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Selected Findings: The Mother-Newborn Dyad: Community-Based Distribution of Misoprostol & Chlorhexidine in Sokoto State, Nigeria (April-Dec 2013)

By

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Chief of Party**

TSHIP **Targeted States High Impact Project**
Advancing Public Health in Bauchi and Sokoto States

The Landscape: Sokoto, Bauchi & Nigeria (Rationale for Community-Based Approaches)

CHARACTERISTICS	BAUCHI	SOKOTO	NIGERIA
Percent delivered by Skilled Assistance			
2008	15.7%	5.1%	35%
2013	16.3%	5.4%	36%
MDG / Skilled Delivery Assistance			90%
% Delivery with No One Present			
2008	34.3%	25%	19%
2013	21.7%	0.1%	13.4%
Percentage point change (drop)	12.6%	24.9%	5.6%
% Home Delivery (2013)	82%	94.2%	63.1%
MMR (Most recent): Deaths/100,000 LB	1400	1500	576
Sources: NDHS (2013)			



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Response #15 from SCUS-MHTF Survey

“Approaches that consider local context and engages local stakeholders are likely to be successful. In every context, regardless of the number of challenges being faced, there is always a way to promote quality MNH care, but the solution should be generated by and with local stakeholders.”

Source: SCUS-MHTF, 2014



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Integration in Life=Take What You Can Get, With a Caveat

Na condition make
crayfish bend

Anonymous, Nigerian Proverb



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Never Lose Sight of Integration as Non-Negotiable Design Principle

“It is by the straight line and the circle that the first and most simple representation of all things may be demonstrated...Neither the circle without the line, nor the line without the point can be artificially produced.”

John Dee, English Philosopher. Special Advisor to Elizabeth I

Source: Monas Hieroglyphica (1564), Theorem I and II.

Our Approach to Integration (Celebrate Unity in Unities)

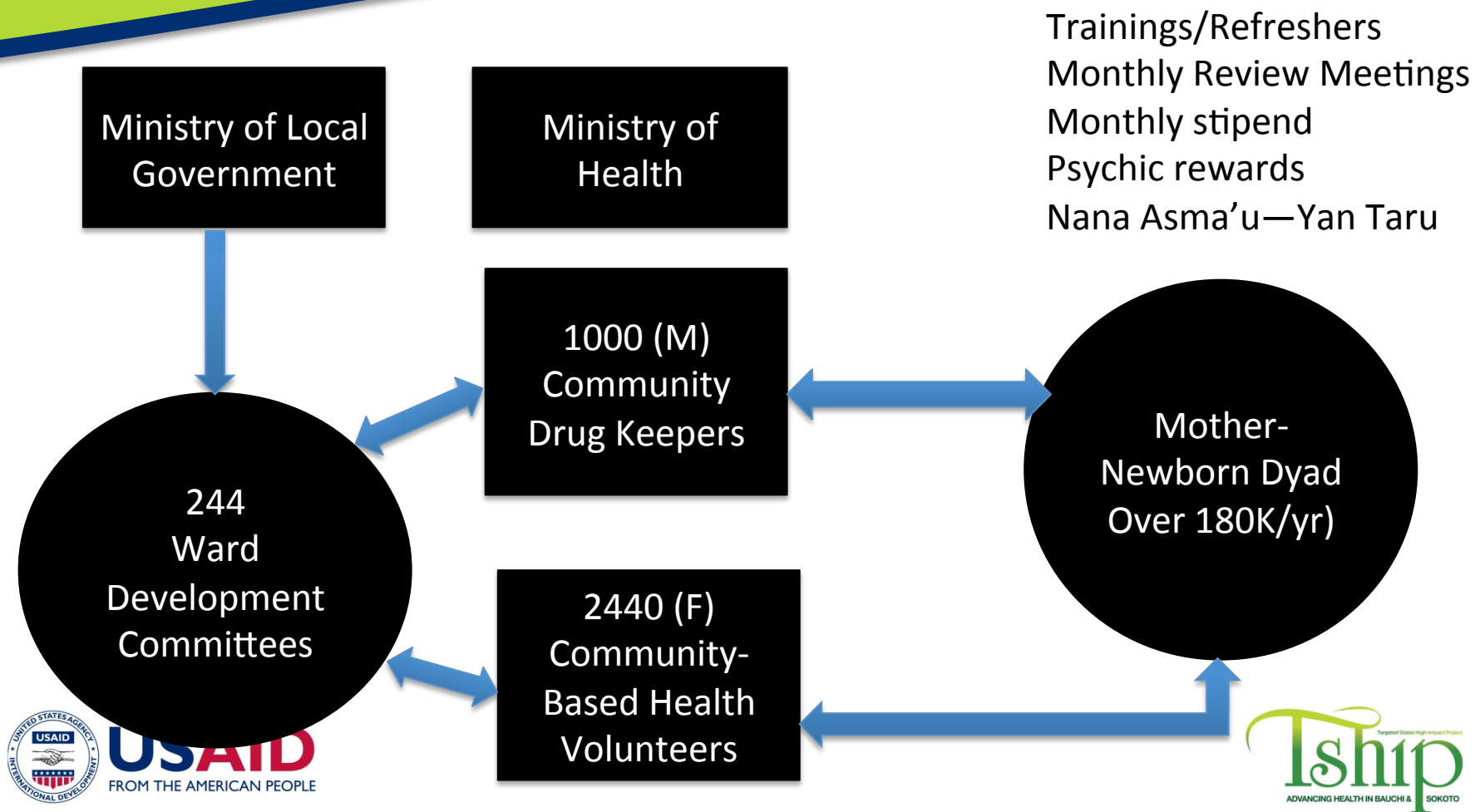
- Mum-Newborn-United in Biology & Survival
- Whole Community Involvement-So that levers of power can lift the many
- Tap into shared history of community
- Policy Advocacy as storytelling
- Be unafraid of chaos-richness in unity
- Measure, then measure but keep it simple



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The Approach in Sokoto State, Nigeria



Data Entry & Quality Control Checks

- Source of data: routinely collected from the statewide, at-scale community-based distribution of misoprostol tablets and chlorhexidine gel during delivery
- N of mothers = 36,370 mothers received Miso
- N of births: 36,404 newborns received CHX
 - DQA: 5% of the 36,370 women who received Miso. tablets and 5% of the 36,404 births treated with CHx 4% gel between April to December 2013 were re-visited to verify initial reports

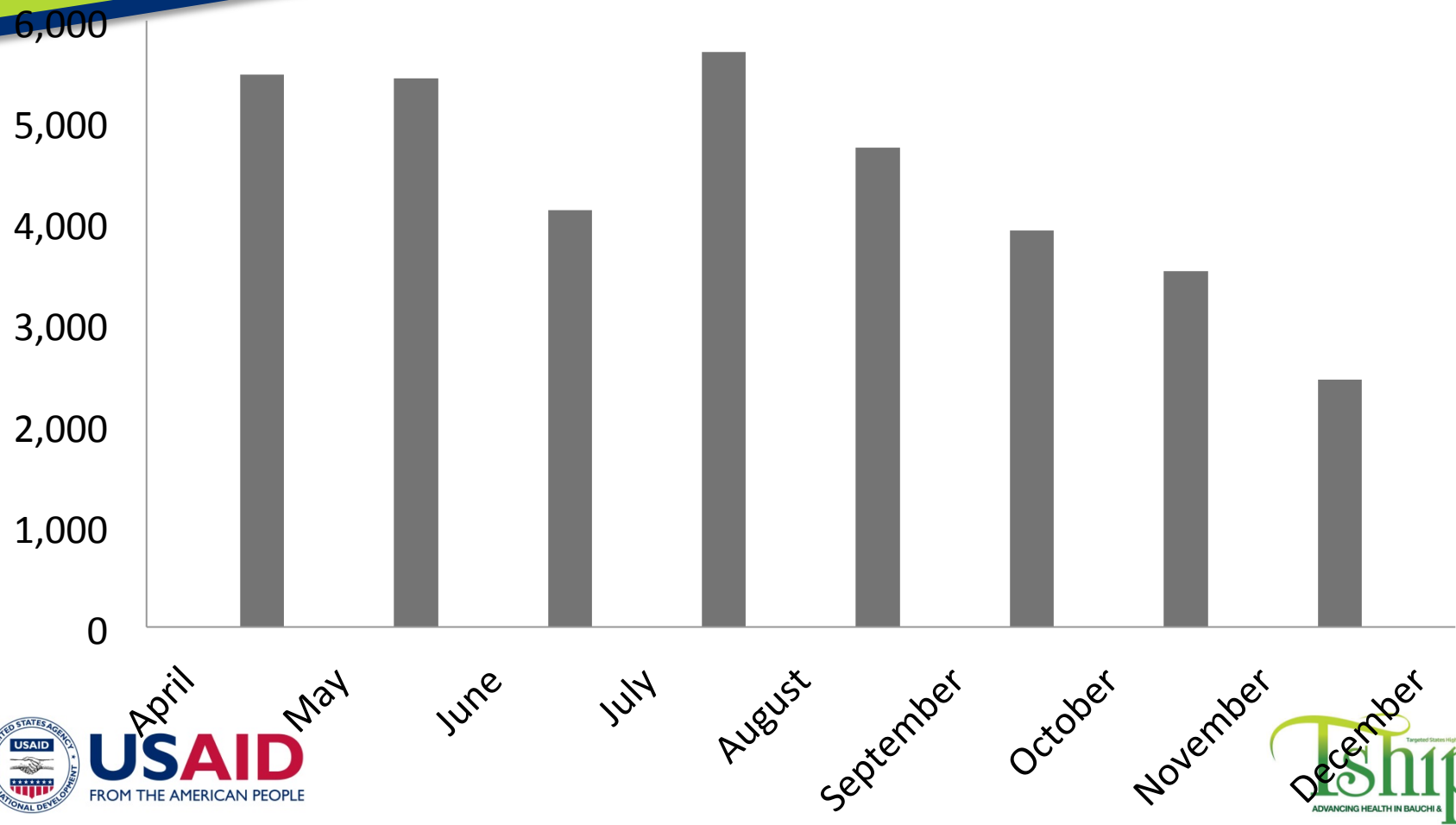


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Analysis revealed only 1.6% error rates among a sub-sample of 1900 mother & child pair re-visited



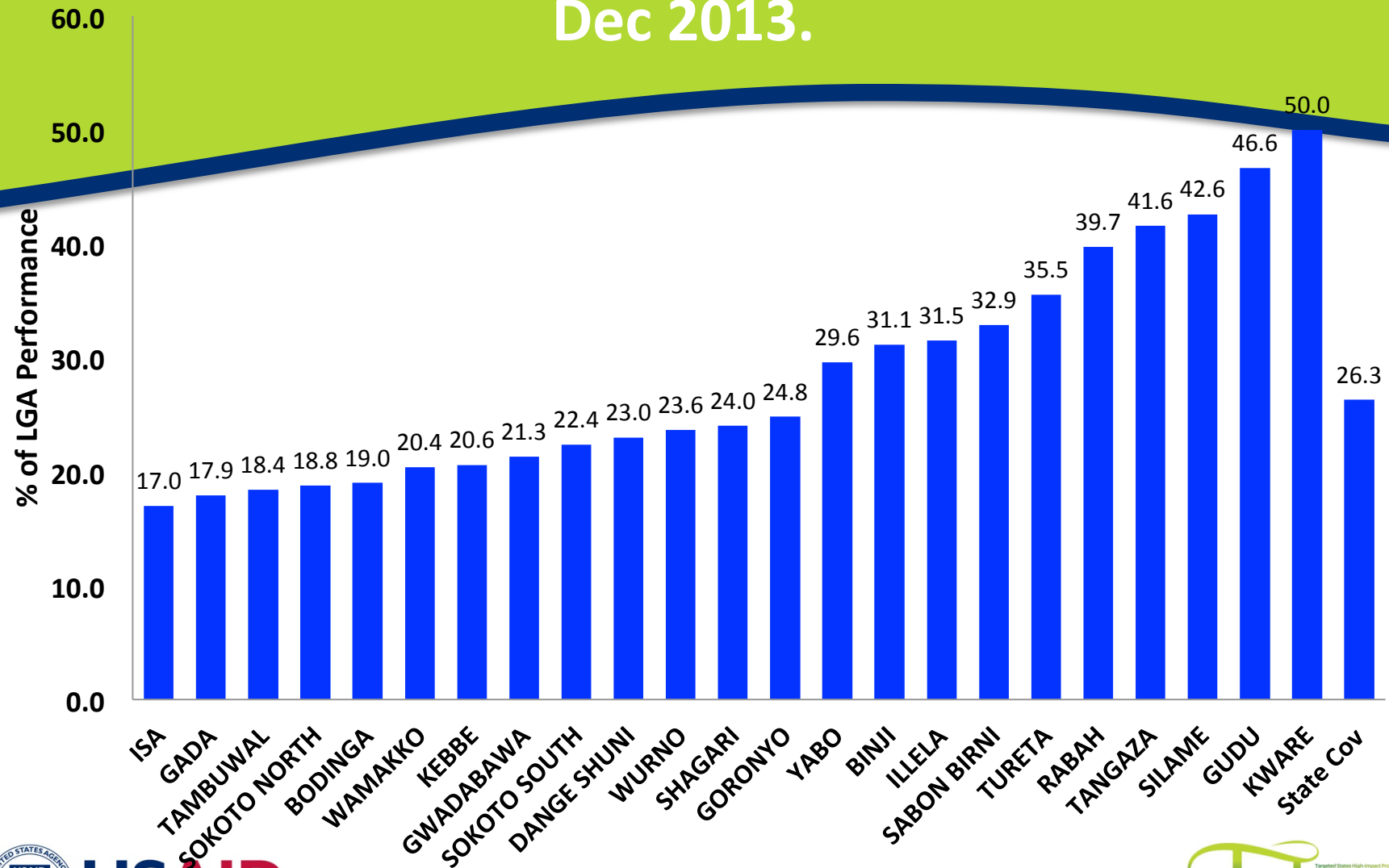
Number of Newborns Served with Chlorhexidine 4% Gel in Sokoto State by Month, April-Dec 2013



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Newborns as Percent of Expected Births Reached with Chlorhexidine 4% Gel in Sokoto State, April-Dec 2013.



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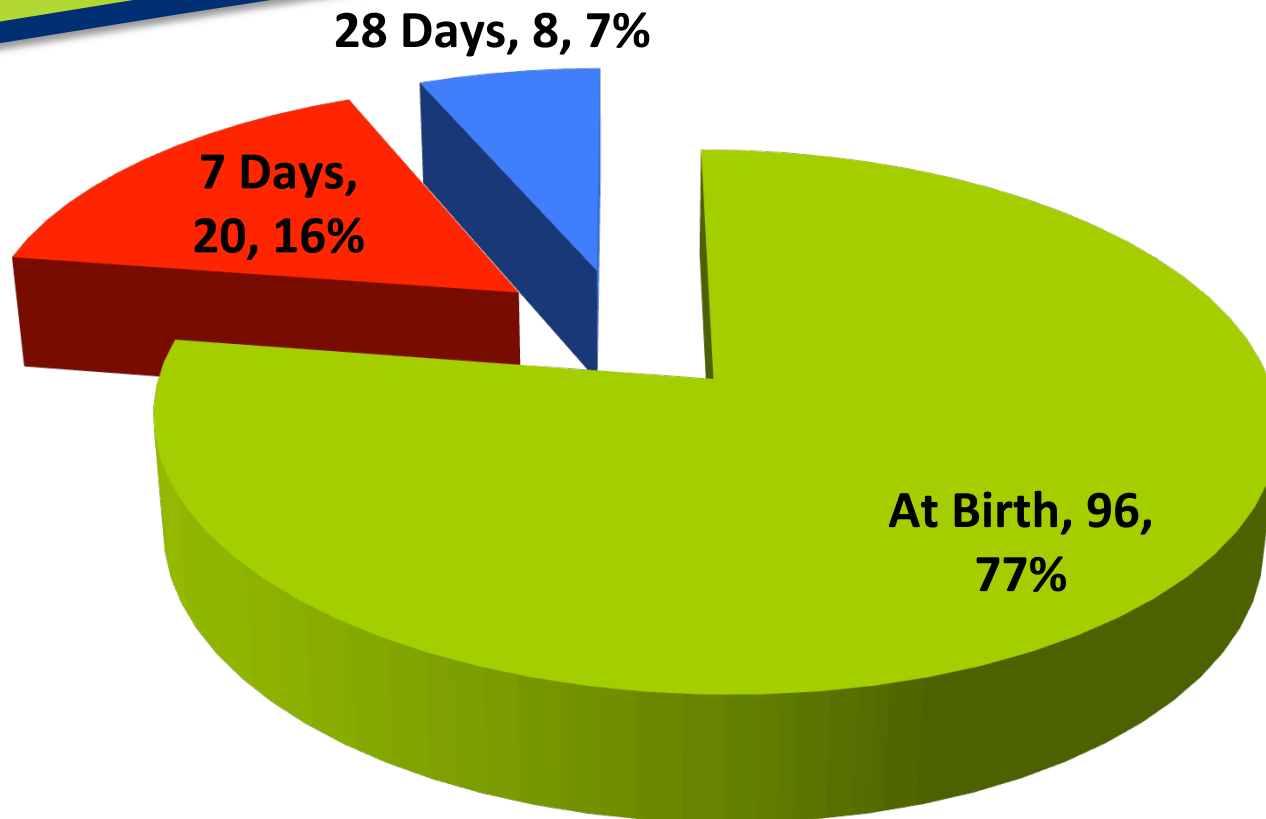




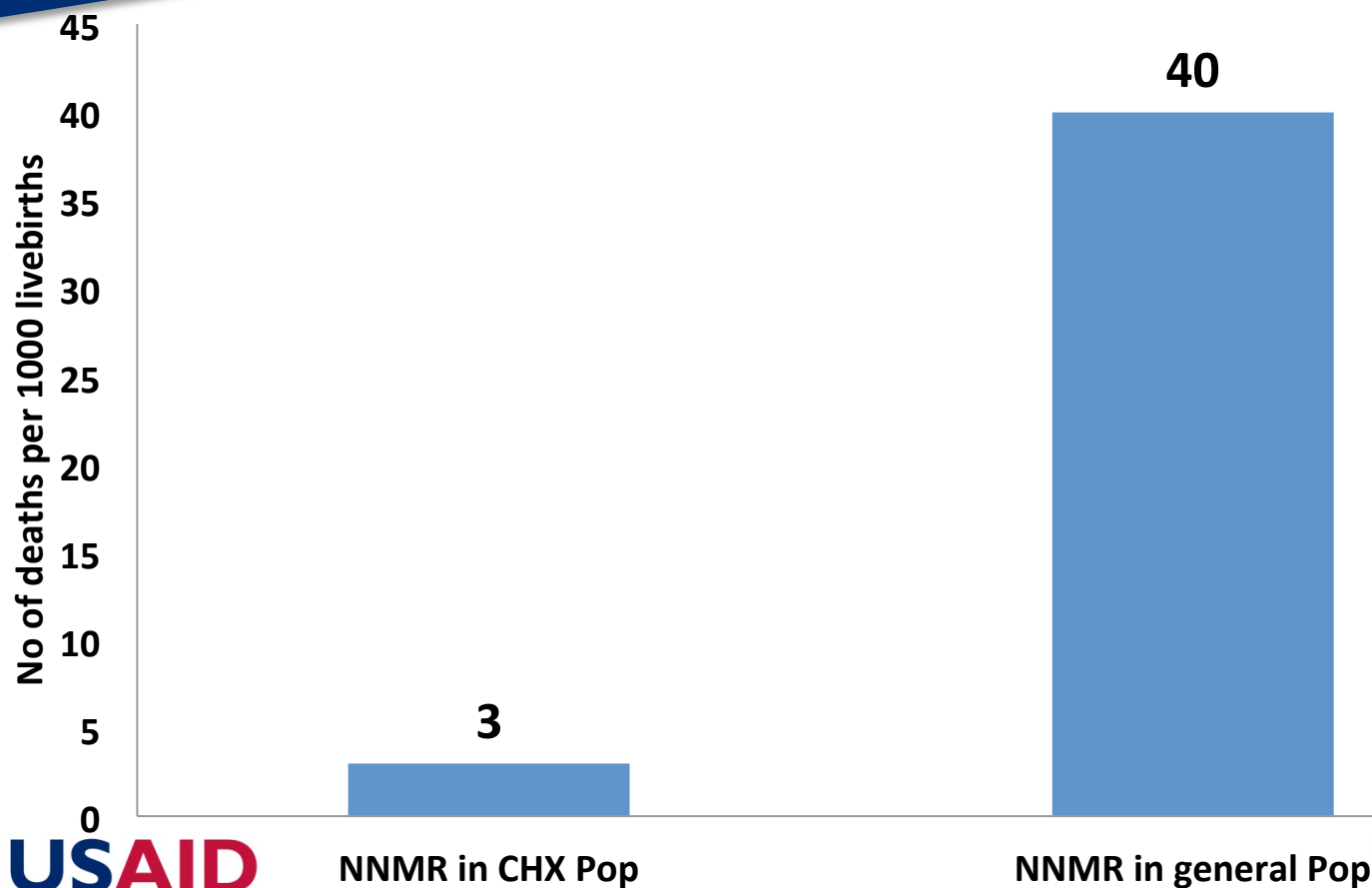
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Newborn Deaths By Reported Timing in Cohort of 36,404 Who Rcvd CHX in Sokoto State, April-December 2013 (N=124)

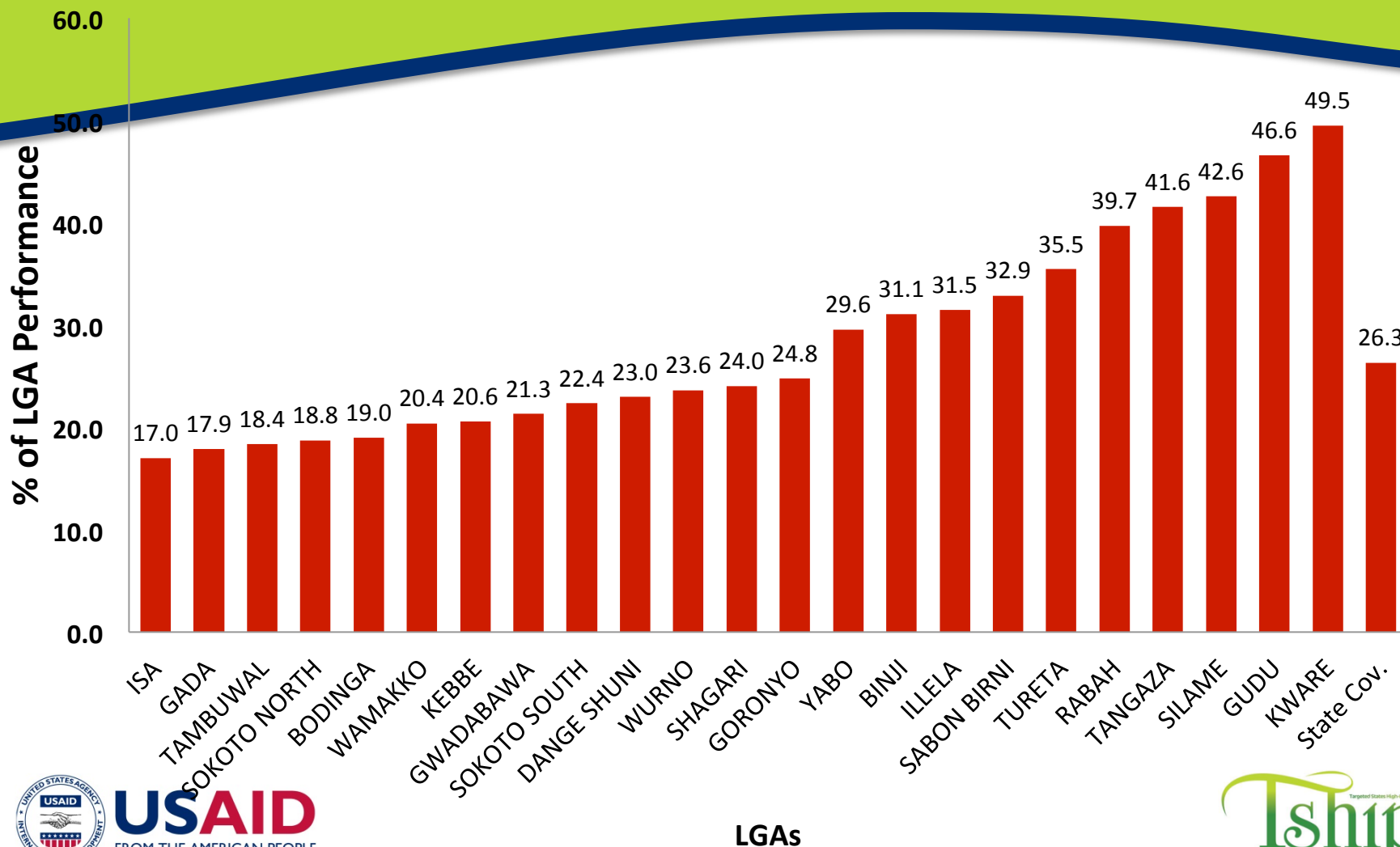


Neonatal Mortality Rate in Cohort of 36,404 Newborns in Sokoto, Nigeria, April-December 2014 vs National Neonatal Mortality Rate



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Mothers as Percent of Expected Births Reached with Misoprostol Tablets *versus* in Sokoto State, April- Dec 2013.

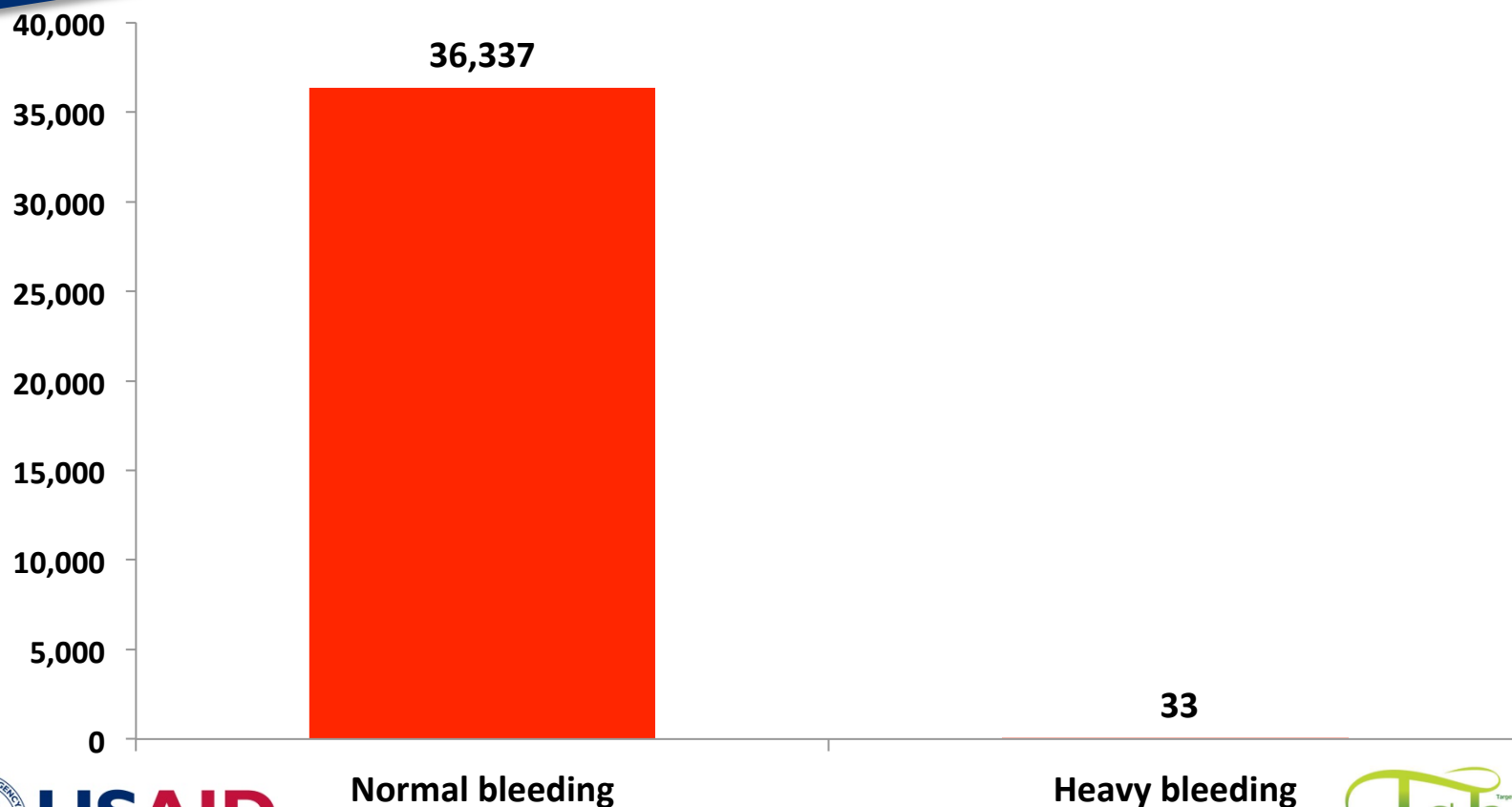


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Post Partum Bleeding Experiences Reported by 36,370 Mothers Who Received Misoprostol , Sokoto state, April- Dec. 2013.



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Actions to Stop/Prevent Delivery With NOP – One Cohort in Sokoto

ALL	FEMALE	MALE
<p>Husband key agency - must support HF use</p> <p>Depends on husband</p> <p>Men to allow wife use HF</p> <p>Locate HF in close proximity to women</p> <p>Make drugs available</p> <p>Train female HW</p> <p>Ensure availability of HW</p> <p>Provide HF with infrastructure</p> <p>Make delivery services free</p> <p>Create awareness among mothers about the dangers in delivery with NOP</p>	<p>Husband key agency - must support HF use</p> <p>Depends on husband</p> <p>Men to allow wife use HF</p>	<p>Locate HF in close proximity to women</p> <p>Make drugs available</p> <p>Train female HW</p> <p>Ensure availability of HW</p> <p>Provide HF with infrastructure</p> <p>Make delivery services free</p> <p>Create awareness among mothers about the dangers in delivery with NOP</p>



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Source: USAID/TSHIP Field Notes (2014)



Emerging Spin-offs of Community

- Vitamin A Distribution—90% plus coverage (6-59 month olds)
- Statewide routine distribution of LLIN
- Birth/Death Registration and Certification of Cause of Death
- Community-based distribution of SP for IPTp of Malaria

Legislation for making maternal deaths
notifiable



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Helpful Developments

- Nigeria adopted Community Midwife cadre
- Task shifting for Health Extn Worker
- Miso & Chlorhexidine locally produced
- Amoxicillin DT on verge of local pdctn
- Unmistakable Community demand for CHX-Miso
- Training curriculum for nurse/midwives—
now competency-based



Unresolved Issues

- Institutional arrangements remain fragile
- Monthly stipend of volunteers
- Massive shortage of midwives hinder development of MNCH ecosystem
- Mastering Administrative Behavior (Satisficing, equality v equity)
- Will the will of the people prevail?



Reliance
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on donor funding (Gombe expt)



Concluding Remarks

- Are we sufficiently integration-centric architects?
- Have we failed in our approach to design?
- Why do we avoid chaos and messiness when it is in fact the norm?—Pilots that beguile; administrative behavior, politics

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