



Process Monitoring Summary Results: Zamfara

Introduction

Data for Impact (D4I) is conducting a mixed methods, portfolio-level evaluation of four United States Agency for International Development (USAID) Health, Population, and Nutrition programs in the Nigerian States of Ebonyi, Kebbi, and Zamfara. The programs are the Integrated Health Project, 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). The evaluation includes a process monitoring component designed to help answer evaluation questions, monitor the implementation of 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 Activities, work planning, and areas of joint implementation to describe coordination processes and to determine whether assumptions made about how the activities work together to achieve desired outcomes were accurate. This brief shares the preliminary results from Zamfara where PMI-S, BA-N, and PSM are active.

Methods

Key informant interview guides were developed for each Activity that focused on how Activities collaborate and coordinate with each other and the State during planning and implementation to achieve desired outcomes. The guides were informed by the Activities' Monitoring, Evaluation, and Learning plans, the result areas and the portfolio-level TOC developed for the evaluation.

Each Activity provided the names and contact information for potential Activity and State respondents, including information about their responsibilities and areas of engagement and collaboration. Two respondents were

selected from each Activity, along with two State counterparts per Activity, such that 12 interviews were planned. One State respondent was not available. Eleven interviews were conducted (with one female and 10 males) in March and April 2021. The selection of respondents was based on the relevance of their roles and engagement with the objectives of the evaluation.

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 related to an interview topic, was used to facilitate analysis across cases (respondents) and to sort the data by theme.

Coordination Among Activities

The Activities coordinate through a monthly partners' meeting that is attended by a member of the State Malaria Elimination Programme (SMEP). The purpose of the meeting is to:

- Harmonize workplans to identify thematic areas for collaboration and avoid the “clash of activities.”
- Debrief on activities implemented.
- Coordinate advocacy activities so that all Activities are represented.

Ad hoc meetings are held as issues arise. These meetings tend to be more frequent than the monthly meeting. For example, before signing the Seasonal Malaria Chemoprevention (SMC) micro plan, the Activities met to agree on wording and elements of the document to reflect the interests of USAID.

The Activities, the Local Government Authority (LGA) malaria focal persons, the State Permanent Secretary, and the SMEP team use WhatsApp to address pressing issues from the field that require immediate response.



Coordination with the State

Activities provide technical and sometimes financial, (e.g., flat rate travel, lunch) support to numerous State coordination meetings. Multiple Activities participate in many of these meetings. They include the quarterly meeting of the Malaria Advocacy, Communication, and Social Mobilization (ACSM) technical working group (TWG); the monthly non-President's Malaria Initiative Malaria Partners' Forum (focused on SMC); the quarterly All Health Partners Forum led by the Department of Planning, Research and Statistics; the quarterly PSM Logistics TWG meeting; data validation coordinating meetings; quarterly meetings on the use of data for decision making; monthly data control room meetings (with the Monitoring and Evaluation [M&E] officer of the Hospital Service Management Board); bimonthly Health Management Information Systems (HMIS) and Logistics Management Information System (LMIS) triangulation meetings; monthly meetings with the LGA Logistics Management Coordination Unit (LMCU) coordinators; and meetings with Roll Back Malaria (RBM) program focal persons.

In addition, PMI-S assessed various malaria technical groups and reactivated the Malaria TWG and the Community Health Influencers, Promoters, and Services (CHIPS) management working group.

The Activities are working to have SMEP take greater ownership of these groups (e.g., commit to leading and partially funding the meetings).

Coordination: What Worked Well

The Activities' monthly coordination meetings have helped avoid any overlap of activities and enabled Activities to participate and support each other's activities (Activity respondent).

PSM's office is located in the Drug Management Agency (DMA) building where the LCMU team is also located. This has facilitated coordination between PSM and LMCU staff (Activity respondent).

A State respondent reported that SMEP is "100 percent satisfied with the Activities because of what they are doing and whenever the State calls for meetings, they all attend."

Another State respondent reported that they were happy that PMI-S reactivated the Malaria TWG and the CHIPS management working group because they are vital for coordination and tracking progress.

Coordination: Challenges

One Activity respondent stated that inconsistencies in State policies because of a change in overall State governance, and the State's reluctance to drive the agenda and fund coordination mechanisms, have been challenging.

Another Activity respondent noted that the State does not always follow through on resolutions that are reached at coordination meetings. This may be due to funding issues..

The Activities are not co-located and this poses a challenge with coordination, especially for holding meetings (Activity respondent).

Activity Work Planning

BA-N

The State was not involved in the development of BA-N's workplan (plans are developed by BA-N's national office) but received a copy of the final document. State data were used to inform the plan, including DHIS2, Malaria Indicators Survey (MIS) data, and lessons learned from the previous year.

To align BA-N's plan with the State, an interpersonal communication framework was developed by the Activities, the State, and the Federal Ministry of Health. Although this framework has yet to receive final approval, BA-N develops quarterly workplans that take into account the monthly workplans of the other Activities. The State has input into these quarterly workplans such that it becomes a joint plan for the State.

What worked well:

- The State is able to leverage BA-N's workplan when it develops the State Malaria Annual Operational Plan (AOP) (State respondent).

Challenges:

- There are components of the State AOP that are not in BA-N's workplan because BA-N does not



cover the whole State (State respondent).

- The State is satisfied with the technical aspects of BA-N's workplan, except for the budget. The State would like BA-N to share its budget with the State for transparency (State respondent).
- SMEP wants to recommend who BA-N should use for vendors (Activity respondent).

PMI-S

PMI-S's workplan was informed by a baseline assessment in the State, which helped PMI-S determine and prioritize activities. The baseline assessment included information on government priorities from SMEP and the State MOH. PMI-S's workplan is aligned with the State AOP. The workplan was developed without the direct participation of the other Activities or the State, but the final plan was disseminated to all.

What worked well:

- PMI-S has monthly and quarterly meetings with the State at which they discuss the activities in the PMI-S workplan and compare them with the State Malaria AOP and the Health Sector AOP. The Malaria AOP clearly states which activities require collaboration with other Activities to implement (Activity respondent).

Challenges:

- One Activity respondent reported that SMEP is satisfied with PMI-S' workplan overall but noted that there are some gaps in terms of funding and scope (coverage) of activities because PMI-S does not cover the whole State.
- Another Activity respondent reported that the State was not satisfied with meeting logistics because the State expects that, in addition to technical support, PMI-S should provide transportation for participants.

PSM

PSM's state workplans are developed by the central office with input from a few LMCU stakeholders in the state. The PSM workplan is aligned with the LMCU workplan.

A State respondent reported that several State staff

members were interviewed by PSM before the development of the workplan, including the HMIS Officer, SMEP M&E Officer, Deputy Program Manager for SMEP, and the current PMI-S State Technical Malaria Lead who was with SMEP at that time.

What worked well: Not mentioned

Challenges: None mentioned.

Overall

In general, State respondents reported that they were satisfied with the Activities' workplans because they align with the State Malaria AOP and the LMCU workplan. Although they did not have input into all Activities' initial plans, they reported having input via the monthly coordination meetings. One State respondent said, "The State is satisfied [with the Activities' 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."

State AOP

The Activities supported the State Malaria AOP and the DMA AOP, which are incorporated in the State Health Sector AOP.

The National Malaria Elimination Program AOP template was reviewed by State and Activity malaria stakeholders and was used to develop the State (SMEP) Malaria AOP. The Malaria AOP was developed through a desk review of the 2020 Malaria AOP led by SMEP, with input from stakeholders because there was no funding for the five-day meeting that is usually held to develop the plan. DHIS2 data informed the plan and BA-N provided technical support for the ACSM segment, PMI-S supported the M&E and Case Management segments, and PSM supported the Supply Chain Management segment. PMI-S also provided technical assistance during the budget review.

The Malaria AOP is informed by DHIS2 and MIS data.

PSM also provided technical and financial support for the development of the DMA AOP. PSM's support cut across all thematic areas of the DMA, including finance, warehousing and distribution, the LMCU, report collection, and M&E. The LMCU's workplan



and the DMA AOP are harmonized, except for specific activities that are not within the scope of PSM.

The PMI-S State Technical Malaria Lead and the Data Bank Officer participated in the development of the Health Sector AOP.

What worked well:

- The commitment and dedication of the stakeholders and Activities who participated in the Malaria AOP (Activity respondent).
- Knowledge/ownership was transferred to the State in that the 2021 Malaria AOP was led by SMEP (Activity respondent).
- PMI support during the budget review of the Malaria AOP (State respondent).
- The State was fully committed to the DMA AOP development process (Activity respondent).

Challenges:

- High-level stakeholders, such as the Commissioner of Health, the Permanent Executive Secretary, the Executive Secretary of the State Primary Health Care Management Board, and others, were absent from the development of the Health Sector AOP due to lack of funding from the State (Activity respondent).
- PSM funded the development of the DMA AOP. A three-day meeting (shortened from five days due to lack of funds) was held outside the State. Both Activity and State respondents felt that the time was too short.
- The State Health Sector AOP development process was partly hampered by COVID-19, especially the breakout sections. This was because of the need to adhere to COVID-19 social distancing measures that reduced the number of group members participating.

Areas of Joint Implementation Among Activities

Areas of Collaboration Among All Three Activities

Activities participate in each other's training programs. For example, all three Activities participated in the

training of trainers on malaria diagnosis and treatment, on malaria in pregnancy, and on intermittent preventive treatment of malaria in pregnancy (IPTp).

The three Activities also participated in clinical meetings and SMC activities.

BA-N and PMI-S provide ongoing feedback on commodity availability to PSM.

Areas of Collaboration Between BA-N/PMI-S

PMI-S will roll out the behavioral economics prototype training at health facilities, with technical assistance from BA-N.

BA-N and PMI-S collaborate on advocacy activities.

Areas of Collaboration Between BA-N/PSM

BA-N held capacity strengthening meetings with the in-charges of all primary health care facilities in its intervention LGAs, with PSM in attendance. These meetings are planned and facilitated by RBM and the SMEP.

Areas of Collaboration Between PMI-S/PSM

PMI-S and PSM collaborate on the triangulation of LMIS and HMIS data. PMI-S is considering how it can leverage some of PSM's LGA coordination forums, such as data validation meetings, to carry out commodities triangulation meetings.

PMI-S and PSM collaborated to review the list of facilities being supported by PSM and replaced low turnout facilities with high turnout facilities.

PMI-s/PSM also collaborated with the Drug Management Agency to include malaria commodities.

Implementation

Implementation: What Worked Well/Successes

Activities reported that the following activities worked well or were successes:

- The implementation of insecticide treated bed net and SMC campaigns were successes. The State led and committed funds.
- There is now continuous formal engagement and feedback between providers and the communities due to BA-N's community engagement activities



that bring the two together.

- Training participants adhered to COVID-19 guidelines (use of face masks and halls that allow for adequate spacing in the seating arrangement).
- The commitment of some stakeholders in the DMA has been strong.
- There has been achievement of 100 percent data collection and commodities supply for malaria.
- The State has shown acceptance of and given recognition to the Activities.

State respondents reported the following successes:

- A State respondent 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 from all the state[s] because of the level of awareness on malaria.”
- World Malaria Day activities that were jointly conducted by BA-N and the State. BA-N’s community activities, such as town hall meetings, dialogue, and compound meetings are very effective, as is BA-N’s provider behavior change work. BA-N also sent four State staff for leadership training in Ogun and Lagos and the State was appreciative.
- SMEP was satisfied with and appreciative of PMI-S. It noted that this is the first time an Activity supported all malaria interventions at the same time. “PMI is performing quite well.”
- PMI-S makes advocacy visits to State offices so that they release their staff for PMI-S activities and this was appreciated.

Implementation Challenges

Activities reported the following challenges:

- Activities sometimes give each other short notice about an activity that other Activities are required to participate in.
- Sometimes there is overlap of Activities’ work. At other times there are competing priorities.
- Developing an understanding of the clear-cut responsibilities of individual Activities about

implementing a specific activity was occasionally an issue.

- The flat rate for transportation is a challenge (participants feel that they should be reimbursed based on distance travelled).
- The State’s inability to fund malaria activities is challenging. For example, the State does not conduct supportive supervision visits unless an Activity plans to.
- The State lacks ownership of coordination/implementation.
- The lack of capacity of RBM focal persons for data entry in the LMIS has been a challenge.
- There have been frequent changes in LGA staffing due to changes in State government.
- The security situation in the State is a challenge.

State respondents reported the following challenges:

- At times Activity’s work overlapped. For example, an IPTp activity clashed with a data validation activity due to the last minute approval of the data validation activity.
- BA-N is working in only nine of 14 LGAs, and in these LGAs, it only works in six wards per LGA. Similarly, PMI-S is not supporting all LGAs in the State.
- BA-N is leading and not the State. Based on the level of State capacity that has been built, the State believes that it can facilitate some activities and not just be a participant.
- Meal provision during training programs was a problem because the food from the State headquarters usually spoiled before it reached the LGAs for the training program. PMI-S agreed to use vendors from the LGAs but it was uncertain whether they would meet the criteria for vendors.
- Payment of allowances to government personnel was usually late.
- 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.

- Activities lacked funds to conduct advocacy visits with the State.
- It was difficult to get counterpart funds from the State.
- The security situation in the State was a challenge.

For more information

D4I supports countries to realize the power of data as actionable evidence that can improve programs, policies, and—ultimately—health outcomes. We strengthen the technical and organizational capacity of local partners to collect, analyze, and use data to support their move to self-reliance. For more information, visit <https://www.data4impactproject.org/>

