



Nigeria Health, Population, and Nutrition Multi-Activity Evaluation:

Baseline Health Facility Assessment Methodology Note

Data for Impact (D4I) is conducting a prospective mixed methods portfolio-level outcome evaluation of four USAID/Nigeria Health, Population, and Nutrition (HPN) activities to provide evidence for health programming, with a focus on comparing an integrated health programming approach with a disease-focused approach (malaria). The intervention models include:

- An **integrated approach**, implemented by the Integrated Health Project (IHP), which includes a fully integrated set of reproductive, maternal, newborn, and child health plus nutrition and malaria (RMNCH+NM) and health system strengthening interventions.
- A **disease-focused approach**, implemented by the President’s Malaria Initiative for States (PMI-S), which focuses on malaria health programming and health system strengthening.
- Both models include **demand creation** (led by Breakthrough ACTION-Nigeria [BA-N]) and **commodity procurement and distribution** (led by Global Health Supply Chain Program-Procurement and Supply Management [GHSC-PSM]) interventions.

The evaluation seeks to understand whether malaria and other health behavior and service delivery outcomes improved more from baseline to endline in Local Government Authorities (LGAs) and states where an integrated approach was implemented, a disease-focused approach was implemented, or a combination of the two. The evaluation is being implemented in three case-study states (Table 1).

Table 1. Intervention components by evaluation case-study state

State	Activity	Start date	End date
Ebonyi	IHP	April 2020	December 2024
	PMI-S	January 2020	January 2025
Kebbi	IHP	April 2019	March 2024
Zamfara	PMI-S	August 2020	June 2025
D4I Nigeria HPN Evaluation		October 2020	September 2025

For all states: BA-N September 2017–September 2026; GHSC-PSM July 2016–November 2023.

D4I conducted a health facility assessment (HFA) as part of the evaluation to gather information on health facilities’ service availability and readiness to provide services both generally and specifically for malaria, family planning (FP), and antenatal care (ANC) service domains. Health facility service availability and readiness are assessed using specific services such as diagnosis and treatment of malaria, and general support services such as stockout rates and health information system reporting practices. The purpose of this methodology note is to describe the methods used in conducting and analyzing the baseline HFA. Additional information for the baseline HFA, including a results brief, full results tables, the indicator matrix, and D4I’s Zamfara HFA data collection instrument, are available at <https://www.data4impactproject.org/countries/nigeria>.



Methods

Data Collection and Sampling

In each state, 120 public, primary health care (PHC) facilities were sampled that were designated as ward-level ‘functional’ PHC facilities per Nigeria’s Primary Health Care Under One Roof (PHCUOR) policy. In Kebbi and Ebonyi, a representative sample of IHP-supported public PHCs was selected, and in Zamfara, a comparable sample of PMI-S-supported public PHCs was selected. Additional details on the sampling approach can be found in the Nigeria HPN Evaluation 2021 Provider Survey Results report.¹

Initial data collection was conducted by IHP in Kebbi August 2–22, 2020, and in Ebonyi June 10–July 6, 2021, using IHP-developed HFA tools based on the World Health Organization’s (WHO’s) Service Availability and Readiness Assessment (SARA) tool (World Health Organization, 2015). D4I used selected modules from IHP’s instruments to collect HFA data from Zamfara health facilities, as well as additional evaluation-specific data from facilities in all three states, July 5–August 12, 2021. The health facility assessment tool was completed once for each of the 360 eligible health facilities.

Indicators and Analytic Approach

The evaluation’s overarching development hypothesis is that shifting to an integrated health programming approach from a disease-specific approach will lead to broader and more sustainable improvements in health system and health behavior outcomes. Because the different activities across the evaluation have different objectives and mandates in each state, D4I examined service delivery outcomes in general, malaria, ANC, and FP service domains.

Facility service delivery outcomes were assessed using service availability and readiness tracer and summary index indicators defined per WHO Harmonized Health Facility Assessment (HHFA) guidelines (WHO, 2022). Service availability indicators were calculated among all health facilities, and service readiness indicators were calculated among those facilities providing a specific service. Some HHFA indicators were adapted to include only relevant indicators that were expected to be found in project health facilities and for which data had been collected. Additional indicators outside of the HHFA framework were included where no existing HHFA indicator appropriately addressed D4I evaluation questions. Evaluation variables are detailed in the indicator matrix available on the evaluation website.

Evaluation baseline HFA findings are summarized at the state level, with across-state tests of statistical significance. Trend analysis will be conducted at evaluation endline and will focus on understanding changes at the state level and a comparison of trends across the three case-study states.

Methodological Limitations

Since this is a multi-activity evaluation, the four different HPN activities are at different points in their implementation in the different case-study states. Therefore, the results presented in this report do not represent a baseline for individual activities, but rather they reflect a starting point of where project activities are at the evaluation baseline (July/August 2021).

The majority of Ebonyi and Kebbi data elements were collected by IHP at earlier dates than D4I data collection fieldwork. While HFA instruments were aligned, IHP had their own processes and standards for data collection that may have differed from D4I, including slight variations on response options.

¹ Available on the D4I Nigeria Multi-Activity Evaluation website at <https://www.data4impactproject.org/countries/nigeria>.



References

World Health Organization (WHO). (2022). *Harmonized Health Facility Assessment (HHFA) Indicator Inventory*. Retrieved from <https://indicator-inventory.hhfa.online/>

World Health Organization (WHO). (2015). *Service Availability and Readiness Assessment (SARA): An Annual Monitoring System for Service Delivery – Reference Manual, Version 2.2*. Geneva: World Health Organization. http://www.who.int/healthinfo/systems/sara_reference_manual/en/

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 sustainable development. For more information, visit <https://www.data4impactproject.org/>