

Innovating for Maternal and Child Health in Africa (IMCHA)

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Birth spacing

Longer spacing between births improves children's health. It can be promoted by encouraging breastfeeding, engaging men and addressing gender norms that give preference to male children.

In Sub-Saharan Africa it is common for children to be born more closely together than recommended. This is well documented to have negative health outcomes for children. Evidence also suggests that it could adversely impact the health of the mother. The World Health Organisation recommends that births are spaced at least 33 months apart. A [systematic review](#), by IMCHA research project "Synergies in Video Edutainment: Child Spacing and Regional Training for Rollout in Bauchi Nigeria", of 43 studies on factors associated with short birth spacing finds that shorter breastfeeding and giving birth to a female child were the only factors consistently associated with short birth spacing. **The study concludes that promoting breastfeeding and addressing norms that give preference for male children could help prevent short birth spacing.**

The researchers also explored men and women's [perspectives on short birth spacing](#) in northern Nigeria, where it is common. Both men and women were familiar with the concept and had overwhelmingly negative associations with short birth spacing, including for the health of the child and mother, but also on the economic well-being of the family. However, they explained short birth intervals continue to occur in their communities. Sometimes it is intentional in order to increase family size quickly or because of competition between co-wives. Other times it is unplanned resulting from unprotected and at times forced sex. **By including men, the study has new findings about the impact of short birth spacing for men (perceptions of mental and physical health problems for men and women) which can be used to inform male engagement to reduce short birth spacing in the future.**



IDRC / Andrew Esiebo

Care for newborns

Complementing low-cost technology with effective communication can help save preterm babies' lives.

While infant mortality rates worldwide have reduced significantly, neonatal mortality is reducing more slowly and continues to be high in Sub-Saharan Africa, especially for preterm babies. Many preterm infants develop respiratory distress syndrome. This can be managed with a low-cost intervention recommended by the World Health Organisation: continuous positive airway pressure (CPAP). IMCHA research team "Integrating a neonatal healthcare package for Malawi" conducted a [systematic review](#) of 17 studies that found that barriers to the use of CPAP include equipment shortages, staffing shortages and too little information and engagement with caregivers.

The [Innovating for Maternal and Child Health in Africa \(IMCHA\) Initiative](#) funds 28 implementation research projects and two Health Policy and Research Organisations in 11 Sub-Saharan African countries. This seven-year, \$36 million initiative — jointly funded by the Canadian Institutes of Health Research, Global Affairs Canada, and IDRC seeks to improve maternal, newborn, and child health outcomes by strengthening health systems, using primary healthcare as an entry point.

The research team documented [health workers' views](#) in [Malawi](#) finding that caregivers often fear the equipment is harmful to their newborns. **Caregivers can be influenced by their relatives, peers and through good communication with health providers to assuage their fears and accept the use of CPAP for their newborns.**

The team also assessed the [quality of newborn care](#) in three district facilities in [Malawi](#) using the World Health Organisation's integrated quality of care assessment tool. **Improvements were needed in 11 of the 12 domains investigated, including: infection control, equipment, supplies and set-up as well as management of sick newborns and monitoring and follow-up.**

RMNCAH in South Sudan

Increasing facility-based deliveries to improve maternal health in South Sudan requires respectful care and eliminating illicit fees. Strengthening governance and increasing funding for staffing, equipment and supplies is also essential to improving health.

The maternal mortality ratio in [South Sudan](#) is among the world's worst. IMCHA research team "Mother-Child health Lacor-South Sudan" conducted a [scoping review](#) of health policy and systems gaps that inhibit quality programming for reproductive, maternal, newborn, child and adolescent health (RMNCAH). Results demonstrate that implementation of existing policies is stymied by weaknesses in the health system, including shortages in qualified staff, medicine and supplies, exasperated by chronic underfunding. Underlying geopolitical factors including the suspension of oil production, ongoing conflict as well as governance factors (poor accountability, weak governance) also contribute to the poor quality of health services provided and their resultant low use. **The research team concludes that supporting the Ministry of Health and increasing the national health budget are needed to better serve the health needs of adolescents, women and their children.**

The proportion of women who give birth in health facilities is low in [South Sudan](#). Women reported fear of discrimination based on socio-economic status, and a perception of low quality of care in facilities due to absent staff and lack of supplies as barriers to delivering in a health facility in this [study](#). Women who attended the recommended four or more antenatal care visits during their pregnancy were more likely to deliver at a health facility. Women who had made payments for past deliveries at health facilities were considerably less likely to choose to return to the health facility for subsequent deliveries. **Efforts to curb the solicitation of illicit payments (such as soaps and sweets) from women during childbirth, to halt discrimination based on socio-economic status and that increase access to antenatal care could lead to an increase in women delivering in health facilities.**

Sustainable financing and malaria prevention in Burkina Faso

Financing solutions for the delivery of free care for women and children exist in Burkina Faso.

[Burkina Faso](#) was one of the first countries in Sub-Saharan Africa to introduce free health care services for pregnant women and children under the age of five, when it did so in 2016. IMCHA research team "Interventions to improve maternal, newborn and child health in Mali and Burkina Faso" found that the policy has had a positive impact on health, however the [financing of policy](#) is proving to be problematic. **The research team concluded that equity should be a central consideration and that mechanisms to link different health provision schemes as well as exploring different sources of revenue should be pursued.**

Community health workers are effective in supporting malaria prevention efforts.

A longitudinal study by the same research team explored the [capacities of community health workers](#) (CHWs) in the prevention of seasonal malaria in [Burkina Faso](#). CHWs benefited from training and their capacities grew over time (during the season and between seasons). Those with the lowest initial scores increased their capacities the most. Generally, the workers were best at communicating with parents and reporting. The study confirms that community health workers can be used effectively in malaria prevention programs when given targeted tasks. **Efforts to foster CHW retention can lead to improved program implementation.**