



Reproductive Health Matters

An international journal on sexual and reproductive health and rights

ISSN: 0968-8080 (Print) 1460-9576 (Online) Journal homepage: <https://www.tandfonline.com/loi/zrhm20>

Measuring accountability and quality of care in maternal health, Africa

To cite this article: (2015) Measuring accountability and quality of care in maternal health, Africa, Reproductive Health Matters, 23:45, 164-164, DOI: [10.1016/j.rhm.2015.07.009](https://doi.org/10.1016/j.rhm.2015.07.009)

To link to this article: <https://doi.org/10.1016/j.rhm.2015.07.009>



© 2015 Reproductive Health Matters



Published online: 12 Aug 2015.



Submit your article to this journal [↗](#)



Article views: 161



View related articles [↗](#)



View Crossmark data [↗](#)

Knowledge, evidence, practice and power

Measuring accountability and quality of care in maternal health, Africa

The Evidence for Action (E4A) programme seeks to measure how political will can be measured, to what extent decision-makers have access to and use data, and how to measure change over time in these two key outcomes. Baseline monitoring data in six countries were gathered in 2012-2013 and data will be collected at mid-point (2014) and at end-point (2016), interviewing the same individuals wherever possible. One questionnaire assesses how far decision-makers have access to the right data at the right time and in a meaningful format, and how data are used to prioritise, plan and allocate resources. The second questionnaire seeks the views of service providers about political will, including quality of care, political and financial priority accorded to maternal and newborn health, and the extent to which decision-makers are accountable to service users. Baseline results show that the main problems lie with making good use of existing data, rather than with the generation of new data. The programme teams are therefore now working to advocate with those producing internal maternal and newborn health reports, to ensure that the data are accurate, well-packaged and easily understood by a wide range of users, and that the reports contain high quality analysis and strategic intelligence. Next steps will include ensuring that data reach key decision-makers within the maternal and newborn care system, so that they can be used routinely when decisions are made, and encouraging/facilitating the sharing of data with external stakeholders, including civil society.¹

1. Nove A, Hulton L, Martin-Hilber A, et al. Establishing a baseline to measure change in political will and the use of data for decision-making in maternal and newborn health in six African countries. *International Journal of Gynecology & Obstetrics* 2014;127(1):102-7. <http://dx.doi.org/10.1016/j.ijgo.2014.07.003>.

Evaluating capacity strengthening for health research in low- and middle-income countries

This study aimed to enhance understanding about the difficulties in evaluating health research capacity

strengthening initiatives and to make recommendations about how to make such evaluations more effective. Through discussions and surveys of health research capacity strengthening funders, the researchers identified themes important to funders. The themes were then used to systematically analyse eighteen evaluation reports, written between 2000 and 2013, representing 12 evaluations ranging from individuals and institutions to national, regional and global levels. Analysis identified tensions around how much stakeholders should participate in an evaluation, the appropriate balance between measuring and learning; and between a focus on short-term processes versus longer-term impact and sustainability. There were tensions around the degree to which funding recipients should be involved in the evaluation of their own health research capacity strengthening efforts. Reasons given for promoting an external, non-participative approach were that this improved accountability, assessment of value for money and gave quick results. Other reasons given for choosing non-participatory approaches were the lack of expertise among funding recipients' in setting testable goals and measurable targets, or in evaluation techniques. In contrast, the reasons given for why recipients should participate in the evaluation were that it promoted ownership, learning and implementation of recommendations. Funding recipients were perceived to have better in-depth knowledge about the project, the stakeholders and the context than external actors. Such knowledge was considered important for problem solving and sustainability. The report recommends early and ongoing stakeholder engagement in planning and evaluating health research capacity strengthening, modelling of impact pathways and rapid assimilation of lessons learned for continuous improvement of decision making and programming. Sharing learning about how to do robust and useful health research capacity strengthening evaluations should happen alongside, not after, health research capacity strengthening efforts.¹

1. Bates I, Boyd A, Aslanyan G, et al. Tackling the tensions in evaluating capacity strengthening for health research in low- and middle-income countries. *Health Policy & Planning* 2015;30(3):334-44. <http://dx.doi.org/10.1093/heapol/czu016>.