

# Innovating for Maternal and Child Health in Africa (IMCHA)

## Research Digest #3

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(click on the blue hyperlinks to access specific articles)

### Engaging men

*Engagement of men in defining relevant solutions is key to changing harmful social norms and to reaching successful maternal and child health outcomes.*

The IMCHA research team “Improving Access to Health Services and Quality of Care for Mothers and Children in Tanzania” studied [how men can be involved](#) in maternal and child health. The authors report on men’s views on the barriers to their engagement. These include the lack of health education, traditional gender roles and norms, fear of HIV testing, fear of reprimand due to short birth spacing and unfavourable environment in the health facilities. The authors also recommend strategies to increase men’s involvement, such as using male champions and gatekeepers, and working with health facility committees.



The IMCHA research team “Video Edutainment: Impact on Maternal and Infant Outcomes in Toro, Nigeria” examined the [gender-transformative potential](#) of an intervention in Bauchi State in which every pregnant woman or one who had a baby recently and her spouse were visited. The intervention incorporated information and discussions about risks factors during pregnancy, including spousal violence and lack of communication, to promote male involvement in reproductive health. The analysis shows that the home visits improved several elements of spousal decision making such as men’s support for antenatal care and immunization, as well as a better spousal communication.

In Tanzania, the IMCHA team “Mama na Mtoto: Barriers and enablers to gender, equity and scale-up” examined [men’s perspective on attending antenatal care visits](#) with their pregnant partners in Misungwi District. Some barriers to men embracing a more active presence during antenatal care were identified: the perceived exclusion of men by the providers during the antenatal visits, physical barriers such as the lack of specific waiting area for men, and persistent adherence to traditional gender norms. The research’s recommendations include locally relevant strategies like instituting local bylaws as catalyst for fostering attendance, including discussion about unfavorable gender norms in local government meetings’ agenda, and using community health care workers and male champions to educate men on the importance of accompanying their partners to antenatal care visits.

### Knowledge transfer and policy influence

*Collaboration between research teams and regional Health Policy and Research Organizations (HPROs) expedites putting research findings / evidence in the hands of high-level decision-makers for evidence-informed policies and practices.*

The West Africa Health Policy and Research Organisation (WA-HPRO) organised a knowledge transfer training programme in maternal and child health for the Burkina Faso Ministry of Health and actors in the decision-making

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 eight-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. Watch a short video to learn about [IMCHA’s impact](#).



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sphere within public entities responsible for health. This article describes the [qualitative evaluation from the training](#). While all participants were satisfied and gained new knowledge, some felt they would need an enabling professional environment and support in order to use the knowledge acquired.

The WA-HPRO co-organized with the Nigerian Federal Ministry of Health to organise the [first Nigeria Research Day in maternal, newborn and child health](#) in 2018 to support evidence use in policymaking. This article describes the concept, organisation and lessons learned from this event which connected researchers, decision-makers, journalists and other stakeholders. It showed the importance of policy dialogue for increasing the use of evidence in decision-making for policy and practice. A few key success factors are suggested, such as the will of policymakers, the involvement of key government officials, and the use of a participatory format. This event will be sustainable since the Federal Ministry of Health's plans now included funds for its recurrence.

The WA-HPRO contributed to the PanAfrican special issue on COVID-19 in Africa (volume 2) to explain the facilitating role that WAHO, a regional entity, can play to promote the use of evidence to [influence policies and practice regarding the COVID-19 pandemics](#). Various approaches can be adopted to promote the use of evidence, including training, the development of guides and policy briefs, the synthesis and sharing of evidence, and the organisation of meetings to share experiences. Several approaches are described, such as the synthesis of the most recent evidence and epidemiologic models, developed to enlighten decisionmakers in selecting and implementing interventions.

### Newborn low-cost techniques

*Tailored and well implemented, low-cost interventions can be effective in considerably improving health outcomes.* IMCHA research team "Integrating a neonatal healthcare package for Malawi" explored caregivers' experience and perspectives with the [implementation of kangaroo mother care \(KMC\)](#) intervention. The article highlights how stories, heard from peers, of positive outcomes from this technique lowered negative perceptions about preterm infants and how the learning from medical professionals raised its acceptability. However, this technique often requires longer hospital stay, which can disrupt responsibilities around the home, enforce gender roles, and impact on economic activities and livelihoods. The authors discuss possible avenues and opportunities to lower the barriers, such as involving fathers and others in a modified "kangaroo care" method.

Another article from the same research team explored the barriers and facilitators to use KMC from the [perspective of health workers](#). While the KMC technique was recognized as low-cost and appropriate for resource-constrained health settings, gaps in monitoring and maintenance of practice remained. The authors note that a more sustainable implementation would require investment in technologies, staffing, and hospital provision of basic supplies such as food and beddings.

### Community involvement

*Communities that are more involved in the research are more likely to show lasting change on women and children's health.*

More than 120 researchers, students, health workers, donors, decision-makers, community members, and civil society organizations gathered in October 2020 for a three-hour virtual global conference called "Making the Links in Canada and Africa: Community Engagement to Improve Maternal and Child Health", co-hosted by IMCHA and the University of Saskatchewan. The conference examined how community engagement can contribute to improving health now and in the future. Some lessons learned include that knowledge and expertise from the community must be integrated into research projects from the very beginning. Moreover, projects should build on past successes, learn the context, and work closely with traditional leaders and within established systems. Read the [summary report](#) of the conference and watch the [summary video](#).