

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

## Research Digest #2

June - November 2020

(click on the blue hyperlinks to access specific articles)

### Improving the quality of care

*IMCHA research teams show ways to improve the quality of care to improve maternal and child health*

#### ***Involving health workers in evaluation, builds their leadership to address the problems they face.***

IMCHA research team “Quality improvement for maternal and newborn health at district-level scale in Mtwara Region Tanzania” studied how to improve the quality improvement methodology whereby stakeholders identify problems in their own contexts and create strategies to improve them. The research used realist evaluation to understand causation and conditions related to successful interventions. This [article](#) describes applying realist evaluation in southern [Tanzania](#), **demonstrating that it can maximise quality improvement and strengthen health systems**. Involving stakeholders in finding solutions to their context-specific obstacles is empowering.



IDRC / Andrew Esiebo

#### ***Human resources and supportive structures are key to better quality of care.***

In [Malawi](#), IMCHA research team “Integrating a neonatal healthcare package in Malawi” studied how to scale-up the use of a life-saving newborn technology: bubble contiguous positive airways pressure (CPAP). In this [article](#) they document that insufficient availability of the machines as well as disagreements between cadres of health workers about when to use them were obstacles to their full use in tertiary hospitals. In secondary facilities the use of the machines was supported by the decision-making being assigned to one cadre (nurses), the involvement of caretakers and the machines’ reliable availability. **The researchers demonstrate the importance of human resources and management structures in successful implementation of bubble continuous positive airway pressure, suggesting that both are likely also important for the implementation of other neonatal technologies.**

#### ***Improve the quality of care and adolescents will come.***

An IMCHA research team “Responding to the challenge of adolescent perinatal depression” conducted a [qualitative study](#) to explore barriers to health service use for adolescents with perinatal depression in [Nigeria](#). None of the women in the focus group discussions had any knowledge of having depression before they attended antenatal care and were screened by health workers. Enabling factors for accessing services related to their depression included the services being paired with routine primary health care, information provided by health workers, social support, although this was often low, and the resilience of the adolescents themselves. Adolescents with perinatal depression often faced stigmatising attitudes from the health workers. **The research team notes that improving the supportive environment for adolescents with perinatal depression can reduce barriers to care.**

### Performance-based financing

*Performance-based financing isn't effective when implemented poorly.*

In low- and middle-income countries performance-based financing (PBF) has been promoted to improve the quality and use of health services. The evidence about whether performance-based financing works and under what conditions it works is mixed. IMCHA research team “Results-based financing for equitable access to maternal and child health care in Mali and Burkina Faso” studied the implementation in Mali. The research team [noted](#) that PBF does not operate in a vacuum within

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](#).

health systems, and emphasized that the role of contextual specificities of health facilities played a decisive role in the implementation process of PBF. The findings showed the most significant differences between well-performing and less performant facilities were caused by the internal context and the implementation process. These made the difference in how PBF was modulated according to the context. Contexts play a determining role in implementation effectiveness and ignoring this limits their success. Documenting the effect of performance-based financing in [Mali](#), they [found](#) that **neither its introduction nor its withdrawal had significant impact on maternal and child health indicators**. Moreover, their qualitative study ([article](#) in French) concludes that a public policy on performance-based financing has not yet emerged in Mali due to several constraining factors, including the short timelines for the implementation of pilot projects and too few windows of opportunity and financial partners.

### **Accessing health services – Barriers and Opportunities**

*Research teams identify barriers to using health services, explore the consequences for women and children and report on solutions to successfully address barriers.*

#### ***User fees determine women’s decision of whether or not to access health services.***

Many studies have shown the effect of user fees on access to health services and on health outcomes. Charging user fees for health services creates a financial barrier for accessing services. However, the repercussions of user fee policies on women’s empowerment had not yet been systematically reviewed. An IMCHA research team “Examining effects of user fee abolishment for women and children in Burkina Faso” conducted a [systematic scoping review](#) to determine whether removing user fees for pregnant women and children under five is related to women’s empowerment. The authors found that **removing user fees for pregnant women reduces women’s need to negotiate with their partner for money to pay for the cost of use of health services. They caution however, that removing user fees alone will not improve women’s empowerment regarding their health.**

#### ***Insecurity is a major deterrent to facility-based births and antenatal care and has a lingering effect:***

The same research team studied the impact of terrorist attacks on health service use. Since 2015 [Burkina Faso](#) has experienced an increasing number of violent terrorist attacks. The [longitudinal study](#) from 2013 to 2018 documents that in the month following a terrorist attack, the number of births in facilities and the numbers of antenatal care visits somewhat reduced. This puts women and newborns at higher risk. **The team concludes that the exponential increase in terrorist activities in West Africa is expected to have negative effects on maternal health in that region.**

#### ***Better access can be facilitated by multi-pronged interventions:***

An IMCHA research team “Building an enhanced cadre of community health workers to improve maternal and newborn health in rural Tanzania” tested a multi-pronged strategy to increase access to care for pregnant women. In this [article](#) the authors share the perspectives of women, nurses and community health workers in Rorya District, [Tanzania](#), about the series of interventions in the strategy. They found that the respectful care workshops and the birth kit distribution were appreciated and effective in facilitating the use of health services. The birth kits reduced the cost of delivering in a health facility for women. Although the cost of transportation to health facilities was reported to be a financial barrier to accessing health facilities, the implementation of the transportation subsidy created barriers for women to use it easily. The article makes recommendations for the subsidy could be modified to increase its impact and help get more women to facilities. The m-health intervention was able to support community health workers, but they also reported some frustrations because of infrastructure inadequacies.

### **Using evidence in policymaking**

*IMCHA HPRO in West Africa develops a tool to help policymakers use evidence.*

The West African Health Organization, the Health Policy and Research Organisation for IMCHA in West Africa, developed an evidence-based policy making guidance tool designed to support policymakers use of evidence. This [article](#) describes the development of the tool based on consultations with policymakers in West Africa and a review of existing literature. **The research demonstrates that the evidence-based policymaking tool can support understanding of using evidence in policymaking.**