



Nigeria Overview

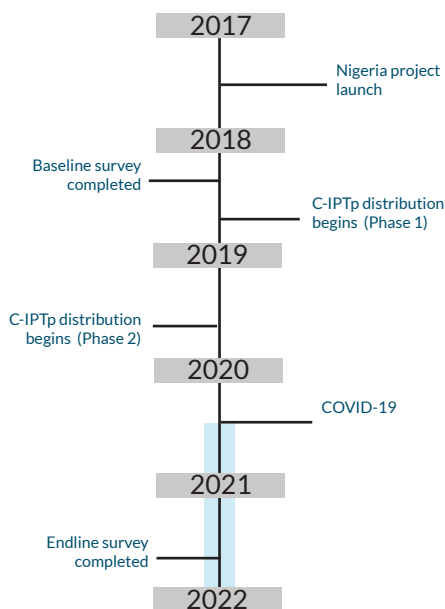
Ohaukwu, Akure South, and Bosso Districts

TIPTOP Summary

The Transforming Intermittent Preventive Treatment for Optimal Pregnancy (TIPTOP) project is an innovative, community-based approach that aims to dramatically increase the number of pregnant women in malaria-affected countries in sub-Saharan Africa receiving antimalarial preventive therapy, thus saving the lives of thousands of mothers and newborns.

The TIPTOP project aims to increase coverage of the third dose of intermittent preventive treatment in pregnancy (IPTp3) through distribution at the community level, without decreasing antenatal care (ANC) attendance.

Timeline of Implementation



Household Survey Results

Household surveys were collected as cross-sectional surveys using Multi-Stage Cluster Household Survey method. Information collected included ANC clinic attendance and IPTp coverage through interviews with women who had ended a pregnancy within the past six months.

	Ohaukwu		Akure South		Bosso	
	Baseline	Endline	Baseline	Endline	Baseline*	Endline
IPTp3	11.23%	71.50%	16.32%	56.45%	14.18%	54.49%
ANC4	67.12%	74.86%	78.82%	71.11%	63.3%	55.56%

*Repeat baseline conducted

District Details

	Ohaukwu	Akure South	Bosso
State	Ebonyi	Ondo	Niger
Population	302,416	535,561	260,798
Area	516 sq km	331 sq km	1,592 sq km
Density	586 people/sq km	1,618 people/sq km	164 people/sq km
Expected pregnant women	15,121	26,778	13,040

Rapid Facility Assessments

TIPTOP-supported health facilities in order to evaluate their readiness to provide ANC and IPTp, and to assess the linkage between health facilities and community health workers (CHW) for better activity coordination.

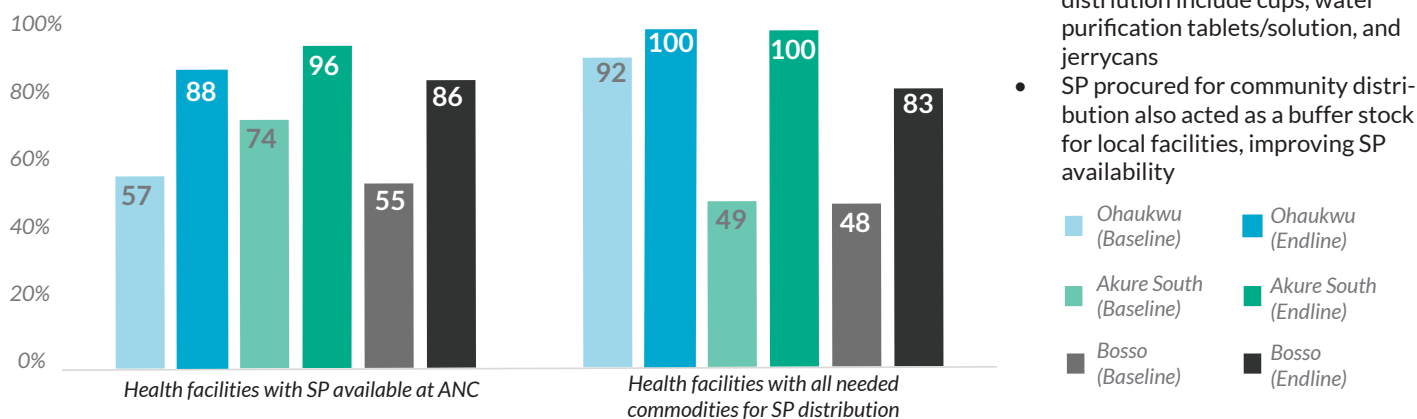
Number of Phase 1 facilities in Ohaukwu sampled through one stage stratified random sampling: 63/63 for baseline, 52/52 for endline

Number of Phase 2 facilities in Akure South and Bosso assessed: 49/49, 69/69

Data below are from rapid facility assessments or data quality audits.

Facility Readiness

Percent of facilities reporting SP and necessary components needed for SP distribution



30%

Average increase in facilities offering malaria services at ANC



Photo credit: Kristen Vibbert

29%

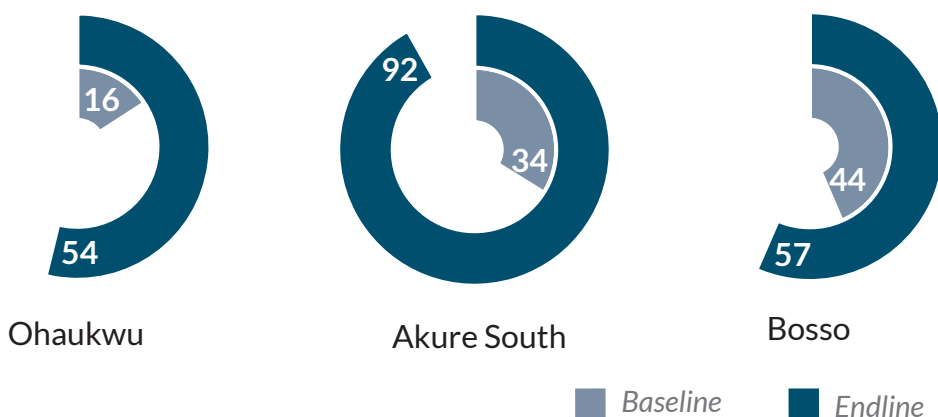
Average increase in health facilities with community education in their catchment areas on benefits of IPTp

97%

health facilities have most up-to-date data collection & reporting tools at endline

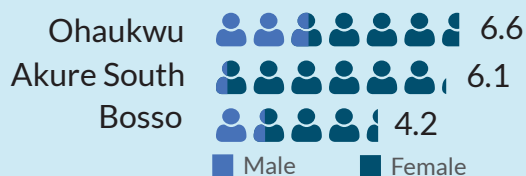
SP stock management improvement

Percent of facilities with SP stock count matching stock card in 3 districts



Community Health Workers

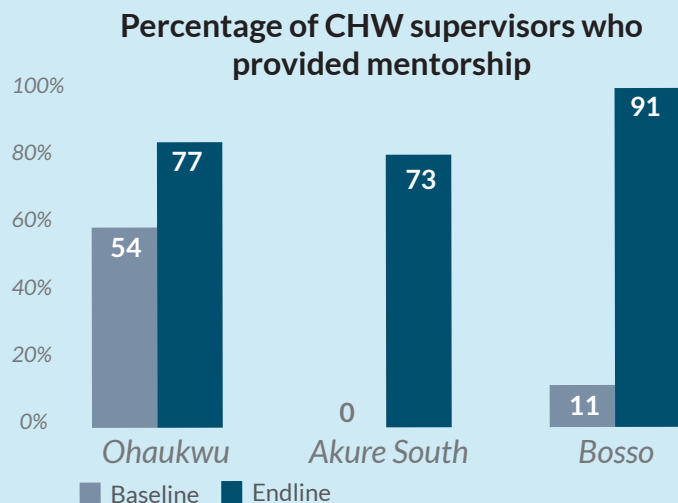
Average # of CHWs supporting a catchment area



Each district had no more than 1 CHW per catchment area at baseline.

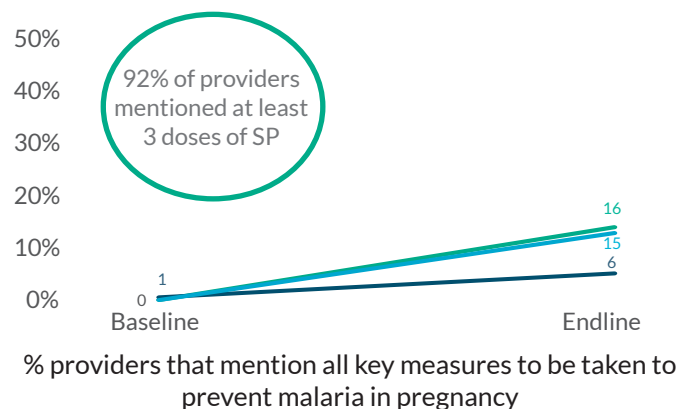
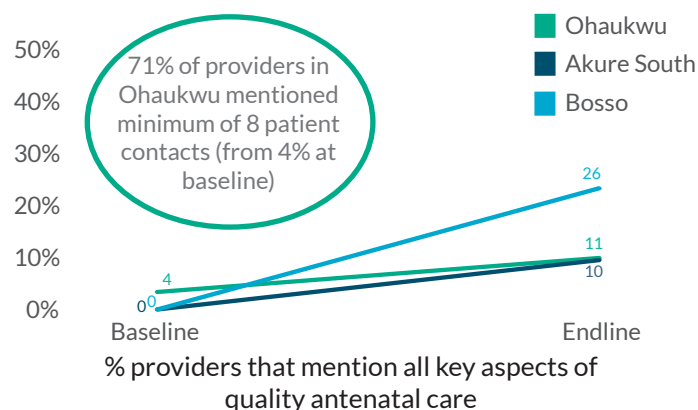
In Nigeria, there are distinct subgroups of CHWs that have different roles. TIPTOP worked closely with Community Health Influencers and Promoters Service (CHIPS) agents, who are community-selected volunteers trained to provide health education and distribute health commodities. CHIPS agents are able to provide all SP doses, including the first dose.

CHWs also receive support from CHW supervisors, including review and feedback of monthly reports.

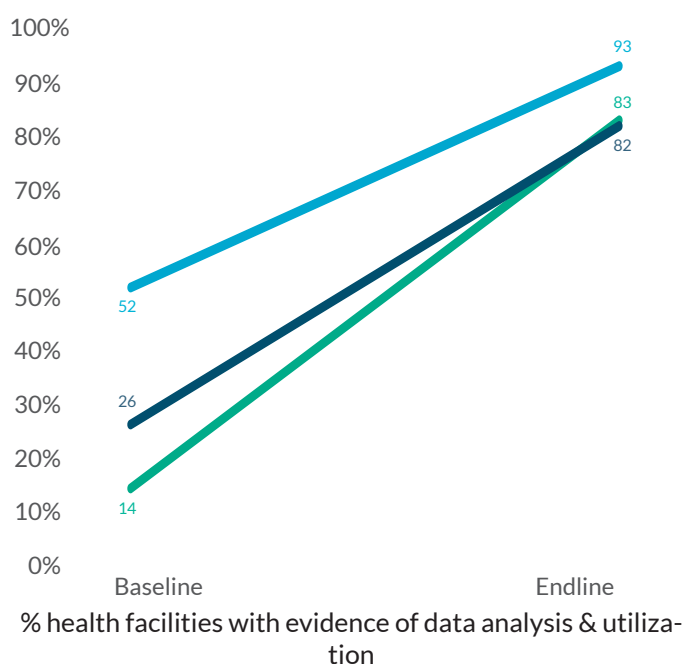


Over 95% of CHWs submit reports on time

ANC Provider Knowledge



Data Use



Examples of evidence include an ANC wall chart, malaria graph, IPTp wall chart, or other data use materials.

Rapid Data Quality Assessment

Facilities were surveyed for data quality, with acceptable data quality defined as (+/- 5%). The proportion of facilities with acceptable data quality among key measures are listed below:

	ANC1	ANC4	IPTp3	C-IPTp3
Ohaukwu	100%	100%	100%	100%
Akure South	100%	92%	100%	88%
Bosso	88%	71%	92%	100%

Facilities sampled: Ohaukwu 24 of 52; Akure South 24 of 49; Bosso 24 of 69

Implementation Highlight

Using Human Centered Design to increase early ANC Initiation

In collaboration with the Ministry of Health, the TIPTOP project staff identified stakeholders to include in focus groups discussions and key informant interviews to identify barriers and opportunities for low early ANC initiation. Based on information gathered, partner support was identified as both a barrier to early ANC attendance and an opportunity to target support.

18 health facilities with low early ANC initiation were included in a spousal support prototype. Interventions included in the prototype included ANC-focused education events for men and women, branded t-shirts for husbands who escorted their wives to ANC before 13 weeks, and branded umbrellas for pregnant women who completed 4 ANC visits. The t-shirts and umbrellas were presented during formal community assemblies to motivate others.

Within 6 months of the spousal support efforts, the following outcomes were observed:

- The proportion of pregnant women attending ANC before 13 weeks increased by 15 percentage points (12-27%)
- The proportion of pregnant women attending ANC before 20 weeks increased by 35 percentage points (14-49%)
- The proportion of pregnant women completing 4 ANC visits increase by 30 percentage points (16-46%).



Pregnant women receiving branded umbrellas for completing 4 ANC visits.

