

Screening, Relevance and Quality Assessment Instruments

Evidence Acquisition and Evaluation for U.S. Government Evidence Summit on Enhancing Provision and Use of Maternal Health Services through Financial Incentives*

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Call for Evidence & Screening and Relevance Protocol

Review title & abstract

EXCLUDE IF:

Document is in a language other than English

Document is NOT from a peer-reviewed or scholarly journal¹

Document is in one of the following formats:

- Letter to the Editor
- Obituary
- Commentary/Recommendation
- Book Review
- Job Posting
- Historical Account

The study DOES NOT focus primarily on:

- a. an intervention involving the use of one or more financial incentives (not including insurance schemes)
- b. AND include the measurement of at least one outcome comprised of a) the demand for or utilization of maternal /neonatal health services by women, b) the performance of health professionals or organizations providing maternal/neonatal health services, OR c) health-related maternal or neonatal outcomes that result from changes in the behavior of patients or providers.

The document must satisfy both A and B to be included.

*Maternal/neonatal Health Services are defined as: routine antenatal visits, special programs for pregnant women (e.g., nutritional support, bednet provision, etc.) pregnant women seeking care for an illness, and intrapartum care. Such services DO NOT include abortion or family planning. Neonatal services and outcomes are defined as occurring in the first 28 days of life.

Of note:

Literature reporting financial outcomes **only** (e.g. total out-of-pocket expenditure after introduction of user fee reduction, etc.) will ***not*** be included.

While most documents focus on routine care for mothers and neonates, a subset focus on visits related to illness (malaria, complications of pregnancy, etc.). The screening criteria would include both types of care seeking. For example, both citations below would be included:

- Lahariya, C. (2009). "Cash incentives for institutional delivery: Linking with antenatal and postnatal care may ensure 'Continuum of care' in India." *Indian Journal of Community Medicine* 34(1): 15-18.
- Ponsar, F., M. Van Herp, et al. (2011). "Abolishing user fees for children and pregnant women trebled uptake of malaria-related interventions in Kangaba, Mali." *Health Policy and Planning* 26(SUPPL. 2): ii72-ii83. (Note: this intervention abolishes user fees for pregnant women and children with fevers.)

¹ Scholarly Journal: Scholarly journal articles often have an abstract, a descriptive summary of the article contents, before the main text of the article. Scholarly journals always cite their sources in the form of footnotes or bibliographies. These bibliographies are generally lengthy and cite other scholarly writings. Articles are written by a scholar in the field or by someone who has done research in the field. The affiliations of the authors are listed, usually at the bottom of the first page or at the end of the article—universities, research institutions, think tanks, and the like. The main purpose of a scholarly journal is to report on original research or experimentation in order to make such information available to the rest of the scholarly world. See: <http://olinuris.library.cornell.edu/ref/research/skill20.html>

Document focuses on policies, programs, etc. located in “high economy countries” --- See table below:

High-income economies (\$12,276 or more)

| | | |
|-------------------|--------------------------|--------------------------|
| Andorra | Germany | Norway |
| Aruba | Gibraltar | Oman |
| Australia | Greece | Poland |
| Austria | Greenland | Portugal |
| Bahamas, The | Guam | Puerto Rico |
| Bahrain | Hong Kong SAR, China | Qatar |
| Barbados | Hungary | San Marino |
| Belgium | Iceland | Saudi Arabia |
| Bermuda | Ireland | Singapore |
| Brunei Darussalam | Isle of Man | Sint Maarten |
| Canada | Israel | Slovak Republic |
| Cayman Islands | Italy | Slovenia |
| Channel Islands | Japan | Spain |
| Croatia | Korea, Rep. | St. Martin |
| Curaçao | Kuwait | Sweden |
| Cyprus | Liechtenstein | Switzerland |
| Czech Republic | Luxembourg | Trinidad and Tobago |
| Denmark | Macao SAR, China | Turks and Caicos Islands |
| Estonia | Malta | United Arab Emirates |
| Equatorial Guinea | Monaco | United Kingdom |
| Faeroe Islands | Netherlands | United States |
| Finland | New Caledonia | Virgin Islands (U.S.) |
| France | New Zealand | |
| French Polynesia | Northern Mariana Islands | |

If unable to determine eligibility based on the information included in the title and abstract, INCLUDE. Eligibility will be re-assessed using information provided in the body of the document.

Relevance:

To be applied to documents that meet the screening criteria for inclusion.

1. What type of financial incentive(s) does the document report:
 - Supply-side incentive
 - Demand-side incentive, Conditional Cash Transfer
 - Demand-side incentive, all others except Conditional Cash Transfers
2. Please identify which outcomes were reported in the paper:
 - Patient behavior (i.e. health care utilization, etc.)
 - Service provision (i.e. improved quality, additional services offered, etc.)
 - Health outcome (i.e. maternal mortality, birth weight, etc.)

MH Summit Quality Assessment and Document Submission

Intro

Thank you for your willingness to participate in the USAID Evidence Summit on Enhancing Provision and Use of Maternal Health Services through Financial Incentives.

This survey can be used to:

- a) Submit documents for consideration
- b) Apply the quality assessment to documents you have been assigned

Survey Purpose

1. Please indicate whether you would like to submit a document for consideration or if you would like to apply the quality assessment to a document you have been assigned. *

- I am submitting a new document for consideration for the Summit
- I am applying the quality assessment to a document that I have been assigned

Quality - Paper Info

2. Your full name: *

3. Last Name of Lead Author: *

4. Year Published: *

5. Document ID number (i.e. 163): *

Submission- Contact & Paper Info

6. Please enter your full name: *

7. Please enter your e-mail address or phone number: *

(in case we have any questions about your submission or have problems accessing your document)

Guidance for Selecting Documents

As you think about documents relevant to this evidence summit, please consider the following priorities:

- Primary data papers of high scientific quality reporting on interventions involving one or more financial incentives with maternal or neonatal health outcomes, maternal health seeking behavioral outcomes, or provider behavioral outcomes (see Appendix A for examples of financial incentives).
- Documents reporting on the utilization of conditional cash transfers (CCTs) and related mechanisms. (Only a limited number of papers on CCTs were identified during the initial literature search).
- Intervention studies or evaluations
- Documents of relevance to low and middle income countries even though they may describe work done in developed countries
- Documents published in English
- Documents published after 1990

8. Please upload the paper you would like to submit. The following are acceptable formats for upload: png, gif, jpg, doc, xls, docx, xlsx, pdf, txt. PLEASE NOTE: You must wait for the complete upload your paper before you can continue with the survey. Document uploads may not work properly on mobile devices (cell phones, ipads, tablets, etc.).

Choose File No file selected

Upload

9. Please enter the citation for the document you would like to submit, in the following format: Smith, et al. 2009. The making of great maternal health services in Kyrgyzstan using vouchers. *

Country Context

10. Please identify the country context of this document: *

- Low, middle, or upper-middle income country
- High-income country

Financial Incentives

11. What type(s) of financial incentive(s) does the document address? (select all that apply) *

- Supply-side incentive
- Demand-side incentive, Conditional Cash Transfer
- Demand-side incentive, all others except Conditional Cash Transfers
- None of the above

Outcomes

12. Identify which outcomes were reported in the document (select all that apply): *

Note: For the purposes of this review, Maternal/Neonatal Health Services are defined as: routine antenatal visits, special programs for pregnant women (e.g., nutritional support, bednet provision, etc.), pregnant women seeking care for an illness, and intrapartum care. Such services DO NOT include abortion or family planning. Please, note, however, that we will accept studies on immediate post-partum family planning. Neonatal services and outcomes are defined as occurring in the first 28 days of life.

- Patient behavior related to maternal/neonatal health (i.e. health care utilization, etc.)
 - Maternal health/neonatal service provision (i.e. improved quality, additional services offered, etc.)
 - Health outcomes among women or neonates (i.e. maternal mortality, birth weight, etc.)
 - None of the above outcomes are reported
-

13. Please identify the type of document you are submitting: *

- Scientific journal publication
 - Grey literature
 - Book or book chapter
-

Type of Comparator

14. What best describes the comparison group (if any) for the intervention or program? *

- Separate external control group
 - A historical or population control
 - Pre/post intervention comparison (no external control group)
 - No comparator data
-

Design Appropriate for Hypothesis

This section of the survey will ask a short series of questions to assess the quality of the study you are reviewing. Please attempt to answer these questions to the best of your ability. If you feel that the scope of the question is outside your area of expertise or the paper does not provide the information you need to provide a clear answer, you may skip answering the question by going on to the next page in the survey.

15. Is the study design appropriate for the hypothesis? (*Note: study background and rationale can be taken into consideration when answering this question*)

- Yes
 - No
 - No hypothesis given
-

Fidelity

16. Please rate how well the study adhered to the research plan (e.g. was the intervention implemented with fidelity?)

- | | | |
|---|--|---|
| 1 Program implemented, but with significant modifications | 3 Program implemented with modifications from original | 5 Program implemented without major modifications |
|---|--|---|

from original plan

plan

from original plan

Equivalence

17. Are the comparison groups equivalent?

- Groups are equivalent for all relevant background characteristics
- Groups are not equivalent for all relevant background characteristics
- Not stated

Endpoints Valid/Relevant

18. Are the endpoints (e.g. service, health, or behavior) valid and relevant to the study objectives?

- Validated, pre-defined outcome measures clearly link to study objectives
- Outcome measure not reflective of study objectives or study intervention
- Not applicable

Appropriate Analysis

19. How appropriate was the data analysis?

- Analysis is appropriate for inferring relationships between intervention and outcome; sample size and power were adequate
- Analysis is not appropriate for inferring relationships between intervention and outcome, OR sample size was inadequate.

Generalizability

20. Are the study results generalizable (that is, would the results of this study be relevant to a larger population)?

- Minimal threats to external validity; generalizable
- Significant threats to external validity; not generalizable
- Not discussed

Sustainability

21. Are any elements of sustainability addressed in this paper? (Components of sustainability include scalability, replicability, cost effectiveness, local ownership/capacity, funding source (host country vs. donor funded), etc.)

Yes

No

Thank You!

Thank you for completing the survey. To end your session, close out of your browser window.
