

Nigeria HPN Multi-Activity Evaluation

Findings from a Most Significant Change (MSC) Workshop in Kebbi

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 in July/August 2022.

MSC¹ 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 staff, other state government staff, and the World Health Organization.

Workshop Participants

2
1
2
4
1
2
12
25.0%



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 per state as "most significant."² 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 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 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.

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

² For more detail on methods, see the <u>MSC methods brief</u>. For more detail on the workshop findings, see the <u>Kebbi MSC</u> <u>short report</u>.

The MSC Stories by Domain

Domain 1: 🏇 Advocacy and Accountability

Family Planning (FP) Capacity Strengthening and Sustainability

•FP providers were trained to raise awareness about free FP commodities at IHP-supported facilities and how to guide clients to choose a method they were comfortable with

Significance: Demand for and use of FP has increased, and the capacity of FP providers has been strengthened Domain 2: 🍄 Capacity for Leadership and Governance

Importance of a Costed Annual Operational Plan (AOP)

- •The HPN activities supported the development of the state health AOP
- •Planned activities are reviewed quarterly and performance is tracked based on an MOU between the state and USAID

Significance: A costed AOP allows for timely release of funds for implementation of activities

Domain 3: Sustainability of Systems/Outcomes

Behavior Change Activities for Management of Malaria

•The HPN activities have strengthened the capacity of providers in testing for fever, managing positive malaria tests, malaria in pregnancy, and have trained Ward Development Committees and religious leaders on priority heath behaviors

Significance: There is a pool of resource persons who can stepdown knowledge and skills in the areas of RMNCH+NM

What key themes emerged from the MSC stories?

Increasing demand for and use of family planning services and commodities through advocacy to the state

· Awareness campaigns and training of providers to improve service delivery and data quality

Capacity strengthening for sustainability

· Development of a costed malaria AOP; provider behavior change for improved service delivery

Collaboration among HPN partners

· Advocacy to the state; support for AOP planning

How did the MSC stories align with HPN desired high-level outcomes and impacts?

- · Each story was associated with more than one desired outcome or impact
- All 3 stories were aligned with increased sustainability of health outcomes/systems.

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

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 <u>https://www.data4impactproject.org/</u>

This publication was produced with the support of the United States Agency for International Development (USAID) under the terms of the Data for Impact (D4I) associate award 7200AA18LA00008, which is implemented by the Carolina Population Center at the University of North Carolina at Chapel Hill, in partnership with Palladium International, LLC; ICF Macro, Inc.; John Snow, Inc.; and Tulane University. The views expressed in this publication do not necessarily reflect the views of USAID or the United States government. SR-23-177f D4I

