An **IMCHA** project

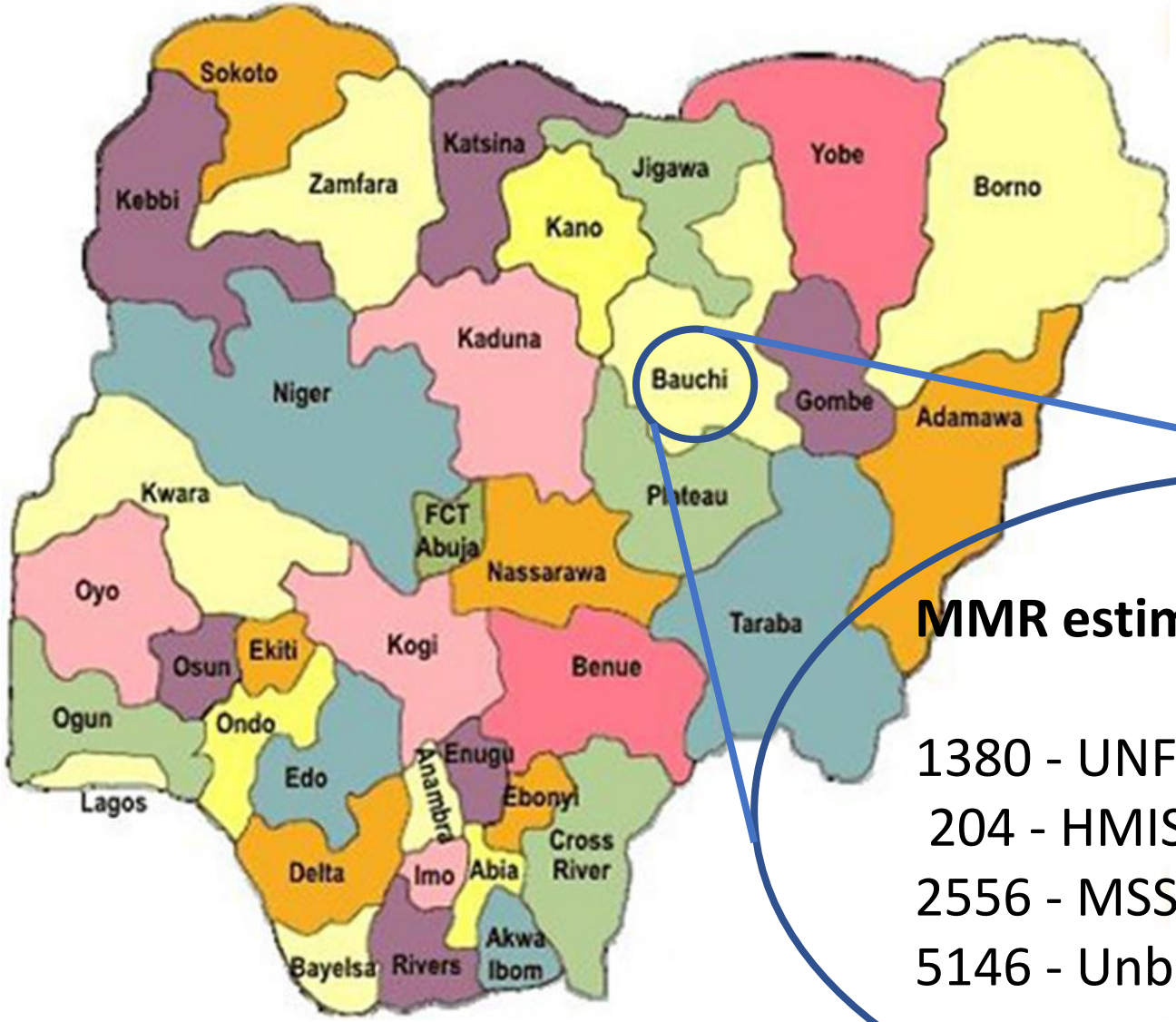
Video edutainment at the doorstep: Impact on infant and maternal outcomes in Toro, Nigeria

The problem

Ten countries with highest MMR, 2015 (WHO)

	MMR	No. deaths	Lifetime risk (1 in)	PM
Sierre Leone	1,360	3,100	17	21%
Central African Republic	882	1,400	27	15%
Chad	856	5,400	18	28.3%
Nigeria	**814**	**58,000**	**22**	**25.6%**
South Sudan	789	3,500	26	22.7%
Somalia	732	3,400	22	27.6%
Liberia	725	1,100	28	31.5%
Burundi	712	3,500	23	27%
Gambia	706	590	24	31.1%
Democratic Rep Congo	693	22,000	24	22.3%

Trends in maternal mortality, 1990-2015. WHO, UNICEF, UNFPA, WB Group, UN Population Division, 2015



Nigeria MMR estimates

545 - Nigeria DHS 2008

867 - WHO 2010

MMR estimates in Bauchi State

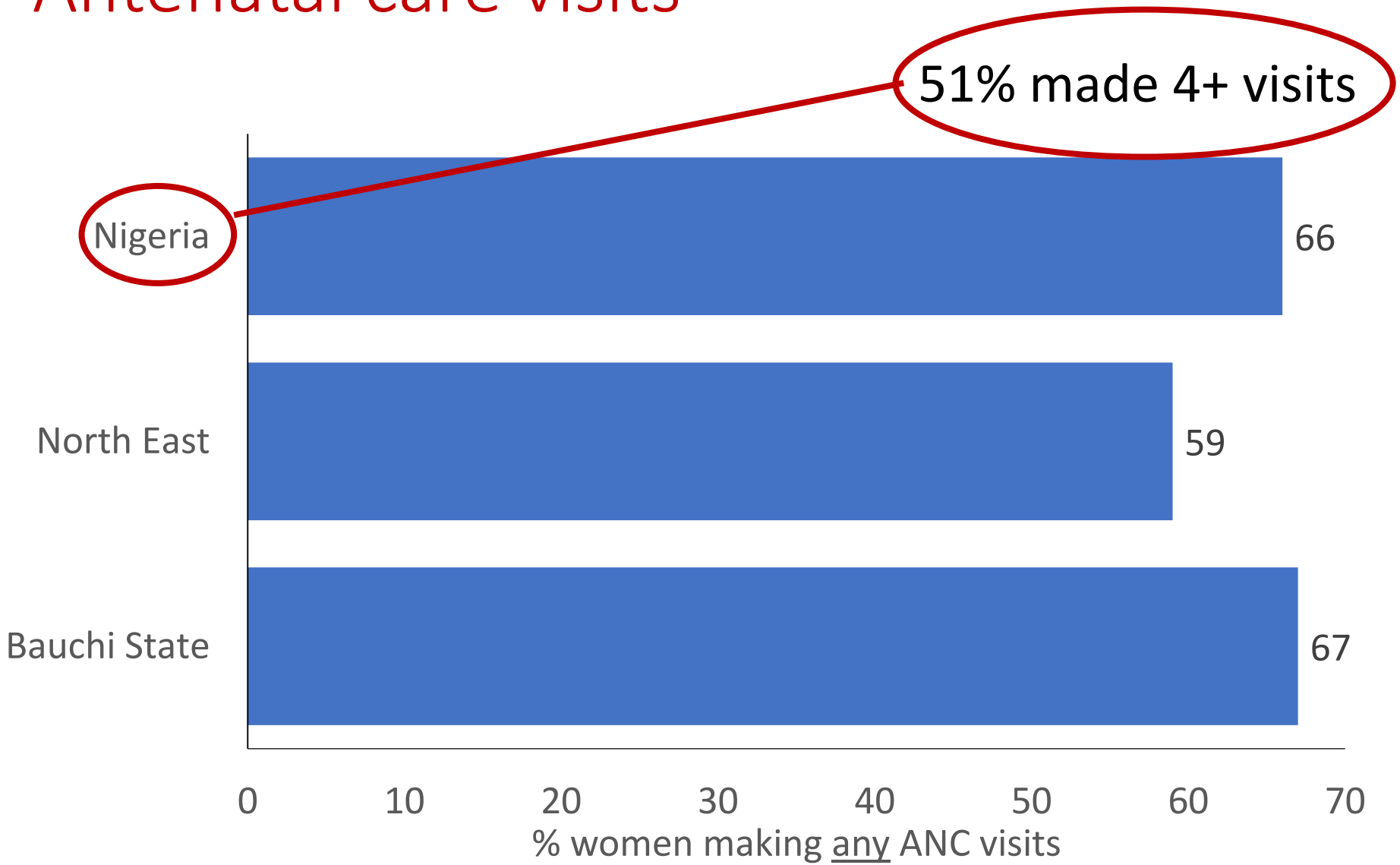
1380 - UNFPA 2006

204 - HMIS 2009

2556 - MSS 2009

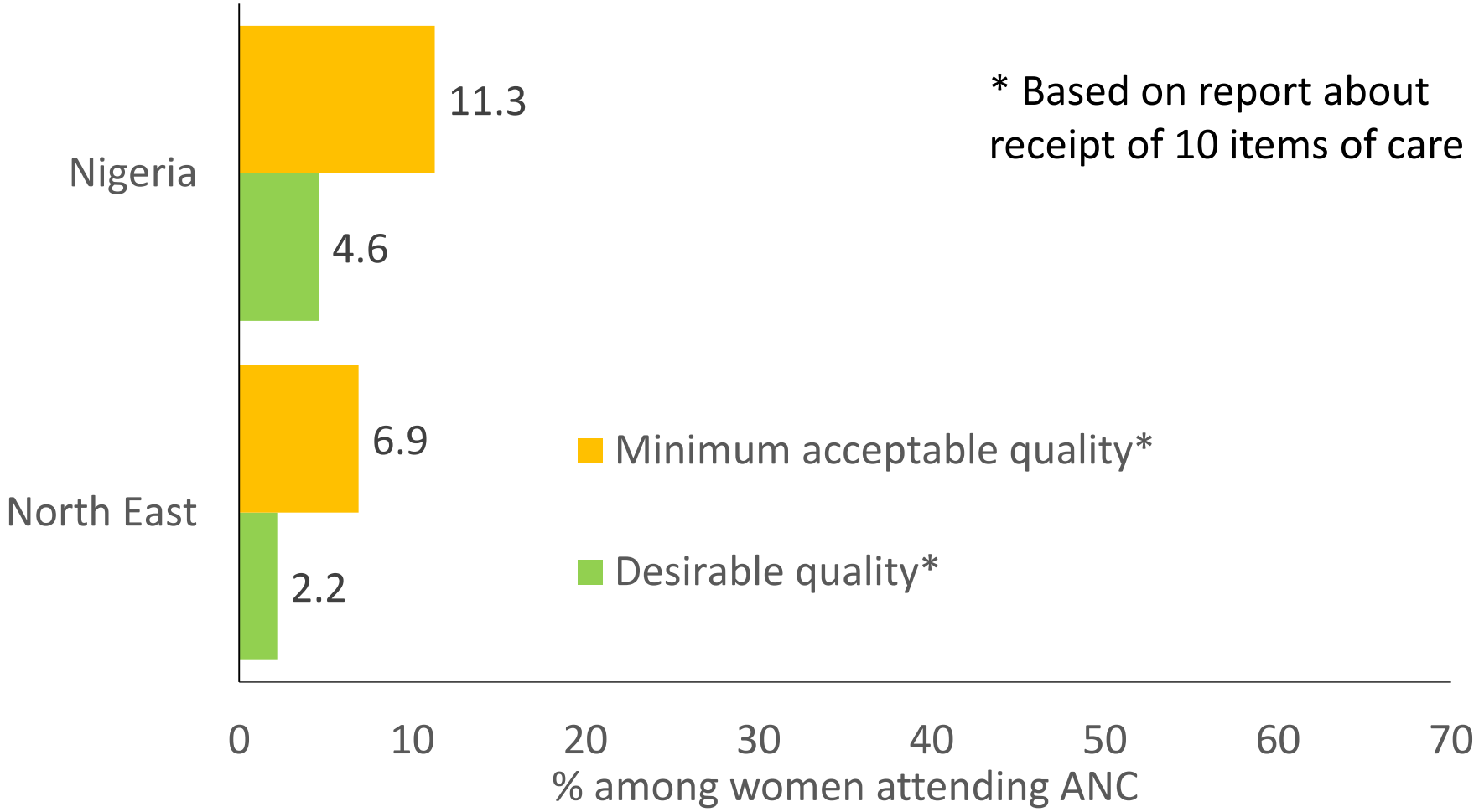
5146 - Unbooked deliveries 2009

Antenatal care visits



Nigeria DHS, 2013

Quality of antenatal care



* Based on report about receipt of 10 items of care

Fagbamigbe and Idemudia, Reproductive Health, 2015, 12:88 (Analysis of data from Nigeria DHS, 2013)

The intervention

Most marginalised and most vulnerable women most affected by these obstacles

Poor access to care in facilities

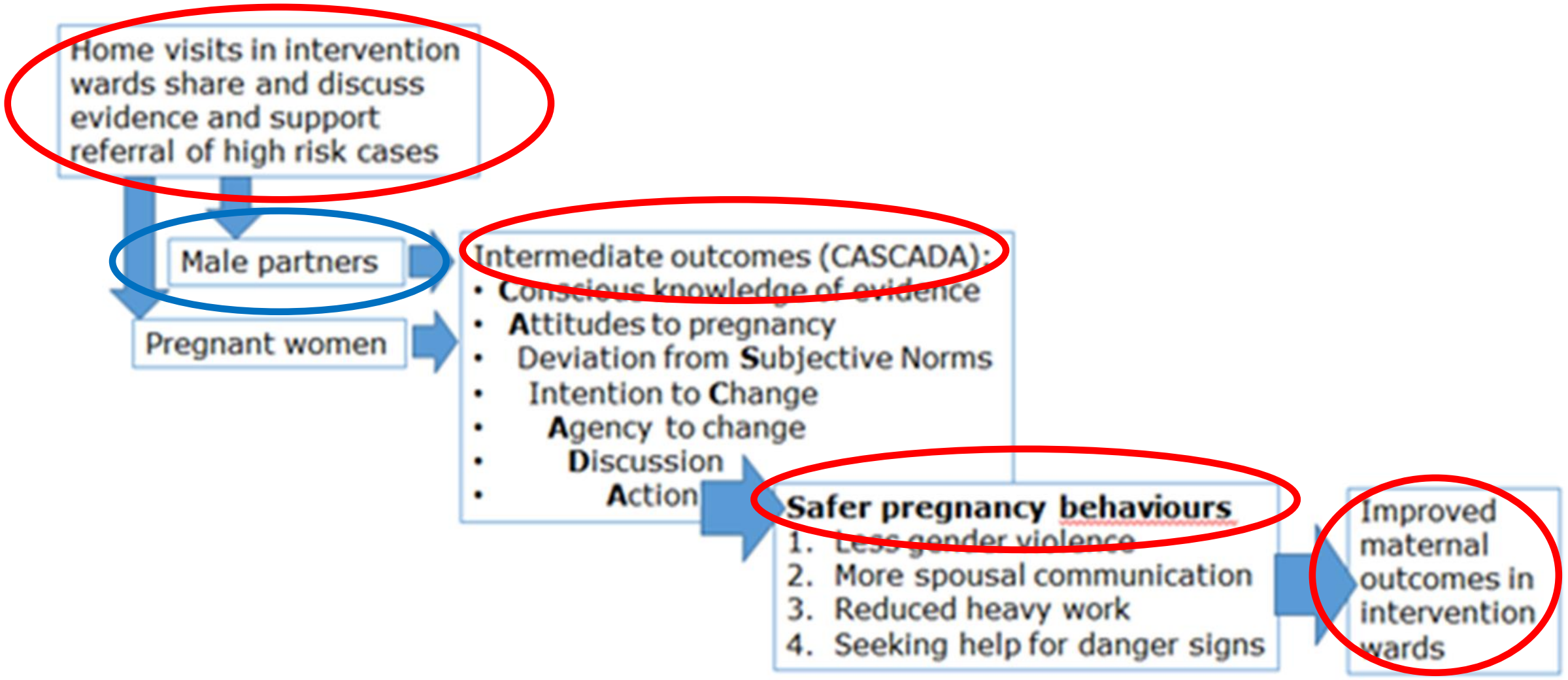
- Poor quality of facilities
- Distance
- Costs

Bypass structural obstacles to care

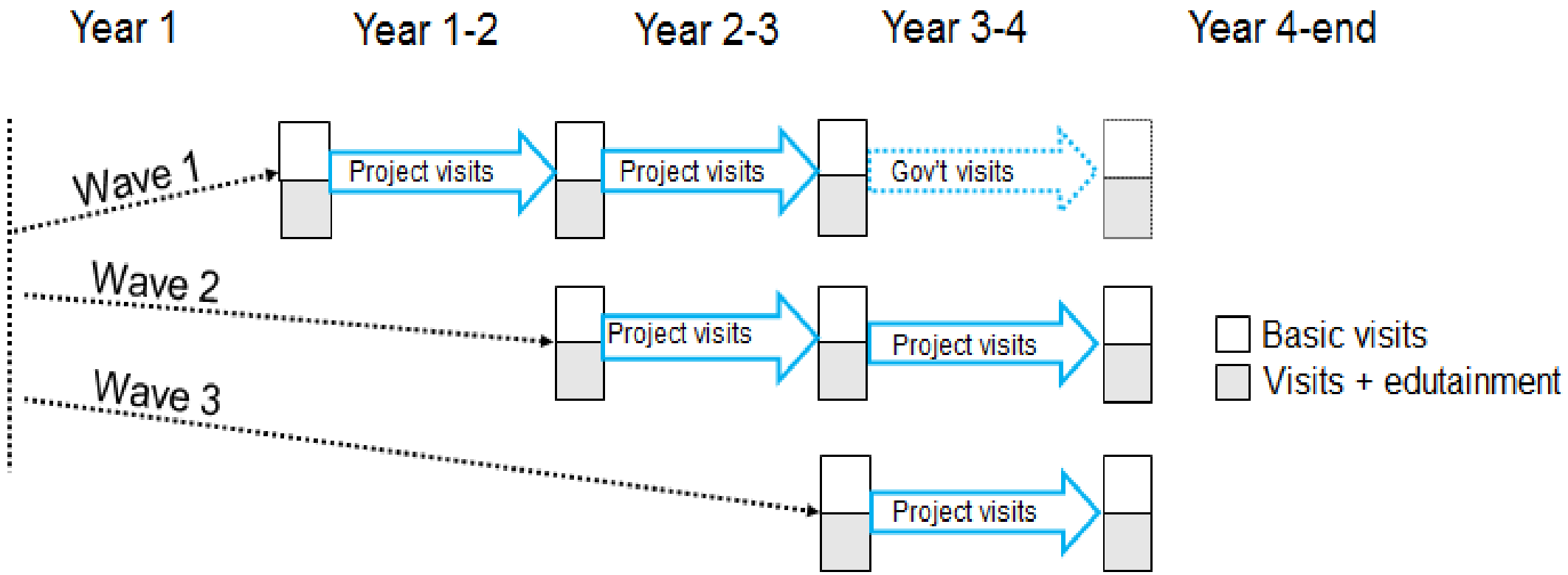
Care of pregnant women and safe pregnancy behaviours *at household level*

Universal home visits (every 2 months) to *all* pregnant women and their spouses

Conceptual framework



Implementation design



Planning and training

Implementation and measurement

Institutionalization dissemination

Randomise wards into 3 waves

Compare wave 1 with wave 2 (control)

Compare wave 2 with wave 3 (control)

Compare basic visits with visits + edutainment

Electronic data collection

Server in Botswana
ODK Aggregate

Dataset downloaded
alternate days

Advantages of electronic data collection

- Effective monitoring and quality control
- Reduces errors in data management
- Almost immediate access to data for planning
- Use same equipment to *give* information (eg video edutainment)

Implementation progress

Implementation progress

- Instruments/tools designed with State/LGA stakeholders
- Extensive piloting in non-sample communities
- 123 female and 115 male home visitors trained so far
- 103 female and 96 male selected and working
- Home visits running smoothly in the first two waves
- Home visits for mapping/baseline assessment started in third wave

Implementation progress (2)

- Electronic data gathering/monitoring working well
- Referral system in place with local health facilities
- Data base consolidated for first wave interim impact analysis
- Definitive analysis and reporting underway

Preliminary results

Coverage (to June 2018)

Coverage	Wave 1	Wave 2	Wave 3
Wards	2	2	2
Households	8,691	7,059	14,750
Women 14-49 years	12,088	10,998	In progress
Pregnant women (& spouses)	9,251	4,528	In progress
Completed pregnancies	5532	2673	In progress
Pregnancy surveillance visits	17,674	8628	In progress
Delivery	5532	2673	
Pregnant women at risk	7.7%	24.6%	
Death	17	19	

Preliminary impact findings

- Four risk factors - all improved markedly
- Pregnancy & childbirth complications – big reduction
- Use of health services – not much change

Impact related to change in family dynamics

Narratives of change

“I came to understand it’s very wrong of me to behave the way I had been doing. I was forced to change my attitude. I started listening to my wife. My wife feels happy and excited. She feels free to come and sit with me whenever she wants to. She shares ideas with me. There is greater understanding between us now. The discussion between me and her brings more health and sanity between us.”

Man aged 58 years. Graduated from Islamiyya school and a farmer with 12 children.

Challenges and mitigation strategies

Travel & Security of workers

- Local workers from their own communities
- Adapting training to suit less educated workers

High inflation

- Efficiency of field supervisory visits

Repair & damage to handsets

- Low cost hand sets replace expensive tablets
- Cost recovery as workers pay back in installments
- Better care of handset as owned by the workers

Forged/invalid data

- GPS and time tracking

Forged visits and data

- Created at home/single place
- On the road
- Inadequate interaction time

Solution

- GPS data monitoring
- Time tracking
- Feedback with evidence and warnings

It works!

Wave 1: up to 16% invalid records (re-visited)

Wave 2: 0.2% invalid records

Universal home visits trial, Toro LGA, Bauchi

Sustainability & scaling

Stakeholder involvement

State steering committee discussing the design

- Design meetings for instruments, sample, videos with state/LGA govt. counterparts
- State project steering committee reviews progress periodically for policy guidance

- Working with leaders in Toro LGA wards for project implementation and monitoring

Ward stakeholders discussing implementation

Sustainability efforts

Keep training State/LGA Government staff members

So far have trained

- 22 State Government staff
- 6 faculty members from State College of Nursing and Midwifery
- 4 TORO LGA staff
- 14 In-charges of the health facilities for Referral linkages
- 6 FOMWAN members
- 6 ward focal persons one from each participating ward

Continuous involvement of trained staff in project activities

Scaling efforts

- Training of faculty: Colleges of Nursing & Midwifery, Health technology
- Establish home visits unit within BaSPHCDA
  - Data manager
  - State level trainers and supervisors
  - Strengthen capacity of LGA supervisors
- BaSPHCDA dedicated budget line – recurrent expenditure not "counterpart funding"
- BaSPHCDA to take responsibility for first two wards from July 2018

Key elements of home visits scheme

- Universal visits – no one gets left behind
- Involve men (Spouses)
- Target what people themselves can do at home / in community
- Share evidence – households make their own decisions
- Not dependent on access to health services
- Electronic data collection for monitoring/quality control