

Strengthening Monitoring & Evaluation Systems In Nasarawa State Primary Health Care Centers

A Technical Brief on Health Information System Strengthening for Evidence-Based Decision Making

Executive Summary

Monitoring and Evaluation (M&E) is central to effective health information systems and evidence-based decision-making. The Nasarawa State Primary Health Care System Strengthening Project focused on enhancing **health information**, one of the six building blocks of the health system, through improved documentation, data use, and real-time performance monitoring.

Context and Problem Statement

The World Health Organization defines a health system as all organizations, people, and actions intended to promote, restore, or maintain health. Strengthening the health system requires improved functionality across accessibility, coverage, quality, and efficiency.

In Nasarawa State, weaknesses in **health information systems** limited the culture of data use for decision-making, operational planning, and accountability in PHCs. **Baseline findings** revealed:

- Poor data management
- Limited M&E capacity at facility level
- Weak documentation of meetings and community engagements
- Low demand and use of data in decision-making

Intervention Focus/Approach










Implementation Strategy

- **Monthly Visits:** First two weeks – data collection by PHC mentors using KoboCollect; last two weeks – mentoring, coaching, supportive supervision.
- **Capacity Building:** On-the-job training for M&E officers and facility staff.
- **Tools Introduced:**
 - Run charts (color-coded tracking of service trends)
 - PHC Management Manual & Competency Framework
 - Facility Scorecards
 - PHC Management Organogram
- **Digital Innovations:** Interactive real-time dashboard highlighting performance across domains, identifying best performers and gaps.

Evidence of Impact

The intervention produced measurable improvements:

-  Organizational M&E structure: **50%** → **95%**
-  Human capacity for M&E: **70%** → **90%**
-  Facility use of data for decisions: **48%** → **88%**
-  Monitoring chart updates: **70%** → **94%**
-  Use of data for advocacy: **36%** → **47%**
-  Use of data for operational planning: **41%** → **75%**
-  Evidence of data for information use: **14%** → **58%**

These results demonstrate strengthened health information management, improved documentation culture, and greater reliance on data for programmatic decisions.

Lessons Learned

- Regular mentoring and supportive supervision close systemic gaps.
- Visualization tools (dashboards, run charts) promote transparency and quick decision-making.
- Facility-level ownership of M&E processes is critical for sustainability.
- Data use culture requires both capacity and accountability mechanisms.

Conclusion and Recommendations

- Sustain the practice of monthly M&E review meetings.
- Institutionalize dashboards and run charts at facility level.
- Integrate documentation & data-use practices into PHC management performance appraisals.
- Scale the model to other LGAs for statewide adoption.



Sociocapital, with support from **Technical Advice Connect (TAC)**, led the interventions that transformed the M&E landscape in Nasarawa State PHCs. By championing documentation, real-time data use, and accountability, we:

- Improved data-informed decision-making
- Enhanced advocacy and planning with evidence
- Strengthened health outcomes through system resilience

This intervention reflects our mission of health system strengthening, accountability, and sustainable improvement of PHC services in Nigeria.

