Question 3: What types of social and behavioral (SBC) changes or outcomes are commonly sought within health system strengthening projects or interventions? How are SBC methods useful in creating behavior or norm change among government, private sector, and community health system actors? What are lessons learned regarding explicitly incorporating SBC approaches within HSS programs?

Situation room approach to strengthen data-driven decision making to accelerate HIV epidemic control in Nigeria

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Context

Despite substantial investments in data systems to collect and manage HIV data, information gathered is generally poorly used to manage program performance. This is due to the inability to synthesize data across multiple information systems, lack of access to real-time data analyses and visualizations, and poor accountability mechanisms to track the implementation of prioritized actions.

Data.FI is a global project that helps countries strengthen routine health information systems to optimize efficiencies in the health sector, track and rapidly respond to the HIV epidemic and emerging health threats, and improve client care through integrated, and flexible digital health solutions, data analytics, and institutionalized data use practices.

The United States Agency for International Development (USAID) funds Data.FI in Nigeria, working in concert with the State Ministry of Health (SMOH) and implementing partners (IPs) to establish "situation rooms" at the national and state levels. Situation rooms enable the Ministry of Health (MOH) to coordinate efficiently, inter alia, with IPs and development partners to accelerate interventions and efforts to achieve HIV epidemic control.

The project developed an automated system to support real-time access to data for HIV program IPs to report key indicators to fulfill the mandate of weekly reporting, ensuring data quality, particularly for clients receiving HIV care and treatment services across the continuum of care.

In Akwa Ibom, the state with the highest prevalence of HIV in Nigeria, Data.FI set up an HIV situation room to work with the state government to standardize the data review methodology and set up root-cause analysis and accountability tracking tools. The project developed a curriculum to build the capacity of MOH staff in data analysis, data use, and geographic information systems (GIS) to enable them to sustain the efforts for the use of data for decision making. Strengthening the data-driven approach to decision making has improved the culture of data use culture in the states, had positive effects on outcomes in the HIV continuum, and above all, has increased the accountability of all stakeholders for the results emanating from the implementation of the HIV care and treatment program.

Activity Description

Data.FI/Nigeria started implementation in 2019 with the primary objective of strengthening data, technology, and health information systems to support HIV and COVID-19 activities. In collaboration with the Akwa Ibom SMOH, the project created a situation room to coordinate efforts to achieve HIV epidemic control. The situation room also aimed to provide a platform for real-time access to data, data review, and feedback meetings.

The project developed a standardized and methodological situation room approach that is action-oriented and technology-enabled, leveraging a data analytics and visualization platform—the Automated Partner Performance Reporting (APPR) platform—which integrates and triangulates data from multiple sources (IPs' electronic medical records, laboratories, pharmacies, censuses, and routine PEPFAR reports) that are reviewed weekly for strategic planning and program improvement.

The situation room approach includes processes for identifying critical information needs, developing standard visualizations to facilitate problem identification, analyzing root causes of identified issues, and strengthening feedback mechanisms. In collaboration with IPs, performance tracking and accountability tools are used to follow up on action plans, monitor performance improvements, and improve transparency. This enables continuous feedback and learning as a catalyst for ongoing program adaptation.

In addition, the project developed a training curriculum to build the capacity of the SMOH in data analysis, data visualization, GIS, and data use to sustain efforts to implement the situation room methodology.

Activity Impact

The constellation of activities affected by implementation of the situation room methodology in Akwa Ibom has had multiple effects:

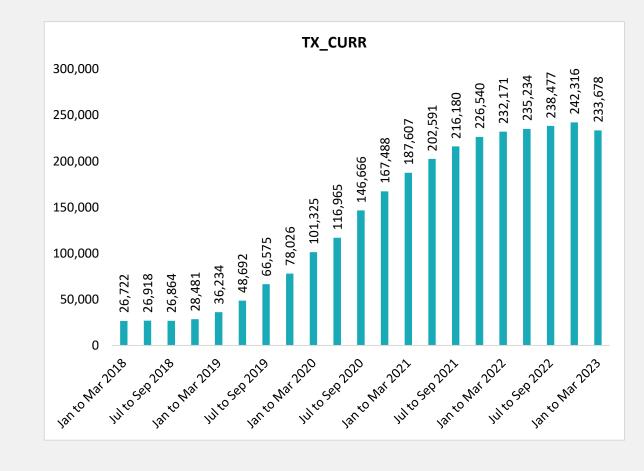
- <u>Inclusion of relevant stakeholders at the state level</u>: Having the right people in the room—both those responsible for resource allocation and those providing services—encouraged accountability for lines of action to address performance issues.
- <u>Frequency of meetings</u>: Since 2019, 347 data reviews have been successfully conducted (both nationally and at the state level), with 34 data use case briefs published and accessible via USAID's Development Experience Clearinghouse (DEC).
- Advocacy by key stakeholders who participated in the multisectoral situation room meetings led by Data.FI in Akwa Ibom, resulted in the passage of the HIV Anti-discrimination Bill by the Akwa Ibom State House of Assembly.
- Replication for greater impact: The successful implementation of the situation room approach in Akwa Ibom State has led to the expansion of the situation room at the national level and in another state. At the national level, in collaboration with the Federal Ministry of Women Affairs (FMWA), Data.FI set up an orphans and vulnerable children (OVC) situation room to support the FMWA in tracking the implementation of the OVC program. Working with the National AIDS Control Agency (NACA), Data.FI supported the set-up of the National Command Centre to accelerate efforts for HIV epidemic control at the national level; in a similar effort, Data.FI collaborated with the Taraba State Ministry of Health to set up an HIV situation room.
- Adoption in COVID-19 pandemic response: With the successful implementation of the situation room in the HIV program, in the advent of COVID-19 in 2020, USAID funded Data.FI to utilize the situation room approach to set up emergency operations centers (EOC) across eight states in Nigeria to strengthen the emergency response in the surveillance and detection of the COVID-19 pandemic.

ACTIVITY IMPACT, CONTINUED

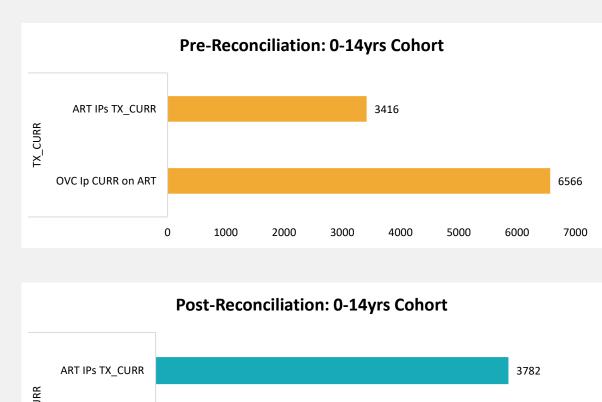
- Integration of approach in national policy: In September 2022, the Federal Ministry of Health (FMOH), through the office of the Honorable Minister of Health, contacted the Country Coordinating Mechanism (CCM) for the Global Fund in Nigeria to request that Data.FI support the development of an integrated approach to managing public health emergency operations centers in Nigeria. In concert with the FMOH and other key stakeholders, the project designed an Integrated Health Emergency Operations Center (IHEOC) approach that includes the vision, terms of reference, legal framework, monitoring and evaluation (M&E) framework, and advocacy and financial frameworks. This will culminate in adoption of the document by Parliament and become a national policy document to guide the implementation of IHEOCs.
- Accountability: The teams' efforts to prepare for the meetings—including analyzing HIV data from the APPR, support for meeting documentation, and follow-up on corrective actions—were instrumental in transforming existing data review meetings into opportunities for meaningful data use. With an increased accountability structure, as well as Data. FI-supported site visits, the SMOH was able to assume a leadership role in managing underperforming health facilities (and IPs).

Evidence

Through the situation room approach, the Akwa Ibom SMOH and other stakeholders have been able to monitor the increase in the number of people receiving life-saving antiretroviral (ARV) drugs from 36,224 in April 2019 to 233,678 in March 2023.



Through weekly meetings held at the Akwa Ibom situation room, Data.FI presented compelling analysis to help HIV care and treatment IPs and OVC IPs to work together to reconcile the number of vulnerable children current on HIV treatment (ages 0–14 years), thereby improving the quality of available data for decision making. In March 2020, data showed a high discrepancy between the two partners, with the concurrence at 192 percent. In August 2020, five months after collaboration and data cleaning, the concurrence rate was reduced to 101 percent, with the extra 1 percent accounting for children who were not enrolled by USAID-supported IPs.





U.S. Ambassador Mary Beth Leonard with the Honorable Commissioner Akwa Ibom SMOH, Prof. Augustine Vincent Umoh, and other SMOH management staff.



Above left: the U.S. Ambassador, Mary Beth Leonard, interacting with the Honorable Commissioner of Akwa Ibom SMOH in the situation room. Above right: U.S. Ambassadol Mary Beth Leonard engaging with situation room staff at the Akwa Ibom SMOH.



Emem Xavier, the Akwa Ibom SMOH focal person for prevention of mother-to-child transmission (PMTCT) of HIV, taking the U.S. ambassador through the situation room.

Facilitators

Various aspects of the approach used by Data.FI contributed to greater data use by programs working to control HIV.

- The commitment and willingness of the SMOH to lead the mobilization of key state actors immensely helped strengthen the state's health systems. Routine weekly meeting reminders, the development of slides for presentation, and follow-up on actions agreed upon during weekly situation room meetings by the state demonstrated leadership worth emulating.
- The existence of a permanent space (situation room) for coordination with state, local, and other relevant stakeholders in the health sector made it possible to generate concrete strategies to strengthen the HIV response.
- The effective collaboration with the government, health facilities, legislature, multilateral agencies, USAID-funded IPs, and non-USAID-funded partners facilitated an approach that brought everyone together for robust deep dives on key priority indicators and the development of effective strategies to help improve actions from situation room engagements.
- The existence of a robust capacity-building plan, compelling visualizations guidelines, and other guiding materials designed by the state, Data.FI, and other stakeholders, such as the Joint United Nations Programme on HIV/AIDS (UNAIDS), AIDS Healthcare Foundation (AHF), etc., facilitated the continuous improvement of the situation room methodology for improved outcomes.
- The deployment of the APPR ensured that the SMOH was better equipped with real-time data for informed decisions. The State Commissioner of Health, other state actors, and partners could always log into this platform to review data, run deep dives, and take corrective actions on observed flags or data quality issues. The utilization of the APPR in implementing the situation room methodology quickly became the bedrock upon which the state interfaced with stakeholders to monitor the HIV response effectively.
- The willingness of all actors to galvanize resources and form various technical working groups, which emanated from the weekly situation room meetings, immensely helped in recording tremendous successes, especially in improving pediatric case finding, linkage to treatment, and viral suppression.

Challenges

We faced a number of challenges during implementation.

- Early in the implementation of the situation room methodology, Data.FI realized that the SMOH did not yet have the requisite skills to implement a robust situation room methodology. Skills such as database management, electronic medical records navigation, data analysis, GIS, and data visualization were lacking. Data.FI thereby prioritized efforts to strengthen the capacity of SMOH in responding to critical issues.
- The state did not have access to real-time data before the deployment of the APPR and start-up of the situation room; this initially made coordination challenging.
- To conduct deep dives and analyses of data at the local government and health facility level, during weekly situation room meetings, it important for health facilities to join these meetings remotely. However, poor internet was a challenge in less developed areas.
- Delays receiving executive approvals due to bureaucratic processes for recommendations from situation room meetings led to delayed implementation of action points and interventions.

Sustainability remains a key area of interest. While it is evident that the SMOH has the requisite skills and competence to manage the situation rooms due to the continuous capacity-building approaches that Data.FI has employed, the same cannot be said of funding. Funding for all logistics for the situation room management is still very much donor-dependent.

Lessons Learned

Incorporating a participatory situation room approach for stakeholder engagement has yielded a number of lessons learned.

- A structured mechanism for regular and rapid data review can help programs quickly identify HIV cascade inefficiencies, understand reasons for underperformance, and course correct service delivery to improve HIV outcomes. Implementing the situation room approach in Akwa Ibom has improved outcomes across the HIV 95-95-95 cascade; these have been well documented in published data use cases widely disseminated to IPs and uploaded into USAID's DEC to encourage learning.
- Problems are clearer when there are defined targets and clear expectations for performance.
- To prepare compelling analyses, data use advisors must be familiar with the data and actively look for aberrations that indicate a potential gap in performance. Moreover, the simpler the data visualization that presents the analysis, the easier it is to see the problem.
- Government leadership is key to driving ownership and sustainability of strategies in data review meetings and is a best practice for good governance. This also propagates accountability, with both the government and implementing partners held to account for the results of their implementation.
- Situation rooms provide a platform for data-driven decision making, and can be used as an advocacy tool for both the national and state government to institute policies and allocate resources for sustaining initiatives for epidemic control.

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