2022 Sustainability Assessment Results

Nigeria Health, Population, and Nutrition Multi-Activity Evaluation

February 2023

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Abbreviations

AOP	annual operational plan
BA-N	Breakthrough ACTION – Nigeria
CV	community volunteer
D4I	Data for Impact
DHIS2	District Health Information System Version 2
DRMC	Data Research and Mapping Consult
FMOH	Federal Ministry of Health
GHSC-PSM	Global Health Supply Chain Program – Procurement and Supply Management
HPN	Health, Population, and Nutrition
IHP	Integrated Health Project
IP	implementing partner
KII	key informant interview
LGA	Local Government Area
LMCU	Logistics Management Coordination Unit
LMIS	logistics management and information system
M&E	monitoring and evaluation
MIP	malaria in pregnancy
MNCH	maternal, newborn, and child health
MOH	Ministry of Health
MOU	memorandum of understanding
NDHS	Nigeria Demographic and Health Survey
NPHCDA	National Primary Health Care Development Agency
PHC	primary health care
PMI-S	President's Malaria Initiative for States
RMNCH+NM	reproductive, maternal, child, and newborn health plus nutrition and malaria
RMNH	reproductive, maternal, and newborn health
SMOH	State Ministry of Health
TOC	theory of change
USAID	United States Agency for International Development

Executive Summary

Assessment Overview

- The 2022 sustainability assessment explores how four USAID/Nigeria Health, Population, and Nutrition (HPN) Activities are contributing to the sustainability of health systems and health outcomes in Ebonyi, Kebbi, and Zamfara states.

- Evaluation question: *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 President's Malaria Initiative for States (PMI-S) approach was implemented, or a combination of the two?*

- The assessment used a mixed-method approach that featured a quantitative survey and semi-structured key informant interviews (KIIs).

Key Findings

Both quantitative and qualitative findings find evidence that HPN Activities are contributing to sustainable state health systems and outcomes.

- The three states scored consistently high in 'program implementation' and 'enabling environment' functional areas.

- Ebonyi scored highest across all domains of 'program implementation' while a different state scored highest overall in each of the three domains included in the 'enabling environment' area (e.g., Ebonyi scored highest on advocacy and communications, Zamfara on political support and acceptance, and Kebbi on government and local policy alignment).

- Coordination and advocacy with government stakeholders is generally working well although "busy schedule," "limited competency among stakeholders" on health issues, and "competing priorities" were cited as challenges to these efforts.

- Assessment survey scores were lowest for system and organizational capacity with many item averages in the 'small' to 'average' range.

- Limited funding and human resources continue to constrain state governments' capability to fully own and independently implement HPN approaches. Scores for measures in state government's resource and funding stability domain were lowest, with Ebonyi reporting lower than Kebbi and Zamfara.

- Respondents highlighted the shortage of funds and resources stemming from the states' "competing needs" and how government perceives, prioritizes, and commits to health.

Conclusion

- The results of this assessment presented are baseline findings. Therefore, evidence on effectiveness of HPN Activities' health programming approaches in increasing commitment/engagement and capacity is still limited.

- Differences between states are small, and both integrated and malaria-focused approaches incorporate multiple elements expected to contribute to sustainability.

- The larger context at state level—such as political economy, interpersonal dynamics, expectations—seems to have a larger influence on progress toward sustainability than the integrated vs. disease-focused approach.

- Structural constraints (e.g., funding, human resources, timeline) limit progress toward sustainability in both program models and are largely outside the control of the implementing partners (IPs).

Introduction

Data for Impact (D4I) is conducting a prospective mixed-methods portfolio evaluation of four USAID/Nigeria HPN Activities, with a focus on comparing an integrated health programming approach with a disease-focused approach (malaria). Evaluation results will inform adaptive program implementation and support USAID/Nigeria's investment strategy prioritization to improve health outcomes.

Intervention Models

- **Integrated approach**: The Integrated Health Project (IHP) implements a fully integrated set of reproductive, maternal, newborn, and child health plus nutrition and malaria (RMNCH+NM) and health system strengthening interventions.

- **Disease-focused approach**: The PMI-S 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 is being implemented in three case study states (Table 1).

Table 1. Intervention components by evaluation case-study state

State	Intervention
Ebonyi	Integrated + Disease-focused
Kebbi	Integrated
Zamfara	Disease-focused

Evaluation Question

The sustainability assessment component of the evaluation seeks to answer the following broad evaluation question related to health programming effectiveness:

> *Did relevant commitment/engagement and capacity outcomes improve more from baseline to endline in LGAs/states where an integrated approach (IHP) was implemented, a disease-focused approach (PMI-S) was implemented, or a combination of the two?*

All four HPN Activities are engaging with state teams and structures through capacity strengthening activities to improve health planning, management, and coordination at the state and community levels. Through this engagement and capacity building they expect to gain support and commitment of stakeholders and gradually sustain the changes achieved.

This report presents an overview of the methods used to evaluate sustainability of HPN programming approaches and the baseline results of the assessment. The sustainability assessment was part of the second round of evaluation process monitoring conducted in early 2022. The first round of process monitoring in 2021 focused on coordination and collaboration among the Activities.

Assessment Conceptual Framework

USAID's definition of sustainability of public health programs includes three operational constructs: (1) capacity building, (2) institutionalization, and (3) maintenance.[1,2] Based on this definition, we developed a conceptual framework to describe different components that potentially influence the sustainability of HPN programming interventions to guide the assessment (Figure 1). The framework was adapted from other research that evaluated sustainability of U.S. and global health programs.[3,4,5,6,7]

> 📋 **Definitions**
>
> **Sustainability** refers to "the capacity to maintain program services at a level that will provide ongoing prevention and treatment for a health problem after termination of major financial, managerial, and technical assistance from an external donor." *
>
> *Sustainability of Development Programs: A Compendium of Donor Experience*. Washington, DC: U.S. Agency for International Development; 1998

We hypothesize that by engaging government partners in health system strengthening interventions the four HPN Activities will strengthen the elements that enable the government system to deliver improved health services. During the engagement process, structures and processes of the interventions are adopted, embedded, and gradually integrated into habitual practices of the government systems which can be reflected through policies, strategies, practices, and behaviors. As part of the process, the Activities continue working with government partners to collect feedback and make adjustments to ensure that the interventions fit into the government system and are ready for the government to take over and eventually own fully. This institutionalization of interventions and practices leads to sustained improvements in high quality health services and health outcomes.

The framework comprises four main functional areas:

1. *Program implementation* refers to HPN Activity's strategies and programs carried out to achieve desired objectives and outcomes. This includes design and planning of program activities, program adaptability and alignment with Federal and States' operational health plans, goals, vision and community norms, effective engagement with stakeholders, implementation processes, and monitoring and evaluation (M&E).

2. *System/organizational capacity* refers to conditions that are necessary for the program to operate independently and maintain its core activities. These include resilient resources and finances, leadership competence, staff involvement in implementation and decision making, system/organization's flexibility to adapt to the change, and intra-departmental and inter-departmental coordination and collaboration.

3. *Community embeddedness* refers to community engagement and participation in the program activities. This includes partnership between the HPN Activity and community, involvement of community leaders and local champions, community participation, accountability and ownership, and impact of the program on public health.

Figure 1. Conceptual framework for sustainability assessment
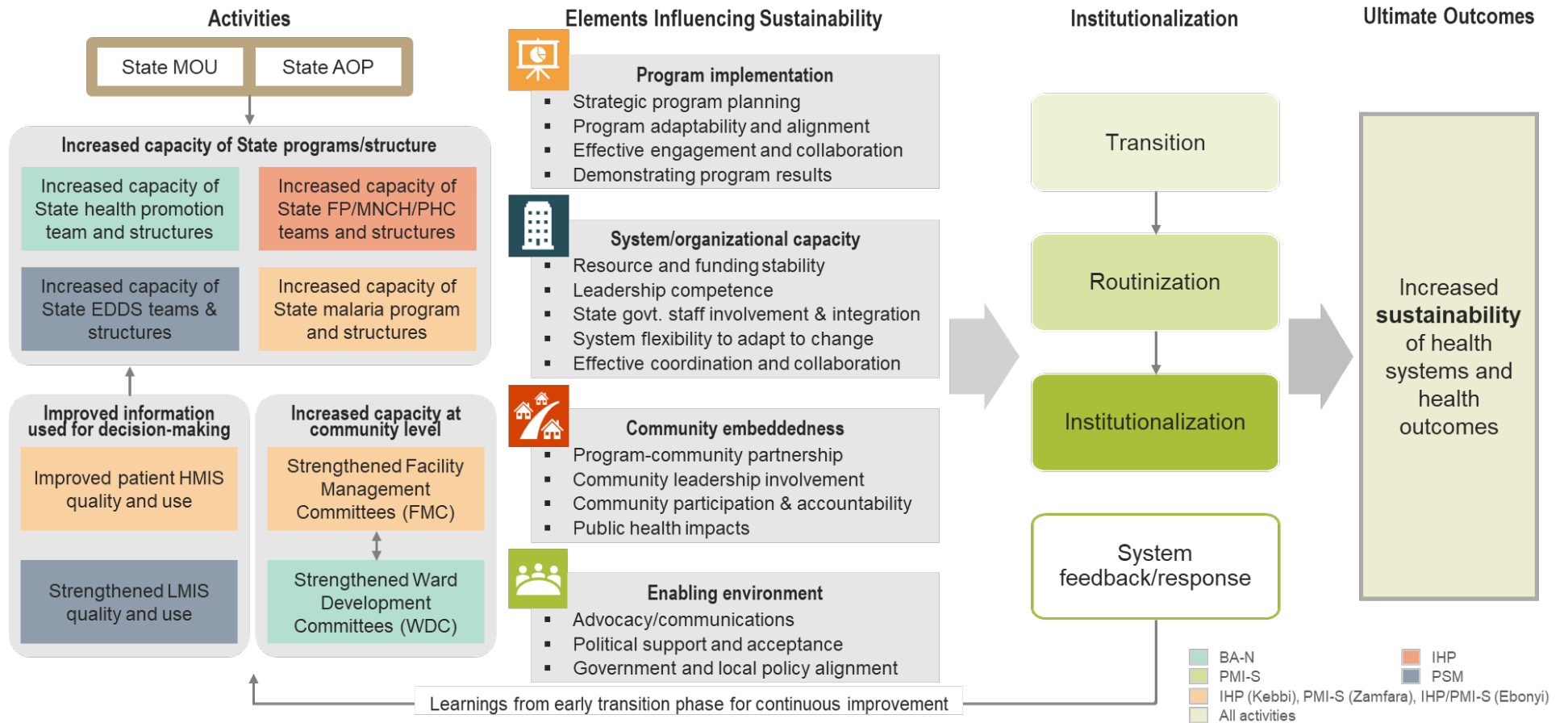
4. *Enabling environment* refers to conditions that affect the ability of the HPN Activity to meet its goals and health outcomes in an effective and sustained manner. These include the ability to efficiently advocate and communicate the Activity's programs to obtain visibility, political support and acceptance, and the policy and strategy alignment between Federal and state levels.

The broad political, economic, cultural, and geographical context is also considered when conducting assessment of the four components.

Methods, Material, and Analyses

Assessment Design

The assessment involved a mixed-method approach. Quantitative data collection was guided by a set of survey questions adapted from the Center for Public Health Systems Science's Program Sustainability Assessment Tool (PSAT).[8] We chose to adapt the PSAT because the tool was tested, and it is easy to use and applicable to a variety of public health programs.[9,10] Qualitative data were collected using semi-structured interviews guides developed for HPN Activity, state government, and USAID respondents.

Instruments

The sustainability survey tool included 57 multiple-choice items that assess program's sustainability capacity across 12 domains under three functional areas of the sustainability assessment framework (Figure 2). The community embeddedness domain was only applicable for BA-N's program activities, so we decided to drop that component for the survey but included it in the KIIs. Responses

Figure 2. Sustainability domains and number of survey items

Functional area	Domain	# items
1 Program implementation	1. Strategic program planning	6
	2. Program adaptability and alignment	6
	3. Effective engagement and collaboration	4
	4. Demonstrating program results	5
2 System/organizational capacity	1. Resource and funding stability	5
	2. State government leadership competence	6
	3. State government staff involvement and integration	7
	4. System flexibility to adapt to change	3
	5. Government coordination and collaboration	4
3 Enabling environment	1. Advocacy/communications	5
	2. Political support and acceptance	4
	3. Government and local policy alignment	2

for each item used a 7-point Likert scale anchored by 'to an extremely small extent' (1) and 'to an extremely large extent' (7).

The KII guides were structured to align with the functional areas of the conceptual framework. Qualitative interviews focused on Activities' strategies for sustainability, strengths, and challenges in their coordination with government partners, program alignment with government's health plans, government's readiness for the integration and institutionalization of these health programs into the system, and suggestions to strengthen the sustainability of integrated interventions.

Gender was integrated across components of the assessment conceptual framework. Both survey questions and KII guides included questions to identify and understand gendered dimensions of strategies/programs and outcomes, such as implementation of gender approaches, or gender balancing in capacity building opportunities.

Data Source and Sample

We asked each Activity to provide names, affiliated organizations, and contact information of Activity staff and state government partners who are most involved with their Activity to participate in the survey and KIIs. We advised each Activity to select up to 10 staff and stakeholders for each state. We also considered the balance of female and male respondents in the selection to ensure balanced perspectives on the interventions and outcomes. In each state, we invited all recommended respondents to complete the survey.

After completing the survey, we selected one state director/manager/coordinator from each Activity, and two or three senior staff from government agencies for qualitative interviews. At the national level, we interviewed one senior staff member from each Activity and USAID/Nigeria officers overseeing the Activities.

Analyses

All survey questions were programmed into Open Data Kit (ODK) which allowed respondents to complete the survey via a tablet. We analyzed quantitative data using IBM SPSS Statistics software. Item scores and domain averages were calculated for each respondent and aggregated by state. Aggregated state reports included state averages for each item, and item averages for each of the 12 sustainability domains.

Qualitative interviews were conducted either in-person or via Zoom and lasted on average 60 minutes. We audio recorded and documented each discussion in an interviewer note. Two research assistants listened to audio recordings and reviewed notes to add details to interview summaries and capture illustrative quotations using a template developed by the D4I team. Researchers developed a matrix that maps respondents (in rows) and their responses for each interview topic (in columns) to assist analysis across respondents and themes. New themes emerging from key informants' responses related to sustainability were added to the matrix as the D4I team coded the data.

Results

In total, 161 staff members (24% female and 76% male) from HPN Activities and government agencies across the three states took part in the survey between February and March 2022.

Qualitative data were obtained from 24 staff of the Activities (13 KIIs), government agencies (8 KIIs), and

Table 2. Key informants interviewed, by group and state

Respondent	Sample size			
	Ebonyi	Kebbi	Zamfara	Abuja FCT
HPN Activity	4	3	3	3
Government	3	3	2	0
USAID	0	0	0	3
Total	7	6	5	6

USAID/Nigeria mission (3 KIIs) in the three states between March and May 2022 (Table 2). Of these key informants, 33% (n=8) were female.

The analysis addressed the four elements of the sustainability framework and two broader themes from the KII, organized as follows: (1) perception of 'sustainability', (2) program implementation, (3) system/organizational capacity, (4) community embeddedness, (5) enabling environment, and (6) fostering sustainability in practice.

Perception of 'Sustainability'

A majority of KII respondents across the three states were familiar with the concept of sustainability and acknowledged its importance to ensure improvement of health services and health outcomes. The perception of sustainability was consistent among those interviewed, particularly government stakeholders, and well-aligned with USAID's definition of sustainability. Specifically, key informants defined the concept as "ability of the government" and stakeholders to "take ownership" of "strategies, activities, and approaches that implementing partners (IPs) like IHP, BA-N, PMI-S, and PSM are implementing with State Ministry of Health (SMOH)" and "continue doing" them even when "the IPs are no longer in

> *Capacity of the state to continue a program after implementing, [including] capacity to fund, continue [to] lay down rules for the program, and adhere to policy surrounding the program.* — Ebonyi SMOH staff
>
> *Ability of the government to continue doing those activities or programs even when the partner isn't there to continue it. For example, we've been trained and supported for end use verification for years. Now, it should be something the government can take over and continue doing it.* — Kebbi SMOH staff
>
> *Ability of the state to maintain what implementing partners brought to the state even after they leave. In that aspect, for example, state is doing our best in [sustaining] seasonal malaria chemoprevention.* — Zamfara SMOH staff

the state." Although "capacity" and "ability" were consistently and frequently perceived as key components for sustainability among KII respondents, elements such as willingness and commitment were not mentioned in any responses to the question regarding 'sustainability' definition.

Program Implementation

All four Activities reported they have a sustainability plan built into implementing their programs. Figure 3 describes a general planning process for the sustainability of HPN interventions that emerged from the KIIs. Specifically, during the inception phase of their project, Activities developed and integrated 'sustainability' strategies into any intervention and practice that they

Figure 3. Planning process for the sustainability of HPN interventions
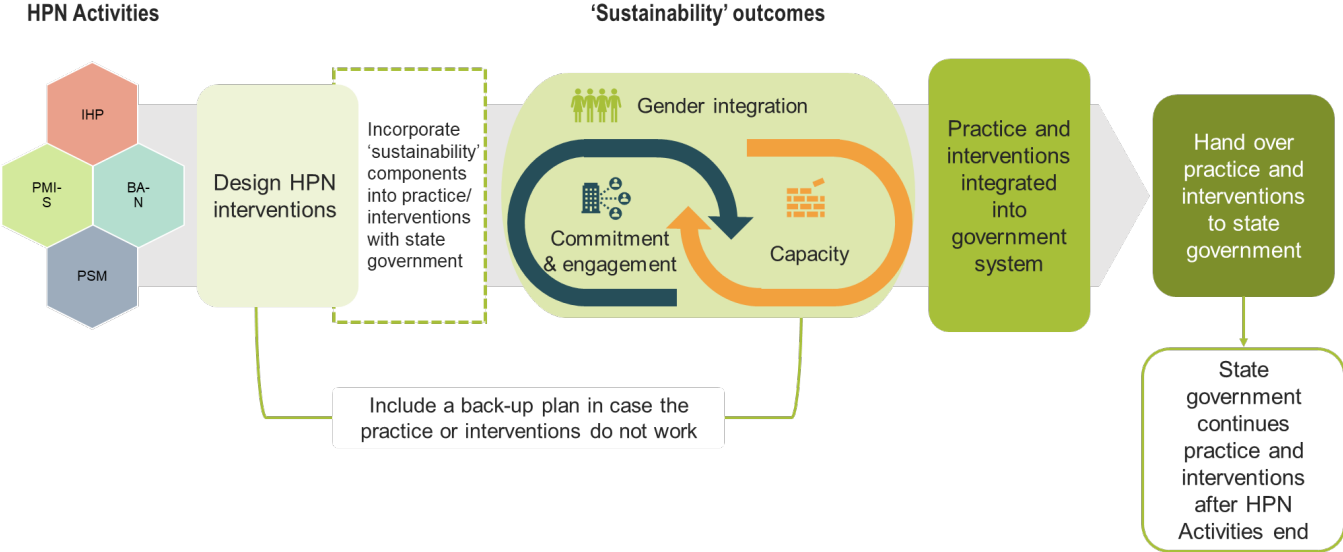
would implement with state governments. These strategies were also discussed with state government stakeholders as part of the engagement process. The built-in 'sustainability' component was expected to enhance ability of states and communities to "take over what [the Activity] is currently doing" and "continue the vision of the project" when the Activity "pulls out."

Key informants discussed examples of 'sustainability' strategies that HPN Activities are using. These included:

- "Communicate" the purpose and goals of the sustainability plan with stakeholders at the beginning of the design process.
- Align interventions that include a sustainability plan alongside state's annual operational plans (AOPs).
- "Engage" and "support" not only state-level stakeholders but also local government area (LGA)- and grassroot-level leaders in the implementation process.
- "Implement an intervention in phases" – such as entry, intensive, maintenance, and exit – to avoid an abrupt conclusion of the intervention and ensure that the government partners are well prepared for "their journey to self-reliance."
- Co-locate Activity office within SMOH's office complex, and pair up Activity staff working with a SMOH counterpart to "make it easier for [the Activity] to transfer skills to relevant government officials."

- "Incorporate" and "promote" "gender" and "gender equity" in practices and interventions that Activity implements with government partners by designating an IP staff person as a "gender focal person" who would "facilitate, train, and ensure" that gender and gender equity are operationalized within the scope of where the Activity operates. For example, the gender focal person would provide training on gender equality to local stakeholders, and work with them to ensure that "each LGA or ward where [the Activity] operates has an equal balance of male and female" in both supervisory and implementation teams.

Figures 4, 5, 6 and 7 highlight the distribution of mean Likert scale scores for the four assessment domains of the program implementation functional area across Ebonyi, Kebbi, and Zamfara states. The four domains are: strategic planning of Activity's interventions and programs; Activity's adaptability and alignment with Federal and state operational health plans, goals, vision, and community norms; Activity's effective engagement and collaboration with relevant stakeholders at Federal, state and LGA levels in programs and interventions; and demonstrating results of Activity's intervention implementation. Higher mean scores represented higher performance and vice versa.

HPN Activities operating in the three states scored highly across all four domains of 'program implementation'. Average ratings were generally 5.0 ("to a large extent") or higher for survey items in this functional area. 'Program implementation' scores were highest in Ebonyi. However, differences in average item scores among states were small, mostly under one point.

Figure 4. Strategic program planning
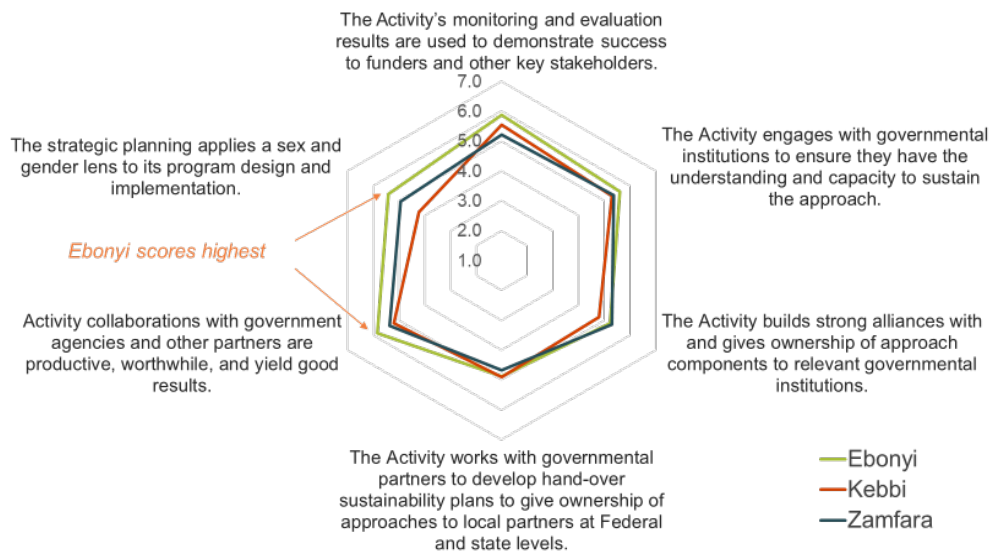
Strategic Program Planning: Planning was seen as the most vital step in program and intervention implementation and management. Determination of program direction, objectives and goals, and implementation strategy was believed to help reduce risk and failure rates and "make the implementation very seamless." Respondents emphasized that it was important to "share our plans with the stakeholders in the state" and "have a plan B in case it does not work or happen." Scores on Activities' use of M&E results to demonstrate success with stakeholders,

as well as engagement and collaboration with government partners were consistently high across the three states (above 5.0, "to a large extent").

Figure 5. Program adaptability and alignment
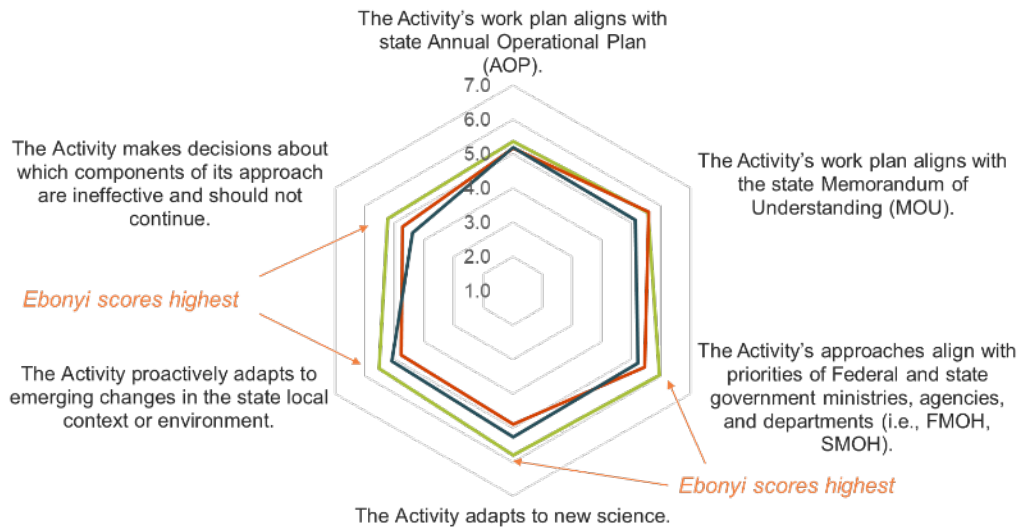
Program Adaptability and Alignment: Adaptability and alignment were cited as being critical to the success and sustainability of an intervention. Respondents indicated that Activities' work plans aligned well with AOP across the three states (above 5.0, "to a large extent"). Ebonyi scored highest across almost all items of this domain although Kebbi and Zamfara's average scores were only about half a point different. Key informants indicated a few barriers to program alignment, including "inconvenient timeframe of implementation because there are other state activities," issues with "malalignment of state policy" with Activities' implementation strategies (i.e., policy on state warehouse for malaria drugs), "changes in policy or mandate coming from

Figure 6. Effective engagement and collaboration
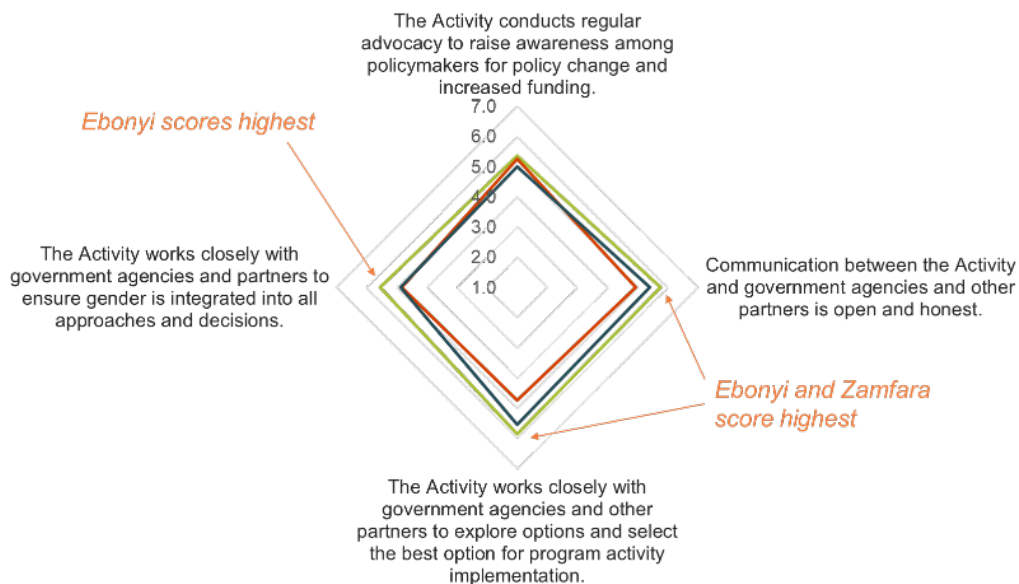
National Primary Health Care Development Agency (NPHCDA) and Federal MOH (FMOH)" that constantly impact the realignments, and "bureaucratic bottlenecks" within state government system.

> *[The Activity] shows us some of what they have for us, and we are able to factor it into our own [annual] operational plan as well. —* Ebonyi SMOH staff

> *There is an alignment. For example, the Governor has been focusing on morbidity and mortality rates eight years ago. Then [the Activity] introduced this MNCH activity and pioneered it in Kebbi. It was a huge support trying to get the state to achieve its goal.* — Kebbi SMOH staff

> *We did data validation. We did case management training. We did clinical meetings. All of these are routine. And [the Activities] are part of our workplan that aligns with theirs. So, everything we do they are the ones supporting us almost 100%.* — Zamfara SMOH staff

Effective Engagement and Collaboration: Engagement and collaboration with IPs and stakeholders at Federal, state, and LGA levels were viewed as effective contributors to sustainability by offering technical support and facilitating successful program implementation. For instance, Activities' efforts to engage with SMOHs and connect them with other partners and supporters was cited as "an ingredient of sustainability." Activities' technical support to SMOH in using a data quality check tool were mentioned as a contributor to "monitoring quality of routine service delivery data entered into the District Health Information System (DHIS)" at LGA level. Similarly, coordination and collaboration among Activities in implementing advocacy

Figure 7. Demonstrating program results
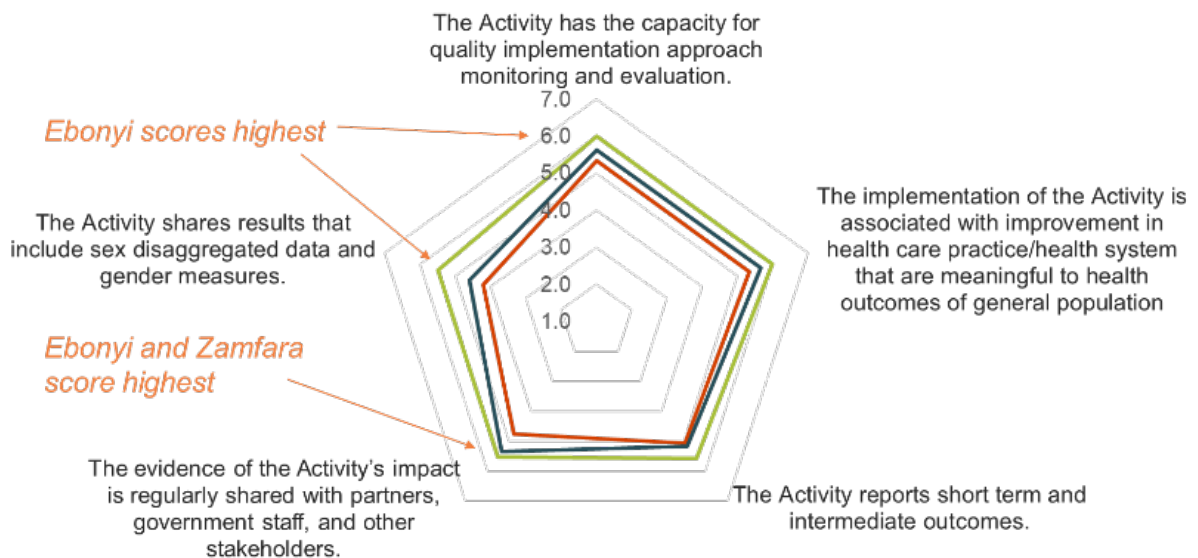
strategies and maternal, newborn, child health (MNCH) interventions were indicated as "critical" to program implementation as it optimizes "technical expertise across implementing partners," accelerates "alignment of resources," prevents "overlapping work," and facilitates "use of data" across states. Survey respondents credited efforts of all Activities across the three states to conduct regular advocacy to raise awareness among policymakers for policy change and increase funding (scored

> *They [the Activities] are doing the best they can so that there is integration. Like this score card. It cannot just emerge like that unless we work, we collect, analyze, and disseminate the information. This is routine data. In whole Nigeria, Kebbi is the only state using this [scorecard] not only within health sector but in multisector. There is remarkable improvement by their intervention.* — Kebbi SMOH staff

5.0 and above, "to a large extent). Ebonyi and Zamfara states scored highest in communication as well as engagement and collaboration between Activities and government agencies during program activity implementation (above 5.5) while Kebbi scored half a point below the two states for these assessment items. Table 3 summarizes examples of ongoing engagement and collaboration among Activities and between Activities and government agencies that key informants in the three states highlighted during interviews.

Table 3. Examples of engagement and collaboration

Collaboration among Activities	Collaboration with government
▪ Organize various meetings with government stakeholders at both Federal and state levels (e.g., technical working group [TWG] meetings, MNCH/malaria coordinating meetings, data validation meetings). ▪ Conduct advocacy to and engagement with government stakeholders and local leaders on health issues. ▪ Develop demand generation strategies, and conduct advocacy, communication, and social mobilization activities in community. ▪ Implement capacity building activities for health facilities (e.g., supportive supervision, training on respectful maternal care, malaria case management, commodity supply and security, commodity management and reporting, and data validation meetings).	▪ Strengthen capacity on health programming and data use (e.g., training on malaria score chart development, end-user verification, data generation and use). ▪ Provide technical support in health programming (e.g., tools for monitoring data quality, meetings for TWGs, coordination, and malaria AOP review). ▪ Participate in planning and monitoring state government's health plans (e.g., planning SMOH AOP and malaria AOP, and monitoring primary health care memorandum of understanding [MOU], etc.) ▪ Engage and connect government stakeholders with relevant partners and supporters.

Demonstrating Program Results: Activity staff indicated that they use M&E results not only to continuously strengthen and sustain their interventions and programs but also to generate and maintain support from stakeholders and partners. As respondents highlighted, M&E data "largely influence how we feedback into programming" and were used as a means of advocacy to "gain visibility to state." For example, the Activities across the three states reported conducting reviews of their approaches through regular meetings wherein their team "discuss M&E results for planning, quality monitoring," and "make changes in their approaches" as needed. Some focus results areas that the Activities have monitored, reviewed, adjusted, and made decisions included male vs. female balance in capacity building activities, gender specific activities like adolescent and youth health friendly services, MNCH and malaria treatment service use, and commodity stock availability and stock-out in facilities. Respondents mentioned that intervention performance results were also an advocacy tool when the Activities conducted "advocacy visit to the state government" or "brought stakeholders to the [intervention] site" in order to get them to "understand [the intervention] and intervene accordingly." Across the three states, Ebonyi scored highest in all assessment items of this domain (scored 5.5, "to a large extent" and 6.0, "to a very large extent"). Activities' approach to M&E scored highest across all assessment items in all three states with scores ranging between 5.3 (Kebbi) and 6.0 (Ebonyi). Activities' efforts to report "short-term and intermediate outcomes" of interventions through key performance indicators was also reflected consistently in both qualitative interviews and survey results (scored 5.0 and above in three states).

> *We have monthly review of data on ongoing activities — What has worked? What is not working? Yes, we review that, and we realign. Then, we say: Okay, let's not do this. Let's change approaches to make sure that we reach our targets.* — Ebonyi Activity staff
>
> *Last year, indicators from certain LGAs suggested that certain health facilities were not getting many referrals. We had to bring [in] Director of Primary Health Care Management Board and relevant stakeholders. And they were able to resolve the issue... because everything is based on indicators, and it is more science based.* — Zamfara Activity staff

We also asked key informants to reflect on what facilitated as well as what challenged the implementation of Activities' interventions. See Appendix A for a summary of factors affecting program implementation.

System/Organizational Capacity

The ability of state systems and government agencies to continuously operate programs consistent with how they were first implemented is considered a vital operational component of sustainability. As SMOH officers, Activity staff, and USAID activity managers put it, the Activities "transfer some levels of capacity, tooling" and "help shape the systems that... are complementary to efforts led by the government," and the state government "needs to readily facilitate sustainability" by "making sure that there are structures or capacity... to carry on the kind of work that [Activity] is currently implementing directly at the state level" after the Activity leaves.

Figures 8, 9, 10, 11 and 12 present the distribution of mean Likert scale scores for the five assessment domains of the 'system/organization capacity' functional area in Ebonyi, Kebbi, and Zamfara states. The five domains are: state government's resource and funding stability, leadership competence, staff involvement and integration, government system flexibility to adapt to change, and effective coordination and collaboration within state government systems and agencies. Generally, scores across domains of this functional area were lower than for the program implementation functional area, with many item averages in the 'small' (3.0) to 'moderate' (4.0) range. Scores for items in the 'resource and funding stability' domain were lowest, generally averaging below 4.0 ("to a moderate extent"). 'Resource and funding stability' was rated higher in Kebbi and Zamfara than in Ebonyi

Figure 8. Resource and funding stability
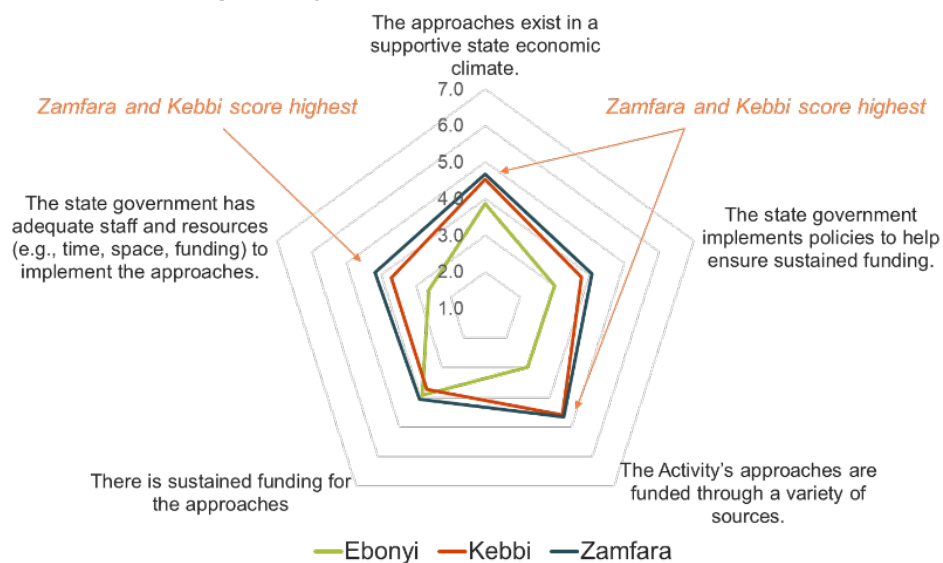
while 'effective coordination and collaboration' was rated highest in Zamfara and second highest in Ebonyi. For 'state government leadership competence' and 'state government staff involvement' domains, state rankings varied by item within the domains.

> *In form of skills and capacity, we can do almost everything. But in form of funding, [it] is where the issue is. ... If we are talking about sustainability, that is the key issue we need to [solve].* — Zamfara MOH staff
>
> *There are times that the expected funds are not completely released, and there are instances where the expected funds are released. Most of the time the funds are released, but in very high political periods [funds] are not completely released. So, it is government, and it depends on the regime that is running the day.* — Zamfara Activity staff

Resource and Funding Stability: Although there have been improvements, maintaining resource and funding stability was still a major challenge for all states as "the released fund is very minimal." As one SMOH staff shared, "In the past two years, we have not seen a major or drastic upgrade in funding from government or domestic resources. What we are seeing is some increase or step up from what we had last time, but it has not really measured beyond... 15% of the entire funding for either annual review or quarter review." State government staff also mentioned:

"We've done a lot of advocacies for and there have been promises. Yet... we still don't have any cash allocation increase or budget line at [the Unit]." Scores for items on 'resource and funding stability' were consistently low for all three states. Average ratings were generally 3.5 ("to a small extent") or

**Figure 9. State government leadership competence**
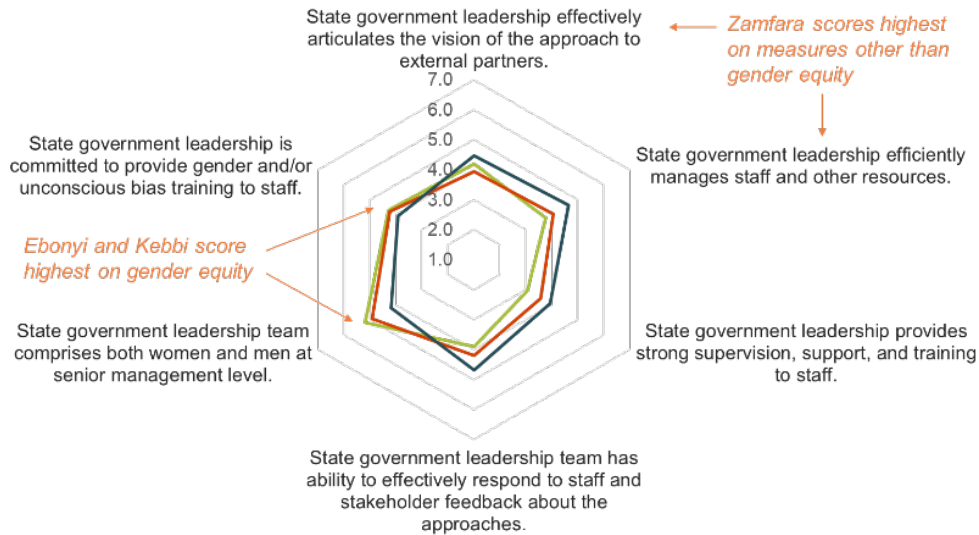
higher for survey items in this domain. Zamfara scored highest in all assessment items (4.0 and above, "to a moderate extent") while Ebonyi scored lowest in all items (3.0 and above, "to a small extent"). All three states scored highest on the item "approaches exist in a supportive state economic climate" (scored between 3.9 and 4.7). However, scores on state government having adequate staff

and resources to implement the approaches were rated lowest across items (with score ranging between 2.6 and 4.2). Respondents cited the shortage of funds and resources stemming from the fact that "the state has a lot of competing needs. So sometimes, they may plan to give this but [because] of other need, they may bring down their hands." In addition, respondents also expressed that shortage may also root from how the government perceives, prioritizes, and commits to health. As a key informant explained, "It is the function of the government in power—how they perceive health. If they perceive health to be a problem, they will react very different to the approaches [and] funding to health will be different. It means that if they consider health to be a priority, there will be a lot of funding."

> *The current state health leadership, [including] the commissioner himself, is very pro low-dose high-frequency training. He is champion of it. He supports it. He understands it. He communicated the vision of the training, how it is implemented during media conference... [Also], all key state officials were part of the training, of the trainers at the facility level. They supervised it. So, for next activity, they will go with us and assist the nutrition officers and child health services.* — Ebonyi Activity staff

> *The Sexual Assault Referral Center (SARC) is now [operated] almost wholly hundred percent. There is a technical support because of the leadership of the First Lady. She got the resources from outside the state. In fact, training was done by the SARC of Lagos [for free] through her connection.* — Kebbi SMOH staff

State Government Leadership Competence: Leadership is viewed as a crucial factor in the process to achieve sustainability because leaders set the vision, inspire, and support the team members to work together toward the vision, and eventually drive the change process. Respondents indicated that state government leaders are "doing a great job" in terms of supporting their team members when they "needed additional hands," and the leaders were committed to "work towards ensuring that it [the goal] is achieved." Assessment survey results indicated that average scores were

Figure 10. State government staff involvement and integration
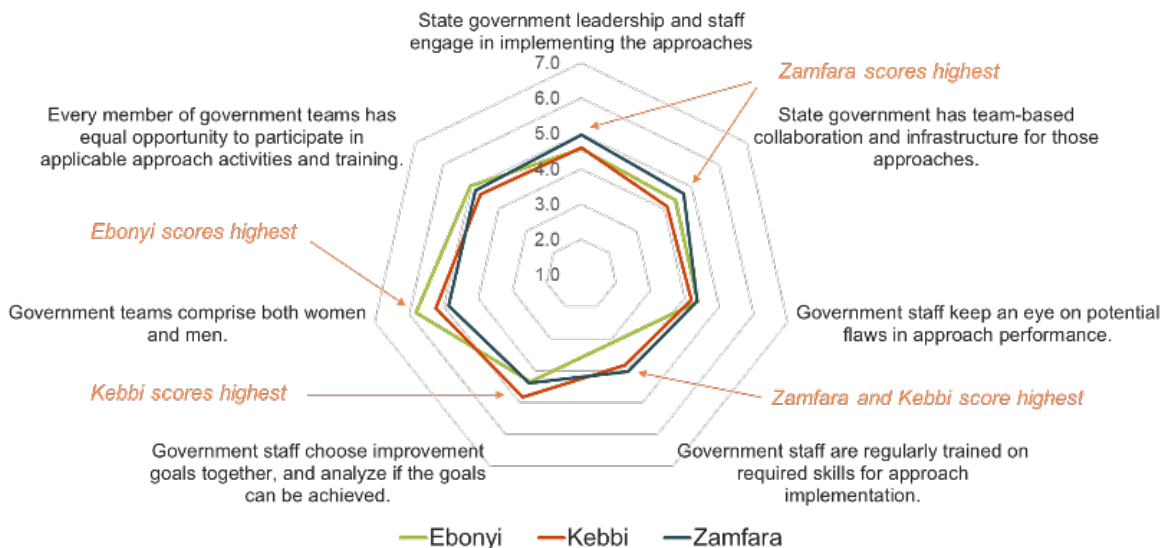
consistently 'moderate' (4.0 and above, "to a moderate extent") across the three states while state rankings varied by items within the domain. Ebonyi and Kebbi state government leaderships scored highest on gender equity-related measures (e.g., commitment to provide gender training to staff, and inclusion of both men and women at senior management level) while Zamfara scored highest on measures associated with effective articulation of approach's vision, efficient staff and resource management, strong supervision and support provision to staff, and ability to effectively respond to staff and partner's feedback about the approach. Respondents from all three states cited the ongoing challenges to state government leadership, including the gap in competencies and capabilities among state leaders and managers who can "set and direct agendas," "set the right priority" and facilitate program implementation; "uneven distribution" of management staff and program leads who can make decisions or provide necessary support; and low levels of commitment among some state government leaders.

State Government Staff Involvement and Integration: In any health programming activity, staff play a vital role in program success and sustainability. Therefore, it is important to include committed and qualified staff in every phase of a project lifecycle, including program design, implementation, M&E, and decision making. Some SMOH staff indicated that state government leadership supported them to "move [things] around to ensure that the team are actually working well." Average scores were consistently 'moderate' (scored at 4.5 and above, "to a moderate extent") across all measures in the three states while state rankings varied by items within the domain. Zamfara scored highest in

Figure 11. System flexibility to adapt to change
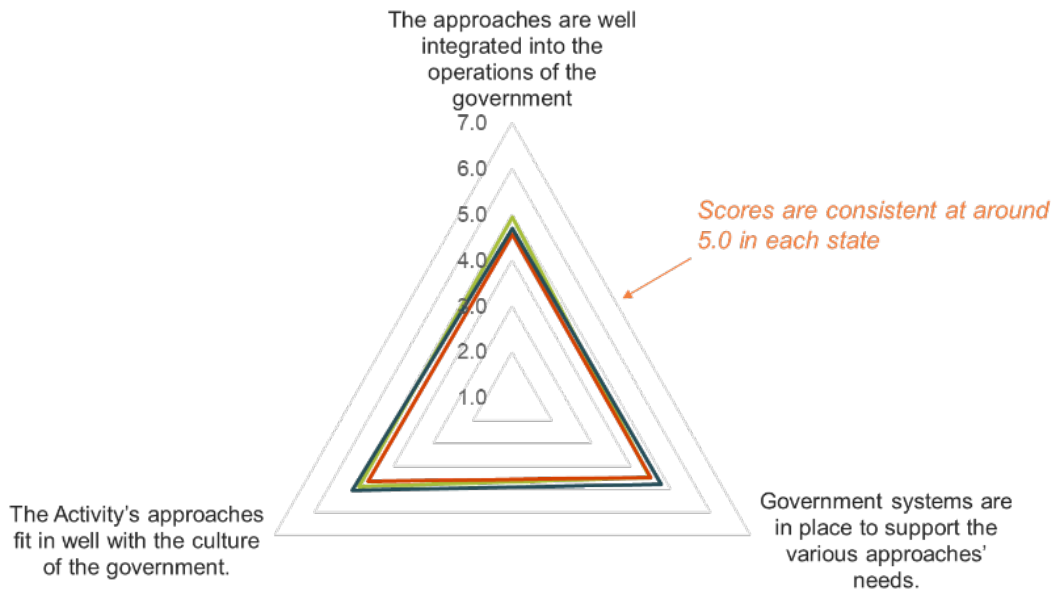
half of the assessment items and scored co-highest with Kebbi in having "staff who keep an eye on potential flaws in performance." Ebonyi scored highest in having "teams that comprise both men and women" while Kebbi scored highest in having staff teams who "choose improvement goals together and analyze if the goals can be achieved."

Figure 12. Government coordination and collaboration
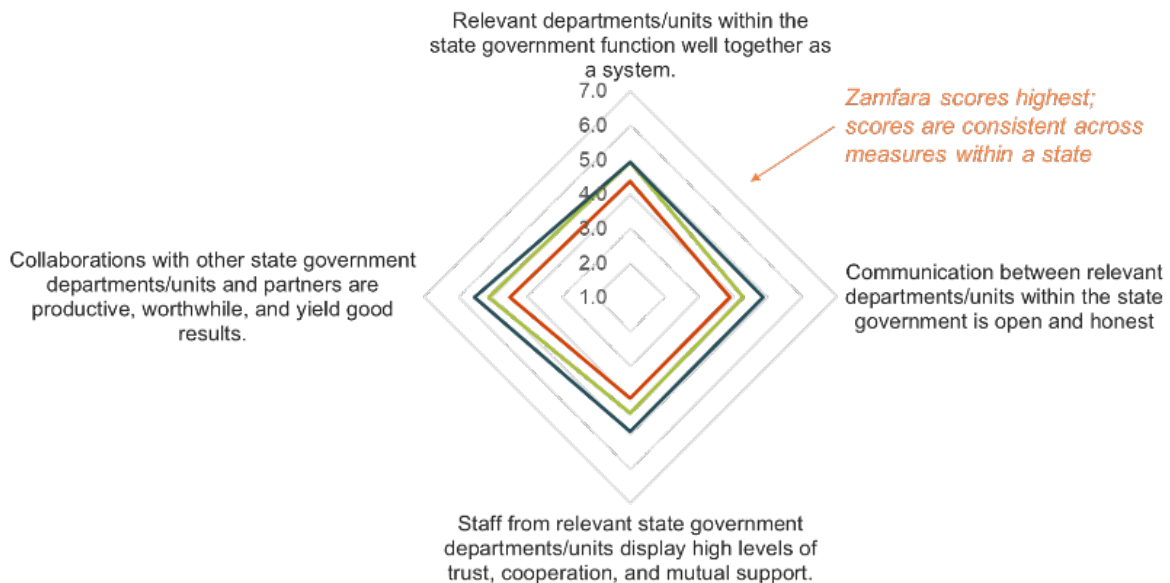
System Flexibility to Adapt to Change: The ability of state government agencies and organizations to adjust and adapt to change in program implementation and practice was seen as a significant component to the success of sustainability. Respondents cited that the Covid-19 pandemic was a new

"public health challenge" but also an opportunity to test the flexibility of states as it required the systems to "proactively adapt to emerging new changes in the state or LGA context." Across the three states, assessment scored were recorded consistently at around 5.0 ("to a large extent") in each state.

Government Coordination and Collaboration: The ability of state government agencies to engage and establish intra-departmental and inter-departmental coordination and collaboration contributed to the sustainability of newly integrated programs and practices. In the three states, scores were consistent across measures for this domain within a state, with average ratings being generally 4.0 ("to a moderate extent") or higher for survey items. Zamfara scored highest across all survey items with an average of 5.0 ("to a large extent").

Community Embeddedness

Engagement and partnership with community stakeholders were perceived as "a key thing that make it [the intervention] work well." For example, the endorsement of religious leaders and traditional rulers who act as gatekeepers and "insiders" to community members was indicated to help "mobilize the whole community," "identify and address gender and social norms… that are limiting women from accessing services," and "create awareness" about insecticidal nets and commodities supplied in local facilities. Another community structure that Activities have engaged and worked with was community volunteers (CVs). As one Zamfara Activity staff described, "The key thing that has made it work well is that those [who] conduct the activity are CVs. They are from the community, not outsiders, so that has given the project a credibility and acceptability. The CVs know everybody, and they work with Ward Development Committees (WDCs) and with the traditional system in the grassroot. So, in terms of access, there have never been an issue."

They [the Activities] want to do advocacy, they will ensure that they get 'the son of the soil' of that place… who can get the community involvement. Such approach can lead to success because [for] whatever you want to do, if you involve somebody within that community who knows the norms, values, and culture heritage of that community, definitely you are going to get the results, rather than taking somebody who doesn't even speak the language of that place. Whatever he speaks, people will just be looking at him. — Kebbi SMOH staff

To be a Community Volunteer (CV), you must live in the ward where you are working. You must be known by the people in that ward. That is even one of the criteria for you to be selected as a CV. Similarly, LGA supervisors should work in their LGAs and have some social capital that they can use to open doors to support CVs and other community activities in an LGA… A lot of community leaders that we have worked with are part of the Ward Development Committees (WDCs) as well. — Activity staff, Abuja office

Activity staff shared that when their Activity starts implementing a program in a community, the first thing they do is to "pay [an] advocacy visit to key community leaders to secure their support and the support of any other relevant stakeholders." The Activities also "try to build relationship[s] across the different cadres in the community, not only community leaders, the women leaders, village head, and other key representatives." The Activity team take

the opportunity to bring community leaders together through townhall meetings, "communicate to them what [the Activity] intend[s] to do" in the community, seek their support, and get them to "mobilize the whole community." Activity staff across the three states emphasized that the essence of "smooth and harmonious" community embeddedness and stakeholder engagement is to "keep an open mind, clarify expectations, address the problems as they come, listen to them [community stakeholders], be sensitive to their culture, ensure whatever [the Activities] do is interest of people, and follow the process and protocol."

Enabling Environment

For a sustainability process, an enabling environment was considered as "one of the key things" that impacts the ability of the Activity to meet its goals and outcomes in an effective and sustained manner. Specifically, political support, acceptance, and ability to communicate the Activity's interventions and programs is expected to facilitate the capacity building, integration, institutionalization, as well as maintenance of integrated practices. As one SMOH staff said, "the USAID [Activities] doing advocacy will make more impact on the state government leaders than [us] doing it. And there should be more bilateral engagement."

Assessment results indicated that generally, Activities' interventions and practices were well "accepted" and received "very much support" and "commitments from staff and government." Key informants emphasized that the results happened because the Activities "proactively adapted to new emerging changes in the state or LGA context," and they implemented advocacy strategies through various platforms.
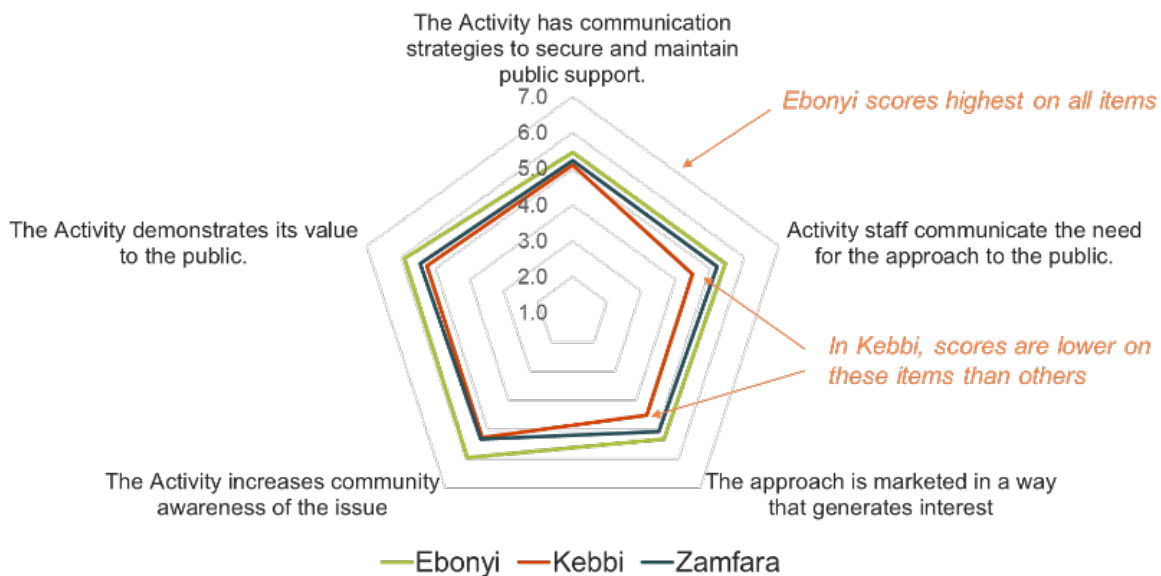
> *If we want to conduct a training in community, the government supports us [by] giving a venue to conduct the activity under the local government. Support is also coming from the state government. For us, to be able to go to the community and get acceptance, the government needs to intervene and tell those communities that they should listen to you.*
> — Kebbi SMOH staff

Figures 13, 14, and 15 show the distribution of mean Likert scale scores for the three assessment domains of the 'enabling environment' functional area in Ebonyi, Kebbi, and Zamfara states.

The three domains are: advocacy and communications, political support and acceptance, and government and local policy alignment. Generally, scores of the three states were consistently high across domains, with state averages mostly above 5.0 ("to a large extent"). A different state scored highest overall in each of the three domains included in this functional area. Specifically, Ebonyi scored highest on 'advocacy/communications,' Zamfara scored highest on 'political support and acceptance,' and Kebbi scored highest on 'government and local policy alignment.'

> *On the Long-Lasting Insecticide Nets distribution, we are working through the First Lady and with all IPs. We are revising the budget today. Once we are done, we will present to the First Lady, and she will follow up with the Governor. So, you can see the level of advocacy.* — Kebbi Activity staff
>
> *The challenge was that [we] have not been given adequate feedback or response that we want. [For example], data communication for LMCU. Even they have been asked to get the prices and everything, but no response yet.* — Ebonyi Activity staff

Figure 13. Advocacy and communications

Ebonyi scores highest on all items

In Kebbi, scores are lower on these items than others

—Ebonyi —Kebbi —Zamfara

Advocacy and Communications: Advocacy and communications was seen as enhancing sustainability largely by enhancing acceptance as well as political and financial support for interventions and programs. As one key informant stated, "High-level advocacy to increase funding and government commitment." Effective strategies that have been used included coordination meetings, TWG meetings, presentations, advocacy visits at state, LGA and community levels, and use of various communication products. In the three states, average scores were consistently rated 'high' (approximately 5.0 and above) across all measures of the domain. Ebonyi scored highest on all items while in Kebbi, scores were 'moderate' for two items: "Activity

staff communicate the need for the approach to the public" and "the approach is marketed in a way that generates interest."

Figure 14. Political support and acceptance
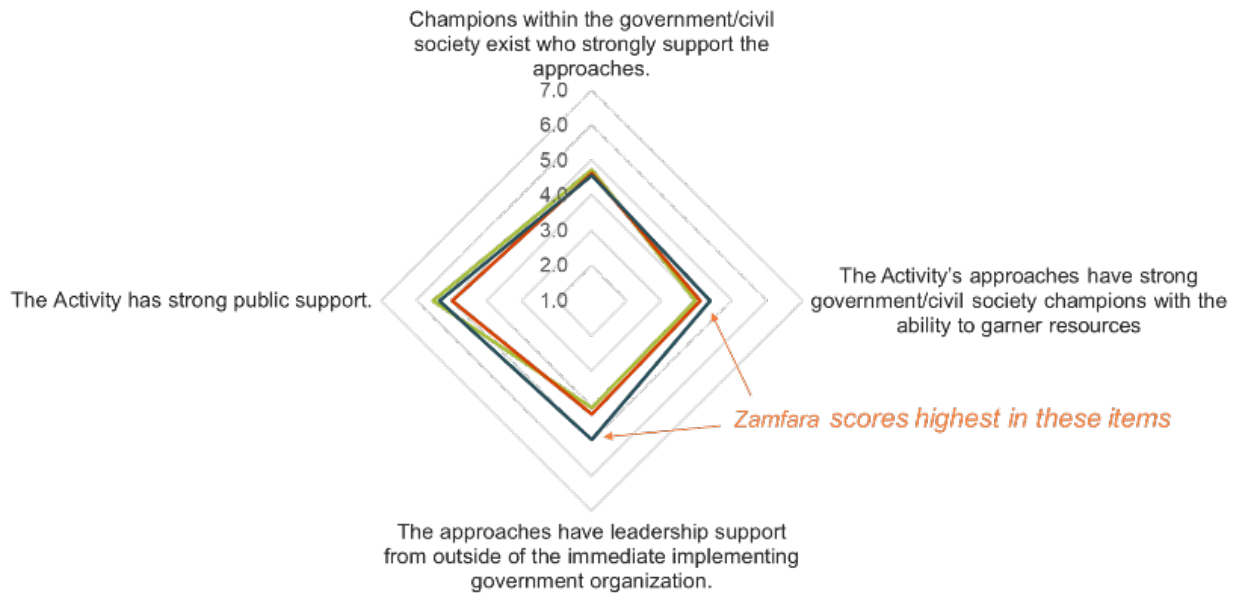
Successful examples in advocacy and communications highlighted during qualitative interviews included meeting with the Ebonyi state commissioner for health and the use of traditional rulers and religious leaders, engagement with Kebbi state government leaders on Logistics Management Coordination Unit (LMCU), and advocacy to and engagement with key persons or champions in

Figure 15. Government and local policy alignment
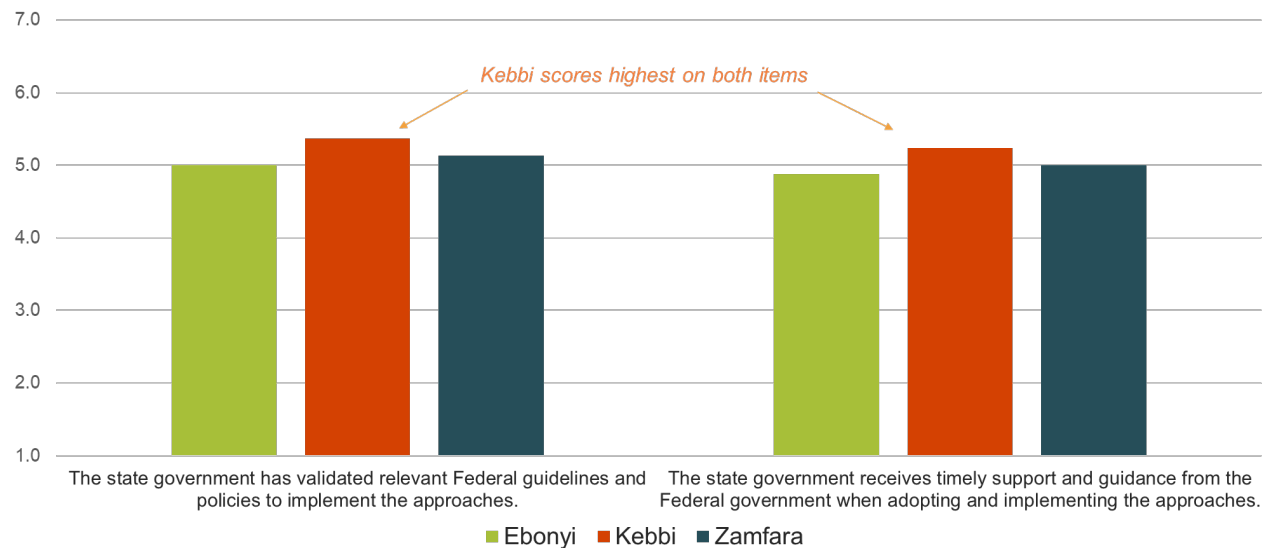
government leadership to implement the 2022 Seasonal Malaria Chemoprevention campaign in Zamfara state. Respondents also discussed challenges to advocacy and communications, including limited access to key government stakeholders due to their "busy schedule" and "government

bottlenecks," schedule conflicts between the Activity teams and state government teams for conducting advocacy and engagement, "inadequate feedback or response from the state" on communication products, inconsistent commitments from state governments in program implementation due to their "competing priorities" and "dwindling funds," Activities' lack of advocacy strategies for resource mobilization, lack of or limited local cultural sensitivity in advocacy and communication products at state level, and gaps in implementing result-based advocacy activities due to "uneven competency" among stakeholders at state and LGA levels.

Political Support and Acceptance: Efforts in collaboration/coordination and advocacy/communications were described to garner internal and external recognition for the interventions and programs and increase political support to continue the approaches. Average scores were consistently rated 'moderate' across all measures of the domain in the three states (4.0 and above, "to a moderate extent"). All the three states scored 'high' in the "Activity having strong public support" item (5.0 and above). Zamfara scored highest on the item "Approach having leadership support from outside of implementing government organization" (5.0). Among cited challenges to political support and acceptance for sustainability were attitude of certain stakeholders toward health issues as "waste of money" due to their "lack of knowledge and competency" and lack of interest in the interventions and practices from state government stakeholders who have overwhelming schedules.

> *Timeline of [advocacy] implementation sometimes is not convenient because we have other state activities. Partners do not take into account that we might be occupied with other activities. The clash caused inconvenience.* — Kebbi MOH staff

Government and Local Policy Alignment: The alignment of Federal and state policies was viewed as contributing to ensure smooth and coordinated implementation and maintenance of interventions. In the three states, scores were consistently high (5.0 and above) across all measures of this domain. Kebbi state scored highest on all items (5.0 and above).

Conclusion

This report presents baseline results of the assessment on how four USAID/Nigeria HPN Activities have contributed to improved sustainability of health systems and health outcome in Ebonyi, Kebbi, and Zamfara states. Overall, both quantitative and qualitative findings indicated evidence that HPN Activities positively impacted the state health systems and outcomes.

Functional areas with consistent high scores across the three states included program implementation and enabling environment. Ebonyi scored highest across all domains of program implementation while a different state scored highest overall in each of the three domains included in the enabling environment functional area (e.g., Ebonyi scored highest on advocacy and communications, Zamfara on political support and acceptance, and Kebbi on government and local policy alignment). Qualitative findings identified many similar themes across the three states. In addition to having a sustainability plan for implementing approaches at the inception, all the four Activities mentioned that they ensure their approaches align with state operational health plan, and

that they are flexible in their implementation. The coordination with the states and advocacy to government stakeholders were conducted well although "busy schedule," "limited competency among stakeholders" on health issues, and "competing priorities" were cited as challenges to these efforts.

Despite some progress, limited funding and human resources continue to constrain state governments' capability to fully own and independently implement HPN approaches. Key informants indicated the shortage of funds and resources stemming from the states' "competing needs" and how government perceives, prioritizes, and commits to health. Assessment survey scores were lowest for system and organizational capacity with many item averages in the 'small' to 'average' range. Scores for measures in state government's resource and funding stability domain were lowest, with Ebonyi reporting lower than Kebbi and Zamfara. The results are consistent with analysis findings on Nigeria's health financing reported by the Partnership for Advocacy in Child and Family Health at Scale (PACFaH@Scale) and ONE, a global movement campaigning to end extreme poverty and preventable disease by 2030.[11, 12] Specifically, the PACFaH@Scale reported that the Federal government has not been able to meet its Abuja Declaration commitment to ensure 15% of its annual budgetary allocation would go toward health with average budget allocation to the sector at about 4.7% across two decades (2001–2021).[11] Meanwhile, ONE's report on *Post-Pandemic Health Financing by State Governments in Nigeria 2020 to 2022* indicated that both Ebonyi and Zamfara state governments made cuts to their health sector budget over the last two years, with allocation shrinking between 28% (Zamfara) and 66% (Ebonyi). Kebbi was reported to consistently increase budget allocation to health sector in 2021 and 2022 though the state's budgetary allocation toward health was still low in general compared to other states.[12]

The results of this assessment are baseline findings. Therefore, evidence on effectiveness of HPN Activities' health programming approaches in increasing commitment/engagement and capacity is still limited. Differences between states are small, and both integrated and malaria-focused approaches incorporate multiple elements expected to contribute to sustainability. The larger context at state level—such as political economy, interpersonal dynamics, expectations—seems likely to have a bigger influence on progress toward sustainability than the integrated vs. disease-focused approach. Structural constraints (e.g., funding, human resources, timeline) limit progress toward sustainability in both program models and are largely outside the control of the IPs.

Assessment strengths and limitations

Utilizing mixed methods for the sustainability assessment enabled us to gain a more in-depth and wide-ranging understanding of elements that influence sustainability of interventions implemented by the HPN Activities. The survey reflected a wide range of components contributing to sustainability while interviewing a variety of key informants, including government stakeholders, Activity staff, and USAID/Nigeria officers, allowed us to gain diverse perspectives on supports for sustainability.

The survey was heavily adapted from the PSAT, which has established reliability for measuring sustainability across public health programs.[9] However, the survey responses involve subjective judgements about complex constructs, which may be subject to various types of respondent bias. In addition, about 47 percent of the survey questions were either newly designed or adapted from other literature and used for the first time for the assessment; therefore, the reliability of these items was untested. The survey used a non-probability sample, and that may be subject to selection bias. The qualitative results reflect only the opinions of those interviewed.

> **IP Discussion Theme: Sustainability**
>
> - Different interpretations of sustainability: implementation vs. funding.
> - Funding and human resources at state level are major constraints to states taking over implementation of activities.
> - Tensions between results Activities are accountable for and supporting sustainability.
> - How to institutionalize practices so they are more independent of individuals?
> - Things to track:
>   - Budget allocations and releases for health
>   - Human resource gaps
>   - Facility functionality (but may be funded by donors)

The four HPN Activities are still implementing their interventions. Thus, the results represent perspectives at this point in the implementation before the full effects of interventions and associated sustainability efforts are realized. We will conduct additional assessments at multiple time points to capture a more complete story of sustainability as it evolves.

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Appendix A. Summary of facilitators and barriers to Activities' program implementation by state

	Ebonyi	Kebbi	Zamfara
Facilitators	▪ Activities' regular reviews of implementation approaches ▪ Generation and use of data for Activity planning, M&E ▪ Strategy to engage with local communities and agency in program implementation ▪ Activities' flexibility to adjust and adapt to new changes in state or LGA context ▪ Coordination and collaboration with other IPs in program implementation	▪ Activities' internal and external reviews of program implementation progress on a regular basis ▪ Generation and use of data for activity planning, including data on gender ▪ Support from state government leaders to IPs' activities ▪ 'Learning-based concept' of Activities' approaches enables Activities to adjust and adapt quickly with context changes	▪ Activities' routine reviews of program implementation quality and progress ▪ Availability and use of data for activity M&E and adjustment ▪ Activities' strategy to promote community's leadership and ownership in activities facilitates Activities' credibility and acceptance in grassroot level ▪ Activities' strategy to integrate gender into scope of activities, including establishment of a 'gender focal person' in state facilitaties
Barriers	▪ Some of Activities' approaches do not align well with mandate from the NPHCDA to the state ▪ Low enrolment among poor rural women into BHCPF due to a requirement on a national identification number ▪ Shortage of CVs due to the 'non-payment' nature of the volunteer work ▪ Limited engagement of CVs because staff selected as supervisors are from a different community	▪ Lack of support from state government leaders to vision and objectives of Activities' interventions ▪ Limited communication about Activities' approaches and interventions to public ▪ Limited capacity among state government leaders and staff ▪ Participation of irrelevant government staff in Activities' programs due to busy schedule of the key relevant staff ▪ Interrupted implementation timeline due to scheduling conflict between Activities' and state's activities	▪ Interrupted Activities' programs due to shutdown of telecommunication ▪ Shortage of CVs for Activities' interventions in community ▪ Setup of health educators in the state HR system is hard to navigate.

Appendix B. Summary of approaches integrated into government system by State

Ebonyi	Kebbi	Zamfara
- Organization of routine coordination meetings, data validation meetings, TWG meetings, and advocacy briefs for coordination, and advocacy for fundings for RMNCH+N and malaria - Gender-inclusive approaches including balance of male and female CVs and LGA supervisors, criminalization of female genital cutting - Data generation and use practices such as data management, quality assurance, analysis, triangulation, and validation - Practice writing reports and documenting implementation activities, including using report templates - Use of tools to implement RMNCH+N and malaria programs, including program report template and data quality monitoring tools - Engagement of CVs into community referrals for health services	- Organization of MOU review meetings - Development of state AOP - Monitoring and reporting of state facility budget - Implementation of gender integration in health programming such as gender balance among participants in the ward development committees (WDCs) and Roll Back Malaria program - Practices of data use, data quality monitoring, and data validation, including the use of data validation tool when writing reports - Engagement of traditional rulers, WDCs, and CVs in creating awareness about access to health services - Practices of weekly monitoring and supervision of LGA coordinators	- Use of mass media for priority health and gender issues - Funding for routine malaria activities including Last Mile Distributions of seasonal malaria chemoprevention and insecticide treated nets - Practices of data use including collection, management, quality monitoring, and validation for health programming - Organization of routine coordination meetings for Roll Back Malaria, ART focal persons meeting, TWG meetings - Digitalization of program monitoring, data collection (e.g., Malaria in Pregnancy [MIP] forum, Open Data Kit on Android phones) - Implementation of gender integration in health programming (e.g., inclusion of female as community directed distributors, male-female balance in integrated community case management and MIP programs) - Malaria-related trainings for physicians (e.g., case management, MIP, data validation, malaria prevention guidelines)

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