FP CAPE

Family Planning
Country Action Process Evaluation

Insights Deck

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UNC
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01 | **FP CAPE Project**

Evaluation approach and methodology

The purpose of FP CAPE

FP CAPE takes a complex systems look at BMGF family planning investment portfolios in Nigeria and Democratic Republic of the Congo towards achieving national mCPR goals.

Mechanisms of action

A clear **theory of change** identifies critical assumptions on drivers of family planning use.

By testing theorized processes, FP CAPE generates evidence on how and why each mechanism can achieve sustained change.

Context & interaction

A **portfolio-level evaluation** independently assesses family planning investments in DRC and Nigeria.

By observing how multiple activities work together, rather than focusing on individual grants, FP CAPE detects interactions and synergies between programs.

Design features

A **prospective design** documents change, issues, and learning concurrently with implementation. This allows FP CAPE to test critical assumptions in real time.

Realist, theory-based models define and test theoretical assumptions and use realist evaluation techniques to adapt portfolio theories of change (TOC) in response to FP CAPE findings.

Evaluation approach   DRC: findings   Nigeria: findings   Interactive timeline

This presentation has a threefold purpose

01 present a bi-annual snapshot of FP CAPE findings from DRC and Nigeria

02 support BMGF reflection on their current family planning investment portfolio

03 inform future BMGF FP investment strategy

Realist process evaluation approach

FP CAPE collaboratively develops portfolio-level theories of change (TOC) with BMGF and grantees, making explicit critical assumptions underlying TOCs. These assumptions are then used to generate research questions and a learning agenda. The process is iterative with findings informing adjustments in the TOCs over time.

Portfolio TOC

Developed in close collaboration with BMGF Program Officers and grantees in DRC and Nigeria.

Critical assumptions

Make explicit the critical assumptions/hypotheses underlying the assumed causal links in each TOC.

Assumptions may relate to program implementation, mechanisms of action or the wider FP context.

Research questions and findings

FP CAPE research questions test critical assumptions underlying the portfolio TOC.

Findings are then used to further adapt/improve the portfolio TOC moving forward. Assumptions are revised and additional research questions generated.

Questions shaping evaluation approach

Evaluation	Questions shaping approach	Methods
Are expected changes happening?	‣ How are **key outcomes** changing/not changing across the portfolio theories of change?	**Sentinel indicator**
How did change happen?	‣ What are the **critical implementation and contextual barriers and facilitators** that influence change in key outcomes across the portfolio? ‣ Are some components of the program more important than others in **driving change**? ‣ Are **critical assumptions** about how programs are expected to work and/or work together valid?	**Bottom-up Inquiry:** ‣ System Support Mapping (SSM) ‣ Grantee documentation review ‣ BMGF Program Officer (PO) interviews **Special Study (1)** on the enabling environment (design phase)
Are there emergent factors that affect program implementation and success?	‣ As **programs interact** with and change the wider FP environment over time, what **new factors/challenges emerge?** ‣ How do underlying assumptions need to be revised?	**Analysis and synthesis** of above methods/data
Are successful intervention models scaled up?	‣ To what extent are successful intervention models being **replicated and scaled up** by others? ‣ What **factors influence** whether successful interventions are replicated/ scaled up? ‣ How do model **interventions change** when they are replicated? Why?	**Monitoring** through sentinel indicator findings and across bottom-up methods and data collection **Special Study (2)** on scale-up (planned)

Sentinel indicators, first round

These indicators are used to monitor whether expected changes are happening within the portfolio. Sentinel indicators use primarily, but not exclusively, quantitative data.
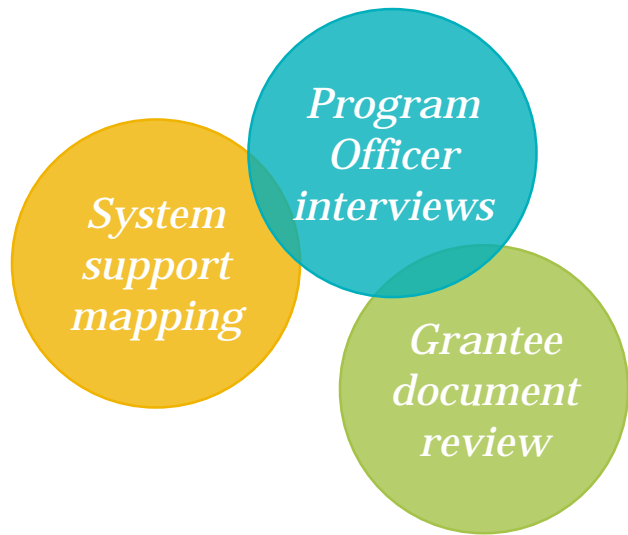
Establish a set of baseline sentinel indicators to update on an annual or more frequent basis, depending on the indicator.

Future rounds of findings will show whether expected changes are happening across the portfolio over time.

Evaluation approach   DRC: findings   Nigeria: findings   Interactive timeline

Bottom-up inquiry process and outcomes

Bottom-up inquiry methods

System support mapping

Program Officer interviews

Grantee document review

Themes of inquiry

‣ Activities
‣ Needs
‣ Facilitating factors
‣ Barriers/challenges
‣ Desired changes

Inquiry process

Collect data & synthesize bottom-up findings

⬇

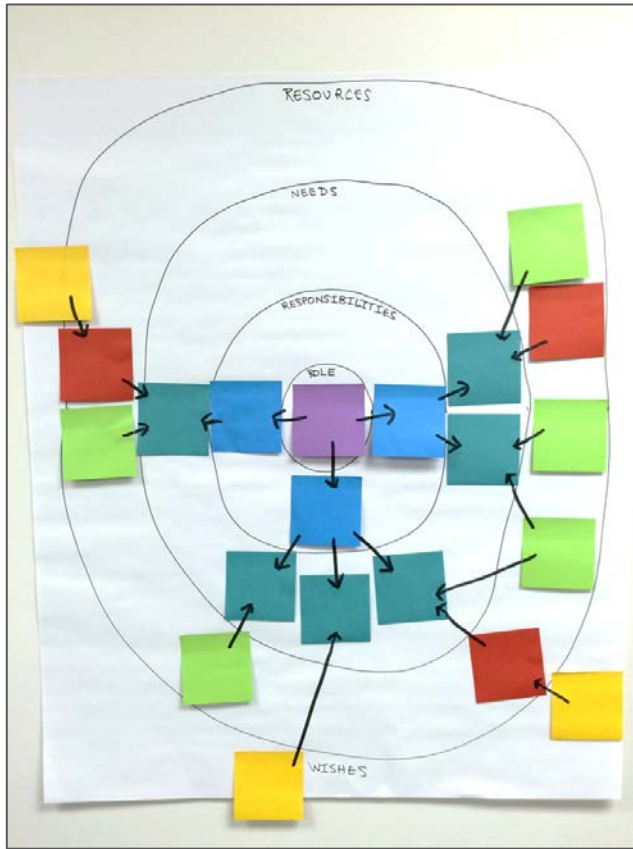Triangulate findings with sentinel indicators

⬇

Validate or adjust critical assumptions

⬇

Propose edits to the theory of change (TOC)

Bottom-up inquiry: system support mapping

System support mapping (SSM) allows us to collect data on factors of implementation and context that influence program success.

System support mapping (SSM) identifies BMGF grantees:

- Activities
- Needs
- Facilitators
- Barriers
- Desired changes

Data is collected through:

- ‣ Physical map of themes
- ‣ Audio and video session recordings for further qualitative analysis and coding

Bottom-up inquiry: system support mapping questions

5) Wishes/ desired changes — What do you wish you had to achieve your desired goals?

4) Facilitators & barriers — What facilitating factors/resources and barriers/challenges do you currently have for each activity?

3) Needs — What are the critical needs to accomplish these activities?

2) Activities — What are the main activity areas of your grant?

1) Grant — What is your project/grant name?

Evaluation findings and synthesis: DRC

*Democratic Republic of Congo (DRC)*

Investment portfolio & theories of change

Democratic Republic of Congo (DRC)

Family planning in DRC

The DRC, as one of the lowest ranked countries in the Human Development Index (176th of 188 in 2015), faces significant challenges in providing reproductive health services. Intense projected population growth and low mCPR create pressure on government & stakeholders to better address family planning needs.
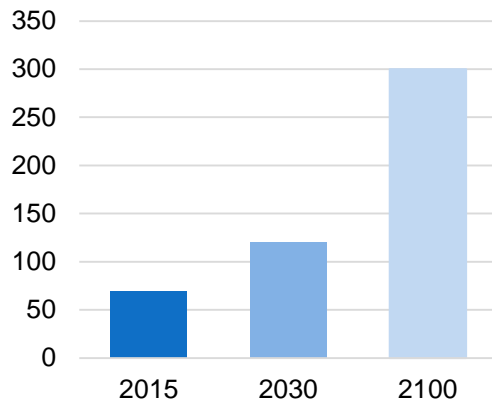
The current population is expected to almost double in size to 120 million in 2030, and to reach at least 300 million in 2100

The mCPR was just under 8% among married women nationally in 2014, up slightly from just under 6% in 2007

Since 2012, the DRC Government has prioritized FP in policy, regulations, and budget
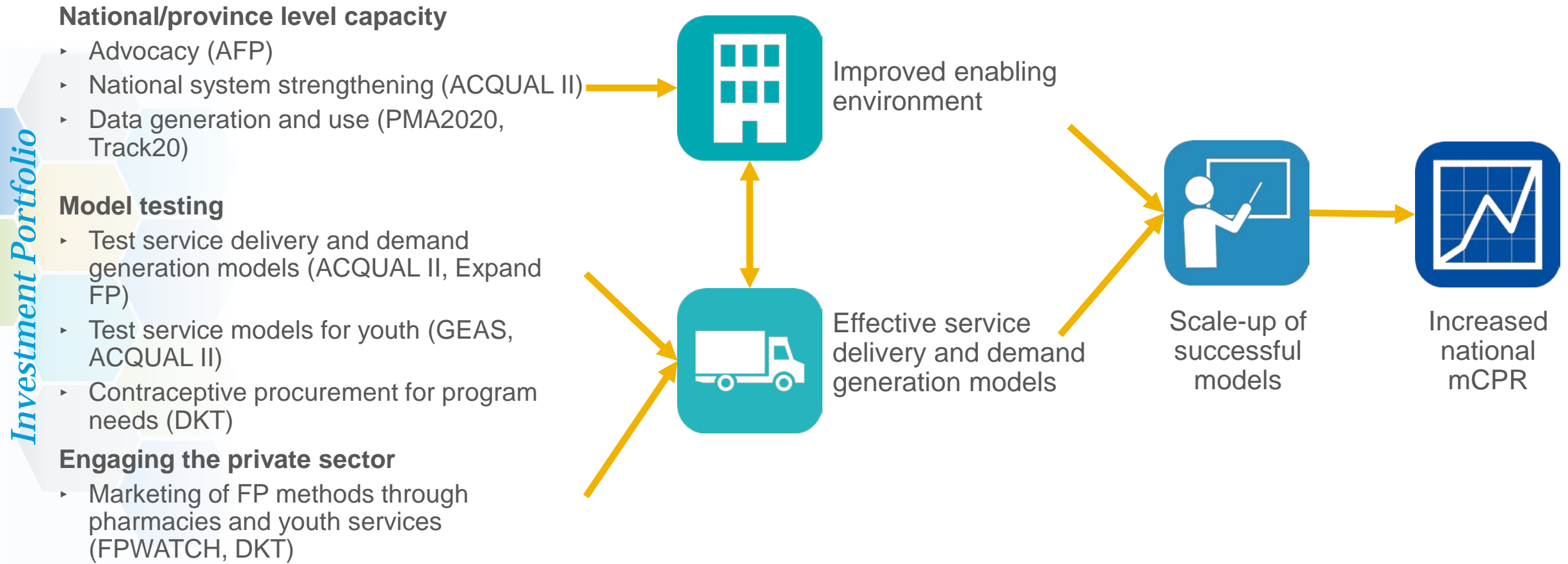
DRC's government pledged to increase mCPR to 19% by 2020

Sources: UN HDI

DRC investment portfolio: theory of change

FP CAPE's research questions are based on a theory of change (TOC) that defines and monitors causal pathways, starting with portfolio investments and moving to increased national mCPR. Embedded in this TOC are several critical assumptions that must hold true for the theory to be valid.

National/province level capacity

‣ Advocacy (AFP)
‣ National system strengthening (ACQUAL II)
‣ Data generation and use (PMA2020, Track20)

Model testing

‣ Test service delivery and demand generation models (ACQUAL II, Expand FP)
‣ Test service models for youth (GEAS, ACQUAL II)
‣ Contraceptive procurement for program needs (DKT)

Engaging the private sector

‣ Marketing of FP methods through pharmacies and youth services (FPWATCH, DKT)

Investment Portfolio

Improved enabling environment

Effective service delivery and demand generation models

Scale-up of successful models

Increased national mCPR

DRC investment portfolio: critical assumptions

FP CAPE's research agenda is driven by explicit critical assumptions underlying the portfolio TOC

Investment Portfolio		
National-level development	‣	PNSR and PNSA coordinate partners in support of national and provincial strategies
	‣	Favorable FP policies enacted
	‣	Effective national supply chain strategy and GIBS-MEG ensure commodity availability
Model testing	‣	Service delivery models increase quality and access to full range of services
	‣	Learning about sexual/RH behaviors improves youth-related outcomes
Exposure and access	‣	Private sector models increase access to FP
	‣	Adults and youth purchase marketed FP methods

Outcomes		
Scale up of successful demonstration models	‣	Improved coordination and planning will attract investment in scale up
	‣	Strong measurement drives performance, scale up and donor coordination
	‣	Demonstration models seen as relevant and feasible by other provinces and donors
Increased national mCPR	‣	Model programs remain effective when scaled up by others in new contexts

Evaluation approach   DRC: findings   Nigeria: findings   Interactive timeline

Sentinel indicators

Democratic Republic of Congo (DRC)

Sentinel indicators

These indicators are used to monitor whether expected changes are happening within the portfolio. Sentinel indicators use primarily, but not exclusively, quantitative data.

Enabling environment

Program demonstration models

Scale-up & overall impact

Overview dashboard of sentinel indicators, DRC

Enabling environment

of public statements of support by government

# of national CTMP meetings held

# of organizations/partners in attendance

# of provincial CTMP created

# of distinct organizations as members

Estimated 2016 government contribution to FP services & commodities (USD)

Projected gap in FP services and commodities, in USD (2016/2020)

Program demonstration models

% of women not currently using a method who intend to use contraceptives in the future

% of women with media exposure to FP (radio, TV)

% of facilities offering at least five modern contraceptive methods, by facility type

% of women who obtained current method from a pharmacy/drug shop

% of public facilities with community health workers (CHW) that provide FP

% of women visited by CHW for FP

% of public facility stock-outs for FP, by method

% of facilities offering Sayana® Press (public, private)

% of modern method users using Sayana® Press

% of modern method users using implants

% of women counseled on side effects

Scale up and overall impact

mCPR in Kinshasa and Kongo Central

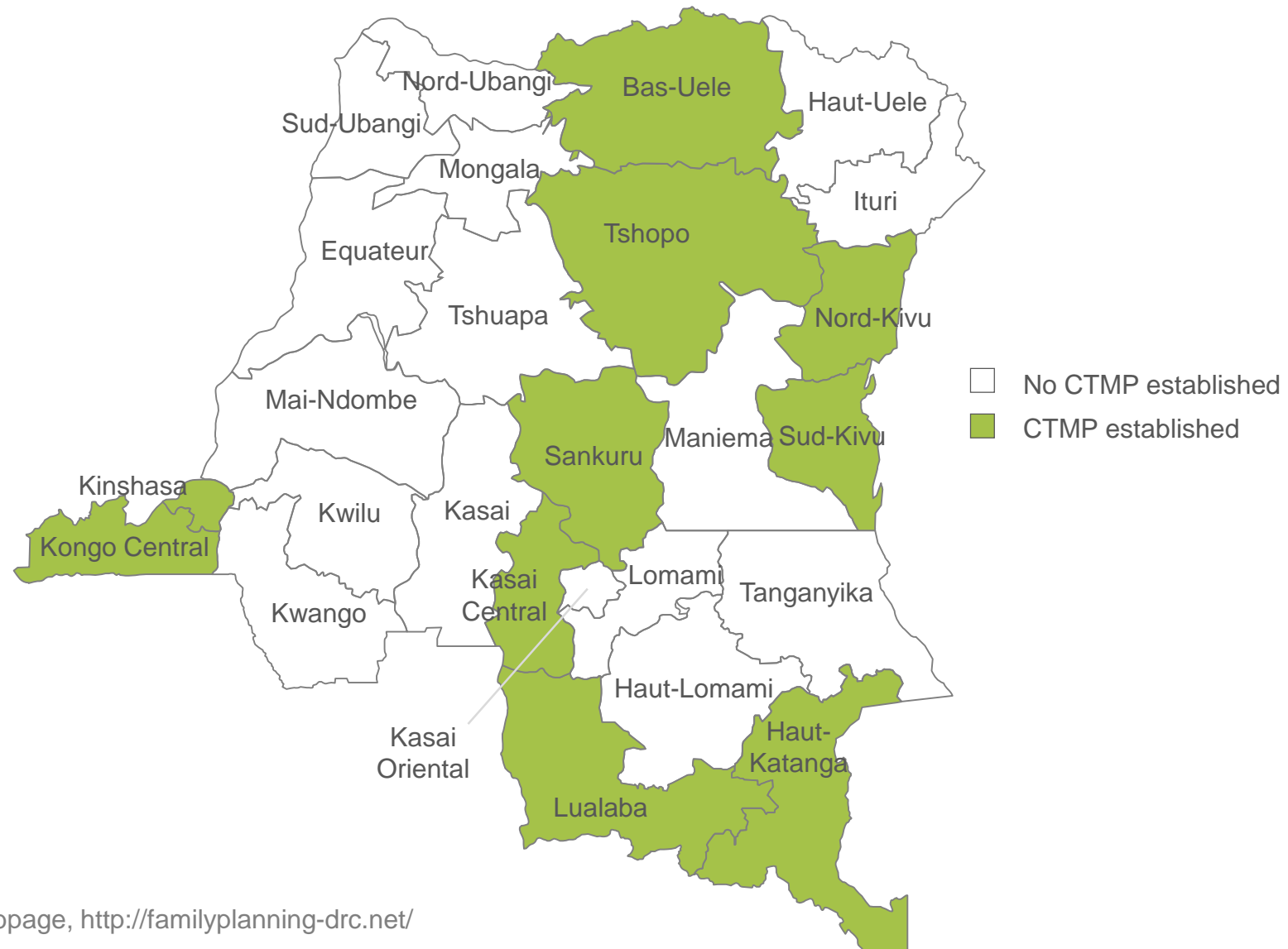# of provinces scaling up elements of demonstration models.

National mCPR

Enabling environment

Critical Assumptions	Expected changes	Sentinel indicators	2016 result
Advocacy efforts will raise the visibility of FP	Visibility of FP is increased	# of public statements of support by government	ND
PNSR & PNSA coordinates partners in support of national & provincial strategies	Donor coordination increased	# of national CTMP meetings held	1
		# of organizations/partners in attendance	ND
	Provincial CTMP strengthened	# of provincial CTMP created	10/26
		# of distinct organizations as members	21
Strong measurement will drive performance	Data used to make decisions	No existing indicators	ND
Favorable FP policies are put in place	Enabling environment improved	Estimated 2016 government contribution to FP services & commodities (USD)	$2.5M USD
National supply chain ensures availability of commodities	Increased funding for contraceptive procurement	Projected gap in FP commodities & services, in USD (2016/2020)	$78.3M (commodities) + $249.7M (services) = $327.9M TOTAL

Sources: Family Planning in the DRC website; & interviews/SSM data collection with BMGF FP grantees & analysis of effort & opportunity for FP financing gaps via communication with Perri Sutton, BMGF

Enabling environment: CTMP map, DRC

Legend:
- ☐ No CTMP established
- 🟩 CTMP established

Source: Family Planning in the DRC webpage, http://familyplanning-drc.net/

Evaluation approach   DRC: findings   Nigeria: findings   Interactive timeline

Demonstration models: Demand generation

Critical Assumptions	Expected changes	Sentinel indicators
Demand generation demonstration models in focus provinces are successful	Increased exposure to FP messages in focus provinces	% of women exposed to FP messages through radio and TV (among all women and among youth)
	Increased intention to use FP among all women	% of all women who are not using a FP method who intend to use a method in the future
Learning about sexual & RH behaviors of 10-14 year olds will improve youth-related program outcomes	Increased intention to use FP among youth	% of youth (15-24) who are not using a FP method who intend to use a method in the future

Intention to use FP

Percent of women and youth intending to use contraceptives among non-users, Kinshasa
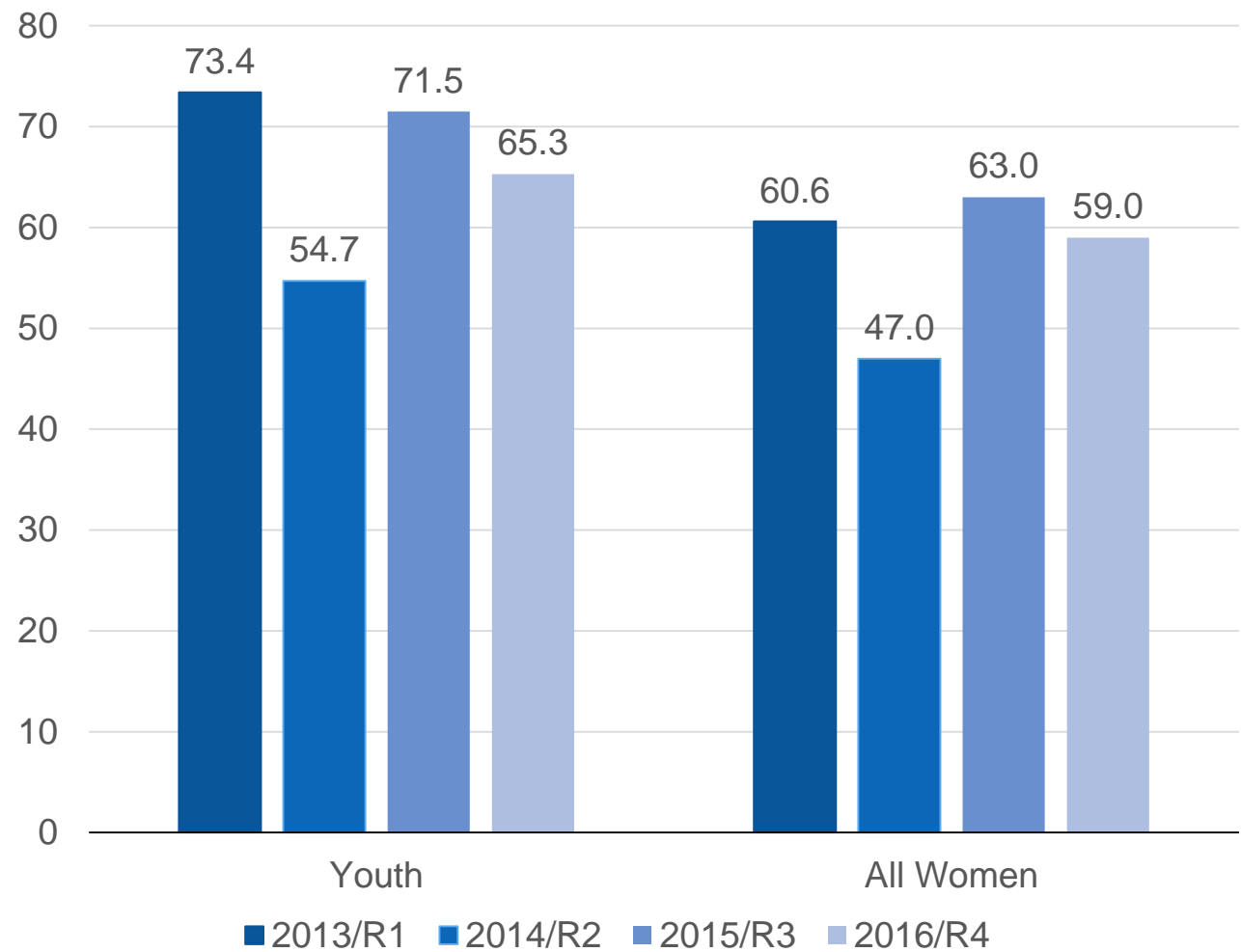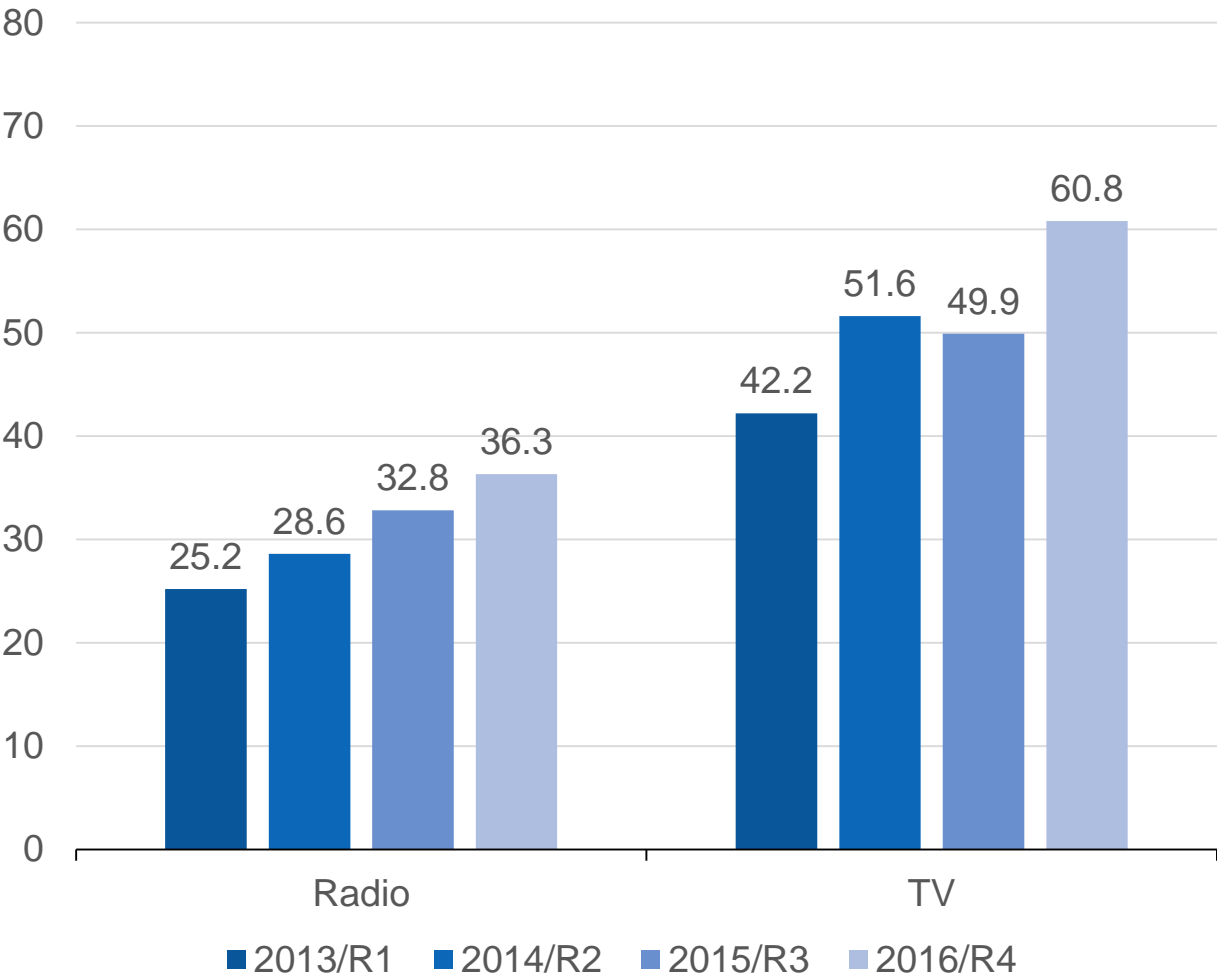

Percent of women and youth intending to use contraceptives among non-users, Kongo Central
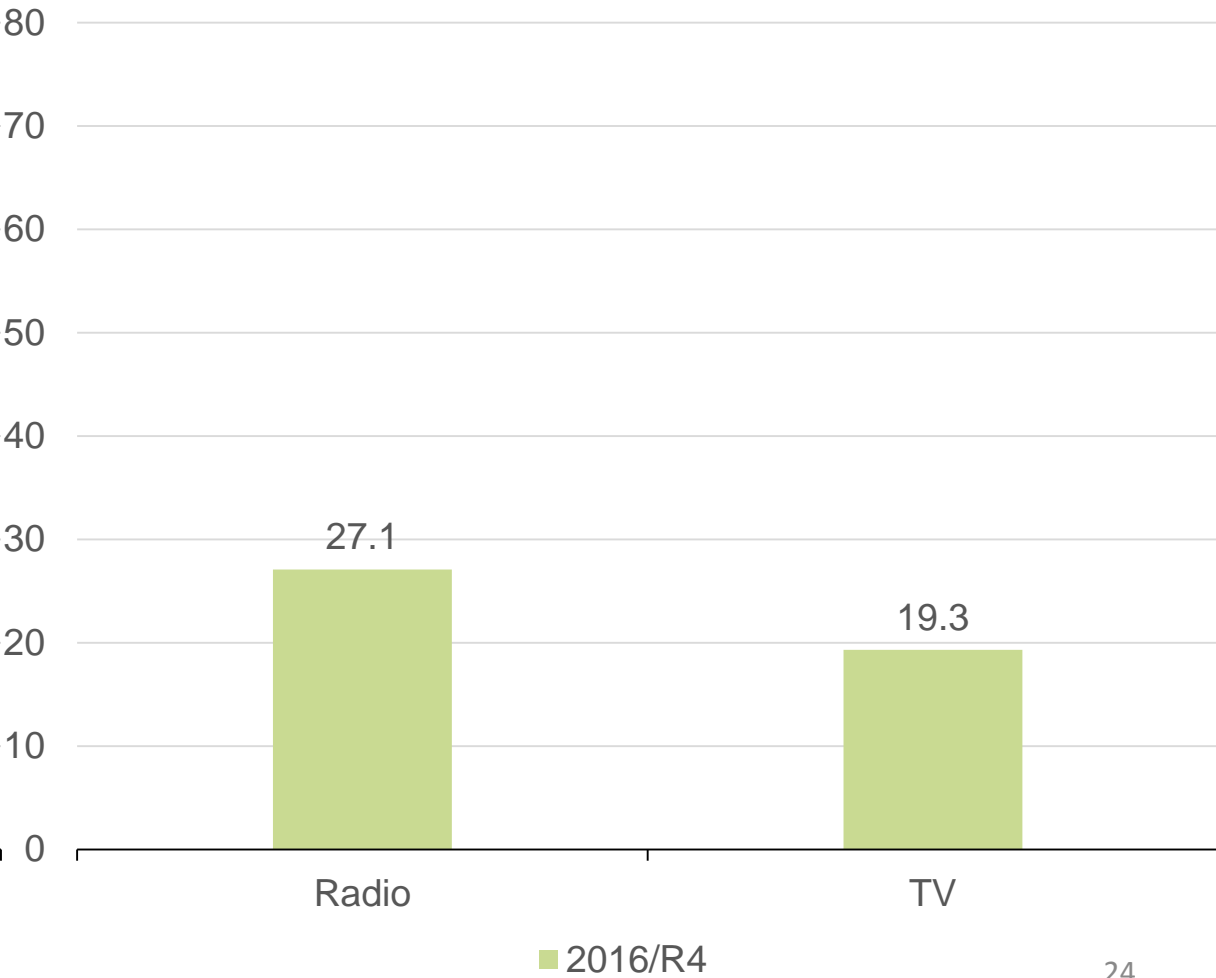

Source: PMA2020

23
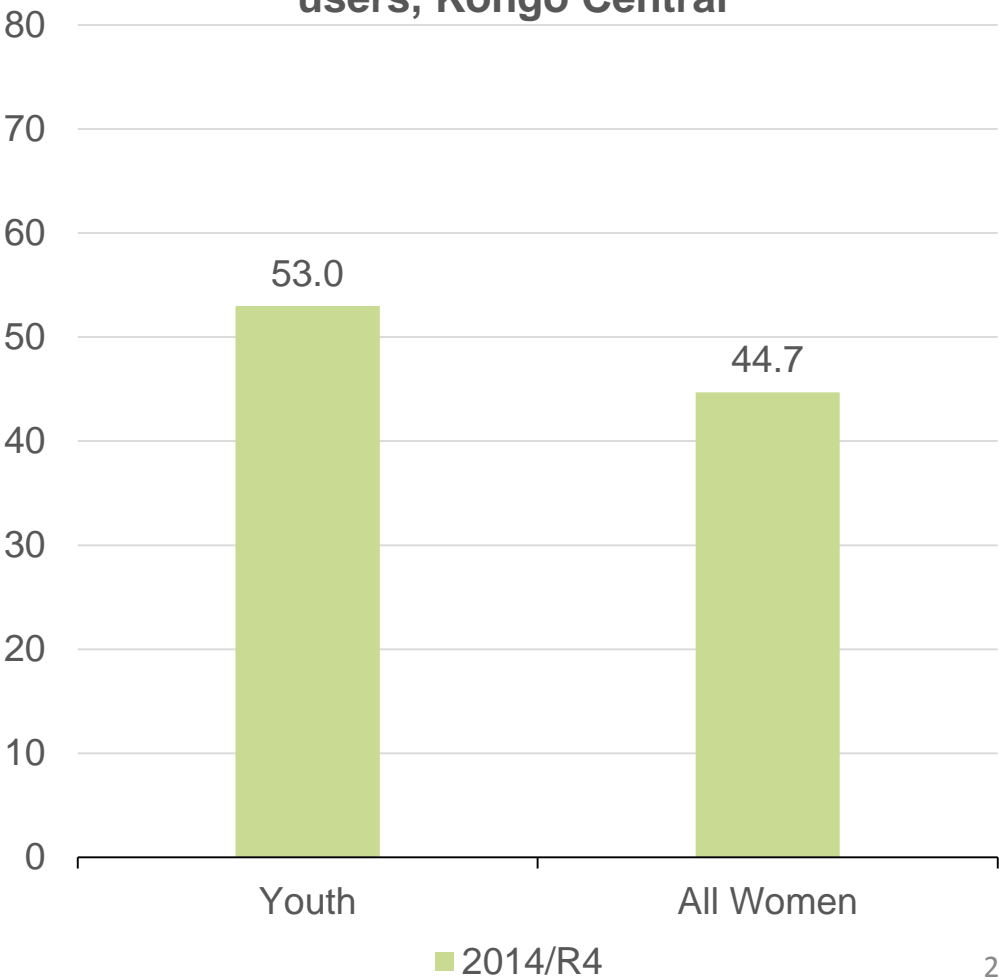
Exposure to FP messages

Percent of women exposed to FP messages through radio and TV, Kinshasa

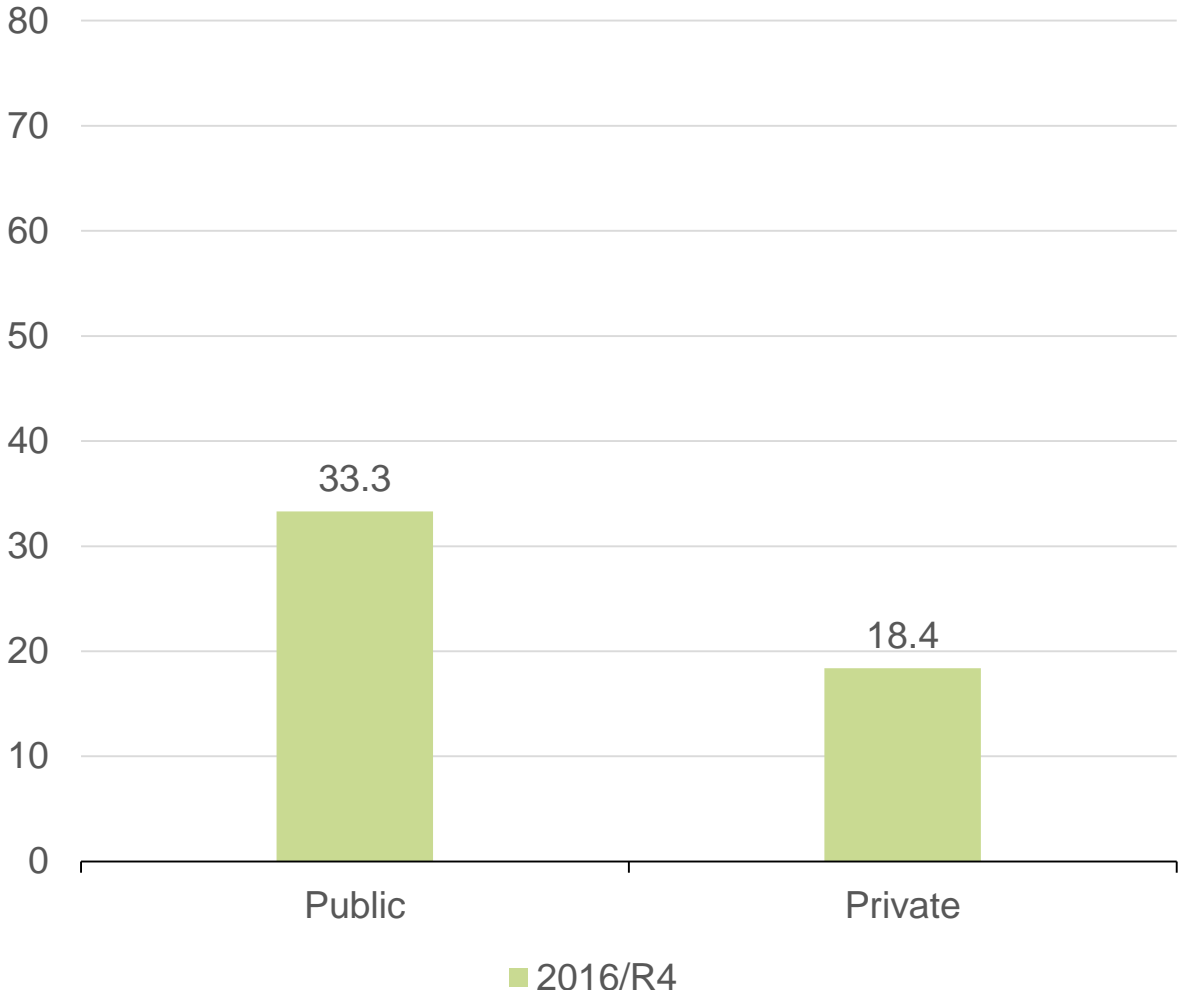**Percent of women exposed to FP messages through radio and TV, Kongo Central**

Source: PMA2020

24

Demonstration models: Service delivery

Critical Assumptions	Expected changes	Sentinel indicators
Service delivery models will increase quality and access to FP services/commodities	Access to services is increased in focus provinces	‣ % of facilities offering at least five modern contraceptive methods, by facility type ‣ % of pharmacies/drug shops offering modern FP methods ‣ % of public facilities with a CHW that provides FP ‣ % of women visited by community health workers for FP ‣ % of public facility with stock-outs in the last 3 months (IUD, implant, injectable, pill)
	Quality of services increased in focus provinces	‣ % of women counseled on side effects
	Increased demand for Sayana® Press and Nexplanon, especially among youth	‣ % of facilities offering Sayana® Press (public, private) ‣ % of modern method users using Sayana® Press ‣ % of modern method users using implants
Private sector models will increase access to FP	Access to FP services in the private sector increased in focus provinces	‣ % of private facilities offering at least five modern contraceptive methods ‣ % of pharmacies/drug shops offering modern FP methods
Adults and youth will be willing and able to purchase socially marketed products	Increased private sector market share	‣ % of women who obtained their most recent method from a pharmacy or drug shop/kiosk

Access to services

Percent of facilities offering at least five modern contraceptive methods, Kinshasa
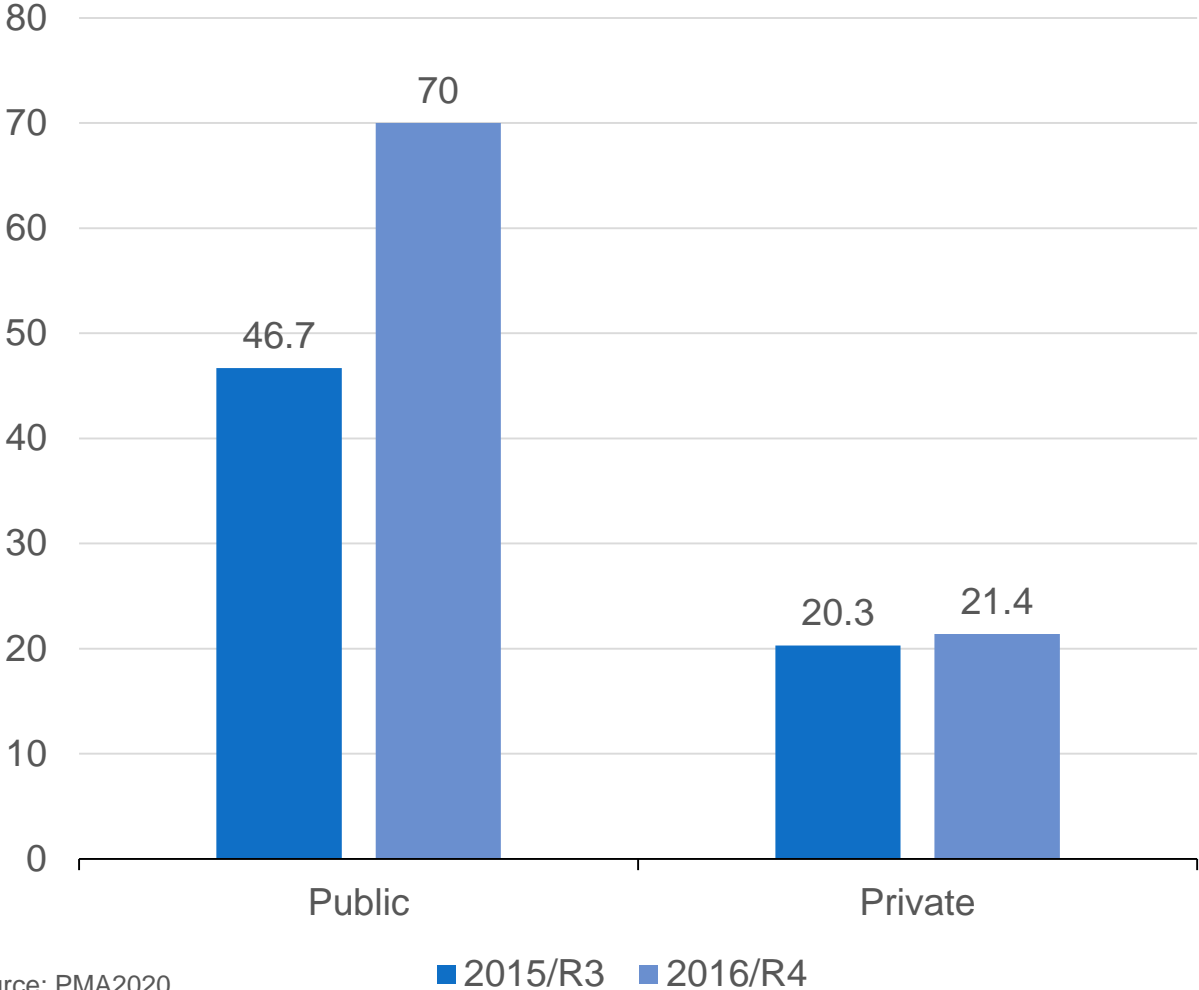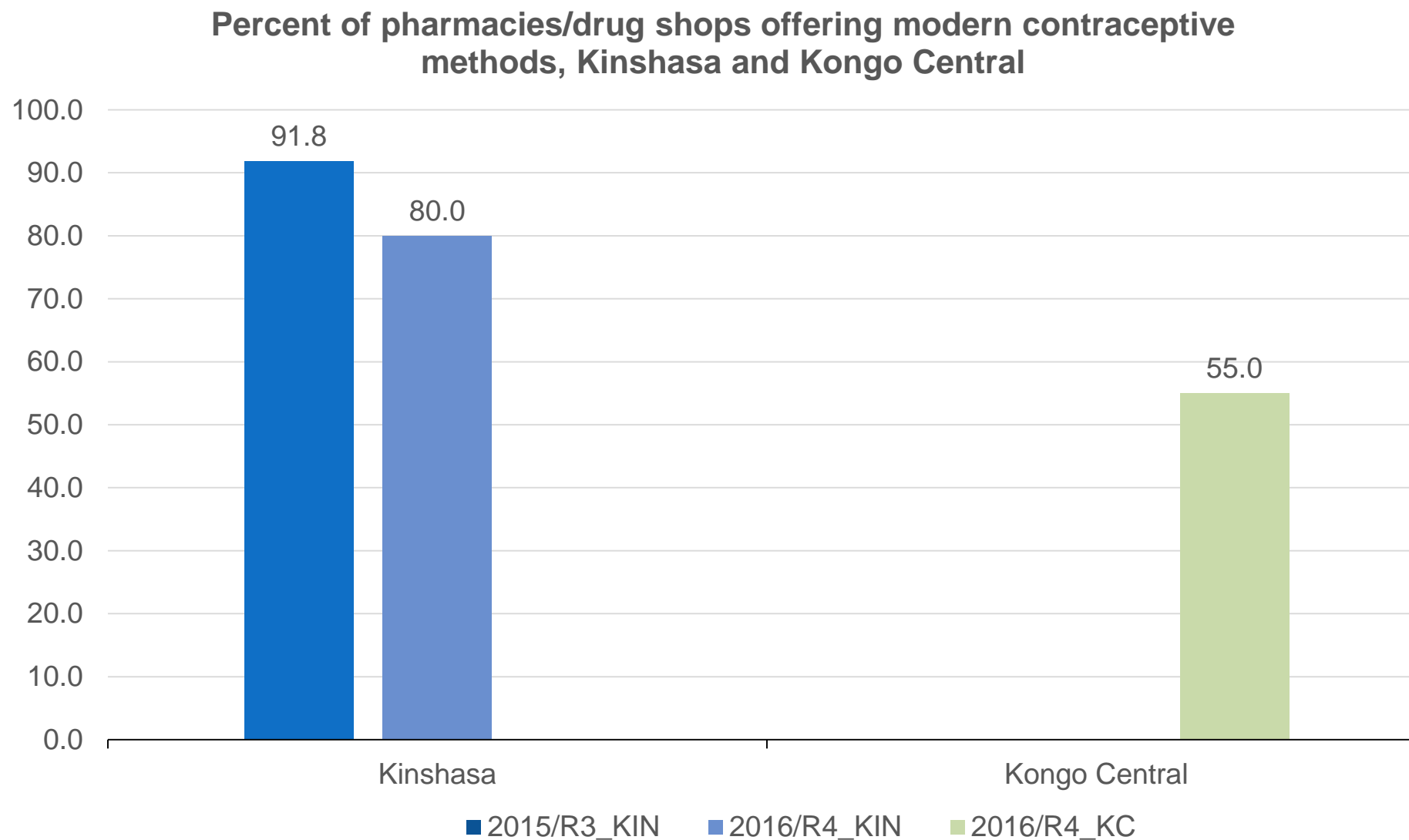
Percent of facilities offering at least five modern contraceptive methods, Kongo Central

Source: PMA2020

■ 2015/R3 ■ 2016/R4

■ 2016/R4

Access to services

Percent of pharmacies/drug shops offering modern contraceptive methods, Kinshasa and Kongo Central

Legend: 2015/R3_KIN, 2016/R4_KIN, 2016/R4_KC

Data values:
- Kinshasa 2015/R3_KIN: 91.8
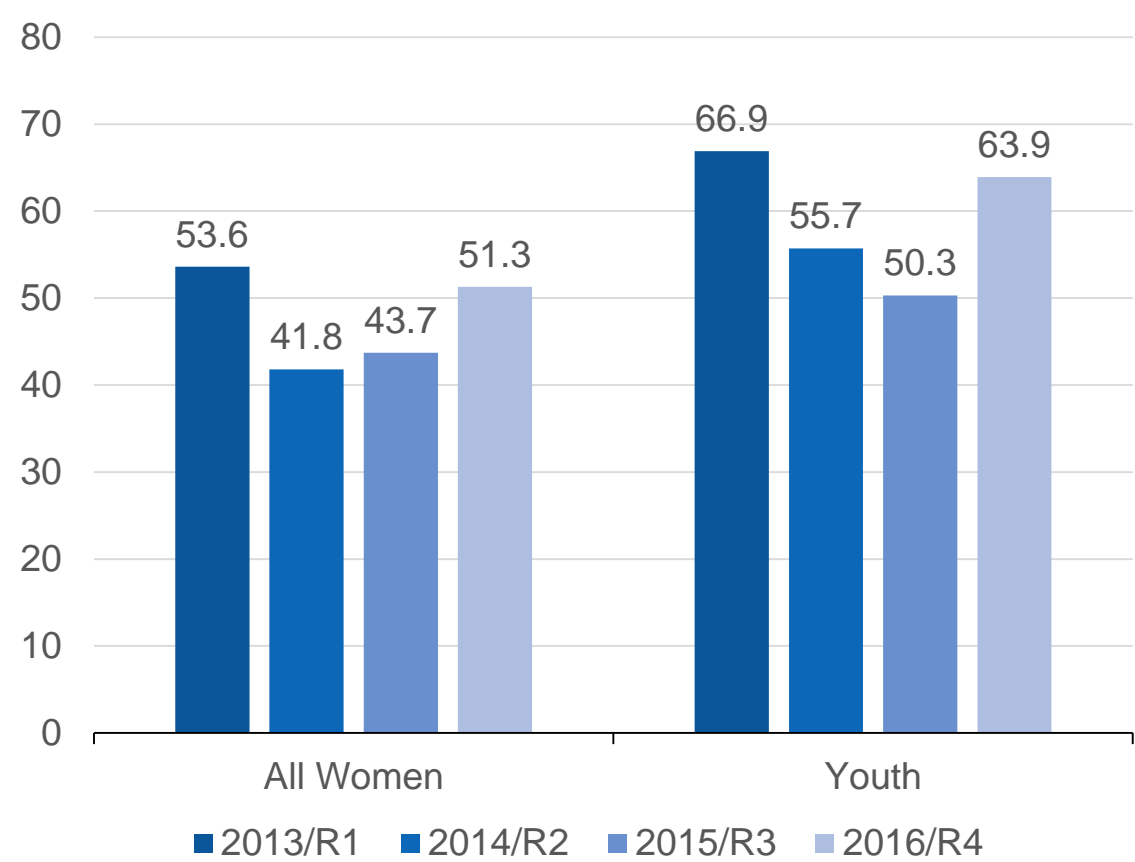- Kinshasa 2016/R4_KIN: 80.0
- Kongo Central 2016/R4_KC: 55.0

Source: PMA2020

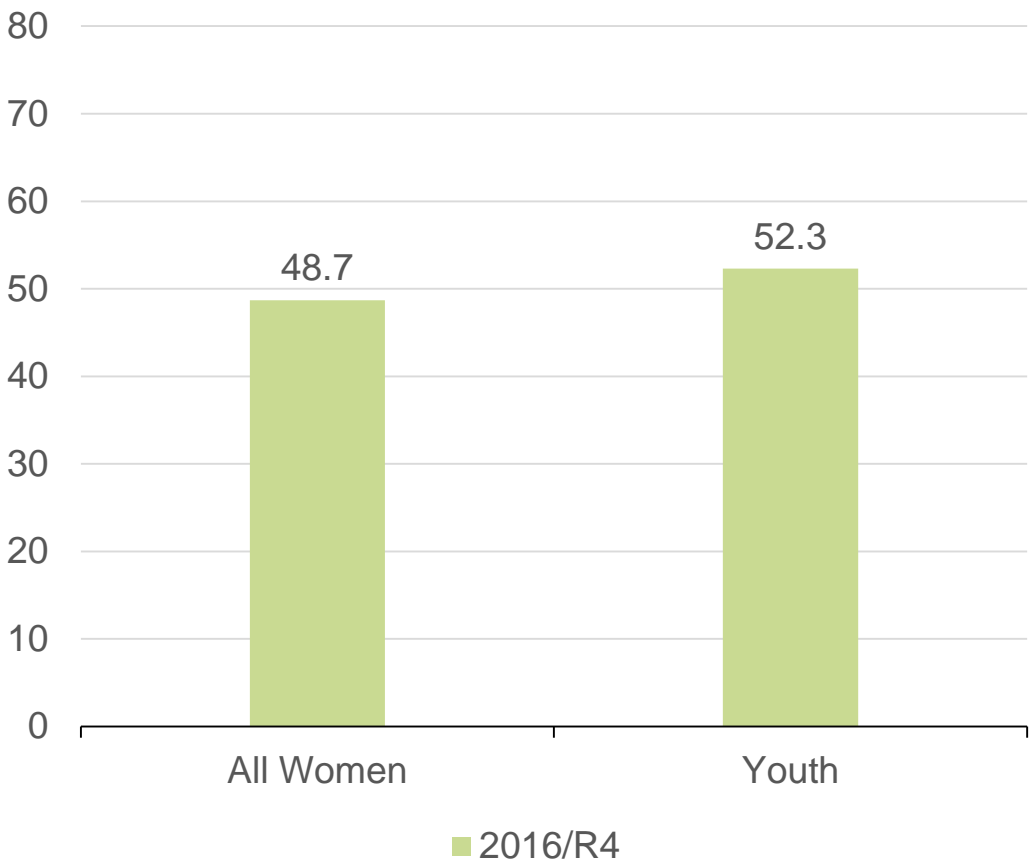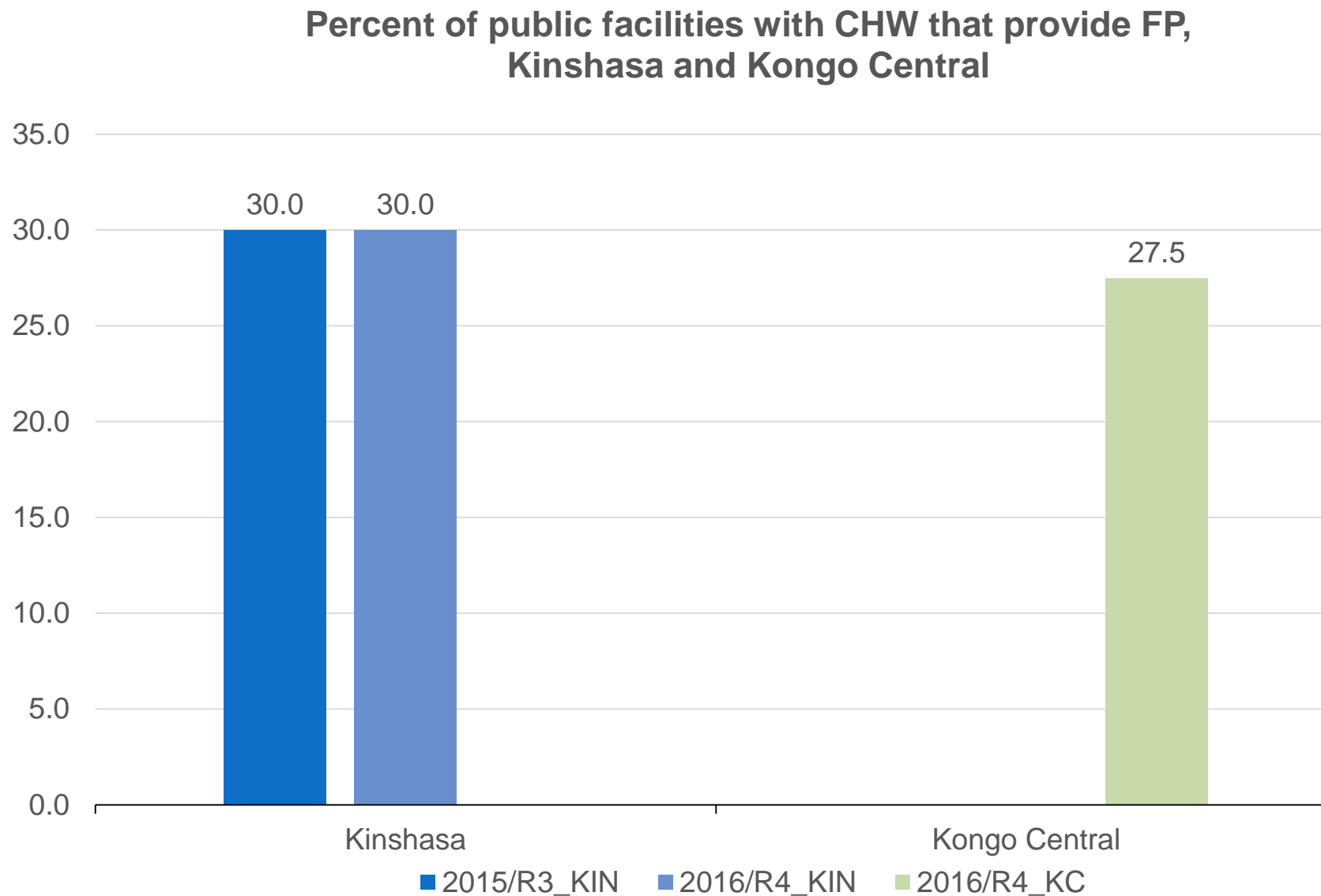# Access to services

Percent of women who obtained most recent method from pharmacy or drug shop*, Kinshasa

Percent of women who obtained most recent method from pharmacy or drug shop*, Kongo Central

Source: PMA2020

*Among women currently using a modern method

Access to services

**Percent of public facilities with CHW that provide FP,
Kinshasa and Kongo Central**

Source: PMA2020

Access to services

Percent of women visited by CHW and talked about FP, Kinshasa and Kongo Central
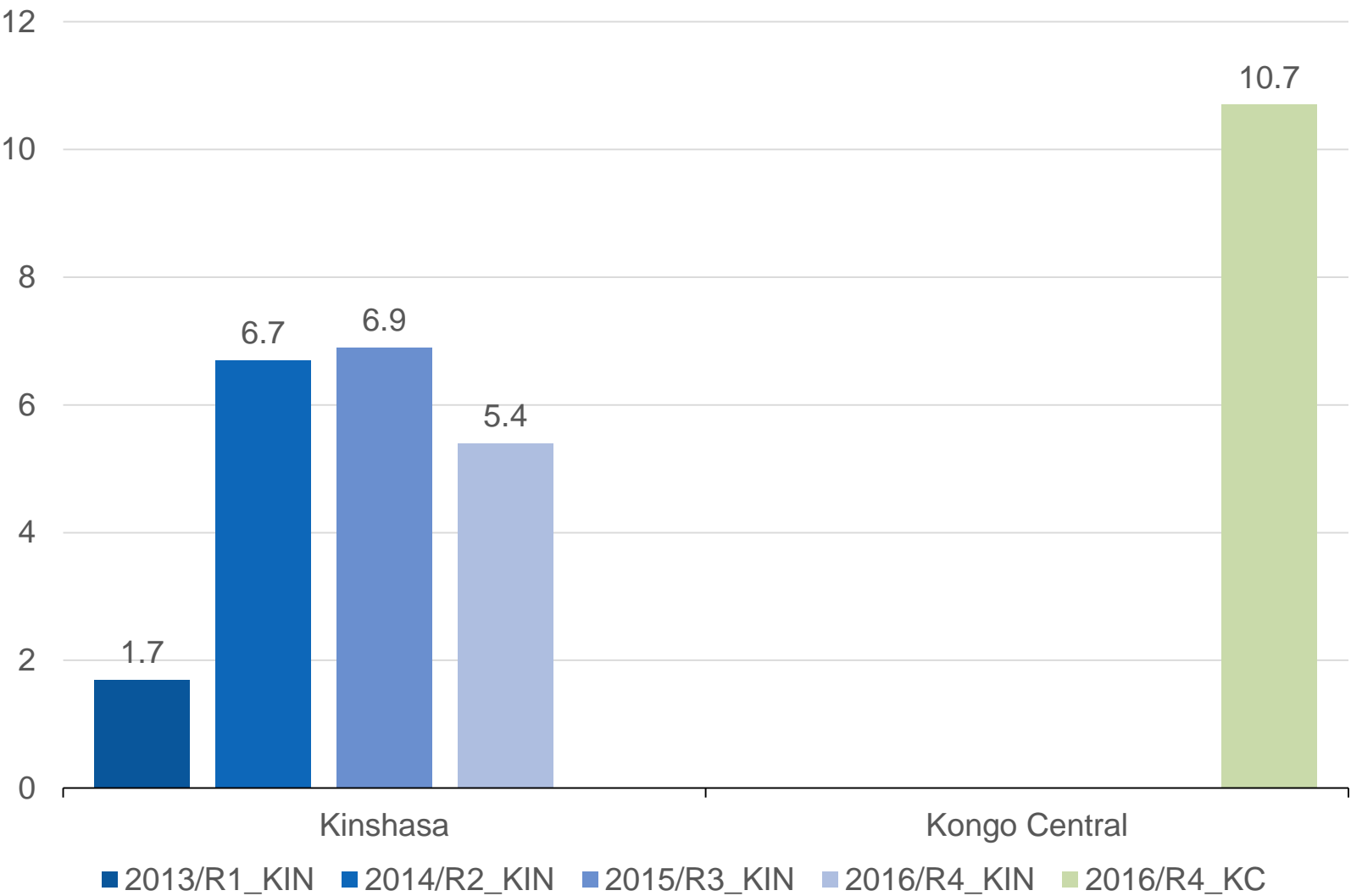
Legend: ■ 2013/R1_KIN ■ 2014/R2_KIN ■ 2015/R3_KIN ■ 2016/R4_KIN ■ 2016/R4_KC

Kinshasa: 1.7, 6.7, 6.9, 5.4
Kongo Central: 10.7

Source: PMA2020

Access to commodities

Percent of public facilities with stock-outs by method in the last three months, Kinshasa
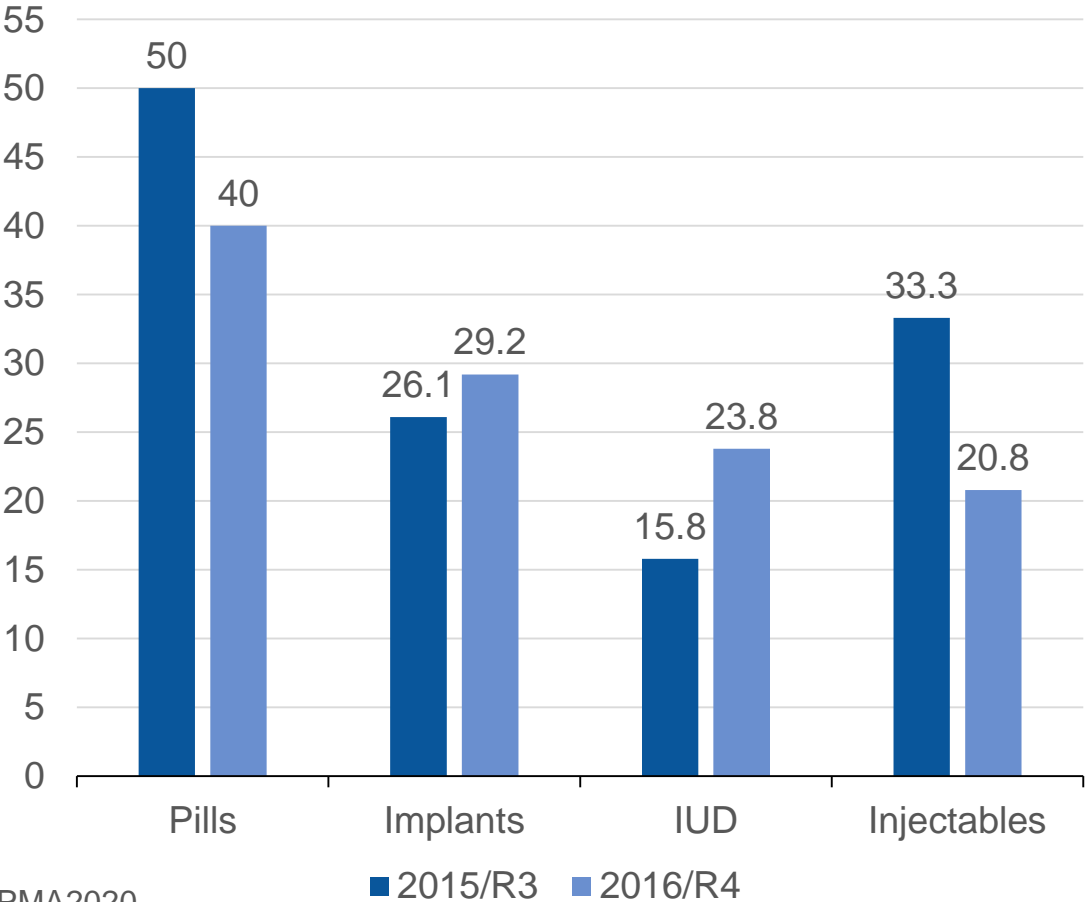
Percent of public facilities with stock-outs by method in the last three months, Kongo Central

Access to Sayana® Press

Percent of facilities providing Sayana® Press, by facility type, Kinshasa and Kongo Central

- Public Kinshasa: 30.0
- Private Kinshasa: 9.2
- Private Kongo Central: 4.1

■ 2016/R4_KIN ■ 2016/R4_KC

Source: PMA2020
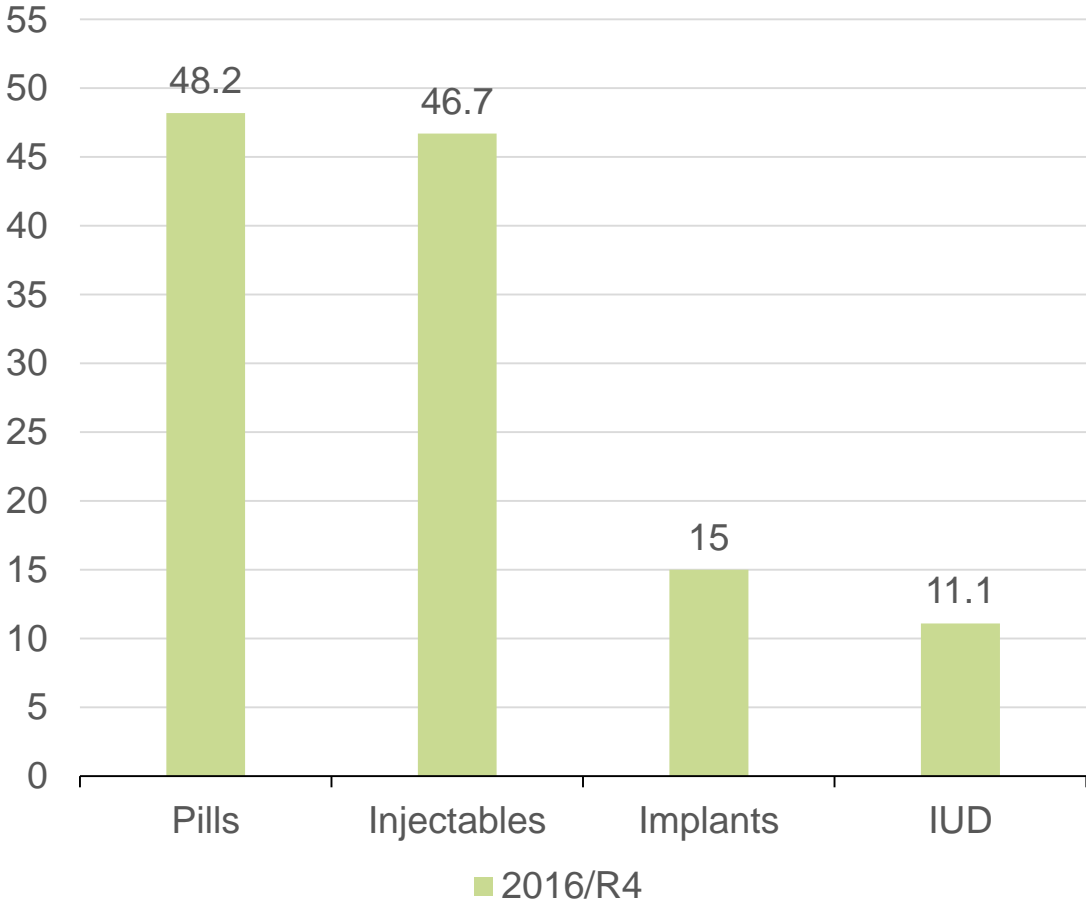
Use of Sayana® Press and implants
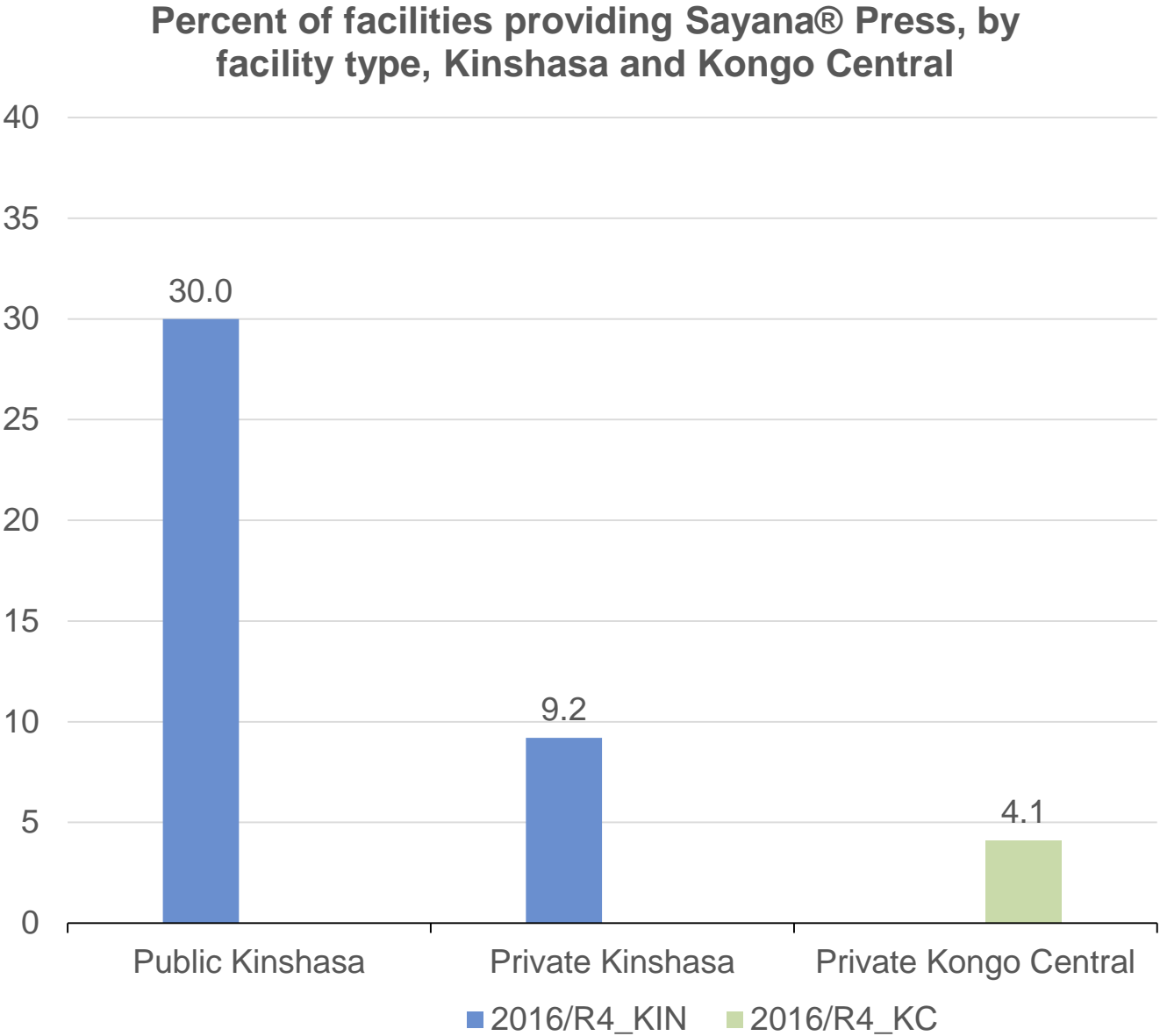
Percent of modern method users using Sayana® Press among all women and youth, Kinshasa and Kongo Central

	All Women KIN	Youth KIN	All Women KC	Youth KC
Value	7.6	3.3	11.5	3.7

2016/R4_KIN   2016/R4_KC
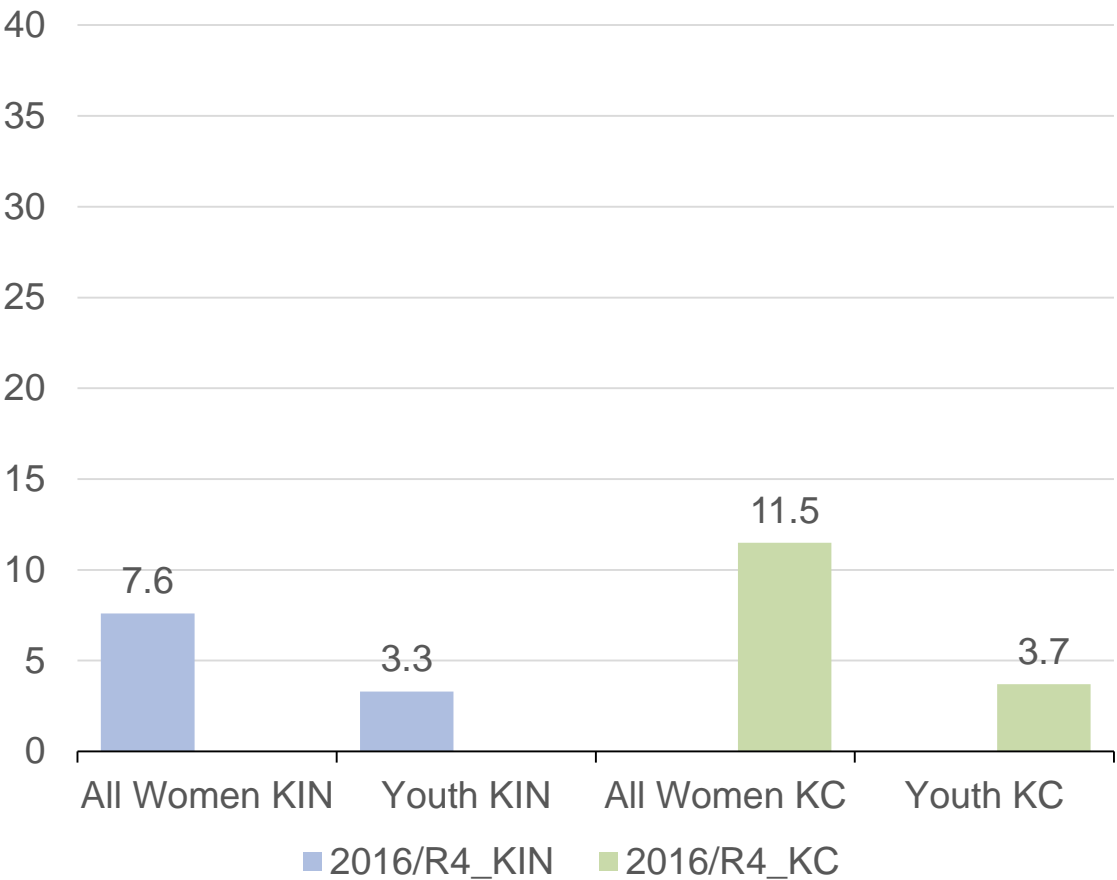
Percent of modern method users using Implants among all women and youth, Kinshasa and Kongo Central
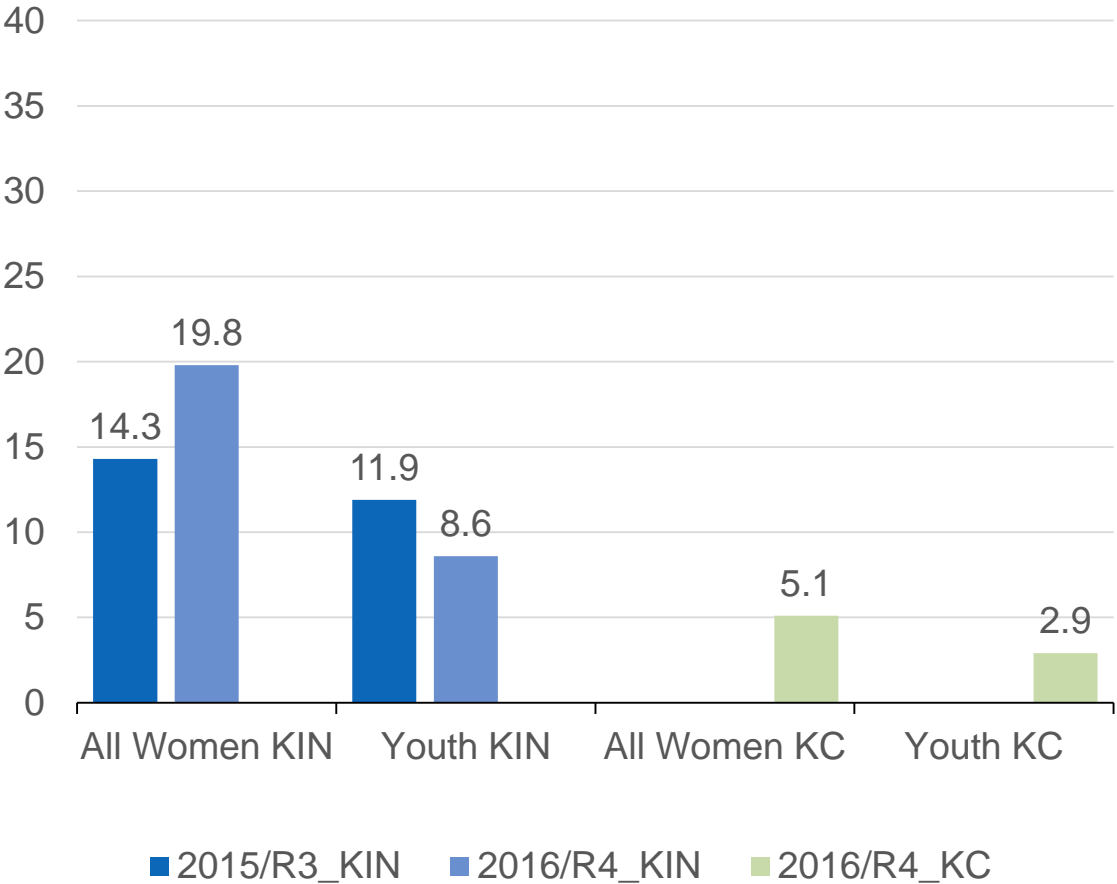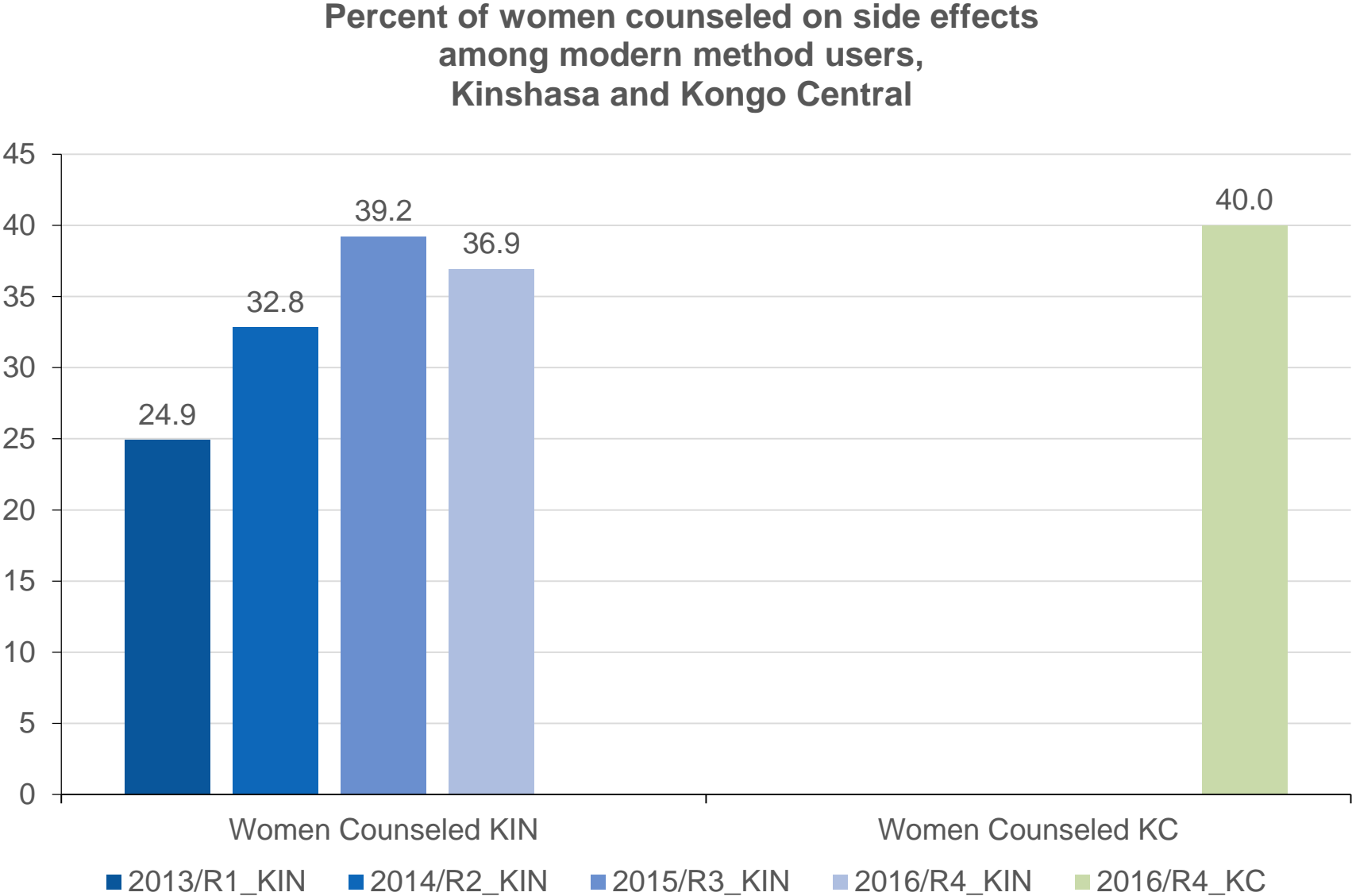
	All Women KIN	Youth KIN	All Women KC	Youth KC
2015/R3_KIN	14.3	11.9		
2016/R4_KIN	19.8	8.6		
2016/R4_KC			5.1	2.9

2015/R3_KIN   2016/R4_KIN   2016/R4_KC

Source: PMA2020

Quality of services

**Percent of women counseled on side effects
among modern method users,
Kinshasa and Kongo Central**

Source: PMA2020

Expected changes

If the theory of change is valid, the overall impact of portfolio of activities should result in increased mCPR in targeted provinces leading to scale-up of models and, finally, increased national mCPR.

mCPR increases
in focus provinces

Demonstration models
are scaled up

mCPR increases nationally

Scale up and BMGF expansion

Service delivery

‣ DKT scaled up Sayana® Press model in Kinshasa to Kongo Central
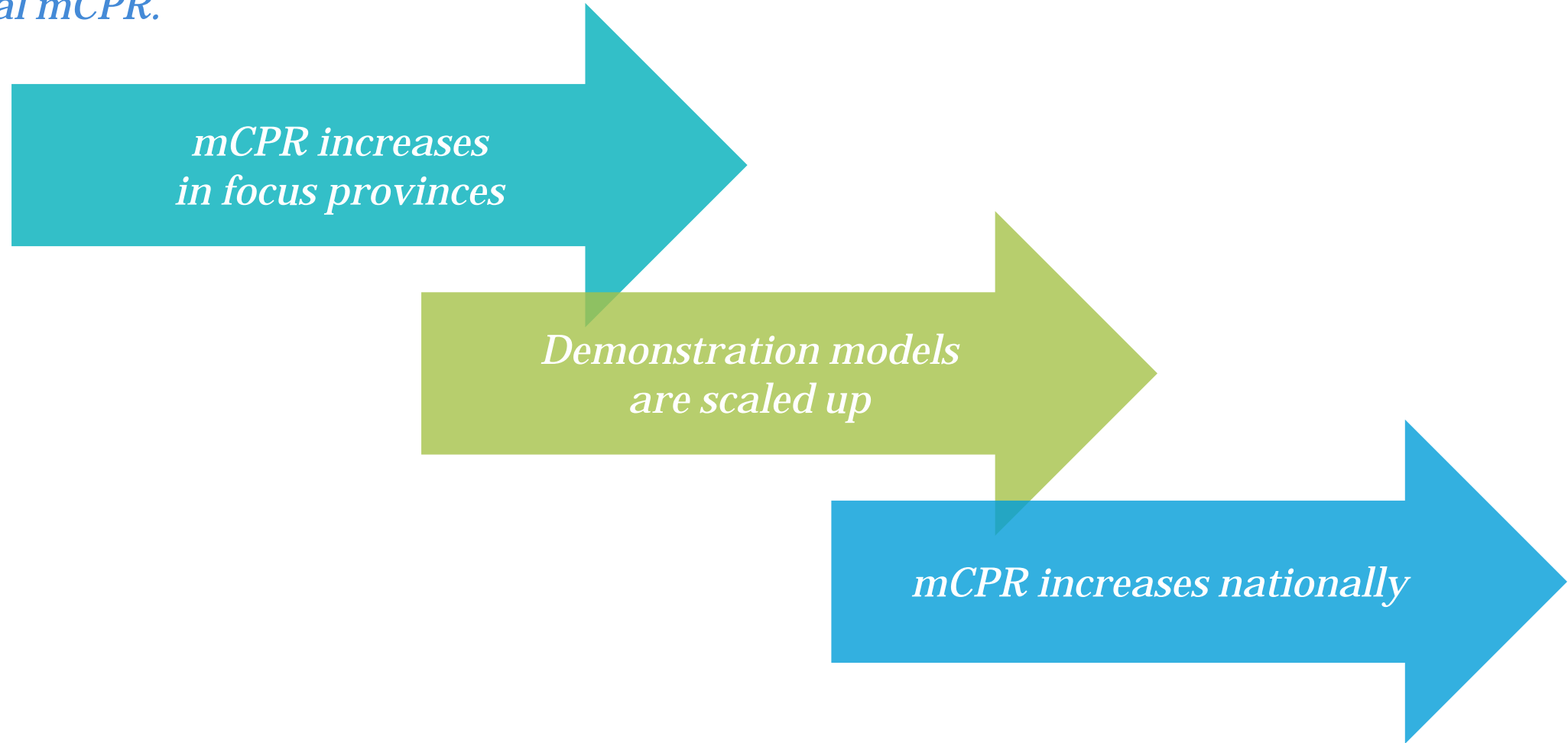
‣ ACQUAL 2 expanding activities to Kongo Central

Demand generation

‣ JHU under ACQUAL 2 expanding activities to target police/military populations and into Kongo Central

Enabling environment

‣ APF & ACQUAL2 scale up of CTMPs in 10 provinces
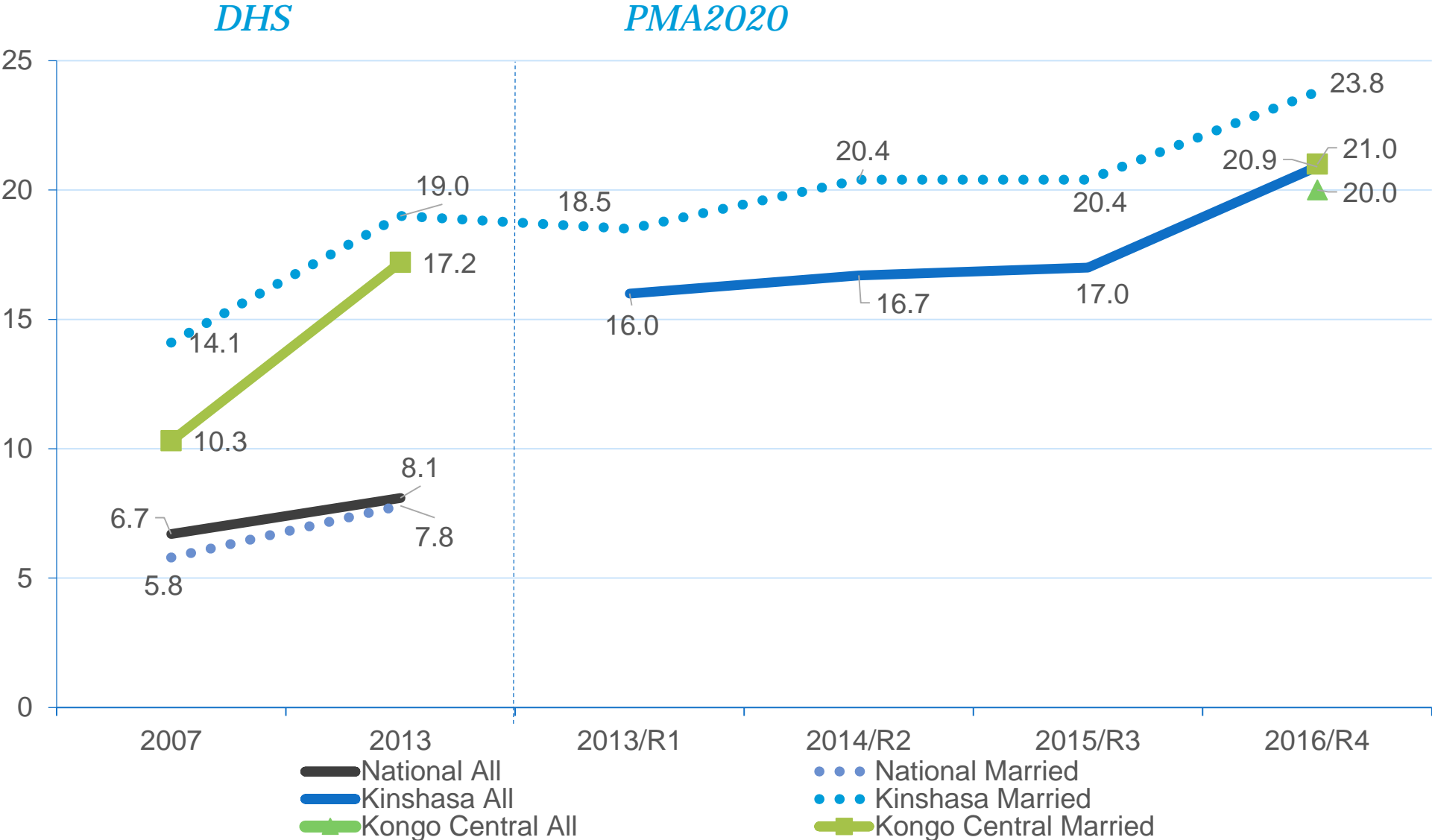
Map labels:
Nord-Ubangi, Bas-Uele, Haut-Uele, Sud-Ubangi, Mongala, Ituri, Equateur, Tshopo, Tshuapa, Nord-Kivu, Mai-Ndombe, Kinshasa, Sankuru, Maniema, Sud-Kivu, Kongo Central, Kwilu, Kasai, Lomami, Tanganyika, Kwango, Kasai Central, Haut-Lomami, Kasai Oriental, Haut-Katanga, Lualaba

■ BMGF programming province
■ BMGF expansion province

Scale up and impact, mCPR DRC

Insights on DRC sentinel indicators

Did expected changes happen?

Enabling environment

01

Development of CTMPs progressing in multiple provinces with a diverse group of organizations engaged as members

02

Major projected gaps in funding for FP commodities & services 2016-2020

03

Gaps in data on other aspects of the enabling environment – special study early next year aims to fill some of those gaps

Insights on DRC sentinel indicators

Did expected changes happen?

Program demonstration models: demand generation

01

Relatively strong intention to use methods (especially among youth) but no consistent trend over recent years

02

As expected, much higher levels of exposure to mass media FP messages in Kinshasa as compared to Kongo Central

03

Lack of data on social norms

Insights on DRC sentinel indicators

Did expected changes happen?

Program demonstration models: service delivery

01

Provision of multiple methods in public sector facilities in Kinshasa is quite high but low in private facilities. Low in KC

02

The majority of pharmacies in Kinshasa provide FP but may be dropping. Lower in KC but still over 50%. Women and youth are increasingly obtaining methods from pharmacies

03

Low base for quality of care, as measured by counseling

04

Sayana® Press not widely available at baseline except in some public facilities in Kinshasa. Relatively low proportion of users using SP and implants at baseline, esp. among youth

05

Recent increased problems with stock outs of most methods

06

Low levels of women reporting exposure to a FP message through a CHW

Insights on DRC sentinel indicators

Did expected changes happen?

Scale up & overall impact

01

BMGF funded expansion in Kongo Central is the only documented scale up, however this is to be expected given that programs have just started

02

Recent trend upwards in mCPR is encouraging

Notable that KC has comparable mCPR to Kinshasa although BMGF investments are recent
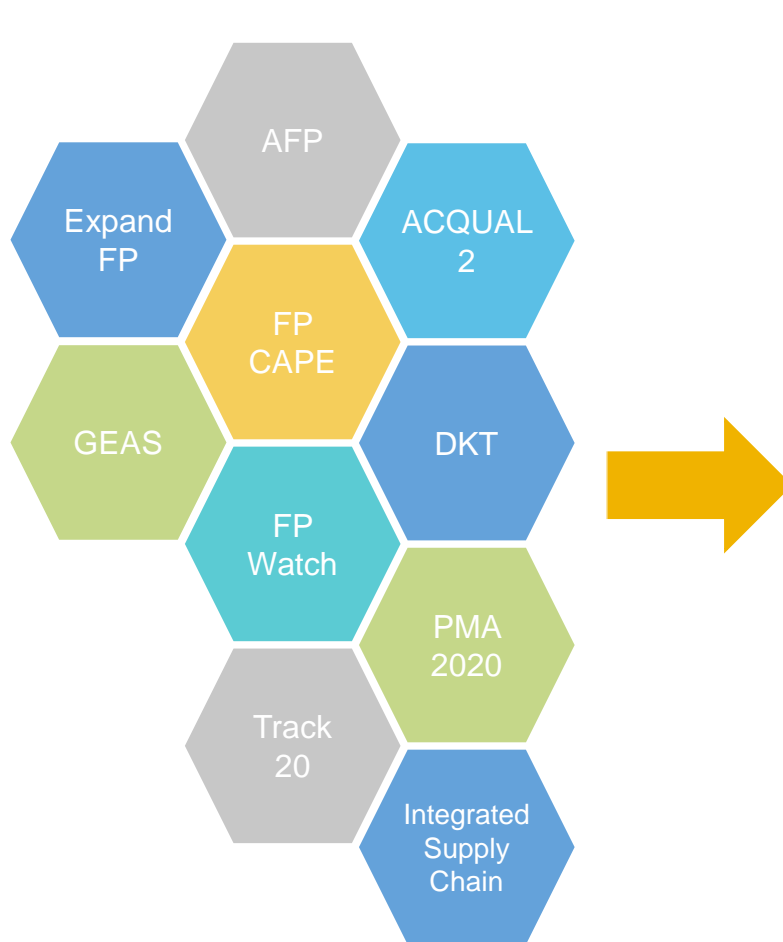
O2c

Bottom-up inquiry:
SSM, PO interviews

Democratic Republic of Congo (DRC)

DRC BMGF PO interviews: notable changes

Given the BMGF family planning investment portfolio in the DRC, the Program Officer identified notable changes and updates to the portfolio.

AFP

Expand FP

ACQUAL 2

FP CAPE

GEAS

DKT

FP Watch

PMA 2020

Track 20

Integrated Supply Chain

FP environment in DRC

‣ Strong engagement with government leaders at national and provincial levels during consensus meetings

‣ Strong engagement of other donors (World Bank, UNFPA, USAID and potential funds from Norway Forestry Ministry)

Policy and government shifts

‣ Release of the National Adolescent Health Plan

‣ Release of the financing gap report shared with the Prime Minister to coordinate financing efforts

Scale up and new investments (proposed, not final)

‣ JHPIEGO: post-partum/post abortion Family Planning

‣ DKT to receive new grant for procurement of contraceptives

‣ World Bank to procure funds through GFF to fill the financing gap

‣ Norway Forestry Ministry potential funds to fill the financing gap

‣ New grant for Integrated Supply Chain on hold pending developments

DRC BMGF PO interviews: facilitators and barriers

The Program Officer discussed key factors that either facilitate or hinder BMGF grantee success in the DRC.

Facilitators

- Dynamic local staff with strong leadership able to work in an unstable political environment
- Strong engagement of other donors in scaling up existing projects and adding new grants
- Data availability drives accountability and performance
- Commodity Gap Analysis helps coordinate efforts among stakeholders and donors to drive investment
- Positive trends in mCPR in Kinshasa
- Strong engagement of other donors

Barriers

- Political unrest in the country makes FP issues less compelling and affects the scope of work of grantees
- Commodity shortage
- Conflicts between stakeholder agendas: Overlapping interests between areas with free products (Expand FP) and areas where PSI and DKT are selling products

DRC SSM findings: enabling environment

Main Activities

AFP/ Tulane

‣ Creation of CTMP at provincial level

‣ Participation in the design of the new law on Reproductive Health/Family Planning

‣ Budgeting procurement of contraceptive at national level

Facilitators

Most cited
‣ Financial and technical support from Advance FP and government stakeholders
‣ Government's Decree creating CTMP
‣ Government willingness to favor FP

Other key facilitators
‣ Government commitments (Declaration of Addis-Ababa, Letter of support from the Prime Minister)
‣ CAFCO implication in advocacy activities
‣ Government commitment to the Maputo International Agreement

Barriers

Most cited
‣ Existence of a budget line for the procurement of medicines is barrier to interest in separate line item for the procurement of contraceptives
‣ Low percent of budget allocated to the health sector
‣ Existence of the colonial law on RH/FP
‣ Lack of consensus between congressmen on issues related to RH/FP
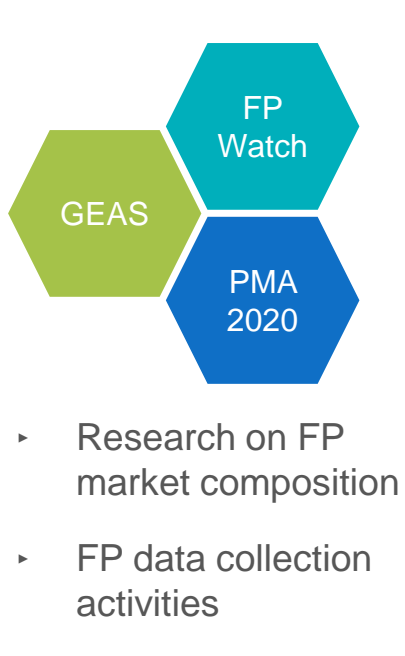‣ Political unrest

Desired changes

Vote of a new law on RH/FP

Increase mCPR

DRC SSM findings: data use and dissemination

Enabling environment
DRC

Main Activities

Desired changes

FP Watch

GEAS

PMA 2020

‣ Research on FP market composition

‣ FP data collection activities

Facilitators

Most cited
‣ Local expertise available from KSPH, ASF/PSI
‣ Previous experience with similar projects
‣ Good collaboration with external institutions (Consortium JHU, Tulane, KSHP)
‣ Local staff familiar with the country contexts

Other key facilitators
‣ Acceptance by local administrative authorities
‣ Participants adherence to the survey
‣ Commitment of fieldworkers (resident enumerators)

Barriers

Most cited
‣ Political and security unrest
‣ Results limited to two provinces
‣ Reluctance of participants on sensitive questions

Other key barriers
‣ Underestimation of the project budget
‣ Difficulties accessing certain geographic areas
‣ Distance between some fieldworkers and coordination team
‣ Large sample required

Country-wide scale up

Increase funds

Add monitoring studies to assess changes attributable to the interventions over time

For next rounds:
[1] Include men
[2] Target adolescents (15-19 years)

DRC SSM findings: demand generation

Main Activities

DKT

ACQUAL 2

‣ Production of media communication campaigns

‣ Youth song competitions related to SSRAJ

‣ Organization of Special promotional Days for sales of FP products

‣ Display of FP billboards especially in military and police camps

‣ Training of youth ambassadors

Facilitators

✓

Most cited
‣ Existence of other technical/financial support
‣ Good collaboration with other public and private partners (PNSR, PNSA, RTNC, SANRU, commercial companies)
‣ Available local expertise

Other key facilitators
‣ Authorization granted by military and police authorities
‣ Effective marketing approach
‣ High motivation of youth ambassadors

Barriers

✗

Most cited
‣ Overlapping activities between partners
‣ Political unrest
‣ Insufficient financial resources

Other key barriers
‣ Difficulty accessing military camps despite granted authorizations
‣ Mismatch between training duration and content
‣ Misperception spread by non-program service providers
‣ Sociocultural barriers (myths around sexuality and contraceptive)

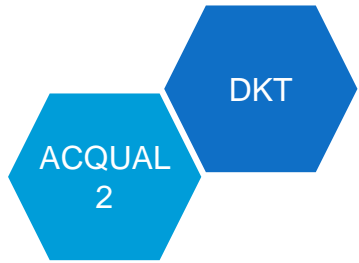## Desired changes

Expand the project nationwide

Increase clinics and community service providers

Reduce youth ambassadors and increase the duration of training

Involve all other personnel of the clinics in the topic

DRC SSM findings: service delivery

Main Activities

DKT

ACQUAL 2

‣ Contraceptive provision for ACQUAL II

‣ FP service delivery and commodity supply in clinics and community service providers

‣ Training in FP clinics and community service providers

‣ Supply of tools, materials and pedagogical supports for training

‣ Supervision of activities

‣ Monitoring and evaluation

Facilitators

Most cited
‣ Trained staff in clinics and community service provider available
‣ Good collaboration with national programs and health zones
‣ Support from other partners

Other key facilitators
‣ CTMP effectiveness
‣ Standardized supervision guidelines available
‣ Budget available

Barriers

Most cited
‣ Sociopolitical unrest
‣ Lack of training curriculum
‣ Insufficient budget
‣ Overlapping activities

Other key barriers
‣ Trained personnel unstable
‣ Sociocultural and religious barriers
‣ Lack of storage facility
‣ Lack of training in commodity management

Desired changes

Expand the project nationwide

Create a pool of trainers for the army and police

Increase duration of training programs

Design tools to improve data management

Increase funding

Increase contraceptive supply

Cross-portfolio findings: facilitators

When we look at program officer interviews and the system support mapping (SSM) findings, we find alignment on two out of the five most cited facilitating factors.

Facilitators most cited (across all activity areas)	Program Officer interviews	Grantees
Local expertise/leadership	**+**	**+**
Existence of other technical/financial support/strong engagement of other donors	**+**	**+**
Data availability	**+**	**−**
Trained staff in clinics and community service providers available	**−**	**+**
CTMP effectiveness	**−**	**+**

Cross-portfolio findings: barriers

When we look at program officer interviews and the system support mapping (SSM) findings, we find alignment on two out of the six most cited barriers.

Barriers most cited (across all activity areas)	Program Officer interviews	Grantees
Political unrest in country	**+**	**+**
Overlapping activities and conflicts in agendas between partners/stakeholders	**+**	**+**
Insufficient financial resources	**−**	**+**
Commodity shortage	**+**	**−**
Lack of training curriculum on commodity management	**−**	**+**
Data results only in two provinces	**−**	**+**

O2d

Cross-portfolio synthesis

Democratic Republic of Congo (DRC)

Cross-portfolio synthesis

FP CAPE baseline data as related to DRC portfolio TOC critical assumptions. Future findings will allow for observations of change over time.

Critical Assumptions	Are expected changes happening? (Sentinel indicators)	How and why? (Bottom-up inquiry methods)
PNSR and PNSA coordinate partners in support of national and provincial strategies	☑ CTMPs progressing in multiple provinces with a diverse group of organizations engaged as members **(=)** Lack of data on gov't capacity improvements & other enabling environment measures (planned for special study)	☑ Facilitator: CTMP increased effectiveness for service delivery ☑ Facilitator: strong gov't engagement noted by PO & grantees
Favorable FP policies enacted (regulatory & budget)	☒ Large projected gap in financing for FP commodities & services. **(=)** Gov't contribution estimated but unclear data on actual disbursement amounts.	☑ Facilitator: release of the National Adolescent Health Plan (NAHP)
Effective national supply chain strategy and GIBS-MEG ensure availability	☒ Major projected gaps in funding for FP commodities & services 2016-2020	☒ Barrier: commodity shortages cited by POs

Note: For sentinel indicator results, the ☑ indicates an overall positive trend, and the ☒ indicates a negative trend and (=) indicates a neutral trend or missing data. For bottom-up inquiry, ☑ is a facilitating factor and ☒ is a barrier cited.

Cross-portfolio synthesis

Critical Assumptions	Are expected changes happening? (Sentinel indicators)	How and why? (Bottom-up inquiry methods)
Service delivery models increase quality and access to full range services	☑ Access to methods is better in the public sector. Lower in KC compared to Kinshasa, as expected ☒ Increased problems with stock outs of most methods ☒ Low levels of exposure of women to FP messages from CHWs ☒ SP not widely available except some public facilities in Kinshasa; relatively low proportion of users using SP and implants at baseline, especially among youth (generally <12%) ☒ Low base for quality of care, as measured by counseling	☑ Facilitator: availability of trained staff (clinics and community-based) ☒ Barrier: lack of commodity management training ☒ Barrier: overlapping service delivery activities have created conflicting agendas
Learning about sexual/RH behaviors improves youth-related outcomes	☑ Relatively strong intention to use methods (especially among youth) but no consistent trend observed over recent years (=) Lack of currently available data on social norms for youth	☒ Barrier: socio-cultural & religious issues ☒ Barrier: too many youth ambassadors, not enough training
Private sector models increase access to FP	☑ Majority of Kinshasa pharmacies provide FP, but may be dropping. Lower in KC, but still over 50% ☑ Women, youth increasingly obtaining methods from pharmacies	(=) No related barriers or facilitating factors
Adults and youth purchase socially marketed FP methods	(=) Lack of data on socially marketed methods specifically	☒ Barrier: overlapping service delivery activities with conflicting agendas; difficult to sell social marketed methods when they are available at a reduced price or for free

Note: For sentinel indicator results, the ☑ indicates an overall positive trend, and the ☒ indicates a negative trend and (=) indicates a neutral trend or missing data. For bottom-up inquiry, ☑ is a facilitating factor and ☒ is a barrier cited.

Cross-portfolio synthesis

Critical Assumptions	Are expected changes happening? (Sentinel indicators)	How and why? (Bottom-up inquiry methods)
Improved coordination and planning will attract investment in scale up	☑ Establishment of CTMPs a positive indicator of increased coordination as well as diverse group of stakeholders involved (=) However, a lack of other measures on coordination, planning and capacity to attract investment	☑ Facilitator: gov't and partner coordination cited by both grantees and POs ☒ Barrier: overlapping/conflicting project agendas
Strong measurement drives performance, scale-up and donor coordination	(=) Lack of data/measures on data used for decision-making. Planned to address in Special Study 1	☑/☒ Facilitator/Barrier: data availability, as data is only available for 2 provinces ☒ Barrier: data gaps in social norms, impact evaluation evidence for individual grants
Demonstration models seen as relevant and feasible by other provinces and donors	(=) No examples of scale-up of demonstration models by other donors. However, still early in the grant cycle for many of the investments	(=) No related barriers or facilitating factors
Model programs remain effective when scaled up by others in new contexts	(=) Not yet tested	(=) No related barriers or facilitating factors

Note: For sentinel indicator results, the ☑ indicates an overall positive trend, and the ☒ indicates a negative trend and (=) indicates a neutral trend or missing data. For bottom-up inquiry, ☑ is a facilitating factor and ☒ is a barrier cited.

03

Evaluation findings and synthesis

Nigeria

O3a

## Investment portfolio & theories of change (TOC)

Nigeria

Family planning in Nigeria

With a rapidly growing population (projected to 400 million in 2050) and stagnating contraceptive prevalence rate (CPR), Nigeria has immense reproductive health needs. Government recognition of the problem has created renewed commitments to family planning policies.

Nigeria's government aims to increase the CPR to 36% by 2018

In 2011, the Nigeria Federal Ministry of Health (FMOH) made all FP commodities free at public facilities
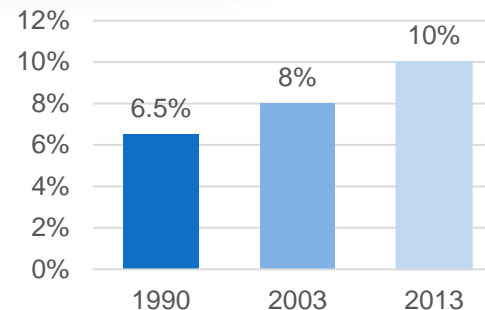
In 2013, only 10% of currently married women aged 15-49 were using modern contraceptive methods, a small increase from 2003.

12%
10%   10%
10%
8%   8%
8%   6.5%
6%
4%
2%
0%
      1990   2003   2013

Sources: 2013 Nigeria Demographic and Health Survey (NDHS), 2015 United Nations World Population Prospects, 2014 Government of Nigeria Family Planning Blueprint
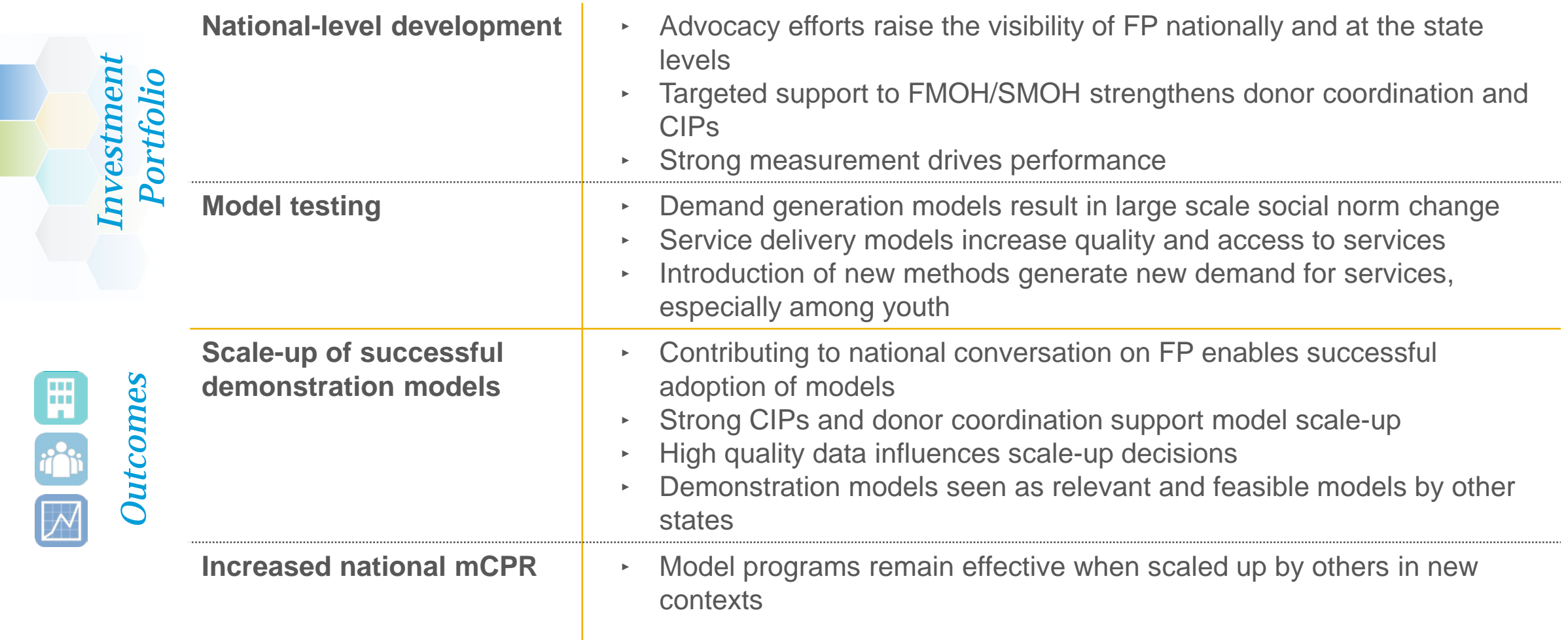
Nigeria investment portfolio: theory of change

FP CAPE's research questions are based off a theory of change that defines and monitors causal linkages, starting with portfolio investments and moving to increased national mCPR.

Investment Portfolio

National/state level development
- ‣ Advocacy (AFP, dRPC)
- ‣ Government of Nigeria management capacity (TSU)
- ‣ Data generation and use (PMA2020, Track20, CHAI, FP Watch)

Model testing
- ‣ Demand generation models (NURHI2, A360)
- ‣ Service delivery models (NURHI2, A360)
- ‣ New method through private sector (Sayana® Press)

Improved enabling environment

Effective service delivery and demand generation models

Scale-up of successful models

Increased national mCPR

Nigeria investment portfolio: critical assumptions

FP CAPE's research agenda is driven by explicit critical assumptions underlying the portfolio TOC

Investment Portfolio

National-level development	‣ Advocacy efforts raise the visibility of FP nationally and at the state levels ‣ Targeted support to FMOH/SMOH strengthens donor coordination and CIPs ‣ Strong measurement drives performance
Model testing	‣ Demand generation models result in large scale social norm change ‣ Service delivery models increase quality and access to services ‣ Introduction of new methods generate new demand for services, especially among youth

Outcomes

Scale-up of successful demonstration models	‣ Contributing to national conversation on FP enables successful adoption of models ‣ Strong CIPs and donor coordination support model scale-up ‣ High quality data influences scale-up decisions ‣ Demonstration models seen as relevant and feasible models by other states
Increased national mCPR	‣ Model programs remain effective when scaled up by others in new contexts

Sentinel indicators

Nigeria

Sentinel indicators for Nigeria

These indicators are used to monitor whether expected changes are happening within the portfolio. Sentinel indicators use primarily, but not exclusively, quantitative data.

Enabling environment

Program demonstration models

Scale-up & overall impact

Overview dashboard of sentinel indicators, Nigeria

Enabling environment

of public statements of support by FP Champions

# of reproductive health technical working group meetings held

# of organizations/partners in attendance

# of CIPs initiated/completed and where

# of CIP strategies implemented by SMOH

% in budgetary releases to FP at state and national levels

Program demonstration models

% of women not currently using a method who intend to use contraceptives in the future (aged 15-49, youth 15-24)

% of women with media exposure to FP (radio, TV)

% of facilities offering five or more FP methods (public, private, pharmacies/drug shops: offer any method)

% of public facilities with community health workers offering FP

% of women visited by community health workers for FP

% of women who obtained their most recent method from a pharmacy or drug shop/kiosk

% of public facilities with stock-outs of FP (IUD, implant, injectable, pill)

% of women counseled on side effects

% of Sayana® Press users that are new users of FP

Scale-up and overall impact

mCPR in Kaduna and Lagos

# of states scaling up elements of demonstration projects, and where

National mCPR

Enabling Environment

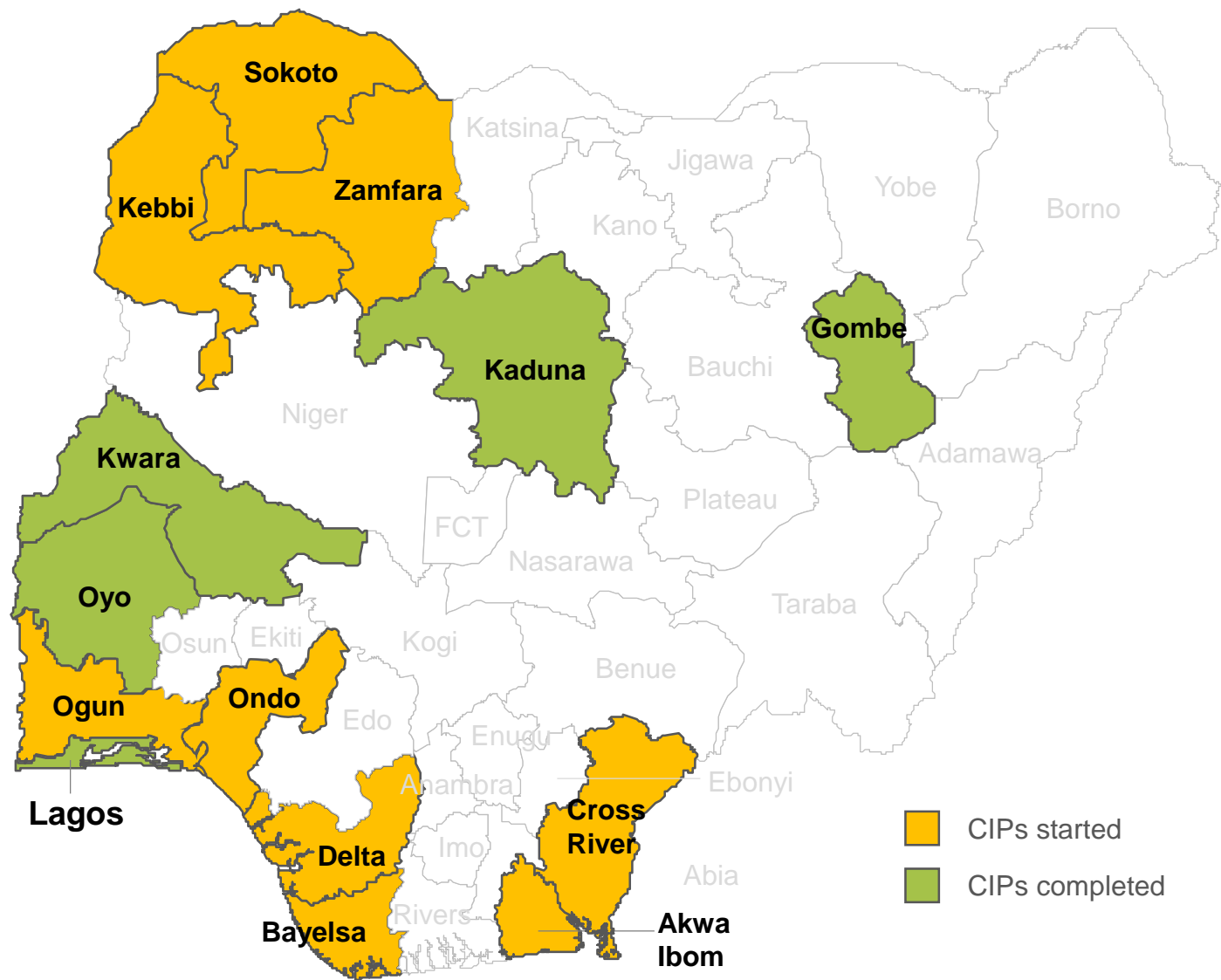| Critical Assumptions	Expected changes	Sentinel indicators	2016 result
Advocacy efforts will raise the visibility of FP nationally and at the state level	FP visibility increases	# of public statements of support by FP Champions	ND
Targeted support to FMOH/SMOH will strengthen donor coordination and costed implementation plans (CIPs)	Donor coordination increases	# of RH technical working group meetings held	3
		# of organizations/partners in attendance	ND
	CIPs strengthened	# of CIPs initiated/# completed and where	14/36
		# of CIP strategies implemented by SMOH	6
Strong measurement will drive performance	Data used to make decisions	No existing indicators	ND
	Increased Gov't financial resources for FP	FP as a % of the national health budget	0.319%

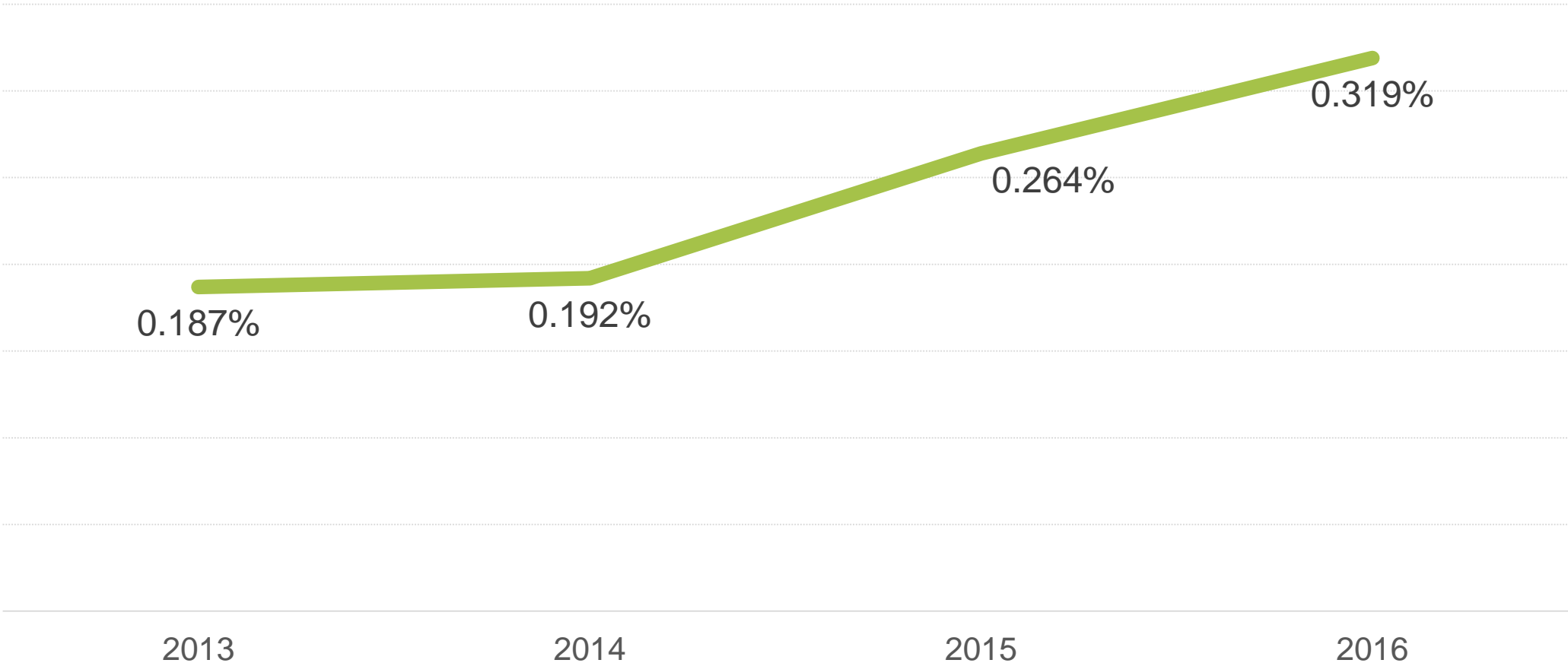Source: Grantee documentation

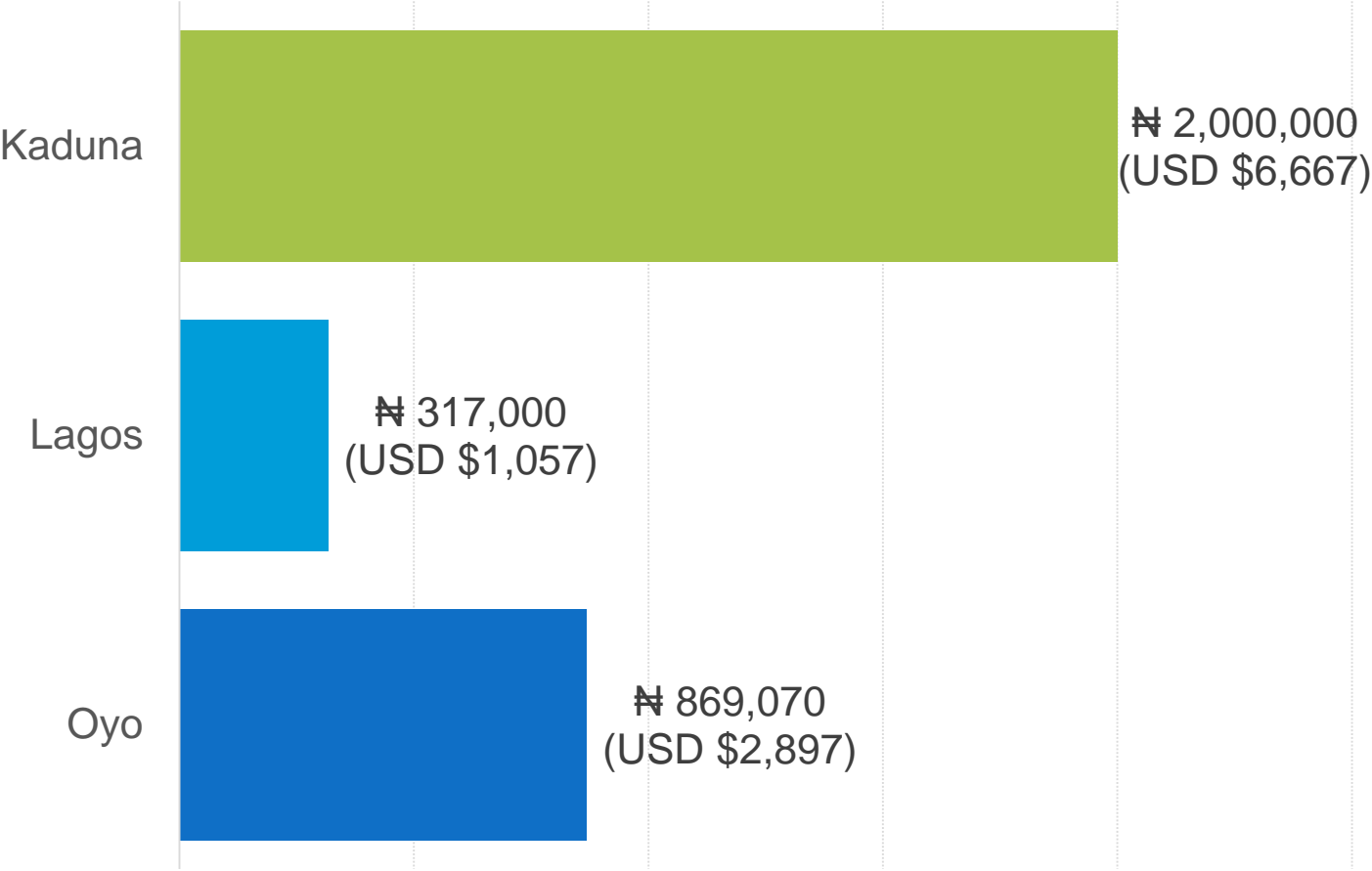# Costed implementation plans (CIP)

Enabling environment
NIGERIA

Legend:
- CIPs started (orange)
- CIPs completed (green)

States labeled on map: Sokoto, Kebbi, Zamfara, Kaduna, Gombe, Kwara, Oyo, Ogun, Ondo, Lagos, Delta, Bayelsa, Cross River, Akwa Ibom

National family planning budget

Changes in national FP budget as a percentage of the overall Nigerian health budget.

0.319%

0.264%

0.187%

0.192%

2013   2014   2015   2016

Source: Grantee documentation

Evaluation approach   DRC: findings   Nigeria: findings   Interactive timeline

State level FP budget allocation (in Naira ₦ & USD $)

Kaduna — ₦ 2,000,000 (USD $6,667)

Lagos — ₦ 317,000 (USD $1,057)

Oyo — ₦ 869,070 (USD $2,897)

Source: Grantee documentation Note: Conversion rate 1USD/300 Naira

Evaluation approach   DRC: findings   Nigeria: findings   Interactive timeline

Demonstration models: Demand generation

Critical Assumptions	Expected changes	Sentinel indicators
Demonstration models will result in large scale social norms change in focus states	Increased exposure to FP messages in focus states	% of women exposed to FP messages through radio and TV (among all women and among youth)
	Increased intention to use FP	% of all women who are not using a FP method who intend to use a method in the future
		% of youth (15-24) who are not using a FP method who intend to use a method in the future
	Social norms change in focus states	ND

Intention to use contraceptives

Percent of women and youth intending to use contraceptives among non-users, Lagos
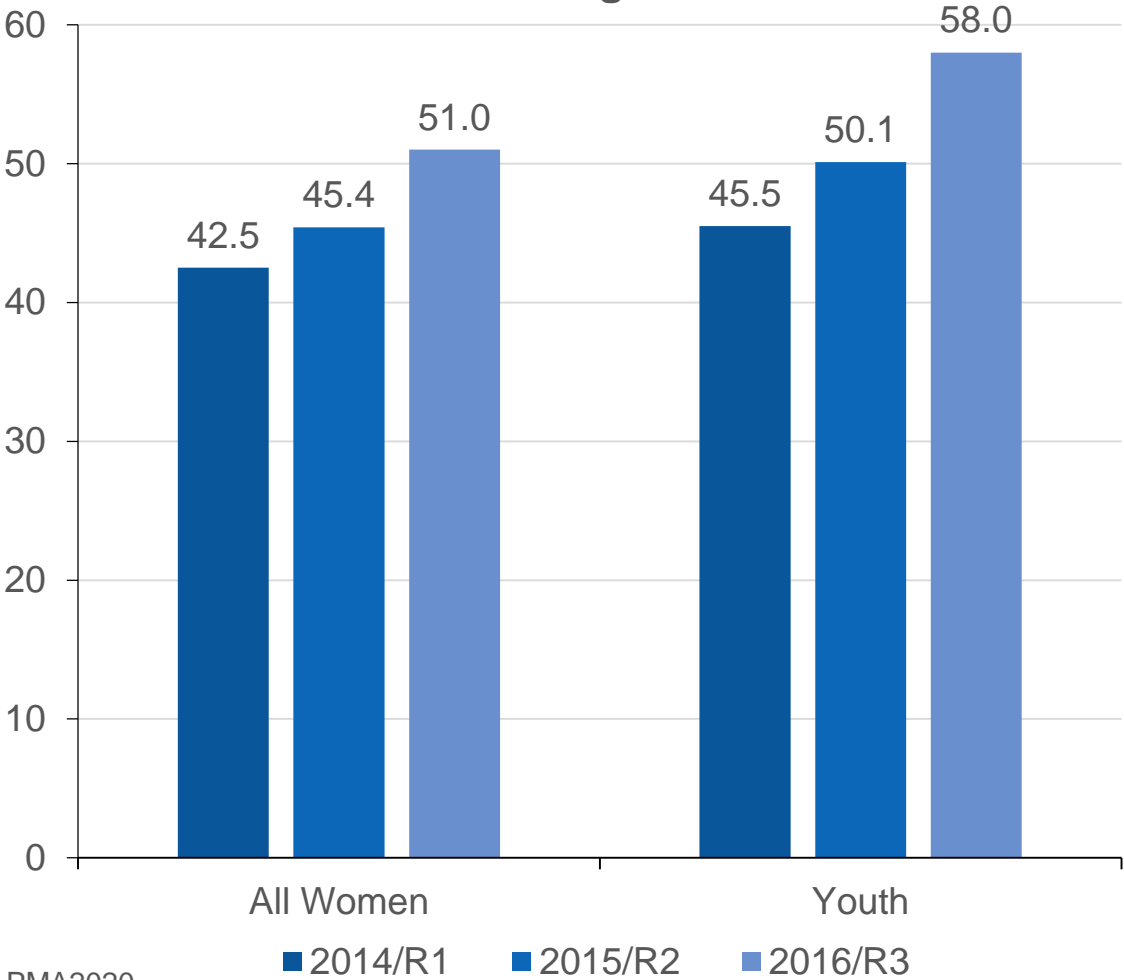
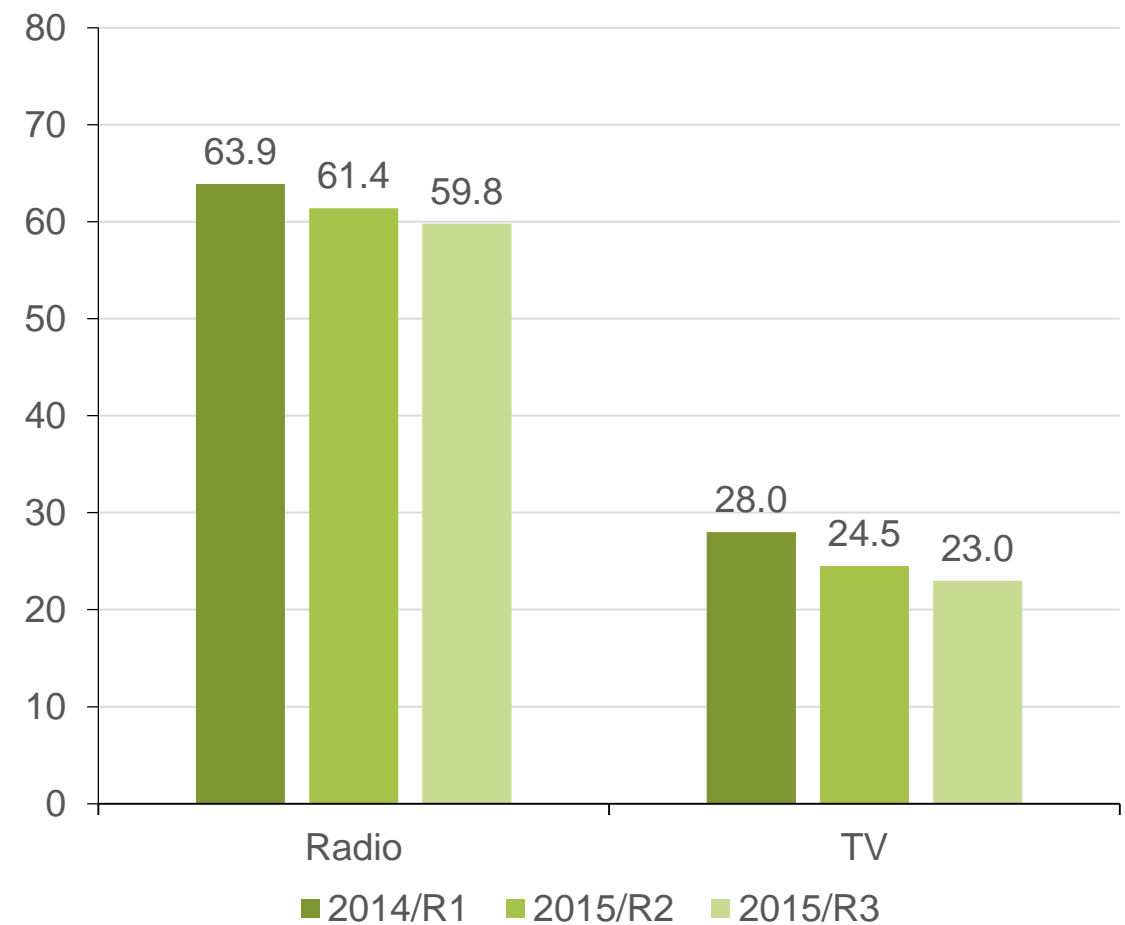Percent of women and youth intending to use contraceptives among non-users, Kaduna

68

Media exposure to FP programs

Percent of women exposed to FP messages through radio and TV, Lagos
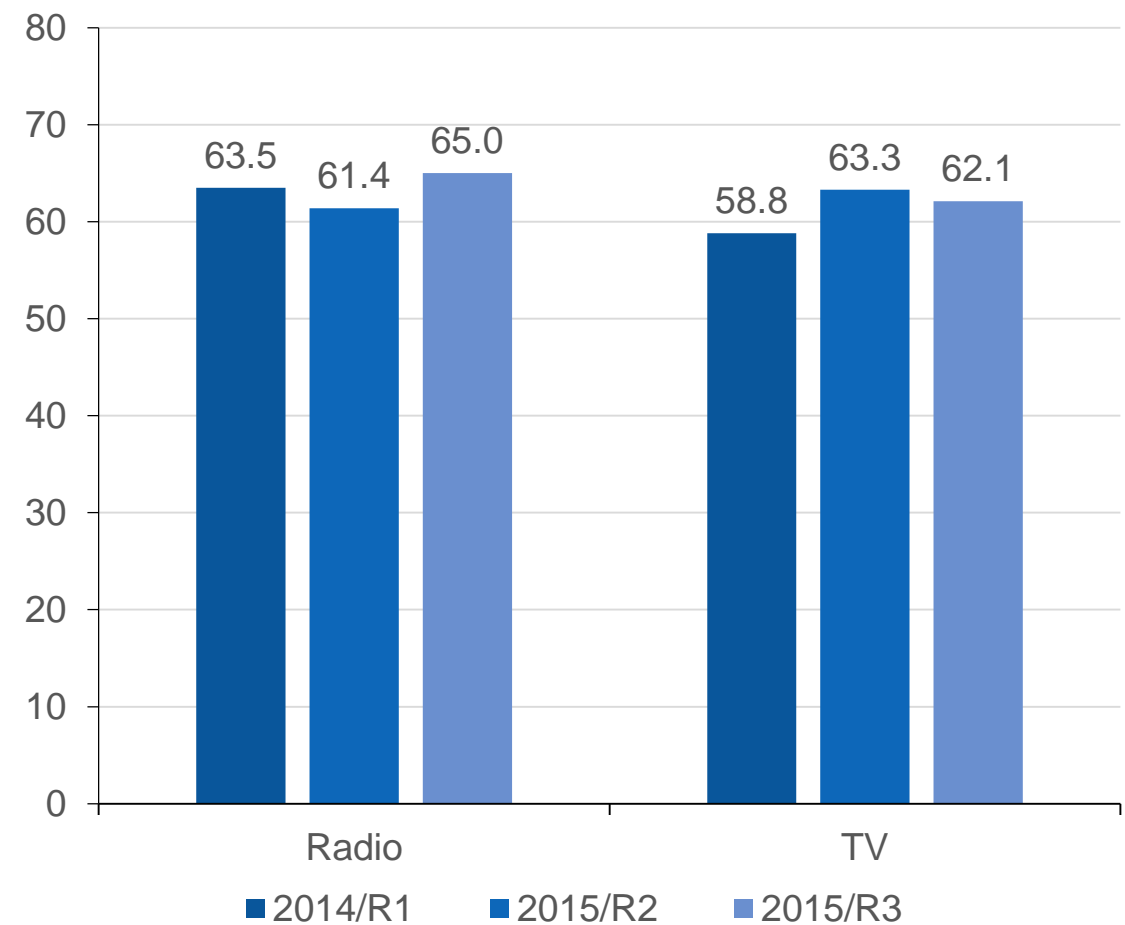
**Percent of women exposed to FP messages through radio and TV, Kaduna**

Demonstration models: Service delivery

Critical Assumptions	Expected changes	Sentinel indicators
Service delivery models will increase quality and access to FP services/commodities	Access to services is increased in focus states	‣ % of facilities offering at least five modern contraceptive methods, by facility type ‣ % of public facilities with a CHW that provides FP ‣ % of women visited by community health workers for FP ‣ % of pharmacies/drug shops offering modern FP methods ‣ % of women who obtained their most recent method from a pharmacy or drug shop ‣ % of public facility with stock-outs in the last 3 months, by method
	Quality of services increased in focus states	‣ % of women counseled on side effects
Introducing a new method (Sayana® Press) will create new demand for services, especially among youth	Increased demand for Sayana® Press, especially among youth	‣ % of Sayana® Press users that are new users of FP among users ages 15-49 and among youth ages 15-24.

Access to services

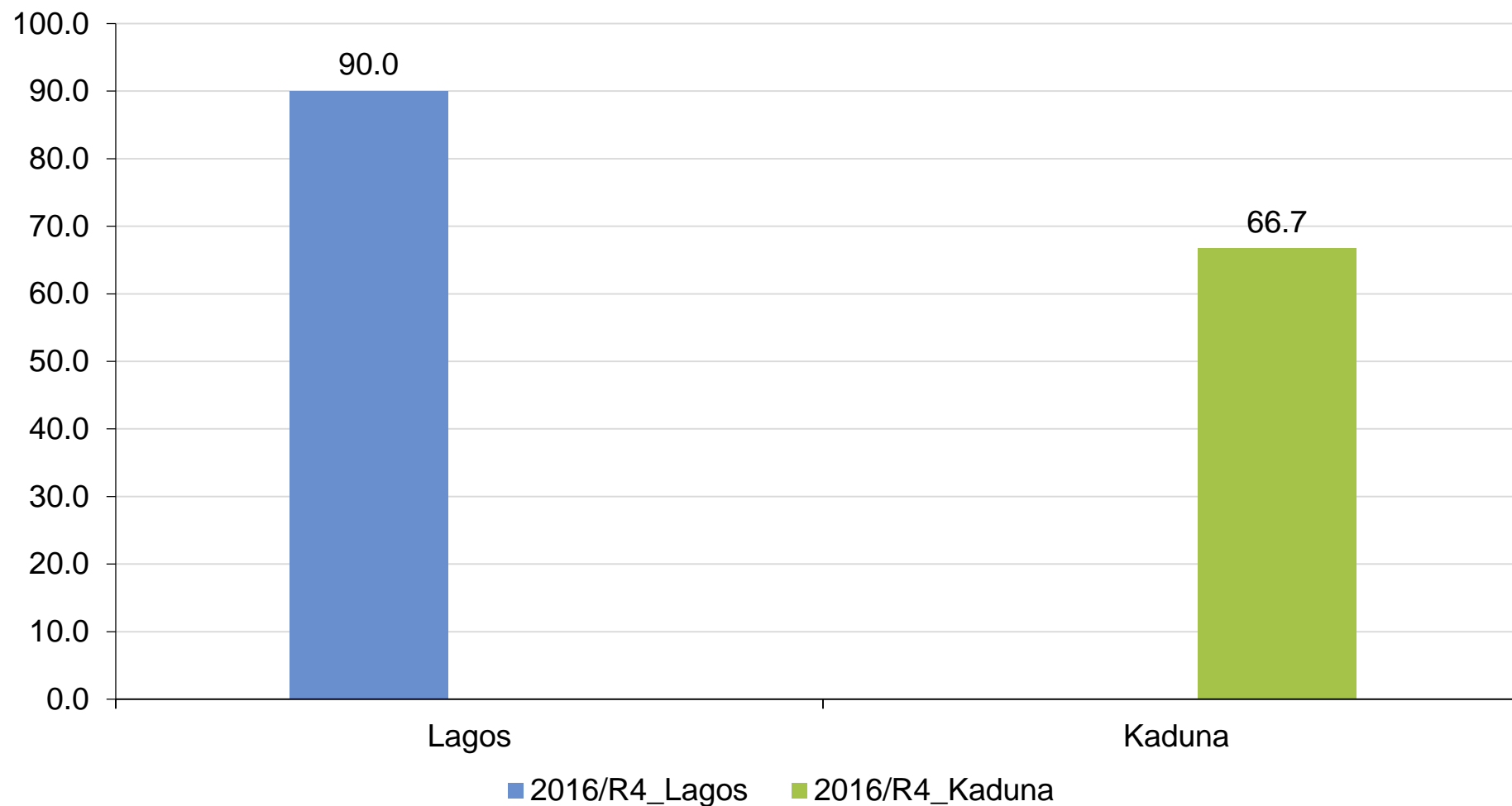**Percent of facilities offering at least five modern contraceptive methods, Lagos**
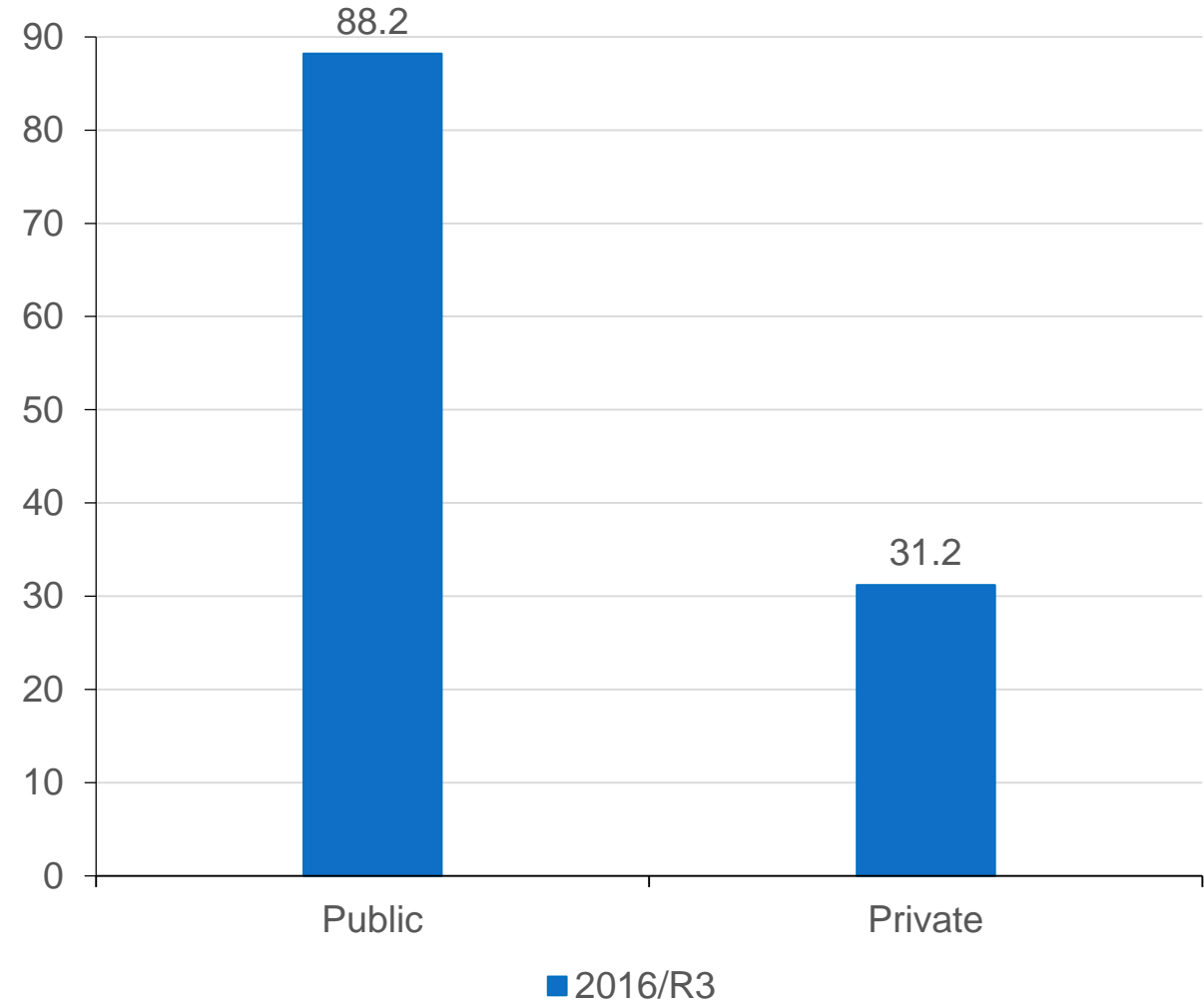
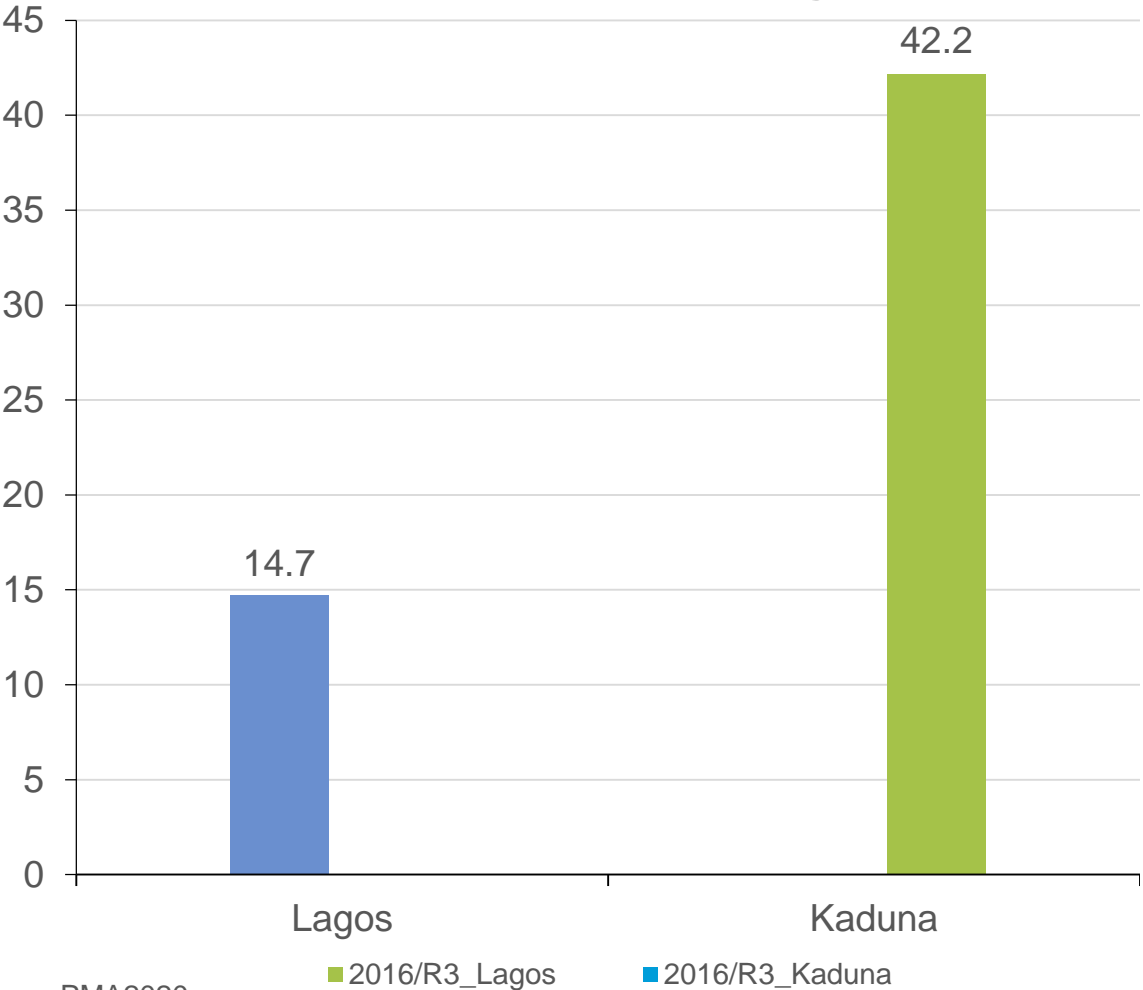**Percent of facilities offering at least five modern contraceptive methods, Kaduna**
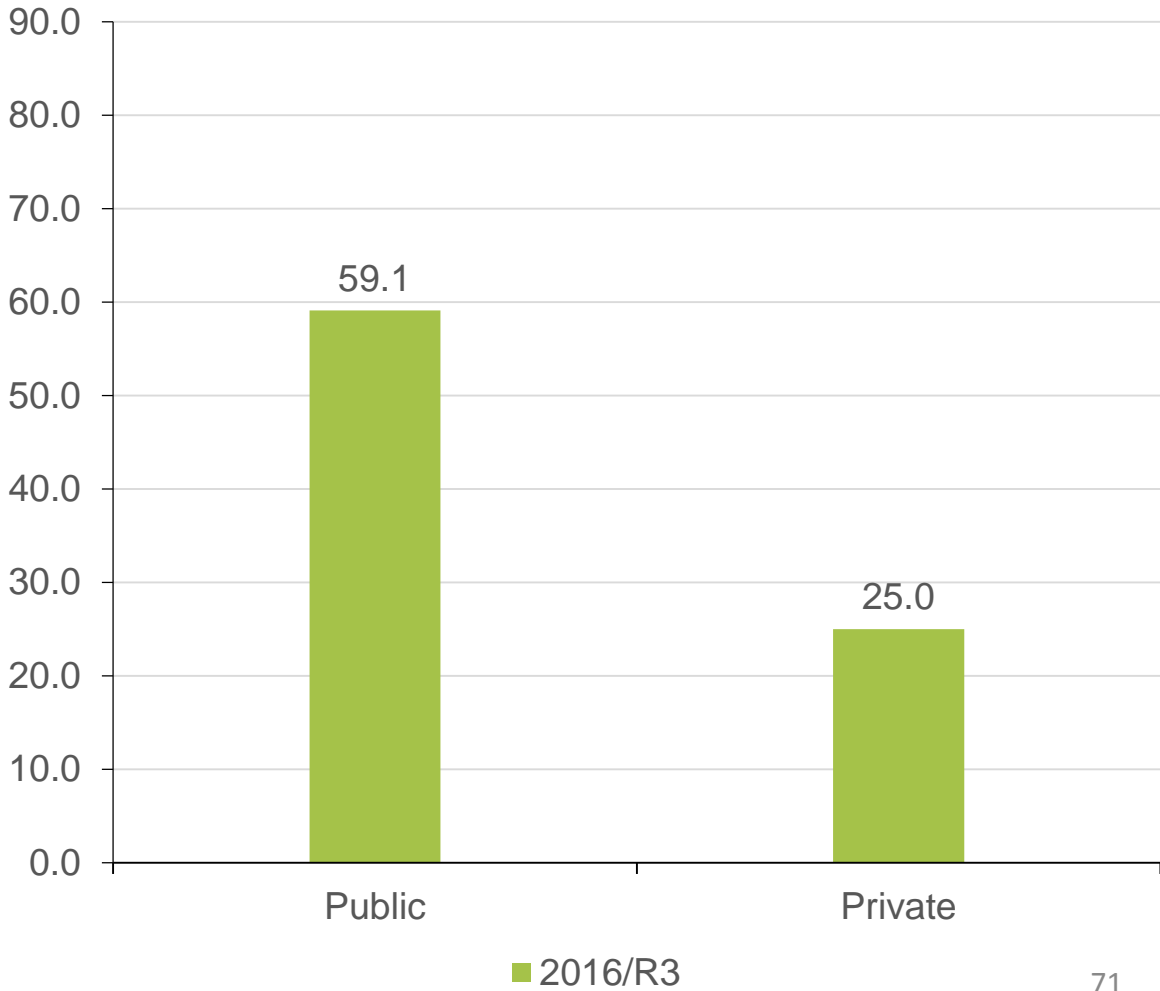
Source: PMA2020

71

Access to services

Percent of pharmacies/drug shops offering modern contraceptive methods, Lagos and Kaduna

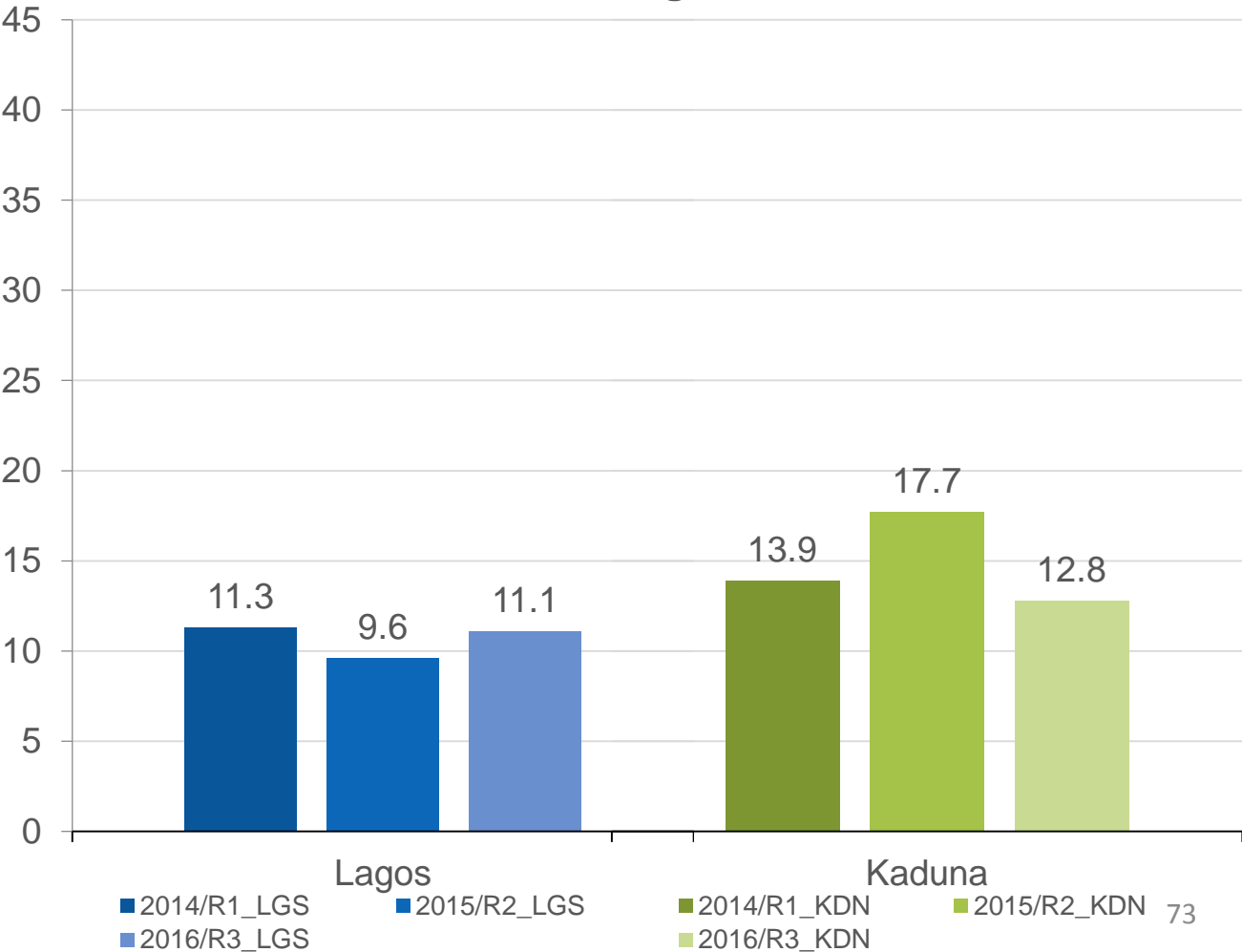Legend: ■ 2016/R4_Lagos ■ 2016/R4_Kaduna

Source: PMA2020

Access to services

Percent of public facilities with CHW that provide FP, Kaduna and Lagos

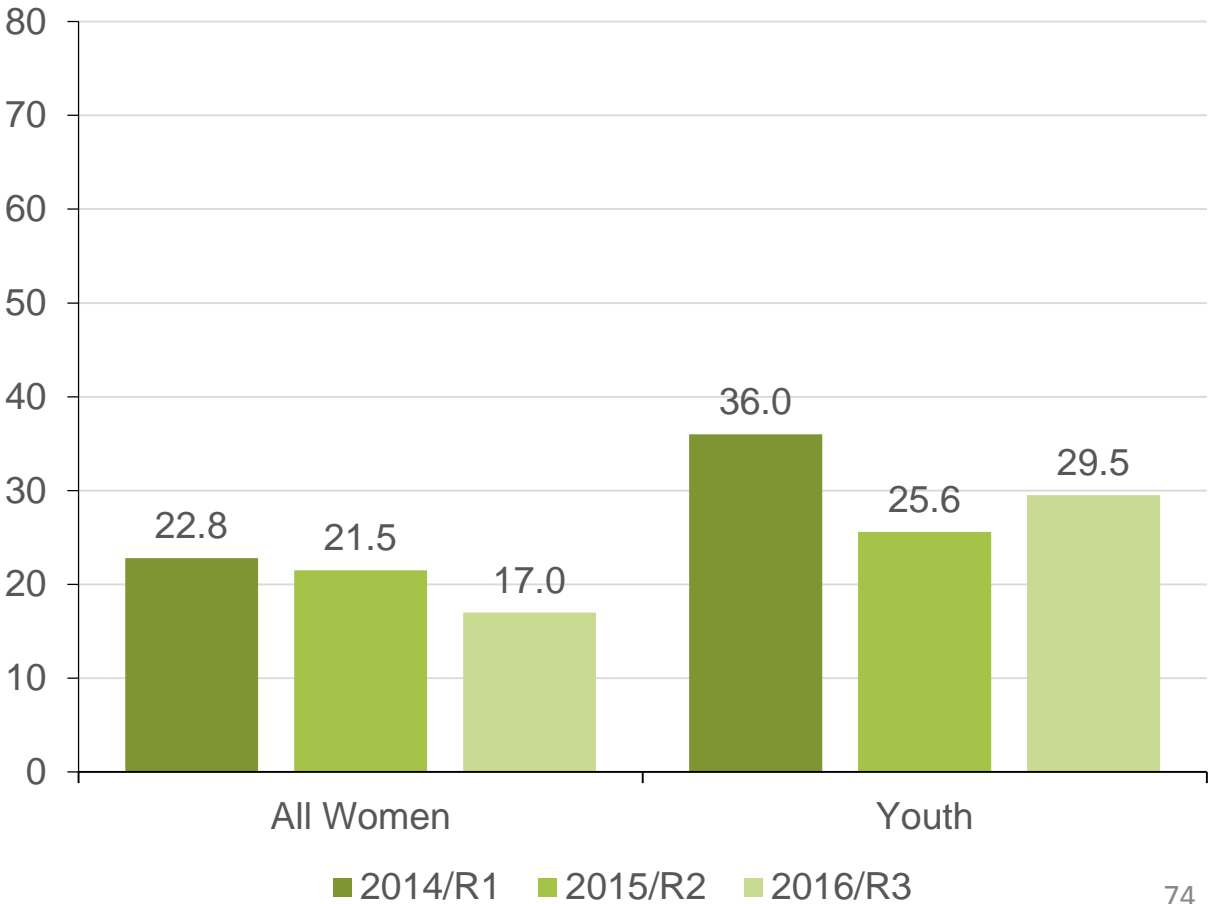**Percent of women visited by CHW and talked about FP, Lagos and Kaduna**

Source: PMA2020

73

Access to services

Percent of women who obtained most recent method from pharmacy or drug shop*, Lagos
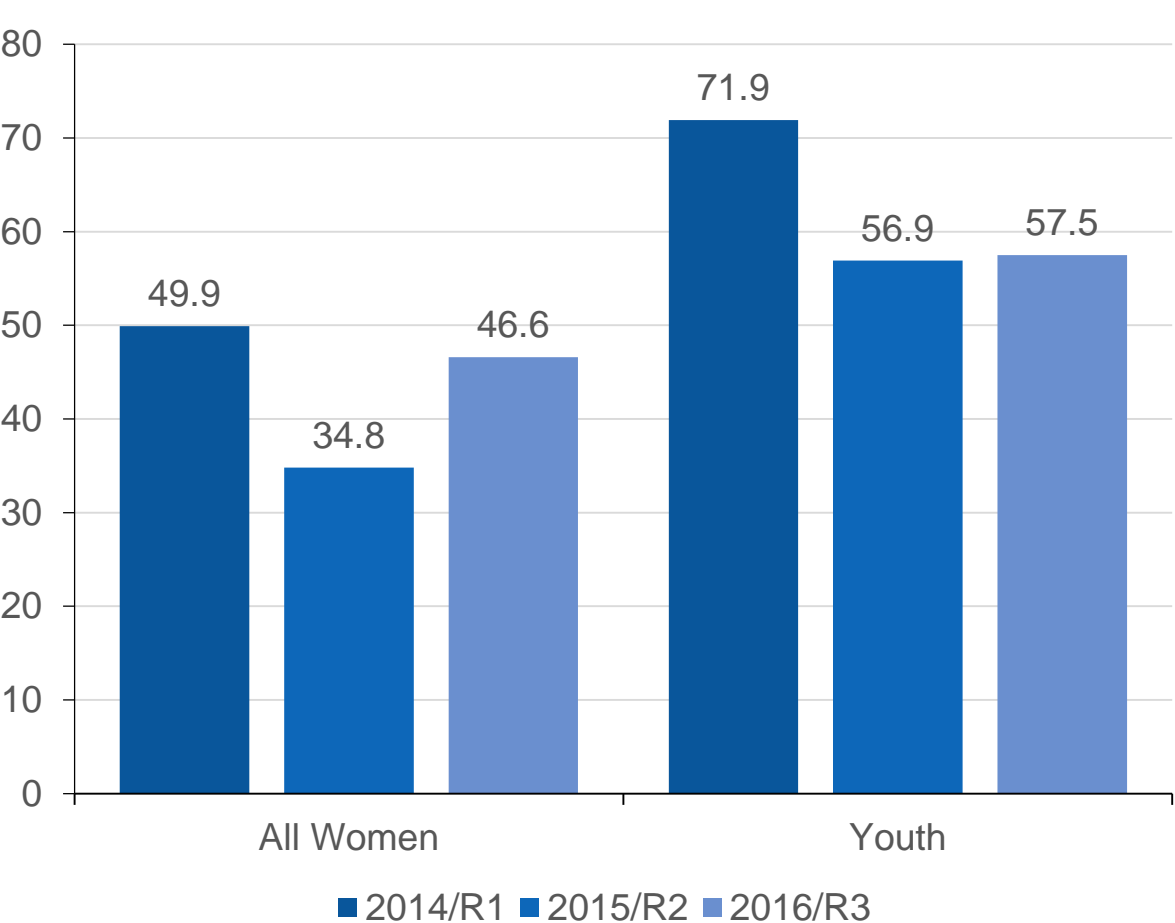
Percent of women who obtained most recent method from pharmacy or drug shop*, Kaduna
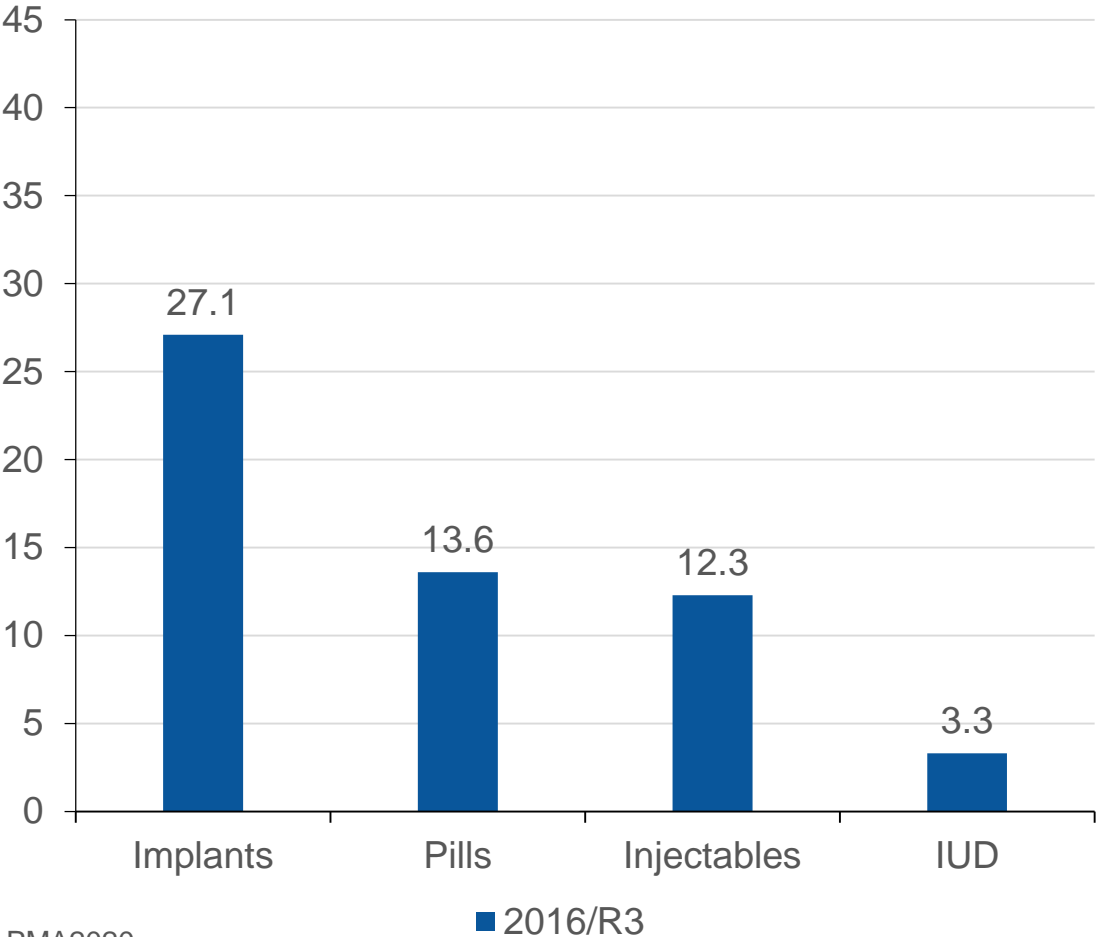

All Women: 49.9, 34.8, 46.6
Youth: 71.9, 56.9, 57.5

■ 2014/R1 ■ 2015/R2 ■ 2016/R3

All Women: 22.8, 21.5, 17.0
Youth: 36.0, 25.6, 29.5

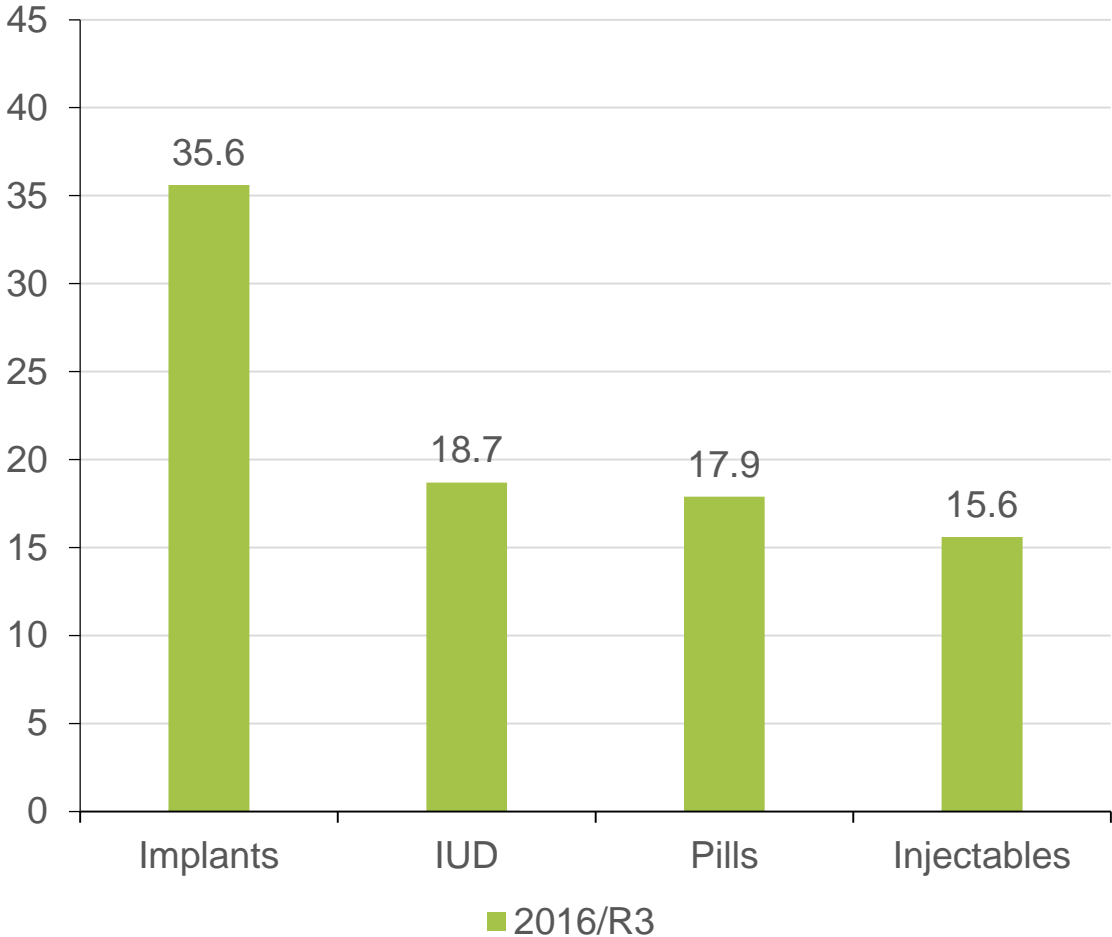■ 2014/R1 ■ 2015/R2 ■ 2016/R3

Source: PMA2020

74

*Among women currently using a modern method

Access to commodities

Percent of public facilities with stock-outs by method in the last three months by method, Lagos

Percent of public facilities with stock-outs by method in the last three months by method, Kaduna

Source: PMA2020

Quality of services

Percent of women counseled on side effects, Lagos

25.9 | 32.6 | 33.5

Lagos

■ 2014/R1 ■ 2015/R2 ■ 2016/R3
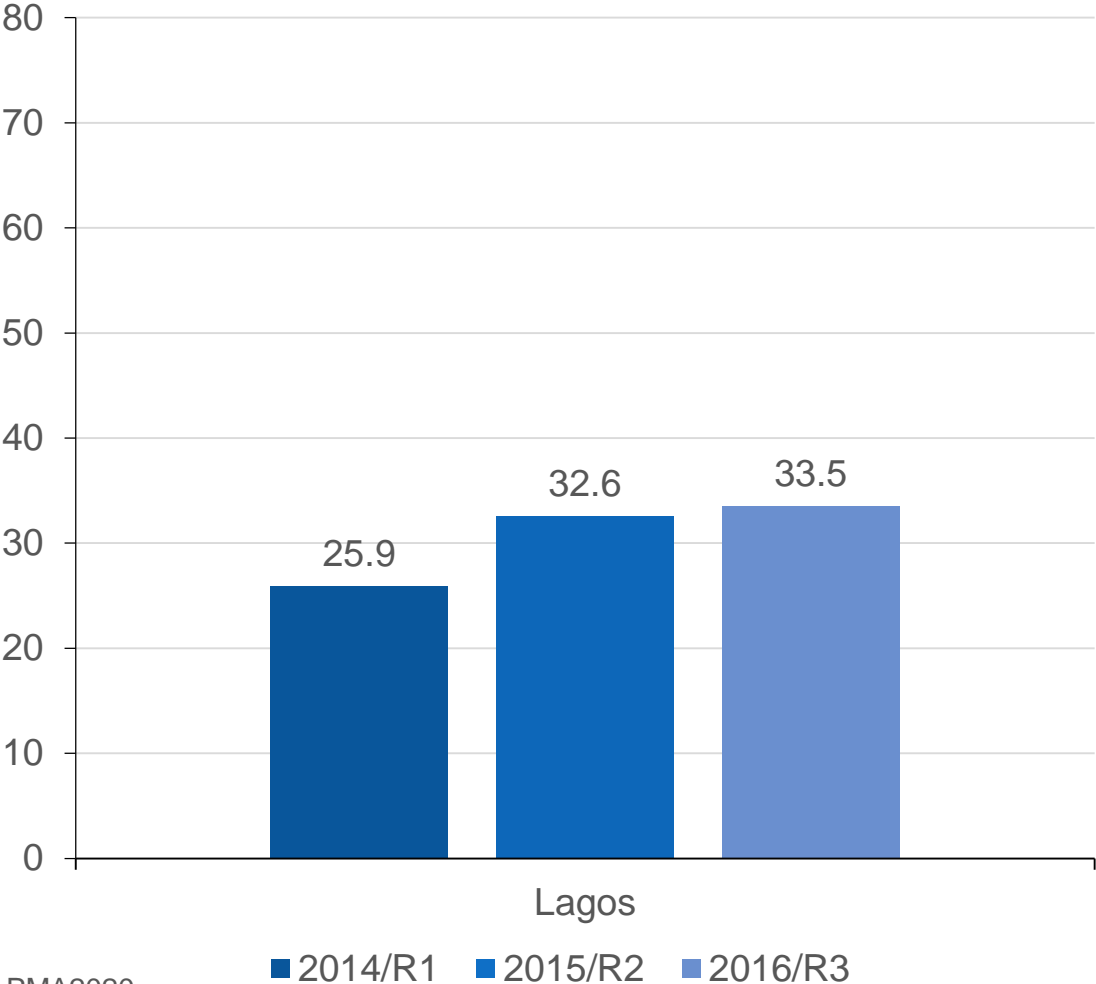
Percent of women counseled on side effects, Kaduna

60.8 | 49.6 | 56

Kaduna

■ 2014/R1 ■ 2015/R2 ■ 2016/R3

Source: PMA2020

76
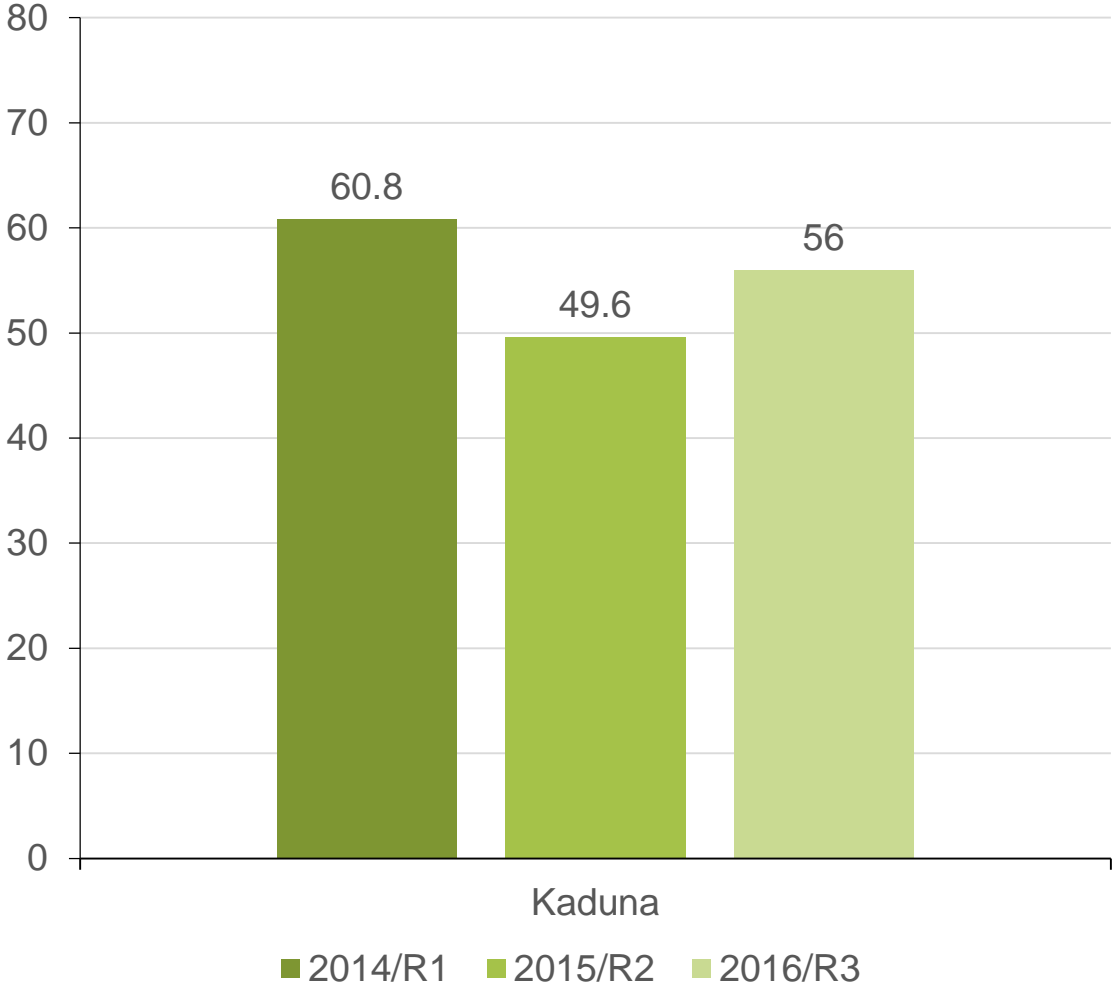
New users of Sayana® Press
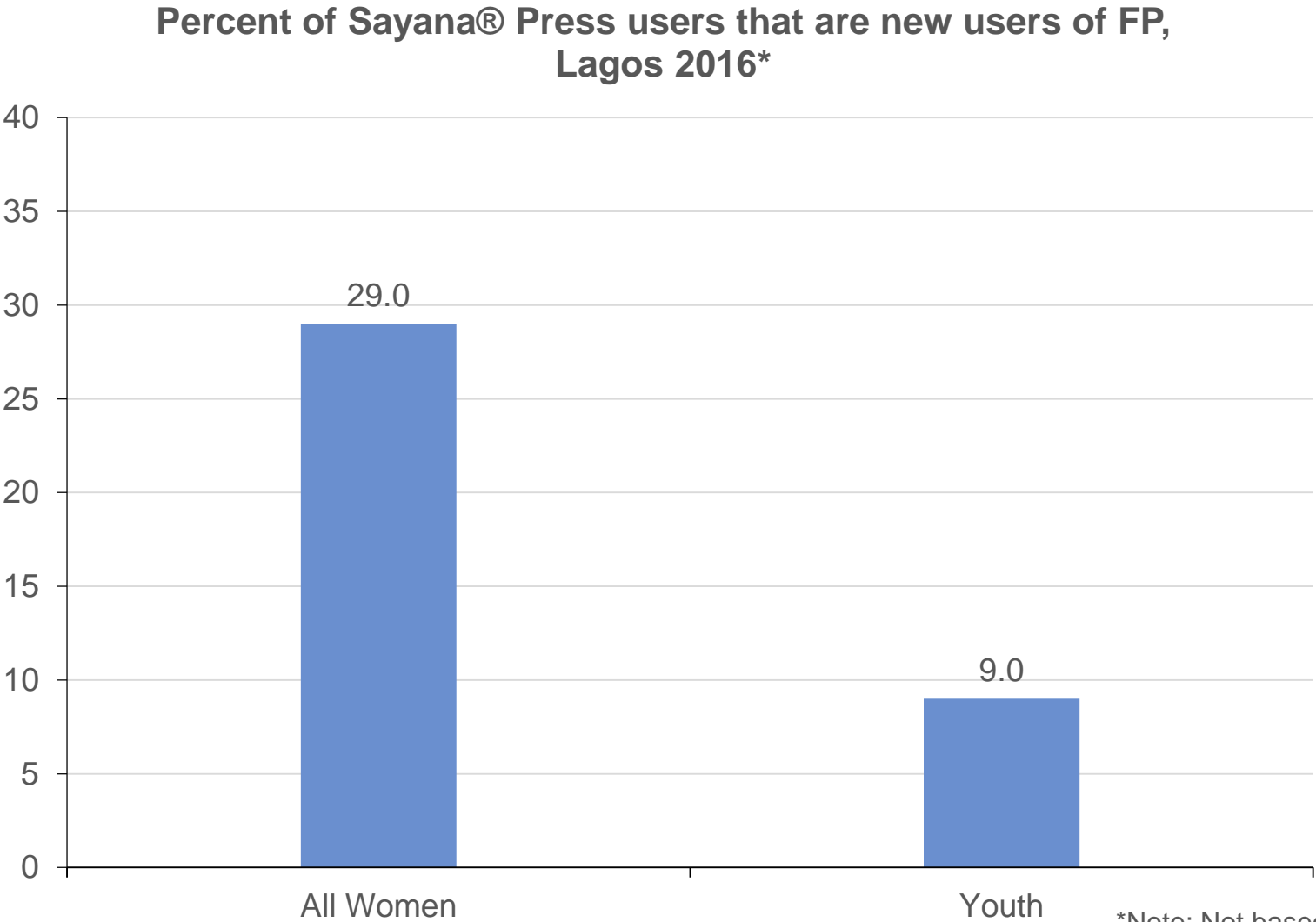
Percent of Sayana® Press users that are new users of FP, Lagos 2016*

Source: DKT/UCSF

*Note: Not based on a representative sample.

Expected changes

If the theory of change is valid, the overall impact of portfolio of activities should result in increased mCPR in targeted states leading to scale-up of models and, finally, increased national mCPR.

Scale up and BMGF Expansion

Service delivery

Demand generation

Enabling environment

- BMGF programming state
- Scale-up/expansion states
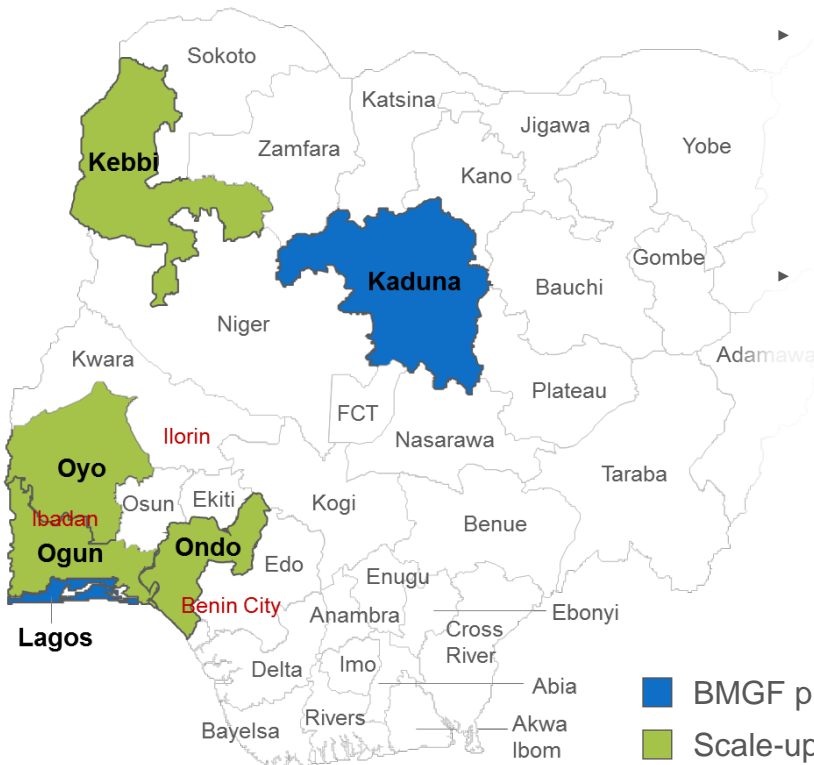
‣ NURHI expanded access to FP services within NURHI sites and LGAs, in Kaduna, Oyo and Lagos states
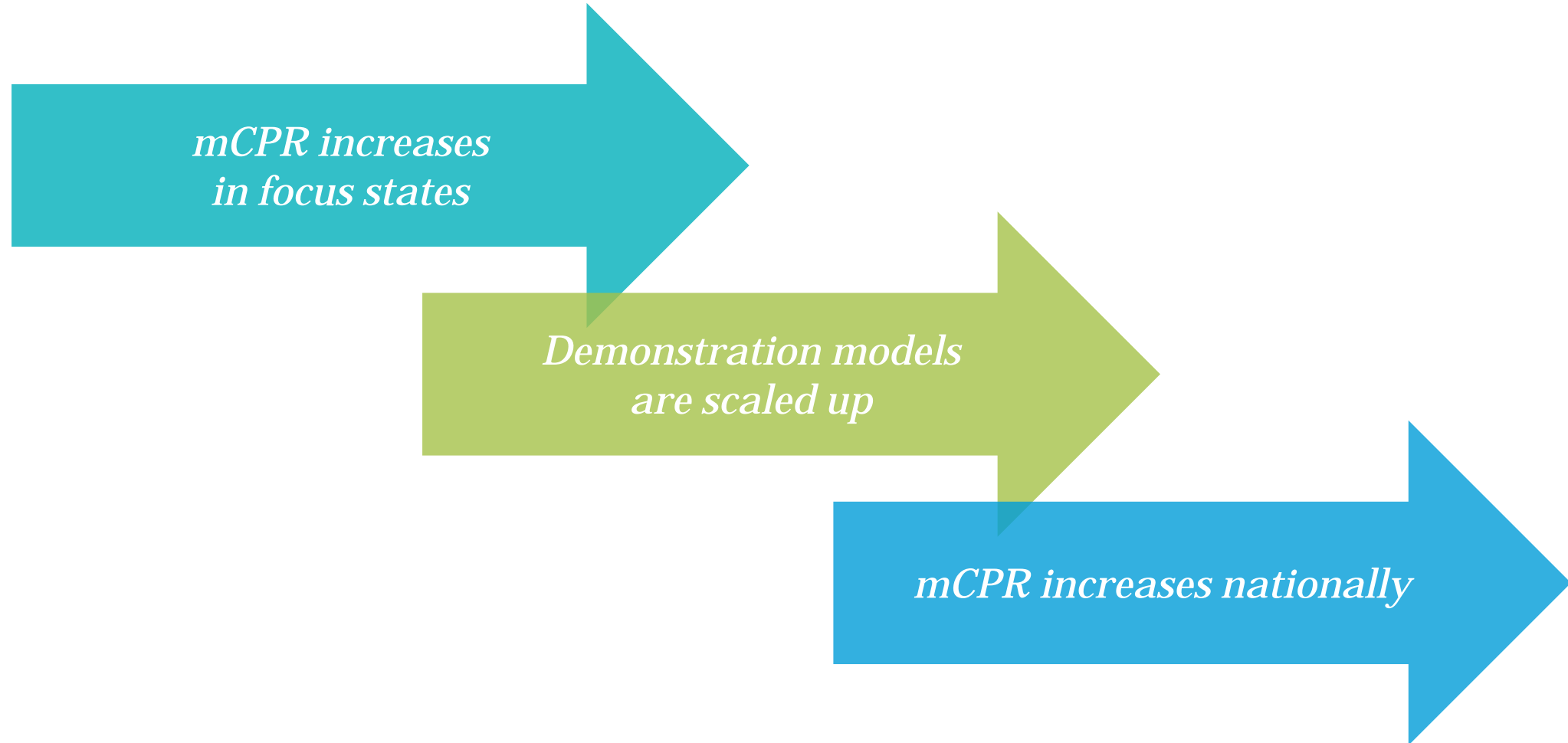
‣ DKT expanded clinic service delivery program to Ogun State and DKT bees are expanding in states throughout the country.

‣ UNFPA scales up NURHI models in Kebbi, including the use of Advocacy Core Group Approach, as well as a radio and TV series

‣ UNFPA adopted IEC materials for activities in Ondo state

‣ NURHI scaled up their radio programs in Ondo and Ogun states

‣ FMOH considers adopting NURHI *Get It Together* logo as the umbrella logo for FP activities in Nigeria

‣ Lagos SMOH adopted NURHI's enabling environment model in the state's 10 LGAs

‣ NURHI provided TA to establish RH working group and Primary Health Care board in Oyo state

Scale up and impact, mCPR Nigeria
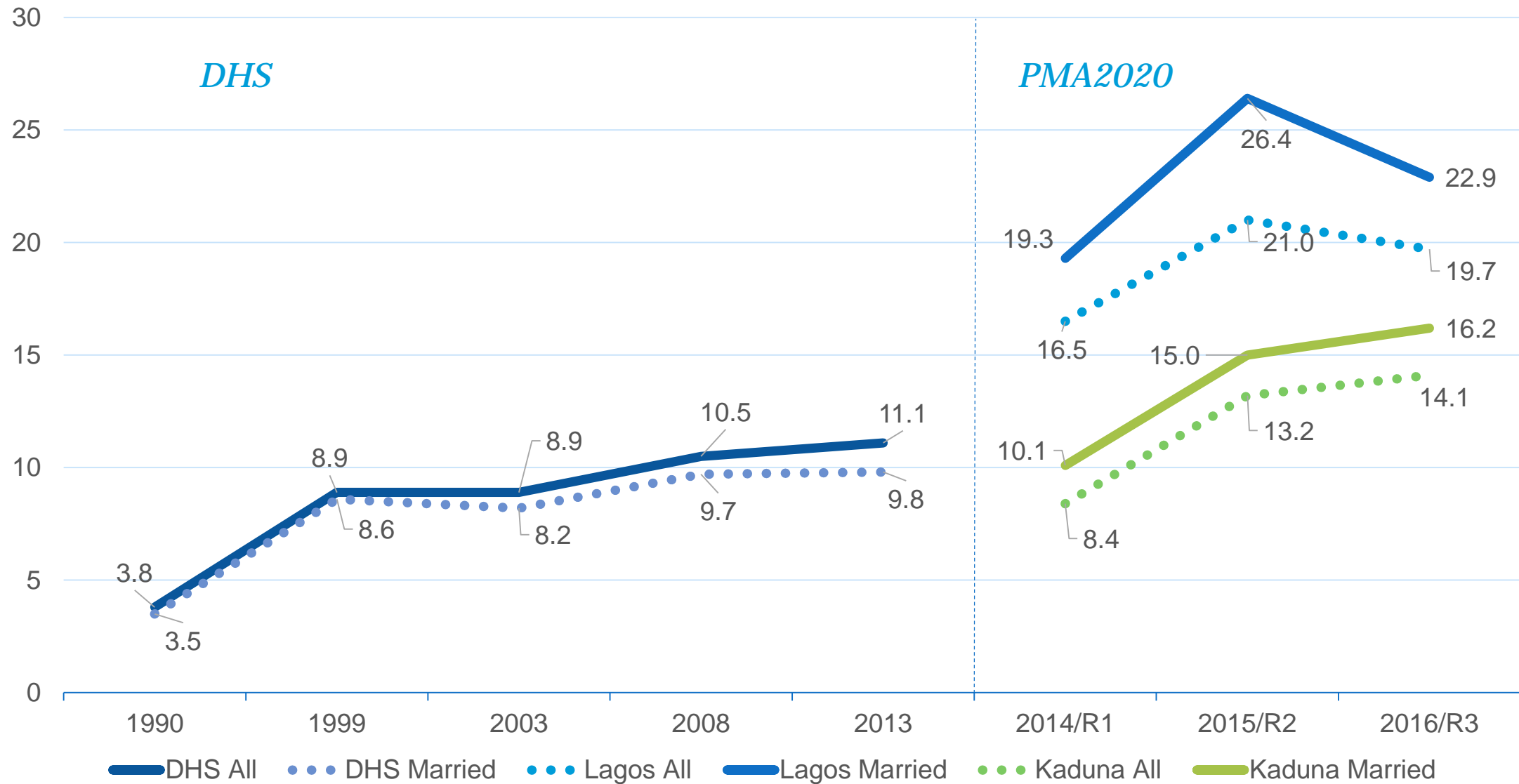
Scale up and overall impact
NIGERIA

DHS

PMA2020

3.8
3.5

8.9
8.6

8.9
8.2

10.5
9.7

11.1
9.8

19.3
16.5

26.4
21.0

22.9
19.7

10.1
8.4

15.0
13.2

16.2
14.1

1990   1999   2003   2008   2013   2014/R1   2015/R2   2016/R3

DHS All   DHS Married   Lagos All   Lagos Married   Kaduna All   Kaduna Married

Source: NDHS; PMA2020

80

Insights on Nigeria sentinel indicators

Did expected changes happen?

Enabling environment

01

Development of CIPS in process in multiple states

02

Recent increases in share of national health budget allocated for FP

Kaduna State largest level of dedicated FP budget as compared to Oyo & Lagos

03

Gaps in data on other aspects of the enabling environment – special study early next year aims to fill some of those gaps

Insights on Nigeria sentinel indicators

Did expected changes happen?

Program demonstration models: demand generation

01
Intention to use methods increasing recently in focus states but still low in Kaduna and moderate in Lagos

02
Exposure to FP messages on radio and TV already high in Lagos prior to NURHI 2 expansion.

In Kaduna, levels of exposure remain the same or are slightly declining.

03
Lack of data on social norms a gap

Insights on Nigeria sentinel indicators

Did expected changes happen?

Program demonstration models: service delivery

01
Provision of multiple methods in Lagos is high for public sector facilities but low in private facilities.

Provision is lower in Kaduna

02
Reach of CHWs for FP is low in both Kaduna and Lagos

03
Moderate proportion of users obtain methods from pharmacies, with youth more likely to use pharmacies. Higher in Lagos than Kaduna.

Trend over time is inconsistent, although pharmacy/drug shop share may be dropping over time

04
Moderate base for quality of care in Kaduna as measured by counseling. Quality of care is weaker in Lagos.

Stock outs are generally modest but higher for implants and in Kaduna

05
Lack of representative data on Sayana® Press.

SP users surveyed primarily past users of other methods (switchers) rather than new users

Insights on NIGERIA sentinel indicators

Did expected changes happen?

Scale up & overall impact

01

Already some evidence of scale up of at least some elements of demonstration models including by FMOH, SMOH, and UNFPA.

States where scale up is happening tend to be states that are also making progress with CIPs
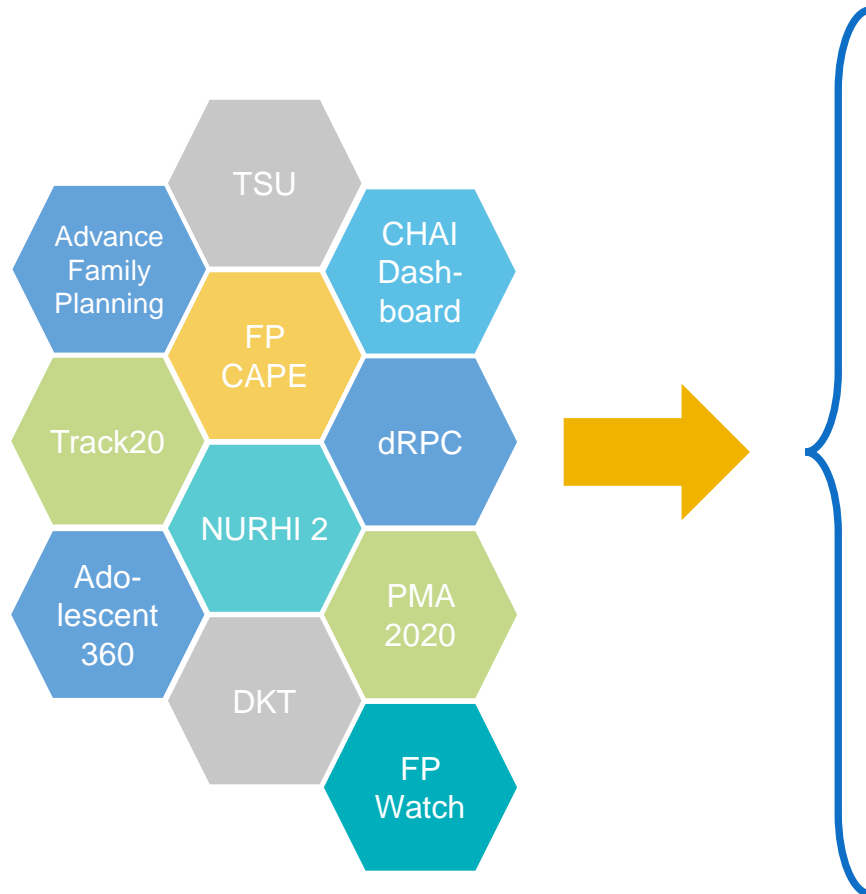
Bottom-up inquiry: SSM, PO interviews

Nigeria

Nigeria BMGF PO interviews: notable changes

Given the BMGF family planning investment portfolio in Nigeria, Program Officers identified notable changes/updates to the portfolio.

FP Environment in Nigeria

- ‣ The TSU has actively provided training on CIPs in 11 states
- ‣ New leadership at the FMOH provides new opportunities to improve enabling environment for FP.
- ‣ TSU's use of data at the Track20 workshop has helped to engage new FMOH leadership and improve coordination
- ‣ Growing positive indications from Kano state as an evidence to increase interest in scaling up

Design and implement innovations in FP

- ‣ NURHI's innovations have caught the attention of the broader set of FP stakeholders & donors and led to scale-up in some cases

Work with private sector

- ‣ DKT has been working with private sector to expand contraceptive distribution in 34 out of 36 states in the country

TSU

Advance Family Planning

CHAI Dash-board

FP CAPE

Track20

dRPC

NURHI 2

Ado-lescent 360

PMA 2020

DKT

FP Watch

Nigeria BMGF PO interviews: facilitators and barriers

Program Officers acknowledged the key factors that either facilitate or hinder BMGF grantee success in Nigeria.

Facilitators

‣ New FMOH leadership promises positive changes in the FP landscape
‣ Strong engagement of stakeholders and other donors in scaling up of projects
‣ Availability of data to attract donors

Barriers

‣ Lack of coordination among grantees due to lack of understanding of each other's work
‣ Have not yet been able to build in-depth trust with other donors
‣ Limited timeframe and high quantity and quality of expected deliverables, which may impact the scale up
‣ Financial crisis

Nigeria SSM findings: enabling environment

Main Activities

- TSU
- CHAI Dash-board
- NURHI 2
- dRPC
- AFP
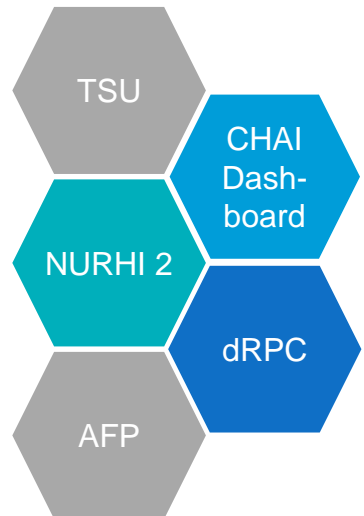
‣ Build capacity of government and FP partners on dashboard, performance management
‣ Provide TA to state CIP execution
‣ Conduct advocacy activities to government and religious groups
‣ Organize RH TWG/donor meetings of sub-committee

Facilitators

Most cited
‣ Existence of national and state FP data, policy documents, and tools
‣ Effective FMOH and SMOH leadership, and positive support from other FP stakeholders
‣ Pre-existing training package/tools and advocacy models.
‣ In-house capacity for advocacy activities

Other key facilitators
‣ Use of prominent high-respected celebrities in advocacy activities
‣ Availability of existing consultants

Barriers

Most cited
‣ High government expectations but limited time availability from donors and FMOH officers
‣ Limited availability of trainers and resources to coordinate advocacy activities
‣ Limited availability of some routine data at state level
‣ Limited personnel resources in FMOH and SMOHs
‣ Time constraint in activity implementation
‣ Insecurity situation in some geographic locations

Other key barriers
‣ Other donor's unwillingness to share work plans
‣ Poor internet access
‣ Conflicting/competing priorities of IPs

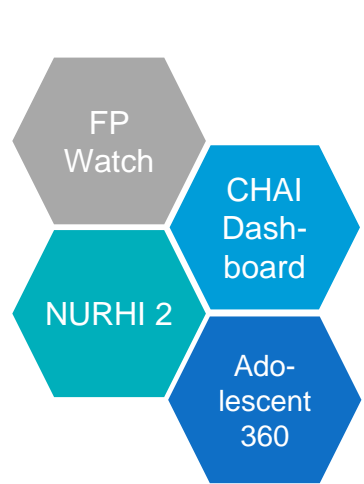## Desired changes

Improved data (quality and access)

Increased FP funding from gov't and donors

Increased capacity at FMOH

Adequate resources and capacity

Nigeria SSM findings: data collection and use

Main Activities

FP Watch

CHAI Dash-board

NURHI 2

Ado-lescent 360

‣ Create and manage national dashboard
‣ Conduct and disseminate FP research and surveys (i.e., landscape of ASRH, FP market)

Facilitators

Most cited
‣ Availability and strong capacity of local staff to support IRB compliance and data collection
‣ Positive partnership and support from government leaders, state IRBs and local partners
‣ Strong technical support in data collection/management from headquarter staff
‣ Availability of database, tools and documents from partners
‣ Unique value of data on FP

Other key facilitators
‣ Flexibility in allocating funds based on emerging needs
‣ Good collaboration with security agencies

Barriers

Most cited
‣ Delayed in IRB approvals due to the sensitive topic and strict requirements
‣ Decentralized database, inconsistence of data sources and outdated policy that guide the focus of data collection
‣ Limited resources to collect data in hard-to-reach regions and areas
‣ Low report/ coverage rate across the country
‣ Issues with security, especially in Northern region

Other key barriers
‣ Limited pool of local research firms and consultants

Desired changes

Improved gov't regulations for data collection and ethical approval process

Increased in FP funding from gov't and donors

Centralized database for all data sources

Increased security in working environment

Improved data quality

Increased capacity for the research team, especially in northern region

Nigeria SSM findings: demand generation

Main Activities

NURHI 2

Ado-
lescent
360

‣ Develop
communication/
advocacy strategy
‣ Conduct media
advocacy and
community social
mobilization
activities

Facilitators

Most cited
‣ Pre-existing training materials, and advocacy and
communication toolkits.
‣ Availability of theory information and data supporting the
advocacy interventions
‣ In-house capability in implementation and creating a wide
member network
‣ Positive relationships with media organizations and
gatekeepers of communities

Other key facilitators
‣ Global leader position of the prime organization in advocacy
work
‣ Use of celebrity management agencies to support advocacy
activities

Barriers

Most cited
‣ Challenges in programming on radio and TV, including
limited FP plots/features, expensive airtime
‣ Changes in leadership of community associations and
network organization

Other key barriers
‣ Limited availability and participation times of celebrities
‣ Difficult to recruit & manage social mobilizations in Kaduna
and Oyo

Desired changes

Improved data
(quality and access)

More advocacy
campaigns targeting
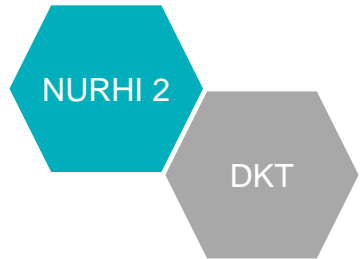special populations

Increased FP funding
from gov't and donors

Support from media
houses and celebrities

Specialized training to
providers on SRH
services to overcome
bias

Updated ASRH policy

Nigeria SSM findings: service delivery

Main Activities

- NURHI 2
- DKT

- Perform 72-hour clinic makeover
- Conduct clinical outreaches (i.e., CHEWs, and other private channels, text messages)
- Develop and manage commodity logistics and management system
- Build capacity for health care providers

Facilitators ✓

Most cited
- Pre-existing tools, training materials, and service-delivery-support data (i.e., in-stock commodities, provider, and facility)
- Positive support from partners
- Strong engagement and support of staff
- Strong impacts of mass media campaigns on social mobilizations
- Providers' support to the service delivery activities
- Increase in mobile phone subscriber rates

Other key facilitators
- Guidance of the Task Shifting policy

Barriers ✗

Most cited
- Limited support from providers to the service due to their bias against FP and their limited time
- Low participation of providers/ CHEWs due to their limited availability, short turnover, and unwillingness to travel
- Timely availability of medical equipment, artisans/workmen to implement
- Consumers' low awareness of new FP product (i.e., Sayana® Press)

Other key barriers
- Limited data on FP product use
- Limited time and resources for hard to reach areas

Desired changes

More support from providers/CHEWs in providing FP services

More FP funding from gov't and donors

Improved data (quality and access)

Adequate human resources for implementation

Scale-up of 72-hour facility approach by GON

More retail-friendly package of FP product

Cross-portfolio synthesis

Nigeria

Cross-portfolio findings: facilitators

When we look at program officer interviews and the system support mapping (SSM) findings, we find alignment on three out of seven facilitators most cited.

Facilitators most cited (across all activity areas)	Program Officer interviews	Grantees
New FMOH leadership	+	+
Strong engagement of stakeholders and other donors in scaling up of projects	+	+
Availability of data to inform programs/attract donors	+	+
Existence of national and state FP data, policy documents & tools	−	+
Strong local expertise/leadership	−	+
Strong evidence of previous program impact	−	+

Cross-portfolio findings: barriers

When we look at program officer interviews and the system support mapping (SSM) findings, we find alignment on three out of nine barriers most cited.

Barriers most cited (across all activity areas)	Program Officer interviews	Grantees
Economic crisis & security issues	+	+
Limited timeframe to produce high quantity and quality of deliverables	+	+
Lack of coordination among grantees	+	+
In-depth trust with other donors not yet developed	+	−
High government expectations but limited time availability from donors and FMOH officers	−	+
Limited support of health care providers (bias & lack of time)	−	+
Limited availability of certain data (routine/hard-to-reach places) & IRB delays	−	+
Changes in key partner leadership	−	+
Low consumer awareness of Sayana® Press	−	+

Cross-portfolio synthesis

Baseline observations held up against the Nigeria portfolio TOC critical assumptions. Future findings will allow for observations of change over time.

Critical Assumptions	Are expected changes happening? (Sentinel indicators)	How and why? (Bottom-up inquiry methods)
Advocacy efforts raise the visibility of FP nationally and at the state levels	☑ National increases in % share of FP in overall health budget ☑ All three target states have dedicated FP line items with Kaduna committing the most	☑ Facilitator: new FMOH leadership favorable to improved Enabling Environment ☑ Facilitator: existence of national & state FP policy documents & tools help raise visibility
Targeted support to FMOH/SMOH strengthens donor coordination and CIPs	☑ Good progress on CIPs in multiple states (=) Lack of data/measures of donor coordination beyond meetings held (planned for special study)	☒ Barrier: High gov't expectations but limited time availability from donors and FMOH for grantees
Strong measurement drives performance	(=) Lack of data/measures of data driving performance in gov't (planned for special study)	☑ Facilitator: existence of national & state FP data for grantees ☑ Facilitator: Strong evidence of previous program impact positive for designing models for expansion site ☒ Barrier: lack of some data at state level by advocacy grantees

Note: For sentinel indicator results, the ☑ indicates an overall positive trend, and the ☒ indicates a negative trend and (=) indicates a neutral trend or missing data. For bottom-up inquiry, ☑ is a facilitating factor and ☒ is a barrier cited.

Cross-portfolio synthesis

Critical Assumptions	Are expected changes happening? (Sentinel indicators)	How and why? (Bottom-up inquiry methods)
Demand generation models result in large scale social norm change	☑/ ☒ Intention to use FP increasing but still somewhat low in Kaduna & moderate in Lagos **(=)** Lack of data on social norms	☒ Barrier: changes in partner/organizational leadership impact grantee implementation
Service delivery models increase quality and access to services	☑ Access to multiple methods is high in public sector facilities in Lagos, lower in Kaduna **(=)** Moderately large proportion of women and youth obtain methods from pharmacies. Higher in Lagos than Kaduna. Higher among youth. ☑/ ☒ Stock outs modest but higher for implants and in Kaduna **(=)** Moderate level of quality of care at least as measured by counseling in Kaduna, weaker in Lagos	☒ Barrier: lack of coordination of grantees' agendas can lead to inefficiencies/conflicting priorities and gov't stakeholder fatigue ☒ Barrier: changes in partner/organizational leadership impact grantee implementation ☒ Barrier: limited support of health care providers for FP (bias & lack of time) impacts service delivery models success
Introduction of new methods generate new demand for services, especially among youth	**(=)** Lack of representative data on Sayana® Press is a gap ☒ In a non-representative sample of users, we see uptake of SP are mostly past users of other methods (switchers) rather than new users particularly among youth	☒ Barrier: low consumer awareness of Sayana® Press impacts uptake

Note: For sentinel indicator results, the ☑ indicates an overall positive trend, and the ☒ indicates a negative trend and (=) indicates a neutral trend or missing data. For bottom-up inquiry, ☑ is a facilitating factor and ☒ is a barrier cited.

Cross-portfolio synthesis

Critical Assumptions	Are expected changes happening? (Sentinel indicators)	How and why? (Bottom-up inquiry methods)
Contributing to national conversation on FP enables successful adoption of models	☑ Already some evidence of scale up of at least some elements of model interventions including by FMOH, SMOH, and UNFPA.	☑ Facilitator: strong engagement of stakeholders and other donors in scaling up of projects cited as a facilitating factor by both PO and grantees
Strong CIPs and donor coordination support model scale-up	☑ States where scale up is happening tend to be states that are also making progress with CIPs	☒ Barrier: lack of in-depth trust with other donors cited as a barrier to coordination & scale-up.
High quality data influences scale-up decisions	(=) No explicit measures of this. However, cited in bottom-up inquiry	☑ Facilitator: availability of data to inform programs/attract donors cited by grantees and POs ☑ Facilitator: strong evidence of previous program impact
Demonstration models seen as relevant and feasible models by other states	(=) No data/measures	(=) No data/measures
Model programs remain effective when scaled up by others in new contexts	(=) Yet to be tested. Special Study 2 will focus on scale-up	(=) No data/measures

Note: For sentinel indicator results, the ☑ indicates an overall positive trend, and the ☒ indicates a negative trend and (=) indicates a neutral trend or missing data. For bottom-up inquiry, ☑ is a facilitating factor and ☒ is a barrier cited.

04

Interactive timeline

Beta version

Interactive timeline: goals and targeted audiences

The interactive timeline is a flexible communications tool, allowing FP CAPE to visually portray major contextual changes, engage a variety of audiences, and synthesize high-level portfolio findings.
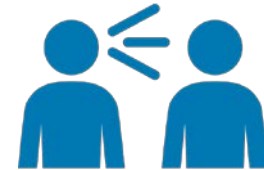
Layers program investments, contextual events, and family planning portfolio outcomes over time

Visualizes these changes (or lack of change) to show FP momentum in the wider country context

Will be used by FP CAPE staff for engaged grantee reflection, generating further portfolio-level insights

Targeted audiences include:
- ‣ Grantees
- ‣ Policy stakeholders
- ‣ BMGF POs
- ‣ External audiences

A web-based timeline tool is a creative format for communication and collaboration

Tiki-Toki is a web application that allows users to create eye-catching, interactive timelines which allow for exploration of events in a sequential format

Practitioners may present detailed and complex content by blending chronological mapping with multimedia (i.e., video, photo, 3D view and text)

Platform

Features

Usage

‣ The online tool is easy to use, and has potential to be used as an additional means to facilitate and monitor projects

‣ By connecting events visually, timelines create pathways for deeper analysis of a chronological story

‣ With its "collaborative editing" function, it can also be used as an online tool for content development and collaborative research among stakeholders

Source: Tiki-Toki
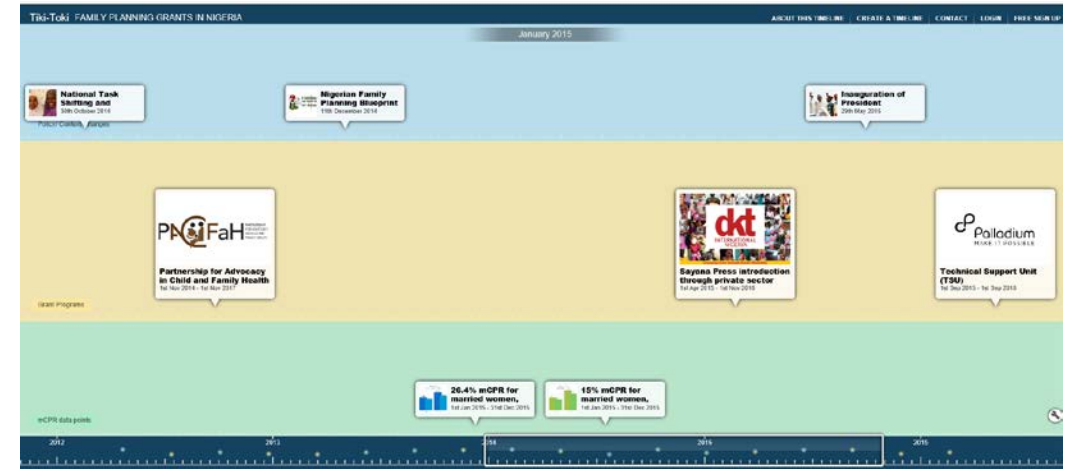
Nigeria FP timeline

Timeline spans approximately four years of FP-related events (2012–2016) in Nigeria

Includes 17 events, categorized into:

‣ Grantee investments
‣ Contextual/policy changes
‣ Outcome data points (i.e., mCPRs)

Length

Content

Usage

Source: Tiki-Toki

The online tools aims to assist:

‣ **Grantees** to see their projects in a national-level context and view potential overlaps and areas for collaboration
‣ **Policy stakeholders** to get a better sense of BMGF's investments and support
‣ **BMGF POs** to think about the investment portfolio in relation to emerging contextual factors and changing outcomes
‣ **External audiences** to use as a tool for their FP communication purposes

List of abbreviations

A360	Adolescent360
ACQUAL	"Accès" et "Qualité"
AFP	Advance Family Planning
ASF	Association de Santé Familiale
BMGF	Bill & Melinda Gates Foundation
CAFCO	The Cadre Permanent de Concertation des Femmes Congolaises (or the Permanent Consultative Framework of Congolese Women)
CBD	Community-based distributor
CHAI	Clinton Health Access Initiative
CHW	Community health worker
CIP	Costed Implementation Plan
CPC	Carolina Population Center
CPR	Contraceptive prevalence rate
CSM	Social marketing program
CTMP	Comité Technique Multisectoriel Permanent
DHS	Demographic and Health Survey
DKT	DKT International
DPS	Division of Population Studies
DRC	The Democratic Republic of the Congo
dRPC	Research at the Development Centre
FMOH	Federal Ministry of Health
FP	Family planning
FP CAPE	Family Planning Country Action Process Evaluation
GEAS	Global Early Adolescent Study

GFF	Global Financing Facility
JHU	Johns Hopkins University
IUD	Intrauterine device
KSPH	Kinshasa School of Public Health
LGA	Local government area
mCPR	Modern contraceptive prevalence rate
NURHI	Nigerian Urban Reproductive Health Initiative
PMA2020	Performance Monitoring and Accountability 2020
PMA2020 SDP Data	PMA2020 Service Delivery Point Data
PMA2020 WS Data	PMA2020 Women Survey Data
PNSR	Programme National la Santé de la Reproduction
PO	Program Officer
RH	Reproductive health
RTNC	Congolese (DRC) National Radio and Television
SDGs	Sustainable development goals
SMOH	State Ministry of Health
SSM	System support map
TSU	Technical Support Unit
TOC	Theory of change
UNC-CH	University of North Carolina at Chapel Hill
UNFPA	United Nations Population Fund