TITLE PAGE

SPECIAL SERIES: GLOBAL FINANCING FACILITY FOR WOMEN, CHILDREN, AND ADOLESCENTS: EXAMINING NATIONAL PRIORITIES, PROCESSES, AND INVESTMENTS

Paper Title:

Examining priorities and investments made through the Global Financing Facility for maternal and newborn health: a sub-analysis on quality

Short title:

Quality maternal newborn health care in Global Financing Facility documents

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Abstract

Improving quality of care could avert most of the 4.5 million maternal and neonatal deaths and stillbirths that occur each year. The Global Financing Facility (GFF) aims to catalyse the national scale-up of maternal and newborn health (MNH) interventions through focused investments. Achieving impact and value for money requires high, equitable coverage and high-quality of interventions. This study examines whether the rhetoric of increasing coverage together with quality has informed investment strategies in MNH through a secondary analysis of 25 GFF documents from 11 African countries. The analysis shows that the country GFF-related documents incorporate some MNH-related quality of care components; however, there is a lack of clarity in what is meant by quality and the absence of core MNH quality of care components as identified by the World Health Organisation's MNH quality framework, especially experience of care and newborn care. Many of the Investment Cases have a more diagonal focus on MNH service delivery considering the clinical dimensions of quality, while the investments described in the Project Appraisal Documents are primarily on horizontal structural aspects of the health system strengthening environment. The GFF is at the forefront of investing in MNH globally and provides an important opportunity to explicitly link health systems investments and quality interventions within the MNH continuum of care for optimal impact.

Background

Trends for maternal and newborn mortality and stillbirths have stagnated or slowed in the past decade, even though the majority of the world's births now occur in facilities (83%) [1]. As such, the global discourse on maternal and newborn health (MNH) has shifted from increasing access to health services to increasing "effective" coverage of health services, which encompasses both coverage and quality of care as critical for achieving impact [2, 3]. The World Health Organization (WHO) has clearly defined their vision for MNH care as "every pregnant woman and newborn receives quality care throughout pregnancy, childbirth and the postnatal period", a vision operationalised through two main pillars – provision of care and experience of care- in a quality framework linked to a monitoring framework and recommended indicators [4-6]. Although quality is typically measured in specific health areas with focused indicators (a 'vertical' approach), it is enabled by 'horizontal' health system strengthening across areas like human resources, information systems, financing and other building blocks [7]. This linkage between horizontal investment to achieve health area-focused gains is termed a 'diagonal' approach [8]. MNH can be viewed as a vertical area where measurable improvements in quality require both horizontal and vertical investments [9, 10].

It is unknown whether the rhetoric of increasing coverage together with quality has informed investment strategies in MNH. One vehicle for investment in this health area, the Global Financing Facility (GFF), was set up as a catalytic funding mechanism to "ensure all women, children and adolescents can survive and thrive" [11]. GFF-related investments are described in two country documents: investment cases (ICs), designed to describe the need for investment in reproductive, maternal, newborn, child, adolescent health (RMNCAH) in a

86 country; and the project appraisal documents (PADs), which describe the GFF's grant financing
87 along with other co-financing by the World Bank in the form of credits, loans and sometimes
88 other donors [12].

89 ## Secondary analysis approach

90 This paper presents findings related to quality of care as a secondary analysis of a published
91 content analysis that examined MNH in 25 GFF-related policy documents from 11 African
92 countries between 2015-2019 [13]. Supplementary file 1 presents search terms and more
93 detail of methods applied, including a structured content analysis that incorporated a set of
94 both broad quality terms and MNH-specific terms [14]. Country selection, data extraction and
95 analysis can be found in the primary study [13]. For quality in MNH, we applied the same M^3
96 framework to qualitatively examine content that is further described in that paper. Specifically,
97 by assessing documents in three areas: broad intention and framing (Mindset, M1), as well as
98 detailed indicators (Measures, M2), and linked funding (Money, M3), the analysis brought
99 together content analysis and qualitative thematic analysis around priority setting with linked
100 quantitative data on specific interventions and earmarked funding amounts [12]. A summary
101 statement about quality and MNH was developed for each GFF document and each
102 component (mindset, measures, money) and then a scoring system was applied to grade the
103 extent of quality MNH inclusion. (Supplementary file 2). We note that although the term
104 'mentions' is used at times in the text of this article, the full analytical approach involved
105 looking in depth at the context and depth of each occurrence of a given concept and related
106 terms.

Reflections on "quality" in the GFF documents

Quality-related content specific to MNH is mentioned in most of the GFF documents including in the funding descriptions, as shown in **Figure 1**. The ICs all have content on MNH-related quality for mindset, but some documents do not include specific measures and money even though they include quality more broadly. The PADs have more variability. The two PADs that did not include anything on quality were focused on nutrition and early childhood development. The actual content, in terms of depth and focus, varies by country and document reflecting the range of approaches applied to strengthening health systems in different contexts, perhaps making the common horizontal approaches easier to describe [15]. We showcase two strong country examples to give an idea of how this works in practice (**Boxes 1 and 2**).

[Figure 1: Extent to which quality and MNH content are included in documents according to mindset, measures, money]

[Box 1: COUNTRY HIGHLIGHT - Liberia GFF documents and quality MNH]

[Box 2: COUNTRY HIGHLIGHT – Uganda's project appraisal document]

In general, quality is mentioned frequently across the documents; although there was a lack of clarity in what is meant by quality or 'high-quality', with few definitions provided in the documents. The exception is the Ethiopia's IC, which provides a clear definition and also mentions improving "*patient safety, effectiveness and patient-centredness",* with a plan for a

new national strategy on quality to be developed. In general, quality is implied to mean something akin to access or coverage. For example, Tanzania's IC stated: "*Improve quality of care at all levels of service delivery and health administration through health system strengthening and capacity development to achieve high population coverage of high impact RMNCAH interventions including nutrition in an integrated manner*". A few country documents place quality more at the facility-level, focusing on accreditation (eg Ethiopia PAD: "*Quality of services will be a measure to be obtained from the health facility surveys*").

Specific to MNH, we assessed how many documents mentioned (at least once) core concepts related to quality MNH (**Table 1**). Emergency Obstetric and Newborn Care (EmONC), midwifery and referral were included in nearly all of the ICs and many of the PADs. Within documents, EmONC was frequently mentioned (n=19/25) and often described as part of the project components for health system strengthening, focused in improving technical quality of care. Overall, midwives (n=19) and referral (n=21) were less of a conceptual focus although mentioned in similar numbers of documents, highlighting opportunities to strengthen human resource management and continuity of care. Maternal and perinatal death surveillance and response (MPDSR), which can inform quality improvement processes, is explicitly mentioned in seven ICs and five PADs (n=12). The mentions relating to MPDSR ranged from a core focus in both documents (e.g. Liberia) to specific sections dedicated to the intervention process (e.g. Ethiopia IC) to only one mention (e.g. Burkina Faso PAD). By type of document, ICs had more focus on the service delivery areas than PADs and focused primarily on technical quality.

[Table 1: GFF policy documents with mentions of core concepts relating to quality MNH]

Patient experience related to MNH, such as respectful maternity care or family-centered care, is almost never mentioned even though it is the second of two pillars of the WHO MNH quality of care framework [4]. Two documents (Cote d'Ivoire IC and Kenya PAD) mentioned family centredness, each only once; seven ICs included content on respectful care linked to MNH but no PADs mentioned it. Stillbirths, argued to be a sensitive marker of the quality of MNH care [16], are rarely mentioned in the GFF documents and not at all in relation to quality of care [13], a missed opportunity to show impact linking to coverage and quality of maternal healthcare.

In the ICs and PADs, health systems investments are clearly linked to quality in theory with key MNH coverage indicators (four antenatal visits or skilled delivery) along with broader quality-related indicators. Yet, these linkages are not always clear. Specifically related to measures, EmONC related indicators are in seven documents and MPDSR-related indicators are in three documents. Generally, quality indicators in PADs were more structural or horizontal and less clinical or technical, focused on aspects like facility accreditation and availability of services rather than key interventions. The global measurement roadmap for MNH includes quality-related indicators, many of which are not included at all in the GFF documents [2], especially for newborn-related quality interventions. The recommended MNH quality indicators in the roadmap might be a starting point for future GFF work, although even here patient experience is not well-represented nor is it clear whether countries will willingly adopt them. Concepts of experience of care and its measurement are relatively new on the global agenda, especially for newborn care, and indicators need to be defined and routinised.

Reflections on quality and 'horizontal' health systems strengthening investment against 'vertical' MNH priorities

GFF is focusing on a "vertical" or specific health area (RMNCAH, within which the MNH population comprising the greatest burden of deaths), but generally investing as part of a funding consortium led by the World Bank that is investing horizontally in health system strengthening. Therefore, we expected to see a clear connection between MNH and health system investments in a diagonal approach to financing through targeted MNH-related quality interventions, such as human resources especially midwives, strengthening referral systems, MPDSR and EmONC. Yet in many documents (both ICs and PADs), health system interventions and investments were primarily described horizontally (eg financial management, procurement/supply chain, information systems). Horizontal approaches to addressing quality are an important first step, and more MNH-targeted investments are needed to address the highest burden areas. Most documents had at least one MNH-specific quality component in the measures and money, such as strengthening midwifery (Kenya) or MPDSR (Uganda) (See Supplementary File 2 for more examples). In reality, there is no "magic bullet" or single intervention to improve MNH quality of care and multiple approaches are needed, including multi-level, multi-component interventions that are dynamic, context-specific, and adaptive [15]. This is reflected in the GFF documents assessed.

By type of document, the ICs – which are country-led and GFF-supported – have more diagonal focus on system strengthening for MNH service delivery than PADs – which are linked to World Bank projects, and focus more on horizontal approaches, indicators and investments.

To some extent, this might be expected in PADs, as they do not describe total MNH financing, where the government or other donors might input to overcome financing gaps [12, 17]. In **Box 1**, we show a positive exemplar of the Liberian IC that had frequent, explicit linkages between health systems investment and MNH care and impact. **Box 2** presents the Uganda PAD as a positive example linking MNH and quality indicators**.**

Final reflections

This secondary analysis of the GFF-related country documents in 11 African countries shows that MNH-related quality of care content while present, varies across country GFF-related documents. The lack of consistency between countries and across documents (ICs or PADs) within countries made content analysis challenging, especially on quality, which has multiple approaches. We were limited to the documents reviewed, and acknowledge quality of care may be the focus of other country and GFF-related documents. Nonetheless, the approach we applied enabled us to identify some common patterns, including inconsistent content or gaps [18]. As with the primary study [13], we found that most of the quality-related MNH content focused on maternal health interventions with little content on quality newborn care, even when expanding our search to newborn specific interventions identified as important to track for quality (e.g. Kangaroo Mother Care) [2]. Additionally, the absence or limited content related to experience of care (respectful care, family centredness) presents an opportunity for the GFF in country engagements to broaden the existing focus on structural and clinically-driven aspects of quality to improve and increase the focus on person-centredness, continuity of and experience of respectful, family-centred care. The GFF has prioritized quality in their most recent strategic plan [19], and future accountability efforts could assess how the quality

components may have changed in their more recent documents. In all settings, a focus on multi-dimensional quality covering structural, technical and person-centredness aspects along all stages of the maternal and newborn care is critical for ending preventable maternal and newborn deaths and stillbirths and reducing related morbidities.

END MATERIAL

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Author contributions*:*
MVK, MBK, JEL designed the study. JAK, MBK and MVK conducted the document review. MVK, MBK wrote the first draft of the paper, and all co-authors reviewed its successive versions with critical inputs and comments. All co-authors approved the final version.

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None of the authors have any competing interest.

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N/A

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Paper Context (one sentence for each)

Main findings*:* The analysis of maternal and newborn health-related quality of care in Global Financing Facility country documents reveals variability in depth and content, with most documents focusing on horizontal approaches to health system strengthening and if specific to maternal and newborn health, the focus is on provision of quality maternal care with little to no attention on experience of care and quality newborn care.

Added knowledge: This content analysis is the first to examine quality and maternal and newborn health within the content of Global Financing Facility documents showing that patient experience, stillbirths, and specific quality newborn indicators are seldom mentioned.

Global health impact for policy and action: The analysis underscores the need for more diagonal approaches to address the highest impact interventions for maternal and newborn health and the need to focus on person-centered care within the Global Financing Facility related processes for the investment to have maximum impact.

Data availability

The datasets used and/or analysed in this study are available from the corresponding author on reasonable request.

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SUPPLEMENTARY FILES

Supplementary file 1: Data extraction related to MNH quality

Data extraction components related to quality

Category	**Search terms**
Quality	• Quality • Quality of care • Quality assurance
MNH continuum of care quality constructs	• midw* • referral • "family" - looking for family-centred • "respect" - looking for respectful care/disrespect & abuse • MPDSR (used “MPDSR”, “MDSR”, “audit”, “death review”)
MNH search terms related to quality to identify if specific interventions relate to quality. See full list of MNH related search terms in original paper [13]	• EmONC (used “EmOC”, “obstetric” to identify) • Resus (neonatal resuscitation) • Perinatal • Preterm, prem • Kangaroo, KMC • “birth weight” • Small and sick newborn • Neonatal infection • “sepsis” – include only for newborn or neonatal “sepsis”

Data extraction process

First, we searched each document for the term “quality” to see if it was mentioned, how it was defined, and which dimensions and measures of quality were included. For technical dimensions of MNH relating to quality, we considered specific terms including referral and comprehensive obstetric care, midwife/wives and audit to identify content relating to Maternal and Perinatal Death Surveillance and Response (MPDSR). We also explored how health systems were portrayed and whether this was linked to quality and MNH interventions, considering WHO health system building blocks [1], concepts of service delivery, private sector, Civil and Vital Registration System (CVRS),

universal health coverage (UHC) as possible areas where health system interventions might impact quality. The inclusion of family-centred care and respect allowed for the assessment of representation of patient experience dimensions of quality. Once terms were identified in the documents, we used a standard extraction tool to make high-level observations around how quality was included broadly as well as specific to MNH.

GFF MNH analysis data extraction tool

Instructions:

- *Save file as: Country name/ IC or PAD / date of extraction" [DDMMYYYY]*
- *Complete data extraction by answering questions in each section and providing summary points or copying in text from document in bullet form to respond to the below questions*
    - *Include page numbers for content*
    - *Include screen shots of relevant tables*
- *To find the information, use the search terms in the excel file.*

Prepared by NAME
Date: DATE
Country: NAME
Document: INDICATE IC OR PAD

Provide details about the document:

- Title:
- Date of publication
- Total pages

Respond to the questions or statements for each section. Use quotes and screen shots to verify information and include page numbers. Enter in summary for each point within numbered topic areas. Provide 3-5 bullet point summarizing information and main take aways.

1. Newborn (search terms: Newborn, Neonat*, Stillb*, Perinatal)
    a. Definition and description
        i. Copy definition if available
    b. Count of total mentions (but not extract text) and mentions as part of acronym
    c. For each mention:
        i. Where is it in the document (ToC, Foreword, Situation Analysis, Indicators, Budget, etc)
            1. Is it consistently mentioned throughout the document, or does attention narrow or disappear as you move through to operational details, budgets, indicators? How so or why not?
            2. Any budget details at all?

ii. Is it mentioned mainly as part of a larger acronym/ as an 'add on' within other topics or are there independent sections/ detailed analyses and programmes specifically for newborns?
    1. If there are independent sections note what they are
d. Framing: Is NB/SB integrated into maternal and/or child or brought out as a separate area for investment?
e. Service delivery lens: what key interventions are included and how described, eg:
    i. Resuscitation
    ii. preterm
    iii. kangaroo
    iv. low birth weight
    v. "small and sick"
    vi. postnatal
    vii. breast*

- *Add summary of main take aways here*

2. Maternal (search terms: matern*)
    a. Definition and description
        i. Copy definition if available
    b. Count of total mentions (but not extract text) and mentions as part of acronym
    c. For each mention:
        i. Where is it in the document (ToC, Foreword, Situation Analysis, Indicators, Budget, etc)
            1. Is it consistently mentioned throughout the document, or does attention narrow or disappear as you move through to operational details, budgets, indicators? How so or why not?
            2. Any budget details at all?
        ii. Is it mentioned mainly as part of a larger acronym/ as an 'add on' within other topics or are there independent sections/ detailed analyses and programmes specifically for maternal?
            1. If there are independent sections note what they are
    d. Framing: How is mother-baby dyad or family-centred care mentioned?
    e. Service delivery lens: what key interventions are included and how described, eg:
        i. antenatal
        ii. PMTCT
        iii. skilled birth attend*
        iv. obstetric / EmOC
        v. abortion

- *Add summary here in bullets*

3. Health systems: Enabling environment to effectively deliver services/interventions benefiting
    a. Framing: Provide high level observations of content (1-2 sentence). Which HSBB are mentioned explicitly in relation to MNH?
        i. Financing: budgeting and RBF
        ii. Info/data: indicators and tracking progress
        iii. Human resources
        iv. Management/governance: MPDSR
        v. Community:
        vi. Commodities:
        vii. Service delivery – systems: referral, networks of care, quality
        viii. Private sector
        ix. CRVS
        x. UHC

Add summary here in bullets

4. Quality (search terms: quality, respectful care, referral, MPDSR)
    a. Framing: Do the GFF documents mention quality?
        i. If so, how do they define quality?
        ii. If they define it, what are the different components of quality (e.g. technical quality, patient experience)
    b. (referral/networks): How are different levels and actors described? Are interactions described to provide high quality care? (provider-patient/family, provider-provider across levels of care, with communities)

Add summary here in bullets

5. What is the overall rationale of the document (IC or PAD)
    a. Is it holistic? Is it focused on one aspect e.g. nutrition specific
    b. How does it address inequity generally? How does it address vulnerable populations relating to MNH?
    c. Any other comments

Add summary here in bullets

Data analysis

For quality MNH, we applied a framework to examine quality in terms of content (mindset), indicators (measures), and linked funding (money) [1-2]. A summary statement about quality and MNH was developed for each GFF document included for each component (mindset, measures, money) to further synthesize the results. The statements were drafted by two authors (MBK, MVK) drawing from the original data extraction from the primary analysis and

then validated by checking the GFF document. A long summary was drafted for each component for quality and then separately for quality related to MNH. From there, a shorter summary was drafted and further synthesized. Then, using these summaries, we applied a scoring system to grade the extent of quality MNH inclusion by three levels:

No mention of quality
Quality mentioned broadly, not specific to MNH
Quality mentioned broadly, at least one specific mention to MNH quality

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511 # Supplementary file 2: Results table

512 **Table S2.1: High level summary of content relating to MNH quality in the GFF documents by country**

Country	Investment case	PAD
Burkina Faso	Mindset: Quality incorporated throughout particularly as an adjective "quality case management". Focus on service delivery. EmOC, referral systems, midwives and respectful care, MDSR included. Measure: Outcomes and outputs related to quality improvement. Specific to quality MNH includes EmONC service coverage. Money: Investments for quality and MNH broadly; not specific to quality MNH	Mindset: Quality incorporated throughout as project focuses on performance based financing to improve quality of care for RMNCAH. EmOC, referral systems, midwives and respectful care, MDSR included. Measures: Broad quality indicators eg QoC checklist (provision), exit interviews for services (experience), not specific quality MNH Money: Quality is embedded as part of the project objectives. Specific to MNH, there is a funded sub-component on strengthening MNCAH with aspects related to quality obstetric and neonatal emergencies with specifics to EmONC commodities, equipment and capacity building, referral systems and strengthening maternal and perinatal death audit committees.
Cote d'Ivoire	Mindset: Quality mentioned broadly but not defined; primarily included as a background (poor quality) to explain excess mortality. EmOC, referral systems, midwives, MDSR included. Measure: Quality indicators throughout results strategy with specific indicators for MNH quality (EmONC, c-section rate, maternal & newborn death reporting, # midwives) Money: A budget line has been provided to "guarantee the quality of primary health care", 62% of total budget; not specific to quality MNH	Mindset: Quality is a main objective of the programme; mentioned throughout. EmOC, referral systems, midwives, MDSR included. Measure: Broad quality indicators but not specific to MNH e.g. average health facility quality score is core indicator; other linked indicators # health districts covered (PBF), number of people trained Money: Quality is embedded as part of the project objectives. Specific to MNH, there is a funded sub-component on reproductive health and nutrition that includes establishing maternal and perinatal death review committees, strengthening referral systems, and strengthening EmONC.

Ethiopia	Mindset: Quality is a core component with clear definition. Content is broader than service delivery (e.g. leadership, regulation); EmOC target; content on referral systems, midwives, MDSR. Measure: Targets and indicators for quality of health services, but not specific to quality MNH Money: Budget presented by health system elements, quality components included; health services disaggregated by programme (including MNH)	Mindset: Core component and mentioned throughout often as an adjective to describe an action/activity. EmOC in background but not in actions; Nothing on quality of care for inpatient newborn care, referral or networks of care. Measures: Broad quality indicators included. Specific to MNH, one DHI mentions quality: "improving *quality* of postnatal services by setting up Directorate". Money: Investments for quality broadly and specific to MNH (PNC directorate as DLI)
Kenya	Mindset: Quality has a dedicated section. Focused primarily on specific clinical aspects of quality. Content on EmONC, midwives, referral and MDSR Measure: No quality MNH specific description; focus on utilization and quality related to reducing medicines and supplies stock outs and information system data quality. Money: Describes links to PBF; no specifics for quality MNH.	Mindset: Mostly broad but does mention specifics about strengthening midwifery training; quality mindset focuses on clinical aspects only, including MPDSR. No content on EmONC or referral. Measure: Broad approach incorporating health systems strengthening not specific to MNH; focus on activities over indicators. Money: There is a funded sub-component on quality that includes primarily health systems indicators and improving midwifery specific to MNH

Liberia	Mindset: Quality incorporated throughout and prioritized for MNH but not defined. EmONC, referral systems, midwives and respectful care, MPDSR included. Measure: Indicators specific to MNH quality: CEmONC compliance and BEmONC equipment Money: Investment includes "Quality RMNCH service delivery" as part of EmONC ($7,4m)	Mindset: Quality is core objective and embedded throughout document, including project description but not defined. EmONC, referral systems, midwives and respectful care, MPDSR included. Measure: Core indicator (new) "Health facility quality index score improvement at Target PBF hospitals and facilities" includes MNH aspects in the quality check list structure (Childbirth: Maternal-Newborn with main causes; Paediatric in patient care – Maternal Newborn Best Practice) Money: Specific components of programme and linked investment include quality (support to quality service delivery; and human resources for health); within these components, referral and midwives are specifically mentioned for MNH including emergency newborn care.
Malawi	Mindset: Quality incorporated throughout broadly for RMNCAH but not defined. EmONC, referral systems, midwives, MPDSR included. Measure: Many indicators broadly for quality; none specific to quality MNH	Mindset: Quality mentioned throughout but focus of project is on ECD; not defined. Measure: None Money: None

	Money: Specific budget line for quality; specific inclusion of budget for MNH quality related interventions e.g. EMoNC, MDSR.	
Mali	Mindset: Quality incorporated throughout broadly; not defined. EmONC, referral systems, midwives mentioned. Measure: Broad quality indicators; indicators specific to MNH quality (c-section rate, % of CEmONC health facilities with a functional mini blood bank, basic equipment availability for BEmONC) Money: Quality budgeted for more broadly, not specific to quality MNH but implied as part of RMNCAH	Mindset: Quality for MNHC services mentioned; no definition. Midwives and referral mentioned but not core components of document. Measure: Broad quality indicators and specific to quality MNH (cause of death determined for maternal and child deaths included as project indicator) Money: Funding description focuses on access and quality of a broad package (RMNCH+N) and related PBF but there is nothing specific on quality MNH.
Nigeria (PAD-NSHIP)	Mindset: Quality incorporated throughout for MNH but not defined or detailed. EmONC, referral and respectful care mentioned. Measure: Primarily focused on coverage rather than quality but do use structural quality of care (health	Mindset: Quality for MNHC services an overall objective; no definition. EmONC included. Midwives mentioned but not specific to midwifery strengthening. Measure: Quality indicators included broadly; not specific to quality MNH

	facility assessment scores) and accreditation in results framework. Not quality MNH specific. Money: Priority investments are detailed, with expectation that they would come from domestic and aid financing. Includes MNH as a component of Basic Minimum Package of Health Services, with a list of services.	Money: Investments for quality broadly; not specific to quality MNH
Nigeria - HUWE	(no new IC; same as Nigeria NSHIP)	Mindset: Quality mentioned broadly – not specific to quality MNH; no definition Measure: Quality indicator included broadly; not specific to quality MNH Money: Investments for quality broadly; not specific to quality MNH
Nigeria – Nutrition	(no new IC; same as Nigeria NSHIP)	Mindset: Quality mentioned broadly – not specific to quality MNH; no definition Measure: None Money: None

Senegal	Mindset: Quality incorporated throughout broadly but not defined. EmOC, midwives and referral mentioned. Measure: Quality indicators included broadly and specifically for MNH (neonatal mortality rate considered a marker on the quality of newborn care; quality of care score for antenatal care) Money: Quality improvement is considered in different priorities of the IC with one specific budget line on improving quality of RMNCAH services, but not specific to MNH	Mindset: Quality mentioned as core component broadly, no definition. EmONC and midwives mentioned throughout. Measure: Quality indicators included broadly and specifically for MNH (% of pregnant women having 4 antenatal care visits at standard quality, % births in health centres with functional EmONC base) Money: Quality is a core aspect of the funding with specific sections linked to MNH under improving availability of RMNCAH-N services of adequate quality. It describes a strategy for mobile midwives and strengthening services for emergency obstetric care.
Tanzania	Mindset: Quality incorporated throughout broadly but not defined. EmONC, referral, respectful care and MPDSR mentioned. Measure: Indicators specific to MNH quality (CEmONC, BEmOC) Money: Investment for quality broadly included for RMNCAH interventions. Access and strengthening	Mindset: Quality mentioned as core component and specifically to MNH, with focus on EmONC; no definition of quality. Referral mentioned. Measure: Quality indicators included (e.g. scorecards) and specifically for MNCH services (CEmONC) Money: Quality MNH incorporated into the funding descriptions as part of two disbursement lined indicators. The RBF scheme focuses on improving quality of MNCH at primary health care facilities, using

	EmONC services and MNCH referrals are costed activities.	availability of EmONC services as proxy measure. Balance Score Cards will also be used and include MNH components e.g. iron and folic acid supplementary for ANC attendees.
Uganda	Mindset: Quality incorporated throughout broadly, not defined. EmONC, MPDSR, midwives, referral, and MPDSR mentioned. Measure: Indicators specific to MNH quality (% deliveries in EmONC Facilities in district; % Narrowing in midwives staffing (public + private) differences between districts and within districts) Money: Quality considered but no separate budget line for quality or MNH.	Mindset: Quality mentioned as core component broadly and specific to MNH; no definition. EmONC, midwives, referral, and MPDSR mentioned. Measure: Quality indicators included broadly and specifically for MNH (maternal deaths audited; health centre IVs offering caesarean sections) Money: Investments for quality of care more broadly described linked to the RBF package and strengthening health systems with some elements specific to MNH incorporated including improving supplies (eg mama kits and vacuums), health workforce (eg midwives) and quality of care (eg maternal and perinatal audit).

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