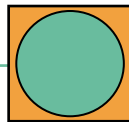


# Nigeria HPN Multi-Activity Evaluation Annual Review Meeting

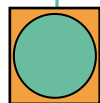
**Session 1: Welcome, opening statements and meeting introduction**  
June 29, 2022



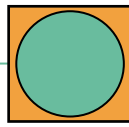


# D4I HPN multi-Activity evaluation team

- Emmanuel Adegbe, MBBS, PhD, Nigeria Co-Investigator
- Siân Curtis, PhD, Principal Investigator and Activity Lead
- Patrick Iyiwose, MSc, Evaluation Assistant
- Milissa Markiewicz, Project Manager and Research Associate
- Tory Taylor, Co-Investigator – ONA and sustainability
- Local research partner: Data Research and Mapping Consult (DRMC)
- Kristen Brugh, PhD, Co-Investigator and Quantitative Lead
- Jessica Fehringer, PhD, Co-Investigator and Qualitative Lead
- Sachiko Ozawa, PhD, Costing lead
- Huyen Vu, Co-investigator – sustainability, qualitative research
- Consultants, data analysts and research assistants



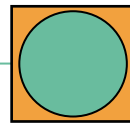
# Evaluation Design



# Nigeria HPN multi-Activity evaluation: Purpose

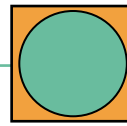
Data for Impact (D4I) is conducting an outcome evaluation of **four** USAID/Nigeria HPN Activities with a focus on comparing the strengths and challenges of an integrated health programming approach with a disease-focused approach (malaria):



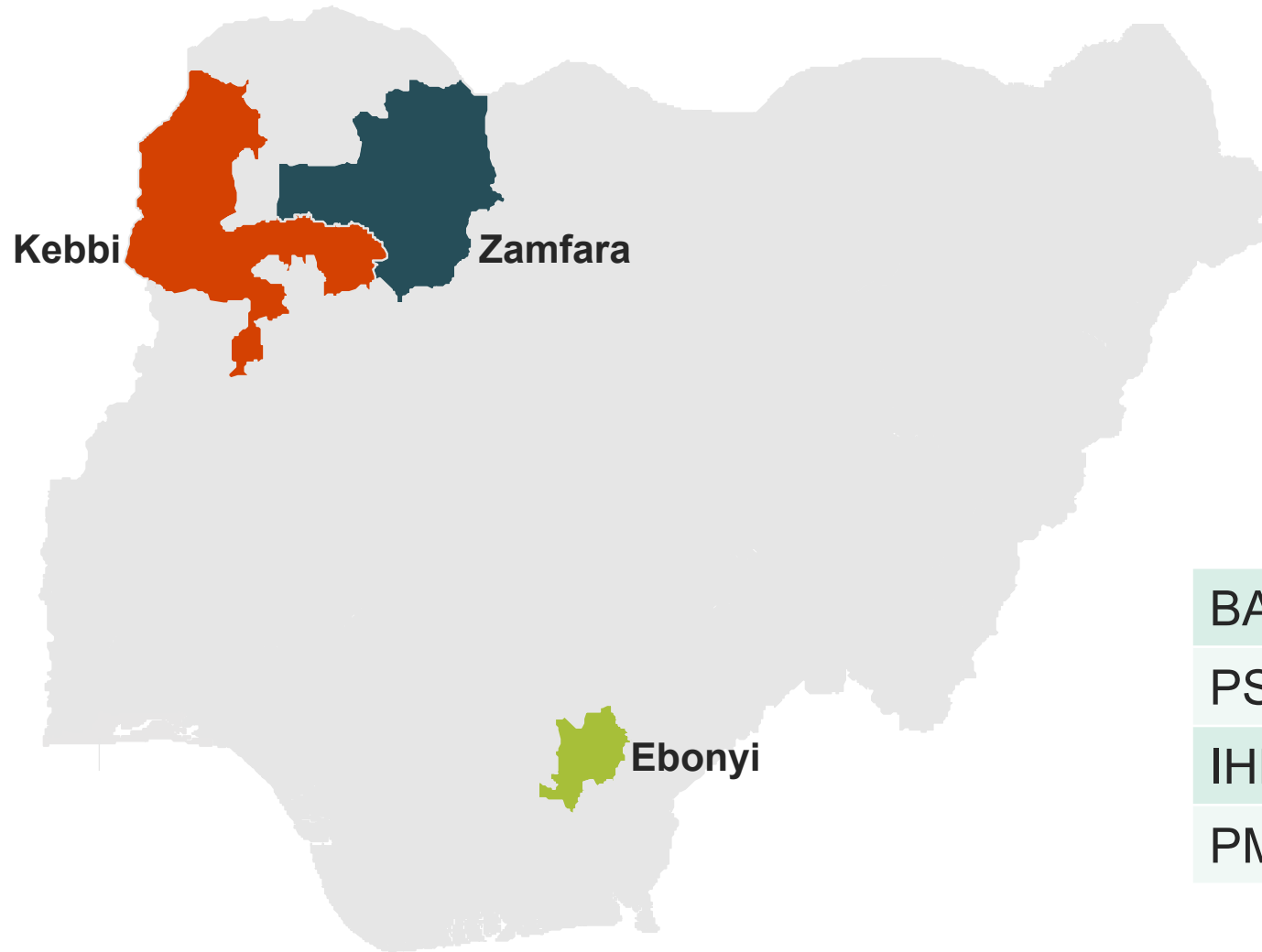


# What do we mean by an integrated approach and a disease-focused approach?

- An **integrated model** implements a coordinated set of RMNCH+N and malaria interventions as well as health system strengthening interventions (IHP).
- A **disease-focused model** addresses one health area only and, in this case, the focus is on malaria (PMI-S).
- Both models also include demand creation (BA-N) and commodity procurement and distribution interventions (PSM).

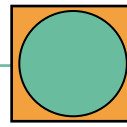


# Where do HPN Activities operate?

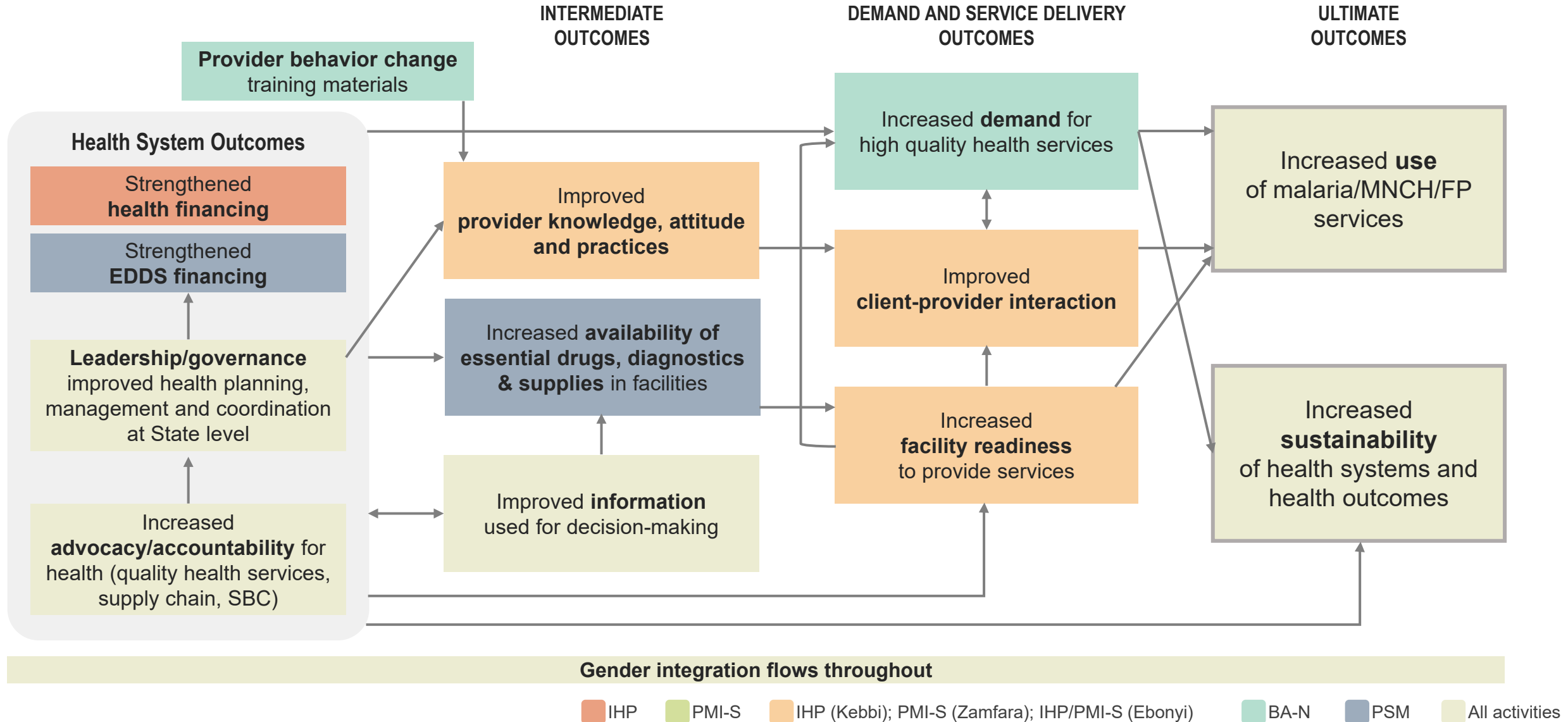


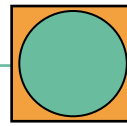
Five-year evaluation timeframe:  
October 2020–September 2025

	Ebonyi	Kebbi	Zamfara
BA-N	✓	✓	✓
PSM	✓	✓	✓
IHP	✓	✓	
PMI-S	✓		✓



# Evaluation High-Level Theory of Change (TOC)





# Outcome domains



## Health behaviors

- Malaria
- Antenatal care
- Family planning



## Health service delivery

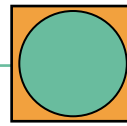
- Malaria
- Antenatal care
- Family planning



## Sustainability

- Commitment
- Engagement
- Capacity



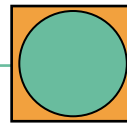


# Evaluation questions



## • Effectiveness

1. Did malaria and other health and service delivery outcomes improve more from baseline to endline in local government authorities (LGAs)/states where an integrated approach was implemented, a disease-focused approach was implemented, or a combination of the two?
2. Did relevant commitment/engagement and capacity outcomes improve more from baseline to endline in LGAs/states where an integrated (IHP) approach was implemented, a disease-focused (PMI-S) approach was implemented, or a combination of the two?
3. Which implementation strategies are associated with improvements in service delivery and system strengthening in different contexts?



# Evaluation questions

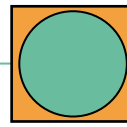


## • Process

4. How and to what extent did the four activities and government collaborate and coordinate to achieve desired health and service delivery outcomes?
  - a. What factors facilitated or hindered collaboration and coordination?
  - b. What are the most critical coordination/ collaboration points?
5. What factors facilitated or hindered implementation among the four activities in LGAs/states where an integrated (IHP) approach was implemented, a disease-focused (PMI-S) approach was implemented, or a combination of the two?

## • Economic

6. What are the costs of the different approaches by state?



# Evaluation components

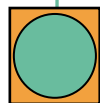
## Quantitative

- Health facility assessment and provider interviews (“baseline” and “endline”)
- DHIS2 data analysis (annual)
- Organizational network analysis (“midline” and “endline”)
- Costing component (annual data collection)

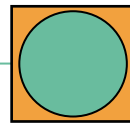


## Qualitative

- Process monitoring (annual)
- Interviews and focus groups with women in communities, Ward and Facility Development Committees, and health facility in-charges (“midline” and “endline”)
- Most significant change method workshop (“midline”)



# **Evaluation Activities Completed**



# Evaluation activities completed 2020–2021

**September 2020**

Evaluation protocol completed

**November 2020**

Stakeholder inception meeting held – *virtual*

**April 2021**

First round of process monitoring interviews completed

**June 2021**

State-level process monitoring briefs completed

**August 2021**

- Integrated process monitoring brief completed
- Process monitoring results review meeting held with USAID/Nigeria – *virtual*
- HFA and Provider survey data collection completed

**September 2021**

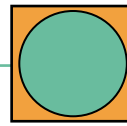
Process monitoring results review meeting held with the four Activities – *virtual*

**October 2021**

Preliminary provider survey results review meeting held with USAID/Nigeria – *virtual*

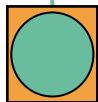
**November/December 2021**

State level process monitoring results review meetings held for each state – *virtual*



# What we will be sharing today...

Presentation	Evaluation question	Data source
Assessing the effectiveness of HPN activities on use of health services and health facility readiness: Baseline findings	1	<ul style="list-style-type: none"><li>▶ DHIS2 (use of health services)</li><li>▶ Health facility assessment (HFA) (health facility readiness)</li></ul>
Assessing the effectiveness of HPN activities on providers' knowledge, attitudes, and practices: Baseline findings	1	Provider survey
How and to what extent are HPN activities coordinating and collaborating with government and partners?	4	Organizational network analysis (ONA) survey
How have HPN activities contributed to improved sustainability of health systems and health outcomes in Nigeria?	2 (4, 5)	Process monitoring: Stakeholder survey and key informant interviews



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[www.data4impactproject.org](http://www.data4impactproject.org)

