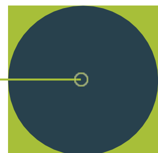


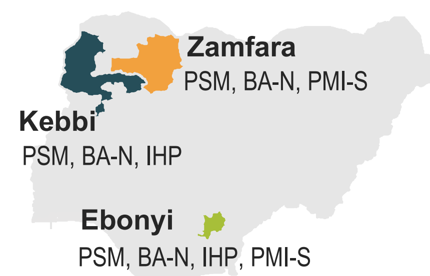
July 2023

Nigeria HPN Multi-Activity Evaluation

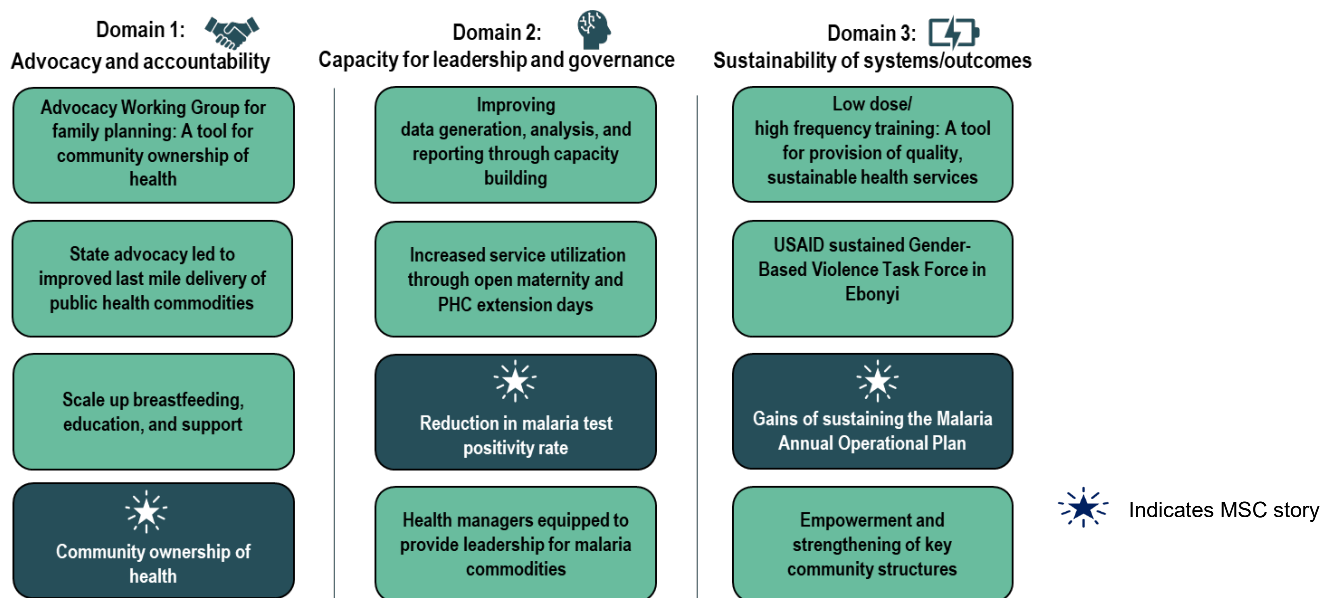
Most Significant Change Workshop Results: Ebonyi State

Data for Impact (D4I) is conducting a prospective mixed-methods portfolio evaluation of four USAID/Nigeria Health, Population, and Nutrition (HPN) activities, with a focus on comparing an integrated health programming approach with a disease-focused (malaria) approach. D4I, in collaboration with local research partner Data Research and Mapping Consult Ltd. (DRMC), conducted two-day MSC workshops in Ebonyi, Kebbi, and Zamfara states in July and August 2022 to better understand the perceived impact of HPN activities where different combinations of the four activities are being implemented. This report presents the results from Ebonyi.

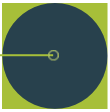
The Global Health Supply Chain Program – Procurement and Supply Management (PSM) initiated operations in the three states in July 2016, followed by Breakthrough ACTION – Nigeria (BA-N) in 2017. The President's Malaria Initiative for States (PMI-S) and the Integrated Health Project (IHP) initiated operations in January and August 2020, respectively.



MSC[1] is an approach to monitoring and evaluation (M&E) that involves assessing changes and impacts in response to a program from the perspective of (in this case) HPN activity staff, State Ministry of Health (SMOH) staff, and other donor partners in Ebonyi state. The figure below lists the three finalist stories for three domains of change.



[1] Davies R and Dart J. The 'Most Significant Change' (MSC) Technique. Available at: https://www.mande.co.uk/wp-content/uploads/2005/MSCGuide.pdf .



Workshop Participants

Each of the HPN implementing partners (IPs) identified state IP and government staff to invite to the workshop and provided information on each person's role and their areas of engagement in the activities being evaluated. In addition, D4I invited WHO, represented by two staff members, to attend the workshop to gain the perspective of another donor partner and to share the findings more broadly to encourage data use.

Two representatives each from HPN activity (IHP, PMI-S, BA-N, and PSM) participated in the workshop, along with six representatives from SMOH and two from the World Health Organization (WHO) Ebonyi State Office, for a total of 16 participants. Nine of the 16 participants were women.

Methods

Participants shared stories of change related to three domains: (1) advocacy and accountability for health, (2) capacity for leadership and governance in healthcare, and (3) sustainability of health systems and health outcomes. Participants narrowed down the stories they considered significant and ultimately identified one story per domain as "most significant."[2] Participants chose those stories that they found to be impactful, detailed/comprehensive, verifiable, and sustainable.

People Who Benefitted

The people who benefited from the interventions described in the stories were primarily women of reproductive age, pregnant women, mothers, children, people with malaria, and survivors of gender-based-violence. Additionally, health care providers gained clinical skills and/or skills in data collection and reporting. WDC, LGA, and state health officials gained skills in data collection and reporting and planning, management, and/or coordination, and WDC members and religious leaders gained skills in awareness raising related to priority health behaviors.

The Final 12 Stories of Change

Domain of Change 1: Advocacy and Accountability for Health

Group 1. Advocacy Working Group for family planning: A tool for community ownership of health

IHP, and a predecessor activity, Health Policy Plus, conducted advocacy for family planning in Ebonyi state. They identified key family planning and maternal, newborn, and child health (MNCH) stakeholders and worked to build their capacity for advocacy. Health Policy Plus established and supported a 30-member Advocacy Working Group (AWG) for family planning. The AWG members, drawn from SMOH, the Ministry of Women Affairs, media, and civil society organizations attended a five-day leadership training where they learned how to take the lead in advocating for family planning and other MNCH activities. The HPN activities supported the development of the Ebonyi State 2018–2020 family planning costed implementation plan and launch of the new family planning logo (the "green dot"). The AWG continues to advocate for support of family planning and MNCH programs.

Significance: A state budget specifically for family planning (separate from MNCH) was created. The perceived visibility of family planning has increased, as has the perceived uptake of services. The AWG continues to advocate for family planning.

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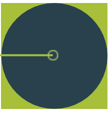
[2] For more detail, see the MSC methods brief.



Lesson learned: A standing committee for advocacy and accountability is important for moving the family planning agenda forward.

Group 2: State advocacy led to improved last mile delivery of public health commodities in Ebonyi state

PSM manages commodity distribution in the state using vendors and in the past experienced late delivery and sometimes loss of commodities due to lack of accountability and theft. Instead of delivering commodities to each facility in a Local Government Area (LGA), vendors were delivering them to one facility and alerting the in-charges of the other facilities in the LGA to pick up their supply. To address this issue, PSM advocated that SMOH involve their LGA focal persons in last mile delivery (LMD). When the vendor reaches an LGA for LMD, they are now accompanied by an LGA focal person who ensures that the vendor delivers commodities directly to each facility in the LGA and that the deliveries are well documented. Health workers in the facilities are aware of this new process for LMD and insist on following the process for accountability.

Significance: Because commodities are delivered to each facility, there are no longer delays and the loss of commodities to theft has been drastically reduced. Advocacy to SMOH to involve LGA focal persons has increased accountability and provided a sustainable mechanism for LMD that can continue after PSM ends.

Lesson learned: Involvement of SMOH and local government staff in LMD is a sustainable way to ensure vendor accountability, thereby reducing delivery delays and loss of commodities.

Group 3. Scale up breastfeeding, education, and support

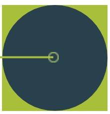
World Breastfeeding Week occurred from August 1–7, 2022. A series of activities were held in Ebonyi state in which all four HPN activities participated. SMOH held a roundtable discussion which was attended by Ward Development Committee (WDC) chairmen and heads of women groups from the state's 13 LGAs, as well as other stakeholders and development partners. The roundtable's purpose was to deliberate on how best to step up breastfeeding, educate mothers, and support them to adopt breastfeeding. Staff made outreach visits to market masters and churches. IHP also trained nutritional focal persons to ensure uniform sensitization of mothers and their partners during a "market storm" where over 4,000 women were sensitized on the importance of exclusive breastfeeding and the need for partners to support their wives during breastfeeding.

Significance: The activities changed people's perspective on breastfeeding, and this should increase the level of breastfeeding.

Lesson learned: During the "market storm," discussions with women revealed that many do not believe in exclusive breastfeeding. Some worried that their child did not get enough food from breastfeeding while some said that breastfeeding would lead to sagging breasts. Sensitization can improve people's knowledge and increase exclusive breastfeeding.

Group 4. Community ownership of health

BA-N worked with existing community structures to put the responsibility of health in people's own hands. They reactivated and strengthened WDCs in six LGAs and realigned them with



national guidelines on the constitution of WDCs. They trained WDC members on creating community health action resource plans and provided technical guidance on how to identify health needs in their wards. BA-N also monitored implementation of the plans. In the last quarter alone, WDCs mobilized resources of over 3.2 million naira (about $7,200) which they used for various activities such as building bridges to improve access to health facilities. Some WDCs have incentivized delivery at a health facility by offering diapers and socks for babies born at a health facility. WDCs have also been involved in procurement of sulphadoxine-pyrimethamine (SP) for intermittent preventative treatment of malaria in pregnancy (IPTp). WDCs have promoted antenatal care attendance, IPTp, exclusive breastfeeding, infant and young child feeding, sleeping inside a net, and other healthy behaviors. WDCs are also involved in emergency transport services for pregnant women.

> **Lesson Learned**
>
> Projects should extend more resources toward empowering community members to take responsibility for their health.

BA-N works through social behavior change advocacy core groups comprised of religious, traditional, and community leaders. These leaders are trained to address social and gender norms that prevent the practice of healthy MNCH behaviors. They also work through women's empowerment groups to help women save money so they can set up small businesses.

Significance: Community members were empowered to take ownership of their own health. BA-N supports WDCs technically by attending their meetings, guiding them, checking their record books, and helping them open bank accounts.

D4I verification: BA-N's FY21 annual report supports this story, which documents extensive work with WDCs. A major success was mobilization of funds by WDCs. In FY21, the WDCs within BA-N supported wards in Ebonyi generated $26,038 to support the implementation of their own activities, including the transportation of 219 women for ANC; 199 women for facility delivery; and 90 children under five and 99 women for other illnesses.

Domain of Change 2: Capacity for Leadership and Governance in Healthcare

Group 1. Improving data generation, analysis, and reporting through capacity building of health leaders

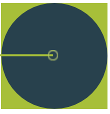
IHP organized a three-day training of nutrition focal persons and M&E officers on nutrition data management in June 2022. The training aimed at strengthening the capacity of these groups on nutrition data management in response to data quality issues in HMIS data. LGA nutrition technical officers improved their skills in nutrition data generation, analysis, and reporting. The quality of HMIS nutrition data for July 2022 subsequently improved.

Significance: Routine nutrition data is now accurately documented, analyzed, reported, and transmitted to the HMIS. The visibility of nutrition activities has increased.

Lesson learned: Capacity building for data generation, analysis, and reporting is important.

Group 2. Increased service utilization through open maternity and primary health care (PHC) extension days

Community members were interviewed by IHP about why some do not attend public health facilities, especially for MNCH services. They discovered that the main reasons were high fees; unavailability of



health workers in facilities, especially at night; poor attitude of health workers; and distance to health facilities. To address these issues, IHP collaborated with PMI-S, BA-N, PSM, and a fifth USAID-funded activity, Health Workforce Management (HWM), to develop open maternity and PHC extension days. During open maternity and PHC extension days, family planning and MNCH services are delivered to a community in a central area, such as a school, market, or PHC facility free of charge. BA-N mobilized community members and HWM mobilized health professionals. Over 27,000 people, many of whom had not visited a health facility in a long time, have received services through these outreaches to date and attendance at health facilities for these services has also increased. The team is providing technical support to service providers to take ownership of and sustain this strategy.

Significance: Community members are regaining confidence in public health facilities and service utilization has increased. There is increased community awareness of medications that are available free, especially for children under five. Additionally, the attitude of health workers has improved.

Lesson learned: Programming should always be informed by analysis of data that is generated on a monthly or quarterly basis to better understand challenges.

Group 3. Reduction in malaria test positivity rate (TPR) following implementation of USAID-supported interventions

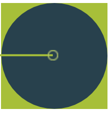
The malaria TPR is the marker for malaria morbidity. It is the percentage of people that tested positive for malaria using a rapid diagnostic test (RDT) or microscopy divided by the total number of people tested. According to participants, a 2015 study conducted in Ebonyi state found the TPR to be 40 percent and in 2018, the Nigeria Demographic and Health Survey found the rate to be 30.5 percent. However, at PMI-S's inception in Ebonyi state (2020), some facilities had TPRs that reached 100 percent in some months. Health workers were thereby reporting that all fever cases they tested were positive for malaria. PMI-S provided training for health workers on case management and on malaria in pregnancy (MIP). There were also training sessions for the state on microscopy. PMI-S supported monthly, quarterly, and bi-annual meetings at the state and LGA level for members of the State Malaria Elimination Program (SMEP), Department of Planning, Research, and Statistics, Logistics Management Coordination Unit (LMCU) and LGA officials. Participants reported that all these interventions, which PMI-S conducted in collaboration with other HPN partners, helped lower the TPR to 55 percent as of June 2022.

Lesson Learned

A reduction in the test positivity rate shows that malaria RDTs are being accepted by health workers as accurate and sufficient.

Significance: The malaria TPR can also be seen as a marker of health worker capacity. When a patient tests negative, health workers say they are positive and give the person malaria medication. This is poor management of malaria and fever cases. The interventions described above have improved the capacity of health workers on malaria case management and on differential treatment of fever cases.

D4I verification: This story is supported by FY21 progress reports from PMI-S which report achieving targets set for TPR. In addition, the PMI-S FY22 annual report notes that the TPR in FY22 was 54.7 percent in facilities receiving direct commodity support from PMI-S compared to 60.0 percent among facilities not receiving direct commodity support.



Group 4. Health managers equipped to provide leadership for malaria commodities

PMI-S is currently supporting 470 facilities with free malaria commodities and technical support for managing the commodities using scorecards. LGA malaria focal persons and administrative secretaries were trained on how to use the malaria scorecards to monitor performance and malaria commodities. Prior to monthly data validation meetings with health facility staff, they examine the previous month's data to check the quality of the data and score the facilities. If a facility is doing well if it is labeled green. Yellow is used for mid performing facilities, and red is a flag that something is wrong. When facility staff come for the next data validation meeting, they focus their mentoring on the poor and mid performing facilities so that the red facilities advance to yellow, and the yellow facilities advance to green.

Significance: Health workers and community leaders' rapport has improved due to the intervention.

Lesson learned: Capacity development for health managers improves service utilization.

Domain of Change 3: Sustainability of Health Systems and Health Outcomes

Group 1. Low dose/high frequency (LD/HF) training approach: A tool for provision of quality and sustainable health services

In 2021, IHP conducted LD/HF trainings for health workers aimed at promoting and sustaining quality services for family planning and MNCH. The effort began with a training of trainers for about 30 state officers from family planning and MNCH. This was followed by training of over 240 state trainers, who in turn trained health workers across the state's 13 LGAs in 291 health facilities. The state trainers were empowered to train up to four doctors, nurses, midwives, and senior community health extension workers (CHEWs) in their assigned facilities.

The facility-level training lasted for three months and resulted in the training of 755 health workers (672 women and 83 men) on family planning. Fifteen doctors, 83 nurses, 13 midwives, 36 nurses/midwives, 18 CHEWs, and 590 senior CHEWs were trained.

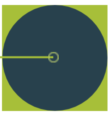
Significance: The trained health workers are providing quality services and mentoring other health workers in their facilities to ensure sustainability of the knowledge and skills gained. There is increased uptake and community acceptance of family planning commodities and MNCH services. IHP provided equipment, data tools, booklets, and guidelines that continue to be used by health workers.

Lesson learned: The LD/HF approach to capacity building increases coverage and is sustainable.

Group 2. Gender-Based Violence (GBV) Task Force in Ebonyi state

The GBV Task Force, established by IHP, is responsible for GBV and sexual abuse cases in the state. Before the establishment of this Task Force, smaller groups in Ebonyi state were responding to GBV. IHP brought these groups together to harness their resources and form one body. Then they brought in medical, psychosocial, and legal expertise from different state agencies (Ministry of Women Affairs, SMOH, and Ministry of Justice) who were joined by members of the Nigerian Bar Association. IHP trained the Task Force on GBV response, GBV policies, and roles and responsibilities of Task Force members, and assisted with the development of GBV-related information, education, communication materials, and GBV data collection tools.

One achievement of the Task Force was mediation support to the Ministry of Justice to manage people who resist arrest, especially for physical abuse or battery. Another achievement was the establishment of



a referral center to link clients to medical treatment and for a medical report to serve as evidence in court. Initially, IHP provided the GBV Task Force with technical and logistical support for meetings. Now the Task Force is self-sustaining and holds monthly meetings and invites IHP to quarterly meetings as guests. Additionally, IHP has linked the Ebonyi State GBV Task Force with other states to promote learning and best practices.

Significance: The GBV Task Force has increased community awareness of GBV and how and where to report it. The state has established a mediation center in the Ministry of Justice. A team of lawyers from the International Federation of Women Lawyers (FIDA Nigeria) and Ministry of Justice are available to support GBV survivors. To date, the Task Force has made over 50 arrests and responded to over 150 GBV cases and 200 sexual abuse cases.

Lesson learned: Mobilize local resources and work through existing structures.

Group 3. Gains of sustaining the Malaria Annual Operational Plan (AOP)

Previously, the malaria AOP was the same every year, with activities carried over year to year. When SMEP started working with PMI-S, BA-N, PSM, IHP, WHO, and other organizations, it became clear that the AOP was not functional because of a capacity gap at SMEP. Activities were being put in the plan that no one would fund. With regular AOP review meetings and monthly activity planning, as well as training on resource mapping and memo writing, SMEP can now develop a functional AOP and submit memos for funding. They know how to prioritize activities and determine who is providing funds to determine which resources are available before developing the plan.

Lesson Learned

Collaboration between USAID partners yields better outcomes.

Significance: SMEP is now in a better position to manage priority setting, document, and archive activity details as a means of verification, and write fund request memos that are data-driven.

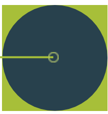
D4I verification: This story is supported by D4I process monitoring interviews with SMEP staff in 2021 who reported that they appreciated the HPN activities' technical assistance and inclusiveness in developing the AOP. FY21 and FY22 progress reports from IHP and PMI-S also document their support to the AOP process.

Group 4. Empowerment and strengthening of key community structures

BA-N is implementing several strategic activities linked to empowering and strengthening community structures, such as WDCs, to take ownership of health in the community. In addition, social behavioral change messages are being incorporated into religious and community activities, as it is vital that pastors and traditional rulers are talking about health services. Behavior change messages are also streamed on the radio. BA-N also works with in-charges, holding cluster meetings on MIP, respectful maternity care, and other topics. They are also bringing communities and facilities together to address issues to make the community more receptive to the health facility so that they take advantage of its services.

Significance: The HPN activities have enhanced community leadership and ownership of health.

Lesson learned: More resources should be put toward directly empowering beneficiaries to understand how and why it is important to make good decisions about their health.



Mapping the MSC Stories to HPN High-Level Outcomes and Impacts

The 12 finalist MSC stories collectively touched on all of the HPN high-level outcomes and impacts.[3] The stories tended to present a set of interventions, rather than a single intervention, and as such each story was associated with more than one outcome or impact.

Of the 12 stories, nine were associated with improved planning, management, and coordination, while only two stories involved strengthened health financing, availability of essential drugs, diagnostics, and supplies (EDDS), and facility readiness, and only one was linked to strengthened EDDS financing. All three of the stories chosen as most significant overall involved improved health planning, management, and coordination, and two of the three involved improved information for decision making and increased sustainability of health systems and health outcomes.

MSC stories mapped to HPN high-level outcomes and impacts

Health System Outcomes	Facility-Level Outcomes	Impacts
• Strengthened health financing • Strengthened financing for EDDS • Increased use of data for decision making • Improved planning, management, and coordination • Increased advocacy and accountability	• Improved provider knowledge, skills, and practices • Improved client-provider interaction • Increased availability of EDDS • Increased facility readiness to provide services	• Increased demand for high quality services • Increased use of RMNCH+NM services • Increased sustainability of health outcomes/systems 0 stories 4-6 stories 1-3 stories 9 stories

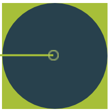
Key Themes

The three domains of change impacted the stories shared by participants as they called for a focus on advocacy/accountability, governance/leadership, and sustainability.

Working through local structures for advocacy and sustainability was a key theme that emerged in many of the stories. Examples included bringing together groups working separately on GBV to form a national (self-sustaining) task force; reactivating WDCs and building their capacity to address health issues in their community, thereby promoting community ownership of health; and involving LGA focal persons in LMD to ensure accountability of vendors and reduce delivery delays and loss of commodities.

Building capacity of government health officials for planning, management, and coordination was also a key theme. One story highlighted strengthening the capacity of SMEP on annual operational planning and budgeting. Another story described how LGA malaria focal persons were trained on use of a scorecard to support facilities to improve commodity management, and thereby availability.

[3] As the documented summaries of the stories were short, it is possible that they touched on more outcomes and impacts in addition to those that were explicitly captured in the story telling and are inadvertently excluded here.



Improving data quality and using data for decision making were also prominent themes. Nutrition focal persons and M&E officers were trained in data generation, reporting, and analysis, which improved data quality and the visibility of nutrition programs. Data use also featured in a story that described how the malaria TPR informed an intervention aimed at improving malaria case management.

Collaboration among HPN partners was an explicit and vital component of two stories that showcased ***successful outreach to increase awareness and use of services*** (sensitization on exclusive breastfeeding, and open maternity days which reached over 27,000 people). Collaboration among partners was also key to the development of a functional malaria AOP.

Verification of the Three Stories Selected as Most Significant

Activity progress reports support the three MSC stories as related by participants. D4I will continue validating these stories with other data that will be gathered by the evaluation team in the future, such as new DHIS2 data. D4I will also examine whether midline qualitative data (currently being analyzed) supports the MSC stories.

Conclusion

The MSC workshops provided an opportunity for implementing partners, the state, and other donors to share best practices. The stories of significant change imparted by workshop participants aligned well with HPN's high-level outcomes and impacts and illustrated the shared contributions of the four HPN activities.

Key themes that arose from the stories of change were the importance of working through local structures for advocacy and sustainability; building the capacity of government health officials for planning, management, and coordination; improving data quality and using data for decision making; the effectiveness of collaboration among HPN activities; and the success of community outreach to increase awareness and use of services.

The MSC workshop was well received by participants who felt it should be integrated into USAID activities and implemented regularly. They also felt that there should be follow up by the USAID and HPN activities to ensure the sustainability of the changes described. D4I will repeat the MSC workshop in 2024. We expect the MSC stories to address longer-term outcomes and impacts at that time.

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 sustainable development. For more information, visit https://www.data4impactproject.org/

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