

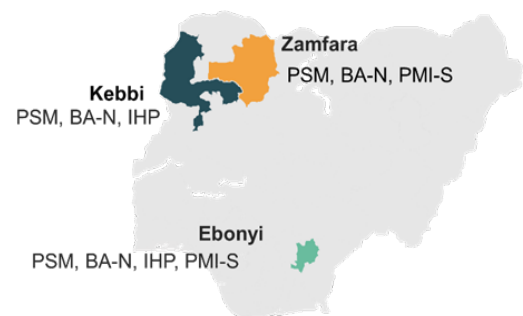
# Nigeria HPN Multi-Activity Evaluation: Findings from Most Significant Change Workshops in Ebonyi, Kebbi, and Zamfara

Data for Impact (D4I) is conducting a mixed-methods, portfolio-level 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 (e.g., malaria). 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.

MSC<sup>1</sup> is an approach to monitoring and evaluation that involves assessing changes and impacts in response to a program from the perspective (in this case) of HPN activity staff, State Ministry of Health staff, other state government staff, and the World Health Organization.

## Workshop Participants

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



BA-N=Breakthrough ACTION-Nigeria; IHP=Integrated Health Program; PMI-S= President's Malaria Initiative for State; PSM= Global Health Supply Chain-Procurement and Supply Management.; SMBEP=State Ministry of Budget and Economic Planning; SMOH=State Ministry of Health; WHO=World Health Organization

## 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 per state as “most significant.”<sup>2</sup> Participants chose those stories that they found to be impactful, detailed/comprehensive, verifiable, and sustainable.

## Who benefitted from the interventions described in the MSC stories?



The people who benefitted from the interventions described in the MSC stories were similar across states and were primarily community members, with a focus on women of reproductive age, pregnant woman, mothers, children, and people with malaria.






Health care providers gained clinical skills and/or skills in data management. State and local health officials gained skills in planning, management, data use, and/or coordination, and community leaders gained skills in awareness raising related to priority health behaviors.

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

<sup>2</sup> For more detail on methods, see the [MSC methods brief](#). For more detail on the workshop findings, see the [related MSC short report](#).



## The MSC Stories by Domain and State

	Domain 1:  Advocacy and Accountability	Domain 2:  Capacity for Leadership and Governance	Domain 3:  Sustainability of Systems/Outcomes
<b>Ebonyi</b>	<b>Community Ownership of Health</b> <ul style="list-style-type: none"> <li>•BA-N reactivated Ward Development Committees (WDCs)</li> <li>•WDCs mobilized resources, promoted priority health behaviors (e.g., ANC, IPTp, delivery at a health facility) and provided emergency transportation</li> </ul> <b>Significance:</b> Community members were empowered to take ownership of their own health	<b>Reduction in Malaria Test Positivity Rate (TPR)</b> <ul style="list-style-type: none"> <li>•HPN activities strengthened health work capacity for management of malaria</li> <li>•TPR reduced to 54.7% in PMI-S supported facilities compared to 60% in unsupported facilities</li> </ul> <b>Significance:</b> Reduction in TPR shows that malaria RDTs are being accepted as accurate and sufficient	<b>Gains of Sustaining the Malaria Annual Operational Plan (AOP)</b> <ul style="list-style-type: none"> <li>•Through review meetings, activity planning, and training on resource mapping and memo writing, the HPN activities strengthened the capacity of SMEP to develop a functional AOP</li> </ul> <b>Significance:</b> SMEP can now manage priority setting, document activity details for verification, and write fund requests
<b>Kebbi</b>	<b>Family Planning (FP) Capacity Strengthening and Sustainability</b> <ul style="list-style-type: none"> <li>•FP providers were trained to raise awareness about free FP commodities at IHP-supported facilities and guide clients to choose a method they were comfortable with</li> </ul> <b>Significance:</b> Demand for and use of FP has increased, and the capacity of FP staff has been strengthened	<b>Importance of a Costed AOP</b> <ul style="list-style-type: none"> <li>•The HPN activities supported the development of the state health AOP</li> <li>•Planned activities are reviewed quarterly and performance is tracked based on an MOU between the state and USAID</li> </ul> <b>Significance:</b> A costed AOP allows for timely release of funds for implementation of activities	<b>Behavior Change Activities for Management of Malaria</b> <ul style="list-style-type: none"> <li>•The HPN activities have strengthened the capacity of providers in testing for fever, managing positive malaria tests, and MIP, and have trained WDCs and religious leaders on priority health behaviours</li> </ul> <b>Significance:</b> There is a pool of resource persons who can step-down knowledge and skills in the areas of RMNCH+NM
<b>Zamfara</b>	<b>State Government Supplied 75,000 Doses of SP to Prevent MIP</b> <ul style="list-style-type: none"> <li>•USAID stopped procuring SP in 2018 which led to reduced coverage of IPTp</li> <li>•The HPN activities advocated for the state to procure SP for the DRF for distribution to facilities throughout the state</li> </ul> <b>Significance:</b> With increased IPTp coverage, the state can reduce morbidity and mortality due to MIP	<b>Strengthening SMEP</b> <ul style="list-style-type: none"> <li>•Through regular data validation meetings, reactivation of working groups, quality control for malaria diagnosis, training on updated guidelines for malaria case management, and integrated supportive supervision, PMI-S strengthened the capacity of SMEP</li> </ul> <b>Significance:</b> Morbidity and mortality due to malaria will likely reduce in the future	<b>Institutionalization of the Drug Revolving Fund (DRF)</b> <ul style="list-style-type: none"> <li>•The DRF was implemented in Zamfara starting with secondary health facilities and has increased the availability of affordable drugs and commodities in the state, including ACT and malaria RDTs</li> </ul> <b>Significance:</b> The DRF has increased the availability and uptake of quality, affordable malaria commodities in health facilities.

ACT=artemisinin-based combination therapy ANC=antenatal care; IPTp = intermittent preventative treatment of malaria in pregnancy; MIP=malaria in pregnancy; MOU=memorandum of understanding; RDT=rapid diagnostic test; RMNCH+NM=reproductive maternal, newborn, and child health plus nutrition and malaria; SMEP=State Malaria Elimination Program



## What key themes emerged from the MSC stories?

<p><b>Ebonyi state</b></p> <ul style="list-style-type: none"> <li>Working through local structures for advocacy and sustainability</li> <li>Building capacity for planning, management, and coordination</li> <li>Collaboration among HPN partners</li> </ul>	<p><b>Kebbi state</b></p> <ul style="list-style-type: none"> <li>Increasing demand for and use of family planning services and commodities through advocacy to the state</li> <li>Capacity strengthening for sustainability (provider behavior change, data management, commodity management)</li> <li>Collaboration among HPN partners</li> </ul>	<p><b>Zamfara state</b></p> <ul style="list-style-type: none"> <li>Sustainable availability of malaria commodities</li> <li>Capacity strengthening of state (SMEP) officials</li> <li>Reactivation of state structures for sustainable management of malaria</li> </ul>
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## How did the MSC stories align with desired HPN high-level outcomes and impacts?

- Each story was associated with more than one desired outcome or impact.
- Only one story addressed the longer term impact of increased use of RMNCH+NM services and only 2 addressed strengthened health financing or strengthened financing for essential drugs, diagnostics, and supplies (EDDS).
- Six stories explicitly described collaboration among multiple HPN activities.

Health System Outcomes	Facility-Level Outcomes	Impacts
<ul style="list-style-type: none"> <li>• <b>Strengthened health financing</b></li> <li>• <b>Strengthened financing for EDDS</b></li> <li>• <b>Increased use of data for decision making</b></li> <li>• <b>Improved planning, management, and coordination</b></li> <li>• <b>Increased advocacy and accountability</b></li> </ul>	<ul style="list-style-type: none"> <li>• <b>Improved provider knowledge, skills, and practices</b></li> <li>• <b>Improved client-provider interaction</b></li> <li>• <b>Increased availability of EDDS</b></li> <li>• <b>Increased facility readiness to provide services</b></li> </ul>	<ul style="list-style-type: none"> <li>• <b>Increased demand for high quality services</b></li> <li>• <b>Increased use of RMNCH+NM services</b></li> <li>• <b>Increased sustainability of health outcomes/systems</b></li> </ul> <p> <span style="color: orange;">■</span> 1-2 stories    <span style="color: green;">■</span> 5-6 stories  <span style="color: blue;">■</span> 3-4 stories    <span style="color: purple;">■</span> 8 stories         </p>



### What do the stories tell us about malaria system-level outcomes under integrated versus disease focused programming?

- All 3 states showed significant malaria-related results regardless of implementation approach.
- In Kebbi state (integrated approach), **1 of 3** MSC stories focused on malaria.
- In Ebonyi state (mixed approach), **2 of 3** stories focused on malaria.
- In Zamfara, (malaria focused), **all 3** stories focused on malaria, with commodity security a theme in 2.

### 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/>