



Evaluating Impact: Turning Promises into Evidence

Project name

Nigeria State Health Investment Project

Names of team members

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1. Background

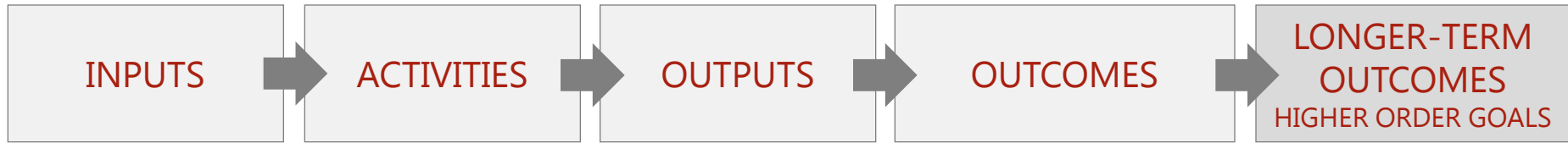
- ❑ With a population of 167 million (2010), Nigeria is the **most** populous country in Africa

- ❑ Nigeria contributes 10% of global maternal deaths:
 - MMR = 545 maternal deaths per 100,000 live births (2008)
 - Child mortality rate at 157 per 1,000 live births (2008) not declining fast enough to achieve the MDG4 target of less than 64 deaths per 1,000 live births by 2015

- ❑ Need for an innovative mechanism such as RBF which provides incentives for improving performance at critical levels within the Nigerian health system to fast track progress towards targets in NSHDP (which includes the MDGs)
 - Financial incentives to States, Local Government Areas (LGA) and HF based on results achieved

 - States selected: Adamawa, Nasarawa and Ondo (intervention states), and Taraba, Benue and Ogun states (control states)

2. Results Chain



- FUNDING
- Strengthening Health Service Delivery- \$93.5m
- Strengthening Institutional Performance- \$28.9 m
- TOTAL = \$122.4M
- Technical Assistance for state RBF and M&E – \$34m
- HUMAN RESOURCES

- Supervision
- Health care provision
- Verification and payment
- Quality checks
- Procurement of quality assured drugs
- Technical assistance for service delivery
- Signing of Contractual Agreements

- Increased capacity of HW to deliver services
- Improvement in HMIS data
- Availability of quality drugs
- Renovation of health facilities
- Increase in outreach services
- Change in motivation of health workers

- Increase in No. of children immunized
- Increase in No. of births attended by skilled health workers
- Decrease in patient waiting time
- Decrease in hospital-acquired infections
- Increase in No. of outpatient visits by children under five
- Increase in No. of direct project beneficiaries: (percent females)

- Proportion of children 12-23 months fully immunized
- Proportion of delivery at health facilities
- Increased utilization of health care facilities
- Increased level of patients' satisfaction
- Reduced under-five mortality
- Reduced IMR
- Reduced MMR

3. Primary Research Questions

Does the intervention increase:

- Availability of priority MCH services?
- Utilization of priority MCH services, particularly by the poor?
- Coverage of MCH services particularly among the poor?
- Quality of care of priority MCH services?
- Knowledge of providers of priority MCH services?
- Motivation of health workers?

Additional research questions:

- How cost-effective are the PBF and DFF packages?
- Do the PBF and DFF packages affect the various segments of the population separately?

4. Outcome Indicators

- Children immunization coverage
- Births attended by skilled health workers
- TB case detection rate
- Improvements in quality of health services provided by facilities
- Increased out-patient visits by children under five
- Increased direct project beneficiaries: (percent females)
- Knowledge and perception of health workers

5. Identification Strategy/ Method

□ Three **intervention** states purposively selected based on 4 criteria:

- Strong governance
- Greater health needs
- Willingness to use performance financing approaches
- Geopolitical representation/filling gaps in donor support

□ Three **comparison** states selected based on similarity of characteristics to the intervention states using 2008 NDHS data

□ **RBF IE GOAL:** to determine if providing financial incentives linked directly to performance increases the quantity and quality of maternal and child health (MCH) services.

- A randomized assignment method will be used for IE
 - ❖ LGAs in intervention states randomized and 49 selected for PBF and DFF packages
 - ❖ LGAs randomized in comparison states and 25 selected as comparison LGAs to those in intervention states

Sample and Data

*Ethical considerations before field operations

A. Sample

Facility survey: 1090 health facilities spread across both intervention and control states

Household survey: Households in selected LGAs across intervention and control states with at least one woman who has had a birth or been pregnant in last 2 years

❖ Total Sample size: 13,845 households

B. Data

Facility survey: facility assessment; HCW; direct observations; patient exit; and costing

Household survey: currently PW/ women who have had a child in the 2 years before survey; children under five

Qualitative: KII and FGD of key stakeholders

Time Frame / Work Plan

Activity	Time
Baseline survey	July 2012
DLI payments	Sept. 2012
PBF/DFP package	Sept. 2012
Mid-line survey	March 2015
Endline data collection	Dec. 2016

8. Sources of Financing

- ❑ Household and facility surveys - Government of Nigeria
- ❑ NSHIP Evaluation and Technical Assistance: HRITF Trust Fund