

# Catalysing scale-up of maternal and newborn health innovations

## lessons from a case study in North-Eastern Nigeria

**Scaling-up successful maternal and newborn health (MNH) innovations to a wider geographical area should improve the survival of more women and babies.**

We are studying an innovation\* known as the Emergency Transport Scheme (ETS) that aims to increase demand for maternal and newborn health (MNH) services in North-Eastern Nigeria by providing timely and affordable transport to health facilities for mothers and newborn babies in rural communities.

In 2010 the innovation was introduced in Gombe state by the Society of Family Health Nigeria (SFH) in collaboration with the National Union of Road Transport Workers (NURTW), with technical support from Transaid, as part of the Maternal, Newborn and Child Health programme, funded by the Bill & Melinda Gates Foundation. Under the

scheme taxi drivers (NURTW members) are trained by Transaid and supported to provide pregnant women and newborn babies with emergency transport to health facilities, with the active support of their union. They do this voluntarily, and in return are given priority at the motor parks where they queue for clients. In addition, SFH and Transaid advocate about the ETS to state and local government, community leaders and other stakeholders, such as the police, the army operating road blocks and the Road Safety Commission, and organise awareness raising meetings among the wider community. Since 2013, Transaid, with SFH, is scaling-up\* the ETS in the adjoining state of Adamawa, under a grant from Comic Relief. With slight variations, the scheme has been introduced by other implementers into a number of other states in Nigeria in collaboration with the NURTW, with support from different donors and development partners.

Our case study of the ETS is part of a wider qualitative study of scale-up in North-Eastern Nigeria, Ethiopia and Uttar Pradesh in India to understand how to catalyse the scale-up of community-based maternal and newborn health (MNH) innovations, both within and beyond grantee areas.

We conducted 24 interviews focussing on the ETS, in Nigeria, the UK and the USA, between October 2014 and February 2015. In our study, we examine critical factors involved in the decision to scale it up from Gombe to Adamawa state, in particular why certain approaches have been effective, and factors that have enabled and inhibited its scale-up.

**Lessons from this study could help implementing organisations, national and state governments and donors to scale-up successful innovations in the future.**

## Key messages

### Messages for implementers

- Plan for scale-up from the beginning of a project
- Align innovations with the local health system
- Ensure innovations respond to the local context
- Develop an effective advocacy strategy
- Generate strong and robust evidence to advocate for scale-up and plan for introducing an innovation at scale
- Work in close partnership with local organisations and government
- Consider issues of sustainability

### Messages for government and donors

- Government are best-placed to coordinate the stakeholders involved in scaling-up an innovation including donors and their implementers
- Sustainability of scaled-up innovations will require government support in the longer term
- Donors should look to government for coordination and align their funding with government health priorities

# Critical actions to catalyse scale-up:

## Messages for implementers

Drawing on lessons from our case study, we have shown below key factors for implementers to consider when designing their programmes so as to maximise the prospects of innovations being scaled-up.

### Designing innovations for scale-up: 'from the beginning'

Many respondents saw the need for scale-up to be included as an essential part of the project design and work plan, and for key stakeholders, such as local government health officials, to be

involved from the early stages, so that they were fully engaged with the project and supportive of scale-up: *'Once you start with them from the beginning you find you have an easy*

*scale-up; but when they are not aware what is going to happen, definitely when you start your project there will be some issues about it.'*

### The importance of alignment and government support: 'part of a bigger programme'

It is essential to design an innovation that is aligned with local priorities, policies, programmes and systems. ETS aimed to create demand for health care services, which fits closely with the Ministry of Women's Affairs' agenda

and the Nigeria State Health Investment Project, and hence it had government support: *'The fact that ETS is... part of a bigger programme of government focus – that is quite important.'* It is also critical for

implementers to ensure they clearly show how their innovations align with local priorities: *'If we look at it as just ETS then it doesn't align with anything. If you call it MNCH then it aligns with everything.'*

### Responding to local contexts: 'similar but different'

Adaptability in the design of the innovation was also considered essential. Parts of ETS, such as the incentive scheme, have been adapted to suit the circumstances in different areas of Adamawa: *'The project design should be well thought out... If we go to the field with a [fixed] agenda, we have already set ourselves up for failure.'* Nevertheless; *'...the principles of the scheme have to remain the same.'*

Formative assessments are important for developing an understanding of the setting so that an innovation can be adapted to maximise effectiveness: *'... each village or environment may be similar, but it also has differences. If the community does not accept you then there is no way you will be able to scale up.'*

Likewise, neighbouring states may present different political, sociocultural, economic, geographical and infrastructural contexts. As part of planning for scale-up, time should be spent gaining a good understanding of all these contextual aspects to ensure that the innovation is appropriate: *'Approaches that work in one state, most of the time do not work in another state, especially when there are cultural differences.'* It is also important to understand the local health system and build relationships with local stakeholders: *'It can actually be a negative if you walk into one state and say "this works somewhere else, we'd like to copy and paste it across". It is quite a sensitive environment with respect to the independence that each state has.'* As the

basis of adapting and fine-tuning the innovation an assessment of Adamawa state helped gain an understanding of what might be feasible in a new context: *'...it was only through this research that we came to understand that there were some communities [in Adamawa] where we couldn't introduce ETS because the security situation was so bad.'*



If we go to the field with a [fixed] agenda, we have set ourselves up for failure."



**Photo left:** ETS volunteer driver by his car, in Gombe State, Nigeria. © SFH

### The importance of evidence-informed advocacy: *'supported by data that are realistic'*

Advocacy messages need to be strategic and can *'make or break a project'*. Two approaches to advocacy were identified as particularly important for taking demand-side innovations, such as ETS, to scale. The first approach was to advocate using data on the performance of the pilot phase to persuade donors, government and other stakeholder groups on the effectiveness (including cost effectiveness) of the innovation and the impact it can have: *"In doing advocacy we always try to present them*

*with some facts and figures and success stories [such as how many lives have been saved in other states where ETS has been implemented]. We also let them know that there are challenges – with the volunteers the attrition rate is high - but we would rather talk more of the positives, to encourage buy-in."*

The second approach was advocacy to local stakeholders and communities on why they might need such an innovation, to encourage behaviour change and demand. Implementing partners and grassroots implementers

participating in our study stressed that: *'advocacy should target everyone, young and old, community leaders and religious leaders'*. Some respondents suggested that to encourage uptake of the innovation advocacy should be conducted on a one-to-one basis, or face-to-face at large gatherings because limited literacy levels among the population and poor access to power supplies meant print, radio and television were unlikely to reach those for whom the innovation would bring the most benefits.

### Generating strong evidence: *'I push more for outcome indicators'*

Many study participants spoke of the importance of strong and robust evidence in catalysing scale-up. In addition to contextual data (*see above*), they identified two other types of data:

#### **Data on the effectiveness of the innovation to justify its scale-up:**

Evidence of effectiveness can be used when advocating to donors in support of a funding application and then reporting back, as well as when raising awareness among local stakeholders and the community. From a donor viewpoint evidence was essential; *'...if there hadn't been any evidence sitting behind the fact that this ETS could work [from other states where ETS was been introduced previously]... it certainly would have been risky to fund. The*

*scale-up part was important and the evidence behind it... But there wasn't any hard evidence [from Gombe state] and that was something that was discussed as a risk.'*

#### **Operational lessons drawn from the pilot phase to inform the scale-up phase:**

Important lessons for scale-up could be learnt from the pilot phase by asking questions such as: What have we learnt so far? What mistakes were made? What challenges were faced? What human resource issues were there? Were there problems with the budget? The answers would help evaluate the innovation and inform adjustments that were needed before implementing it at scale. In practice there were

problems with the robustness of evidence from the pilot phase. A critical step would have been to disaggregate the ETS data from the rest of SFH's Gombe MNCH programme and then analyse what made it successful there; *'Is it driver training? Is it creating awareness about the existence of ETS? Is there local buy-in? Did the women's groups play role in supporting ETS and ensuring its success?... Answering these questions would ensure a much smarter and more cost-effective scale up.'*

Photo right: ETS volunteer driver's T-shirt and badge, Gombe State, Nigeria. © SFH



### Working in partnership: 'a strong network between stakeholders'

In a federal country like Nigeria, building relationships with stakeholders has to start afresh when beginning work in a new state. Stakeholders include: taxi drivers, state and local government officials, traditional leaders, the NURTW, the police, army and Vehicle Inspection Organisation, and health workers at local facilities. *'It's risky to call it a scale-up from Gombe to Adamawa, because the nature of the federal system means you have to almost start afresh... fundamentally, all the discussions had to be started again [in Adamawa].'* Time to develop these relationships needs to be built into the scale-up plan; *'[With] everyone you are working with, you are starting from zero and just because it*

*has worked somewhere else, that is not always a convincing argument that it is going to work here.'*

Close partnership with the NURTW at both federal and state levels was a particularly critical part of gaining access to Adamawa state: *'We found that the NURTW is one of those very good organisations to work with. Formative research showed that they have a good network in the whole of the northeast – that is part of the sustainability and scale-up.'* NURTW officials also contributed to selecting drivers for training and administering the priority loading scheme with which drivers are rewarded after delivering a pregnant woman or newborn baby to a health facility. This was considered key to

enabling scale-up with support needed at federal level: *'Unless there is the support and backing of the national executive no state NURTW can accept and implement [ETS]';* and state level: *'The support of state-level secretaries [is] also significant because they mobilise their members.'*

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*...just because it has worked somewhere else, that is not always a convincing argument that it is going to work here."*

### Designing for longer-term sustainability: '...government has to be involved'

For an innovation to make a lasting improvement to people's lives it needs to be sustainable beyond the life of the project. One way to encourage this is for stakeholders, including the NURTW, to work closely with the State Primary Health Care Development Agency and other state stakeholders responsible for budget decisions: *'If [an implementer] is serious about scale-up and sustainability then they need to design the core structure of the intervention in such a way that over time perhaps it could be included in government budgets.'*

Implementers therefore need to pay attention to costs. Innovations that are

too expensive or are incompatible with what government has funded or will fund in the future, are unlikely to be scaled-up by government. For ETS, there are start-up costs for stakeholder sensitisation and training, but few recurrent costs once the scheme is in place. Respondents considered government scale-up was possible, but government replication in a new state might be less likely: *'...it's eminently sustainable, but it's that first kick-start – getting the system in place... It [takes] small money in terms of public health... [but] I just don't know if governments are ever going to fund that.'*

Hence, sustainability should be built

into the funding plan for scale-up and should include ensuring a sustainable incentive structure for volunteers. The ETS priority loading scheme is one such incentive, although it may not work in remote rural areas where there is less demand for taxi services: *'That sort of incentive structure being set up in a sustainable way, where the only inputs are things like training which other actors, hopefully local actors, could take over the cost of, is such a crucial one.'*



# Critical actions to catalyse scale-up: Messages for government and donors

## Taking a lead in coordination: ‘empowering government’

The potential for government – federal, state and local – to have an important role in scaling up ETS was recognised and respondents made some suggestions for what form this might take. It was suggested that there were opportunities for federal government to improve the structures needed for donor coordination in maternal and newborn health and for state governments to take the lead in coordinating ETS stakeholders; indeed government was considered to have a unique position for taking on such a role: *‘When we sit over tea or coffee we say “yes”, and when we go back to our organisation we do our own things, the only entity that can help galvanise working together is government.’* Such meetings would not only inform government, but also provide partners with an opportunity to learn from each other. However, collectively, donors tend to take a lead in health agendas: *‘We virtually disempower government and make them feel like they are puppets. We need to give them permission to be in charge...to give them that power and support them.’*

It was also suggested that the state commissioner for health could convene

the meetings and that government should be closely involved in decisions about the location and timing of scale-up, as well as encouraging transparency and accountability by requesting outcome and impact results from implementers: *‘That is not happening enough, but ideally that is the direction we should be going. But that requires government leadership on health and the whole development agenda, which we see more of in Ethiopia than in Nigeria.’*

This leadership role could also extend to planning how extra resources from donors could be used effectively in activities that are tied to health outcomes and will help address gaps in the health system: *‘Based on my experience, partners are doing a lot but in an uncoordinated manner and that is a major issue. The message is simple; if we can come together, then we [can] put the bits together.’*

Hence donors can support government’s leadership role by participating in joint coordination meetings: as well as generate buy-in among other donors for funding to be aligned to government’s strategic priorities.



...the only entity that can help galvanise working together is government.”



## Fostering longer-term sustainability: ‘...sound commitment from government’

State government backing was considered important for sustainability beyond the life of a project reliant on external funding: *‘Donors have come in to help... and it has solved 50% of the mandate given to the government... Government has to try and continue this work.’* That commitment should increase: *‘State government has to have buy-in and be ready to put in effort.’*

Some respondents felt that for innovations like the ETS to continue in

the future there would need to be a partnership between local or state governments and unions, in this case the NURTW; *‘but there must be sound commitment from the government.’* For example, after project funding for the ETS in Jigawa State came to an end, the State Ministry of Women’s Affairs contributed funding to the scheme.

**Photo above:** ETS driver after bringing a mother and her newborn to the health facility, Gombe State, Nigeria  
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# About the study

This qualitative study of scale-up in northeast Nigeria, Ethiopia and Uttar Pradesh in India forms part of the IDEAS project at the London School of Hygiene & Tropical Medicine funded by the Bill & Melinda Gates Foundation.

## Aim

The aim of this study was to identify catalysts for scaling-up of maternal and newborn health innovations, which approaches work and why; and factors that have enabled or inhibited scale-up and how factors vary between geographies and innovation models.

## Methods

Overall, we investigated three case studies - one in North-Eastern Nigeria, one in Ethiopia and one in Uttar Pradesh in India. The case studies are examples of Bill & Melinda Gates Foundation-funded innovations that have been scaled-up beyond their original implementation areas to a wider geographical area. We conducted 71 qualitative in-depth interviews in 2014-2015 with a range of stakeholders across the three countries, including implementers, government, development partners, foundation staff, professional associations and researchers.

## Research Brief Focus

This summary presents evidence from the ETS case study. We focus on what interviewees report as the critical actions taken to catalyse its scale-up, illustrating our findings with quotations in italics.

## Target audience

Government, donor agencies and implementers in the field of maternal and newborn health.

## IDEAS project

IDEAS (Informed Decisions for Actions) aims to improve the health and survival of mothers and babies through generating evidence to inform policy and practice. Working in Ethiopia, North-Eastern Nigeria and the state of Uttar Pradesh in India, IDEAS uses measurement, learning and evaluation to find out what works, why, and how in maternal and newborn health programmes. IDEAS is funded between 2010 and 2017 by a grant from the Bill & Melinda Gates Foundation to the London School of Hygiene & Tropical Medicine. This investigation of scale-up is one component of IDEAS.

[ideas.lshtm.ac.uk](http://ideas.lshtm.ac.uk)

## London School of Hygiene & Tropical Medicine

The London School of Hygiene & Tropical Medicine is a world-leading centre for research and postgraduate education in public and global health, with 4,000 students and more than 13,000 staff working in over 100 countries. The school is one of the highest-rated research institutions in the UK, and was recently cited as one of the world's top universities for collaborative research.

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## Find out more

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## \*Definitions

### Innovations:

new ways of working, introduced within Nigeria by externally funded programmes, to enhance interactions between frontline workers and households.

### Scale up:

Increasing the geographical reach of externally funded maternal and newborn health innovations to benefit a greater number of people within and beyond the externally funded implementation partner programme districts.