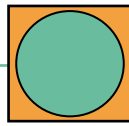


Evaluating Integrated Programs: An Example from Nigeria

July 26, 2022





Webinar objectives



01

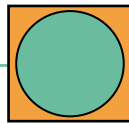
Describe issues that arise when designing the evaluation of an integrated health project

02

Illustrate how those issues were addressed in an evaluation of an integrated approach in Nigeria

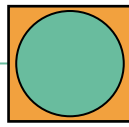
03

Identify lessons learned from implementing the integration evaluation in Nigeria



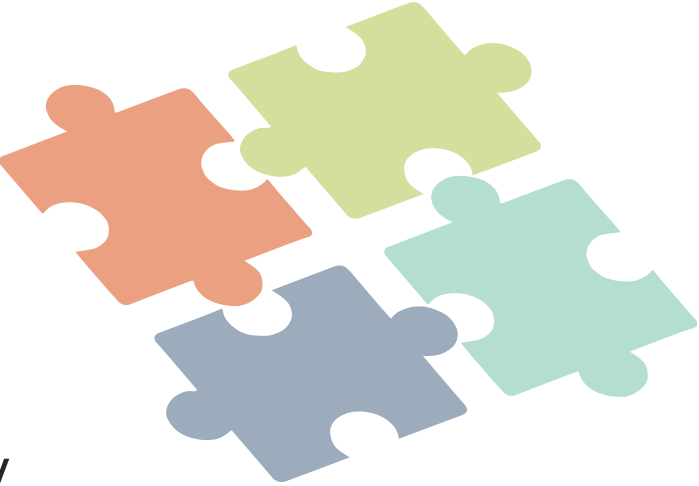
D4I HPN multi-Activity evaluation team

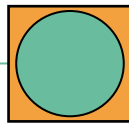
- Emmanuel Adegbe, MBBS, PhD, Nigeria Co-Investigator
- Siân Curtis, PhD, Principal Investigator and Activity Lead
- Patrick Iyiwose, MSc, Evaluation Assistant
- Milissa Markiewicz, Project Manager and Research Associate
- Tory Taylor, Co-Investigator – ONA and sustainability
- Local research partner: Data Research and Mapping Consult (DRMC)
- Kristen Brugh, PhD, Co-Investigator and Quantitative Lead
- Jessica Fehringer, PhD, Co-Investigator and Qualitative Lead
- Sachiko Ozawa, PhD, Costing lead
- Huyen Vu, Co-investigator – sustainability, qualitative research
- Consultants, data analysts and research assistants



Nigeria HPN multi-Activity evaluation: Purpose

Data for Impact (D4I) was asked to conduct an outcome 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 (malaria):

- 
- 01 Integrated Health Project (IHP)
April 2019 – April 2025
 - 02 President's Malaria Initiative for States (PMI-S)
January 2020 – January 2025
 - 03 Breakthrough ACTION Nigeria (BA-N)
July 2017 – July 2025
 - 04 Global Health Supply Chain Program – Procurement and Supply Management (PSM)
July 2016 – November 2023



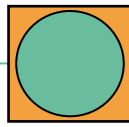
What do we mean by an integrated approach and a disease-focused approach?

- An **integrated model** implements a coordinated set of RMNCH+N and malaria interventions as well as health system strengthening interventions (IHP).
- A **disease-focused model** addresses one health area only and, in this case, the focus is on malaria (PMI-S).
- Both models also include demand creation (BA-N) and commodity procurement and distribution interventions (PSM).

Overarching development hypothesis

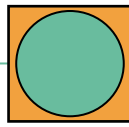


Shifting to an integrated health programming approach from a disease-focused approach will lead to broader and more sustainable improvements in health system and health behavior outcomes



Types of questions relevant to an integrated approach

- If an Activity covers multiple health areas (malaria, MNCH, FP etc.), will they see results for all health areas, or will some areas see more results?
- Will PMI, as a presidential initiative, be able to still show strong malaria results under an integrated model?
- Does adding an integrated approach accelerate progress toward sustainability or does it lead to more resource substitution leading to slower progress toward sustainability in the long run?
- Does an integrated approach require more time for building partnerships and for coordination (because there are more partners)?
- Is an integrated approach more cost efficient because it can leverage costs across disease areas?



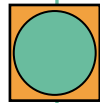
Evaluation design considerations

Integration

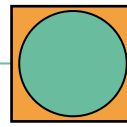
- Number of outcome domains
 - Malaria, other health outcomes, sustainability
- Process and outcomes are relevant to evaluating integration as an approach
- Complex theory of change with multiple potentially intersecting mechanisms of action that also interact with context

Other

- Multiple Activities working in different states on different timelines
- Cost and feasibility of the evaluation



Evaluation Design



Core design principles



Rapid feedback. Results will be shared regularly and quickly with USAID and implementing partners (IPs) following data collection.



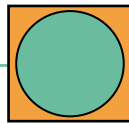
Holistic/Portfolio level. Focus will be on synergy among the four activities and how they achieve shared outcomes.



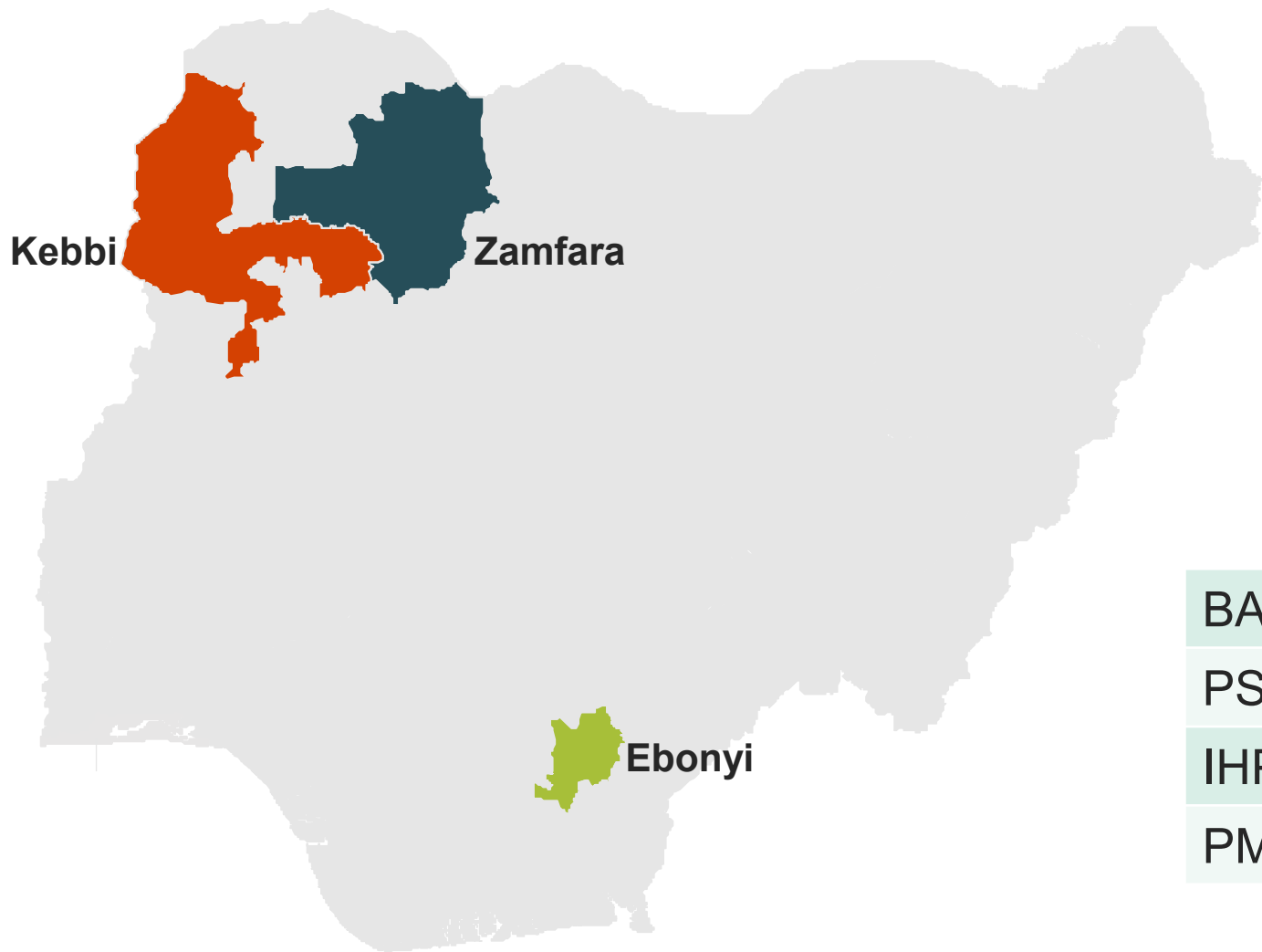
Collaborative/Participatory. We will maximize stakeholder engagement and talk through action planning based on evaluation findings.



Adaptive design. The evaluation is designed to be flexible, allowing new questions to emerge, the potential for special studies and/or rapid assessments, changes in methods and/or tools, and other modifications, as feasible

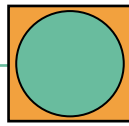


Comparative state case study approach

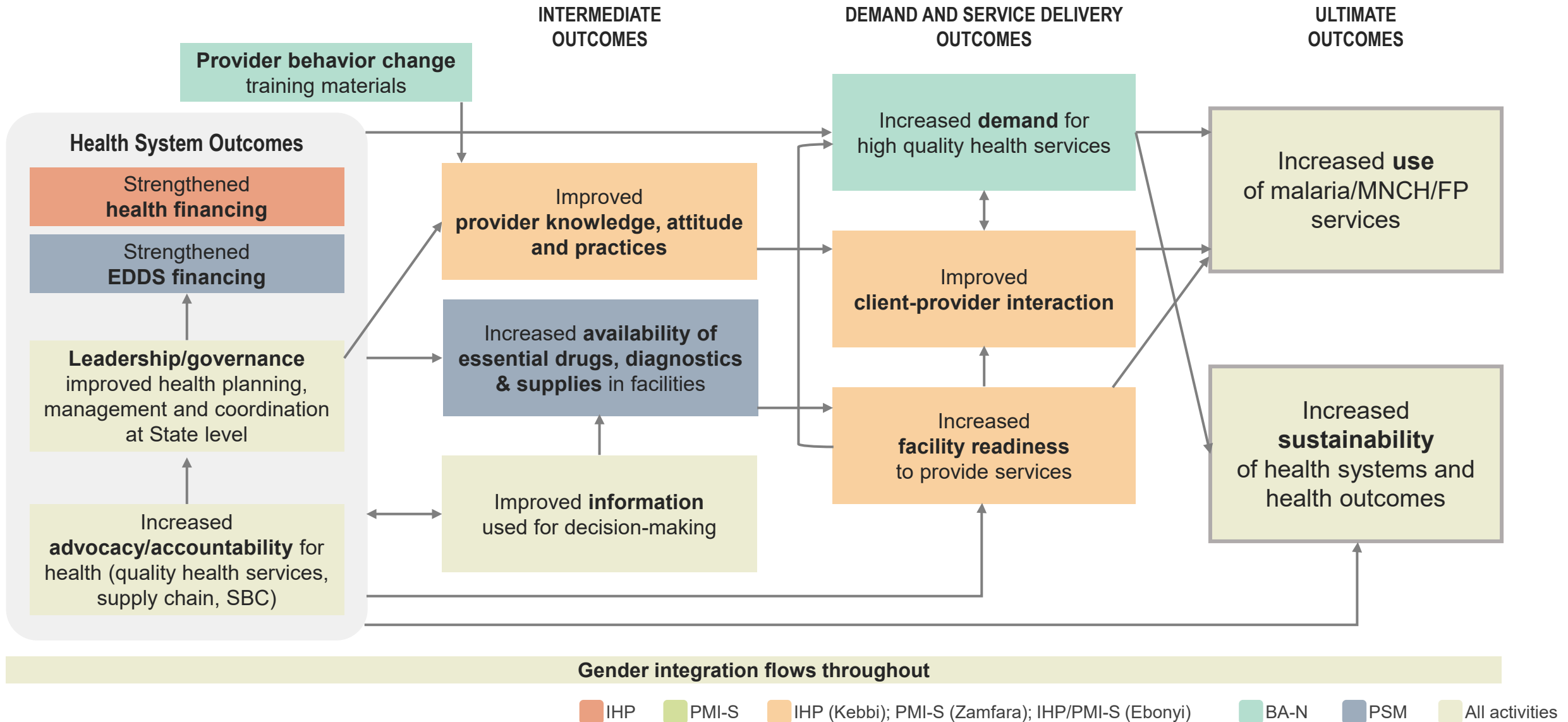


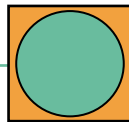
Five-year evaluation timeframe:
October 2020 – September 2025

	Ebonyi	Kebbi	Zamfara
BA-N	✓	✓	✓
PSM	✓	✓	✓
IHP	✓	✓	
PMI-S	✓		✓



Evaluation high-level Theory of Change (TOC)





Outcome domains



Health behaviors

- Malaria
- Antenatal care
- Family planning



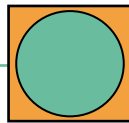
Health service delivery

- Malaria
- Antenatal care
- Family planning



Sustainability

- Commitment
- Engagement
- Capacity

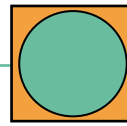


Evaluation questions



• Effectiveness

1. Did malaria and other health and service delivery outcomes improve more from baseline to end line in local government authorities (LGAs)/states where an integrated approach was implemented, a disease-focused approach was implemented, or a combination of the two?
2. Did relevant commitment/engagement and capacity outcomes improve more from baseline to end line in LGAs/states where an integrated (IHP) approach was implemented, a disease-focused (PMI-S) approach was implemented, or a combination of the two?
3. Which implementation strategies are associated with improvements in service delivery and system strengthening in different contexts?



Evaluation questions

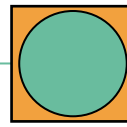


• Process

4. How and to what extent did the four activities and government collaborate and coordinate to achieve desired health and service delivery outcomes?
 - a. What factors facilitated or hindered collaboration and coordination?
 - b. What are the most critical coordination/ collaboration points?
5. What factors facilitated or hindered implementation among the four activities in LGAs/states where an integrated (IHP) approach was implemented, a disease-focused (PMI-S) approach was implemented, or a combination of the two?

• Economic

6. What are the costs of the different approaches by state?



Evaluation components

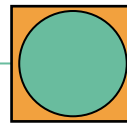
Quantitative

- Health facility assessment and provider interviews (“baseline” and “endline”)
- DHIS2 data analysis (annual)
- Organizational network analysis (“midline” and “endline”)
- Costing component (annual data collection)
- Secondary analysis of survey data (DHS, MICS, MIS, BSS)



Qualitative

- Process monitoring (annual)
- Interviews and focus groups with women and men in communities, Ward and Facility Development Committees, and health facility in-charges (“midline” and “endline”)
- Most significant change method workshop (“midline” and “endline”)



Evaluation activities completed between 2020–2021

September 2020

Evaluation protocol completed

November 2020

Stakeholder inception meeting held – *virtual*

April 2021

First round of process monitoring interviews completed

June 2021

State-level process monitoring briefs completed

August 2021

- Integrated process monitoring brief completed
- Process monitoring results review meeting held with USAID/Nigeria – *virtual*
- HFA and Provider survey data collection completed

September 2021

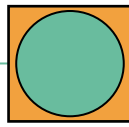
Process monitoring results review meeting held with the four Activities – *virtual*

October 2021

Preliminary provider survey results review meeting held with USAID/Nigeria – *virtual*

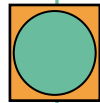
November/December 2021

State level process monitoring results review meetings held for each state – *virtual*

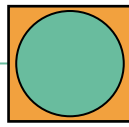


Evaluation activities completed 2022

March 2022	Second round of process monitoring completed – sustainability <ul style="list-style-type: none">• KII, Likert scale survey ONA data collection completed
June 2022	Results review meeting with implementing partners and USAID in Abuja <ul style="list-style-type: none">• DHIS2 preliminary analysis; HFA results; provider survey results• Sustainability results• ONA results
July 2022	Results review meeting, Ebonyi Webinar for USAID/Nigeria Training for mid-line qualitative data collection completed



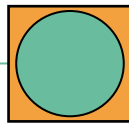
Results related to Activity approach: Qualitative process monitoring



Challenges with integrated versus malaria-focused programming (1)

Integrated programming:

- Some IHP facilities might not be prioritized by PSM.
 - Under PSM's malaria task order, commodities are provided to high malaria volume facilities. IHP operates in one PHC per ward, which is not necessarily a high-volume malaria facility.
 - State had a say in the facilities selected by IHP, and they may not be the ones that see the most patients.
- With malaria, selection of facilities is based on malaria case volume.



Challenges with integrated versus malaria-focused programming (2)

Integrated programming (cont.):

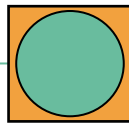
- Politics of malaria-only program vs. integrated including family planning

Malaria-focused programming:

- Cost of delivering commodities is higher because only specific commodities are distributed, and other necessary commodities must be managed by other means

“Family planning doesn’t get the same acceptance that a mosquito net does.”

-Mission
respondent



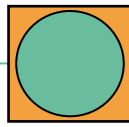
Fragmentation of government offices

- Fragmentation of government offices may be a bigger challenge for integrated programs.
- Kebbi: IHP is playing an active role facilitating coordination between SMOH and SPHCDA to ensure clear understanding of roles and responsibilities.



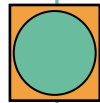
Difficult to coordinate with many different agencies all together versus coordinating with each separately.



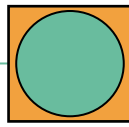


Process monitoring: Overall

- Many of the themes emerging from the first round of process monitoring were similar across the three states, despite their different programming approaches and the presence of a different combination of Activities in each state.
- Coordination among the Activities and with the States was working well given the number and complexity of relationships; competing priorities, time, and challenges with funds and human resources were common constraints, but there were many successes described.

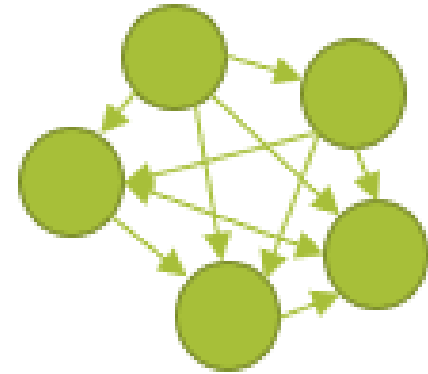


Results related to Activity approach: Organizational network analysis (ONA)

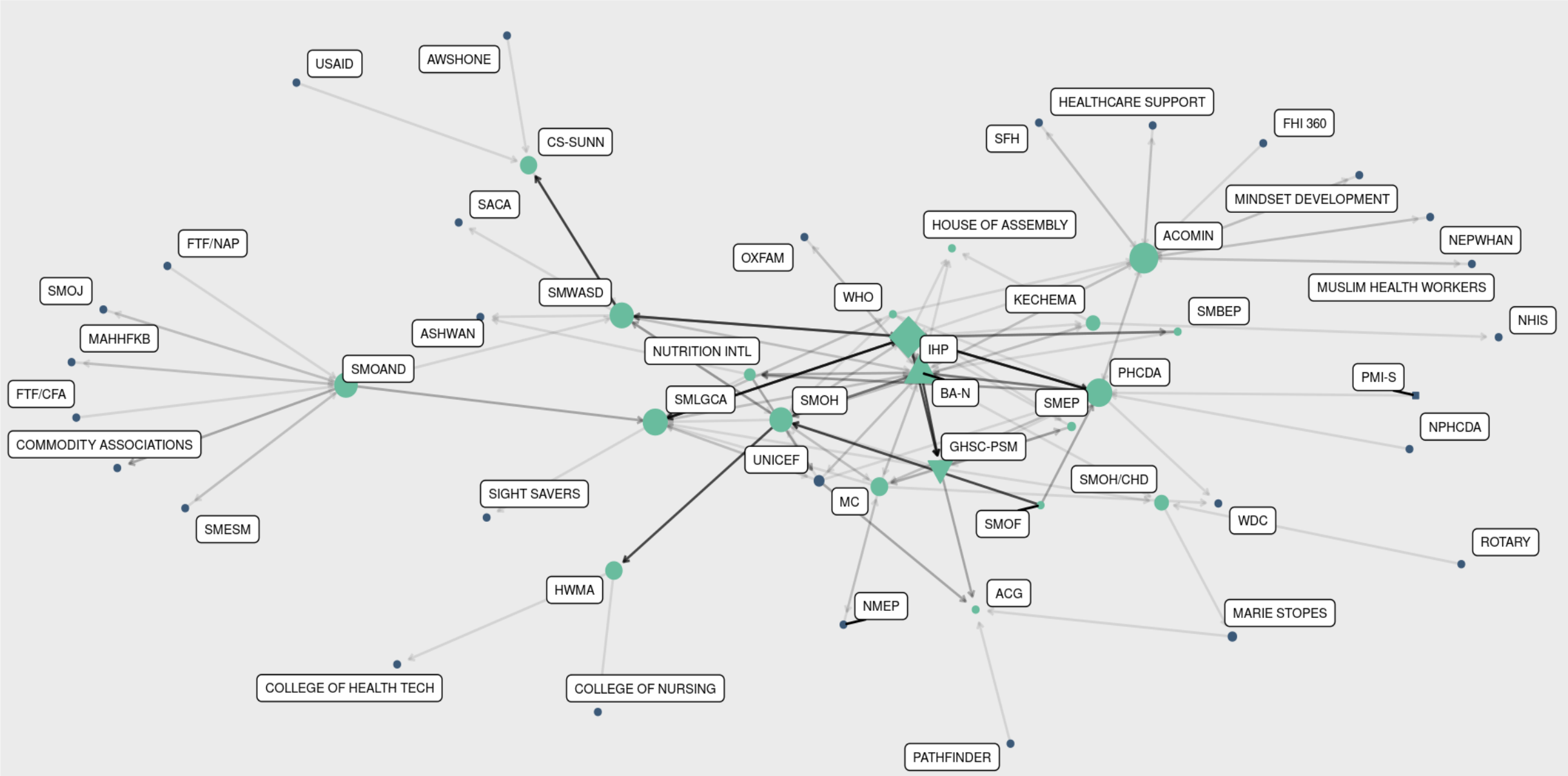


ONA: Coordination and collaboration

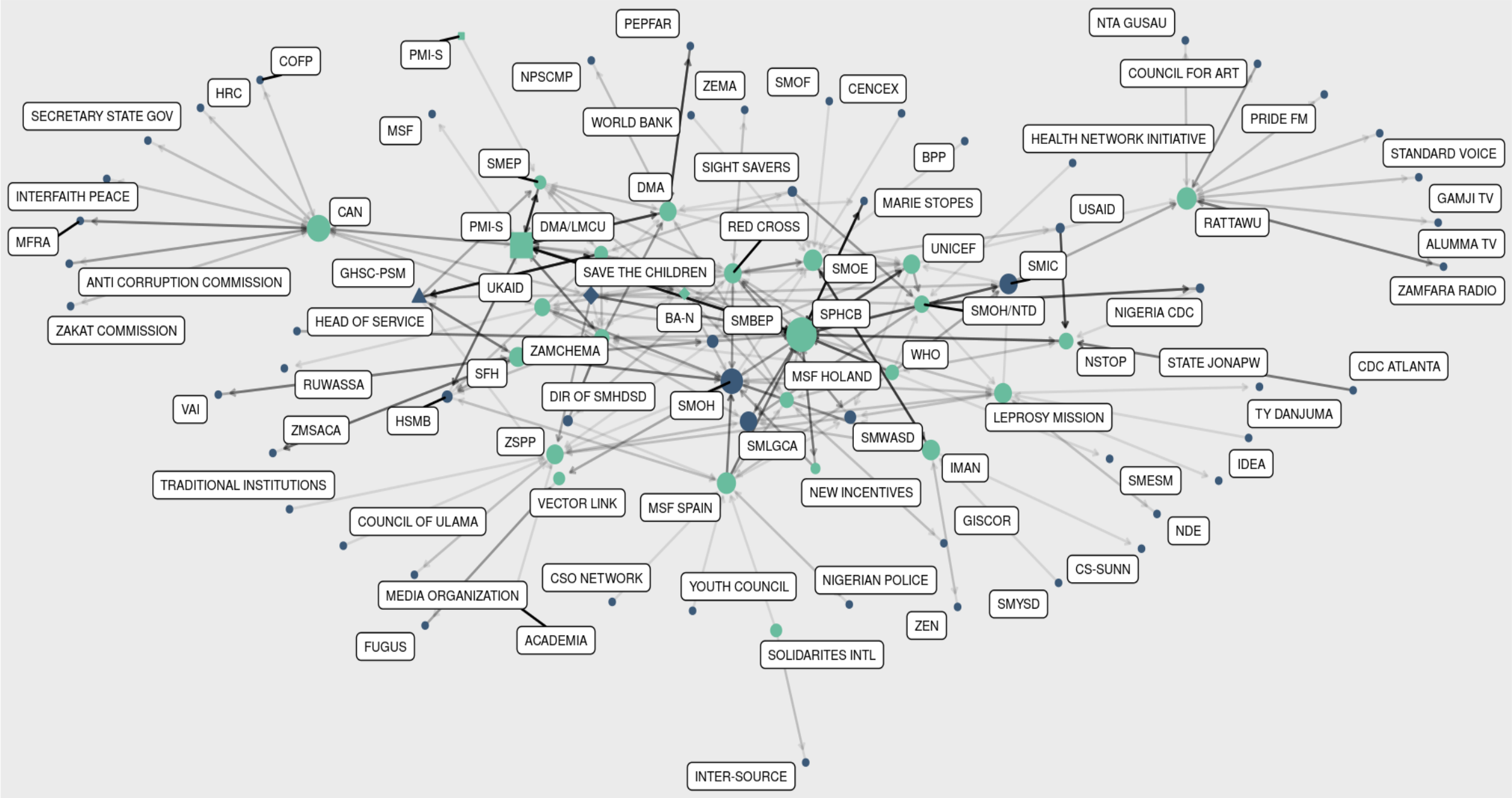
- Networks are extensive and complex in both integrated and malaria-focused approaches, although they differ by state

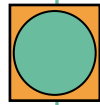


Kebbi Resource Sharing Network

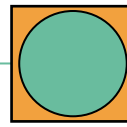


Zamfara Resource Sharing Network





Results related to Activity approach: Sustainability



Conceptual framework for sustainability assessment

Activities



Elements Influencing Sustainability



Program implementation

- Strategic program planning
- Program adaptability and alignment
- Effective engagement and collaboration
- Demonstrating program results



System/organizational capacity

- Resource and funding stability
- Leadership competence
- State govt. staff involvement & integration
- System flexibility to adapt to change
- Effective coordination and collaboration



Community embeddedness

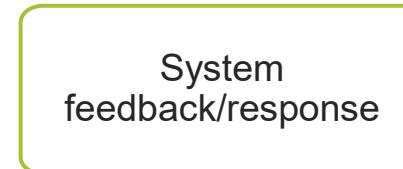
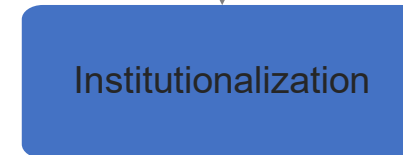
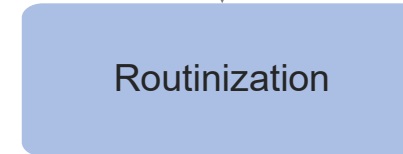
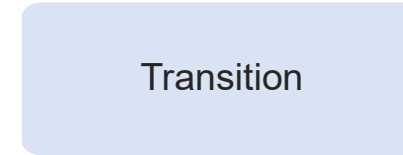
- Program-community partnership
- Community leadership involvement
- Community participation & accountability
- Public health impacts



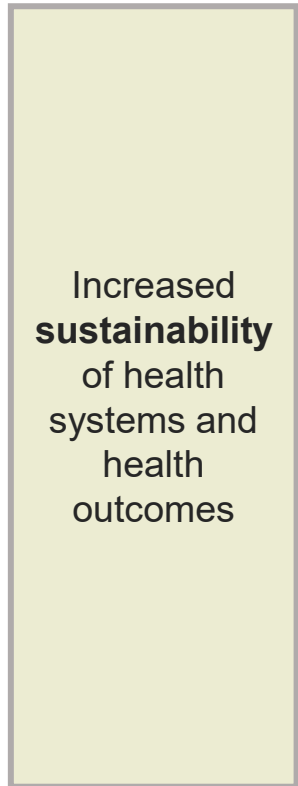
Enabling environment

- Advocacy/communications
- Political support and acceptance
- Government and local policy alignment

Institutionalization



Ultimate Outcomes



Increased capacity of State programs/structure

Increased capacity of State health promotion team and structures

Increased capacity of State FP/MNCH/PHC teams and structures

Increased capacity of State EDDS teams & structures

Increased capacity of State malaria program and structures

Improved information used for decision-making

Improved patient HMIS quality and use

Strengthened LMIS quality and use

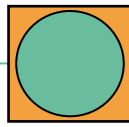
Increased capacity at community level

Strengthened Facility Management Committees (FMC)

Strengthened Ward Development Committees (WDC)

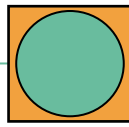
Learnings from early transition phase for continuous improvement

- BA-N
- PMI-S
- IHP (Kebbi), PMI-S (Zamfara), IHP/PMI-S (Ebonyi)
- All activities
- IHP
- PSM

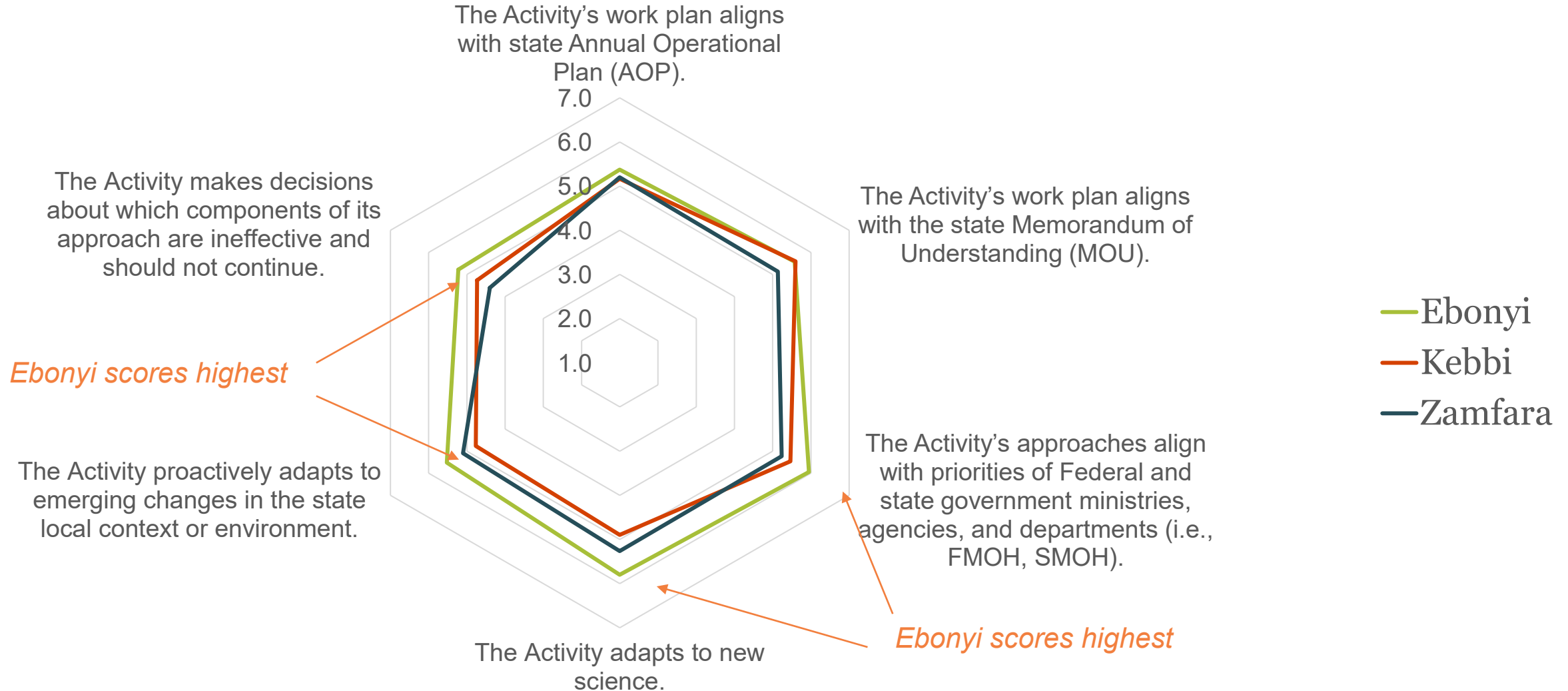


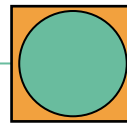
Sustainability data collection

- Questionnaire was adapted by D4I from the Program Sustainability Assessment Tool (PSAT)*
- Includes statements that characterize sustainable programs, organized into 12 domains across 3 functional areas
- Mean scores on Likert scale anchored by ‘to an extremely small extent’ (1) and ‘to an extremely large extent’ (7)
- A total of 161 purposively selected HPN stakeholders (24% female, 76% male) participated, February-March 2022
- 24 KII with state and federal level respondents

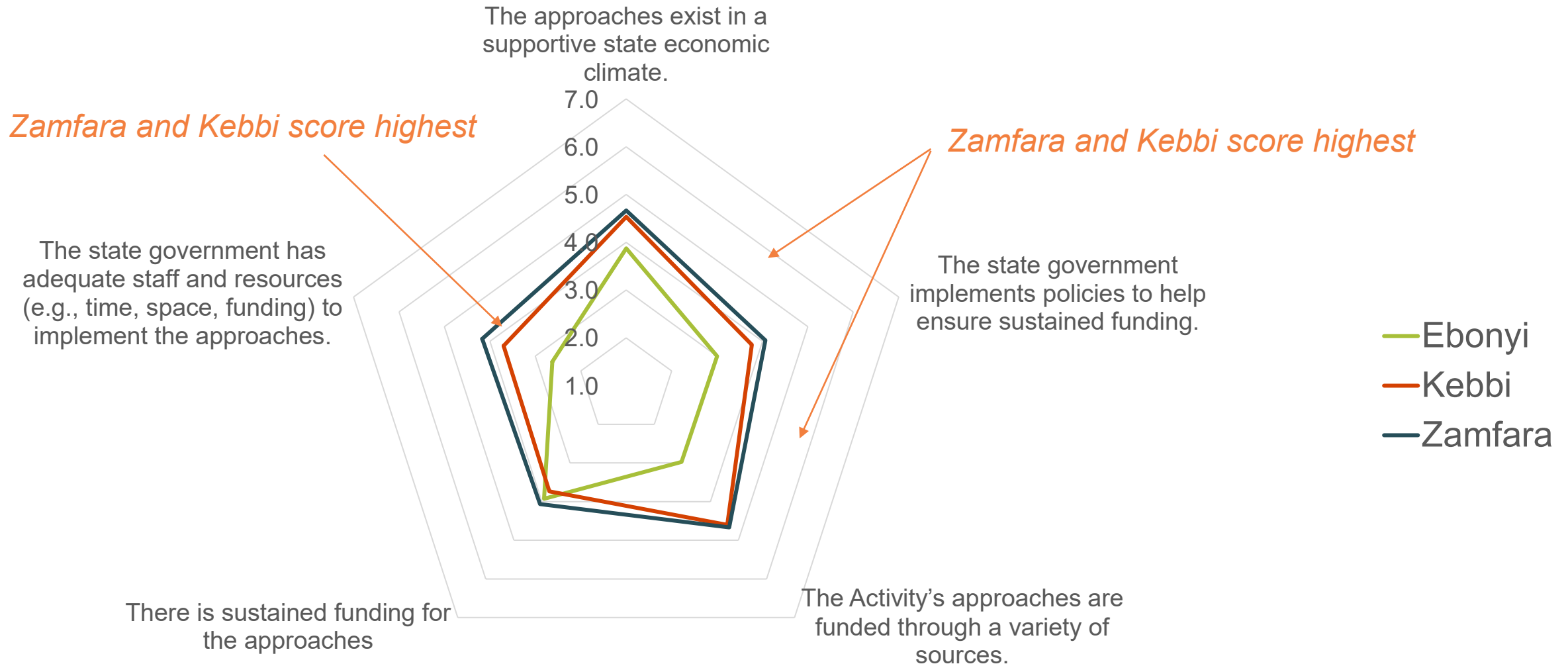


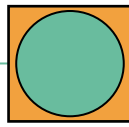
Program adaptability and alignment scores





Resource and funding stability scores



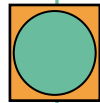


Effectiveness: sustainability outcomes

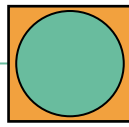
- Evidence on effectiveness limited at this point – one round of data collection focused on perceptions of intermediate processes to support sustainability

What can we say now?

- Differences between states are small at this point – both integrated and malaria-focused approaches incorporate multiple elements expected to contribute to sustainability
- State context (political economy, interpersonal dynamics, expectations etc.) likely has a bigger influence on progress toward sustainability than integrated vs disease-focused approach
- Structural constraints (funding, human resources, time) limit progress toward sustainability in both program models
- Need to develop objective measures of progress (transition, routinization, institutionalization)



Results related to Activity approach: Health service outcomes



Integrated vs malaria-focused approach

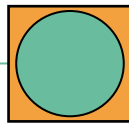
Will PMI, as a presidential initiative, be able to still show strong malaria results under an integrated model?

Evidence so far:

- Probably yes. Malaria indicators examined across the TOC are relatively strong in all three states including Kebbi where IHP is operating an integrated approach alone

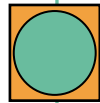
BUT

- Will this translate into health outcomes?
- Issues of scale yet to be explored

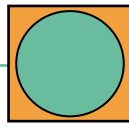


Theory of change – FP

- Provider attitudes and norms related to FP are a potential barrier to FP service provision – more attention needed to this
- Vignette responses show gaps in FP counseling
 - E.g. counseling on methods they don't have; offering another method if woman is experiencing side effects
- Some gaps in availability of multiple methods
- Some declines in positive attitudes to FP in Kebbi despite increased use (Breakthrough Research)
- **FP indicators generally weaker in Zamfara for all points in TOC but out of scope of malaria-focused activities.**



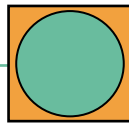
Gender integration and results related to Activity approach



Gender integration



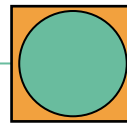
- Explicitly integrated throughout the evaluation, e.g.:
 - Theory of change: Describes how the programs address gender
 - Key informant interviews: Sampled men and women; asked about use of gender data in planning
 - Health facility assessment, provider interviews: Questions on gender-related attitudes and norms
 - Data collection processes: e.g., sex and/or age match focus group discussion facilitators to participants, as needed
 - Quantitative data analysis: disaggregated by variables such as sex, age, and religion, to extent possible
 - Deliverables will include discussion of gender-related results



Gender-related results

- Provider survey
 - Training on gender issues (GBV, male involvement in FP) low, except in Kebbi where moderate
 - Gender norms among providers most gender equitable in Ebonyi and least in Zamfara
 - GBV screening and engagement low across all States, but Ebonyi again highest
- Sustainability survey
 - Ebonyi showed highest scores for gender, typically followed by Kebbi and lastly, Zamfara

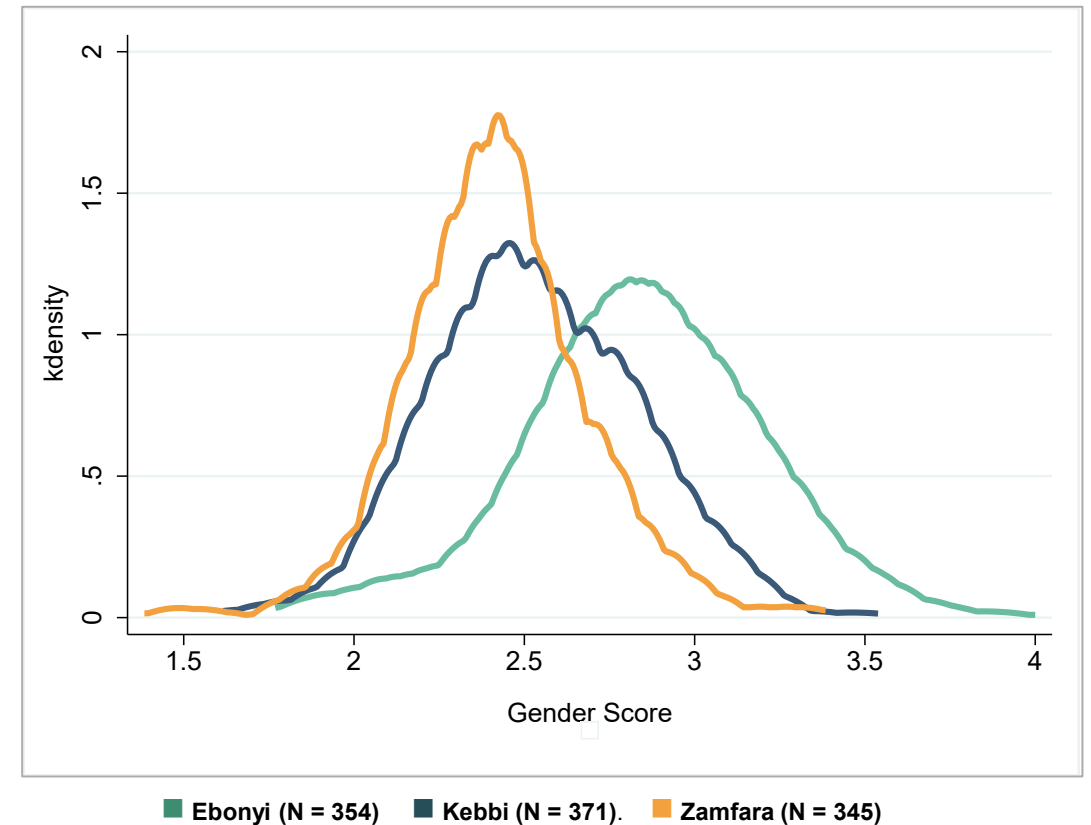


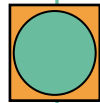


Provider Gender Attitudes

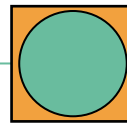
- 13 statements related to RMNH service provision and quality of care
 - E.g., “A woman should not use a family planning method unless her partner agrees”
- Higher score/disagreement indicates **more** gender equitable attitude, range 1-4
 - **Ebonyi**: 2.85
 - **Kebbi**: 2.53
 - **Zamfara**: 2.42

Distribution of Raw Provider Gender Attitudes Score, by State





Lessons Learned: Evaluation implementation

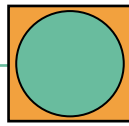


Measurement issues for integration evaluations are similar to other evaluations

- Data quality for DHIS2 data
- Measuring quality of care (clinical vignettes)
- Change in outcomes takes time

Persons presenting with fever and tested by RDT, <5 years

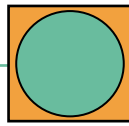




Implementation: Breadth vs depth



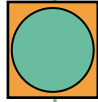
- Complexity of the portfolio context and the mechanisms of action mean evidence often broad rather than specific
- Prioritization of wide range of possible questions and analyses
- Putting the pieces together – TOC helps but high level
- Case study approach is practical but limits generalizability
 - Hard to separate approach and context



Implementation: Volume of information

- More stakeholders
- More outcomes
- Time of stakeholders to participate in the evaluation
- Time to analyze and synthesize the information
- Time to share and absorb the information

Move to more tailored, dynamic results review and data use approach

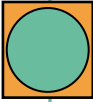


Discussion

Questions?

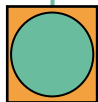
Feedback?

Discussion Questions



Evaluators: What have your experiences been evaluating integrated health programs?

Implementers: How do you prioritize information needs for integrated health programs?



This presentation 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.

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