# Providing Technical Assistance that Enables Real-Time Learning and Adaptation in a Government-Led Scale-Up Effort in Nigeria

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Health TWG Session

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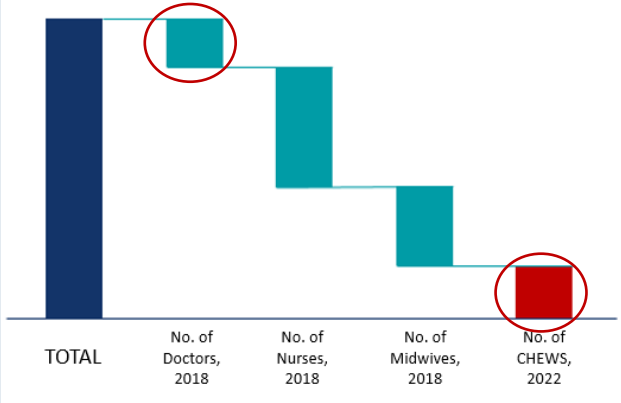
CONTEXT

# Nigeria's healthcare system is complex, challenging and makes coordinating system scale-up very difficult.

## Nigeria's health system is large and complex

- Decisionmaking is decentralized, with authority distributed across federal, state, and local government levels.
- While policy direction is national, implementation authority rests with states.
- Regulatory oversight, service delivery governance, financing flows, and workforce supervision are not uniformly controlled.

## The Healthcare Workforce is Skewed Against Lower Level Service Delivery



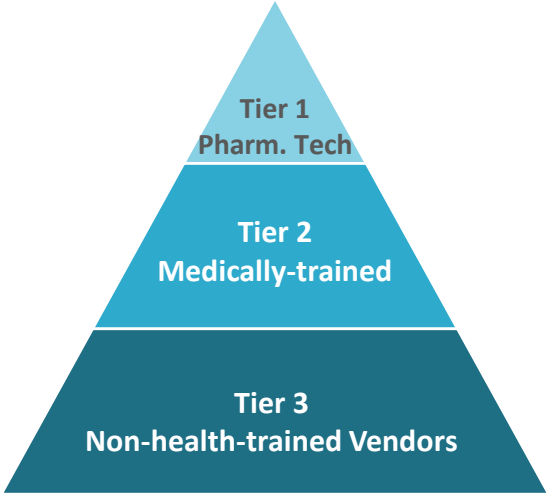

## Prorprietary patent medical vendors (PPMVs) are critical but informal access points


- 58% of Nigerians rely on PPMVs as their first source of care.
- Yet their regulation, quality assurance, training and scope of practice has historically been inconsistent.

CONTEXT

# Scaling the ate three-tiered approach to strengthening PPMV health service delivery is a feasible but complex system transition, rather than a simple replication problem

## The innovation is meaningful and scalable…




## …but it is also quite complex and risky, involving various political actors and actions within both the public and private sectors

| Stakeholders | Public | Private |
|---|---|---|
| Policymakers & policy-shapers | F/SMOHs, PCN, N/SPHCDA, CHPRB, SPHIMAs, LGA Health Offices etc | ACPN, NAPMED, other trade unions, Comm. Groups etc. |
| Regulators | PCN, NAFDAC, NDLEA, NPF, PPMVL, etc | PSN, NAPMED, etc |
| Providers | PHCs, SHFs, THFs etc | CPs, PPMVs, Private HFs, etc |
| Suppliers | FMOH&SW, NPHCDA, DMAs, SPHCDAs etc | UNFPA, SMOs/IPs, Pharma, etc |
| Financiers | Fed. & State Govt., National & States HIAs etc | Pharma, Donors, SMOs/IPs |

The atE Project is implemented by the Society for Family Health (SFH) in partnership with the Government of Nigeria, with funding from the Gates Foundation and MSD for Mothers. The Scale Support work is implemented by Management Systems International in partnership with Development Outcomes and Support Center and is funded by the Gates Foundation.

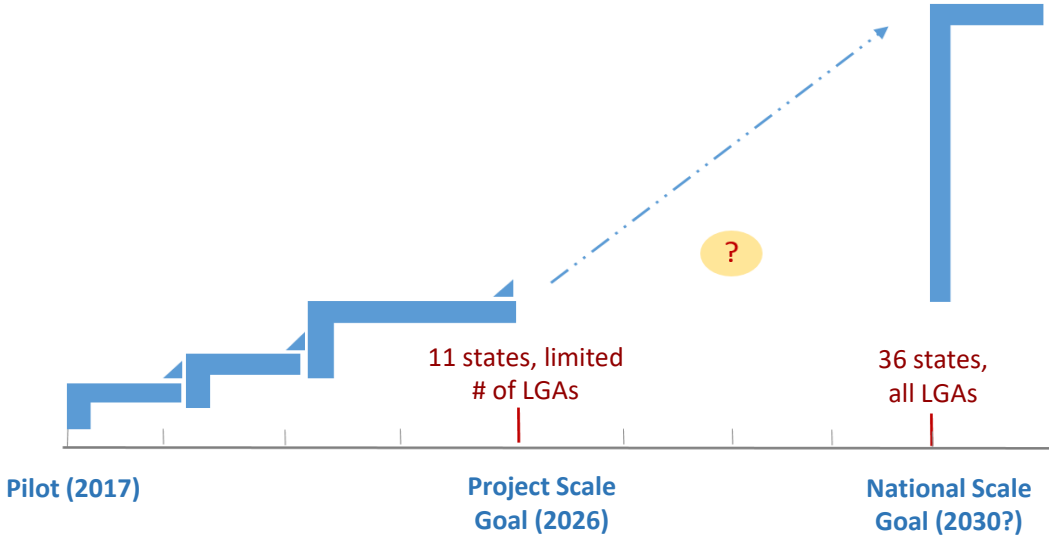
METHODOLOGY

# Clarifying the Meaning and Vision of Scale

***The Key Issue***

There was significant misalignment in the scaling vision due to a large number of diverse stakeholders in scale-up that began as replication of a two-state pilot

Technical assistance (TA) advisors used ExpandNet/WHO framework and guidance tools to help the atE team translate its broad aspiration of "national scale-up" into a realistic, understandable and unifying scaling vision with key steps that could be operationalized.



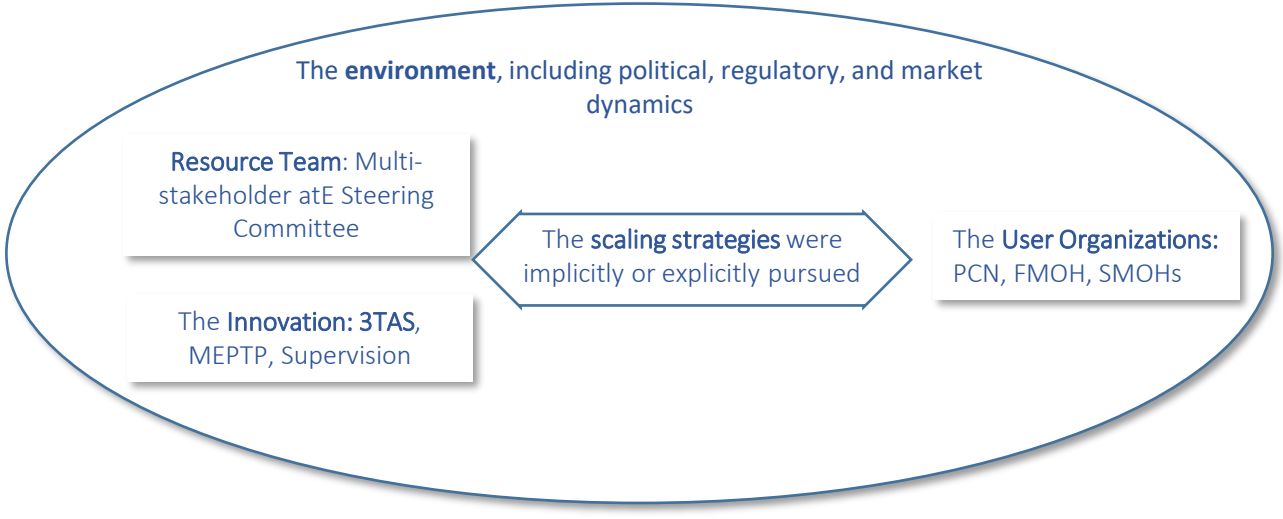
METHODOLOGY

# Backward Framing of Scale

***The Key Issue***

The scale up of three-tiered (3TAs) approach was not originally designed using a systematic scaling framework, hence assumptions were largely implied and not readily visible. It was therefore challenging to immediately deploy a structured adaptive management.

TA advisors used the ExpandNet/WHO framework to retrospectively map the key components of the 3TAS scale up system in a way that adaptations and key outcomes could be tracked and documented prospectively in a more structured and actionable manner



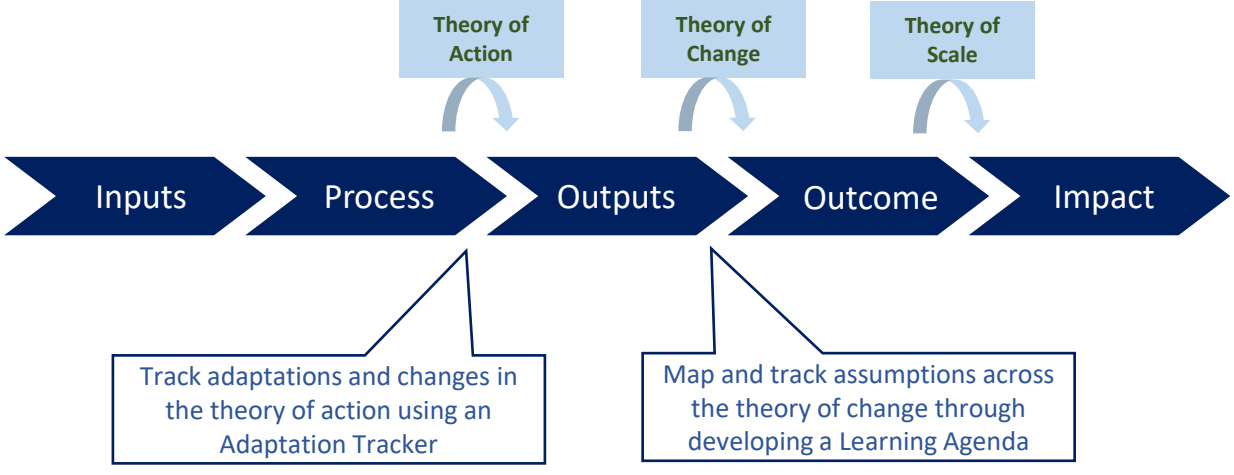
METHODOLOGY

# Real-Time Documentation and Learning

***The Key Issue***

Given the scale-up's wide geographic spread, with implementation happening in 11 states, and the diversity of actors involved, capturing real-time adaptation was a major methodological challenge.

With the structure enabled by the ExpandNet Framework, TA team developed an M&E framework that could enable adaptive management and help document the scaling process and results, as well as the adaptations required to achieve the changes upon which the results depended.



METHODOLOGY

# Sharing, Facilitation, and Institutionalization

***The Key Issue***

Documentation alone was insufficient as its value depended on whether insights are properly shared to inform decision-making. However, sharing scaling documentation is tricky, because it focuses on hidden assumptions, feedback loops, and system responses, rather than deliverable completion.

Building on the ExpandNet's framework and guidance, we applied the Institutionalization Maturity Tracker developed by MSI to assess and regularly present progress along an often under-examined dimension: local ownership and institutional embedment.


This enabled the TA team to:

- Gauge where scale-up stood along the institutionalization continuum
- Highlight gaps between current practice and the stated scaling vision
- Facilitate structured leadership and government analysis of the theory of change and where adjustments were needed

CONCLUSION

# TA can support real-time learning and accelerate adaptation but it must be systematic, embedded, and decision-oriented.

- Sharing learning was strategically embedded through Scale Reflection Meetings, ongoing leadership engagement, and state-level debriefs, rather than a more classic dissemination of mid- or endline evaluations.
- The focus of learning shifted over time from coverage metrics to financing flows, incentives, and institutional ownership.
- Learning was intentionally linked to decision moments (e.g., expansion sequencing, supervision models), not just reporting cycles.
- Cross-state comparison enabled identification of patterns (e.g., where supervision worked when budgeted vs donor-funded).
- Real-time learning allowed risks to be identified early, before they became entrenched failures.