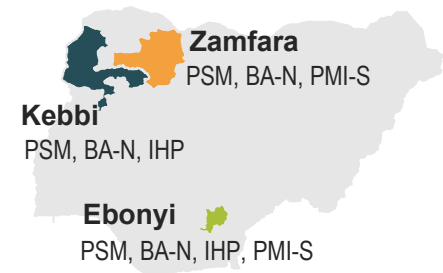


Nigeria HPN Multi-Activity Evaluation

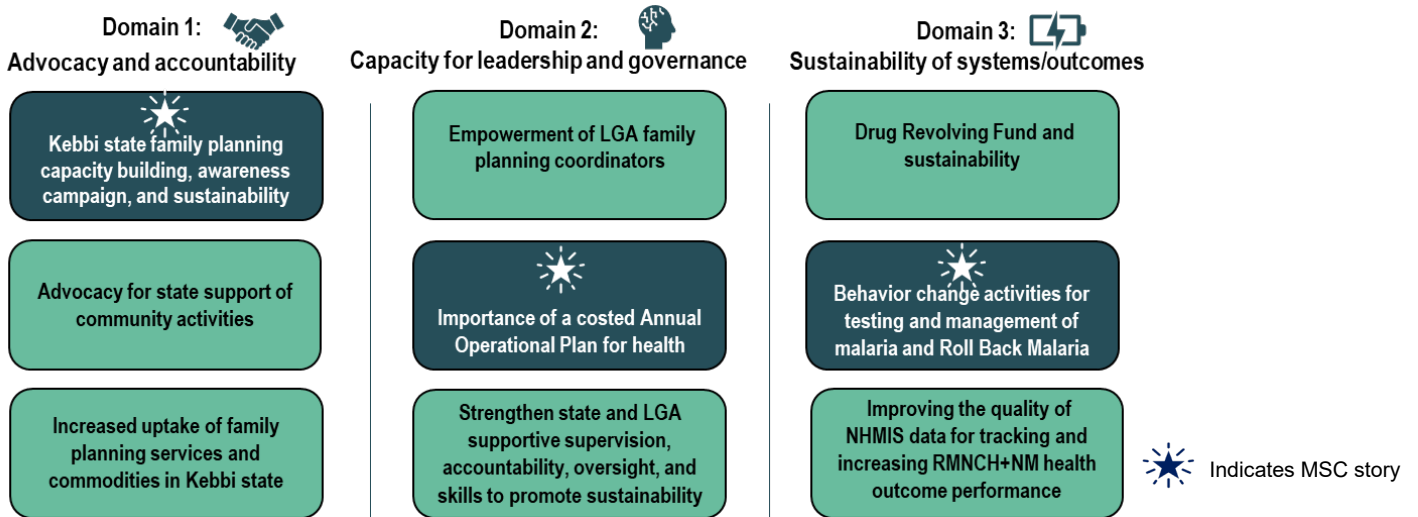
Most Significant Change Workshop Results: Kebbi State

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 shared the results from Kebbi.

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 Kebbi state, IHP began in April 2019.



MSC¹ 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) of HPN activity staff, State Ministry of Health (SMOH) staff, and other donor partners in Kebbi state. The figure below lists the three finalist stories for three domains of change, with the story chosen as most significant for each domain starred and shaded blue.



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 IHP and BA-N participated in the workshop, along with one representative from PSM. Four representatives from SMOH and two from the World Health Organization (WHO) also participated, along with one representative of the State Ministry of Budget and Economic Planning (SMBEP), for a total of 12 participants. Of the 12, three 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 benefitted from the interventions described in the stories were ultimately community members, with a focus on women of reproductive age, pregnant women, children, and people with malaria. In addition, health care providers gained clinical skills and skills in data collection and reporting. LGA and state health officials gained skills in data collection and reporting, planning, and/or coordination, and WDC members and religious leaders gained skills in awareness raising related to priority health behaviors.

The Final Nine Stories of Change

Domain of Change 1: Advocacy and Accountability for Health



Group 1. 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 standards of practice on how to discuss and decide on the family planning method clients are most comfortable with in line with what is available. In addition, Local Government Area (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 Coordination Unit (LMCU) along with other LMCU staff.

Significance: There has been a significant increase in demand for and use of family planning commodities. Family planning staff's capacity and initiative has increased, and there has been a perceived change in health-seeking behaviors among community members.

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.

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



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).

Group 2. Advocacy for state support of community activities

The BA-N team (country and state office) made advocacy visits with IHP and PSM to SMOH, SMBEP, and the State Primary Health Care Development Agency (SPHCDA) informing them that BA-N was a social and behavioral change (SBC) flagship project and its intervention areas were reproductive, maternal, newborn, and child health plus malaria and nutrition (RMNCH+MN) and COVID-19. They advocated for provision of data reporting tools to health facilities, involvement of traditional rulers, and increased antenatal care and facility delivery.

BA-N and PSM also conducted an advocacy visit to the Governor of Kebbi State for mobilization of state counterpart funding for malaria activities, after which funds were released by the State Government.

The state is aware of BA-N's interventions and provides support where necessary. Without support from the state, activities could be cancelled or delayed when appropriate permissions and requests are not sought or granted.

Significance: There has been a significant change in health indicators before and after the BA-N activities commenced. Community members now practice priority behaviors in the BA-N intervention sites, as evidenced by high referrals to primary health care facilities (PHCs) and prompt care seeking.

Lessons learned: Active participation and buy-in of host communities is important for the success of interventions. When this is not in place, there can be conflict and poor commitment to achieving goals. When there is commitment of relevant stakeholders, desired changes can be achieved. Collaboration with other implementing partners to jointly advocate in the state has been of immense importance.

Group 3. Increased uptake of family planning services and commodities in Kebbi state

In 2018, Kebbi state had one of the lowest consumption rates and awareness of modern contraceptives. However, with advocacy by the state family planning team and PSM, IHP, and BA-N, the uptake of family planning commodities in the state has increased, as has awareness and prevention of maternal and neonatal death (from unsafe abortion, unplanned pregnancies, etc.).

Significance: There is high uptake of family planning services in the state.

Lessons learned: PSM is the only partner providing family commodities in Kebbi state. Due to the high demand for family planning services, the commodities are often insufficient and not all facilities in the state are receiving family planning commodities. Therefore, the Government of Nigeria and other partners should work to meet the high demand of family planning services and commodities.

In addition, most family planning providers are not trained on how to properly insert Copper and Hormonal IUDs and therefore these types of IUDs are not properly utilized in the facilities.

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

Group 1. Empowerment of LGA family planning coordinators

All 21 LGA family planning coordinators and their assistants were trained intensely on family planning data collection and reporting. Topics of the training included how to collect facility reports; organize, compile, and validate reports; and how to enter reports into the Nigeria Health Logistics Management Information System. The training was conducted by LMCU staff supported by PSM in May 2021.

Significance according to participants: The training has strengthened leadership at the LGA level, reduced the workload for the state, and ensured data quality.



Lesson learned: Greater results are achievable in the health sector.



Group 2. Importance of costed Annual Operational Plan (AOP) for health

The USAID implementing partners supported the development of the Health AOP for the state. 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 which activities have been completed, are ongoing, or have not occurred.

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

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 SPHCDA.

Group 3. Strengthen health provider skills to promote sustainability

Low dose, high frequency trainings were conducted for RMNCH+NM at the 225 IHP-supported health facilities in Kebbi state. Related service statistics showed significant improvement. For example, the number of deliveries by skilled birth attendants in IHP-supported facilities increased from under 60 percent to almost 95 percent, 97 percent of deliveries were given uterotonic in the third stage of labor, and 95 percent were monitored using a partograph. One hundred percent of the new diarrhea and pneumonia cases among children under five years were treated appropriately with oral rehydration solution with zinc and antibiotics, respectively.

Kebbi state also has a WhatsApp group for all providers to allow for remote mentorship.

Significance: Service delivery and quality of care have improved at IHP-supported sites.

Lesson Learned: Having a real time monitoring system for service delivery can improve coverage, quality of care, and inform decision making.

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

Group 1. Drug Revolving Fund (DRF) and sustainability

The most important step taken to ensure sustainability of MNCH programs is the initiation of a state DRF by PSM. The DRF has multiple components, including warehouse building and rehabilitation, capacity building of staff across all levels, training on quality data collection, and distribution of data collection tools, standards of practice (SOPs), and guidelines. DRF accounts have been opened for all facilities. The final stage will be delivering seed stock and starting the DRF.

Significance: Sustainability of commodity supply is important as donors can pull their support at any time. The DRF is the best way to ensure constant availability of commodities at affordable prices.

Lesson learned: Staff are capable and have been trained in good storage management. Without effective management, sustainability cannot be achieved.

Lesson Learned

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



Group 2. Behavior change activities for testing and management of malaria and Roll Back Malaria

The USAID activities have built the capacity of the SMOH, SPHCDA, the State Malaria Elimination Program (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 testing for fever and management of positive malaria tests, malaria in pregnancy (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 the Social and Behavior Change Advocacy Core Group (SBC-ACG) have sensitized Ward Development Committee (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.

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. Also, BA-N progress reports document extensive capacity strengthening work with WDCs.

Group 3. Improving the quality of NHMIS data for tracking and increasing RMNCH+NM health outcome performance

IHP paid an advocacy visit to His Excellency, The Executive Governor of Kebbi state, Sen. Atiku Abubakar Bagudu in March 2022, regarding the printing of the revised Nigeria Health Management Information System (HMIS) data tools v2019. The Executive Governor released the sum of N33,768,000 (about USD 75,000) and over 8,200 copies of HMIS data tools were printed and distributed across health facilities in the state.

Significance: The Nigeria HMIS on-time reporting rate for Kebbi state increased to 99 percent in June 2022, compared to 68 percent in January 2021. Providing the correct data collection tools improves M&E of health programs. Timely data reporting improves confidence of health managers to use the data for planning and decision making.

Lesson learned: Proper and continuous advocacy yields results as seen in the approval and release of funds for the printing of Nigeria HMIS data tools.

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

The nine finalist MSC stories collectively touched on all 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.

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.

Lesson Learned

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



Of the nine stories, five were associated with increased advocacy and accountability and increased sustainability, while only one story involved strengthened financing for essential drugs, diagnostics, and supplies (EDDS), and only two to increased availability of EDDS.

Five of the nine stories described collaboration among HPN activities. It is possible that collaboration was an aspect of the other stories but not captured in the summary write-up by participants.

All three of the stories chosen as most significant overall involved increased sustainability and two of the three involved improved planning, management, and coordination; increased advocacy and accountability; improved provider knowledge, skills, and practices; and improved client-provider interaction.

MSC stories mapped to HPN high-level outcomes and impacts

Health System Outcomes	Facility-Level Outcomes	Impacts
<ul style="list-style-type: none"> • Strengthened health financing • Strengthened financing for EDDS • Increased use of data for decision making • Improved planning, management, and coordination • Increased advocacy and accountability 	<ul style="list-style-type: none"> • Improved provider knowledge, skills, and practices • Improved client-provider interaction • Increased availability of EDDS • Increased facility readiness to provide services 	<ul style="list-style-type: none"> • Increased demand for high quality services • Increased use of RMNCH+NM services • Increased sustainability of health outcomes/systems <p> ■ 1-2 stories ■ 5 stories ■ 3-4 stories </p>

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.

Three of the nine stories focused on **increasing demand for and use of family planning services and commodities** through 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. Participants noted that family planning interventions in Kebbi state have been so successful that PSM, the only supplier of family planning commodities in the state, cannot meet the demand and there is a need for the state to procure commodities from other sources.

Another theme was the importance of advocacy for state support of family planning interventions. **Advocacy for state and host community support for HPN interventions** was also key for BA-N, who determined that buy-in from these groups was key to successful implementation.

Capacity strengthening for sustainability was a major theme. Stories focused on provider behavior change and building the capacity of providers for improved service delivery (for RMNCH+NM), as well as strengthening the capacity of state health officials for improved reporting and data quality, annual operation planning, and management of the DRF. Capacity strengthening efforts also focused on community structures, such as WDCs, and religious and other community leaders and volunteers.



Three stories explicitly noted the **importance of joint effort by the three HPN activities** in advocacy to the state, support for AOP planning, and assistance establishing the DRF.

The fact that a malaria intervention was selected as an MSC story in this integrated state suggests that **malaria programming, under an integrated model, can achieve strong malaria results.**

Verification of the Three Stories Selected as Most Significant

Activity progress reports 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 workshop 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 three HPN activities.

Preliminary data triangulation supports the verification of the three stories chosen as most significant. Additional and more recent activity and evaluation data will be examined when available to further verify the stories.

The MSC workshop was well received by participants who found it educational. Key themes that arose from the stories of change were successes related to uptake of family planning, the importance of advocacy for state and host community support of interventions, the use of capacity strengthening to promote sustainability, and the importance of joint effort by the three HPN activities. D4I will repeat the MSC workshop in 2024. We expect the MSC stories to address longer-term outcomes and impacts at that time.

Key Finding

Participants noted that family planning interventions in Kebbi state have been so successful that PSM, the only supplier of family planning commodities in the state, is not able to meet demand and there is a need for the state to procure commodities from other sources.

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

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