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Nigeria HPN Multi-Activity Evaluation

Data for Impact (D4I) is conducting a mixed-methods, portfolio-level evaluation of four USAID/Nigeria Health, Population and Nutrition (HPN) Activities with a focus on comparing the strengths and challenges of an integrated health programming approach with a disease-focused approach (e.g., malaria).

The four HPN Activities evaluated include the Global Health Supply Chain Program Procurement and Supply Management (GHSC-PSM, henceforth PSM), Breakthrough ACTION- Nigeria (BA-N), the Integrated Health Program (IHP), and the President's Malaria Initiative for States (PMI-S).

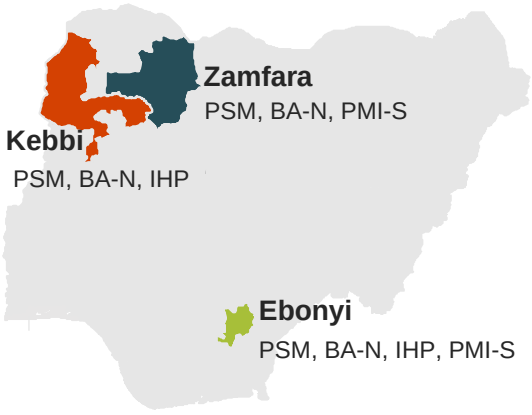


Figure 1: Three case-study states and implementing HPN Activities.

HPN multi-Activity evaluation

The evaluation is implemented in three states as case studies: Ebonyi, where both IHP and PMI-S are implementing; Kebbi, where IHP is implementing an integrated approach; and Zamfara, where PMI-S is implementing a disease-focused, or vertical, approach. BA-N and PSM are operating in all three states, and they are expected to collaborate and coordinate with IHP and PMI-S (Figure 1).

In Ebonyi, both IHP and PMI-S are implementing with a focus on service delivery for malaria and reproductive, maternal, newborn, and child health (RMNCH). BA-N is responsible for social and behavior change (SBC) and driving client demand for health services across these health areas, while PSM is responsible for commodity supply. In Kebbi, IHP is implementing with a focus on malaria and RMNCH service delivery with the support of BA-N and PSM. In Zamfara, PMI-S is implementing with a focus on malaria service delivery, also with the support of BA-N and PSM.

Results of the evaluation will inform ongoing, adaptive changes in Activity implementation and support USAID learning objectives. The evaluation will also help USAID/Nigeria determine how it can most effectively direct its investments to improve health outcomes.

Definitions

An **integrated model**, such as the IHP, implements a coordinated set of RMNCH+N and malaria interventions as well as health system strengthening interventions.

A **disease-focused model**, like PMI-S, addresses one health area only and, in this case, the focus is on malaria.

Both models also include demand creation (BA-N), commodity procurement, and distribution interventions in the PSM.

The evaluation is designed with four core principles:

- **Rapid feedback**: The evaluation is designed for results to be shared quickly and regularly following data collection for stakeholders to use in intervention adaptations.
- **Holistic/portfolio level**: The evaluation does not look at the four individual Activities, rather at the synergy among the four Activities and how they achieve shared outcomes in a given context. A portfolio-level theory of change (TOC) is a critical input into this portfolio-level evaluation design.
- **Collaboration/participation**: Stakeholder engagement is key to ensuring that the evaluation meets the information needs of stakeholders and evaluation results are trusted, valued, and used to improve activities.
- **Adaptive design**: As individual Activities are on different award timelines and evolving over time, the evaluation design and methods are intended to be flexible. This allows new questions to emerge and changes to occur in methods and tools.

Theory of change

A core component of the portfolio-level evaluation design is the portfolio-level TOC (Figure 2). The TOC illustrates how the four Activities are expected to work together in each state, with a focus on how the Activities will collaborate and coordinate to achieve overarching goals, rather than how each individual Activity is expected to achieve its outcomes. The TOC is used to identify the most critical assumptions and pathways to examine in the evaluation and to guide development of appropriate data collection tools and analysis plans.

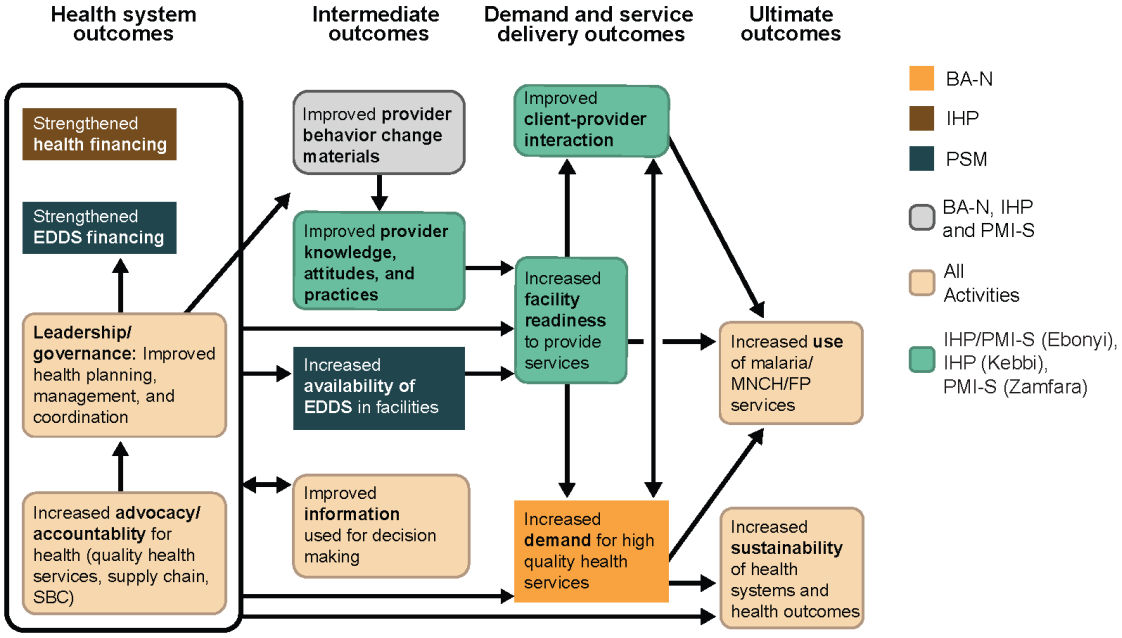
The portfolio-level TOC shows how different types of outcomes influenced by the four Activities work together to affect two ultimate outcomes:

1. Increased use of malaria, MNCH, and family planning services
2. Increased sustainability of health systems and health outcomes

Improved client-provider interaction and increased facility readiness to provide services are expected to contribute to increased use of services. Increased demand for quality health services is also expected to contribute to increased sustainability of health systems and health outcomes by changing social norms and expectations around health services in the community. All four Activities work toward improved health systems outcomes in health financing, leadership and governance, and advocacy and accountability (i.e., advocacy for inclusion of relevant items to state operation plans, state budgets, capacity strengthening for facility development committees) which are expected to lead to improved sustainability of health systems and health outcomes.

Additionally, gender integration is required across all four Activities through approaches such as gender-sensitivity provider training and outreach to community structures, integration of gender issues into job aids, guidelines and training manuals, and technical guidance and advocacy at state and Federal government levels.

Figure 2: Portfolio-level theory of change



Evaluation questions

The evaluation is seeking to answer questions related to effectiveness, process, and economics of HPN approaches of the four Activities (Table 1).

Table 1: List of evaluation questions

Effectiveness	**1.** Did malaria and other health and service delivery outcomes improve more from baseline to endline in states and local government authorities (LGAs) 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 and states where an integrated approach (IHP) 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?
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.** Which factors facilitated or hindered collaboration and coordination? **b.** What are the most critical coordination/collaboration points? **5.** Which 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?
Economics	**6.** What are the costs of the different approaches by state?

Evaluation design

The evaluation is a mixed-methods design that synthesizes both quantitative and qualitative data to address the evaluation questions (Figure 3). D4I uses a mix of ongoing data collection and analysis activities to regularly provide intermediate results combined with discrete data collection and analysis to provide more in-depth analysis at baseline (2020–2021), midline (2022–2023), and endline (2025). As the four Activities have different start and end dates, the terms "baseline" and "endline" align most closely with the start and end dates of IHP and PMI-S.

Figure 3: Core components of the portfolio-level evaluation

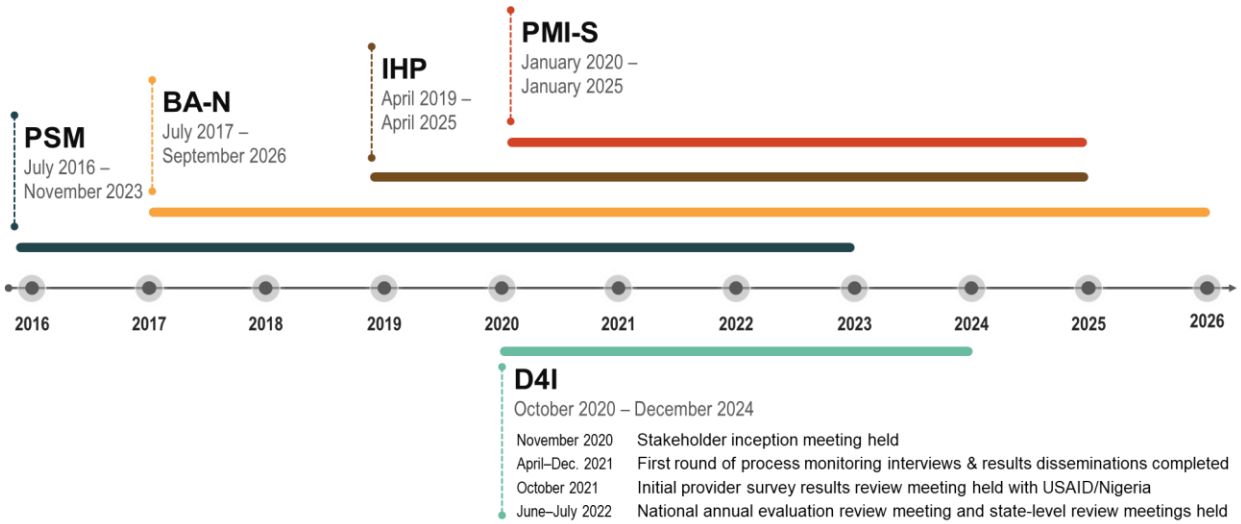
Quantitative component

- Evaluation primarily uses secondary quantitative data to compare changes over time in health behavior and service delivery outcomes.
- Data sources include NDHS (every 5 years), health facility assessment and provider interviews (baseline and endline), organizational network analysis (midline and endline), costing component (annual), and DHIS2 (annual).

Qualitative component

- Methods include a combination of primary qualitative data collection and Activity document review.
- Data sources include structured key informant interviews (KIIs) with key stakeholders (annual), focus group discussions with women and men, Ward Development Committees, Facility Management Committees, KIIs with health facility in-charges (midline and endline), and most significant change workshops (midline and endline).

Figure 4: Evaluation timeline, and activities completed 2020–2022



For more information

D4I supports countries to realize the power of data as actionable evidence that can improve programs, policies, and—ultimately—health outcomes. We strengthen the technical and organizational capacity of local partners to collect, analyze, and use data to support their move to self-reliance. For more information, visit https://www. data4impactproject.org/

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