

Nigeria HPN Multi-Activity Evaluation Annual Review

Session 6: *Process Monitoring – Sustainability*

June 29, 2022





Presentation objectives

After this presentation, participants will be able to:

01

Describe the approach used for sustainability assessment, including strengths and limitations.

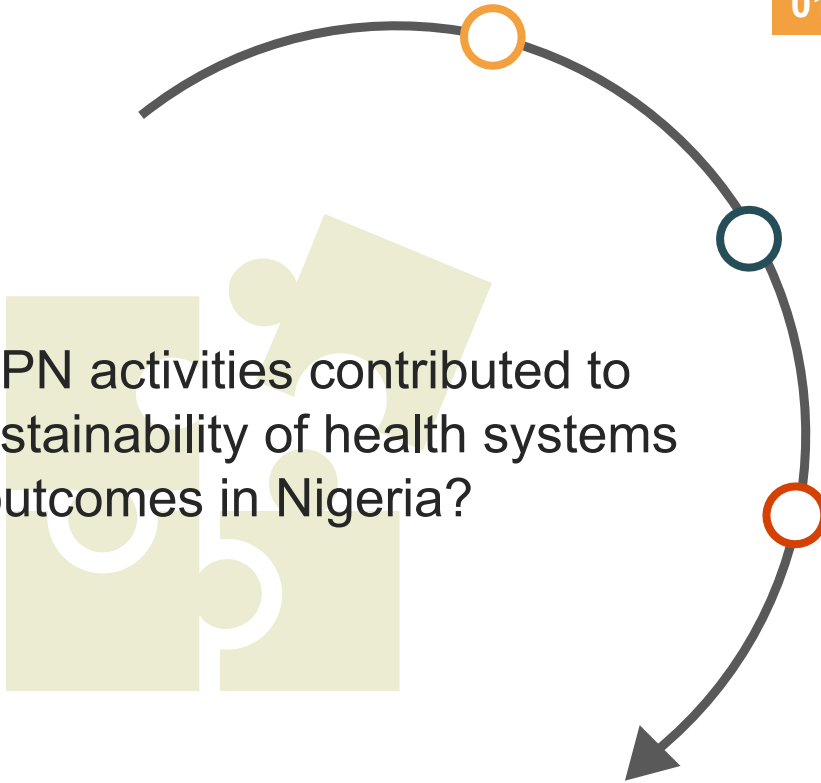
02

Discuss the findings from the 2022 assessment, with a focus on state-level differences.

03

Consider how these findings could be applied to HPN Activity programming, including potential scale-up.

How have HPN activities contributed to improved sustainability of health systems and health outcomes in Nigeria?





Frameworks for the evaluation and sustainability assessment



Defining sustainability

- USAID defines sustainability as: “the capacity to maintain program services at a level that will provide ongoing prevention and treatment for a health problem after termination of major financial, managerial and technical assistance from an external donor.”¹
- Implementing partners (IPs) and government staff expressed similar perceptions:

Ebonyi

Ability of state to take over and continue approaches and strategies that IPs implemented after the IPs are no longer in the state.

Kebbi

Ability of the government to take ownership of activities [that IPs implemented] and continue running them even when the IPs is not there anymore.

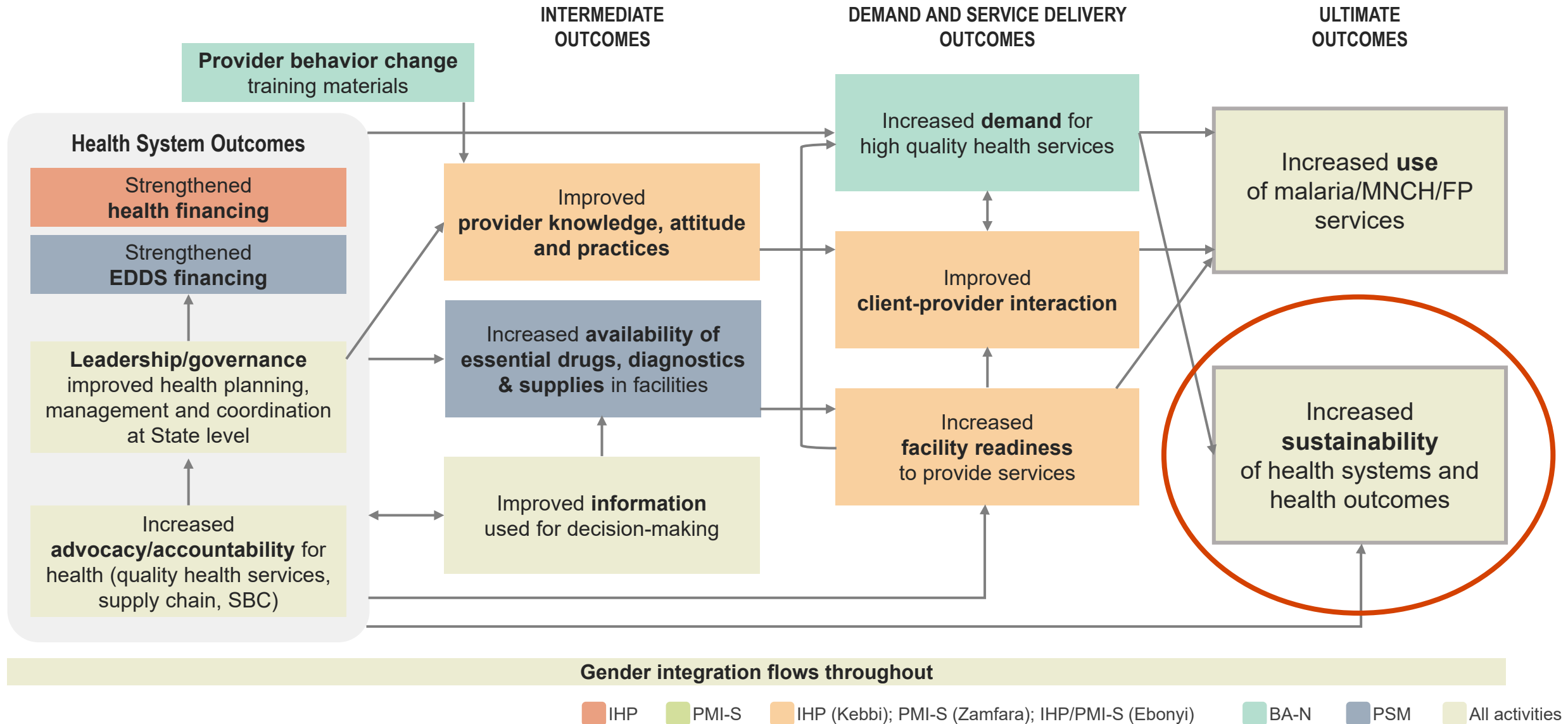
Zamfara

Ability of the state to maintain whatever IPs are doing when they are no longer around, such as designing workplans, estimating costs, and implementing activities.

¹ *Sustainability of Development Programs: A Compendium of Donor Experience*. Washington, DC: US Agency for International Development; 1998



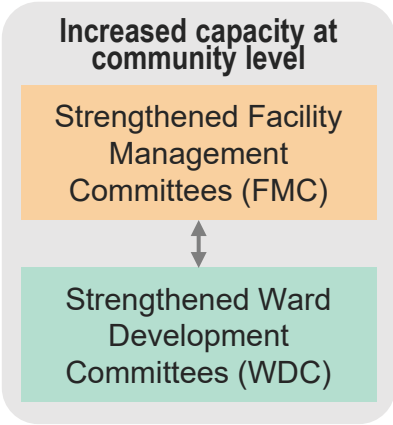
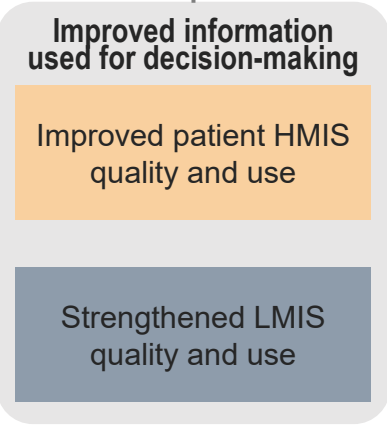
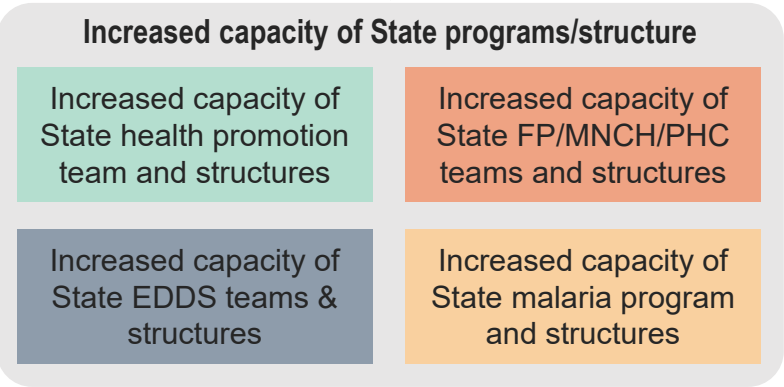
Where does sustainability fit in the evaluation TOC?



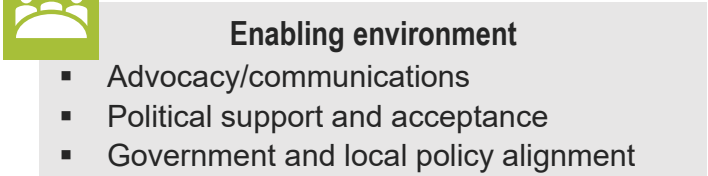
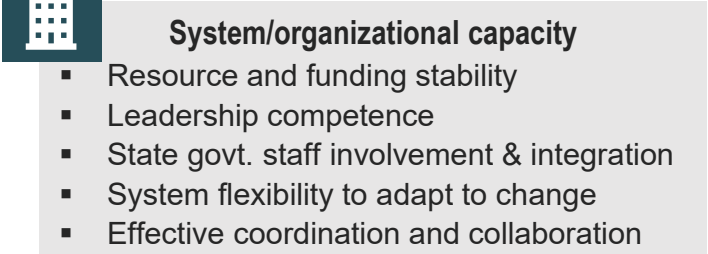
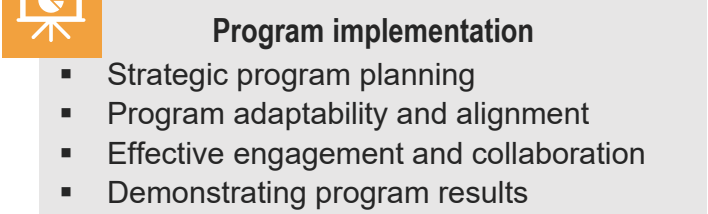


Conceptual framework for sustainability assessment

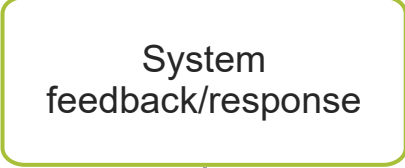
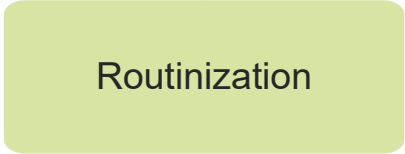
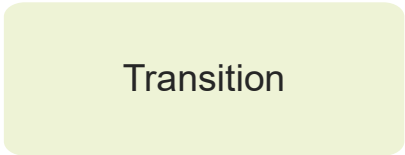
Activities



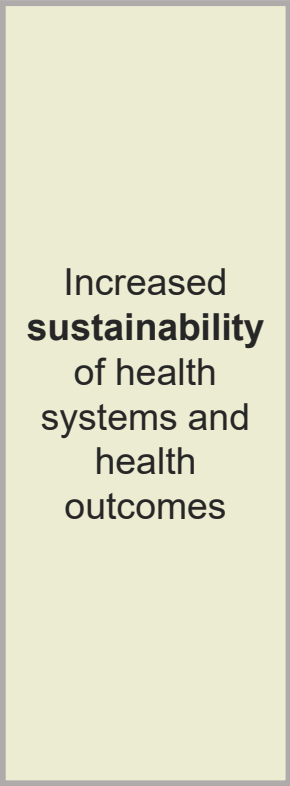
Elements Influencing Sustainability



Institutionalization



Ultimate Outcomes



Learnings from early transition phase for continuous improvement

- BA-N
- PMI-S
- IHP (Kebbi), PMI-S (Zamfara), IHP/PMI-S (Ebonyi)
- All activities
- IHP
- PSM



Assessment approach



Sustainability survey

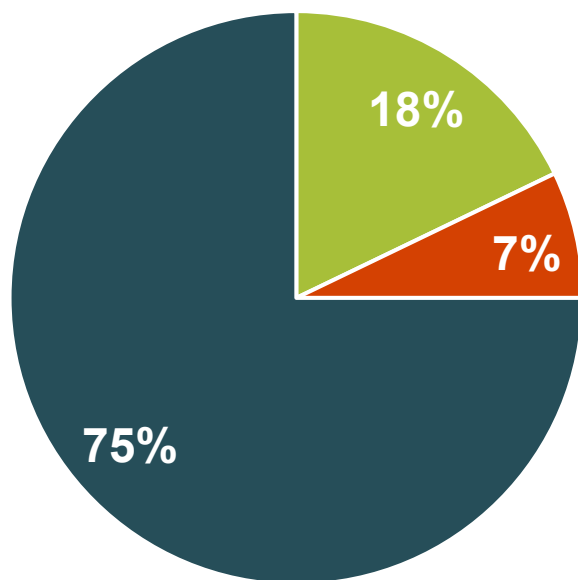
- Questionnaire was adapted by D4I from the Program Sustainability Assessment Tool (PSAT)*
- Includes statements that characterize sustainable programs, organized into 12 domains across 3 functional areas
- Likert-type response scale anchored by ‘to an extremely small extent’ (1) and ‘to an extremely large extent’ (7)
- A total of 161 staff members (24% female, 76% male) from HPN stakeholder organizations took part in the assessment February–March 2022

*Center for Public Health Systems Science (2021). Program Sustainability Assessment Tool (PSAT). Brown School of Public Health, Washington University in St. Louis. Retrieved from <https://sustaintool.org/psat/> in June 2022. (available under a Creative Commons Attribution-Non-Commercial-Share-Alike license)

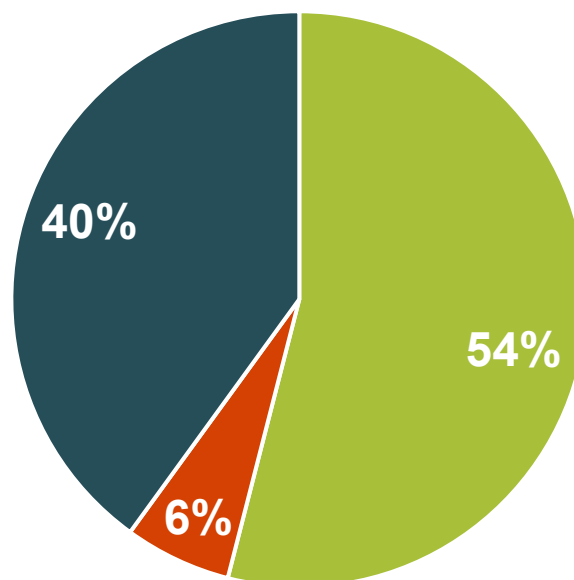


Survey respondents by affiliation

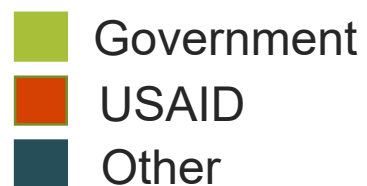
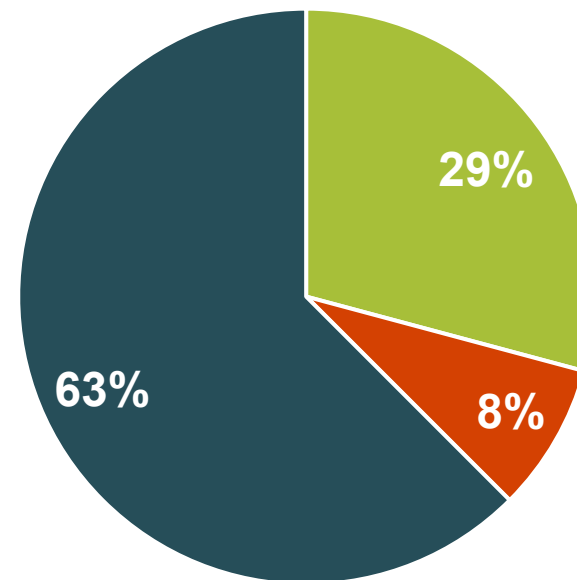
Ebonyi



Kebbi



Zamfara





Sustainability domains and number of survey items

Functional area		Domain	# items
1	Program implementation	1. Strategic program planning	6
		2. Program adaptability and alignment	6
		3. Effective engagement and collaboration	4
		4. Demonstrating program results	5
2	System/organizational capacity	1. Resource and funding stability	5
		2. State government leadership competence	6
		3. State government staff involvement and integration	7
		4. System flexibility to adapt to change	3
		5. Government coordination and collaboration	4
3	Enabling environment	1. Advocacy/communications	5
		2. Political support and acceptance	4
		3. Government and local policy alignment	2



Qualitative interviews

- Interview guides were developed for HPN Activity, State, and USAID respondents focusing on:
 - Program implementation
 - Collaboration/coordination
 - System/organizational capacity
 - Community embeddedness (BA-N only)
 - Enabling environment
 - Institutionalization
- **24 key informant interviews** (KIIs) conducted at the Federal and state levels:

Participant	Sample size			
	Ebonyi	Kebbi	Zamfara	Abuja FCT
HPN Activity staff	4	3	3	3
Government staff	3	3	2	0
USAID	0	0	0	3
TOTAL	7	6	5	6



Assessment strengths and limitations

Strengths

- Breadth from survey
- Depth from qualitative interviews
- Centering of stakeholder perspectives
- Multi-level assessment: process, outcome, impact
- Opportunities to triangulate results and validate them with stakeholders



Limitations

- Survey responses involve subjective judgements about complex constructs
- The survey used a non-probability sample and may be subject to selection bias
- Qualitative data reflects opinions of key informants only
- Due to Covid-19 and security issues, some interviews were conducted virtually



Findings: Program implementation

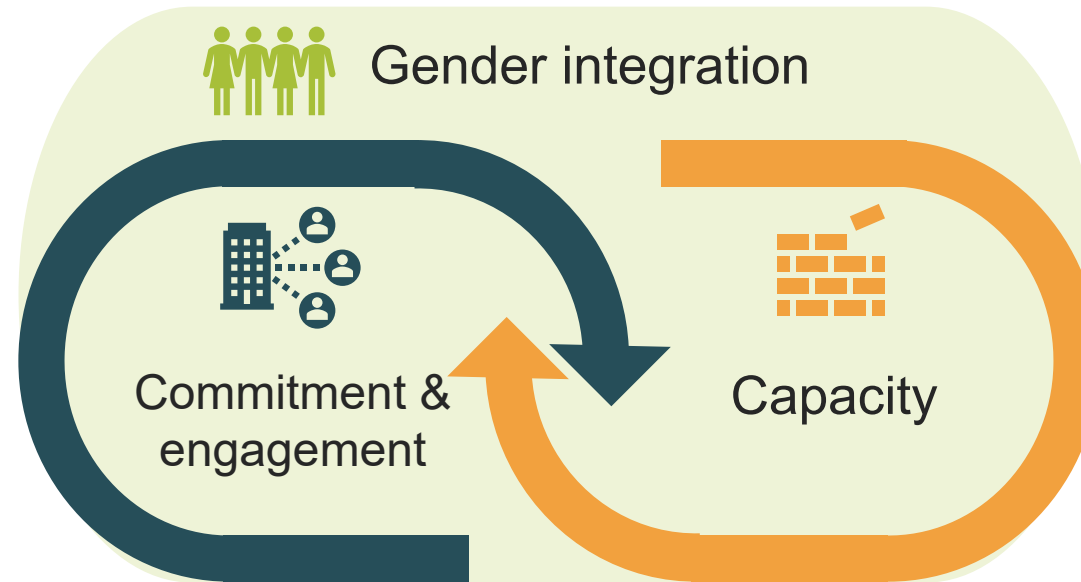


What sustainability strategies are implementers using?

Communicate the purpose and goals of the sustainability plan with stakeholders at the beginning of the design process

Engage and support not only state-level stakeholders but also LGA- and grassroots-level leaders in the implementation process

Align interventions that include a sustainability plan alongside state's annual operational plans



Co-locate activity office within state Ministry of Health's office complex

Integrate gender aspect in practice and interventions by including a gender focal person to facilitate gender incorporation into scope of activities

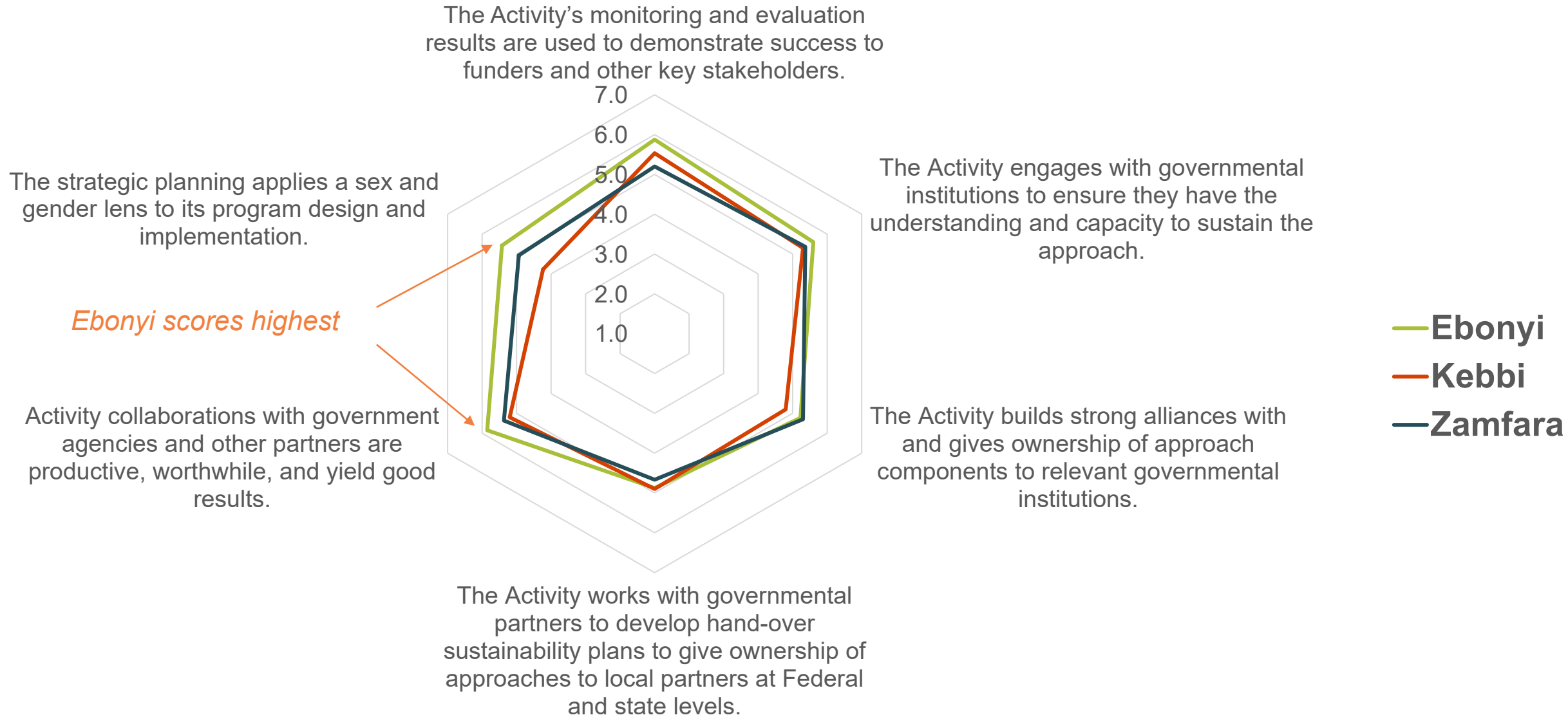


Key survey findings: Program implementation

- Every state scores highly on program implementation
 - Average ratings were generally 5.0 (“to a large extent”) or higher for survey items in this domain
- Program implementation scores are highest in Ebonyi
 - However, differences in average item scores among states are small – generally under one point

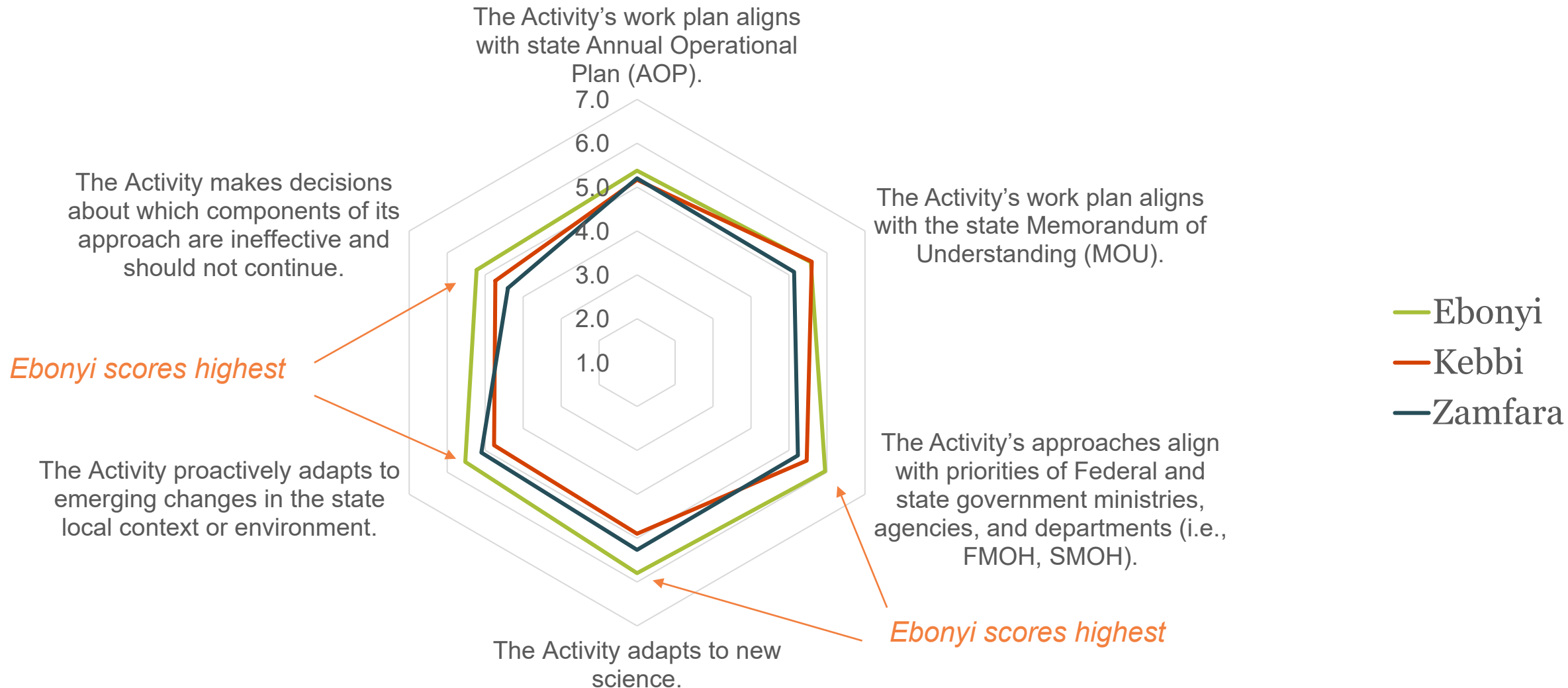


Strategic program planning (mean scores)





Program adaptability and alignment (mean scores)





Program adaptability and alignment



[The Activity] was able to share their plans with the agency, which have been factored into the agency's annual operational plan.

Ebonyi SMOH staff



Improvement [the Activity] is trying to achieve aligned with the priorities of the state health plans and goals. For example, goals for state drug management agency and lower morbidity and mortality rates.

Kebbi SMOH staff

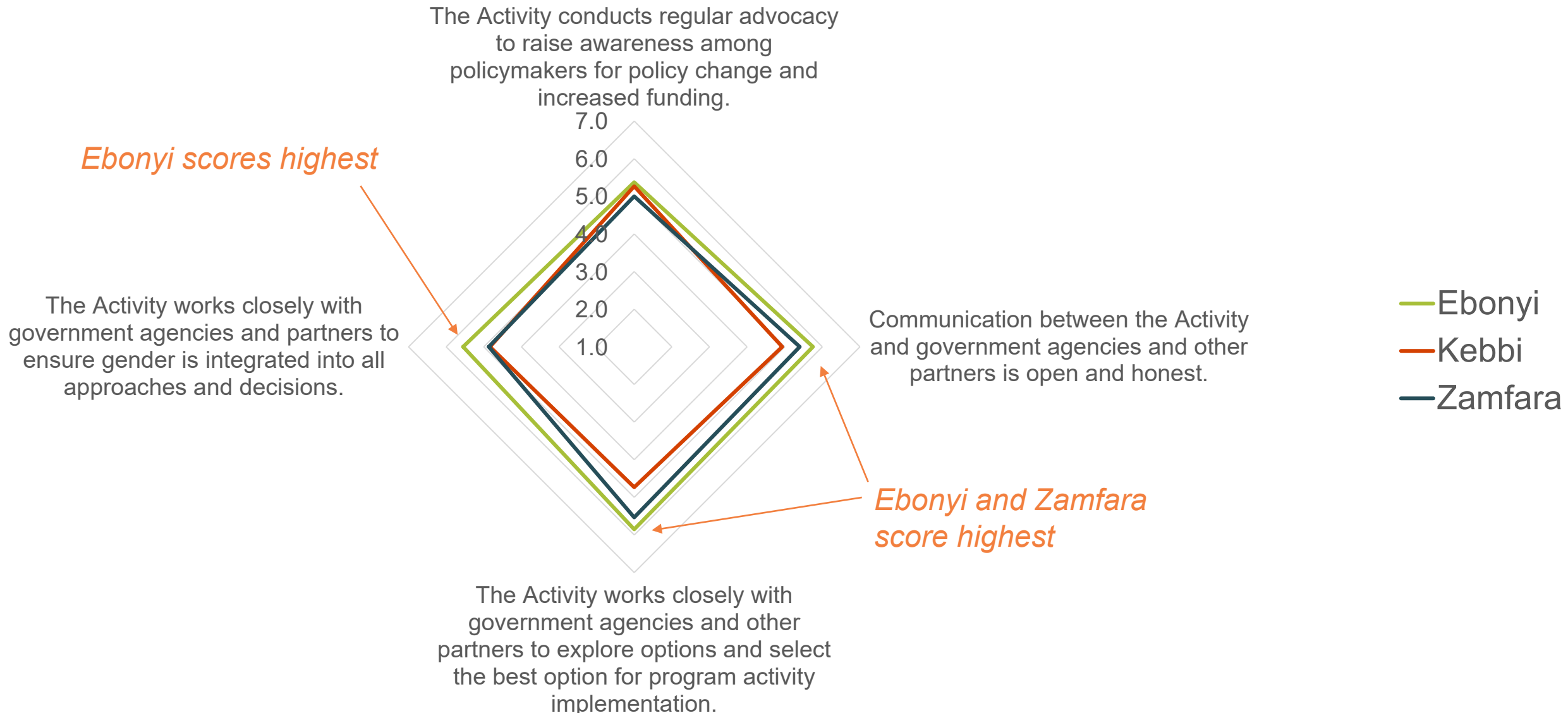


[The Activity's] approaches are well aligned with the priorities of the state.

Zamfara SMOH staff



Effective engagement and collaboration (mean scores)





How do Activities collaborate with each other?



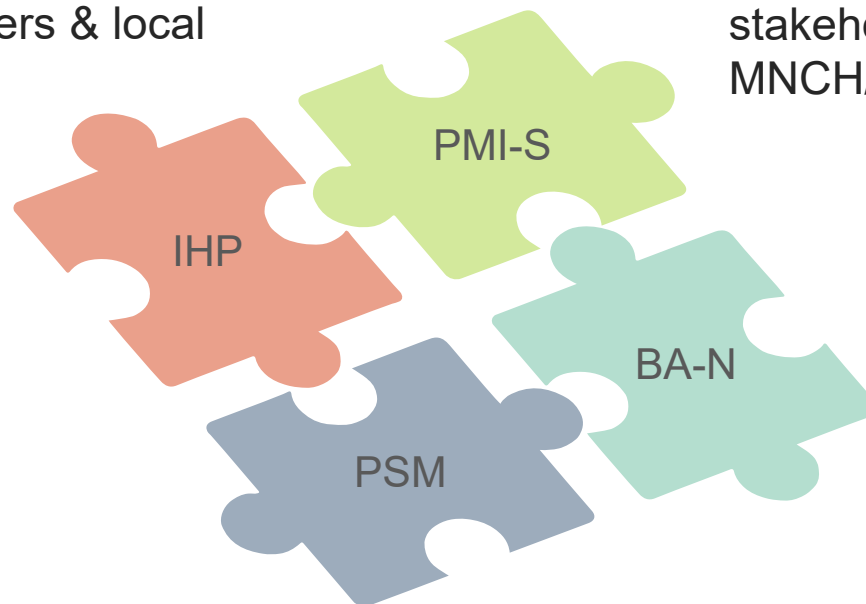
Conduct advocacy to and engagement with government stakeholders & local leaders on health issues



Organize various meetings with government stakeholders (i.e., TWG meeting, MNCH/malaria coordination meeting)



Build capacity for health facilities on malaria case management, respectful maternal care, and commodity management & reporting, etc.



Develop demand generation strategies and conduct advocacy, communication, and social mobilization activities.



Organize data validation meetings to improve data generation and use at health facilities



Implement activities supporting service delivery in health facilities (i.e., supportive supervision, commodity security)



How do Activities collaborate with the government?

- ▶ Participate in planning and monitoring state government's health plans (i.e., planning SMOH AOP & malaria AOP, and monitoring PHC MOU, etc.)
- ▶ Provide technical support in health programming (i.e, tools for monitoring data quality, meetings for TWGs, coordination, and malaria AOP review, etc.)
- ▶ Strengthen capacity on health programming and data use (i.e., training on malaria score chart development, end user verification, etc.)

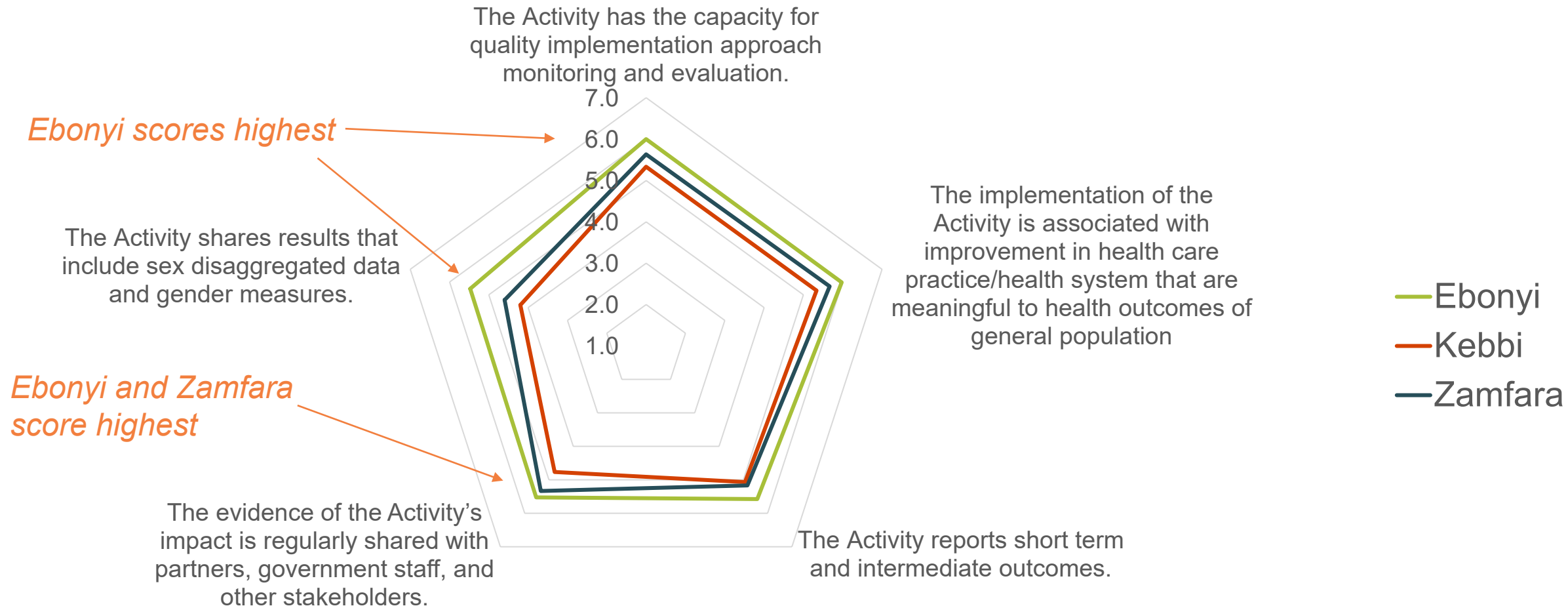


The way [the Activities] work is being integrated into the everyday operations of the State Malaria Elimination Program (SMEP). They are co-located in the same building thereby aiding them to hold weekly meetings where they exchange issues and have them addressed. At the end of every month, they jointly come up with monthly activity plans for the new month which also services as SMEP activity plan for the month. The activity plan also contains the malaria activities of all the IPs that are in the state.

– State SMOH staff



Demonstrating program results (mean scores)





What facilitates program implementation?



Ebonyi

- IPs' regular reviews of implementation approaches
- Generation and use of data for activity planning, monitoring, and evaluation
- Strategy to engage with local communities and agency in activity implementation
- IPs' flexibility to adjust and adapt to new changes in state or LGA context
- Coordination and collaboration with other IPs in activity implementation



Kebbi

- IPs' internal and external reviews of activity implementation progress on a regular basis
- Generation and use of data for activity planning, including data on gender
- Support from state government leaders to IPs' activities
- 'Learning-based concept' of IPs' approaches enables IPs to adjust and adapt quickly with context changes



Zamfara

- IPs' routine reviews of activities quality and progress
- Availability and use of data for activity monitoring, evaluation, and adjustment
- IPs' strategy to establish of a 'gender focal person' in state facilitates the incorporation of gender into scope of activities
- IPs' strategy to promote community's leadership and ownership in activities facilitates IPs' credibility and acceptance in grassroots level



What are the barriers to program implementation?



Ebonyi

- Some of IPs' activities do not align well with mandate from the NPHCDA to the state
- Low enrolment among poor rural women into BHCPF due to requirement on a national identification number
- Shortage of community volunteers (CVs) due to the 'non-payment' nature of the volunteer work
- Limited engagement of CVs as staff selected as supervisors are from a different community



Kebbi

- Lack of support from state government leaders to vision and objectives of IPs' activities
- Limited communication about IPs' activities to general public
- Limited capacity among state government leaders/staff
- Participation of irrelevant government staff in IPs' activities due to busy schedule of the main staff
- Interrupted implementation timeline due to scheduling conflict between IPs' and state's activities



Zamfara

- Interrupted IPs' activities due to shutdown of telecommunication
- Shortage of CVs for IPs' activities in community
- Setup of health educators in the state HR system is hard to navigate



Findings:
System/organizational capacity

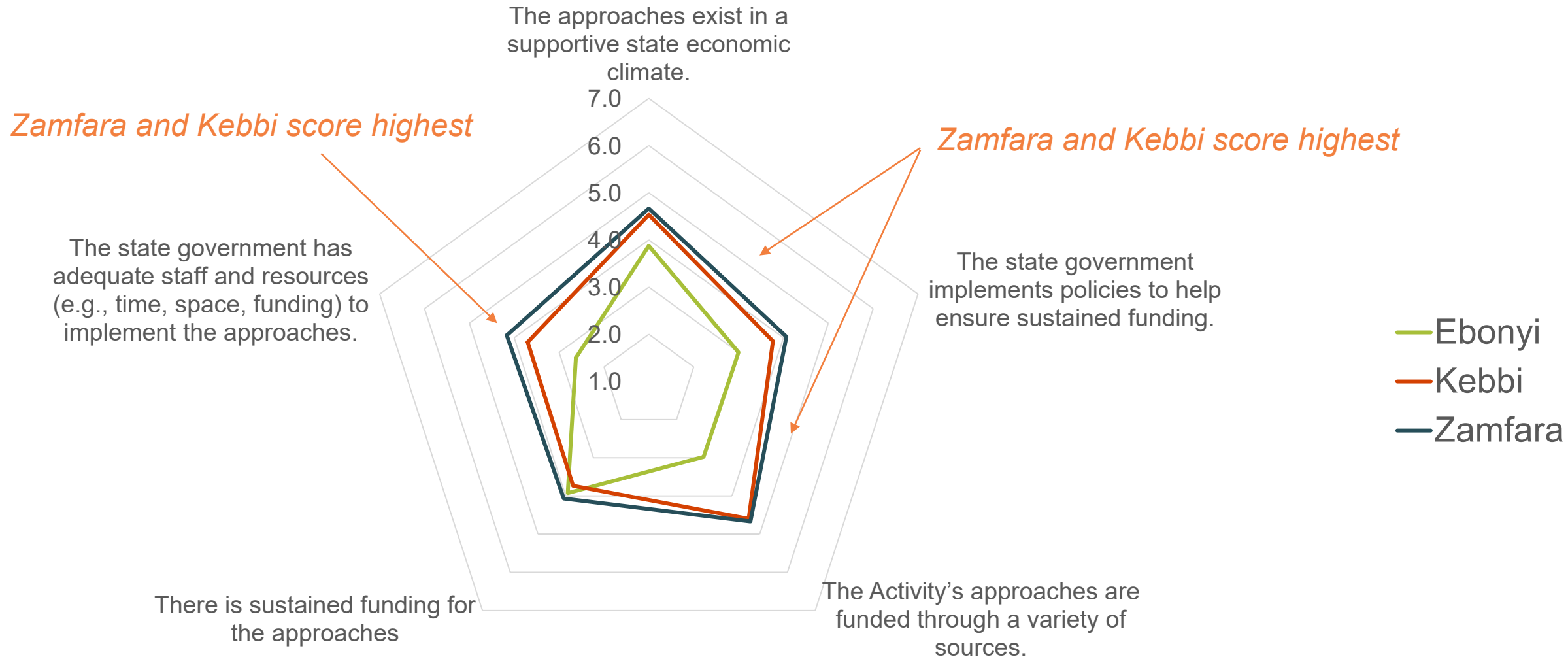


Key survey findings: System/organizational capacity

- Scores are lower than for program implementation, with many item averages in the 'small' to 'moderate' range
- Scores for items in the resource and funding stability domain are lowest, generally averaging below 4.0 ('moderate')
- Resource and funding stability is rated higher in Kebbi and Zamfara than in Ebonyi
- Effective coordination and collaboration is rated highest in Zamfara and second-highest in Ebonyi
- For state government leadership and state government staff involvement, state rankings vary by item within the domain



Resource and funding stability (mean scores)





Resource and funding stability

The State Malaria Elimination Program received more funding this year, but not beyond 15% of the entire annual or quarterly review. The funds released and allocated for the health sector are not adequate for implementation of their operations.

Ebonyi SMOH staff

Currently, the Logistics Management Coordination Unit (LMCU) does not have any cash allocation or budget. The LMCU central medical store burned four years ago and has not been rebuilt, so there is poor financial support from the state government. LMCU has implemented a lot of advocacies and there were promises, but they have yet to be fulfilled.

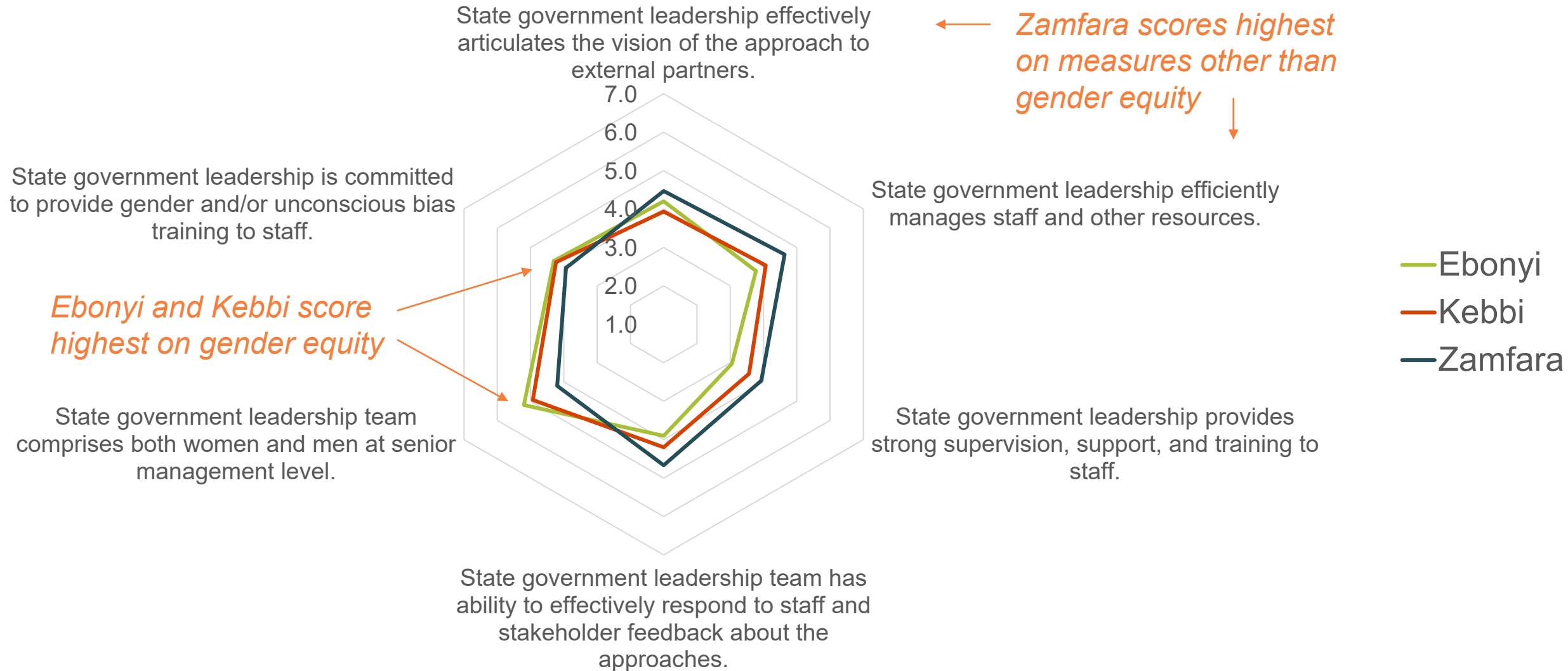
Kebbi SMOH staff

The funds cannot be enough because at times the expected funds are not fully released by the state. However, sometimes the expected funds are released. Top-level advocacies have helped to see that – even when delays happen – complete funds are still being released. When this happens, it helps run the activities in full.

Zamfara SMOH staff

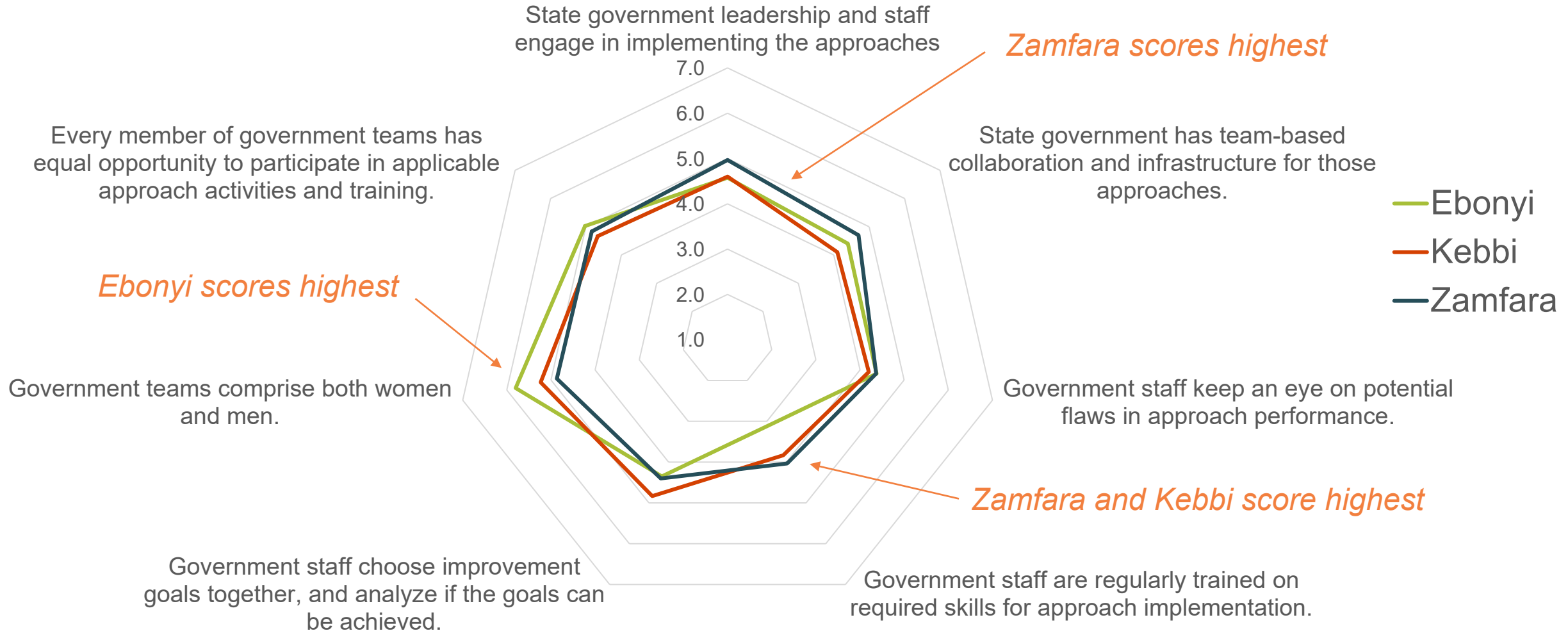


State government leadership competence



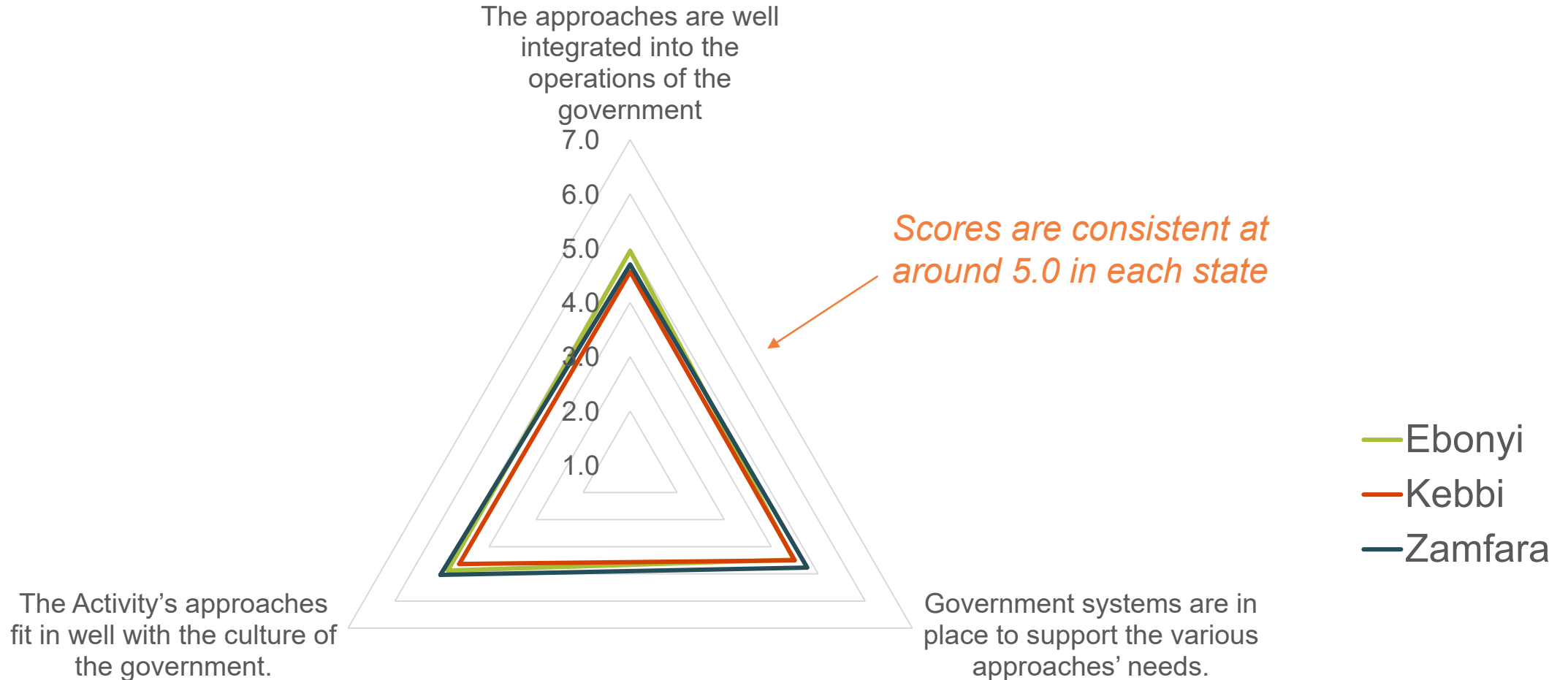


State government staff involvement & integration



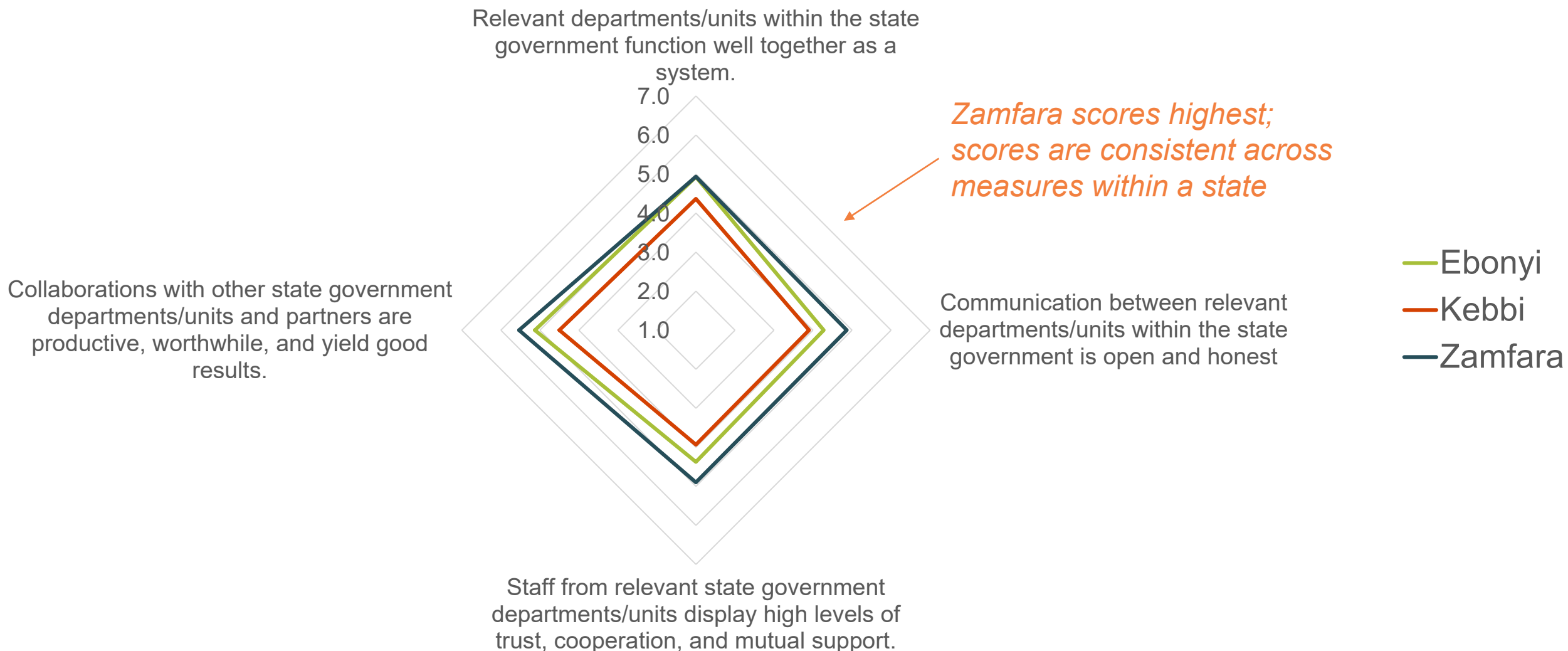


System flexibility to adapt to change (mean scores)





Government coordination & collaboration (mean scores)





Findings: Enabling environment

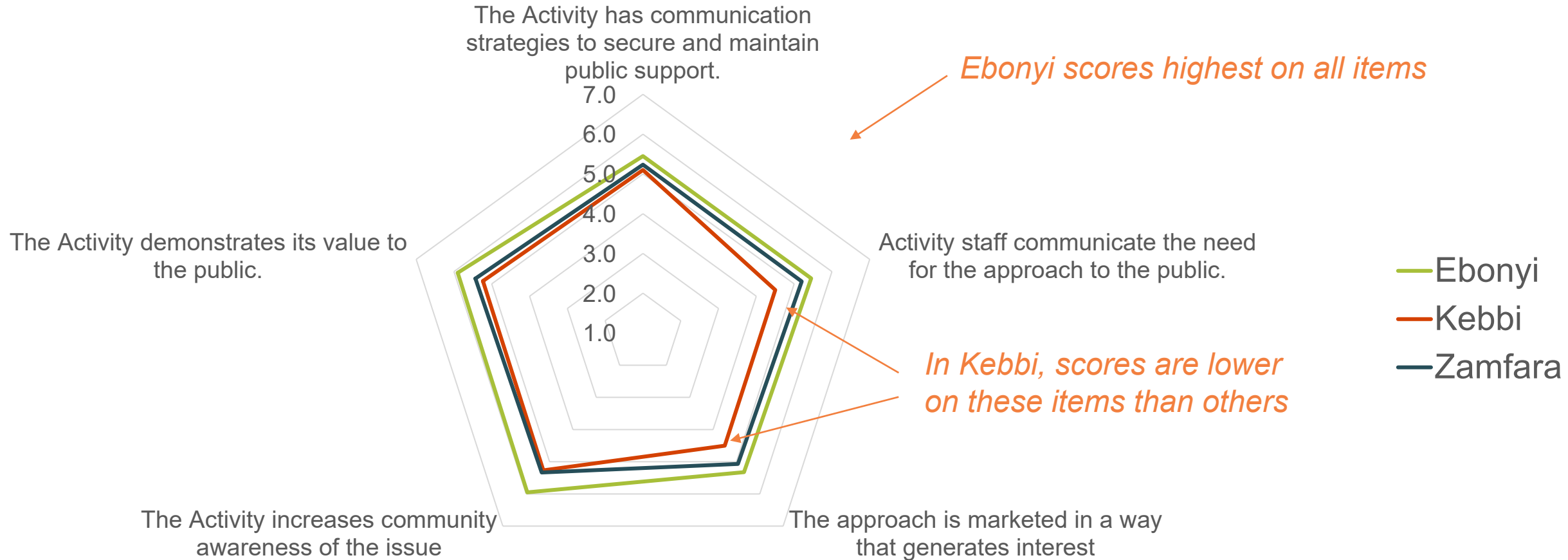


Key survey findings: Enabling environment

- Scores are consistently high, with state averages mostly above 5.0 ('to a large extent')
- A different state scores highest overall in each of the three domains included in this functional area
 - Ebonyi scores highest on advocacy/communications
 - Zamfara scores highest on political support and acceptance
 - Kebbi scores highest on government and local policy alignment

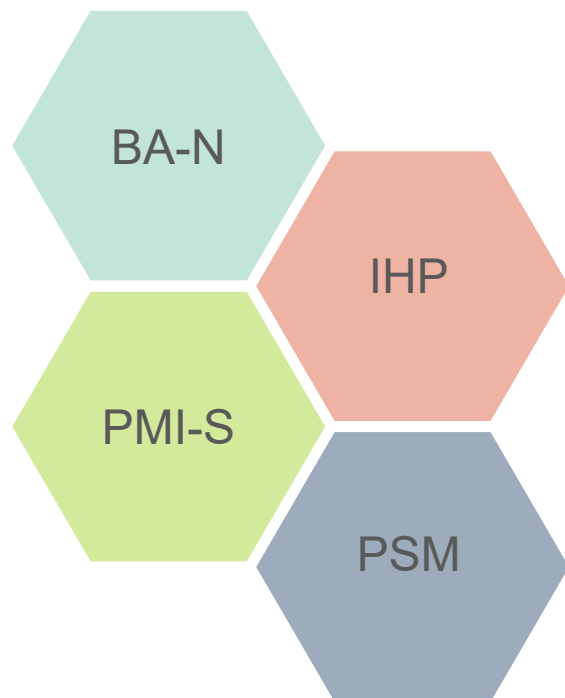
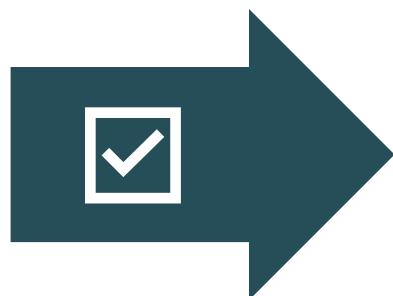


Advocacy/communications (mean scores)





Successes in advocacy and communications



Strategy used by Activities to obtain visibility includes having a meeting with the state commissioner for health and the use of traditional rulers and religious leaders.

– Ebonyi SMOH staff

USAID [Activities] doing advocacy is a big deal, and it will make more impact on the state government leaders than the LMCU doing the advocacy because there would be more bilateral engagement.

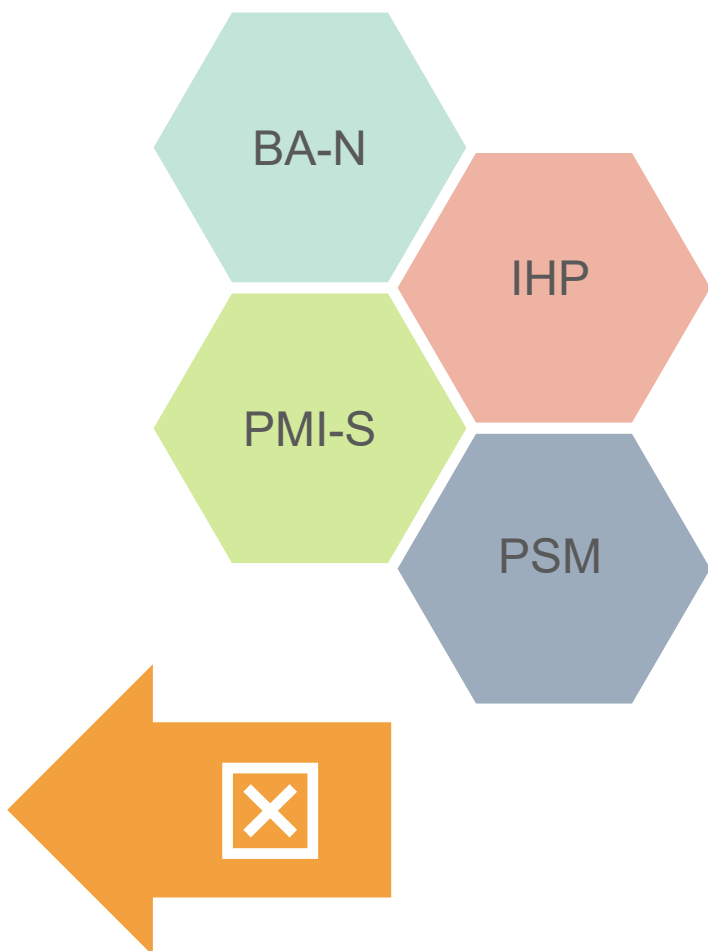
– Kebbi SMOH staff

The support that state government is providing in terms of counterpart funds for implementing the 2022 Seasonal Malaria Chemoprevention campaign was made possible because of the advocacies that were carried out to key persons or champions at the government leadership.

– Zamfara Activity staff



Challenges in advocacy and communications



One of the challenges that [the Activity] has experienced with advocacy is inadequate feedback or response from the state. For example, data communication...there has not been adequate feedback or response from the state on that.

– Ebonyi Activity staff

During advocacy the Government makes pledges but eventually doing it is a problem. One of the challenges is the capacity (i.e., gap for implementation of activities for result-based advocacy, even within the WDCs).

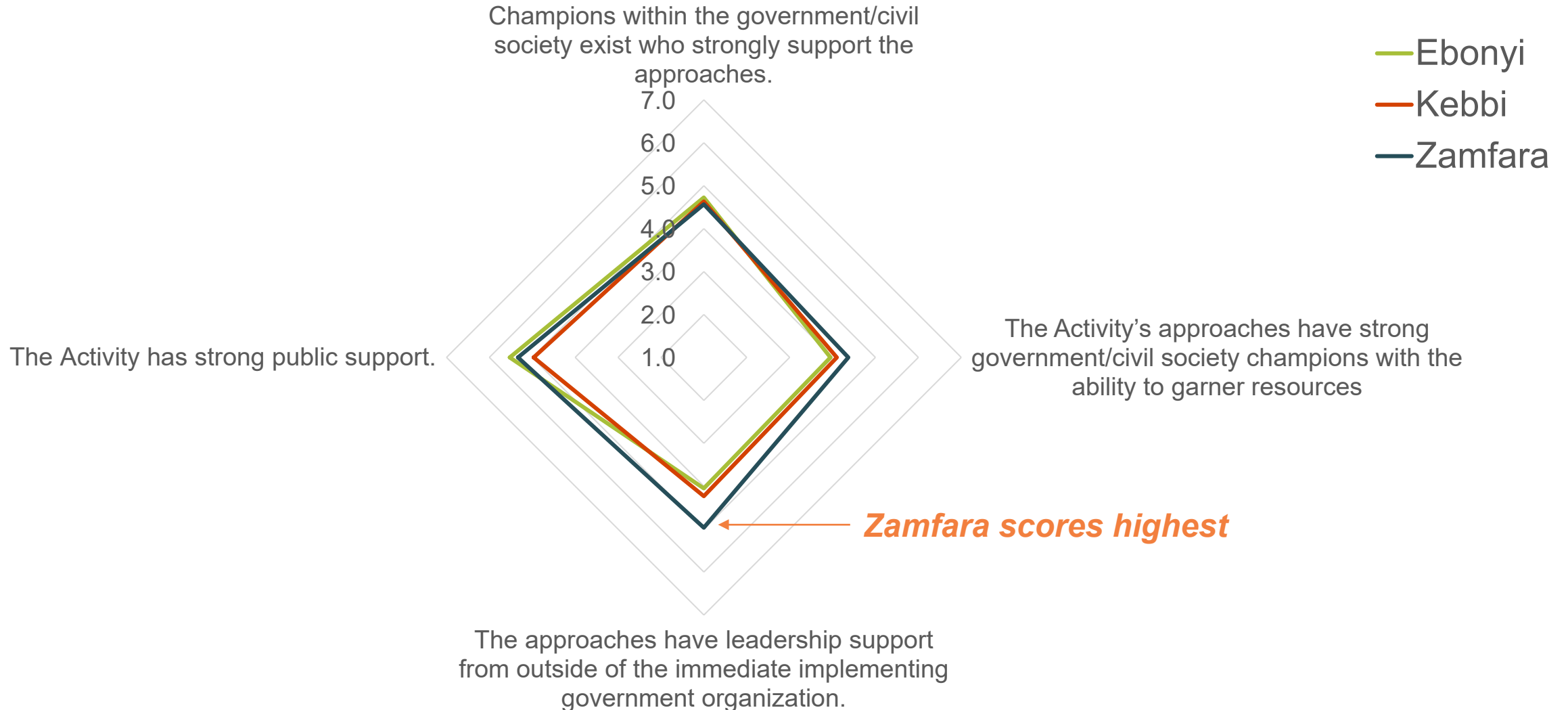
– Kebbi Activity staff

[The Activity] did not have advocacy strategies for resource mobilization, and the funding [the Activity] has is very small which is why they need to do a lot of advocacy. That is why SMEP has been pushing [the Activity] to do advocacy but they said it is not their mandate.

– Zamfara SMOH staff



Political support and acceptance (mean scores)





Political support and acceptance

The current state health leadership, particularly the state health commissioner, is very pro low-dose high-frequency (LDHF) trainings. He is a big champion of it. He communicated the vision of the training, how he is in support of it. Also, because some of the key state health officials, were part of the LDHF trainers at the facility level, they jointly take part in [the Activity]'s activities.

Ebonyi Activity staff

Gender has come up strongly especially on sexual assault referral (SAR). There is a center and TWGs now because of the leadership of first lady in the group. She gets funding even from outside the state and the training on this was done by SAR center of Lagos through her connections, the facilitators from Lagos do the training through pro-bono to develop the Kebbi center.

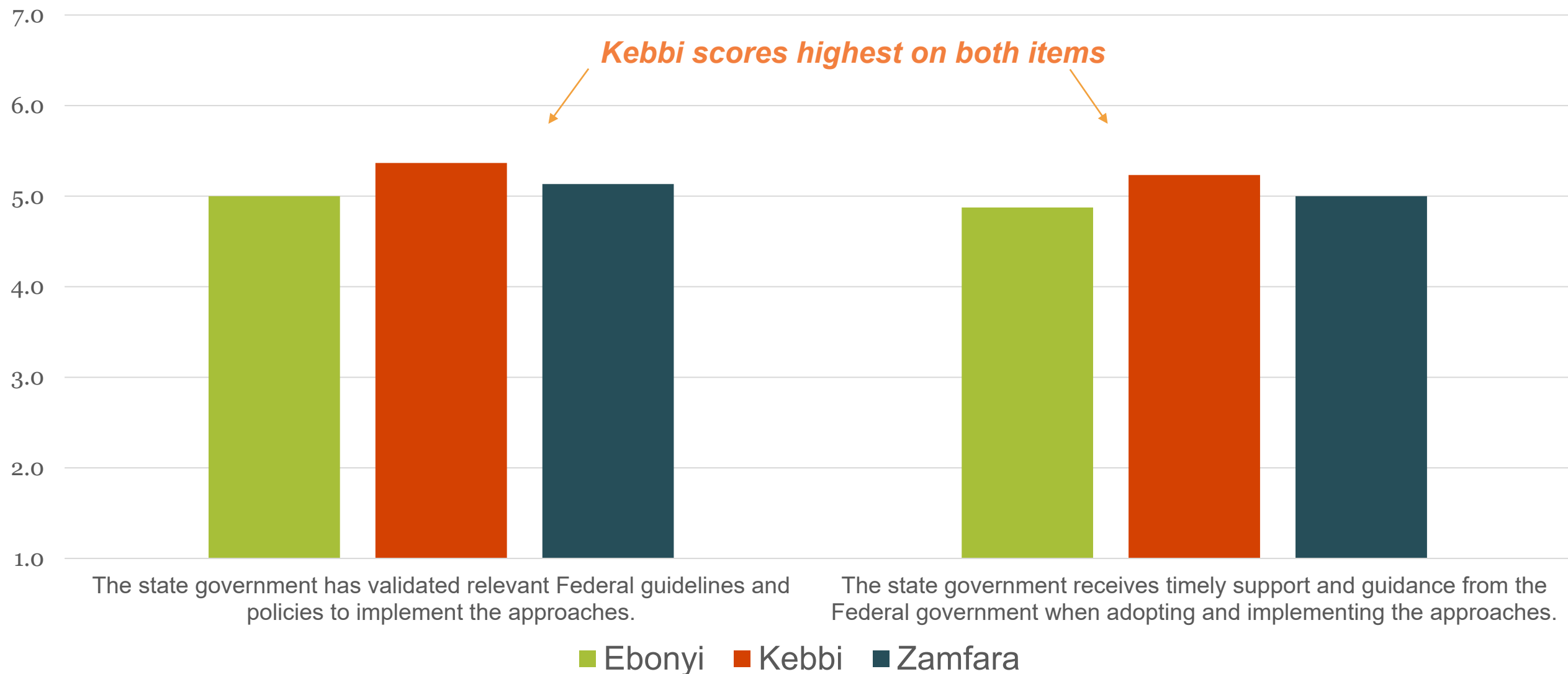
Kebbi Activity staff

Members of State Malaria Elimination Program (SMEP) team received support from leaders, but funding is where they have issues. The SMEP team paid for good advocacy. Now, SMEP has gotten money for Last Mile Distribution activities.

Zamfara SMOH staff



Government and local policy alignment (mean scores)

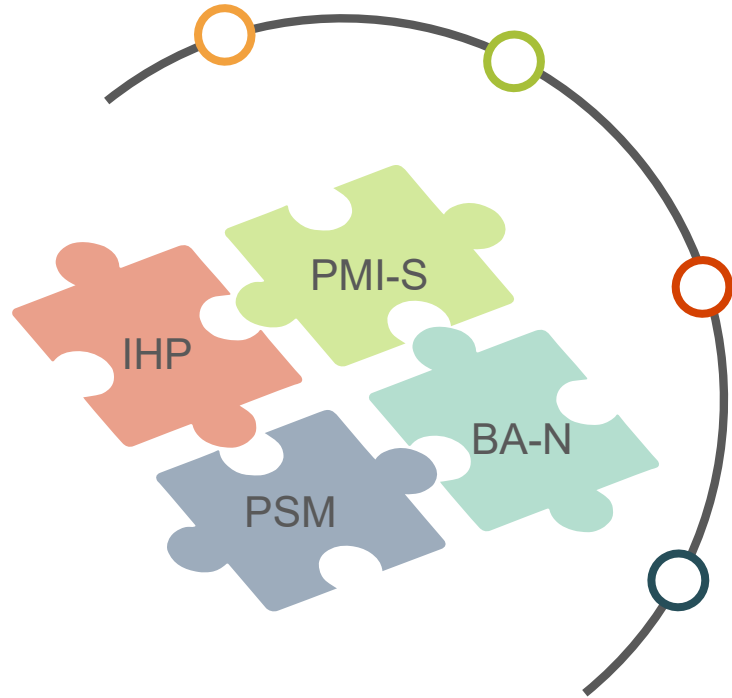




Findings: Fostering sustainability in practice



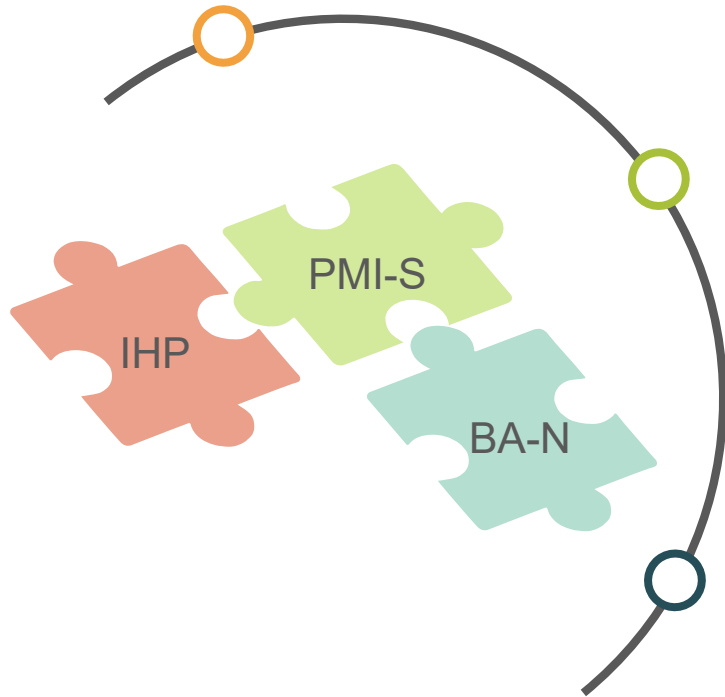
Fostering sustainability in Ebonyi



- Organization of routine coordination meetings, data validation meetings, TWG meetings, and advocacy briefs for coordination, and advocacy for fundings for RMNCH+N and malaria
- Gender-inclusive approaches including balance of male and female CVs and LGA supervisors, criminalization of female genital cutting
- Data generation and use practice such as data management, quality assurance, analysis, triangulation, and validation
- Practice writing reports and documenting implementation activities, including using report templates
- Use of tools to implement RMNCH+N and malaria programs, including program report template and data quality monitoring tools
- Engagement of community volunteers into community referrals for health services



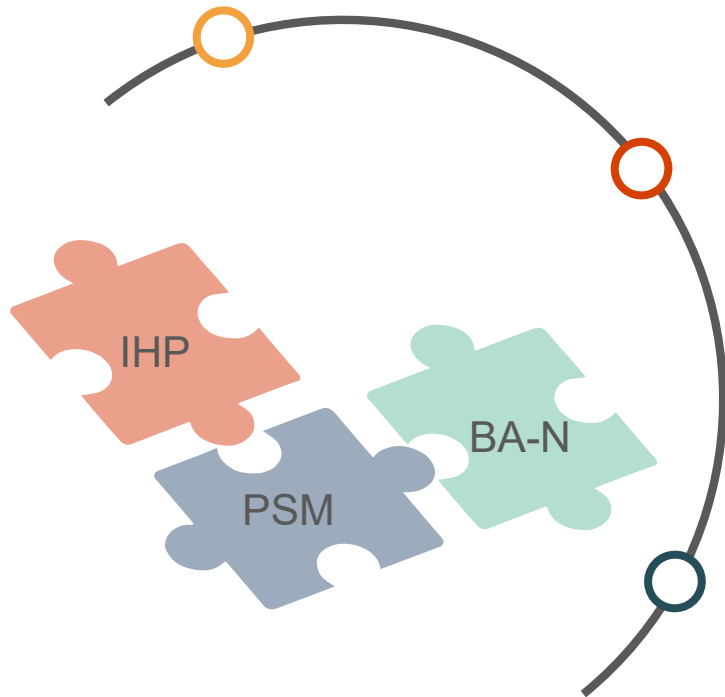
Fostering sustainability in **Kebbi**



- Organization of MOU review meetings
- Development of state annual operational plan (AOP)
- Monitoring and reporting of state facility budget
- Implementation of gender integration in health programming such as gender balance among participants in the ward development committees (WDCs) and Roll Back Malaria program
- Practice of data use, data quality monitoring, and data validation, including the use of data validation tool when writing reports
- Engagement of traditional rulers, WDCs, and community volunteers in creating awareness about access to health services
- Practice of weekly monitoring and supervision of LGA coordinators



Fostering sustainability in Zamfara



- Use of mass media for priority health and gender issues
- Funding for routine malaria activities including Last Mile Distributions of seasonal malaria chemoprevention and insecticide treated nets
- Practice of data use including collection, management, quality monitoring, and validation for health programming
- Organization of routine coordination meetings for Roll Back Malaria, ART focal persons meeting, TWG meetings
- Digitalization of program monitoring, data collection (e.g., Malaria in Pregnancy forum, Open Data Kit on Android phones)
- Implementation of gender integration in health programming (e.g., inclusion of female as community directed distributors, male-female balance in integrated community case management and malaria in pregnancy programs)
- Malaria-related trainings for physicians (e.g., case management, malaria in pregnancy, data validation, malaria prevention guidelines)



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