. Each pillar is explained below with specific strategies and activities for each. The following strategies and activities cut across all workstreams and countries and will be executed with consideration for gender equity and social inclusion.

Pillar	Strategies	Activities
Context	Understand the contexts where EQUAL is operating including the systems, processes, and perceptions that influence how MNH is or is not prioritised and funded at global, national, and sub-national levels.	<ul style="list-style-type: none"> Political Economy Analyses (PEA) Research briefs
Stakeholder Engagement	Ensure consistent and ongoing engagement with diverse stakeholders from the onset of the project including engaging stakeholders as true thought partners.	<ul style="list-style-type: none"> Stakeholder and power mapping Social network analysis Getting to know actors through the PEA Stakeholder engagement plans & activities including meetings, events, and products
	Cultivate a network of champions willing to use their voice and influence to elevate MNH, EQUAL's research findings, and demand for change and accountability.	<ul style="list-style-type: none"> Setting up and maintaining a global consortium advisory group Setting up and maintaining a national or sub-national consortium advisory groups Identifying and supporting champions from diverse sectors and expertise
Communications	Disseminate evidence generated by EQUAL in compelling, digestible, and understandable ways using different formats and delivery mechanisms	<ul style="list-style-type: none"> Branding Messaging

Pillar	Strategies	Activities
Communications (continued)	Disseminate evidence (continued)	<ul style="list-style-type: none"> Digital communications Convenings & Events Products & Publications
	Elevate MNH on political and humanitarian agendas	<ul style="list-style-type: none"> Traditional media Practice-oriented platforms Sector newsletters & list serves
Capacity Sharing	Build the capacity of stakeholders, including researchers and research users, to generate, interpret, and use data to inform MNH policy and practice	<p>Researchers – EQUAL partners</p> <ul style="list-style-type: none"> Workshop on developing and delivering messages Toolkits and technical assistance for event planning Social media toolkits and 1:1 support Guides for developing and delivering effective presentations Ongoing technical assistance and hands-on support in developing and executing advocacy, influence and engagement strategies, and activities Workshops, templates, and technical advice for developing various products including policy and research briefs <p>Research Users – policy makers and practitioners</p> <ul style="list-style-type: none"> 1:1 meetings with policy makers to share research and help interpret the findings Develop and share synthesis products
M&E for research uptake	Create a culture of learning and flexibility to document progress across all modes of impact and to adapt the RU strategy as needed and appropriate	<ul style="list-style-type: none"> Track activities conducted under other pillars in accordance with M&E strategy Use information and data gathered through M&E to reflect on and improve RU strategy and activities Create and maintain programme monitoring tools such as a workplan to include RU activities and for the RU WG. Recommend strategies and participate in programme and research evaluations as appropriate ensure inclusion of RU in these reviews.

Context-specific RU objectives and strategies

In addition to the overarching RU objectives above, EQUAL partners have defined country and research workstream specific RU strategies with specific objectives based on intermediate milestones. These objectives serve as goal posts to ground EQUAL’s RU within the existing systems and structures and the potential implications of the findings. Ultimately, these objectives will be iterative – partners will regularly review and revisit each as research and stakeholder engagement continues and based on what the findings from the studies reveal.

Efforts towards achieving these objectives will in many cases build on existing efforts. EQUAL does not aim to re-invent the wheel but rather contribute and add value to the broader community.

CAPACITY SHARING STRATEGY

Capacity sharing (CS) is another critical priority for EQUAL. The consortium decided on a capacity sharing model based on the belief that all members have things to teach and things to learn. The CS working group developed the consortium's CS strategy with this tenet emphasised.

The CS working group created organisational and individual self-assessments to understand the learning and development priorities of consortium partners. All researchers were invited to complete the individual assessment and each partner collectively completed the organisational assessments. These assessments contained questions related to existing knowledge and skills and questions to identify areas where respondents and organisations wished to improve capacities. Questions covered a range of topics including research, research methods, project management, research uptake, safeguarding and compliance, and other cross cutting themes.

Based on the results of the assessment, and with feedback/observations from the inception period, the working group partners sought to prioritise topics, determine organisations willing to share their skills on each topic, and to outline general timing for each area. The group then created a detailed CS plan for the first year of implementation.

The consortium intends to take a "just in time" approach which will focus on ensuring consortium members are able to employ skills they are developing in a timely manner. For example, although communicating results was a topic widely requested, capacity sharing on this topic will occur once research teams are approaching a point in which they will start sharing results. Additionally, to recognise different cultural preferences and learning styles, the consortium will look at varied and asynchronous ways to facilitate learning. Strategies will go beyond holding trainings and webinars and include approaches such as mentoring, coaching, hands-on practice, and learning exchanges as appropriate.

GENDER EQUITY AND SOCIAL INCLUSION STRATEGY

The EQUAL GESI strategy was developed through a collaborative process involving all partners and in consultation with external stakeholders. EQUAL's approach will be in line with FCDO's Gender Strategy¹⁴ and Disability Inclusion Strategy¹⁵.

EQUAL recognises a GESI strategy is essential to the consortium's work, specifically given the impact gender, disability, and other intersectional identities have on access to MNH and subsequent health outcomes. EQUAL's approach to mainstreaming equity in its research requires careful consideration of intersecting identities, the barriers, and challenges that these may present to MNH, reflexivity on the role researchers play in inclusion or exclusion, and strategies to promote inclusion in service delivery and research in conflict-affected settings, where existing discrimination and exclusion may be exacerbated. EQUAL will achieve this by:

- Ensuring EQUAL's research uptake and operations support intersectional gender equity and social inclusion.
- Building capacity for intersectional approaches to research, dissemination, and policy within and outside of the consortium.
- Collaborating with other working groups to mainstream gender equity, disability, and inclusion of marginalised populations in their work.



MONITORING & EVALUATION STRATEGY

Having a documented M&E strategy is critical for ensuring the meaningful collection, analysis, and use of monitoring and evaluation data that will help ensure high-quality, on-time research.

M&E data will be used to:

- Ensure activities, outcomes, and spending are on track and appropriate
- Provide evidence of the achievement towards indicators, outcomes, and impact.
- Warn of issues or deviations from the project plan and trigger corrective action or adaptations.
- Support consortium leadership to make decisions.
- Ensure accountability and programme improvement.
- Share lessons learned among both internal and external stakeholders.

EQUAL aims to have records for all activities, analysis for data recorded, learning from all analysis of data, and action from learnings.

EQUAL's M&E strategy includes guiding principles for M&E data and activities and an outline of M&E processes that will be used to track consortium performance and achievements.

The strategy also lays out the EQUAL TOC which describes how the components of the EQUAL project – capacity sharing, research uptake, and research – lead to the stated goal of “a reduction of maternal and perinatal mortality and morbidity in low-income, conflict-affect contexts.”



ENDNOTES

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