

# Nigeria HPN Multi-Activity Evaluation Annual Review Meeting

**Session 2: Annual Reviews – Effectiveness of HPN Activities**  
June 29, 2022





# Evaluation question and presentation objectives

After this presentation, participants will be able to:

EQ1: Did malaria and other health and service delivery outcomes improve more from baseline to end line in local government authorities (LGAs)/states where an integrated approach was implemented, a disease-focused approach was implemented, or a combination of the two?

01

Discuss the trend in use of health services from DHIS2 data since 2017 in each state.

02

Discuss the findings on service readiness from the state health facility assessments, with a focus on state-level differences.

03

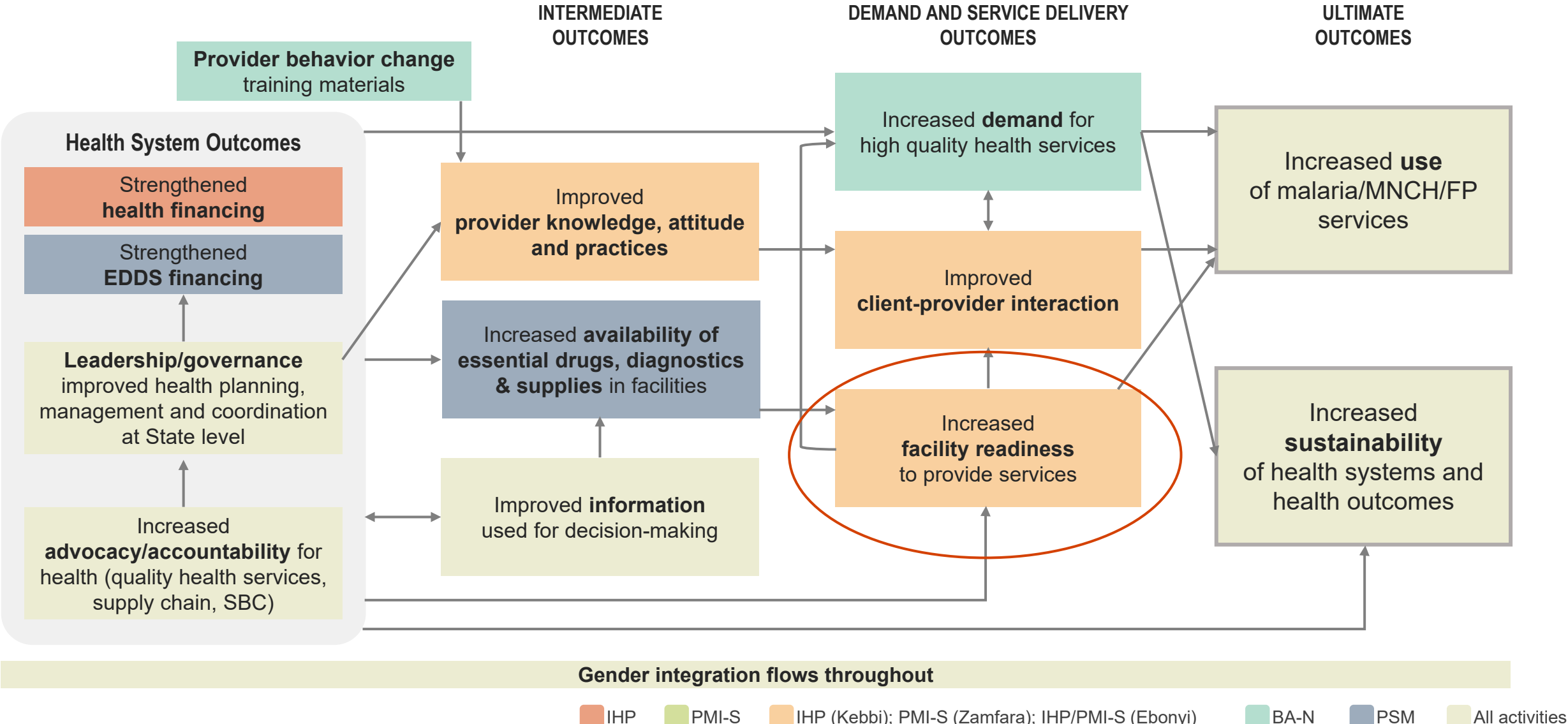
Consider how these findings could be applied to HPN Activity programming, including annual work planning processes.



# **Assessing the effectiveness of HPN activities in health facility readiness**



# Service readiness in the evaluation TOC





## Data Source and Sample

Ebonyi	Kebbi	Zamfara
120	120	120

- HFA data collected by IHP in Kebbi (Aug 2–22, 2020) and Ebonyi (June 10–July 5, 2021)
- Additional HFA data was collected by D4I at primary health facilities between July 5–August 12, 2021
- Most health facilities were primary health centers (100% in Ebonyi, 88% in Kebbi, and 86% in Zamfara)
- The majority were in rural settings (77% in Ebonyi, 85% in Kebbi, 88% in Zamfara)



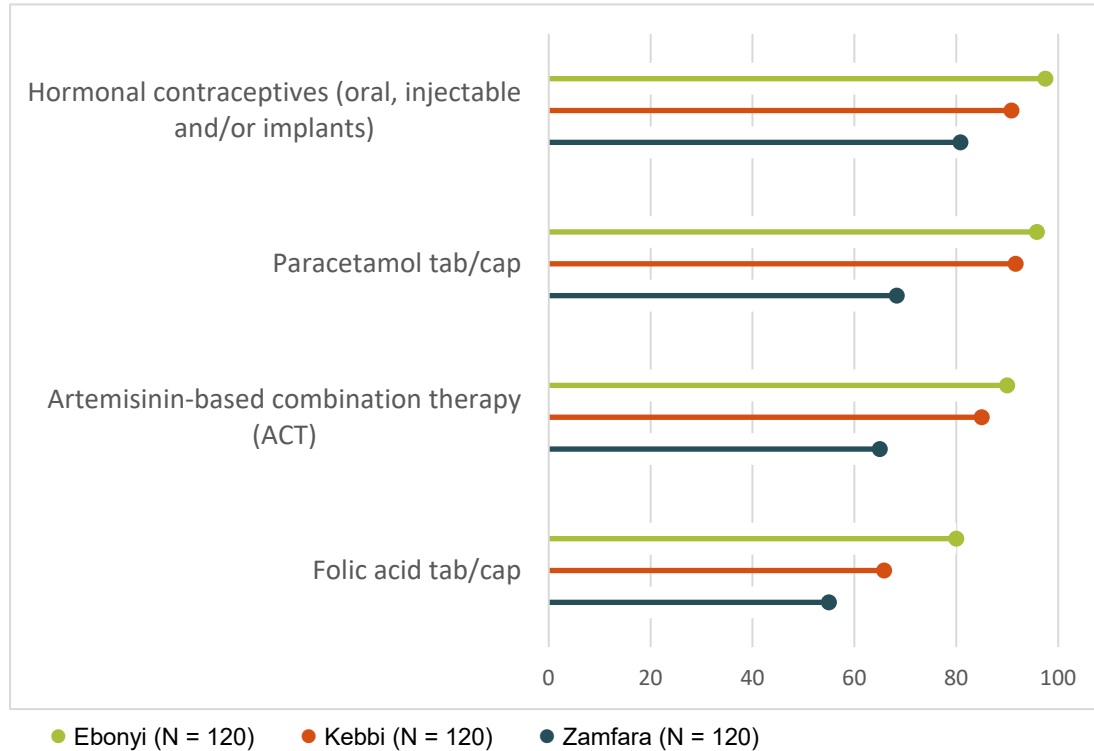
**HFA results:**

**A. General service readiness**

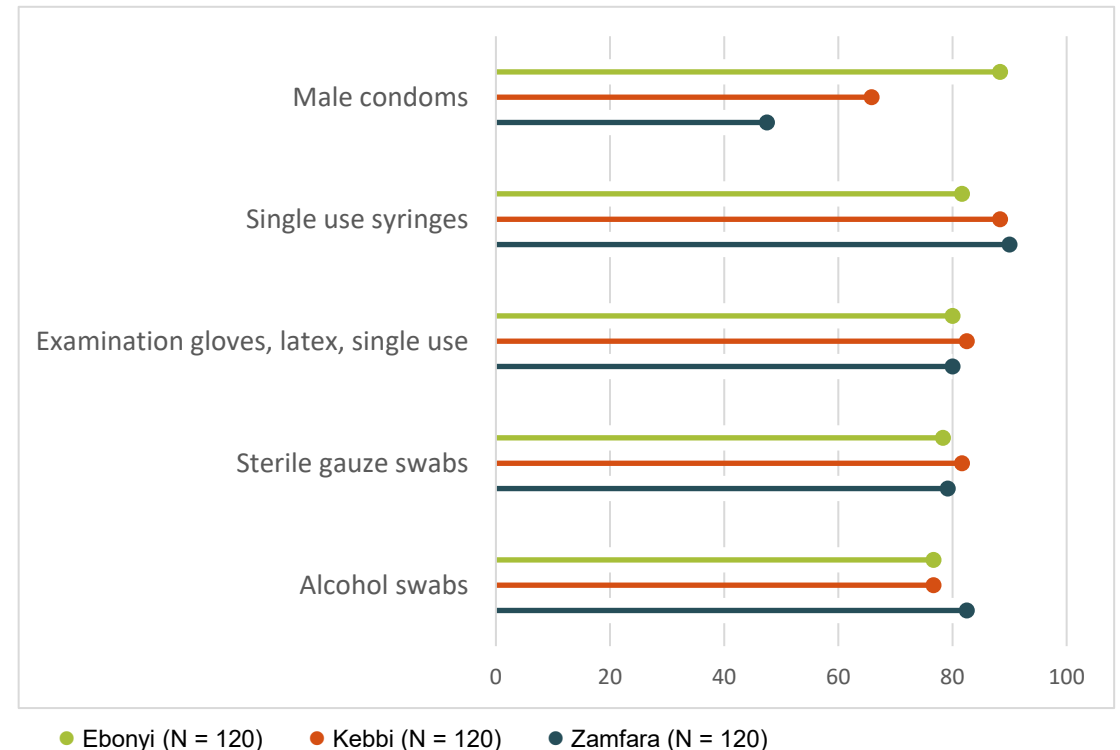


# General Service Readiness

## GEN-SR: Percentage of health facilities that have essential medicines available



## GEN-SR: Percentage of health facilities that have basic consumables available



- Facility has **all** essential medicines available: 71% Ebonyi, 49% Kebbi, 33% Zamfara ( $p < 0.00$ )
- Mean percentage of essential medicines available at a facility: 81% Ebonyi, 79% Kebbi, 76% Zamfara ( $p < 0.00$ )

- Facility has **all** basic consumables available: 63% Ebonyi, 46% Kebbi, 33% Zamfara ( $p < 0.00$ )
- Mean percentage of basic consumables available at a facility: 91% Ebonyi, 85% Kebbi, 67% Zamfara ( $p < 0.00$ )



**HFA results:**

**B. Malaria service availability  
and readiness**





## Key findings: Malaria service availability and readiness

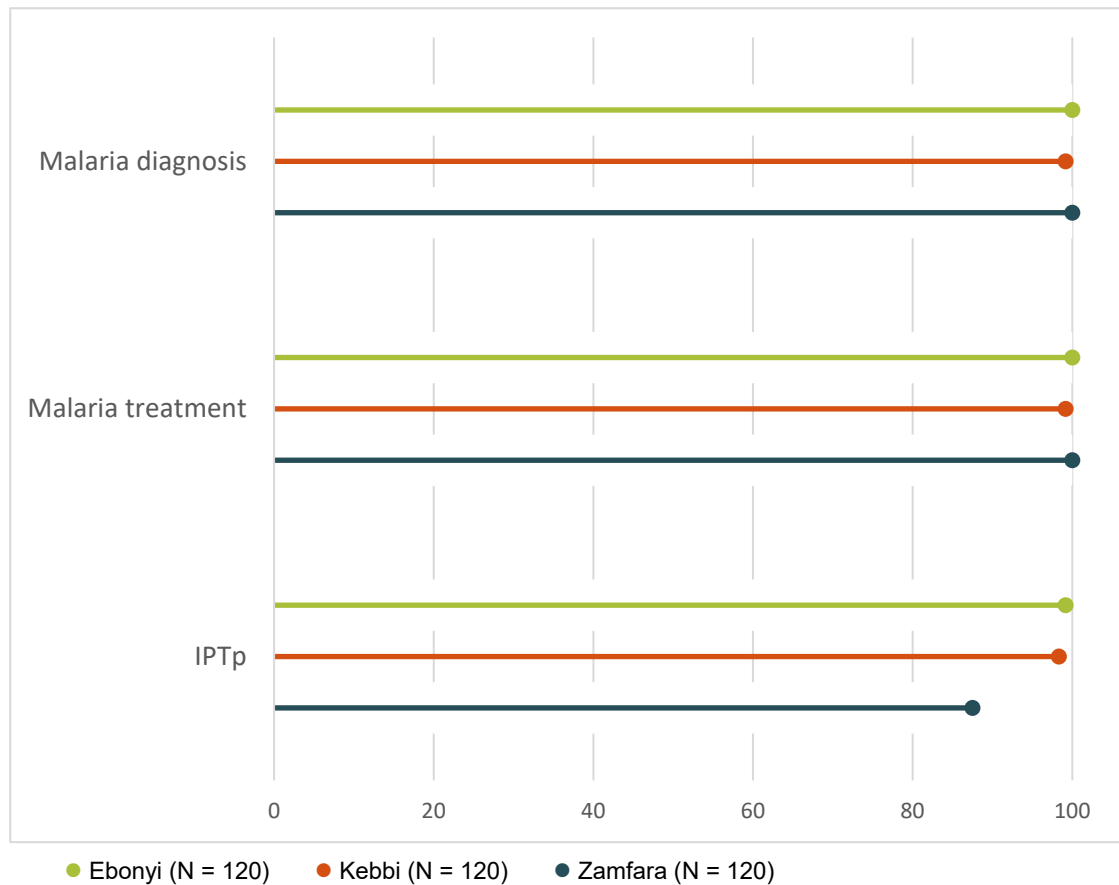
- Virtually all facilities in every state provide malaria rapid diagnostic testing and treatment services
- Readiness to provide malaria services is highest in Kebbi (80% items available) and lowest in Zamfara (72% items available)
  - Facilities in Ebonyi are least likely to have malaria guidelines
  - Facilities in Zamfara are more likely to experience stock-outs of malaria drugs and commodities
- Facilities in Zamfara are less likely to offer IPTp services. When they do offer them, they are more likely to have trained staff and guidelines but less likely to have IPTp drugs.



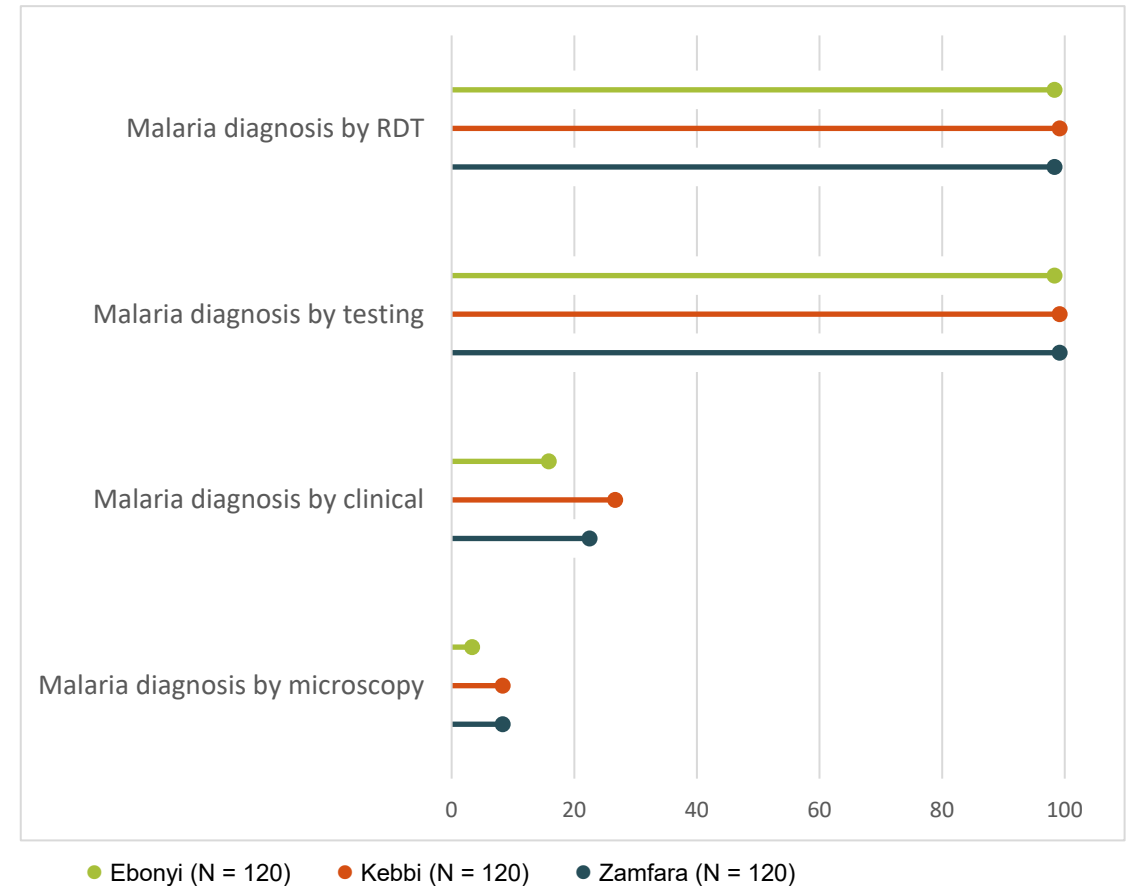
# Malaria Services Availability

Facility offers malaria services: 100% Ebonyi, 99% Kebbi, and 100% Zamfara ( $p < 0.000$ )

## MA-SA: Percentage of health facilities that offer specific malaria services



## MA-DT: Percentage of health facilities that offer specific malaria diagnostic services

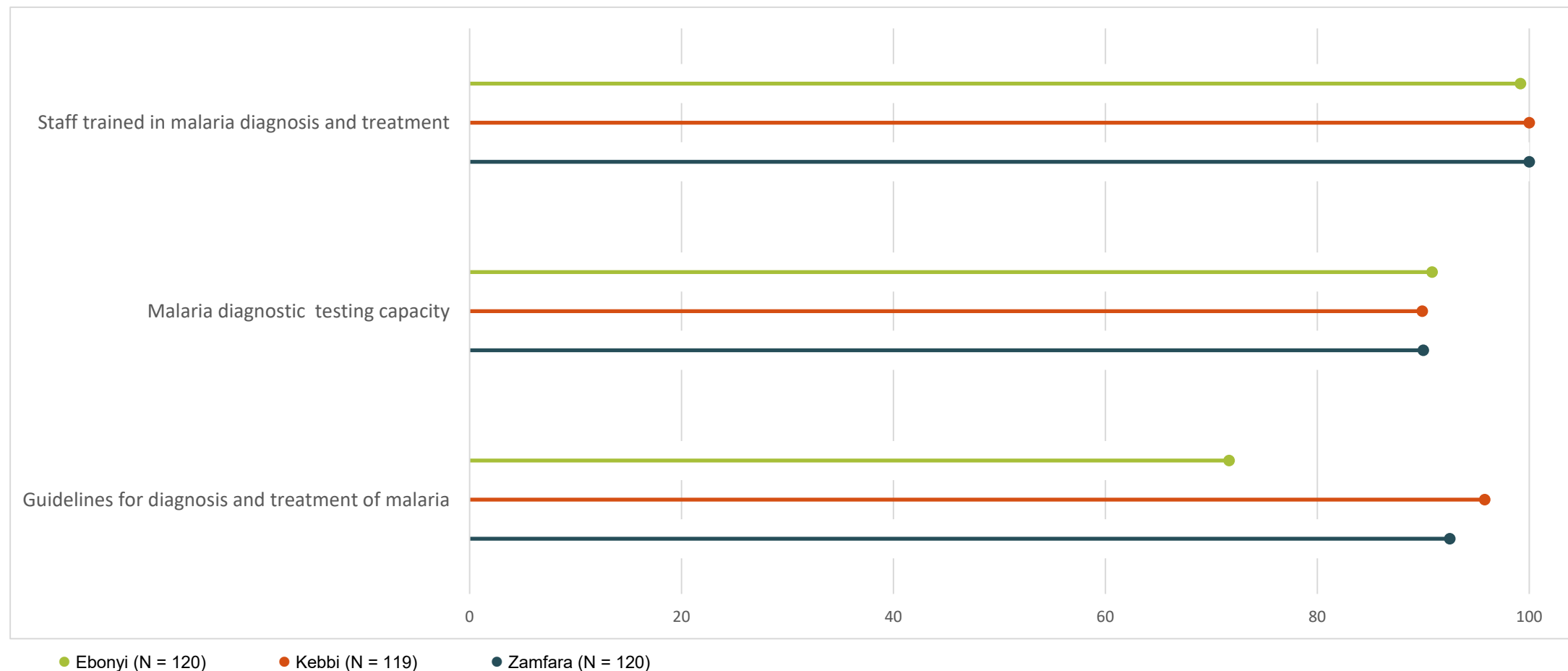


Chi-squared significance test among states. +  $p < 0.1$ , \*  $p < 0.05$ , \*\*  $p < 0.01$ , \*\*\*  $p < 0.001$



# Malaria Service Readiness

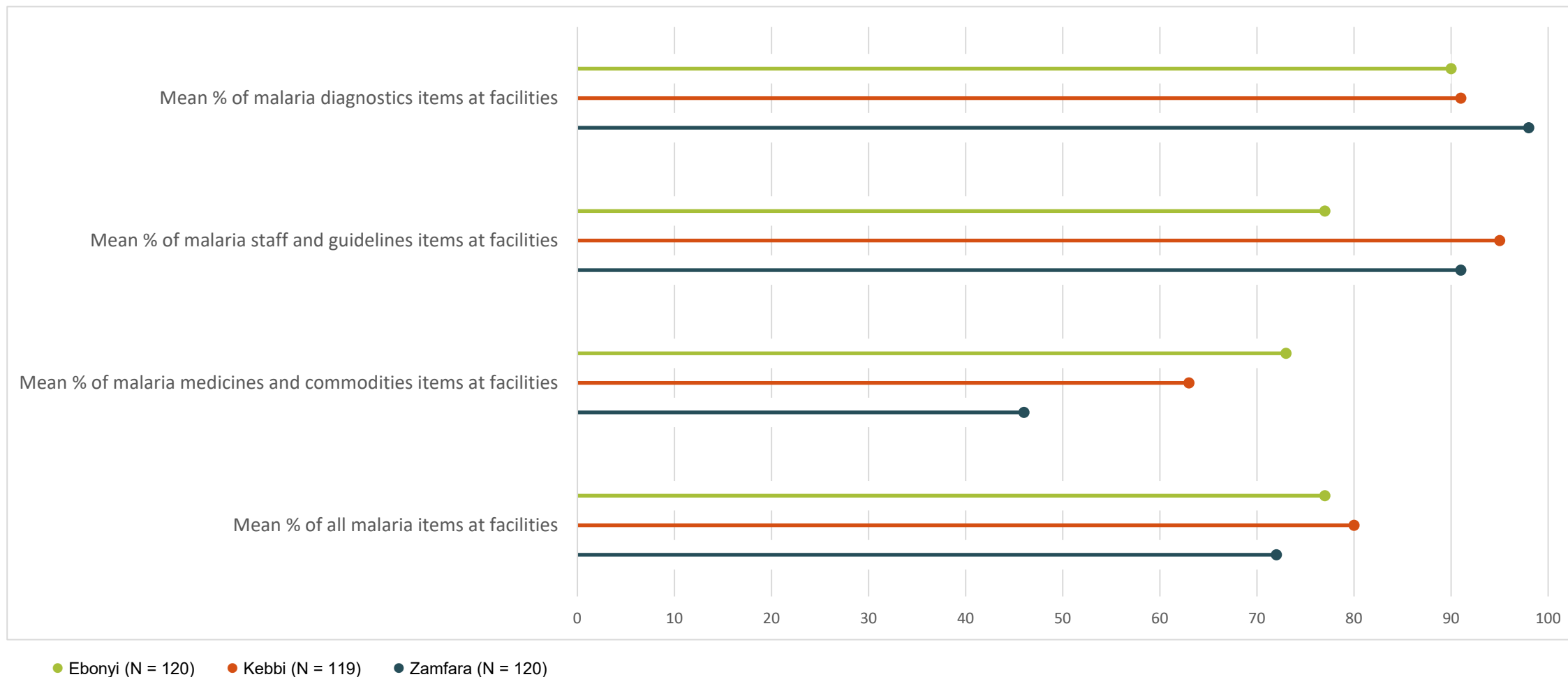
**MA-SR: Percentage of health facilities that are ready to provide Malaria services today (among facilities providing malaria services)**





# Malaria Service Readiness

**MA-SR: Mean percentage of items available to provide malaria services today (among facilities providing malaria services)**



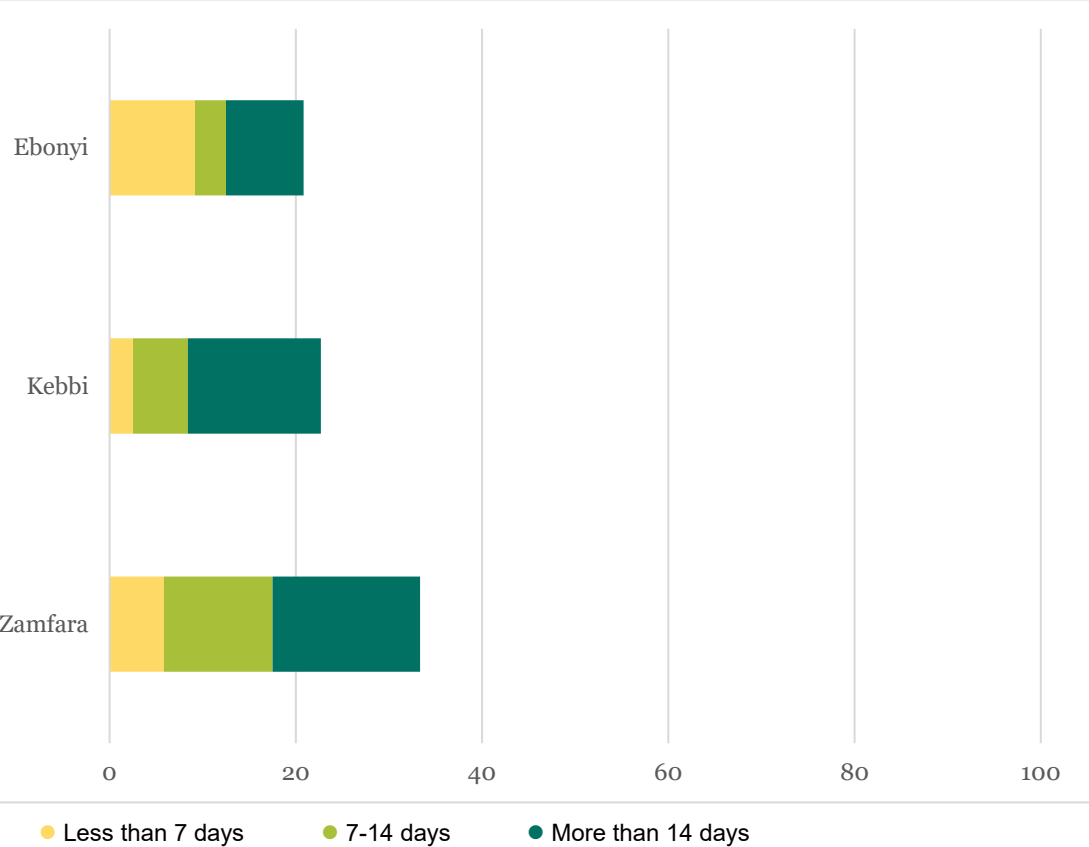


# Malaria Service Readiness- Stockouts

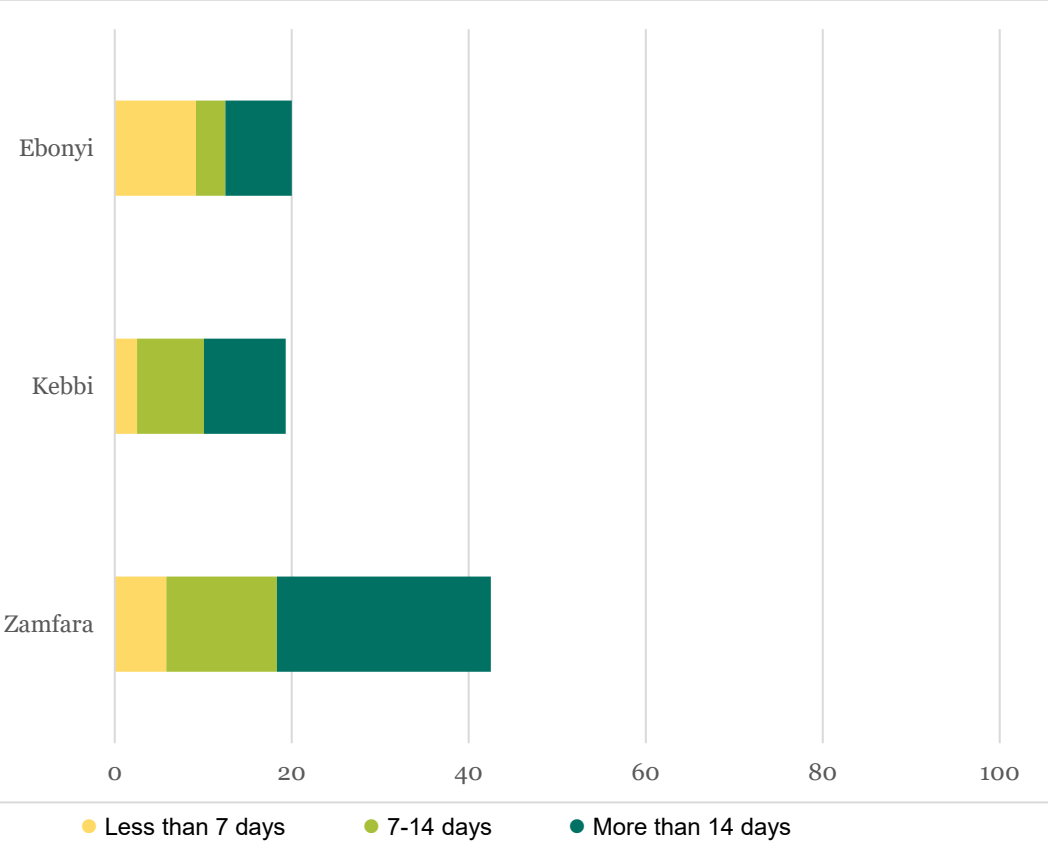
Facilities that experience RDT stock outs: 21% Ebonyi, 26% Kebbi, 36% Zamfara ( $p<0.05$ )

Facilities that experience 1<sup>st</sup> line anti-malarial stock outs: 20% Ebonyi, 19% Kebbi, 43% Zamfara ( $p<0.00$ )

**MA-SR: Percentage of health facilities that experience RDT stock outs by length**



**MA-SR: Percentage of health facilities that experience 1<sup>st</sup> line anti-malarial stock outs by length**

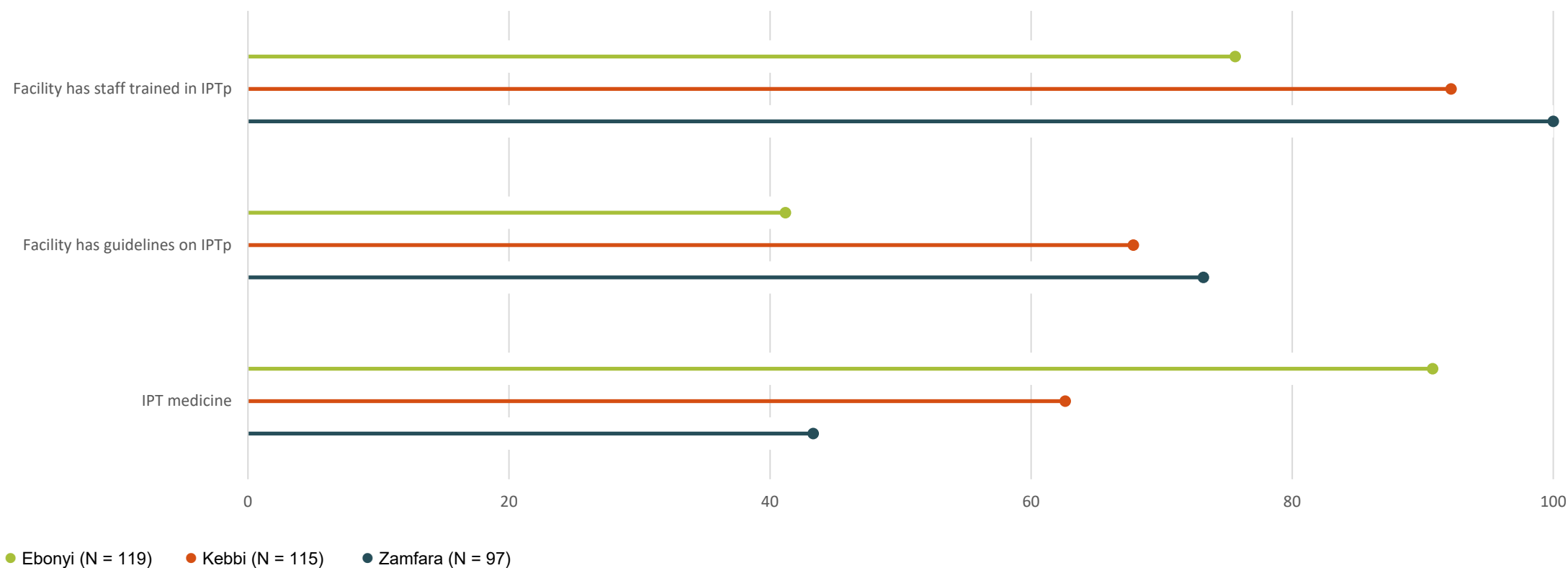




# Service Readiness - IPTp

Facility offers intermittent preventative treatment in pregnancy (IPTp): 88% Ebonyi, 96% Kebbi, and 55% Zamfara ( $p < 0.000$ )

**ANC-SR: Percentage of health facilities ready to provide IPTp care  
(among facilities providing IPTp)**



## **HFA results:**



**C. Antenatal care and family  
planning service availability and  
readiness**



## **Key findings: Antenatal care and family planning availability and readiness**

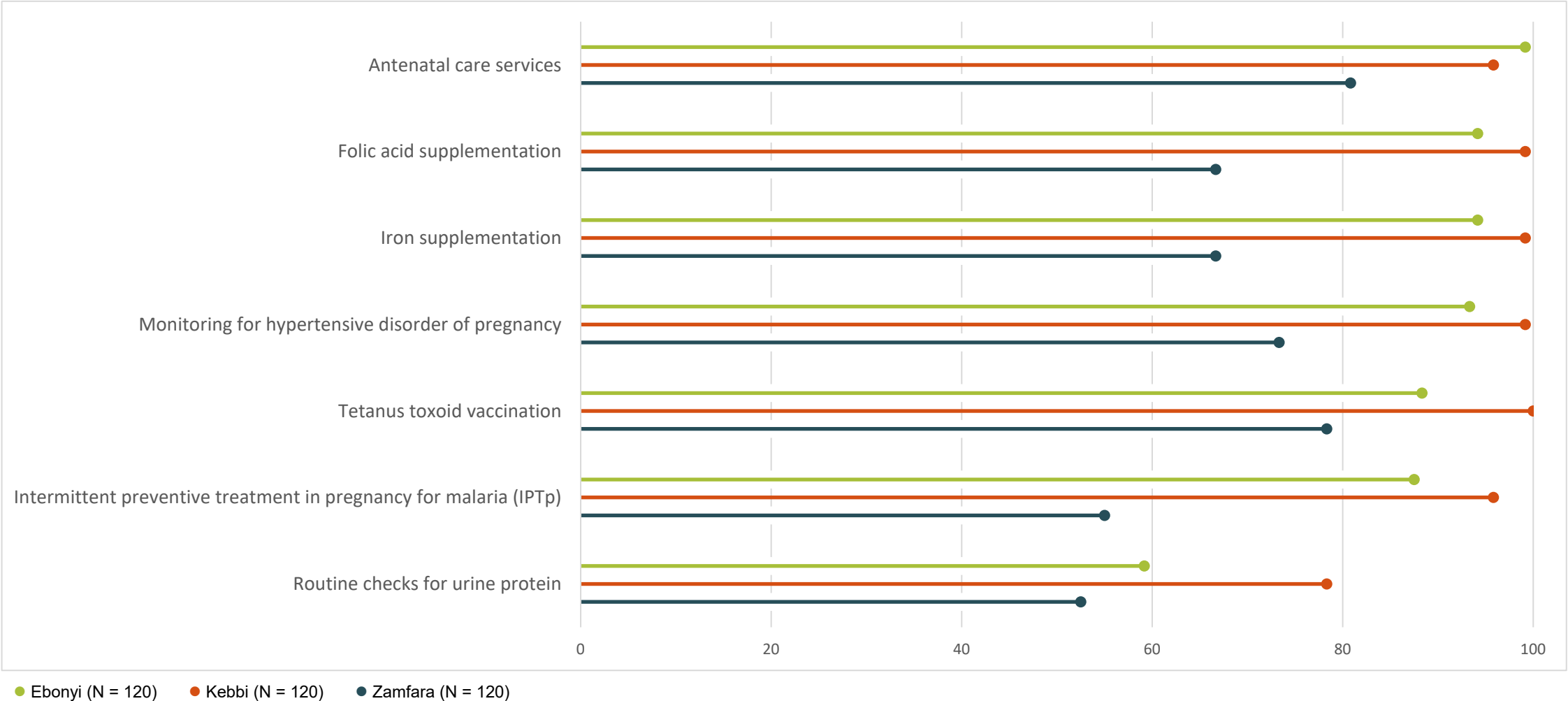
- At least 95% facilities in Ebonyi and Kebbi provide any ANC and FP services; 81% in Zamfara.
- Readiness to provide ANC services is highest in Kebbi (69% items available) and lowest in Ebonyi (57% items available)
- Readiness to provide FP services is highest in Kebbi (86% items available) and lowest in Zamfara (78% items available)
  - Facilities in Ebonyi are most likely to have at least 3 modern methods available (92%)



# Antenatal Care Service Availability

Facility offers antenatal care services: 99% Ebonyi, 96% Kebbi, and 81% Zamfara ( $p<0.000$ )

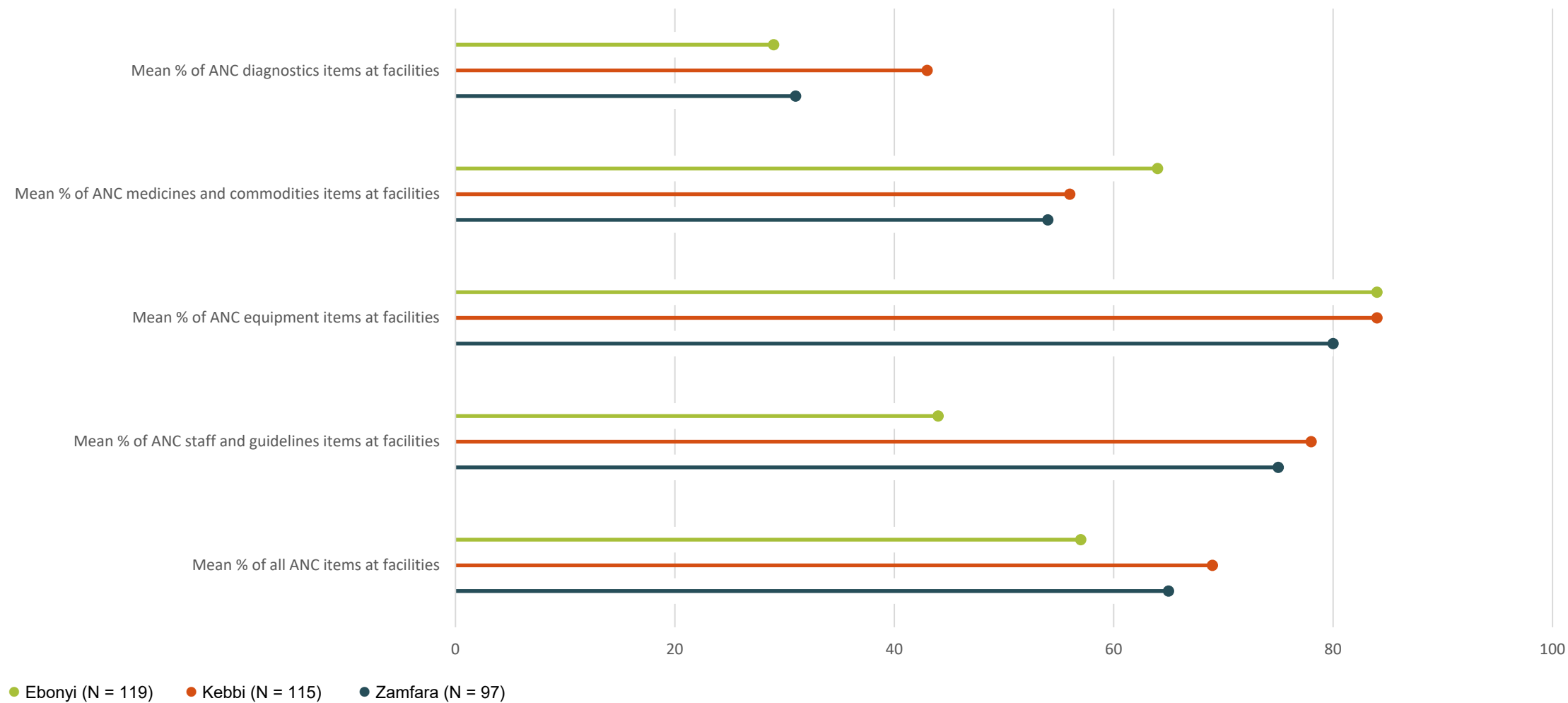
## ANC-SA: Percentage of health facilities that offer specific ANC service



# Antenatal Care Service Readiness

Facility offers antenatal care services: 99% Ebonyi, 96% Kebbi, and 81% Zamfara ( $p<0.000$ )

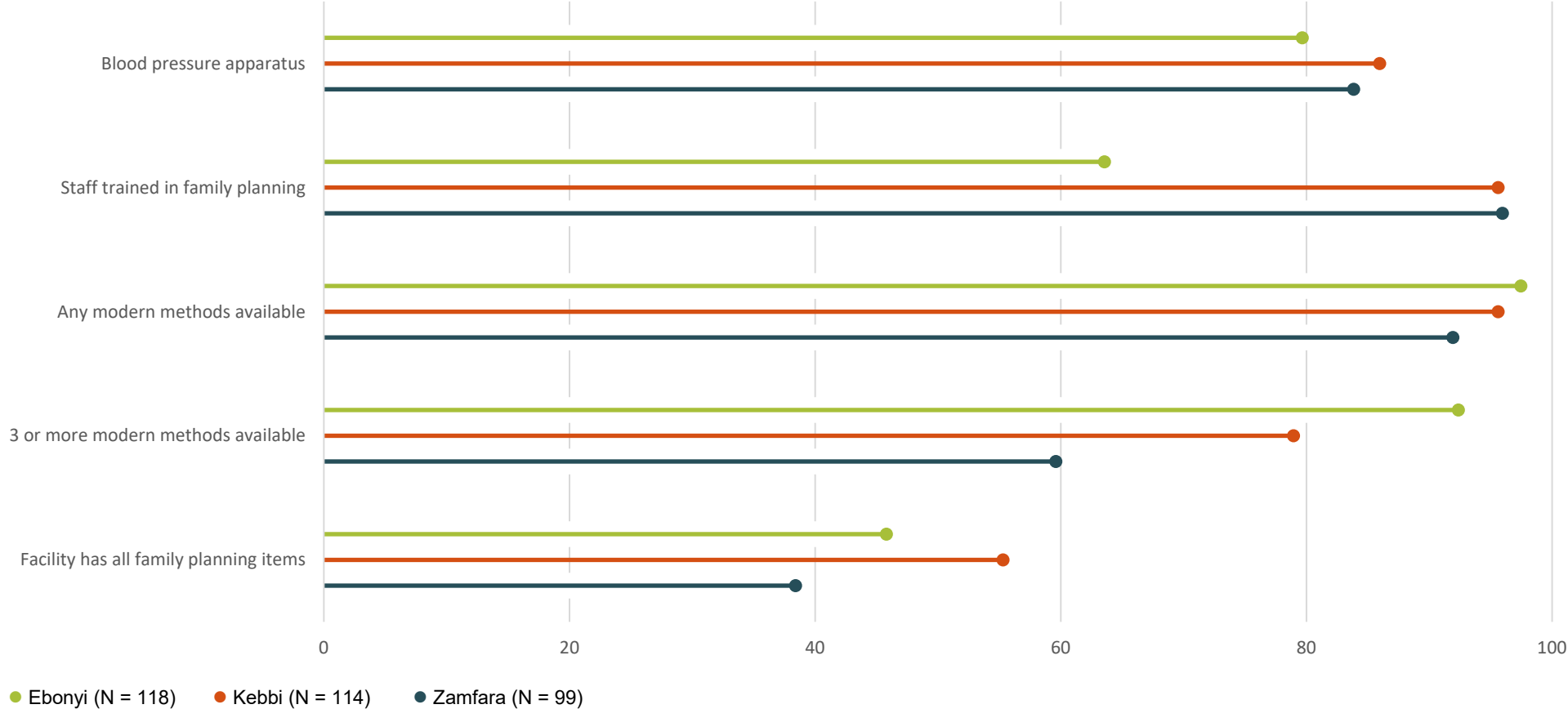
**ANC-SR: Mean percentage of items available to provide ANC services today (among facilities providing ANC services)**



# Family Planning Service Readiness

Facility offers family planning services: 98% Ebonyi, 95% Kebbi, and 83% Zamfara ( $p<0.000$ )

## FP-SR: Percentage of health facilities with the capacity to provide family planning services on the day of assessment



Mean percentage of all family planning items at facilities: 82.4% Ebonyi, 85.8% Kebbi, 78.4% Zamfara ( $p<0.1$ )



This presentation was produced with the support of the United States Agency for International Development (USAID) under the terms of the Data for Impact (D4I) associate award 7200AA18LA00008, which is implemented by the Carolina Population Center at the University of North Carolina at Chapel Hill, in partnership with Palladium International, LLC; ICF Macro, Inc.; John Snow, Inc.; and Tulane University. The views expressed in this publication do not necessarily reflect the views of USAID or the United States government.

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