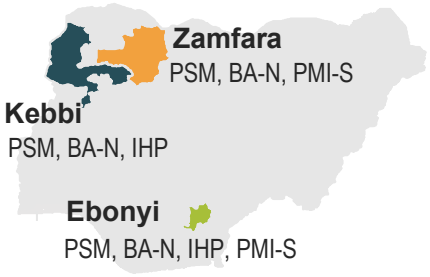
July 2023

Nigeria HPN Multi-Activity Evaluation

Most Significant Change (MSC) Workshop Results: Ebonyi, Kebbi, and Zamfara States

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.

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. In Ebonyi state, the President's Malaria Initiative for States (PMI-S) and the Integrated Health Project (IHP) initiated operations in January and August 2020, respectively. In Kebbi state, IHP began in April 2019 and PMI-S initiated operations in Zamfara in August 2020.



MSC[1] is an approach to monitoring and evaluation 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, other state government staff, and the World Health Organization (WHO). The MSC stories chosen for each domain for each state are shown in Figure 1.

Figure 1. State stories across domains

	Domain 1: Advocacy and accountability	Domain 2: Capacity for leadership and governance	Domain 3: Sustainability of systems/outcomes
Ebonyi	Community ownership of health	Reduction in malaria test positivity rate following USAID-supported interventions	Gains of sustaining the Malaria Annual Operational Plan
Kebbi	Kebbi state family planning capacity building, awareness campaign, and sustainability	Importance of a costed Annual Operational Plan for health	Behavior change activities for testing and management of malaria and Roll Back Malaria
Zamfara	State government supplied 75,000 doses of SP to prevent malaria in pregnancy	Strengthening the SMEP system in Zamfara state	Institutionalization of Drug Revolving Fund

[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. Table 1 shows the organizations and number of participants for each state.

Table 1. MSC workshop participants by state

Ebonyi		Kebbi		Zamfara	
Organization	**Number**	**Organization**	**Number**	**Organization**	**Number**
IHP	2	IHP	2	PMI-S	2
PMI-S	2	BA-N	2	BA-N	2
BA-N	2	PSM	1	PSM	2
PSM	2	SMOH	4	SMOH	8
SMOH	6	WHO	2	WHO	2
WHO	2	SMBEP	1		
Total	16		12		16
Female (%)	56.3%		25.0%		12.5%

SMBEP=State Ministry of Budget and Economic Planning

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 selected the stories they considered significant and ultimately identified one story per domain in each state as "most significant."[2] Participants chose those stories that they found to be impactful, detailed/comprehensive, verifiable, and sustainable.

People Wo Benefitted

The people who benefitted from the interventions described in the stories were similar across states and were ultimately community members, with a focus on women of reproductive age, pregnant woman, mothers, children, and people with malaria. 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, planning, management, and/or coordination, and WDC members and community leaders gained skills in awareness raising related to priority health behaviors.

The Most Significant Change Stories

Domain of Change 1: Advocacy and Accountability for Health

Ebonyi state: 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 Ward Development Committees (WDCs) in six local

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

government areas (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 also worked through the Social and Behavioral Change Advocacy Core Group (SBC-ACG) comprised of religious, traditional, and community leaders. These leaders were trained to address social and gender norms that prevent the practice of healthy maternal, newborn and child health (MNCH) behaviors. They also worked with 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 supported 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.

Kebbi state: Family planning capacity building, awareness campaign, and sustainability

Family planning service providers were trained on how to spread awareness about available, free family planning commodities at all 225 IHP-supported facilities. They were trained on how to discuss and decide on the family planning method clients are most comfortable with in line with what is available. In addition, LGA family planning coordinators worked to raise awareness and ensure women of reproductive age were aware of the choices available to them. The interventions increased awareness of the dangers of not practicing safe child spacing. These activities were carried out in March 2021 by the state Family Planning Coordinator, who is a member of the Logistics Management Control Unit (LMCU), along with other LMCU staff.

Lesson Learned

To address resistance to family planning (child spacing) by community members in rural areas who cite religion, tradition, and culture, it is important to involve community leaders.

Significance: There has been a significant increase in demand for and use of family planning commodities. The capacity and initiative of family planning staff has increased and there has been a change in health seeking among community members.

D4I verification: Progress reports received from IHP for FY22 support this story. They document family planning activities and achievements, including an increase in use of modern contraceptives by women of reproductive age and achievement of 101 percent of IHP's target for FY22 (148,584 women).

Zamfara state: Zamfara state government supplied 75,000 doses of SP to prevent malaria in pregnancy

In 2018, USAID stopped supplying SP to Nigeria which is used to prevent malaria in pregnancy (MIP). This resulted in an inadequate supply of SP and reduced IPTp coverage in all states, including Zamfara. According to participants, as of 2020, Zamfara state coverage for IPTp was less than 40 percent. In 2021, the Advocacy, Communication, and Social Mobilization Committee (ACSM) visited SMOH, the State Malaria Elimination Program (SMEP) and the Drug Management Agency (DMA) to advocate for the state to procure SP to improve IPTp coverage. Following the advocacy visit, the state procured and distributed 75,000 doses of SP for the Drug Revolving Fund (DRF) for health facilities across LGAs in the state.

Lesson Learned

Advocacy to the state led to the state's commitment to procure IPTp.

Significance: With increased coverage for IPTp, the state can reduce morbidity and mortality of pregnant women due to MIP.

D4I verification: D4I's analysis of DHIS2 data from January 2017–March 2022 supports this story as we found an increase in IPTp coverage. Additionally, FY22 reports from PMI-S confirm the state's purchase of 75,000 doses of SP and further note that 11,000 doses of SPs were obtained by Gummi and Maradun LGAs. The State Primary Health Care Board (SPHCB) has also included obtaining SP in its 2023 AOP.

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

Ebonyi state: Reduction in the 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. In 2015, a 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), the TPR was at an all-time high, and in some months was even 100 percent. Health workers were therefore reporting that all fever cases they tested were positive for malaria. PMI-S provided training for health workers on case management and on MIP. There were also training sessions for the state on microscopy. PMI-S supported capacity strengthening monthly, quarterly, and bi-annual meetings at the state and LGA level for members of SMEP, Department of Planning, Research, and Statistics, LMCU and LGA officials. According to participants, all of 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, they say they are positive and prescribe 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.

Kebbi state: Importance of a costed Annual Operational (AOP) Plan for health

The USAID implementing partners supported the development of the Health AOP for the state. The planned activities are reviewed quarterly and performance is tracked based on an MOU between the state and USAID. The state also uses the AOP to track whether activities have been completed, are ongoing, or have not been done. Participants emphasized that costing the plan was critical.

Lesson Learned

A costed AOP allows for timely release of funds for implementation of activities.

Significance: The AOP covers MNCH, malaria, family planning, TB/HIV, and other intervention programs in the state and is costed.

D4I verification: This story is supported by FY22 progress reports from IHP which note that the state's health sector harmonized AOP was developed, finalized, and disseminated ahead of the state budget process. The 225 PHCs supported by IHP and 21 LGAs produced their LGA-level costed AOPs representing both LGA and PHC-level activities for 2023, on which the state AOP was built. Funding for the AOP has been included in the state's 2023 budget. This was described by IHP as an unprecedented success as Kebbi had never completed a full bottom up AOP joint process until Q4 of FY22, which ensured that all health budget needs were identified from the PHC/LGA levels and sources of funds and gaps were identified and transmitted directly to the State Primary Health Care Development Agency (SPHCDA).

Zamfara state: Strengthening the SMEP system in Zamfara state

SMEP's capacity was strengthened following implementation of PMI-S activities related to case management, MIP, and ACSM. Interventions included monthly data validation meetings, quarterly data quality assessments, quality assessment/quality control for malaria diagnosis, training on updated national guidelines for malaria case management for health workers at all levels, and integrated supportive supervision/integrated malaria supportive supervision visits, among others.

Lesson Learned

Advocacy to key stakeholders increased resource mobilization.

Prior to these interventions, SMEP lacked funds and needed to strengthen its capacity to coordinate, implement interventions, and sensitize and mobilize the community. After the interventions, there was a significant change in the leadership framework as the Malaria Technical Working Group (MTWG), and the Case Management, Monitoring and Evaluation, ACSM, and MIP committees were reactivated at the state and LGA levels. Additionally, SMEP was able to use improved data to advocate for resources.

Significance: Improved data for decision making that can be presented to authorities which helps ensure transparency and accountability. Morbidity and mortality due to malaria among children will likely reduce in the future.

D4I verification: FY21 and FY22 reports submitted by PMI-S document many activities aimed at strengthening SMEP and reactivating the MTWG and its subcommittees.

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

Ebonyi state: Gains of sustaining the Malaria 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 so that they know what 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.

Kebbi state: Behavior change activities for testing and management of malaria and Roll Back Malaria

The HPN activities have built the capacity of SMOH, SPHCDA, SMEP, state and local Emergency Maternal and Child Health Intervention Centers (S/LEMCHICs), and Roll Back Malaria (RBM) staff on provider behavior change activities in the area of testing for fever and management of positive malaria tests, MIP, and respectful maternity care during labor and childbirth. LEMCHICs and RBM staff facilitate sessions on these thematic areas during cluster meetings, cascading learnings to health workers.

BA-N and SBC-ACG have sensitized WDC and religious and traditional leaders on BA-N priority health behaviors, and they in turn raise community awareness during religious sermons (speak-outs in churches and during Juma'at prayers) and community ceremonies such as weddings. BA-N also has trained community volunteers and LGA supervisors who conduct community SBC interventions at the ward level. Media outlets (radio and TV stations) have also been trained on developing content for SBC for priority health behaviors with the support of BA-N.

Lesson Learned

There is a pool of resource persons in the state who have the capacity to step-down knowledge and skills in the areas of RMNCH+NM at all levels.

Significance: Stakeholders have had their capacity strengthened in the areas described above and should be able to similarly build the capacity of other health service providers.

D4I verification: This story is supported by IHP FY22 progress reports, which document training and mentoring of providers and report that 94 percent of people presenting with fever at IHP-supported facilities were tested for malaria using an RDT in FY22 (up from 88 percent in FY21), and 99 percent of confirmed uncomplicated cases were treated with an ACT. Additionally, BA-N progress reports document extensive capacity strengthening work with WDCs.

Zamfara state: Institutionalization of Drug Revolving Fund

The DRF was implemented in Zamfara state starting with secondary health facilities and has increased the availability of affordable drugs in the state. The DRF includes artemisinin-based combination therapy (ACT) and malaria rapid diagnostic tests (RDTs) which are distributed to secondary health facilities.

Significance: The DRF has increased the availability and uptake of quality, affordable malaria drugs and commodities in health facilities. There has also been an improvement in documentation which has increased transparency and accountability. Community ownership has also increased.

Lesson Learned

Stakeholder engagement and participation was important for institutionalizing the Drug Revolving Fund.

D4I verification: PSM FY22 quarterly reports note that Zamfara was supported to produce SOPs to run their DMA and DRF. High-level stakeholders developed a communique after SOP production to strengthen their commitment to implementing the DRF. Validation workshops were conducted to finalize SOP manuals. The document was finalized by consensus, and relevant stakeholders endorsed the communique in FY22 Q3. In addition, PMI-S' FY22 annual report notes that they supported members of the MIP committee to conduct advocacy visits to the DMA to include SP into the DRF. Currently, seven secondary health facilities and 11 PHCs have been enrolled to get SP through the DRF.

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

The nine MSC stories collectively touched on all of the desired 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.

Not surprising given the domains of change, the stories had the greatest focus on increased sustainability of health systems and health outcomes (8 stories), improved health planning, management, and coordination (6 stories), and improved advocacy/accountability for health (5 stories). Only two stories each focused on strengthened health financing and strengthened financing for essential drugs, diagnostics, and supplies (EDDS). Of the nine stories, six explicitly described collaboration among multiple HNP activities. It is possible that collaboration was an aspect of the other stories but not captured in the summary write up by participants.

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 1-2 stories 5-6 stories 3-4 stories 8 stories

[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.

Key Themes

Ebonyi State

Working through local structures for advocacy and sustainability was a theme that emerged in Ebonyi state, as illustrated by the Advocacy and Accountability MSC story that described how BA-N reactivated WDCs and built their capacity to address health issues in their community, thereby promoting community ownership of health.

Using data for decision making was also a theme that featured in the Capacity for Leadership and Governance MSC story that described how the malaria TPR informed an intervention aimed at improving malaria case management.

Collaboration among HPN partners was an explicit and central component of Ebonyi state's Sustainability MSC story that described the development of a functional malaria AOP.

An additional theme that emerged from the story describing the development of a functional malaria AOP was the importance of ***building capacity of government health officials for planning, management, and coordination***.

Kebbi State

The Advocacy and Accountability MSC story in Kebbi state focused on ***increasing demand for and use of family planning services and commodities*** through ***advocacy to the state for support of interventions*** such as awareness campaigns and training of family planning service providers and LGA family coordinators to improve service delivery and data quality. A key lesson learned from this work was the importance of addressing resistance to family planning (child spacing) among community members by involving community leaders.

Capacity building for sustainability was a major theme in Kebbi state. The Capacity for Leadership and Governance MSC story described the importance of developing a costed malaria AOP for timely release of funds for successful implementation of activities. The Sustainability MSC story described provider behavior change and building the capacity of providers for improved RMNCH+NM service delivery, as well as building the capacity of state health officials for improved reporting and data quality, annual operation planning, and management of the DRF.

Stories in Kebbi state also highlighted the ***importance of joint effort by the three HPN activities*** in advocacy to the state, support for AOP planning, and establishment of the DRF.

Zamfara State

The Advocacy and Accountability MSC and Sustainability MSC stories in Zamfara state both focused on ***sustainable availability of malaria commodities***. The HPN activities, led by PSM, established a DRF in Zamfara state and provided seed stock to 14 secondary facilities for malaria commodities, such as ACTs and mRDTs. Most of these facilities have sustained or scaled up their purchase of the malaria commodities from the initial seed stock.

The Capacity for Leadership and Governance MSC story described ***capacity building of state (SMEP) officials and reactivation of state structures for sustainable management of malaria programs***. Interventions focused on improving data quality, training on national guidelines for malaria case management for health workers at all levels, and integrated supportive supervision.

Looking Across States

In Ebonyi state, a mixed state with both IHP and PMI-S operational, one story described community ownership of health and referenced aspects of all services (RNMCH+NM), a second described strengthening of malaria case management, and the third described the importance of a functional malaria AOP.

Key Finding

All three states showed significant malaria-related results regardless of implementation approach.

- Kebbi state had **1 of 3** MSC stories focused on malaria.
- Ebonyi state had **2 of 3** MSC stories focused on malaria.
- In Zamfara, **all 3** MSC stories focused on malaria, with malaria commodity security the theme in two.

Kebbi state is implementing an integrated approach. The three MSC stories in Kebbi focused on family planning, the importance of a costed AOP, and provider and community behavior change related to malaria. The fact that a malaria intervention was selected as an MSC story in this state suggests that malaria programming, under an integrated model, can achieve strong malaria results. This is further supported by the evaluation HFA results that found that Kebbi scored highest of the three case study states on readiness to provide malaria services. Additionally, the evaluation provider survey found that provider malaria norms and performance on malaria vignettes was high in Kebbi state and comparable to Ebonyi and Zamfara states. However, it is important to note that IHP has been operation in Kebbi since April 2019, longer than PMI-S' presence in either Ebonyi or Zamfara, where operations commenced in January and August 2020, respectively.

In Zamfara, a disease-focused (malaria) state, malaria commodity security interventions were addressed by two of the state's three MSC stories, which may be due to the launch of the DRF in this state. The third story focused on strengthening the capacity of SMEP and reactivating coordinating structures, such as the MTWG and its subcommittees, suggesting management capacity may have been lower in this state when PMI-S initiated operations in August 2020.

Verification of the MSC Stories

Activity progress reports and DHIS2 data (where applicable) support the MSC stories as related by participants. D4I will continue validating the 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.

The three domains chosen for the workshop were cross-cutting and closely related, with advocacy and capacity strengthening efforts leading to sustainability. Many of the stories described a set of interventions that involved multiple HPN activities and highlighted the effectiveness of collaboration among implementing partners. Not surprising given the domains of change, the stories had the greatest focus on increased sustainability of health systems and health outcomes, improved health planning, management, and coordination, and improved advocacy/accountability for health. Only one of the nine stories touched on the ultimate outcome of increased use of services. However, this is a longer-term outcome so D4I would not expect to see significant change until later in the evaluation.

The MSC workshops were well received by participants. Participants in Ebonyi state felt they should be integrated into USAID activities and implemented on a regular basis as a way to measure impact and strengthen collaboration. They also felt that there should be follow up by USAID and the HPN activities to ensure the sustainability of the changes described. In Kebbi state, participants described the workshop as educational and in Zamfara state, participants were eager to see the report of results.

D4I will repeat the MSC workshops in 2024. D4I anticipates that the MSC stories will 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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