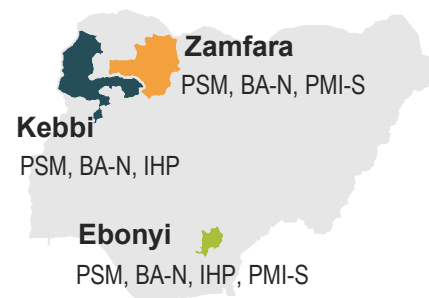


Nigeria HPN Multi-Activity Evaluation

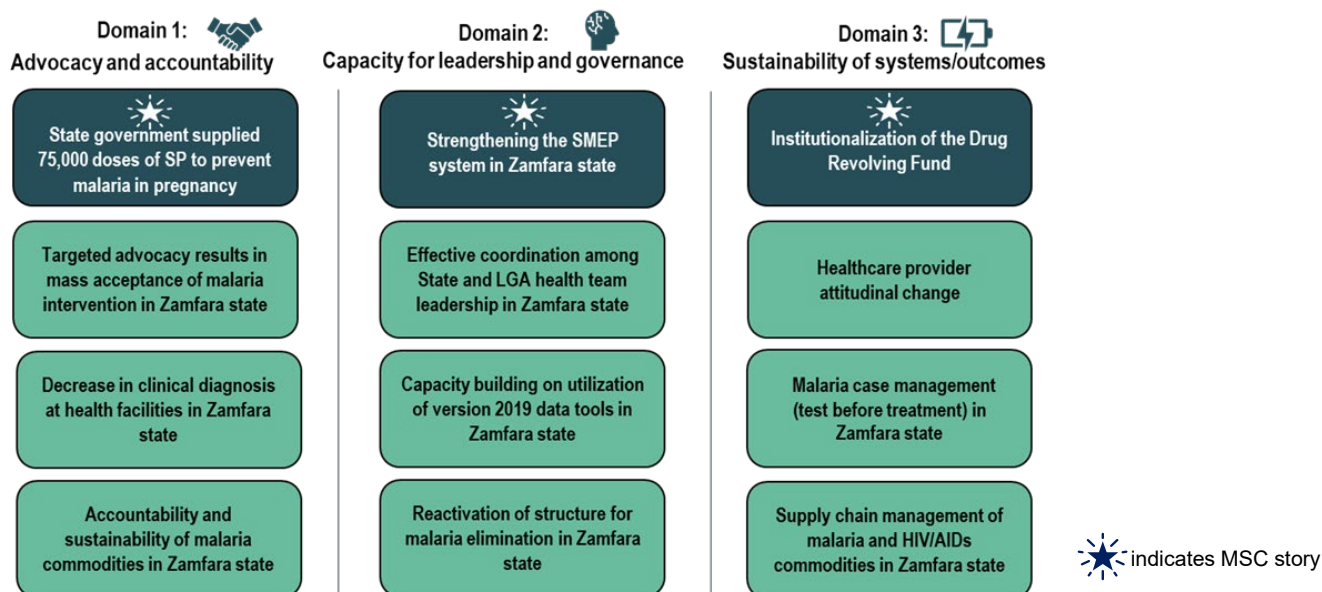
Most Significant Change Workshop Results: Zamfara State

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 Zamfara.

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. PMI-S initiated operations in Zamfara in August 2020.



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 Zamfara state. The figure below lists the four 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 IP and counterpart state staff to invite to the workshop and provided information on each person's role and responsibilities and their areas of engagement and collaboration. In addition, D4I invited the World Health Organization (WHO) to send 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 (PMI-S, BA-N, and PSM) participated in the workshop, along with eight representatives of SMOH, including representatives of the State Primary Health Care Board (SPHCB), Zamfara State Contributory Healthcare Management Agency (ZAMCHEMA), Logistics Management Coordination Unit (LMCU), and the Drug Management Agency (DMA). Additionally, two representatives from WHO participated. Two of the 16 participants were female.

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 the 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 people with malaria and pregnant women. In addition, health care providers gained clinical skills and skills in data collection and reporting related to malaria, and state health officials (SMOH, SMEP, DMA, SPHCB, ZAMCHEMA, LGA focal persons, and records officials) who gained skills in data collection and reporting, planning, management, and/or coordination.

The Final 12 Stories of Change

Domain of Change 1: Advocacy and Accountability for Health



Group 1. Zamfara state government supplied 75,000 doses of SP to prevent malaria in pregnancy

In 2018, USAID stopped supplying sulfadoxine-pyrimethamine (SP) to Nigeria which is used to prevent malaria in pregnancy (MIP). This resulted in an inadequate supply of SP and reduced intermittent preventative treatment of malaria in pregnancy (IPTp) coverage in all states, including Zamfara state. 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 75,000 doses of SP for the Drug Revolving Fund (DRF) for health facilities across all Local Government Areas (LGAs) in the state.

Lesson Learned

Advocacy to the state led the 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 support this story as an increase in IPTp coverage was observed. Additionally, FY22 reports from PMI-S confirm the state's

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



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.

Group 2. Targeted advocacy results in acceptance of malaria intervention in Zamfara state

During the 2020 long-lasting insecticidal nets (LLIN) campaign in Zamfara state, some community members did not receive nets in Gidan Tsamiya in Galadima ward, Gusau LGA. This was due to an insufficient supply of LLINs and resulted in a rejection of health interventions by the community.

Gidan Tsamiya is about 15 km from Gusau. People from Gidan Tsamiya visit the PMI-supported facility (Jakiry Dispensary) in Gusau and other secondary facilities in the state. The SPHCB, through SMEP, collaborated with HPN activities to carry out advocacy to the Emir of Gusau and the district head of Galadima ward. The effort resulted in naming Alhaji Tukur Alkali, Sarkin tsaftar Gusau (a traditional title holder in charge of environmental health and responsible for the sanitation and cleanliness of Gusau town) as an influencer and role model. The Sarkin tsaftar Gusau led engagement with the mai Anguwa (village or ward heads) during community dialogues. This resulted in acceptance of health interventions by the community. Community members have since accepted the 2022 season malaria chemoprevention campaign.

Significance: The use of influencers and role models during targeted advocacy in Gidan Tsamiya resulted in acceptance of health interventions, especially those for malaria.

Lesson learned: Use of influencers increases the chances of acceptance of health interventions by the community.

Group 3. Decrease in clinical diagnosis at health facilities in Zamfara state

The USAID implementing partners held a series of meetings on malaria prevention and control with key stakeholders from SMOH, DMA, SPHCB, and ZAMCHEMA. Health workers and community members were sensitized on the importance of testing for malaria (and trusting the results) before treating for malaria.

Significance: The intervention led to a reduction in clinical diagnosis of malaria from 80 percent to 20 percent, as well as increased testing before treatment of malaria in most PMI-S supported facilities.

Lesson learned: To sustain change, it is important to conduct monthly clinical meetings in health facilities to monitor progress.

Group 4. Accountability and sustainability of malaria commodities in Zamfara state

PSM ensures an uninterrupted supply of health commodities to prevent suffering, save lives, and create a brighter future for families. PSM also works with Zamfara state to provide sustainable health system strengthening. PSM provided seed stock of malaria commodities to 14 secondary health facilities in the state for the DRF. They also trained health facility staff on the malaria commodities logistics system. Most of the supported facilities have been able to sustain and even scale up their purchase of the malaria commodities by the DMA from the first seed stock. Also, health facility staff can manage the commodities more effectively.

Significance: The intervention has contributed to sustained availability of malaria commodities.

Lesson learned: The state has the capacity to maintain the system.



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



Group 1. Strengthening the SMEP system in Zamfara state

Improvement occurred in SMEP's capacity following PMI-S advocacy 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, the leadership framework changed significantly 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.

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.

Group 2. Effective coordination among State and LGA health team leadership in Zamfara state

In 2021, BA-N saw that reports from LGA malaria focal persons on demand creation activities were not shared with other relevant program officers in the LGA and some program officers were under reporting their activities. This was a result of improper coordination by LGA leadership. BA-N, in collaboration with SPHCB and SMEP, organized a customized strategic leadership training course for health coordinators (Director of Primary Health Care [DPHC]), health educators, and Roll Back Malaria (RBM) focal persons. The training resulted in a higher rate of report sharing in LGAs among relevant partners and documentation of activities of health educators and RBM focal persons, which are now being reported monthly. The training also built the leadership capacity of the DPHC.

Significance: Constructive collaboration now exists between program officers and activities are well coordinated in most LGAs. The capacity of health educators and RBM focal persons has improved and most of their activities are being documented.

Lesson learned: Put the knowledge and skills learned in training to work.

Group 3. Capacity building on utilization of version 2019 data tools in Zamfara state

The National Health Management Information System (NHMIS) introduced new versions of tools in 2019 and a national training of trainers was held. However, the step-down trainings to LGAs and health facilities was not done due to lack of state funds. In November 2020, PMI-S supported the state to train record officers in the state, who are now able to use the latest version of the NHIMS data tools.

Significance: Proper documentation of health care activities is key to ensuring effective M&E of health programs.

Lesson learned: Provision of funds for step down training is needed for training before commencement.



Group 4. Reactivation of structure for malaria elimination in Zamfara state

PMI-S discovered no state structure for malaria strengthening activities existed in Zamfara state. To address this, they conducted an advocacy visit to SMOH and SPHCB with the goal of achieving proper coordination of malaria prevention and control. PMI-S then reactivated the MTWG and subcommittees for malaria prevention and control in the state. There are now monthly meetings that guide program implementation.

Significance: There was no structure until PMI-S reactivated the MTWG and related subcommittees. Now there is good governance (leadership) and coordination between partners and communities.

Lesson learned: We have learned new, better, and more sustainable ways of malaria control and prevention.

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



Group 1. Institutionalization of the 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 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.

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 DMA to include SP into the DRF. Currently, seven secondary health facilities and 11 PHCs have been enrolled to get SP through the DRF.

Group 2. Healthcare provider attitudinal change

Some facility in-charges were not adhering to national guidelines for the treatment of malaria and MIP. Many health workers prescribe drugs before testing for malaria. To address this, the HPN activities coordinated clinical and cluster meetings to increase the capacity of health workers by ensuring testing before commencement of treatment. As a result, almost all PMI-supported facilities follow the national guidelines on malaria fever case management by starting treatment only when the test result for malaria is positive.

Significance: Healthcare service delivery quality and utilization have increased.

Lesson learned: A positive attitude on the part of health workers attracts clients to the facility.

Group 3. Malaria case management (test before treatment) in Zamfara state

Some health workers believe that all fevers are due to malaria. After training, a series of meetings on malaria diagnosis, and review of national guidelines by PMI-S, they now know that this is not true, and fever cases should be tested for malaria before treatment.

Lesson Learned

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



Significance according to participants: Health workers can now diagnose and treat malaria effectively and there is a pool of trainers in the state that can continue to train new health workers.

Lesson learned: As a result of training of health workers on malaria diagnosis, they now know that not all fever cases are due to malaria.

Group 4. Supply chain management of malaria and HIV/AIDS commodities in Zamfara state

PSM has been supporting Logistics Management Information System (LMIS) data collection, collation, validation, and entry into the national LMIS platform for the resupply of health commodities across 286 health facilities supported for malaria and 14 PEPFAR supported facilities for HIV/AIDS programs in Zamfara state. Recently there was an addition of 39 PMI-S supported sites bringing the number to 307.

PSM has been supporting the state in building the capacity of health facility personnel across primary, secondary, and tertiary facilities in the areas of logistics management of malaria and HIV/AIDS commodities and case management of HIV/AIDS.

Significance: There has been sustained commodity security in both thematic program areas.

Lesson learned: Stakeholder engagement and collaboration are key to successful program implementation.

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

The 12 finalist MSC stories collectively touched on all but one (increased health financing) 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.

Nine of the 12 stories aligned with increased sustainability of health systems and health outcomes (9 stories); improved health planning, management, and coordination (7 stories); improved provider knowledge, attitude, and practices (5 stories); increased advocacy/accountability for health (5 stories); and improved information for decision-making (5 stories).

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> 0 stories 4-5 stories 1-3 stories 7-9 stories </p>

All three of the stories chosen as most significant overall involved increased sustainability of health systems and outcomes, and two of the three involved increased availability of EDDS, strengthened

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.



EDDS financing, increased facility readiness to provide services, increased advocacy/accountability for health, and improved information for decision-making.

Of the 12 stories, three explicitly described collaboration among multiple HNP activities. One of the three stories chosen as the MSC overall also involved collaboration of multiple implementing partners. It is possible that collaboration was an aspect of the other stories but not captured in the summary written up by participants.

Key Themes

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

A key theme in several stories was **sustainable availability of malaria commodities** which may be related to the establishment of the DRF in the state. The HPN activities, led by PSM, set up a DRF in Zamfara state and supplied seed stock to 14 secondary facilities for malaria commodities, such as ACTs and malaria RDTs. Most of these facilities have sustained or scaled up their purchase of the malaria commodities from the initial seed stock. In addition, advocacy to the state led to the state's procurement of SP seed stock to prevent MIP by increasing IPTp coverage. To build the state's capacity to manage malaria commodities, health officials and providers were trained in commodity management and use of the LMIS.

Another prominent theme was **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. Additionally, the MTWG and its subcommittees were reactivated at the state and LGA levels.

Three stories focused on the importance of **testing before treating for malaria**. Advocacy to SMOH, DMA, SPHCB, and ZAMCHEMA resulted in sensitization of health providers and community members on the importance of testing for malaria, which has resulted in a decrease in clinical diagnosis of malaria. Participants stressed the **importance of regular clinical meetings to sustain provider behaviour change**.

Another theme was the importance of **documenting health activities and services to ensure effective coordination and M&E of health programs**. Examples included training on the latest version of HMIS tools and improved documentation, reporting, and coordinating of demand creation activities.

Finally, one story focused on the effectiveness of **using influencers to increase community acceptance of health interventions**.

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.

Key themes that arose from the stories of change included sustainable availability of malaria commodities, capacity building state officials and reactivation of state structures for sustainable management of malaria programs, testing before treating for malaria, regular clinical meetings to sustain provider behaviour change, documentation of health activities and services to ensure effective coordination and M&E of health programs, and using influencers to increase community acceptance of health interventions.

The MSC workshop was well received by participants who were eager to see the report of findings. 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/>