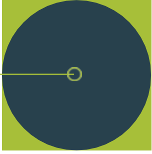


August 2021

Nigeria HPN Evaluation Process Monitoring Results: Round 1

Introduction

Data for Impact is conducting a mixed methods, portfolio-level evaluation of four USAID Health, Population and Nutrition programs—the Integrated Health Project (IHP), the President's Malaria Initiative for States (PMI-S), Breakthrough ACTION-Nigeria (BA-N), and the Global Health Supply Chain Program-Procurement and Supply Management (GHSC-PSM, henceforth PSM)—in Ebonyi, Zamfara, and Kebbi.

In Ebonyi, both IHP and PMI-S are implementing with a focus on service delivery for malaria (PMI-S) and reproductive, maternal, newborn, and child health (RMNCH) (IHP). BA-N is responsible for social and behavior change (SBC) and driving client demand for health services across these health areas while PSM is responsible for commodity supply. In Kebbi, IHP is implementing with a focus on malaria and RMNCH service delivery with the support of BA-N and PSM. In Zamfara, PMI-S in implementing with a focus on malaria service delivery, also with the support of BA-N and PSM.

The evaluation includes a process monitoring component designed to help answer evaluation questions, monitor implementation activities, provide contextual information, and explore the validity of critical implementation assumptions identified during the development of a portfolio-level theory of change (TOC). The first round of process monitoring focused on coordination among implementing partners (IPs), work planning, and areas of joint implementation to describe coordination processes and determine if assumptions made about how the activities work together to achieve desired outcomes are accurate. This brief shares round 1 results.

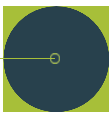
Methods

Interview guides were developed for IP, State, and USAID respondents. The guides focused on how the IPs collaborated and coordinated with each other and the State during planning and implementation to achieve desired outcomes. The guides were informed by the IPs' Monitoring, Evaluation, and Learning plans and result areas, as well as the portfolio-level TOC.

Each IP provided the names and contact information for potential IP and State respondents, and information on their responsibilities and areas of engagement and collaboration. In each State, two respondents were selected from each IP, along with two State counterparts per IP. The selection of respondents was based on the relevance of their roles and engagement to the objectives of the evaluation and on including as close to a balance of men and women as possible. At the national level, one senior staff member from each IP was interviewed as were four USAID/Nigeria staff overseeing the activities. In total 48 interviews were conducted, 26 with IP staff, 18 with State staff, and 4 with USAID staff (38 men and 10 women).

Due to COVID-19, interviews were conducted virtually via Zoom. After each interview, notes were summarized using a reporting template developed by D4I. A matrix—where each respondent was a row and each column was related to an interview topic—was used to facilitate analysis across cases (respondents) and to sort the data by theme.

In analyzing the interviews, it became apparent that many facilitating and hindering factors were related. For example, ownership by the State facilitated coordination and lack of ownership hindered it. To present a full picture of such factors, the facilitating and hindering factors are discussed together.



Some of the findings were points made by only one or two persons as the interviews were semi-structured to allow respondents to share their unique perspectives, especially at the national level where only two respondents per IP were interviewed.

Throughout the results, State-level IP respondents are referred to as "IP respondent." In cases where the IP respondent was at the national level, this is noted.

Results

COVID-19 and Security Issues

The study examined collaboration and coordination among IPs and the States during extraordinary times given the global COVID-19 pandemic. Respondents frequently mentioned that due to COVID-19, many coordination and planning meetings involving the States were virtual and Internet connectivity was problematic. COVID-19 also impacted implementation. State respondents in Ebonyi reported that COVID-19 hindered the delivery of key activities, as did some political issues in the State (politicians defecting from one political party to another).

Security issues in Kebbi and Zamfara (kidnapping, banditry, violence) also hindered implementation, as reported by IP and State respondents in both States. A national IP respondent noted that BA-N was impacted the most by COVID-19 and security issues because their work is community based.

How did the Four IPs and the State Collaborate and Coordinate?

In all three States, the IPs have a monthly coordination meeting. In Zamfara, this meeting is also attended by a member of the State Malaria Elimination Programme (SMEP). Officers from the Mission visit the field to get a sense of these meetings—for example what the typical agenda looks like, what the IPs discuss---and also to determine how the Mission can advance or complement what they are doing.

The IPs also have monthly or quarterly meetings with the State during which they present progress on their work. The IPs provide technical and sometimes financial support for numerous State coordination meetings and technical working groups (TWGs). IPs' participation in the various groups is set in the Memorandum of Understanding (MOU) that USAID has with each State. Multiple IPs serve on many of these groups. The IPs build the capacity of members and ensure that action points are followed up. Table 1 lists the coordination meetings and TWGs spontaneously mentioned during interviews and may not be exhaustive.

At the national level, the IPs have monthly coordination meetings to align strategies and implementation approaches. An example of coordination at the national level involved IHP and PMI-S coordinating a malaria microscopy training that was to be rolled out in all PMI-S and IHP States. Initially both IPs were conducting their own trainings, but they eventually coordinated planning to distribute participants in the States into clusters for better coordination and logistics.

National IP staff participate in national-level TWGs and coordinate with other donor partners. Specific development partners mentioned as examples were UNICEF (BA-N and PSM), the Bill and Melinda Gates Foundation (PMI-S), and UNFPA (PSM). To improve gender integration, IHP is supporting States to create a task force or TWG that all partners will be required to join so that they can share perspectives on their gender programming.

Technical staff from the Mission also participate in various TWGs and subcommittees that bring together IPs, other development partners, and government across the various government agencies and departments. A Mission respondent stated that participation in government TWGs enables Mission technical staff to have insight into government priorities, which helps them prioritize where the IPs should focus their energy and resources. Coordination at the federal level ensures that critical policies and guidelines are in place, which are used to guide implementation in the States. It also helps to strengthen coordination with the government and with other development partners.

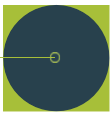


Table 1. State coordination meetings supported by IPs

Ebonyi	Kebbi	Zamfara
• Malaria TWG • Malaria and Reproductive, Maternal, Newborn, and Child Health TWG • Advocacy, Communication, and Social Mobilization Group • Health Finance TWG • Meeting of the Primary Health Care Development Agency (PHCDA) • SMEP • Meeting of the Department of Planning, Research, and Statistics (DRPS)	• Malaria TWG, Nutrition TWG, Child Heath TWG, and monitoring and evaluation (M&E) TWG • Malaria, family planning, and MNCH coordination meetings • Behavior Change and Advocacy Core groups • Meeting of the State Emergency Maternal and Child Health Intervention Center • Meeting of the State Emergency Routine Immunization Coordination Center • Demand Generation TWG • Ward Development Committee (WDC) review meeting • Community Capacity Building platform • Behavior Change and Advocacy Core groups • PHCDA health sector partners meeting • Gender and Social Inclusion TWG • State Contributory Healthcare Management Agency (KECHEMA) forum • COVID-19 State Steering Committee. • State Ministry of Budget and quarterly partners forum • State PSM TWG • Regional PSM TWG	• Malaria TWG • Malaria Advocacy, Communication, and Social Mobilization TWG • Non-President's Malaria Initiative (PMI) Malaria Partners' Forum • All Health Partners Forum led by DRPS • PSM Logistics TWG meeting • Data validation coordinating meetings • Meetings on the use of data for decision making • Data control room meetings (with the M&E officer of the Hospital Service Management Board) • Health Management Information Systems (HMIS) and Logistics Management Information System (LMIS) triangulation meetings • Meetings with the Local Government Authority (LGA) Logistics Management Coordination Unit (LMCU) coordinators • Meetings with Roll Back Malaria (RBM) program focal persons • Community Health Influencers, Promoters, and Services (CHIPS) management working group

What Factors Impacted Coordination and Implementation among IPs and with the State?

Three main categories emerged from interviews: factors related to coordination structures, system-level factors, and factors related to sustainability. Within these three categories, several themes emerged. Each is discussed below. In addition, Appendix A includes a table comparing themes by State. Most themes were common across States.

Factors Related to Coordination Structures

Mandate to Coordinate

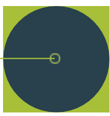
The IPs have a mandate from USAID to collaborate and coordinate. As noted by a Mission respondent, the IPs' result areas are tied together and coordination affects the measurement of each individual IP's performance. For example, BA-N was told by the Mission that their SBC efforts have no meaning if they are not contributing to service results or to household preventive behaviors.

However, a national IP respondent noted that the IPs' individual mandates and perspective related to their area of specialization were overarching challenges to the mandate to coordinate, as the differing individual mandates are linked to different priorities (e.g., service delivery, demand creation and SBC, and commodities).

Monthly IP Coordination Meetings

The IPs reported that their mandated monthly coordination meetings facilitated coordination by enabling them to:

- Review progress made in the previous month and share experiences from the field.
- Share implementation plans for the coming month to avoid a "clash of activities" (shift and adjust activities when they are targeting the same participants, if needed), leverage resources, and "collapse" similar activities to avoid duplication.
- Identify implementation challenges and develop solutions.
- Ensure that a unified message is presented to the State.
- Coordinate their agenda for advocacy.



- Share and address challenges from the field. For example, when issues of poor service delivery are brought to BA-N's attention, they share the information with IHP/PMI-S so that they can strengthen capacity at the health facility. Similarly, when IHP/PMI-S/PSM have issues that need to be addressed at the community level, they partner with BA-N; for example, when they need to engage in advocacy with opinion leaders to engender confidence in health facilities.

In between monthly meetings, coordination is facilitated by ad hoc meetings and WhatsApp groups to address any emerging issues. For example, before signing the Seasonal Malaria Chemoprevention (SMC) microplan in Zamfara, the IPs met to agree on wording and elements of the document to reflect the interests of USAID.

There were challenges in all three States that hindered the monthly coordination meetings. In Kebbi, an IP respondent reported that there were times when the IP monthly coordination meetings did not happen because of competing demands and tight schedules. They noted this resulted in gaps in coordination and collaboration, which they acknowledged could be more robust. State respondents in Kebbi confirmed that the IPs coordinate but there are gaps and said they would like USAID to work with the IPs to enhance coordination.

In both Ebonyi and Zamfara, IPs reported that despite the monthly coordination meetings, a clash of activities occurred on occasion due to competing priorities and the need to report on monthly/quarterly achievements to USAID. State respondents in Zamfara also noted that at times IP activities overlapped. For example, an IPTp activity clashed with a data validation activity due to the last-minute approval of the data validation activity.

Zamfara IPs acknowledged that they sometimes give each other short notice about an activity in which other IPs are required to participate.

Co-Location of Offices

In Ebonyi and Kebbi, both the State and IPs felt that co-locating IP offices with the State facilitated communication and coordination, helped build strong relationships, and promoted integration between the State Ministry of Health (SMOH) and key IP staff.

The IPs are not co-located in Zamfara, but PSM is co-located in the Drug Management Agency (DMA) building where LMCU team is also located. This has facilitated coordination between PSM and LMCU staff. However, an IP respondent noted that the IPs themselves not being co-located posed a challenge with coordination, especially for holding meetings.

A Zamfara State respondent reported that SMEP is "100 percent satisfied with the IPs because whenever the State calls for meetings, they all attend."

A national IP respondent noted that IHP has zonal offices in the States and that these offices help BA-N coordinate with Local Government Authorities (LGAs) that are far from the State capital.

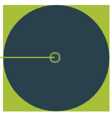
Coordination Support from the Mission

The IPs make presentations to the Mission at the end of each quarter on their key achievements and coordination and implementation challenges, among other topics. At the national level, the IPs coordinate to resolve coordination issues before they are raised by the Mission. Mission respondents stated that the Mission only gets involved with IP coordination when they feel that they can add value to the process or that there is a particular challenge that has lingered.

Another Mission respondent commented that the IPs see themselves as equals so there is a limit to the kind of direction they will take from each other, but when Mission staff are present at coordination meetings, they can give direction that all must follow.

The IPs also communicate directly with their Mission Activity Managers regarding challenges coordinating with the State or with a particular agency. This allows the Mission Director or Activity Manager to step in and facilitate discussions with government.

When the Mission reviews IPs' progress reports or makes field visits, they try to identify and understand each individual IP's contributory roles to their collective performance. The purpose is to ascertain which activities are having challenges and which partner will be most responsible for addressing a particular issue. For example, if there are fewer cases of malaria treated in a particular quarter, it will prompt the Mission to triangulate data in terms of cases seen, cases tested, and cases treated with logistic data in terms of how many



rapid diagnostic tests (RDTs) or artemisinin-based combination therapies (ACTs) were used during the same period. In this way they can determine if the decline in cases treated is related to demand creation, issues with service providers not doing what they are supposed to do, or stockouts.

Other Mission-led coordination includes workplan development, annual workplan presentations, and Mission-led IPs meetings.

Coordination with Other Development Partners

Through the State coordination meetings (Table 1), the IPs coordinate with other development partners who are also members of the various TWGs.

A Mission respondent explained that for malaria, there are State-level quarterly PMI coordination meetings where the State informs the Mission what is happening regarding malaria programming so that the Mission can identify whether a particular malaria initiative they are supporting is also being supported by another development partner, and if so, what adjustments need to be made to avoid duplication.

Another Mission respondent noted that the SBC space in Nigeria is growing, and with COVID-19, there is a greater recognition for the importance of communication around behavior change. As such, BA-N is coordinating with other development partners such as the Bill and Melinda Gates Foundation, the World Bank, and the European Union. They also participate in a partners' SBC group, which enables donors to have some insight into what each is doing.

This same respondent stated that the different development partners in a State can have different mandates that can make it challenging for each to make the technical or programmatic changes that they would like, such as harmonizing SBC messages. They explained that it is counterproductive when different donors in the same State are looking at similar behaviors but communicating slightly different messages to the same audience. As a result, they felt coordination with other development partners needs to be a priority.

A national IP respondent stated they would like USAID to encourage other development partners to buy into and sign onto USAID's MOUs with the States, so that the State can be held accountable to one common platform that is transparent and open.

Use of Existing State Structures

Making use of State structures facilitated coordination and implementation. For example, in Kebbi, IPs leverage the Advocacy Core Group (ACG) to access top government officials. The ACG, created by BA-N and the State, includes religious leaders, the wife of the State Governor, and the Emir of Gwandu, among others. The ACG works to change providers' behavior that is preventing women from attending antenatal care or delivering at health facilities.

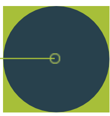
IP Work and Implementation Planning

The IPs are encouraged by the Mission to consult with each other when developing their annual workplans to see what they can learn from the previous year's implementation. Consultation occurs at the discretion of the IPs. Workplans are developed at the national level and informed by State priorities.

In all States, the IPs share their final workplans with each other and the State. The IP's workplan's are aligned with and included in the harmonized State Annual Operational Plan (AOP). The State AOP brings together all health donors in the State.

> A State respondent praised IHP for taking the time to engage with the State. "We are part of that plan. The agency's level of involvement in the planning process is commendable."

IHP and PMI-S reported more involvement with the State during the planning process in Ebonyi than in other States. IHP shared their draft workplan with the State for input and then it was revised by IHP's national office. The workplan was then shared again with the State and other IPs to identify and bridge gaps before being finalized.



A State respondent praised IHP for taking the time to engage with the State. "We are part of that plan. The agency's level of involvement in the planning process is commendable." Another State respondent reported that the workplan was responsive and that IHP was inclusive.

PMI-S also shared their Ebonyi draft workplan with the State and other IPs. A State respondent noted that the PMI-S's process was transparent. Another State respondent reported that the inclusion of the State's priority areas was a plus.

In addition to annual workplans, in all three States the IPs develop monthly and quarterly implementation plans. A BA-N respondent noted that their quarterly implementation plans take into account the monthly implementation plans of the other IPs. In addition, the State has input into these quarterly plans such that they become a joint plan with the State.

In addition to implementation planning, IHP has quarterly "pause and reflect" activities to which the State is invited. These activities allow the State to know what has been achieved and what has not, and to review implementation plans for the upcoming quarter.

> "The State is satisfied [with the IPs' workplans] because this is the first time [the] IPs sit with SMEP to deliberate on the workplan together, before it was not like that. They also help to source for funds."

Similarly, PMI-S has monthly and quarterly meetings with the State at which they discuss the activities in PMI-S' implementation plan and compare them with the State Malaria AOP and the Health Sector AOP. A Zamfara State respondent said, "The State is satisfied [with the IPs' workplans] because this is the first time [the] IPs sit with SMEP to deliberate on the workplan together, before it was not like that. They also help to source for funds."

Fuzzy Definition of "Coordination"

Two respondents stated that they would like USAID to provide a clearer definition of "coordination." A national IP respondent said that there are no clear boundaries for IP collaboration and felt that defining the approach more fully would be helpful. A Zamfara IP respondent reported a need to develop a clearer understanding of the responsibilities of individual IPs when implementing a specific joint activity.

System-Level Factors

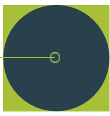
Different IP Mechanisms and Timelines

The different IP mechanisms were awarded at different times. A Mission respondent commented that this creates a challenge with coordination because one activity may be in the very early stages of implementation while another activity is closing. As a result, some IPs may be "rushing" to catch up with other IPs. The mechanisms of the IPs are also different in that some of the IPs have a more flexible contracting mechanism than others. Those with flexibility can shift things around in order to achieve a final result while others cannot.

Challenges with Integrated Versus Disease-Focused Programming

A Mission respondent explained some of the challenges of integrated programming. For example, PSM has three different task orders: malaria, MNCH, and family planning. Malaria programming focuses on high-volume malaria facilities to reach the most cases. However, IHP supports one primary health care (PHC) facility per ward, and this is not always a high-volume malaria facility because IHP also considered whether the facility had skilled family planning personnel among its selection criteria. PSM has been told to supply commodities to high-volume malaria facilities and as a result, some IHP-supported facilities may not be prioritized.

In addition, the decision for IHP to support one PHC per ward was described as being largely political as the State had significant input in selecting the PHCs. Some may have been selected because they are in poor condition, not because they are the ones that see the most patients. With malaria-only programs, facility selection is more straightforward and based on the volume of malaria patients.



This respondent also noted that some program areas are less controversial compared to others, "Family planning doesn't get the same acceptance as a mosquito net does." This means that an IP that comes in with a malaria program is likely to have wider acceptability than one with a family planning program.

> "Family planning doesn't get the same acceptance as a mosquito net does."

In contrast, another Mission respondent noted the cost of delivering commodities in disease-focused States (i.e., only malaria commodities) is higher than in integrated States, because only specific commodities are being distributed so other necessary commodities must be managed by different means.

Fragmentation of Government Offices

The challenge of government office fragmentation was a recurrent theme among both national and State respondents. A Mission respondent noted that government systems are siloed, which poses a challenge for integrated programming since it is difficult to coordinate with many different agencies all together versus coordinating with each separately.

In Kebbi, a State respondent suggested that all IHP work should go through the PHCDA because IHP is tasked with improving primary health care. They said that IHP coordinated some activities with SMOH and KECHEMA that they believed should have been coordinated by the PHCDA. These concerns may partly reflect fragmentation of government agencies, as reported by a national IP respondent, and different expectations about the roles of different agencies that affect IHP's activity implementation when working across an integrated portfolio.

A national IP respondent reported that IHP has been playing an active role in facilitating coordination between SMOH and PHCDA in Kebbi to ensure that there is a clear understanding of roles and responsibilities. IHP reviewed the harmonized Health AOP with the State to clearly show the roles of SMOH and the State PHCDA and where the IPs fit in. This respondent further stated that they would have liked to have had an all-staff orientation for their IHP team so they could fully understand the governance of PHCDA and the delineation of roles and responsibilities between SMOH and the State PHCDA.

A Mission respondent noted that fragmentation of government offices may be more problematic for integrated versus disease-focused programming.

Limited Availability of Demand-Side Data

A challenge to commodity management, according to a Mission respondent, is that there is no routine system for demand-side data like that which exists for service delivery data in DHIS 2. As such, the expectation is that BA-N will interpret their own monitoring data and share it with other IPs to inform decision making. However, there are instances when other IPs are not necessarily getting all the demand data they would like to be able to make decisions (for example, the amount of commodities needed at health facilities).

Transfer of Health Workers

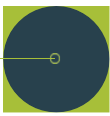
Ebonyi IP respondents reported that the transfer of trained State/LGA and health facility staff was an implementation challenge because new staff then needed to be trained. Kebbi IPs reported that the transfer of heath facility staff resulted in new employees that did not understand the IPs' activities. In Zamfara, IPs reported challenges due to frequent changes in LGA staffing due to changes in State government.

Factors Related to Sustainability

Support for the State AOP Process

In the integrated States of Ebonyi and Kebbi, the IPs facilitate coordination by assisting the State with the harmonization of the various AOPs for RMNCH, malaria, nutrition, behavior change, nutrition, and so forth. In Ebonyi, an IP respondent said that the development of the harmonized State AOP stimulated better collaboration among its various health units.

During the meetings to create the harmonized AOP, IPs in Ebonyi supported and guided the State to come up with solutions when gaps were identified. This provided an opportunity for capacity strengthening. State respondents in Ebonyi appreciated the IPs' technical assistance.



In Kebbi, State respondents also expressed appreciation for the IPs' technical support and used the IP workplans and the USAID-Kebbi MOU to inform the State AOP.

In Zamfara, a disease-focused State, the IPs' support focused on the development of the AOPs for malaria, behavior change, and the DMA. In addition, the PMI-S State Technical Malaria Lead and the Data Bank Officer participated in the harmonization of the Health Sector AOP.

Challenges with the AOP process were noted. In Ebonyi and Zamfara, both IP and State respondents reported that time for developing the State AOP was limited and that people coming late to meetings and leaving early was a distraction. They also noted that Internet connectivity was a problem during virtual sessions.

IPs in Kebbi said that managing expectations of State stakeholders, including those related to travel allowances and daily subsistence allowances (DSAs), was challenging. State respondents in Kebbi reported that they would like the IPs to involve the State in their workplans before they are finalized to improve working relationships and activity implementation. They felt the State's involvement should include both top officials and those who go to the field to have full buy-in to the final workplan.

High-level stakeholders in Zamfara, such as the Commissioner of Health, the Permanent Executive Secretary, and the Executive Secretary of the State Primary Health Care Management Board, were absent from the development of the Health Sector AOP due to lack of funding from the State.

A Zamfara IP respondent stated that the lack of State capacity and inconsistencies in policies because of a change in State governance were challenging during the development of the State Health AOP.

Joint Advocacy

A Mission respondent reported that the IPs cannot approach top government leadership separately. They must have a joint factsheet instead of individual factsheets, which shows how each IP contributes to service delivery, demand generation, and logistics.

In Ebonyi, IPs felt that their joint advocacy efforts facilitated implementation.

In Kebbi, the State noted that PSM and other IPs played a key role in advocating for the State to create a budget line for the LMCU. Previously, the LMCU did not have a budget and therefore could not take ownership of activities.

> In Ebonyi, a State respondent noted, "[The IPs] encourage us and we are in the driver's seat." Another echoed this sentiment, "The State is in the driver's seat and IPs are the passengers with know-how."

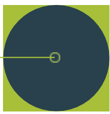
USAID's MOU with Kebbi helped the State understand the need for funding PHCs and facilitated PHC access to the Basic Health Care Provision Fund (BHCPF).

Ownership by the State

IPs noted that ownership by the State, where it exists, facilitated implementation. In Ebonyi, a State respondent noted, "[The IPs] encourage us and we are in the driver's seat." Another echoed this sentiment, "The State is in the driver's seat and IPs are the passengers with know-how." However, both State and IP respondents in Ebonyi reported that lack of human resources for health, lack of State funding, and late release of State funds were challenges to implementation.

IPs in Kebbi also reported that late release of State funds was a challenge. Limited and late release of funds was also noted as a challenge by a national IP respondent. Kebbi IP respondents also reported that the State lacks the capacity to implement fully and relied too much on the IPs. They stated that government staff needed close supervision to ensure that activities were carried out with full fidelity. They also reported the State's reluctance to drive the agenda and fund.

A State respondent in Kebbi reported, "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." This respondent felt that IHP and the State needed to develop a shared understanding similar to that with other development partners: "Nongovernmental organizations come to liaise with the State to carry out their implementation, because they are to support and finance whatever DPRS office arranges, but IHP is not like that."

In Zamfara, IPs noted that the insecticide-treated bed net and SMC campaigns were successful because the State led and committed funds. They also reported that the commitment of stakeholders in the DMA was strong.

However, Zamfara IPs also reported the State lacked ownership of coordination and implementation. One IP respondent said that the State's inability to fund malaria activities was challenging. For example, the State does not conduct supportive supervision visits unless an IP plans to do so. State respondents in Zamfara confirmed it was difficult to get counterpart funds from the State. As in Kebbi, Zamfara IP respondents reported that the State's reluctance to drive the agenda and fund coordination mechanisms hindered implementation.

One State respondent in Zamfara noted that BA-N was leading community activities and not the State. They felt that their capacity had been sufficiently built such that they could facilitate some activities and not just be a participant.

A national IP respondent reported that strong engagement and joint planning with National Malaria Elimination Program (NMEP) has made NMEP understand that they are the leader and PMI-S' role is to support them.

A national IP respondent said that the IPs are collaborating with the States to ensure that leadership and governance structures are acting in line with the operational guidelines that were created for them. This respondent stated that funding support required from the States for these structures is a key deliverable in USAID's MOUs. However, as Mission staff noted, lack of government funding persists. IPs in the States reported ongoing issues with funding, capacity, and ownership by the State.

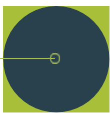
One State respondent in Ebonyi reported that the IPs "preach" about sustainability and ownership, and through frequent messaging government workers were coming to understand it. "By the time you finish listening to them, you have to give a thought to what they are saying. Was a bitter pill to swallow. But the way they approach [us] and their attitude and willingness to assist [helps]."

DSAs and Travel Allowances

DSAs and travel allowances were issues in all three States. Ebonyi State respondents lamented that in the spirit of USAID's sustainability efforts, some IPs were not giving transport allowances for personnel who came from within 50 kilometers for the AOP planning meeting. The State's dissatisfaction with travel allowances was acknowledged by the IPs. However, one State respondent in Ebonyi reported that the IPs "preach" about sustainability and ownership, and through frequent messaging government workers were coming to understand it. "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 and IP respondents said that some IPs were holding residential meetings and others were not due to issues with DSAs. They reported that the different payment structures of IPs were challenging and that it would be beneficial to harmonize them.

In Kebbi, IP respondents reported that it was difficult to get the State to understand and accept the goal of sustainability. One IHP respondent reported that the State was having a difficult time "coming to terms" with IHP's procedures for funding activities, especially its policy of not providing transportation for those



travelling less than 50 kilometers. This was confirmed by a State respondent who said who said that because of this travel policy, some government staff do not attend their meetings. They further noted that other donors, such as UNICEF, the World Health Organization, and Nutrition International provide a travel allowance. Three Kebbi State respondents lamented that IHP does not provide DSAs like other partners.

In Zamfara, IPs said that the flat-rate transport allowance was a challenge to implementation because State participants feel that they should be reimbursed based on distance travelled. State respondents said that payment of allowances to government personnel was usually late and that travel allowances given to participants were not sufficient. For example, a participant will spend 3000 naira for transportation and is only given an allowance of 2000 naira.

Mission respondents noted that the IPs come from different organizations with different policies and operational challenges occur when organizations apply different policies; for example one may have a transport allowance for certain kinds of events while another may not.

Mission staff are having conversations about travel allowances and DSAs and how to align them among IPs and other donors. A Mission respondent reported it has been a challenge coordinating with other donors as some (such as UNICEF and WHO) have no issues with providing DSAs because they operate through the government.

Issues with Coverage

In all three States, State respondents reported issues with limited implementation coverage that could affect the IPs ability to have broader impact.

In Ebonyi, the State reported dissatisfaction with PHC coverage since not all PHCs are covered.

In Kebbi, State respondents said they would like BA-N to work in all 21 LGAs instead of just 11 of them. In addition, a Kebbi State respondent noted that the Drug Revolving Fund (DRF) only includes commodities for RMNCH. They expressed a desire for a more comprehensive, holistic approach through the development of an essential drugs list beyond just RMNCH.

State respondents also reported a lack of coverage by IPs. BA-N is working in only 9 of 14 LGAs, and only in 6 wards per LGA. Similarly, PMI-S is not supporting all LGAs in the State.

Implementation Successes

In addition to reporting on factors that facilitated coordination and implementation, State respondents also reported on implementation successes.

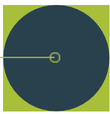
In all three States, IPs reported collaboration around commodity needs to improve availability. The IPs in each State provide PSM with information from health facilities and the community on stockouts, commodity management, imbalances, or expiration so that they can intervene. State respondents in all three States noted an improvement in commodity availability and management.

In Zamfara, IPs reported achievement of 100 percent data collection and commodities supply for malaria.

State respondents in Ebonyi reported that the capacity of providers and State officials had improved due to the efforts of the IPs (improved case management, improved use of data for logistics management, improved planning capacity at State and LGA levels, and development of a pool of trained State staff who can roll out trainings). They also appreciated IPs' support for the AOP process and the introduction of Ward Development Committee (WDC) validation meetings and data triangulation. A State respondent from Ebonyi reported that "[The IPs] hold their hands together and try to achieve something together." Another said, "The four IPs in the State work like sisters. One can't hold activities without involving the others."

In Kebbi, State respondents felt that community empowerment for women was improving, (e.g., some have motorcycles, grinding machines, sewing machines, and domestic animals). The jingle radio segment called Albishinku was said to be popular and effective in changing people's attitudes related to health.

In addition, Kebbi State respondents noted that the IPs' interpersonal communication and counseling work with providers was improving their communication with clients, and in turn more clients were seeking services at



facilities. The low-dose, high-frequency approach to building the capacity of providers was also said to be effective. One respondent lauded IHP's training to improve quality of care, saying "The State will say bravo to IHP."

State respondents in Kebbi said that the reporting rate for family planning commodities reached 100 percent under PSM, whereas before it was between two percent and ten percent. They also noted that DHIS2 data quality has improved, and training of health workers on LMIS data collection along with data validation exercises have improved LMIS data quality.

A Kebbi State respondent also appreciated the development of the costed Minimum Service Package (MSP) and the development of business plans for 225 PHC facilities.

> "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 of all the State[s] because of the level of awareness on malaria."

State respondents in Zamfara commended BA-N for its community work on malaria. "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 of all the State[s] because of the level of awareness on malaria."

World Malaria Day activities were jointly conducted by BA-N and the State in Zamfara. BA-N's community activities, such as town hall meetings, dialogue, and compound meetings were described by the State as effective, as was BA-N's provider behavior change work. BA-N also sent four State staff for leadership training in Ogun and Lagos, which was greatly appreciated.

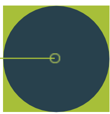
Zamfara SMEP was satisfied with and appreciative of PMI-S. They noted that this is the first time an IP supported all malaria interventions at the same time. "PMI is performing quite well."

Conclusion

Overall, coordination among the IPs and with the States is working well given the number and complexity of relationships, but competing priorities and time are common constraints.

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 IPs in each. Fragmentation of government offices seemed to be more of an issue for integrated programming in Kebbi than in Ebonyi; the reasons why will be further examined in future rounds of process monitoring. The willingness to accept particular aspects of sustainability (most notably DSA and travel allowance policies) also appeared to be greater in Ebonyi than Kebbi or Zamfara, and this will also be explored further in the future.

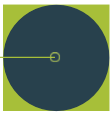
Lack of funds and human resources are common constraints to increased State leadership in coordination mechanisms and implementation. Despite this, State respondents in all three States pointed to many successes achieved by the IPs and offered high praise of their work.



Appendix A. Summary of Factors Affecting Coordination and Implementation by State

	Ebonyi	Kebbi	Zamfara
Coordination Structures			
Mandate to coordinate from USAID	Yes	Yes	Yes
IP monthly coordination meetings	Yes, but gaps	Yes, but gaps	Yes, but gaps
Co-location of offices	Yes	Yes	Only PSM and DMA
Coordination support from the Mission	Yes	Yes	Yes
Coordination with other donor partners	Yes, but limited	Yes, but limited	Yes, but limited
Use of existing State structures to implement	Yes	Yes	Yes
IP work and implementation planning	Final workplans shared with other IPs and the State; IP work plans included in State AOP Monthly/quarterly implementation planning among IPs and the State More involvement of the State in IHP and PMI-S annual work planning than other States	Final workplans shared with other IPs and the State; IP work plans included in State AOP Monthly/quarterly implementation planning among IPs and the State	Final workplans shared with other IPs and the State; IP work plans included in State AOP Monthly/quarterly implementation planning among IPs and the State
Fuzzy definition of “coordination”			Mentioned
System-Level Factors			
Different IP mechanisms and timelines	Yes	Yes	Yes
*Challenges of Integrated and Disease-Focused Programming	PHCs selected on wide criteria across health areas and thus may not be optimal for individual health areas In integrated programs, less-acceptable interventions (e.g., family planning) are paired with more-acceptable interventions (e.g., malaria) and this may reduce the acceptance of health areas that are generally well accepted	PHCs selected on wide criteria across health areas and thus may not be the ideal for some health areas In integrated programs, less-acceptable interventions (e.g., family planning) are paired with more-acceptable interventions (e.g., malaria) and this may reduce the acceptance of health areas that are generally well accepted	Cost of delivering commodities for a single disease is more costly than delivering commodities for multiple health areas
*Limited availability of demand-side data	Yes	Yes	Yes
Fragmentation of government offices		Issues with delineating roles and responsibilities between SMOH and SPHCDA	
Transfer of health workers hindering implementation	Yes	Yes	Yes

*These factors were raised by national-level respondents who did not link them to a specific State. In including them in the table, the evaluation inferred which States to which these factors would apply.



	Ebonyi	Kebbi	Zamfara
Elements of Sustainability			
Support for State AOP Process	Supported development of AOPs for RMNCH, malaria, nutrition, behavior change, LMCU, and harmonization of the State Health Sector AOP Time was limited and people coming and going was a distraction	Supported development of AOPs for RMNCH, malaria, nutrition, behavior change, LMCU, and harmonization of the State Health Sector AOP Managing expectations of State stakeholders was a challenge, especially related to DSAs and travel allowances	Supported development of the malaria, behavior change, and DMA AOP Time was limited and people coming and going was a distraction High-level State stakeholders absent due to lack of State funding
Advocacy by IPs	Yes	Yes	Yes
Ownership by State	In general, lack of human resources for health and State funding Ownership by the State facilitates implementation where it exists	In general, lack of human resources for health and State funding IPs feel that State staff need close supervision to ensure activities are carried out with full fidelity State does not drive the agenda or fund State coordination meetings	In general, lack of human resources for health and State funding IPs noted that bed net and SMC campaigns were successful because the State led and committed funds State does not drive the agenda or fund State coordination meetings
DSAs and travel allowances	State respondents reported IPs have different policies on DSAs/allowances; some hold residential meetings and others do not	State respondents reported USAID IPs have different policies on DSAs/allowances than other donors	State respondents have issues with travel allowances
State dissatisfaction with coverage	Yes	Yes	Yes

For more information

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