Nigeria Health, Population, and Nutrition (HPN) Multi-Activity Evaluation:

Process Monitoring Results Data Review

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Agenda

- Evaluation overview
- Process monitoring
- Results
- Conclusion
- Next steps
- Discussion
- State level sharing

Nigeria Health, Population, and Nutrition (HPN) Multi-Activity Evaluation

Data for Impact (D4I) is conducting 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):

- Integrated Health Project (IHP)
- President's Malaria Initiative for States (PMI-S)
- Breakthrough ACTION-Nigeria (BA-N)
- Global Health Supply Chain Program – Procurement and Supply Management (PSM)

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

- An **integrated model** implements a fully integrated set of RMNCH and malaria interventions as well as health system strengthening interventions (IHP).
- In 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).

Evaluation Components

- Quantitative: Health facility assessment and provider interviews (baseline and endline)
- DHIS2 data analysis (annual)
- **Process monitoring (annual)**
- Organizational network analysis (midline and endline)
- Qualitative component with women in communities, Ward and Facility Development Committees, and health facility in-charges (midline and endline)
- Most significant change method workshop (midline)
- Costing component (annual data collection)

Process Monitoring

- Purpose
- Methods
- Sample

Purpose

- Help answer evaluation questions, monitor implementation of activities, provide contextual information
- Explore validity of critical coordination and implementation assumptions identified during development of portfolio-level theory of change
- Three case study states:
  - Ebonyi – Integrated approach with IHP (RMNCH), PMI-S (malaria), BA-N, IHP
  - Kebbi – Integrated approach with IHP (malaria and RMNCH), BA-N, PSM
  - Zamfara – Disease-focused approach with PMI-S (malaria), BA-N, PSM

Evaluation questions: Process

How, and to what extent, did the four Activities and the government collaborate and coordinate to achieve desired health and service delivery outcomes?

- What factors facilitated or hindered collaboration and coordination?
- What are the most critical coordination/ collaboration points?

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?

Round 1

Round 1 of process monitoring occurred from January–April 2021 and focused on:

- Coordination among Activities and the State
- Work planning
- Factors that facilitated and hindered coordination and implementation

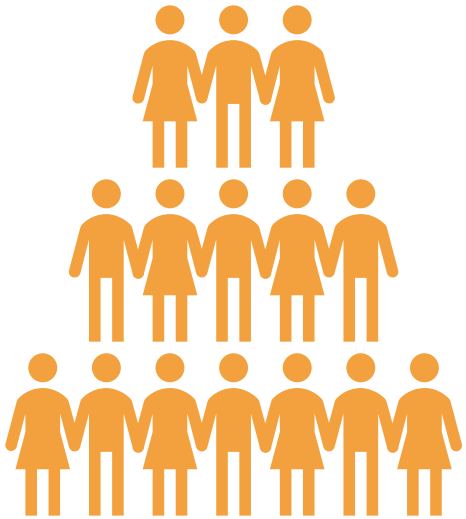
Methods

- Interview guides informed by Activities' MEL plans, result areas, and portfolio-level theory of change
- Selection of respondents was based on relevance of roles and engagement with objectives of evaluation:
  - In each state, two respondents from each Activity and two State respondents per Activity
  - At national level, one senior Activity staff member and one Mission staff member per Activity
- Matrix used to analyze results and facilitate analysis across respondents and to sort data by themes
- Limitation: Results are based on respondents' perceptions

Sample

46 of 48 targeted interviews were conducted with 37 men and 9 women:

- 20 with state-level Activity staff
- 18 of 20 targeted with State staff
- 4 with national-level Activity staff
- 4 with Mission staff



Results

COVID-19 and Security Issues

Study examined coordination and collaboration during extraordinary times

- COVID-19:
  - Many coordination and planning meetings had to be conducted virtually and internet connectivity was problematic.
  - Hindered implementation
- Security issues (kidnapping, banditry, and violence) in Kebbi and Zamfara impacted implementation for all Activities.
- COVID-19 and insecurity may have impacted BA-N more than other Activities due to community-based nature of their work.

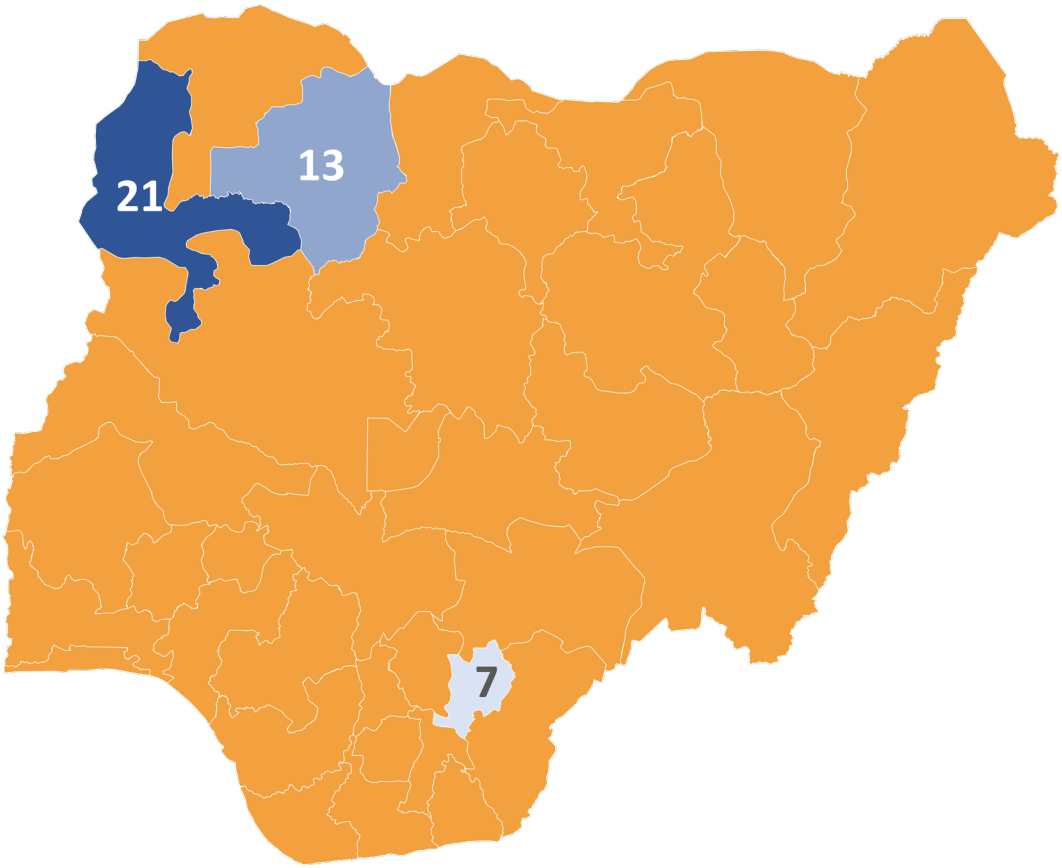
How did the four Activities and the State coordinate?

In all states, significant coordination among Activities and with the State (e.g., Activity monthly coordination meetings; monthly or quarterly meetings with the State; Activity support of State TWGs)

Kebbi reported participation in more State TWGs and coordination mechanisms than Ebonyi or Zamfara

At national level, Activities and Mission technical staff participate in national level TWGs and other coordination forums

State coordination meetings Activities participate in/support



Note: Spontaneously mentioned; may not be exhaustive

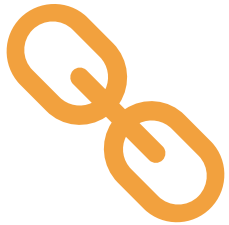
Coordination Structures and Processes

- Mandates
- Coordination support from the Mission
- Monthly Activity coordination meetings
- Co-location of offices
- Coordination with other development partners
- Use of existing State structures
- Activity work and implementation planning
- Fuzzy definition of coordination

Mandates and Mission Support

Mandates:

- Activities' result areas are tied together; coordination affects each Activity's performance.
- At the same time, each Activity has an individual mandate (service delivery, demand creation, commodity security) that they must balance with mandate to coordinate.



Mission support:

- At the national level, Activities work to resolve coordination issues before they are raised by the Mission. Mission gets involved:
  - To add value to the process or if an issue is lingering.
  - When Activities have challenges coordinating with the State.

Monthly Activity Coordination Meetings

Facilitate coordination:

- Share and address challenges from field
- Share implementation plans to avoid "clash of activities," leverage resources, and avoid duplication
- Ensure unified message presented to the State
- Coordinate agendas for advocacy

Challenges:

- Ebonyi and Zamfara: Clash of activities sometimes; competing priorities and need to report on monthly/quarterly achievements
- Kebbi: Monthly meetings not always held due to competing demands and tight schedules

Co-location of Offices

In Ebonyi and Kebbi, Activities are co-located with State → Facilitated communication, improved coordination, and helped build relationships between key State and Activity staff

In Zamfara, PSM is co-located with the Drug Management Agency → Facilitated coordination with LMCU

Other Activities in Zamfara are not co-located with the State → Lost opportunity for relationship building

Coordination with Other Development Partners

- Through TWGs and other forums, Activities coordinate with other partners; gain insight into what others are doing to avoid duplication and address gaps.
- Different mandates of other partners can make coordination a challenge.
- National Activity respondent reported desire for USAID to encourage other development partners to sign onto USAID MOUs so that the State can be accountable to one common and transparent platform.

Use of Existing State Structures

- Making use of existing State structures facilitated coordination and implementation.
- For example, in Kebbi, the Activities leveraged the Advocacy Core Group to access top government officials.

Activity Work and Implementation Planning (1)

- In all states, Activities share their final workplans with each other and State.
- In Ebonyi, both IHP and PMI-S shared drafts of their annual workplan with the State for feedback and this led to greater ownership by the State.

"We are part of that [IHP's] workplan. The level of involvement of the Agency in the planning process is commendable."

"There was transparency in the PMI workplan development process as key government program officers were involved."

-Ebonyi State respondents

Activity Work and Implementation Planning (2)

- Similarly, in Zamfara, State respondents reported more involvement in Activity work planning than in the past.
- Activities also engage in monthly and quarterly implementation planning, and States have more involvement in these plans; this also leads to greater ownership by the State.

"The State is satisfied because this is the first time [the] IPs sit with SMEP to deliberate on a workplan together, before it was not like that."
-Zamfara State respondent

Fuzzy Definition of Coordination

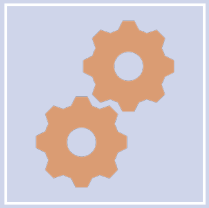
Unclear:

- Boundaries for Activity coordination
- Responsibilities of individual Activities when implementing some joint activities

System-Level Factors

- Different Activity mechanisms and timelines
- Challenges with integrated versus disease-focused programming
- Fragmentation of government offices
- Limited availability of demand-side data
- Transfer of health workers

Different Activity Mechanisms and Timelines



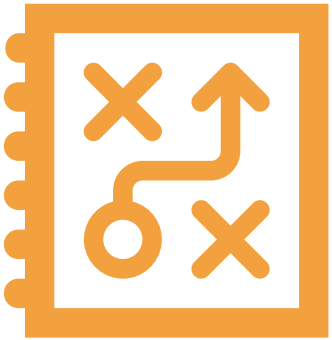
Different mechanisms of Activities are a challenge because some have more flexibility; can shift things around to achieve a result while others cannot.

Different timelines of Activities create challenges because one activity may be in the very early stages of implementation while another is closing.

Challenges with Integrated Versus Disease-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 Disease-Focused Programming (2)

Integrated programming (cont.):

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

Disease-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.

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

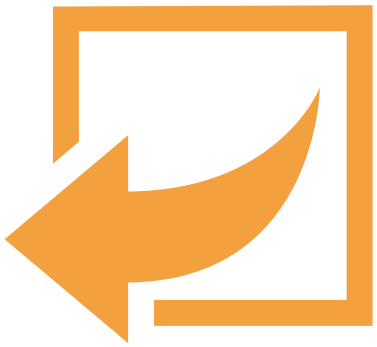
- Kebbi: IHP is playing an active role facilitating coordination between SMOH and SPHCDA to ensure clear understanding of roles and responsibilities.

Limited Availability of Demand-Side Data

- There is no routine information system for demand-side data like DHIS2 for service-level data.
- BA-N interprets their own monitoring data and shares it with other Activities to inform decision making.
- However, BA-N's data may not be sufficient for other Activities in some cases (e.g., forecasting commodities).

Transfer of Health Workers

- Respondents in all three states reported that transfer of health workers hindered implementation as new staff needed to be trained.



Factors Related to Sustainability

- Support for State Annual Operational Plan (AOP) process
- Joint advocacy
- Ownership by the State
- Daily subsistence allowances (DSAs) and travel allowances
- Issues with coverage

Support for State AOP Process (1)

- Activity workplans are incorporated into State AOP.
- Ebonyi and Kebbi: Activities assisted the State with development and harmonization of various AOPs related to malaria, RMNCH, nutrition, SBC, commodities, etc.
- Zamfara: Activities' support focused on development of AOPs related to malaria, SBC, commodities, etc. In addition, PMI-S participated in harmonization of Health Sector AOP.

Support for State AOP Process (2)

Challenges:

- Ebonyi and Zamfara: Time for developing harmonized AOP was limited and people coming late and/or leaving early was a distraction.
- Kebbi: State respondents would like to have input into Activities' workplans before they are finalized to improve relationships and implementation.
- Zamfara: High-level stakeholders absent from the AOP process due to lack of State funding.

Joint Advocacy

- Activities cannot approach top government leadership separately. They must have a joint factsheet.
- Kebbi: State noted that PSM and other Activities played key role in advocating for State to create budget line for LMCU. Previously, LMCU did not have a budget and therefore could not take ownership of activities.

Ownership by the State (1)

- Ownership by the State, where it exists, facilitates implementation.
- Zamfara: Bed net and SMC campaigns were successful because the State led and committed funds.
- Activity respondents in all three States reported lack of human resources for health (HRH), lack of State funding, and late release of State funds as challenges.

"[The Activities] encourage us and we are at the driver's seat."

-Ebonyi State respondent

Ownership by the State (2)

- Kebbi: Suggestion that IHP and State need to develop shared understanding like that of other partners.

"They [IHP] are the ones coordinating, not the State, which is supposed to coordinate….The whole responsibility of coordination is under them; there is no ownership by the State."

-Kebbi State respondent

DSAs and Travel Allowances (1)

- DSAs and travel allowances were issues in all three states.
- Ebonyi: In the spirit of sustainability, some Activities did not give transport allowances for people who travelled less than 50 km for AOP planning process.
- However, a State respondent noted Activity messaging on sustainability related to allowances was effective.

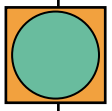
"By the time you finish listening to them, you have to give a thought to what they are saying. Was a bitter pill to swallow. But the way they approach [us] and their attitude and willingness to assist [helps]."
-Ebonyi State respondent

DSAs and Travel Allowances (2)

- Kebbi: Activities reported that the State was having difficult time “coming to terms” with IHP’s procedures, especially travel allowances; State confirmed some staff do not attend IHP activities as a result.
- Zamfara: Activities said that flat rate transport allowance was a challenge because State participants feel that they should be reimbursed based on distance travelled.
- Operational challenges occur when organizations apply different policies. Mission is discussing aligning procedures among Activities and with other donors.

Issues with Coverage

- In all three States, State respondents reported issues with limited implementation coverage (number of PHCs, number of wards) which could impact the Activities' ability to have broader impact.



Implementation Successes

Implementation Successes (1)

- Perceived improvement in commodity availability and management
- Perceived improvement in provider capacity
- Support for AOP process and introduction of WDC validation meetings and data triangulation

"[The Activities] hold their hands together and try to achieve something together."

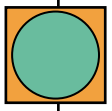
"The four IPs [Activities] in the State work like sisters. One can't hold activities without involving the others."

-State respondents, Ebonyi

Implementation Successes (2)

- Perceived improvement of:
  - DHIS2 data quality
  - LMIS data quality
- BA-N praised for their SBC work:

"There is no word to use to qualify BA for what they have done … there was a national survey on malaria … and it was Zamfara that came first from all the state[s] because of the level of awareness on malaria."
-Zamfara State respondent



Conclusions

Conclusion (1)

- Coordination among the Activities and with the States is working well given the number and complexity of relationships; competing priorities and time are common constraints.
- Many themes were similar across the three states, despite the different programming approaches and the presence of a different combination of Activities in each state.
- Fragmentation of government offices seemed to be more of an issue for integrated programming in Kebbi than Ebonyi.
    - To be further examined in future rounds of process monitoring.

Conclusion (2)

- The willingness to accept some aspects of sustainability (most notably DSA and travel allowance policies) also appeared to be greater in Ebonyi than Kebbi or Zamfara.
  - To be explored further in future process monitoring.
- Lack of State funds and human resources are common constraints to increased State leadership.
- Despite this, State respondents in all three states pointed to many successes achieved by the Activities and offered high praise of their work.

Next Steps

Next Steps

- Process monitoring
  - 2nd round later this year; focus on sustainability/ownership
  - Fewer interviews – achieved saturation early in 1st round
  - Clarify issues raised in 1st round, as needed
- Costing meeting and data collection
- Health provider interview data analysis and dissemination (Oct/Nov)
- HFA analysis and dissemination
- Organization network analysis (ONA)
- DHIS2 data analysis

Questions?

Thank you.

Discussion questions

- Do these results fit with your experience?
- What surprised you, if anything?
- What would you like to follow-up on in the future?

State-level Dissemination

- How do you recommend we share the results at the State level with the government and program staff?
  - Per State, government and program staff together?
  - In-person vs. virtual?
  - Other considerations?

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Evaluation Questions (1)

Effectiveness

1. Did malaria and other health behavior and service delivery 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?
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. What program implementation strategies are associated with improvements in health behaviors, service delivery, and commitment and capacity in different contexts?

Evaluation Questions (2)

Process:

4. How and to what extent did the four activities and government collaborate and coordinate to achieve desired health behavior and service delivery outcomes?

    What factors facilitated or hindered collaboration and coordination?

    What are the most critical coordination/collaboration points?

5. What factors facilitate or hinder implementation across 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?