

The IMCHA programme

IMCHA (Innovating for Child Health in Africa) seeks to improve maternal, newborn and child health outcomes by strengthening health systems, using primary healthcare as an entry point. The seven-year, \$36 million initiative is jointly funded by the Canadian Institutes of Health Research, Global Affairs Canada, and IDRC.

A total of 19 Implementation Research Teams of African and Canadian researchers and policy-makers, are developing practical solutions to improve support for women and children in their communities and in the health facilities that serve them. Three teams work in Nigeria.

The teams work closely with a consortium of three health policy and research organizations (HPROs) in East Africa and one in West Africa. The HPROs aim to complement team efforts to integrate the evidence they generate into policies and practices in maternal and child health in the respective countries.

The team in Bauchi State, Nigeria

The Bauchi team is a collaboration between: Federation of Muslim Women Association in Nigeria (FOMWAN), Bauchi State Primary Health Care Development Agency (SPHCDA), and CIET/PRAM in the department of Family Medicine, McGill University, Montreal, Canada.

The linked HPRO is the West African Health Organisation (WAHO) based in Dakar, Senegal.

Contacts for the IMCHA team in Bauchi



Federation of Muslim Women Association in Nigeria (FOMWAN)

Muhd Chadi Baba, project state coordinator
Phone: 0803 604 9628
Email: muhdchadibaba@yahoo.com



Dr Anne Cockcroft
Professor, Family Medicine,
McGill University, Montreal, Canada
Email: anne.cockcroft@mcgill.ca



Bauchi State Primary Health Care Development Agency (SPHCDA)

Sale Shuaibu
Phone: 08169558253
Email: saleshuaibu72@gmail.com

Websites

Bauchi SPHCDA <https://www.basphcda.org>

CIET <http://www.ciet.org>



Universal home visits in Toro LGA, Bauchi State, Nigeria



Universal home visits contact ALL pregnant women and engage men



Understanding *kunika*



Maternal health in Bauchi

Maternal, infant, and childhood mortality and morbidity remain far too high in Bauchi State.

A large state-wide household survey in 2010 found that women were more likely to have complications in pregnancy or childbirth if they:

- did not talk to their partners about pregnancy and childbirth
- continued heavy work during pregnancy
- experienced violence during pregnancy
- did not know danger signs during pregnancy and childbirth

People in communities, especially men, can reduce these pregnancy and childbirth risks.

Universal home visits

Female home visitors go to every household in their catchment of about 300 households, they register all pregnant women, and revisit them every two months during their pregnancy. In each visit, they note the woman's answers to questions about her health on a



cellular handset, sending the record to a central server, and then they *share and discuss video-clips* about the pregnancy risks. **Male home visitors speak with the partners of these pregnant women to share the same information with them and to discuss the videos.**

Measuring impact of the home visits

In 2016, home visits began in two randomly selected wards of Toro local government authority, with two more wards added in 2017, and two more in 2018. Female home visitors registered more than 50,000 CBAs in more than 30,000 households. The study follows some 22,000 pregnancies overall, and compares pregnancy outcomes in wards with visits and wards not yet visited, to identify the impact of the visits (ISRCTN82954580).

Early results are positive for women with visits

✓ Women talk more with their partners about pregnancy and delivery, they know danger signs, and they are less likely to continue heavy work or to suffer violence during pregnancy.

✓ Women with visits reported less **complications during pregnancy and delivery.**

(<https://gh.bmj.com/content/bmjgh/4/1/e001172.full.pdf>)

What people think about the visits

Households value the home visits and describe how they have benefited from them.

I might have also lost my fifth pregnancy due to ignorance if I had not met her [the home visitor].

25 year old woman

My understanding ... has changed my beliefs. I no longer allow my wife to do heavy work during pregnancy.

27 year old man

Building capacities for sustainability

Government counterparts from state and local government authorities are active members of the team supervising and monitoring the home visits. From mid-2018, the Bauchi State government has taken over the management of the home visits programme in the first two wards.

Through a linked synergy funding, the Bauchi IMCHA team have trained 57 officers and established a core faculty within the Bauchi State College of Nursing and Midwifery and the College of Health Technology to carry on this training in the future.



Understanding *kunika*

A linked project explores *kunika*, short birth spacing, with stakeholders in communities in Toro and at state level. It seeks to identify the causes and effects of *kunika*, and explore culturally acceptable ways to discuss this evidence in the home visits programme.

Community focus groups of men and women in 2018 discussed the effects of *kunika*. A systematic literature review looked at factors associated with *kunika* in the international literature. Fuzzy Cognitive Mapping in 2018 with men and women in communities, and State and LGA representatives described the knowledge on causes and prevention of *kunika*. In early 2019, dialogue groups in communities and wards of Toro LGA reviewed evidence from the maps and suggested how to include the topic into the home visits programme.

We used the evidence to produce video clips and a discussion guide. The home visitors are now using these tools to discuss *kunika* with women and their spouses during their visits to the households.