A Closer Look at C-IPTp in Nigeria

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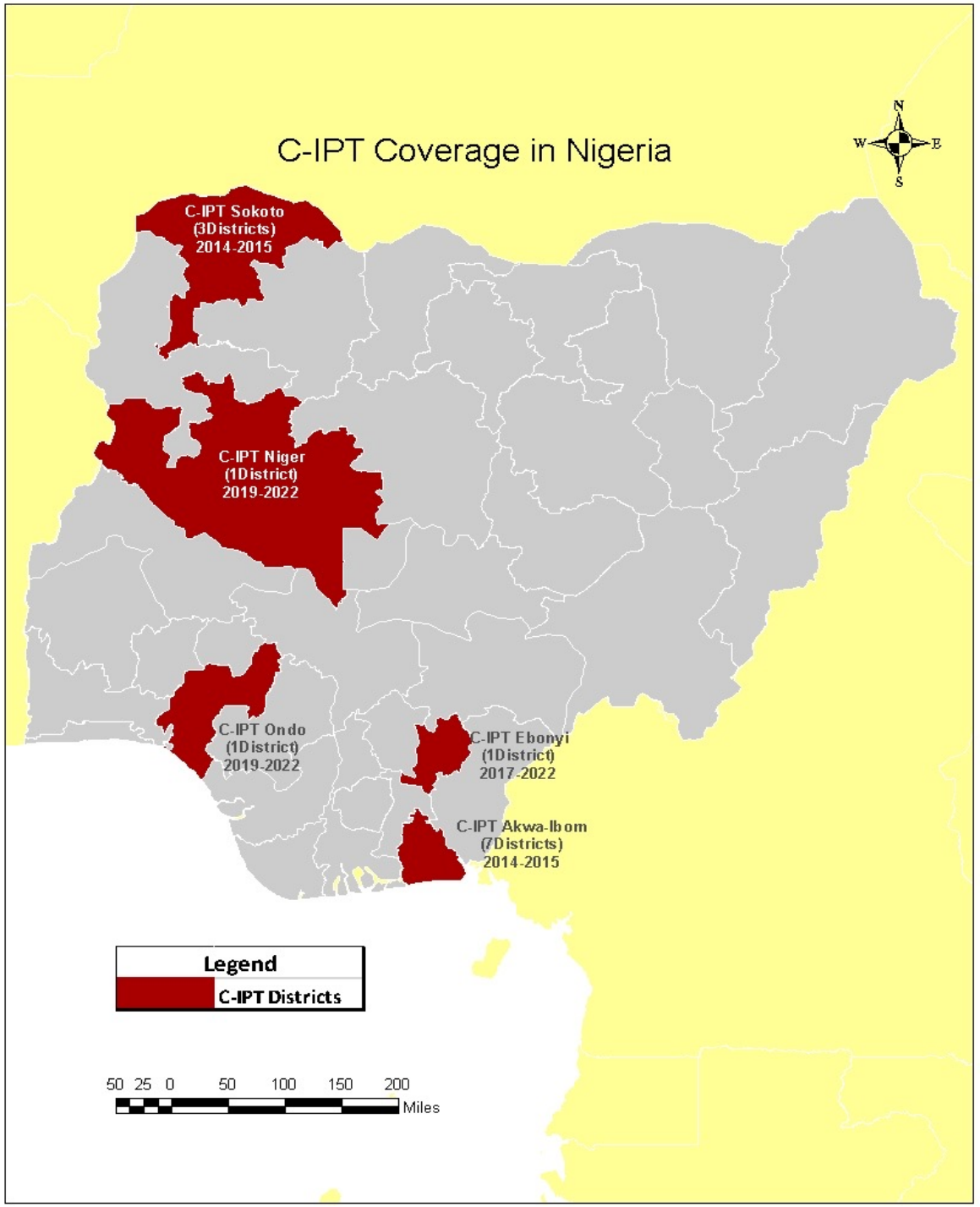

C-IPTp was first piloted in Nigeria in 2007 - 2010 in Akwa Ibom State (see map)

- **The pilot was as a result of the need to address** the challenges of poor ANC attendance, and uptake of IPTp3 (NMSP, 2021)
- **Nigeria has a long history of CHWs that dates back to community directed treatment with ivermectin (CDTi)** via African Program on Onchociacersis Control (APOC/WHO/TDR) in 1995, and more recent policy on task shifting, 2014
- **Geographic Coverage of C-IPTp** (13 out of 774 districts in Nigeria - 1.67%)
- **Mostly funded by donors** - ExxonMobil, BMGF, and Unitaid

Outcome

Evolution of IPTp3+ coverage in Nigeria TIPTOP sites

	District	Baseline	End-line	Δ	P value
Nigeria	Ohaukwu	11.3	71.2	+533%	<0.0000
	Akure South	10.2	56.5	+453%	<0.0000
	Bosso	14.2	54.5	+284%	<0.0000
Nat. Avg 17% NDHS,2018	Nigeria 3 sites	11.5	62.7	+448%	<0.0000

Evolution of ANC4+ attendance in TIPTOP sites in Nigeria

	District	Baseline	End-line	Δ	P value
Nigeria	Ohaukwu	67.1	74.9	+11.3%	<0.0012
	Akure South	76	71.8	-5.52%	NS
Nat. Avg	Bosso	63.6	55.6	-12.6%	<0.0346
57% NDHS,2018	Nigeria 3 sites	69.2	68.4	-1.2%	NS

Important things to know when implementing C-IPTp

Best Practices

1. **Government-led partnership** - strenghtening coordination, collaboration and supervision
2. **Working through the TWG** that cuts across the **RMNCAH** continnuum of care at both national and sub-national levels
3. **The deployment of C-IPTp best extended to community** level delivery that is actively linked to ANC services

Lessons Learnt

1. **Government leadership, community active involvement** - including the CSOs is crucial to project ownership and sustainability
2. **Collaboration and partnership** among partners namely (**National and state programs**, partners, CSOs, and community) are key for setting up a successful C-IPTp project implementation
3. **Availability of quality-assured SP** - i.e availabiity of SP fosters commitment and boosts trust and fidelity among health workers, CHWs and community members

What needs to happen for C-IPTp to go to scale and be sustained in Nigeria

Country Actions

1. Nigeria has Included c-IPTp in the National Malaria Strategic Plan (NMSP) 2021-2025; but we need to move forward to policy level, and harmonize the scope of work for CHWs to include SP
2. Develop costed work-plan for c-IPTp implementation and identification of sources of funds

Partner Actions

1. Provide technical support to the country to build competency and capability for project management and C-IPTp programming
2. Help generate evidence-based costed work-plan for C-IPTp

Donor Actions

1. Allocate funds to support C-IPTp implementation - can GFATM unspent funds be reallocated to support CHWs/C-IPTp in Nigeria?
2. Availability of quality assured SP in-country as key to project success